



DISTRICT OF COLUMBIA

In Fiscal Year 2010¹, the District of Columbia received:

- Personal Responsibility Education Program funds totaling \$250,000

In Fiscal Year 2010, local entities in the District of Columbia received:

- Teen Pregnancy Prevention Initiative funds totaling \$1,634,849

SEXUALITY EDUCATION LAW AND POLICY

District of Columbia regulations state that public schools must provide comprehensive school health education, including instruction on human sexuality and reproduction. The instruction must be age-appropriate and taught in grades pre-kindergarten through 12.²

This instruction must include information on the human body, intercourse, contraception, HIV/AIDS, sexually transmitted diseases (STDs), pregnancy, abortion, childbirth, sexual orientation, decision-making skills regarding parenting and sexuality, and awareness and prevention of rape and sexual assault.³

The Superintendent of the District of Columbia Public Schools is charged with ensuring that sexuality education is taught in schools and that students achieve a minimum proficiency in this area.⁴ Accordingly, the Superintendent must provide systematic teacher training and staff development activities for health and physical education instructors.⁵ A list of all textbooks for student and teacher training must be included in the list of textbooks submitted annually to the District Board of Education for its approval.⁶

Parents or guardians may submit a written request to the principal if they wish to remove their children from human sexuality and reproduction education classes. This is referred to as an “opt-out” policy.⁷

See District of Columbia Municipal Regulations §§ 5-E2304 and 5-E2305.

RECENT LEGISLATION

SIECUS is not aware of any recent legislation regarding sexuality education in the District of Columbia.

YOUTH SEXUAL HEALTH DATA

SIECUS has compiled the following data to provide an overview of adolescent sexual health in the District of Columbia. The data collected represents the most current information available.

District of Columbia Youth Risk Behavior Survey (YRBS) Data⁸

- In 2007, 51% of female high school students and 64% of male high school students in the District of Columbia reported ever having had sexual intercourse compared to 46% of female high school students and 50% of male high school students nationwide.
- In 2007, 5% of female high school students and 22% of male high school students in the District of Columbia reported having had sexual intercourse before age 13 compared to 4% of female high school students and 10% of male high school students nationwide.
- In 2007, 14% of female high school students and 29% of male high school students in the District of Columbia reported having had four or more lifetime sexual partners compared to 12% of female high school students and 18% of male high school students nationwide.
- In 2007, 39% of female high school students and 42% of male high school students in the District of Columbia reported being currently sexually active (defined as having had sexual intercourse in the three months prior to the survey) compared to 36% of female high school students and 34% of male high school students nationwide.
- In 2007, among those high school students who reported being currently sexually active, 68% of females and 72% of males in the District of Columbia reported having used condoms the last time they had sexual intercourse compared to 55% of females and 69% of males nationwide.
- In 2007, among those high school students who reported being currently sexually active, 14% of females and 4% of males in the District of Columbia reported having used birth control pills the last time they had sexual intercourse compared to 19% of females and 13% of males nationwide.
- In 2007, among those high school students who reported being currently sexually active, 15% of females and 21% of males in the District of Columbia reported having used alcohol or drugs the last time they had sexual intercourse compared to 18% of females and 28% of males nationwide.
- In 2007, 86% of high school students in the District of Columbia reported having been taught about AIDS/HIV in school compared to 88% of high school students nationwide.

District of Columbia Teen Pregnancy, HIV/AIDS, and Sexually Transmitted Disease Data

Teen Pregnancy, Birth, and Abortion

- The District of Columbia's teen birth rate currently ranks 14th in the U.S, with a rate of 50.9 births per 1,000 young women ages 15–19 compared to the national rate of 41.5 births per 1,000.⁹ In 2008, there were a total of 1,644 live births reported to young women ages 15–19 in the District of Columbia.¹⁰
- In 2005, The District of Columbia's teen pregnancy rate ranked 1st in the United States, with a rate of 165 pregnancies per 1,000 young women ages 15–19 compared to the national rate of 70 pregnancies per 1,000.¹¹ There were a total of 2,220 pregnancies among young women ages 15–19 reported in the District of Columbia.¹²

- In 2005, The District of Columbia's teen abortion rate ranked 1st in the United States, with a rate of 81 abortions per 1,000 young women ages 15–19 compared to the national rate of 19 abortions per 1,000.¹³

HIV and AIDS

- The District of Columbia's AIDS rate ranks 1st in the U.S., with a rate of 93.3 cases per 100,000 individuals compared to the national rate of 12.3 cases per 100,000.¹⁴
- The District of Columbia ranks 18th in number of reported AIDS cases in the U.S. among all age groups. In 2008, there were a total of 552 new AIDS cases reported in the District of Columbia.¹⁵
- The District of Columbia's AIDS rate among young people ages 13–19 ranks 1st in the U.S., with a rate of 13.4 cases per 100,000 young people compared to the national rate of 1.8 cases per 100,000.¹⁶

Sexually Transmitted Diseases

- The District of Columbia ranks 1st in reported cases of Chlamydia among young people ages 15–19 in the U.S., with an infection rate of 67.03 cases per 1,000 compared to the national rate of 19.51 cases per 1,000. In 2008, there were a total of 2,705 cases of Chlamydia reported among young people ages 15–19 in the District of Columbia.¹⁷
- The District of Columbia ranks 1st in reported cases of gonorrhea among young people ages 15–19 in the U.S., with an infection rate of 21.83 cases per 1,000 compared to the national rate of 4.52 cases per 1,000. In 2008, there were a total of 881 cases of gonorrhea reported among young people ages 15–19 in the District of Columbia.¹⁸
- The District of Columbia ranks 2nd in reported cases of primary and secondary syphilis among young people ages 15–19 in the U.S., with an infection rate of 0.17 cases per 1,000 compared to the national rate of 0.04 cases per 1,000. In 2008, there were a total of 7 cases of syphilis reported among young people ages 15–19 in the District of Columbia.¹⁹

FEDERAL FUNDING FOR SEX EDUCATION, TEEN PREGNANCY PREVENTION, AND ABSTINENCE-ONLY PROGRAMS

President's Teen Pregnancy Prevention Initiative

The President's Teen Pregnancy Prevention Initiative (TPPI) funds medically accurate and age-appropriate programs to reduce teen pregnancy. The U.S. Department of Health and Human Services, Office of Adolescent Health (OAH) administers the grant program, which totaled \$110 million in discretionary funding for Fiscal Year 2010. TPPI consists of two funding tiers that provide grants to local public and private entities. Tier 1 totals \$75 million and provides funding for the replication of evidence-based programs proven to prevent unintended teen pregnancy and address underlying behavioral risk factors. Tier 2 totals \$25 million and provides funding to develop and test additional models and innovative strategies. A portion of the Tier 2 funds, \$15.2 million, was allocated for research and demonstration grants to test innovative approaches, while the remaining funding, \$9.8 million, was

allocated for grants to support communitywide initiatives. TPPI also dedicates \$4.5 million in funding to conduct evaluations of individual programs.

TPPI Tier 1: Evidence-Based Programs

The TPPI Tier 1 grant program supports the replication of evidence-based programs proven effective through rigorous evaluation to prevent unintended teen pregnancy, underlying behavioral risk factors, or other associated risk factors.

- There is one TPPI Tier 1 grantee in the District of Columbia, Sasha Bruce Youthwork, Inc., which received \$634,849 for Fiscal Year 2010.

Sasha Bruce Youthwork, Inc., \$634,489 (2010–2014)

Sasha Bruce Youthwork, Inc., (SBY) is a non-profit, youth service agency that provides support to underserved youth and their families. The organization was founded in 1974 as the Washington Streetwork Project, with a focus on helping runaway youth find solutions to the situations rendering them homeless. Over time, it has expanded its focus to more general youth development, providing shelter, counseling, and life-skills training to runaway, homeless, abused, neglected, and at-risk youth and their families in the Washington, DC area.

With its TPPI funding, SBY provides programming to students at Ballou Senior High School, a public school in Southeast DC with a predominately African-American student body.²⁰ SBY implements *Teen Outreach Program (TOP)*, an evidence-based youth development program that engages young people in experiential learning activities in order to “prepare for successful adulthood and avoid problem behaviors.”²¹ The program is designed for youth ages 12–17 and focuses on reducing rates of school failure, school suspension, and teen pregnancy. *TOP* consists of a nine-month curriculum that addresses such topics as relationships, peer pressure, decision making, values clarification, goal-setting, adolescent development, and sexual health.²² It also includes a 20-hour community service component that engages participants in activities to enhance knowledge and develop skills, including self-efficacy, communication, conflict-management, and self-regulation. *TOP* can be delivered as an in-school, after-school, or community-based program. An evaluation of the program published in *Child Development* found that young women, ages 15–19, who participated in *TOP* were significantly less likely to report a pregnancy during the program than participants in the control group.²³

SBY incorporates *TOP* into the school’s 21st Century Community Learning Center program, an initiative of the U.S. Department of Education that provides academic enrichment opportunities during non-school hours to students who attend high-poverty and low-performing schools. The program helps students meet state and local education standards in core academic subjects, such as reading and math; offers students a broad array of enrichment activities that can complement their regular academic programs; and offers literacy and other educational services to the families of participating children.²⁴ SBY plans to serve 500 youth annually.

TPPI Tier 2: Innovative Approaches

The TPPI Tier 2 grant program supports research and demonstration programs in order to develop, replicate, refine, and test additional models and innovative strategies for preventing teenage pregnancy.

- There is one TPPI Tier 2 Innovative Approaches grantee in the District of Columbia, The George Washington University School of Public Health and Health Services, which received \$1,000,000 for Fiscal Year 2010.

The George Washington University School of Public Health and Health Services, \$1,000,000 (2010–2014)

The George Washington University School of Public Health and Health Services (SPHHS) uses its TPPI grant to implement “Be Yourself/Sé tu mismo,” with Latino high school students in the Washington, DC metro area. The program aims to delay sexual initiation, increase contraceptive use, and prevent teen pregnancy among participants.²⁵ “Be Yourself/Sé tu mismo” is a culturally relevant and theory-based, positive youth development intervention that consists of an eight-week curriculum, a social media and text messaging component, a weekend retreat, and the development of an individual action plan. SPHHS partners with three community-based organizations to implement the program in an after-school setting: Identity, Inc.; Mary’s Center; and Teen and Young Adult Health Connection.²⁶

Identity, Inc. is a non-profit organization located in Montgomery County, Maryland that works with Latino youth to “help them achieve a sense of confidence, connection, and control over their lives.”²⁷ The organization works to “reduce cultural and social barriers” that impede the ability of Latino youth to “participate fully in society’s benefits and responsibilities.”²⁸ Located in Silver Spring and Gaithersburg, Maryland, Teen and Young Adult (TAYA) Health Connection is a non-profit, reproductive health care organization that provides clinical care and education outreach services to teen and young adults.²⁹ Both organizations will partner with SPHHS to implement “Be Yourself/Sé tu mismo” in three Montgomery County high schools.

Mary’s Center is a Washington, DC non-profit that provides health care, education, and social services to underserved individuals and families. The organization serves DC metro residents from 91 different countries.³⁰ Its adolescent education program addresses the needs of first-generation teen U.S. resident by offering education services such as job training, health education workshops, English as a Second Language (ESL) courses, college preparation courses, and community projects among other programming.³¹ Mary’s Center will implement “Be Yourself/Sé tu mismo” through its adolescent education program. The TPPI Tier 1 project will serve approximately 160 youth annually.³²

TPPI Tier 2: Communitywide Initiatives

The TPPI Tier 2 grant program also supports communitywide initiatives to reduce rates of teenage pregnancy and births in communities with the highest rates. The program awards grants to national organizations as well as state- and community-based organizations. Funded national partners provide training and technical assistance to local grantees. The Centers for Disease Control and Prevention (CDC) administer the grant program in partnership with OAH.

- There are no TPPI Tier 2 Communitywide Initiatives grantees in the District of Columbia.

Personal Responsibility Education Program

The Personal Responsibility Education Program (PREP) totals \$75 million per year for Fiscal Years 2010–2014 and is the first-ever dedicated funding stream for more comprehensive approaches to sexuality education. The U.S. Department of Health and Human Services, Administration for Children and Families (ACF) administers the grant. PREP includes a \$55 million state-grant program, \$10 million to fund local entities through the Personal Responsibility Education Innovative Strategies (PREIS) Program, \$3.5 million for Indian tribes and tribal organizations, and \$6.5 million for evaluation, training, and technical assistance. Details on the state-grant program and PREIS are included below. At the time of publication, the funding for tribes and tribal organizations had not yet been awarded.

PREP State-Grant Program

The PREP state-grant program supports evidence-based programs that provide young people with medically accurate and age-appropriate information for the prevention of unintended pregnancy,

HIV/AIDS, and other sexually transmitted infections (STIs). The grant program totals \$55 million per year and allocates funding to individual states. The grant does not require states to provide matching funds. Funded programs must discuss abstinence and contraception, and place substantial emphasis on both. Programs must also address at least three of the following adulthood preparation subjects: healthy relationships, positive adolescent development, financial literacy, parent-child communication skills, education and employment skills, and healthy life skills.

- The Office of the State Superintendent of Education received \$250,000 in federal PREP funds for Fiscal Year 2010.
- The office has issued an application announcement for available funds under the state's PREP grant program. At the time of publication, sub-grantees had not yet been determined.

The Office of the State Superintendent of Education (OSSE) serves as the state education agency for the District of Columbia. The agency works “to set [district-wide] policies, provide resources and support, and exercise accountability for all public education” in the District of Columbia. OSSE will implement the District's PREP grant program, “DC-PREP,” and collaborate with the District of Columbia School Health Working Group on the implementation of PREP programming. The District of Columbia School Health Working Group is a partnership between OSSE, the Office of the Deputy Mayor of Education, the Department of Mental Health, the Department of Health, the Department of Health Care Finance, the District of Columbia Public Schools, and the Office of the City Administrator. It focuses on developing policies and resolving school health issues related to school-based health centers, evidence-based prevention and intervention programs, data collection, and the assessment and evaluation of school-based health programs throughout the District.³³

OSSE will award sub-grants to public and private youth-serving organizations in the District to implement programming through “DC-PREP.” The program will work to expand the use of “medically accurate, complete, and age-appropriate” evidence-based models or promising programs “designed to educate adolescents on both abstinence and contraception” to prevent pregnancy and STDs, including HIV/AIDS. “DC-PREP” will serve young people ages 11–19, with priority given to youth who reside in Wards 1, 5, 7, and 8 and in communities with the highest rates of unintended pregnancy and STD infection, including HIV. Funded programs will be required to replicate one of the four evidence-based models approved by OSSE or implement a promising intervention that is not included on the list of 28 evidence-based programs approved by the Office of Adolescent Health. A promising program proposed for use must first pass the District's systematic review and be approved by OSSE. The four evidence-based programs that have already been approved for use include: *Be Proud! Be Responsible!*; *¡Cuidate!*; *Project AIM (Adult Identity Mentoring)*; and *SiHLE (Sisters Informing, Healing, Living and Empowering)*.

Be Proud! Be Responsible! is an evidence-based HIV-prevention curriculum originally designed for urban, African-American males ages 13–18.³⁴ The curriculum seeks to provide young people with the knowledge, motivation, and skills necessary to reduce their risk of HIV, other STDs, and causing unintended pregnancy. It also aims to impact sexual behavior by equipping youth with negotiation, refusal, and condom-use skills. The curriculum uses a “sense-of-community” approach that emphasizes how HIV/AIDS has affected inner-city communities and discusses the importance of protecting the community in order to instill accountability, sexual responsibility, and a sense of pride in participants. Although originally designed for use with small groups of six to 12 participants, the curriculum has been used with larger groups and is appropriate for both school-based and community-based settings.³⁵ An evaluation of the program published in the *American Journal of Community Psychology* found that the intervention reduced the number of female sexual partners participants had as well as the number of non-monogamous female sexual partners (those who were simultaneously involved with other male partners).

In addition, the study found that the intervention decreased the frequency of vaginal and heterosexual anal intercourse, and increased condom use among participants.³⁶

¡Cuidate! is an evidence-based HIV-prevention curriculum adapted from the evidence-based curriculum, *Be Proud! Be Responsible!*, and tailored for use with Latino youth ages 13–18. The curriculum provides information about HIV and its transmission, addresses values and beliefs related to HIV and safer sex, and includes activities aimed to increase skills and self-efficacy for condom use, negotiating abstinence, and safer sex. The intervention consists of six, one-hour lessons and is designed for use with small, mixed-gender groups. It draws upon cultural beliefs, such as the importance of family and the responsibility of a man to care for his family, in order to provide messages that resonate with participants. The curriculum consists of educational games, small group discussions, videos, learning exercises, and skill-building activities. An evaluation of the curriculum published in the *Archives of Pediatrics & Adolescent Medicine* found that it reduced the frequency of sexual intercourse, number of sexual partners, and incidence of unprotected sex, while increasing condom use, among participants.³⁷

Project AIM (Adult Identity Mentoring) is an evidence-based youth development program designed to help adolescents identify their future goals and consider how engaging in risky behavior may negatively impact their ability to achieve those goals. The program is based on the “Theory of Possible Selves,” which proposes that an individual’s motivation is determined by the ability to imagine his future self. Those that are capable of imagining both possible positive and negative futures are therefore more inclined to work toward their life goals.³⁸ The school-based intervention consists of 10 sessions which are divided into four units: 1) Legacy, Role Models, and Peers; 2) Self-Projection: Expanding Visions of Possible Selves; 3) Self-Expression through Work: Development of Possible Self; and 4) Skills of Fulfilling Positive Future Possible Selves.³⁹ The lessons consist of group discussions, interactive activities, and role-playing exercises to encourage youth to explore their personal interests, social surroundings, and their goals for their future adult life.⁴⁰ *Project AIM* is designed for use with African-American youth ages 11–14 and is also appropriate for use with Latino youth. Although it is a school-based program, it can also be implemented in community-based settings. An evaluation of the program published in the *Journal of Adolescent Medicine* found that at a 19-week follow-up, adolescents who participated in the program were significantly less likely to report having had sexual intercourse than participants in the control group; and, at a one-year follow-up, male participants were significantly less likely to report having had sexual intercourse than participants in the control group.⁴¹

SiHLE (Sisters Informing, Healing, Living, and Empowering) is an evidence-based HIV- and STD-prevention education program designed for African-American females ages 14–18 who are sexually active and at high risk for HIV. It is a peer-led, social skills training intervention based on social cognitive theory and the theory of gender and power.⁴² The program consists of four, four-hour sessions that are administered on consecutive Saturdays in a community-based setting. Sessions are led by an African-American female adult and two peer-facilitators, ages 18–21. The sessions are designed to reinforce ethnic and gender pride and address HIV-prevention strategies, the transmission of STDs, communication and negotiation skills, condom-use skills, self-efficacy, healthy relationships, and personal empowerment. The program incorporates group discussion, lectures, games, and role-playing. Participants also complete homework assignments that provide opportunity for reflection and skills practice. An evaluation of the program published in the *Journal of the American Medical Association* found that at a six-month follow-up, program participants were significantly less likely to report being pregnant and significantly more likely to report having used condoms consistently in the previous six months than participants in the control group. In addition, at a twelve-month follow-up participants were significantly more likely to report consistent condom use in the previous 30 days and having used a condom during last sexual intercourse than participants in the control group.⁴³

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Personal Responsibility Education Innovative Strategies (PREIS)

The PREIS Program supports research and demonstration programs to develop, replicate, refine, and test innovative models for preventing unintended teen pregnancy. ACF administers the grant program in collaboration with OAH and provides a total of \$10 million in funding directly to local public and private entities.

- There are no PREIS grantees in the District of Columbia.

Title V State Abstinence Education Grant Program

The Title V State Abstinence Education Grant Program (Title V Abstinence-Only Program) allocates \$50 million per year to states for Fiscal Years 2010–2014. ACF administers the grant program. The Title V Abstinence-Only Program requires states to provide three state-raised dollars or the equivalent in services for every four federal dollars received. The state match may be provided in part or in full by local groups. All programs funded by the Title V Abstinence-Only Program must promote abstinence from sexual activity as their exclusive purpose and may provide mentoring, counseling, and adult supervision toward this end. Programs must be medically accurate and age-appropriate and must ensure abstinence is an expected outcome.

- The District of Columbia chose not to apply for Title V abstinence-only funds for Fiscal Year 2010.

District of Columbia TPPI, PREP, and Title V Abstinence-Only Funding in FY 2010

Grantee	Award	Fiscal Years
Teen Pregnancy Prevention Initiative (TPPI)		
<i>TPPI Tier 1: Replication of Evidence-Based Programs</i>		
Sasha Bruce Youthwork, Inc.	\$634,849	2010–2014
TOTAL	\$634,849	
<i>TPPI Tier 2: Innovative Approaches</i>		
The George Washington University School of Public Health and Health Services	\$1,000,000	2010–2014
TOTAL	\$1,000,000	
Personal Responsibility Education Program (PREP)		
<i>PREP State-Grant Program</i>		
Office of the State Superintendent of Education (federal grant)	\$250,000	2010
TOTAL	\$250,000	
GRAND TOTAL	\$1,884,849	2010

COMPREHENSIVE APPROACHES TO SEXUALITY EDUCATION

*SIECUS has identified some examples of model programs, policies, and best practices being implemented in District of Columbia public schools that provide a more comprehensive approach to sex education for young people.*⁴⁴

District Health Education Standards

Beginning in 2004, spurred by cuts in federal funding for HIV/AIDS-prevention education previously provided to metro Washington, DC community-based organizations, local advocates and public health officials approached the DC Board of Education to address the need for HIV/AIDS education to be provided in public schools. The Board created an ad hoc committee on HIV/AIDS education that developed recommendations for implementing such programming in schools. In 2006, DC Mayor Adrian Fenty disbanded the school board and the mayor's office took over responsibility for the District of Columbia public school system; and work began to develop health education standards. Local youth and HIV/AIDS organizations worked in coalition with public health officials and national sexual and reproductive health organizations to advise the mayor's office on guidelines for sexuality education to be included in the standards. The high impact of the HIV/AIDS epidemic on young people in DC catalyzed community support for incorporating comprehensive sexuality education into the health standards. Local polling also revealed strong support among parents for sex education in public schools. In addition, during a hearing held by the mayor's office, local public health officials and national sexuality education experts testified on the need for comprehensive sex education.⁴⁵

On December 13, 2007, the newly established DC Office of the State Superintendent of Education (OSSE) approved the district's first-ever standards for health education. Adapted from the *Indiana Academic Standards for Health Education* and including information from the *New Jersey Health Frameworks* and the *SIECUS Guidelines for Comprehensive Sexuality Education*, the standards outline concepts and skills that students should gain in grades Pre-K through 12 and include comprehensive sex education among core content.⁴⁶

Comprehensive sexuality education is incorporated into standards for health promotion and disease prevention for all grade levels. The information provided is appropriate to each grade level. Beginning in Pre-K, students learn the basic parts of the body while in fourth grade health instruction addresses the "physical, social, and emotional changes" that occur during puberty and teaches that "talking to parents and other trusted adults about sexuality can be helpful." Discussion of HIV/AIDS, sexually transmitted infections (STIs) and unintended pregnancy begins in the fifth grade. Students are taught that abstinence is the most effective way to prevent disease or pregnancy. Such instruction should "discuss strategies to remain abstinent and resist pressures to become sexually active." In eighth grade, health education addresses sexual orientation, including defining the term and discussing different theories on what influences sexual orientation. It also emphasizes the importance of testing and treatment for STIs and HIV/AIDS and addresses other sexual and reproductive health topics. High school level health standards address sexual relationships and healthy sexual behavior. Among other issues, instruction discusses the "benefits of abstinence as the most effective means of contraception," the "short-term and long-term consequences of adolescent sexual activity," "the factors that influence the choice and use of contraception," and discussing "the importance of consistent and effective contraceptive use."

Under DC graduation requirements, students must complete 1.5 Carnegie Units of combined physical education and health.⁴⁷

Comprehensive Sex Education Programs in Public Schools

Since OSSE approved the district's first health education standards in December 2007, multiple efforts and projects have begun to implement comprehensive sex education in district's public schools. The District of Columbia Public Schools (DCPS) developed a curriculum pacing guide for comprehensive sex education at each grade level, which was implemented during the 2008–2009 school year. In the process

of developing the school system's own curriculum for sex education, district administrators and teachers worked with the DC Healthy Youth Coalition, a local coalition of youth development, sex education, and teen pregnancy and HIV/AIDS prevention education advocates, to implement three existing programs for HIV/AIDS instruction, including *Making Proud Choices! A Safer Sex Approach to Prevention of STDs, HIV and Pregnancy* for elementary school students, *Making a Difference* for middle school students, and *Becoming a Responsible Teen* at the high school level.⁴⁸

Making Proud Choices! is an evidence-based STD-, HIV-, and pregnancy-prevention curriculum designed for use with African-American, Latino, and white adolescents ages 11–13. The curriculum aims to help youth understand the poor reasoning and decision making that can lead to STD/HIV infection and/or unintended pregnancy, as well as to increase their confidence, negotiation skills, and self-efficacy in using condoms. The program consists of eight, one-hour sessions and can be implemented in school- or community-based settings. *Making Proud Choices!* includes interactive and skill-building activities that are designed to “increase comfort with practicing condom use, address concerns about negative effects of practicing safer sex, and build skills in condom use and negotiation.”⁴⁹ An evaluation of the program published in the *Journal of the American Medical Association* showed that program participants reported more consistent condom use and less unprotected sex as well as a higher frequency of condom use than those in the control group.⁵⁰

Making a Difference! is an evidence-based pregnancy-, STD-, and HIV-prevention education curriculum that emphasizes abstinence from sexual activity. Adapted from the evidence-based curriculum, *Be Proud! Be Responsible!*, *Making a Difference!* aims to increase participants' knowledge about HIV, STD, and pregnancy prevention as well as their confidence to negotiate sexual pressure and intention to abstain from sex. It is designed for use with African-American, Latino, and white adolescents ages 11–13 and can be implemented in school- or community-based settings. The curriculum includes interactive activities, small group discussions, and skill-building exercises, including role-plays, aimed to increase comfort and efficacy with practicing abstinence. An evaluation of the curriculum published in the *Journal of American Medical Association* found that at a three-month follow-up, participants in the program were less likely to report having had sexual intercourse in the three months prior than peers in the control group. Evaluation results also showed that the program helped to delay sexual initiation among program participants who were sexually inexperienced.⁵¹

Becoming a Responsible Teen (BART) is an evidence-based HIV/AIDS-prevention education curriculum designed for African-American youth ages 14–18. *BART* teaches students to reduce sexual risk taking by promoting safer sex practices while also teaching that abstinence is the most effective way to prevent HIV and unintended pregnancy. The curriculum combines education with behavioral skills training on assertion, refusal, self-management, problem solving, risk recognition, and correct condom use.⁵² *BART* includes interactive activities, group discussions, and role-plays developed by teens. It is designed for implementation in community-based settings and with single-sex groups. An evaluation of the program published in the *Journal of Consulting and Clinical Psychology* found that it increased participant knowledge of HIV and AIDS and increased participants' ability to manage the pressure to engage in unprotected sex as well as to provide information to their peers regarding safe sexual practices. The program was also found to delay the initiation of sexual intercourse; reduce the frequency of sex and the incidence of unprotected sex; and reduce the incidence of unprotected anal sex. Among male participants, the program was found to increase condom use.⁵³

In DC public schools the lessons from these curricula are modified to fit into the district's academic requirements and course schedules. The majority of lessons are implemented within health classes.

DCPS partners with Metro TeenAIDS, a local community-based organization, to implement HIV-prevention lessons in district middle schools and high schools. Currently the organization serves 75 percent of district middle schools and 50 percent of district high schools and primarily provides lessons to seventh and tenth grade students. Metro TeenAIDS has also assisted the district in carrying out a two-year

plan for teacher training in order to equip district educators to independently implement HIV/AIDS education lessons.⁵⁴

Through a cooperative agreement with the Centers for Disease Control and Prevention’s Division of Adolescent and School Health (CDC-DASH), DC Public Schools has provided sexual health capacity building to district health and physical education teachers and parents. In 2008 and 2009, DCPS hosted professional development trainings on teaching strategies for sexual health in order to better enable teachers to provide standards-based instruction on sexual health and HIV prevention. The district also partnered with the SIECUS Education & Training Department to provide technical assistance to ten middle schools in order to develop staff capacity at each school to support sexual health activities and training throughout the school community. Similarly, through a partnership with the American Psychological Association the school district provides training and technical assistance to school staff on preventing health risk behaviors among sexual minority students specifically.⁵⁵ DCPS will also partner with a local community-based organization to provide a series of workshops to DCPS secondary students and school staff focused on preventing HIV stigma.

DCPS is also working with parents in the district by providing workshops that address sexual health and development and skills for talking to children about sex and values. Such workshops have included presentations by Deborah Roffman, a nationally known sex educator and author of *Sex and Sensibility, The Thinking Parent’s Guide to Talking Sense About Sex*. Finally, DCPS offers *Parents Matters!*, an evidence-based program for parents and resource materials from the Advocates for Youth Parents Sex Ed Center. With the use of DASH funding these materials will be translated into the district’s five official languages, tailored for cultural specificity, and printed.⁵⁶

We encourage you to submit any updated or additional information on comprehensive approaches to sex education being implemented in District of Columbia public schools for inclusion in future publications of the SIECUS State Profiles. Please visit SIECUS’ “Contact Us” webpage at www.siecus.org to share information. Select “state policy” as the subject heading.

POINTS OF CONTACT

Adolescent Health Contact⁵⁷

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PREP State-Grant Coordinator

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ORGANIZATIONS THAT SUPPORT COMPREHENSIVE SEXUALITY EDUCATION

DC Campaign
to Prevent Teen Pregnancy
Washington, DC
Phone: (202) 789-4666
www.teenpregnancydc.org

Planned Parenthood
of Metropolitan Washington, DC
Washington, DC
Phone: (202) 347-8500
www.ppmw.org

City Year
Washington, DC
Phone: (202) 776-7780
www.cityyear.org

Sasha Bruce Youthwork
Washington, DC
Phone: (202) 675-9340
www.sashabruce.org

The Metro DC GLBT Community Center
Washington, DC
Phone: (202) 682-2245
www.thedcccenter.org

Sexual Minority Youth Assistance League
Washington, DC
Phone: (202) 546-5940
www.smyal.org

MetroTeen AIDS
Washington, DC
Phone: (202) 543-9355
www.metroteenaids.org

Young Women's Project
Washington, DC
Phone: (202) 332-3399
www.youngwomensproject.org

ORGANIZATIONS THAT OPPOSE COMPREHENSIVE SEXUALITY EDUCATION

Best Friends Foundation
Washington, DC
Phone: (202) 478-9677
www.bestfriendsfoundation.org

National Abstinence Education Association
Washington, DC
Phone: 202-248-5420
www.abstinenceassociation.org

Family Research Council
Washington, DC
Phone: (202) 393-2100
www.frc.org

Parents for Truth
Washington, DC
Phone: (202) 248-5420
www.parentsfortruth.org

MEDIA OUTLETS

Newspapers in the District of Columbia⁵⁸

Washington City Paper
Washington, DC
Phone: (202) 332-2100
www.washingtoncitypaper.com

Washington Post
Washington, DC
Phone: (703) 469-2500
www.washingtonpost.com

Washington Times
Washington, DC
Phone: (202) 636-3000
www.washtimes.com

Political Blogs in the District of Columbia

The D.C. Education Blog
www.dcedublog.com

D.C. Progressive
www.dcregressive.org

D.C. Wire
<http://blog.washingtonpost.com/dc>

Washington D.C. Politics: Local Edition
www.squidoo.com/dcpolitics

¹ This refers to the federal government's fiscal year, which begins on October 1st and ends on September 30th. The fiscal year is designated by the calendar year in which it ends; for example, Fiscal Year 2010 began on October 1, 2009 and ended on September 30, 2010.

² Wash. DC Regs. §§ 5-E2304.1 and 5-E2305.2 <<http://www.dcregs.dc.gov/Notice/Download.aspx?VersionID=305567>>, <<http://www.dcregs.dc.gov/Notice/Download.aspx?VersionID=305664>>.

³ Wash. DC Mun. Regs. §§ 5-E2305.1(a)-(b).

⁴ Wash. DC Mun. Regs. § 5-E2304.3.

⁵ Wash. DC Mun. Regs. § 5-E2304.4.

⁶ Wash. DC Mun. Regs. § 5-E2305.3.

⁷ Wash. DC Mun. Regs. § 5-E2305.5.

⁸ Unless otherwise cited, all statistical information comes from: Danice K. Eaton, et. al., "Youth Risk Behavior Surveillance—United States, 2007," *Surveillance Summaries, Morbidity and Mortality Weekly Report* 57.SS-4 (6 June 2008), accessed 4 June 2008, <<http://www.cdc.gov/HealthyYouth/yrbs/index.htm>>. Note: District of Columbia did not participate in the 2009 YRBS.

⁹ "Births: Final Data for 2008," *National Vital Statistics Report*, vol. 59, (Atlanta, GA: Centers for Disease Control and Prevention, December 2010), accessed 29 June 2011, <http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_01.pdf>, Table 12.

¹⁰ "VitalStats: Birth Data Files by State, Age of Mother in Years, 2008," (Atlanta, GA: Centers for Disease Control and Prevention), accessed 30 June 2011, <http://www.cdc.gov/nchs/data_access/vitalstats/VitalStats_Births.htm>.

¹¹ *U.S. Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, (Washington, DC: Guttmacher Institute, January 2010), accessed 5 March 2010, <<http://www.guttmacher.org/pubs/USTPtrends.pdf>>, Table 3.1.

¹² *Ibid.*, Table 3.2.

¹³ *U.S. Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, Table 3.3.

¹⁴ *HIV Surveillance Report, 2008*, (Atlanta, GA: Centers for Disease Control and Prevention, June 2010), accessed 28 June 2011, <<http://www.cdc.gov/hiv/surveillance/resources/reports/2008report/pdf/2008SurveillanceReport.pdf>>, Table 19.

¹⁵ *Ibid.*

¹⁶ Slide 18: "Rates of Diagnoses of AIDS Infection among Adolescents Aged 13–19 Years, 2009—40 States and 5 U.S. Dependent Areas," *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention, July 2011), accessed 27 September 2011, <<http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>>.

¹⁷ "Wonder Database: Selected STDs by Age, Race/Ethnicity, and Gender, 1996–2008 Results," (Atlanta, GA: Centers for Disease Control and Prevention, 30 June 2009 accessed 5 March 2010, <<http://wonder.cdc.gov/>>; see also Table 10: "Chlamydia: Reported Cases and Rates Per 100,000 Population by Age Group and Sex: United States, 2004–2008," *Sexually Transmitted Disease Surveillance 2008*, (Atlanta, GA: Centers for Disease Control and Prevention, Division of STD Prevention, November 2009), accessed 5 March 2010, <<http://www.cdc.gov/std/stats08/surv2008-Complete.pdf>>, 95.

¹⁸ *Ibid.*; see also Table 20: "Gonorrhea—Reported Cases and Rates per 100,000 Population by Age Group and Sex: United States, 2004–2008," *Sexually Transmitted Disease Surveillance 2008*, 106.

¹⁹ *Ibid.*; see also Table 33: "Primary and Secondary Syphilis—Reported Cases and Rates per 100,000 Population by Age Group and Sex: United States, 2004–2008," *Sexually Transmitted Disease Surveillance 2008*, 121.

²⁰ "Ballou High School," District of Columbia Public Schools, accessed 22 March 2011, <<http://profiles.dcps.dc.gov/Ballou+High+School>>.

- ²¹ Saras Chung and Annie Philipps, *Promoting Mental Health and Well-being in Adolescents: Recommendations for Wyman's Teen Outreach Program*, (Eureka, MO: Wyman Teen Outreach Program, 2010), accessed 1 July 2011, <http://www.wymantop.org/pdfs/TOP_Positive_Well-Being.pdf>, 3.
- ²² Ibid, 9.
- ²³ "Pregnancy Prevention Intervention Implementation Report: Teen Outreach Program," Programs for Replication – Intervention Implementation Reports, U.S. Department of Health and Human Services, accessed 1 July 2011, <http://www.hhs.gov/ash/oah/prevention/research/programs/teen_outreach_program.html>.
- ²⁴ "21st Century Community Learning Centers," U.S. Department of Education, accessed 22 March 2011, <<http://www2.ed.gov/programs/21stcclc/index.html>>.
- ²⁵ The George Washington University School of Public Health and Health Services, "The U.S. Department of Health and Human Services Taps GW SPHHS to Implement and Test After School Program Aimed at Preventing Teen Pregnancy," Press Release published 8 October 2010, <<http://www.gwumc.edu/news/newsitems.cfm?view=news&d=10559>>.
- ²⁶ The George Washington University School of Public Health and Health Services, "The U.S. Department of Health and Human Services Taps GW SPHHS to Implement and Test After School Program Aimed at Preventing Teen Pregnancy," *see also* "Teenage Pregnancy Prevention Program: Summary of Funded Research and Development Programs for 2010," U.S. Department of Health and Human Services, Office of Adolescent Health, accessed 29 August 2011, <http://www.hhs.gov/ash/oah/prevention/grantees/research_2010_projects.html>.
- ²⁷ "What is Identity?" Identity, Inc. accessed 29 August 2011, <<http://www.identity-youth.org/>>.
- ²⁸ Ibid.
- ²⁹ Teen and Young Adult Health Connection, accessed 29 August 2011, <<http://www.tayahealth.org/>>.
- ³⁰ "About Mary's Center," Mary's Center, accessed 29 August 2011, <<http://www.maryscenter.org/content/about-marys-center>>.
- ³¹ "Education Services," Mary's Center, accessed 29 August 2011, <<http://www.maryscenter.org/content/education-services>>.
- ³² "Teenage Pregnancy Prevention Program: Summary of Funded Research and Development Programs for 2010," U.S. Department of Health and Human Services, Office of Adolescent Health.
- ³³ Information provided by Kafui Doe, Health Education Specialist for the Office of the State Superintendent of Education, 22 February 2011.
- ³⁴ *Science and Success: Sex Education and Other Programs That Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections* (Washington, DC: Advocates for Youth, 2008), accessed 1 July 2011, <<http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf>>, 56–59.
- ³⁵ "Be Proud! Be Responsible!" Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed 1 July 2011, <<http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=1&PageTypeID=2>>; *see also* "Pregnancy Prevention Intervention Implementation Report: Be Proud! Be Responsible!" Programs for Replication – Intervention Implementation Reports, U.S. Department of Health and Human Services, accessed 1 July 2011, <http://www.hhs.gov/ash/oah/prevention/research/programs/be_proud_responsible.html>.
- ³⁶ *Science and Success: Sex Education and Other Programs That Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections*, 56–59.
- ³⁷ "Cuidate!" Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed 5 May 2010, <<http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=577&PageTypeID=2>>; *see also* *Science and Success: Sex Education and Other Programs That Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections, Second Edition* (Washington, DC: Advocates for Youth, 2008), accessed 30 March 2010, <<http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf>>, 76–79.
- ³⁸ "Adult Identity Mentoring (Project AIM)" Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed 1 July 2011, <<http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=573>>; *see also* "Project AIM: Adult Identity Mentoring, A Youth Development Intervention for HIV Risk Reduction," Centers for Disease Control and Prevention, Division of HIV/AIDS Prevention, accessed 18 August 2011, <http://www.cdc.gov/hiv/topics/prev_prog/rep/packages/pdf/aim.pdf>.
- ³⁹ "Adult Identity Mentoring (Project AIM)" Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed 1 July 2011, <<http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=573>>.
- ⁴⁰ "Adult Identity Mentoring (AIM)," Promising Practices, San Bernardino County Department of Public Health, accessed 1 July 2011, <<http://www.healthysanbernardinocounty.org/modules.php?op=modload&name=PromisePractice&file=promisePractice&pid=3633>>.
- ⁴¹ "Pregnancy Prevention Intervention Implementation Report: Adult Identity Mentoring (Project AIM)," Programs for Replication – Intervention Implementation Reports, U.S. Department of Health and Human Services, accessed 1 July 2011, <http://www.hhs.gov/ash/oah/prevention/research/programs/adult_identity_mentoring_project_aim.html>.

⁴² “Sisters Informing, Healing, Living, Empowering (SiHLE),” Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed 1 July 2011,

<<http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=567&PageTypeID=2>>.

⁴³ *Science and Success: Sex Education and Other Programs That Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections* (Washington, DC: Advocates for Youth, 2008), accessed 1 July 2011,

<<http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf>>, 98–101; *see also* “Pregnancy Prevention Intervention Implementation Report: Sisters Informing, Healing, Living, and Empowering (SiHLE),” Programs for Replication – Intervention Implementation Reports, U.S. Department of Health and Human Services, accessed 1 July 2011,

<<http://www.hhs.gov/ash/oah/prevention/research/programs/sihle.html>>.

⁴⁴ This is by no means a complete list of all comprehensive programming and policies related to sexuality education, but rather some examples of best practices and model programs that SIECUS identified.

⁴⁵ Phone conversation between Morgan Marshall and Adam Tenner, executive director of Metro TeenAIDS, 7 April 2010.

⁴⁶ *Health Education Standards*, (Washington, DC: DC Office of the State Superintendent of Education, August 2008), accessed 15 April 2010,

<<http://dcps.dc.gov/DCPS/Files/downloads/TEACHING%20&%20LEARNING/Learning%20Standards%202009/DCPS-HEALTH910-STANDARDS.pdf>>.

⁴⁷ Ibid.

⁴⁸ Phone conversation between Morgan Marshall and Adam Tenner.

⁴⁹ “Making Proud Choices!” Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed 15 April 2010, <<http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=128>>.

⁵⁰ Ibid.

⁵¹ “Making a Difference!” Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed 1 July 2011, <<http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=127&PageTypeID=2>>.

⁵² “Becoming A Responsible Teen,” Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed 5 May 2010,

<<http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=2&PageTypeID=2>>.

⁵³ *Science and Success: Sex Education and Other Programs That Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections* (Washington, DC: Advocates for Youth, 2008), accessed 30 March 2010,

<<http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf>>, 76–78.

⁵⁴ Phone conversation between Morgan Marshall and Adam Tenner.

⁵⁵ “State Agencies: District of Columbia,” *Healthy Youth!* (Atlanta, GA: National Center for Chronic Disease Prevention and Health Promotion), accessed 20 April 2010, <<http://www.cdc.gov/HealthyYouth/states/dc.htm>>.

⁵⁶ Email from Diana Bruce, director of health and wellness for the District of Columbia Public Schools, in response to inquiry from Morgan Marshall, 3 March 2010.

⁵⁷ The person listed represents the designated personnel in the state responsible for adolescent reproductive health.

⁵⁸ This section is a list of major newspapers in the state and is by no means exhaustive of local print outlets.