



DISTRICT OF COLUMBIA

In Fiscal Year 2013,¹ the District of Columbia received:

- **Division of Adolescent and School Health funds totaling \$288,544**
- **Personal Responsibility Education Program funds totaling \$250,000**

In Fiscal Year 2013, local entities in the District of Columbia received:

- **Teen Pregnancy Prevention Initiative funds totaling \$1,634,849**
- **Division of Adolescent and School Health funds totaling \$224,998**

SEXUALITY EDUCATION LAW AND POLICY

District of Columbia municipal 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-K–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.

2013 DISTRICT LEGISLATIVE SESSION ACTIVITY

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 2013, 46.7% of female high school students and 61.5% 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 47.5% of male high school students nationwide.
- In 2013, 6.1% of female high school students and 25.2% of male high school students in the District of Columbia 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, 31.9% of female high school students and 42.2% 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 35.2% of female high school students and 32.7% of male high school students nationwide.
- In 2013, 15% of female high school students and 8% of male high school students in the District of Columbia 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.

District of Columbia Teen Pregnancy, HIV/AIDS, and Other STD Data

Teen Pregnancy, Birth, and Abortion

- In 2010, the District of Columbia's teen pregnancy rate was the highest in the United States, with a rate of 90 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 57 per 1,000.⁹ There were a total of 1,880 pregnancies among young women ages 15–19 reported in the District of Columbia in 2010.¹⁰
- In 2012, the District of Columbia's teen birth rate ranked 10th in the United States, with a rate of 38.6 births per 1,000 young women ages 15–19, compared to the national rate of 29.4 per 1,000.¹¹ In 2012, there were a total of 791 live births to young women ages 15–19 reported in the District of Columbia.¹²
- In 2010, the District of Columbia's teen abortion rate was the highest in the United States, with a rate of 32 abortions per 1,000 young women ages 15–19, compared to the national rate of 15 per 1,000.¹³ There were a total of 670 abortions among young women ages 15–19 reported in the District of Columbia in 2010.¹⁴

HIV and AIDS

- In 2011, the rate of diagnosis of HIV infection among adolescents ages 13–19 in the District of Columbia was 74.6 per 100,000, compared to the national rate of 7.6 per 100,000.¹⁵
- In 2011, the rate of AIDS diagnoses among adolescents ages 13–19 in the District of Columbia was 15.9 per 100,000, compared to the national rate of 1.9 per 100,000.¹⁶

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- In 2011, the rate of diagnosis of HIV infection among young adults ages 20–24 in the District of Columbia was 172.6 per 100,000 compared to the national rate of 36.3 per 100,000.¹⁷
- In 2011, the rate of AIDS diagnoses among young adults ages 20–24 in the District of Columbia was 39.1 per 100,000, compared to the national rate of 10.9 per 100,000.¹⁸

Sexually Transmitted Diseases

- In 2012, the District of Columbia ranked first in the United States for reported cases of chlamydia among young people ages 15–19, with an infection rate of 6,127.3 cases per 100,000, compared to the national rate of 2,001.7 per 100,000. There were a total of 2,401 cases of chlamydia among young people ages 15–19 reported in the District of Columbia.¹⁹
- In 2012, the District of Columbia ranked first in the United States for reported cases of gonorrhea among young people ages 15–19, with an infection rate of 1,679.2 cases per 100,000, compared to the national rate of 376.8 per 100,000. In 2012, there were a total of 658 cases of gonorrhea among young people ages 15–19 reported in the District of Columbia.²⁰
- In 2012, the District of Columbia ranked first in the United States for reported cases of primary and secondary syphilis among young people ages 15–19, with an infection rate of 17.9 cases per 100,000, compared to the national rate of 4.1 per 100,000. In 2012, there were a total of 7 cases of syphilis among young people ages 15–19 reported in the District of Columbia.²¹

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. 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 the District of Columbia, Sasha Bruce Youthwork, Inc., which received \$634,849 for FY 2013.

Sasha Bruce Youthwork, Inc., \$634,849 (FY 2013)

Sasha Bruce Youthwork, Inc., is a nonprofit youth service agency that provides support to underserved young people 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.²² 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.”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 FY 2013.

The George Washington University School of Public Health and Health Services, \$1,000,000 (FY 2013)

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 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 nonprofit organization located in Montgomery County, Maryland, that works with young Latinos 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, Maryland, Teen and Young Adult (TAYA) Health Connection is a nonprofit reproductive health care organization that provides clinical care and education outreach services to teens and young adults.²⁹ Both organizations partner with SPHHS to implement *Be Yourself/ Sé tu mismo* in three Montgomery County high schools.

Mary’s Center is a Washington, DC, nonprofit 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 teenaged United States residents by offering services such as job training, health education workshops, English-as-a-second-language courses, college-preparation courses, and community projects, among other programming.³¹ Mary’s Center implements *Be Yourself/ Sé tu mismo* through its adolescent-education program. The TPPI Tier 2 project aims to serve approximately 480 young people 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.

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 were two DASH grantees in District of Columbia funded to strengthen student health through ESHE, SHS, and SSE in FY 2013: the District of Columbia Office of the Superintendent of Education (223,544) and District of Columbia Public Schools (\$224,998).

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 District of Columbia 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 is one DASH grantee in District of Columbia funded to collect and report YRBS and School Health Profiles data for FY 2013, the District of Columbia Office of the Superintendent of Education (\$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 the District of Columbia.

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, 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 Office of the State Superintendent of Education received \$250,000 in federal PREP funds for FY 2013.
- There are five sub-grantees for the District of Columbia PREP state-grant program: Athletes United for Social Justice, Inc. (\$20,000); Children’s National Medical Center (\$20,000); the Latin American Youth Center (\$20,000); Planned Parenthood of Metropolitan Washington (\$20,000); and the Streetwise Foundation (\$20,000).³³

The Office of the State Superintendent of Education (OSSE) serves as the state-education agency for the District of Columbia. OSSE implements the District’s PREP grant program, DC-PREP, and awards \$20,000 sub-grants to five different community-based organizations that implement programs in both school- and community-based settings. The programs serve adolescents ages 11–19 who reside in the District of Columbia. Specific focus is placed on wards 1, 4, 5, 7, and 8, and populations that are at high risk or vulnerable to pregnancies, with a specific focus on African-American, Latino, and LGBTQ young people, as well as low-income, male, and pregnant or parenting teens. The curricula used by the sub-grantees must align with OSSE Health Education Standards and include *STEPS to STARDOM—The Teen Life Clubs (TLC)*, *The Grassroots Project*, *SiHLE (Sisters Informing, Healing, Living and Empowering)*, *Project AIM (Adult Identity Mentoring)*, and *Sexual Wellness and Advocacy by Teens (SWAT)*.³⁴

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 the District of Columbia.

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.

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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 the District of Columbia.

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 the District of Columbia.

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. 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.

- The District of Columbia chose not to apply for Title V AOUM funds for FY 2013.

Competitive Abstinence Education Grant Program

Administered by the ACF, the Competitive Abstinence Education (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 the ACF, programs supported by the CAE grant 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 the District of Columbia.

District of Columbia TPPI, DASH, PAF, PREP, Title V AOUM, and CAE Funding in FY 2013

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	

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Grantee	Award	Fiscal Years
<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	
Division of Adolescent and School Health (DASH)		
District of Columbia Office of the Superintendent of Education	\$288,544	2013–2017
District of Columbia Public Schools	\$224,998	2013–2017
TOTAL	\$513,542	
Personal Responsibility Education Program (PREP)		
<i>PREP State-Grant Program</i>		
Office of the State Superintendent of Education (federal grant)	\$250,000	2013
TOTAL	\$250,000	
GRAND TOTAL		
	\$2,398,391	2013

POINT OF CONTACT

Adolescent Health Contact³⁵ and PREP State-Grant Coordinator

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¹ 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.

² Wash. DC Mun. Regs. §§ 5-E2304.1 and 5-E2305.2, <http://www.dcregs.dc.gov>.

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 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>.

⁹ 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/USTPtrends10.pdf>, Table 3.1.

¹⁰ *Ibid.*, Table 3.2.

- ¹¹ 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, Table 12.
- ¹² Centers for Disease Control and Prevention, VitalStats Interactive Data Tables, Hyattsville, MD: National Center for Health Statistics, <http://www.cdc.gov/nchs/vitalstats.htm>.
- ¹³ 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/USTPtrends10.pdf>, Table 3.1.
- ¹⁴ *Ibid.*, Table 3.2.
- ¹⁵ 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>.
- ¹⁶ 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>.
- ¹⁷ 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>.
- ¹⁸ 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>.
- ¹⁹ NCHHSTP Atlas, “STD Surveillance Data.” (Atlanta, GA: Centers for Disease Control and Prevention), accessed June 10, 2013, <http://gis.cdc.gov/GRASP/NCHHSTPAtlas/main.html>.
- ²⁰ *Ibid.*
- ²¹ *Ibid.*
- ²² “Ballou High School,” District of Columbia Public Schools, accessed March 22, 2011, <http://profiles.dcps.dc.gov/Ballou+High+School>.
- ²³ Chung, Saras, 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 July 1, 2011, <http://wymancenter.org/wordpress/wp-content/uploads/2011/08/TOP-Promoting-Positive-Well-Being-in-Adolescents.pdf>, 3.
- ²⁴ “21st Century Community Learning Centers,” U.S. Department of Education, accessed March 22, 2011, <http://www2.ed.gov/programs/21stccclc/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 October 8, 2010, <http://www.newswise.com/articles/the-u-s-department-of-health-and-human-services-taps-gw-sphhs-to-implement-and-test-after-school-program-aimed-at-preventing-teen-pregnancy>.
- 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* “Teen Pregnancy Prevention Replication of Evidence-Based Program Models,” U.S. Department of Health and Human Services, Office of Adolescent Health, accessed August 29, 2011, <http://www.hhs.gov/ash/oah/oah-initiatives/tpp/grantees/>.
- ²⁷ “What is Identity?” Identity, Inc, accessed August 29, 2011, <http://www.identity-youth.org>.
- ²⁸ *Ibid.*
- ²⁹ Teen and Young Adult Health Connection, accessed September 4, 2014, <http://volunteer.truist.com/mcvc/org/10575709680.html>.
- ³⁰ “About Mary’s Center,” Mary’s Center, accessed August 29, 2011, <http://www.maryscenter.org/content/about-marys-center>.
- ³¹ “Education Services,” Mary’s Center, accessed August 29, 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 manager, Office of the State Superintendent of Education, Government of the District of Columbia, June 25, 2014.
- ³⁴ *Ibid.*
- ³⁵ The person listed represents the designated personnel in the state responsible for adolescent reproductive health.