



DISTRICT OF COLUMBIA

In Fiscal Year 2011¹, the District of Columbia received:

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

In Fiscal Year 2011, 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 2011, 49% of female high school students and 62% 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 49% of male high school students nationwide.
- In 2011, 5% of female high school students and 24% of male high school students in the District of Columbia reported having had sexual intercourse before age 13, compared to 3% of female high school students and 9% of male high school students nationwide.
- In 2011, 15% of female high school students and 35% of male high school students in the District of Columbia reported having had four or more lifetime sexual partners, compared to 13% of female high school students and 18% of male high school students nationwide.
- In 2011, 37% of female high school students and 49% 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 34% of female high school students and 33% of male high school students nationwide.
- In 2011, among those high school students who reported being currently sexually active, 68% of females and 82% of males in the District of Columbia reported having used condoms the last time they had sexual intercourse, compared to 54% of females and 67% of males nationwide.
- In 2011, among those high school students who reported being currently sexually active, 8% of females and 5% of males in the District of Columbia reported having used birth control pills the last time they had sexual intercourse, compared to 23% of females and 13% of males nationwide.
- In 2011, among those high school students who reported being currently sexually active, 20% of females and 26% 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 26% of males nationwide.
- In 2011, 84% of high school students in the District of Columbia reported having been taught about AIDS/HIV in school, compared to 84% 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 eighth in the United States, with a rate of 45.4 births per 1,000 young women ages 15–19, compared to the national rate of 34.3 births per 1,000.⁹ In 2010, there were a total of 951 live births to young women ages 15–19 reported in the District of Columbia.¹⁰
- In 2005, the District of Columbia's teen-pregnancy rate was the highest 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 in 2005.¹²

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- In 2005, the District of Columbia's teen-abortion rate was the highest 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

- In 2010, the rate of AIDS diagnoses among adolescents 13-19 years in the District of Columbia was 19.1 per 100,000 compared to the national rate of 1.9 per 100,000.¹⁴
- In 2010, the rate of AIDS diagnoses among young adults aged 20-24 years in the District of Columbia was 105.4 per 100,000 compared to the national rate of 10.4 per 100,000.¹⁵

Sexually Transmitted Diseases

- The District of Columbia ranks first in the United States for reported cases of chlamydia among young people ages 15–19, with an infection rate of 62.91 cases per 1,000, compared to the national rate of 20.03 cases per 1,000. In 2009, there were a total of 2,604 cases of chlamydia among young people ages 15–19 reported in the District of Columbia.¹⁶
- The District of Columbia ranks first in the United States for reported cases of gonorrhea among young people ages 15–19, with an infection rate of 21.02 cases per 1,000, compared to the national rate of 4.04 cases per 1,000. In 2009, there were a total of 870 cases of gonorrhea among young people ages 15–19 reported in the District of Columbia.¹⁷
- The District of Columbia ranks second in the United States for reported cases of primary and secondary syphilis among young people ages 15–19, with an infection rate of 0.24 cases per 1,000, compared to the national rate of 0.05 cases per 1,000. In 2009, there were a total of 10 cases of syphilis among young people ages 15–19 reported in the District of Columbia.¹⁸

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 \$105 million in discretionary funding for Fiscal Year (FY) 2011. 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 FY 2011.

Sasha Bruce Youthwork, Inc., \$634,849 (FY 2011)

Sasha Bruce Youthwork, Inc. (SBY), is a nonprofit 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.¹⁹ 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.”²⁰ 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.²¹ 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.²²

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.²³ 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 2011.

The George Washington University School of Public Health and Health Services, \$1,000,000 (FY 2011)

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.²⁴ *Be Yourself/ Sé tu mismo* is a culturally relevant, 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.²⁵

Identity, Inc., is a nonprofit 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.”²⁶ 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.”²⁷ Located in Silver Spring and Gaithersburg, 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.²⁸ 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, nonprofit that provides health care, education, and social services to underserved individuals and families. The organization serves DC metro residents from 91 different countries.²⁹ Its adolescent education program addresses the needs of first-generation teen United States residents 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.³⁰ 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.³¹

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 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, \$3.5 million for the Tribal PREP Program for tribes and tribal organizations, and \$6.5 million for evaluation, training, and technical assistance. Details on the state-grant program, PREIS, and Tribal PREP 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 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 FY 2011.
- The agency's returning grantees are currently undergoing a continuation application process for FY 2011 funds (\$20,000 each).³²

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 young people ages 11–19 in all wards (1–8) with specific focus on youth who are African American, Latino, and LGBTQ and low-income, male, and pregnant and parenting teens. The five evidence-based curricula chosen by the sub-grantees include *STEPS to STARDOM—The Teen Life Clubs*, *The Grassroots Project*, *SiHLE (Sisters Informing, Healing, Living and Empowering)*, *Project AIM (Adult Identity Mentoring)*, and *Sexual Wellness and Advocacy by Teens (SWAT)*.³³

STEPS to STARDOM—The Teen Life Clubs (TLC) is an after-school empowerment program focusing on the development of necessary life skills for youth aged 11–14. The curriculum helps youth learn how to make safe, responsible choices about nutrition, puberty, money, goal-setting, and sexual activity. *TLC* is held at different sites in the Washington, DC, area. Each site hosts weekly meetings and enrolled youth participate in various other enrichment activities, such as book clubs and pertinent field trips. Another aspect of *TLC* is the Family Circle workshops, which are held monthly and provide education to parents of youth involved in *TLC*. Participants and families are also linked to Children's National Medical Center's adolescent-health services, including HIV testing. The focus of the program is in Washington, DC, wards 1, 5, 6, 7, and 8, due to the health disparities in the city.³⁴

The Grassroots Project is the only sexual-health program for DC youth that is designed, initiated, and managed completely by young people. *The Grassroots Project* uses university-athlete role models and an innovative sports-based curriculum to provide comprehensive sexual health education and life skills interventions to predominantly African-American youth aged 12–14 in neighborhoods that have the highest prevalence of HIV, STIs and pregnancies (wards 1, 5, 6, 7, and 8). Since 2009, *The Grassroots Project* has trained 427 varsity athletes from Howard University, Georgetown University, and George Washington University as sexual health educators.³⁵

SiHLE 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.³⁶ The program consists of four four-hour sessions that are administered on consecutive Saturdays in a community-based setting, led by an African-American adult female 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 one year follow-up, participants were significantly more likely to report consistent condom use in the previous 30 days and having used a condom during their last sexual intercourse than participants in the control group.³⁷

Project AIM 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

SWAT provides sexual wellness and awareness workshops to a target population of youth ages 11–19 who access services at LAYC's DC anchor site and the public and charter schools in which it works. *SWAT* aims to create an "army" of youth who are trained as health outreach workers to promote healthy sexuality and reproductive health, including HIV/STI and unplanned-pregnancy prevention. In addition to increasing participants' own knowledge of these topics and instructing them in how to communicate key information to their peers, the program aims to establish a culture of openness and self-respect around sexual and reproductive health among LAYC youth and to contribute to decreasing HIV and STI incidence and pregnancy among DC youth. *SWAT* is comprised of nine workshops (nine to 12 hours of training) on the following topics: Introduction to SWAT and Peer Education, Consent and Healthy Relationships, Decision Making, Condoms and Lubrication, Goal Setting My Future, Pregnancy and Contraceptives, STIs, HIV, and Outreach Planning and Project. After completing their training, the SWAT team will lead an outreach event using the skills and knowledge they have acquired during their training and a graduation is held for the participants.⁴²

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. Tribal PREP programs target youth 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 2011, 16 tribes and tribal organizations from nine states received a total of \$6.5 million.
- There are no Tribal PREP 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 FYs 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 FY 2011.

District of Columbia TPPI, PREP, and Title V Abstinence-Only Funding in FY 2011

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	2011
TOTAL	\$250,000	
GRAND TOTAL	\$1,884,849	2011

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.⁴³

District Health Education Standards

Beginning in 2004, spurred by cuts in federal funding for HIV/AIDS-prevention education previously provided to 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, 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.⁴⁴

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 in the core content.⁴⁵

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 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," "short-term and long-term consequences of adolescent sexual activity," "the factors that influence the choice and use of contraception," and "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.⁴⁶

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 the 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.⁴⁷

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.”⁴⁸ 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.⁴⁹

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 their peers in the control group. Evaluation results also showed that the program helped to delay sexual initiation among program participants who were sexually inexperienced.⁵⁰

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.⁵¹ *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 participants’ 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.⁵²

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% of district middle schools and 50% 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.⁵³

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 and Training Department to provide technical assistance to 10 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

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Psychological Association, the school district provides training and technical assistance to school staff on preventing health-risk behaviors among sexual minority students specifically.⁵⁴ 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 Matter!*, 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.⁵⁵

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 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 Contact⁵⁶ and 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.dccampaign.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.thedccenter.org

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

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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 Columbia⁵⁷

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

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

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

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 2011 began on October 1, 2010, and ended on September 30, 2011.

² Wash. DC Mun. 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 Danice K. Eaton, et. al., “Youth Risk Behavior Surveillance—United States, 2011,” *Surveillance Summaries, Morbidity and Mortality Weekly Report*, vol. 61, no. SS-4 (June 8, 2012): 24–29, accessed June 18, 2012, <http://www.cdc.gov/mmwr/pdf/ss/ss6104.pdf>.

⁹ “Birth rate for U.S. teenagers reach historic lows for all age and ethnic groups,” NCHS data brief, no. 89, (Hyattsville, MD: National Center for Health Statistics, 2012), accessed June 27, 2012, <http://www.cdc.gov/nchs/data/databriefs/db89.pdf>, Data table for figure 6.

¹⁰ *Ibid.*

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 May 7, 2012, <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 3.1.

¹⁴ Slide 18: “Rates of AIDS Diagnoses among Adolescents Aged 13–19 Years, 2010—United States and 6 U.S. Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention), accessed January 3, 2013, <http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>.

¹⁵ Slide 19: “Rates of AIDS Diagnoses among Young Adults Aged 20–24 Years, 2010—United States and 6 U.S. Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention), accessed January 3, 2013, <http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>.

¹⁶ “Wonder Database: Sexually Transmitted Disease Morbidity for selected STDs by age, race/ethnicity and gender 1996–2009 Results,” (Atlanta, GA: Centers for Disease Control and Prevention, June 2011), accessed December 18, 2012, <http://wonder.cdc.gov>.

¹⁷ *Ibid.*

¹⁸ *Ibid.*

¹⁹ “Ballou High School,” District of Columbia Public Schools, accessed March 22, 2011, <http://profiles.dcps.dc.gov/Ballou+High+School>.

²⁰ 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 July 1, 2011, <http://wymancenter.org/wordpress/wp-content/uploads/2011/08/TOP-Promoting-Positive-Well-Being-in-Adolescents.pdf>, 3.

²¹ *Ibid.*, 9.

²² “Pregnancy Prevention Intervention Implementation Report: Teen Outreach Program,” Programs for Replication – Intervention Implementation Reports, U.S. Department of Health and Human Services, accessed July 1, 2011, http://www.hhs.gov/ash/oah/prevention/research/programs/teen_outreach_program.html.

²³ “21st Century Community Learning Centers,” U.S. Department of Education, accessed March 22, 2011, <http://www2.ed.gov/programs/21stcclc/index.html>.

²⁴ 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.gwumc.edu/news/newsitems.cfm?view=news&cd=10559>.

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;” *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 August 29, 2011, http://webcache.googleusercontent.com/search?q=cache:RstgXEd5vS0J:ipv6.hhs.gov/ash/oah/prevention/grantees/models_2010_programs.html+&cd=2&hl=en&ct=clnk&gl=us&client=firefox-a.

²⁶ “What is Identity?” Identity, Inc. accessed August 29, 2011, <http://www.identity-youth.org/>.

²⁷ *Ibid.*

²⁸ Teen and Young Adult Health Connection, accessed August 29, 2011, <http://www.tayahealth.org/>.

²⁹ “About Mary’s Center,” Mary’s Center, accessed August 29, 2011, <http://www.maryscenter.org/content/about-marys-center>.

³⁰ “Education Services,” Mary’s Center, accessed August 29, 2011, <http://www.maryscenter.org/content/education-services>.

³¹ “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.

³² Information provided by Kafui Doe, Health Education Manager, Office of the State Superintendent of Education, Government of the District of Columbia, September 26, 2012.

³³ *Ibid.*

³⁴ Ibid.

³⁵ Ibid.

³⁶ *Sisters Informing, Healing, Living, Empowering (SiHLE)*, Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed July 1, 2011,

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

³⁷ *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 July 1, 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 July 1, 2011, <http://www.hhs.gov/ash/oah/oah-initiatives/tpp/programs/sihle.pdf>.

³⁸ *Adult Identity Mentoring (Project AIM)*, Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed July 1, 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 August 18, 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 July 1, 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 July 1, 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 July 1, 2011,

http://www.hhs.gov/ash/oah/oah-initiatives/tpp/programs/adult_identity_mentoring_project_aim.pdf.

⁴² Information provided by Kafui Doe, Health Education Manager, Office of the State Superintendent of Education, Government of the District of Columbia, September 26, 2012.

⁴³ 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.

⁴⁴ Phone conversation between Morgan Marshall and Adam Tenner, executive director of Metro TeenAIDS, April 7, 2010.

⁴⁵ *Health Education Standards*, (Washington, DC: DC Office of the State Superintendent of Education, August 2008), accessed April 15, 2010,

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

⁴⁶ Ibid.

⁴⁷ Phone conversation between Morgan Marshall and Adam Tenner.

⁴⁸ *Making Proud Choices!* Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed April 15, 2010, <http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=128>.

⁴⁹ Ibid.

⁵⁰ *Making a Difference!* Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed July 1, 2011,

<http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=127&PageTypeID=2>.

⁵¹ *Becoming A Responsible Teen*, Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed May 5, 2010,

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

⁵² *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 March 30, 2010,

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

⁵³ Phone conversation between Morgan Marshall and Adam Tenner.

⁵⁴ “State Agencies: District of Columbia,” *Healthy Youth!* (Atlanta, GA: National Center for Chronic Disease Prevention and Health Promotion), accessed April 20, 2010, <http://www.cdc.gov/HealthyYouth/states/dc.htm>.

⁵⁵ Email from Diana Bruce, director of health and wellness for the District of Columbia Public Schools, in response to inquiry from Morgan Marshall, March 3, 2010.

⁵⁶ The person listed represents the designated personnel in the state responsible for adolescent reproductive health.

DISTRICT OF COLUMBIA

⁵⁷ This section is a list of major newspapers in the state and is by no means exhaustive of local print outlets.