



# SIECUS

State Profile

## VERMONT

**In Fiscal Year 2013,<sup>1</sup> the state of Vermont received:**

- **Division of Adolescent and School Health funds totaling \$290,000**
- **Personal Responsibility Education Program funds totaling \$250,000**

**In Fiscal Year 2013, local entities in Vermont received:**

- **Teen Pregnancy Prevention Initiative funds totaling \$600,000**

### **SEXUALITY EDUCATION LAW AND POLICY**

The Vermont Education Code includes sexuality education as part of its comprehensive health program. This program must be taught in elementary and secondary schools.<sup>2</sup> The comprehensive health program has ten components that students must learn, four of which are related to sexuality:

- body structure and function, including the physical, psychosocial, and psychological basis of human development, sexuality, and reproduction;
- disease, such as HIV infection, other sexually transmitted diseases (STDs), and other communicable diseases, and the prevention of disease;
- family health and mental health, including instruction that promotes the development of responsible personal behavior involving decision making about sexual activity, including abstinence; skills that strengthen existing family ties involving communication, cooperation, and interaction between parents and students; and instruction to aid in the establishment of strong family life in the future, thereby contributing to the enrichment of the community; and
- human growth and development, including understanding the physical, emotional, and social elements of individual development and interpersonal relationships and including instruction in parenting methods and styles. This shall include information regarding the possible outcomes of premature sexual activity, contraceptives, adolescent pregnancy, childbirth, adoption, and abortion.<sup>3</sup>

The *Vermont Health Education Grade Expectations: Family, Social, and Sexual Health* outlines benchmarks for students to achieve throughout their education. Beginning in grade 5, students are expected to learn how outside influences affect aspects of individual perception, including sexual identity.<sup>4</sup> Following grades 7 and 8, students must be able to “[i]dentify effective methods to prevent HIV, sexually transmitted infections, and pregnancy.”<sup>5</sup> In grades 9–12, students should “[d]emonstrate strategies to promote acceptance and respect for all individuals,” including those of different sexual orientation.<sup>6</sup>

Parents or guardians may remove their children from a sexuality education class if the content is in conflict with their religious beliefs.<sup>7</sup> This is referred to as an “opt-out” policy.

See Vermont Statutes Annotated, Title 16 §§ 131, 133, 134, and 135; Vermont Health Education Grade Expectations: Family, Social, and Sexual Health; and Sample Comprehensive HIV Policy for Schools: Pre-K-12.

## 2013 STATE LEGISLATIVE SESSION ACTIVITY

SIECUS is not aware of any proposed legislation regarding sexuality education in Vermont.

## YOUTH SEXUAL HEALTH DATA

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

### Vermont Youth Risk Behavior Survey (YRBS) Data<sup>8</sup>

- In 2013, 3.5% of female high school students and 6.2% of male high school students in Vermont reported having had sexual intercourse before age 13, compared to 3.1% of female high school students and 8.3% of male high school students nationwide.
- In 2013, 11.4% of female high school students and 9% of male high school students in Vermont who dated or went out with someone during the 12 months before the survey reported experiencing physical dating violence one or more times during that time period (defined as being hit, slammed into something, or injured with an object or weapon on purpose by someone they were dating or going out with), compared to 13% of female high school students and 7.4% of male high school students nationwide.

Visit the Centers for Disease Control and Prevention's Youth Online database for additional information on sexual behaviors.

### Vermont Teen Pregnancy, HIV/AIDS, and Other STD Data

#### *Teen Pregnancy, Birth, and Abortion*

- In 2010, Vermont's teen pregnancy rate ranked 49th in the United States, with a rate of 32 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 57 per 1,000.<sup>9</sup> There were a total of 710 pregnancies among young women ages 15–19 in Vermont in 2010.<sup>10</sup>
- In 2012, Vermont's teen birth rate ranked 48th in the United States, with a rate of 16.3 births per 1,000 young women ages 15–19, compared to the national rate of 29.4 per 1,000.<sup>11</sup> In 2012, there were a total of 361 live births to young women ages 15–19 reported in Vermont.<sup>12</sup>
- In 2010, Vermont's teen abortion rate ranked 29th in the United States, with a rate of nine abortions per 1,000 young women ages 15–19, compared to the national rate of 15 per 1,000.<sup>13</sup> There were a total of 210 abortions among young women ages 15–19 reported in Vermont in 2010.<sup>14</sup>

#### *HIV and AIDS*

- In 2011, the rate of diagnoses of HIV infection among adolescents ages 13–19 in Vermont was 0 per 100,000, compared to the national rate of 7.6 per 100,000.<sup>15</sup>
- In 2011, the rate of AIDS diagnoses among adolescents ages 13–19 in Vermont was 0 per 100,000, compared to the national rate of 1.9 per 100,000.<sup>16</sup>

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- In 2011, the rate of diagnoses of HIV infection among young adults ages 20–24 in Vermont was 5.4 per 100,000, compared to the national rate of 36.3 per 100,000.<sup>17</sup>
- In 2011, the rate of AIDS diagnoses among young adults ages 20–24 in Vermont was 0 per 100,000, compared to the national rate of 10.9 per 100,000.<sup>18</sup>

### *Sexually Transmitted Diseases*

- In 2012, Vermont ranked 48th in the United States for reported cases of chlamydia among young people ages 15–19, with an infection rate of 1,056.6 cases per 100,000, compared to the national rate of 2,001.7 per 100,000. In 2012, there were a total of 485 cases of chlamydia among young people ages 15–19 reported in Vermont.<sup>19</sup>
- In 2012, Vermont ranked 49th in the United States for reported cases of gonorrhea among young people ages 15–19, with an infection rate of 24 cases per 100,000, compared to the national rate of 376.8 per 100,000. In 2012, there were a total of 11 cases of gonorrhea among young people ages 15–19 reported in Vermont.<sup>20</sup>
- In 2012, Vermont joined nine other states with a primary and secondary syphilis infection rate of zero among young people ages 15-19, compared to the national rate of 4.1 cases per 100,000.<sup>21</sup>

## **FEDERAL FUNDING FOR SEX EDUCATION, TEEN PREGNANCY PREVENTION, AND ABSTINENCE-ONLY-UNTIL-MARRIAGE 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 \$105 million in discretionary funding for FY 2013. 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. OAH utilizes the remaining appropriated funds to provide program support, implementation evaluation, and technical assistance to grantees. TPPI also dedicates \$8.5 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 and minimize underlying behavioral risk factors or other associated risk factors.

- There is one TPPI Tier 1 grantee in Vermont, Youth Catalytics, which received \$600,000 for FY 2013.

Youth Catalytics (formerly New England Network for Child, Youth & Family Services, Inc., \$600,000 (FY 2013))  
Youth Catalytics is a private nonprofit that works to support and advance youth services throughout New England.

Its mission is to “[work] in partnership with organizations to advance promising practices with children, youth and families.”<sup>22</sup> Youth Catalytics strengthens social services, promotes best practices, and responds to issues of policy and practice.

With offices in Vermont and throughout New England, Youth Catalytics uses its TPPI funding to implement the TOPic (Teen Outreach Program in Connecticut) program in Connecticut. TOPic targets high-risk young people ages 14–19 who suffer from severe family problems, abuse, or emotional, developmental, and behavioral difficulties. Youth Catalytics implements the *Teen Outreach Program (TOP)* to at-risk youth in 14 cities and towns across Connecticut in order to reduce teen pregnancy rates and the behavioral risks underlying teen pregnancy among participants. Youth Catalytics aims to reach 200–500 youth annually.<sup>23</sup>

#### *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 are no TPPI Tier 2 Innovative Approaches grantees in Vermont.

#### *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 Vermont.

### **Division of Adolescent and School Health**

The Division of Adolescent and School Health (DASH), within the Centers for Disease Control and Prevention (CDC), provides funding to 17 state and 19 local education agencies to help districts and schools strengthen student health through exemplary sexual health education (ESHE) that emphasizes HIV and other STD prevention, increased access to key sexual health services (SHS), and the establishment of safe and supportive environments (SSE) for students and staff. In addition, DASH funds nine national non-governmental organizations (NGOs) to help state and local education agencies achieve these goals.

- There was one DASH grantee in Vermont funded to strengthen student health through ESHE, SHS, and SSE in FY 2013, the Vermont Department of Education (\$225,000).

DASH also funds three local education agencies and one NGO to implement multiple program activities to meet the HIV/STD-prevention needs of young men who have sex with men (YMSM) and to develop strategic partnerships and collaborations between schools and community-based, mental health, and social services organizations to accomplish this work.

- There were no DASH grantees in Vermont funded to deliver YMSM programming in FY 2013.

DASH also provides funding for state, territorial, and local education agencies and state health agencies to establish and strengthen systematic procedures to collect and report Youth Risk Behavior Survey (YRBS) and School Health Profiles data for policy and program improvements.

- There was one DASH grantee in Vermont funded to collect and report YRBS and School Health Profiles data in FY 2013, the Vermont Department of Health (\$65,000).

### **Pregnancy Assistance Fund**

The Pregnancy Assistance Fund (PAF), administered by OAH, provides expecting and parenting teens, women, fathers, and their families with a network of support services. Established in FY 2010 through a 10-year authorization (FY 2010–FY 2019) in the Affordable Care Act (ACA), PAF is a \$25 million competitive grant program for state and tribal entities. PAF grants support programs that include at least one of the following four components: 1) support for expectant and parenting student services at institutions of higher education; 2) support for expectant and parenting teens, women, fathers, and their families at high schools and community centers; 3) improved services for pregnant women who are victims of domestic violence, sexual violence, sexual assault, and stalking; and 4) increased public awareness and education services for expectant and parenting teens, women, fathers, and their families. Now in the second round of awards, PAF supports 17 entities in 14 states and three tribal entities, most of which focus their efforts on serving teen parents.

- There are no PAF grantees in Vermont.

### **Personal Responsibility Education Program**

The Personal Responsibility Education Program (PREP) totals \$75 million per year for FYs 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, \$3.1 million for Tribal PREP, for tribes and tribal organizations, and with remaining funds for evaluation, training, and technical assistance. In addition, provisions within the statute for PREP enable a competitive application process for community- and faith-based organizations within states and territories that do not directly seek PREP funding by the third year of the program; these competitive PREP (CPREP) grants were awarded to organizations in five states and three territories in FY 2013. Details on the state grant program, PREIS, Tribal PREP, and CPREP are included below.

#### *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 STDs. 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 State of Vermont Department of Health received \$250,000 in federal PREP funds for FY 2013.
- The agency provides sub-grants to six<sup>24</sup> local public and private entities.<sup>25</sup>

The Vermont Department of Health administers the PREP state-grant program in close collaboration with the Vermont Department of Education and five local sub-grantees. Funds are largely used to provide community-based programming for primarily high school-age young people. Vermont PREP programming is specifically targeted at runaway and homeless youth, incarcerated youth, and youth in foster care. Programming addresses healthy relationships, healthy life skills, and adolescent development to meet the adulthood preparation subject requirement, and uses the curriculum *Reducing the Risk*.<sup>26</sup>

*Personal Responsibility Education Innovative Strategies (PREIS)*

PREIS 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 Vermont.

*Tribal Personal Responsibility Education Program (Tribal PREP)*

Tribal PREP supports the development and implementation of comprehensive teen pregnancy prevention programs within tribes and tribal communities. Tribal PREP programs target young people ages 10–19 who are in or are aging out of foster care, homeless youth, youth with HIV/AIDS, pregnant and/or parenting youth who are under 21 years of age, and youth who live in areas with high adolescent birth rates. Programs must 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.

- In FY 2013, 16 tribes and tribal organizations from nine states received a total of \$3.1 million.
- There are no Tribal PREP grantees in Vermont.

*Competitive Personal Responsibility Education Program (CPREP)*

CPREP grants support evidence-based programs that provide young people with medically accurate and age-appropriate information for the prevention of unintended pregnancy, HIV/AIDS, and other STDs.

Organizations and institutions in states and territories that did not apply for PREP formula grants in either of the past two fiscal years were eligible to submit competitive applications for CPREP grants. Thirty-seven grants, totaling \$18.6 million, were awarded in FY 2013 to organizations in American Samoa, the Commonwealth of Northern Mariana Islands, Florida, Guam, Indiana, North Dakota, Texas, and Virginia.

- There are no CPREP grantees in Vermont.

**Title V State Abstinence Education Grant Program**

The Title V abstinence-only-until-marriage (Title V AOUM) program, administered by ACF, allocates \$50 million per year to states for FYs 2010–2014. ACF administers the grant program. The Title V AOUM 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 Title V AOUM 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.

- Vermont chose not to apply for Title V AOUM funds for FY 2012.

**Competitive Abstinence Education (CAE) Grant**

Administered by the ACF, the CAE grant program provides grants for “abstinence education” as defined by the A–H statute in Title V of the Social Security Act, as well as for mentoring, counseling, and adult supervision that promotes abstinence outside of marriage. As currently implemented by ACF, the programs must also be medically accurate. In FY 2013, \$4.3 million was granted through a competitive application process to 10 grantees across nine states, in addition to the nine grantees implementing the second year of their CAE awards in some overlapping and additional states, for a total of 19 CAE grantees in 14 states.

- There are no CAE grantees in Vermont.

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**Vermont TPPI, DASH, PAF, PREP, Title V AOUM, and CAE Funding in FY 2013**

Grantee	Award	Fiscal Years
<b>Teen Pregnancy Prevention Initiative (TPPI)</b>		
<i>TPPI Tier 1: Replication of Evidence-Based Programs</i>		
Youth Catalytics	\$600,000	2010–2014
<b>TOTAL</b>	<b>\$600,000</b>	
<b>Division of Adolescent and School Health (DASH)</b>		
Vermont Department of Education	\$225,000	2013–2017
Vermont Department of Health	\$65,000	2013–2017
<b>TOTAL</b>	<b>\$290,000</b>	
<b>Personal Responsibility Education Program (PREP)</b>		
<i>PREP State-Grant Program</i>		
State of Vermont Department of Health (federal grant)	\$250,000	2013
<b>TOTAL</b>	<b>\$250,000</b>	
<b>GRAND TOTAL</b>		
	<b>\$1,140,000</b>	<b>2013</b>

**POINTS OF CONTACT**

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- <sup>1</sup> This refers to the federal government's fiscal year, which begins on October 1 and ends on September 30. The fiscal year is designated by the calendar year in which it ends; for example, FY 2013 began on October 1, 2012, and ended on September 30, 2013.
- <sup>2</sup> Vt. Stat. Ann. tit. 16 § 906(b)(3), <http://www.leg.state.vt.us/statutes/fullsection.cfm?Title=16&Chapter=023&Section=00906>.
- <sup>3</sup> Vt. Stat. Ann. tit. 16 §§ 131(1), (4), (5), and (8), <http://www.leg.state.vt.us/statutes/fullsection.cfm?Title=16&Chapter=001&Section=00131>.
- <sup>4</sup> *Vermont Health Education Grade Expectations: Family, Social, and Sexual Health* (Vermont: Vermont Department of Education), accessed September 21, 2014, [http://education.vermont.gov/documents/content\\_fssh.doc](http://education.vermont.gov/documents/content_fssh.doc), 50.
- <sup>5</sup> *Ibid.*, 51.
- <sup>6</sup> *Ibid.*, 53.
- <sup>7</sup> Vt. Stat. Ann. tit. 16 § 134, <http://www.leg.state.vt.us/statutes/fullsection.cfm?Title=16&Chapter=001&Section=00134>.
- <sup>8</sup> Kann, Laura, et al., "Youth Risk Behavior Surveillance—United States, 2013," *Surveillance Summaries, Morbidity and Mortality Weekly Report*, vol. 63, no. 4 (June 13, 2014): accessed July 17, 2014, <http://www.cdc.gov/mmwr/pdf/ss/ss6304.pdf>. Note: Vermont did not participate in the full 2013 YRBS.
- <sup>9</sup> Kost, K., and S. Henshaw, *U.S. Teenage Pregnancies, Births, and Abortions, 2010: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2014), accessed July 8, 2014, <http://www.guttmacher.org/pubs/USTPtrendsState08.pdf>, Table 3.1.
- <sup>10</sup> *Ibid.*, Table 3.2.
- <sup>11</sup> Martin, J.A., et al., *Births: Final Data for 2012*. National Vital Statistics Reports, Vol. 62, No. 9 (December 30, 2013), accessed July 30, 2014, [http://www.cdc.gov/nchs/data/nvsr/nvsr62/nvsr62\\_09.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr62/nvsr62_09.pdf), Table 12.
- <sup>12</sup> Centers for Disease Control and Prevention, VitalStats Interactive Data Tables, Hyattsville, MD: National Center for Health Statistics, <http://www.cdc.gov/nchs/vitalstats.htm>.
- <sup>13</sup> Kost, K., and S. Henshaw, *U.S. Teenage Pregnancies, Births, and Abortions, 2010: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2014), accessed July 8, 2014, <http://www.guttmacher.org/pubs/USTPtrendsState08.pdf>, Table 3.1.
- <sup>14</sup> *Ibid.*, Table 3.2.
- <sup>15</sup> Slide 9: "Rates of Diagnosis of HIV Infection among Adolescents Aged 13–19 Years, 2011—United States and 6 Dependent Areas," *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), accessed May 30, 2013, <http://bit.ly/1dbYpAJ>.
- <sup>16</sup> Slide 18: "Rates of Stage 3 (AIDS) Classifications among Adolescents Aged 13–19 Years with HIV Infection, 2011—United States and 6 Dependent Areas," *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), accessed May 30, 2013, <http://bit.ly/1dbYpAJ>.
- <sup>17</sup> Slide 10: "Rates of Diagnoses of HIV Infection among Young Adults Aged 20–24 Years, 2011—United States and 6 Dependent Areas," *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), accessed May 30, 2013, <http://bit.ly/1dbYpAJ>.
- <sup>18</sup> Slide 19: "Rates of Stage 3 (AIDS) Classifications among Adolescents Aged 20–24 Years with HIV Infection, 2011—United States and 6 Dependent Areas," *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), accessed May 30, 2013, <http://bit.ly/1dbYpAJ>.
- <sup>19</sup> NCHHSTP Atlas, "STD Surveillance Data" (Atlanta, GA: Centers for Disease Control and Prevention), accessed July 16, 2014, <http://gis.cdc.gov/GRASP/NCHHSTPAtlas/main.html>.
- <sup>20</sup> *Ibid.*
- <sup>21</sup> *Ibid.*
- <sup>22</sup> "About Us," Youth Catalytics, accessed April 25, 2014, <http://www.youthcatalytics.org/about-us>.
- <sup>23</sup> "Youth Catalytics (VT) - TPP Tier 1," Office of Adolescent Health, U.S. Department of Health and Human Services, accessed September 21, 2014, <http://www.hhs.gov/ash/oah/grants/grantees/tier1-vt-youth.html>.
- <sup>24</sup> Sub-grantees include: Association of Africans Living in Vermont (\$26,250), Boys & Girls Club of Rutland (\$16,800), Bristol Hub Teen Center and Skate Park (\$12,600), Vermont Coalition of Runaway and Homeless Youth Programs (\$66,500) (which in turn sub-grants to Addison County Parent Child Center, Northeast Kingdom Community Action, Northeast Kingdom Youth Services, Northwestern Counseling & Support Services, PRIME at VAC Rutland, Rutland County Parent Child Center, United Counseling Services of Bennington, Washington County Youth Service Bureau, and Windsor County Youth Services), and Woodside Juvenile Rehabilitation Center (\$17,500).
- <sup>25</sup> Information provided by Kimberly Schwartz, PREP state-grant administrator, Vermont Department of Health, July 15, 2014.
- <sup>26</sup> *Ibid.*
- <sup>27</sup> The person listed represents the designated personnel in the state responsible for adolescent reproductive health.