



DISTRICT OF COLUMBIA

District of Columbia 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 12.¹

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.²

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.³ Accordingly, the Superintendent must provide systematic teacher training and staff development activities for health and physical education instructors.⁴ 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.⁵

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.⁶

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 Washington, DC.

District of Columbia’s Youth: Statistical Information of Note⁷

- In 2007, 51% of female high school students and 64% of male high school students in the District of Columbia reported ever having had sexual intercourse compared to 46% of female high school students and 50% of male high school students nationwide.
- In 2007, 5% of female high school students and 22% of male high school students in the District of Columbia reported having had sexual intercourse before age 13 compared to 4% of female high school students and 10% of male high school students nationwide.
- In 2007, 14% of female high school students and 29% of male high school students in the District of Columbia reported having had four or more lifetime sexual partners compared to 12% of female high school students and 18% of male high school students nationwide.

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

District of Columbia Youth Sexual Health Statistics

Teen Pregnancy, Birth, and Abortion

- The District of Columbia's teen pregnancy rate ranks 1st in the U.S., with a rate of 165 pregnancies per 1,000 young women ages 15–19 compared to the national rate of 70 pregnancies per 1,000.⁸ There were a total of 2,220 pregnancies among young women ages 15–19 reported in 2005, the most recent year for which data is available, in the District of Columbia.⁹
- The District of Columbia's teen birth rate ranked 1st in the U.S. in 2005, with a rate of 63.4 births per 1,000 young women ages 15–19 compared to the national rate of 40.5 births per 1,000.¹⁰ In 2005, there were a total of 852 live births reported to young women ages 15–19 in the District of Columbia.¹¹
- In 2006, the U.S. teen birth rate increased for the first time in 15 years by 3% from 40.5 to 41.9 births per 1,000 young women ages 15–19, after having steadily declined between 1991 and 2005.¹² In contrast, the District of Columbia's teen birth rate decreased 24% between 2005 and 2006, from 63.4 to 48.4 births per 1,000 young women ages 15–19.¹³
- The District of Columbia's teen abortion rate ranks 10th in the U.S., with a rate of 18 abortions per 1,000 young women ages 15–19 compared to the national rate of 19 abortions per 1,000. In 2005, there were a total of 474 abortions reported among young women ages 15–19 in the District of Columbia.¹⁴

HIV and AIDS

- The District of Columbia ranks 16th in cases of HIV infection diagnosed in the U.S. among all age groups. In 2007, there were a total of 483 new cases of HIV infection diagnosed.¹⁵
- The District of Columbia's AIDS rate ranks 1st in the U.S., with a rate of 148.1 cases per 100,000 population compared to the national rate of 12.5 cases per 100,000.¹⁶

- The District of Columbia ranks 12th in number of reported AIDS cases in the U.S. among all age groups. In 2007, there were a total of 871 new AIDS cases reported in the District of Columbia.¹⁷
- The District of Columbia ranks 16th in number of reported AIDS cases in the U.S. among young people ages 13–19. In 2007, there were a total of 10 AIDS cases reported among young people ages 13–19 in the District of Columbia.¹⁸

Sexually Transmitted Diseases

- The District of Columbia ranks 1st in reported cases of Chlamydia among young people ages 15–19 in the U.S., with an infection rate of 67.03 cases per 1,000 compared to the national rate of 19.51 cases per 1,000. In 2008, there were a total of 2,705 cases of Chlamydia reported among young people ages 15–19 in the District of Columbia.¹⁹
- The District of Columbia ranks 1st in reported cases of gonorrhea among young people ages 15–19 in the U.S., with an infection rate of 21.83 cases per 1,000 compared to the national rate of 4.52 cases per 1,000. In 2008, there were a total of 881 cases of gonorrhea reported among young people ages 15–19 in the District of Columbia.²⁰
- The District of Columbia ranks 2nd in reported cases of primary and secondary syphilis among young people ages 15–19 in the U.S., with an infection rate of 0.17 cases per 1,000 compared to the national rate of 0.04 cases per 1,000. In 2008, there were a total of 7 cases of syphilis reported among young people ages 15–19 in the District of Columbia.²¹

Comprehensive Approaches to Sex 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.*²²

District Health Education Standards

Beginning in 2004, spurred by cuts in federal funding for HIV/AIDS-prevention education previously provided to metro Washington, DC community-based organizations, local advocates and public health officials approached the DC Board of Education to address the need for HIV/AIDS education to be provided in public schools. The Board created an ad hoc committee on HIV/AIDS education that developed recommendations for implementing such programming in schools. In 2006, DC Mayor Adrian Fenty disbanded the school board and the mayor’s office took over responsibility for the District of Columbia public school system; and work began to develop health education standards. Local youth and HIV/AIDS organizations worked in coalition with public health officials and national sexual and reproductive health organizations to advise the mayor’s office on guidelines for sexuality education to be included in the standards. The high impact of the HIV/AIDS epidemic on young people in DC catalyzed community support for incorporating comprehensive sexuality education into the health standards. Local polling also revealed strong support among parents for sex education in public schools. In addition, during a hearing held by the mayor’s office, local public health officials and national sexuality education experts testified on the need for comprehensive sex education.²³

On December 13, 2007, the newly established DC Office of the State Superintendent of Education (OSSE) approved the district’s first-ever standards for health education. Adapted from the *Indiana Academic Standards for Health Education* and including information from the *New Jersey Health Frameworks* and the *SIECUS Guidelines for Comprehensive Sexuality Education*, the standards outline concepts and skills that students should gain in grades Pre-K through 12 and include comprehensive sex education among core content.²⁴

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

Under DC graduation requirements, students must complete 1.5 Carnegie Units of combined physical education and health.²⁵

Comprehensive Sex Education Programs in Public Schools

Since OSSE approved the district’s first health education standards in December 2007, multiple efforts and projects have begun to implement comprehensive sex education in district’s public schools. The District of Columbia Public Schools (DCPS) developed a curriculum pacing guide for comprehensive sex education at each grade level, which was implemented during the 2008–2009 school year. In the process of developing the school system’s own curriculum for sex education, district administrators and teachers worked with the DC Healthy Youth Coalition, a local coalition of youth development, sex education, and teen pregnancy and HIV/AIDS prevention education advocates, to implement three existing programs for HIV/AIDS instruction, including *Making Proud Choices! A Safer Sex Approach to Prevention of STDs, HIV and Pregnancy* for elementary school students, *Making a Difference* for middle school students, and *Becoming a Responsible Teen* at the high school level.²⁶

Making Proud Choices! is an evidenced-based STD-, HIV-, and pregnancy- prevention curriculum for young adolescents ages 11–13 and is appropriate for use with African-American, Latino, and white populations. The curriculum consists of activities that assist young adolescents in understanding poor reasoning and decision making related to taking risks that can lead to STD/HIV infection and/or unintended pregnancy. Such activities 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.”²⁷ Findings from a program evaluation published in the *Journal of American Medical Association* show that participants reported more consistent and frequent condom use and less unprotected sex than peers who were not in the program.²⁸

Designed for African-American, urban youth ages 11–13, *Making a Difference* is a culturally appropriate HIV-prevention curriculum that emphasizes safer sex and offers information on both abstinence and condoms. The curriculum includes experiential activities for skill-building around delaying sexual initiation and, among sexually active youth, communicating with partners to use condoms. An evaluation of the curriculum found that it delayed the initiation of sexual intercourse, reduced frequency of sex, reduced incidence of unprotected sex, and increased condom use among participants.²⁹

Becoming a Responsible Teen (BART) is a culturally appropriate HIV/AIDS-prevention curriculum designed particularly for African-American youth. The curriculum combines education with behavioral skills training that includes assertion, refusal, self-management, problem solving, risk recognition, and correct condom use.³⁰ BART teaches students to reduce sexual risk-taking by promoting safer sex

practices. An evaluation of the program found that it increased participants' knowledge of HIV and AIDS and their ability to manage pressure to engage in unprotected sex and provide information to peers regarding safe sexual practices. The program was also found to delay the initiation of sexual intercourse, reduce the frequency of sex and incidence of unprotected sex, increase condom use, and end the practice of unprotected anal sex among its participants.³¹

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 administered within health classes.

DCPS partners with Metro TeenAIDS, a local community-based organization, to administer HIV-prevention lessons in district middle schools and high schools. Currently the organization serves 75 percent of district middle schools and 50 percent of district high schools and primarily provides lessons to seventh and tenth grade students. Metro TeenAIDS has also assisted the district in carrying out a two-year plan for teacher training in order to equip district educators to independently administer HIV/AIDS education lessons.³²

Through a cooperative agreement with the Centers for Disease Control and Prevention's Division of Adolescent and School Health (CDC-DASH), DC Public Schools has provided sexual health capacity building to district health and physical education teachers and parents. In 2008 and 2009, DCPS hosted professional development trainings on teaching strategies for sexual health in order to better enable teachers to provide standards-based instruction on sexual health and HIV prevention. The district also partnered with the SIECUS Education & Training Department to provide technical assistance to ten middle schools in order to develop staff capacity at each school to support sexual health activities and training throughout the school community. Similarly, through a partnership with the American Psychological Association the school district provides training and technical assistance to school staff on preventing health risk behaviors among sexual minority students specifically.³³ DCPS will also partner with a local community-based organization to provide a series of workshops to DCPS secondary students and school staff focused on preventing HIV stigma.

DCPS is also working with parents in the district by providing workshops that address sexual health and development and skills for talking to children about sex and values. Such workshops have included presentations by Deborah Roffman, a nationally known sex educator and author of *Sex and Sensibility*, *The Thinking Parent's Guide to Talking Sense About Sex*. Finally, DCPS offers *Parents Matters!*, an evidence-based program for parents and resource materials from the Advocates for Youth Parents Sex Ed Center. With the use of DASH funding these materials will be translated into the district's five official languages, tailored for cultural specificity, and printed.³⁴

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

Federal Funding for Abstinence-Only-Until-Marriage Programs

Community-based organizations in the District of Columbia received \$793,538 in federal funds for abstinence-only-until-marriage programs in Fiscal Year 2009.³⁵

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Title V Abstinence-Only-Until Marriage Funding

- The District of Columbia chose not to participate in the Title V abstinence-only-until-marriage program in Fiscal Year 2009. The state was eligible for approximately \$142,008 in funding. Due to the expiration of the grant program on June 30, 2009, three months prior to the end of the federal fiscal year, the district would have received three quarters of the total funding allocated for the full fiscal year.

Community-Based Abstinence Education (CBAE) Funding

- There is one CBAE grantee in District of Columbia, the Best Friends Foundation, which received \$550,000 in CBAE funding for Fiscal Year 2009.

Adolescent Family Life Act (AFLA) Funding

- There is one AFLA grantee in District of Columbia, the National Organization of Concerned Black Men, which received \$243,538 in AFLA funding for Fiscal Year 2009.

Abstinence-Only-Until-Marriage Curricula Used by Grantees

SIECUS is not aware of any commercially available curricula used by abstinence-only-until-marriage grantees in the District of Columbia..

To read reviews of abstinence-only-until-marriage curricula commonly used by federal grantees please visit the “Curricula and Speaker Reviews” webpage of SIECUS’ Community Action Kit at www.communityactionkit.org.

Federal Funding for Abstinence-Only-Until-Marriage Programs in FY 2009³⁶

Abstinence-Only-Until-Marriage Grantee	Title V	CBAE (Length of Grant)	AFLA (Length of Grant)
Best Friends Foundation www.bestfriendsfoundation.org		\$550,000 (2008–2013)	
National Organization of Concerned Black Men www.cbmnational.org			\$243,538 (2004–2009)

Adolescent Health Contact³⁷

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 Bureau Chief for Child, Adolescent, and School Health
 District of Columbia Department of Health
 825 North Capitol Street NE, Suite 2115
 Washington, DC 20002
 Phone: (202) 422-9014

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District of Columbia Organizations that Support Comprehensive Sexuality Education

Black AIDS Institute
1833 West 8th Street, Suite 200
Los Angeles, CA 90057
Phone: (213) 353-3610
www.blackaids.org

DC Campaign to Prevent Teen Pregnancy
1112 11th Street NW, Suite 100
Washington, DC 20001
Phone: (202) 789-4666
www.teenpregnancydc.org

The Metro DC GLBT Community Center
1810 14th Street NW
Washington, DC 20009
Phone: (202) 682-2245
www.thedccenter.org

Metro Teen AIDS
651 Pennsylvania Avenue SE
Washington, DC 20003
Phone: (202) 543-9355
www.metroteenaid.org

Planned Parenthood of Metropolitan
Washington, DC
1108 16th Street NW
Washington, DC 20036
Phone: (202) 347-8500
www.ppmw.org

Sexual Minority Youth Assistance League
410 7th Street SE
Washington, DC 20003
Phone: (202) 546-5940
www.smyal.org

City Year
1875 Connecticut Avenue NW
Suite 1130
Washington, DC 20009
Phone: (202) 776-7780
www.cityyear.org

Young Women's Project
1328 Avenue NW, Suite 2000
Washington, DC 20009
Phone: (202) 332-3399
www.youngwomensproject.org

District of Columbia Organizations that Oppose Comprehensive Sexuality Education

Best Friends Foundation
5335 Wisconsin Avenue NW, Suite 440
Washington, DC 20015
Phone: (202) 478-9677
www.bestfriendsfoundation.org

Family Research Council
Family Research Council
801 G Street NW
Washington, DC 20001
Phone: (202) 393-2100
www.frc.org

National Abstinence Education Association
1701 Pennsylvania Avenue, NW
Suite 300
Washington, DC 20006
Phone: 202-248-5420
www.abstinenceassociation.org

Parents for Truth
1701 Pennsylvania Avenue, NW
Suite 300
Washington, DC 20006
Phone: (202) 248-5420
www.parentsfortruth.org

Newspapers in the District of Columbia³⁸

Washington City Paper
Newsroom
2390 Champlain Street NW
Washington, DC 20009
Phone: (202) 332-2100
www.washingtoncitypaper.com

Washington Post
Newsroom
1150 15th Street NW
Washington, DC 20071
Phone: (703) 469-2500
www.washingtonpost.com

Washington Times
Newsroom
3600 New York Avenue NE
Washington, DC 20002
Phone: (202) 636-3000
www.washtimes.com

Political Blogs in the District of Columbia

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

D.C. Progressive
www.dcpolitics.org

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

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

¹ Wash. DC Mun. Regs. §§ 5-E2304.1 and 5-E2305.2.

² Wash. DC Mun. Regs. §§ 5-E2305.1(a)-(b).

³ Wash. DC Mun. Regs. § 5-E2304.3.

⁴ Wash. DC Mun. Regs. § 5-E2304.4.

⁵ Wash. DC Mun. Regs. § 5-E2305.3.

⁶ Wash. DC Mun. Regs. § 5-E2305.5.

⁷ Unless otherwise cited, all statistical information comes from: Danice K. Eaton, et. al., “Youth Risk Behavior Surveillance—United States, 2007,” *Surveillance Summaries, Morbidity and Mortality Weekly Report* 57.SS-4 (6 June 2008), accessed 4 June 2008, <<http://www.cdc.gov/HealthyYouth/yrbs/index.htm>>. Note: District of Columbia did not participate in the 2009 YRBS.

⁸ *U.S. Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, (Washington, DC: Guttmacher Institute, January 2010), accessed 5 March 2010, <<http://www.guttmacher.org/pubs/USTPtrends.pdf>>, Table 3.1.

⁹ *Ibid.*, Table 3.2.

¹⁰ Joyce A. Martin, et. al, “Births: Final Data for 2006,” *National Vital Statistics Reports*, vol. 57, number 7 (Hyattsville, MD: Centers for Disease Control and Prevention, 7 January 2009), accessed 5 March 2010, <http://www.cdc.gov/nchs/data/nvsr/nvsr57/nvsr57_07.pdf>, Table B.

¹¹ *U.S. Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, Table 3.2.

¹² Martin, et. al, “Births: Final Data for 2006,” 4.

¹³ *Ibid.*, Table B.

¹⁴ *U.S. Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, Table 3.5.

¹⁵ “Cases of HIV Infection and AIDS in the United States and Dependent Areas, 2007,” *HIV/AIDS Surveillance Report*, vol. 19, (Atlanta, GA: Centers for Disease Control and Prevention, February 2009), accessed 5 March 2010, <<http://www.cdc.gov/hiv/topics/surveillance/resources/reports/2007report/pdf/2007SurveillanceReport.pdf>>, Table 18.

¹⁶ *Ibid.*; “AIDS Case Rate per 100,000 Population, All Ages, 2007,” (Menlo Park, CA: Kaiser Family Foundation), accessed 5 March 2010, <<http://www.statehealthfacts.org/comparabletable.jsp?ind=513&cat=11&sub=120&yr=62&typ=1&sort=a>>.

¹⁷ Ibid., Table 16.

¹⁸ Slide 15: “Reported AIDS Cases among Adolescents 13 to 19 Years of Age, 2007—United States and Dependent Areas,” *HIV/AIDS Surveillance in Adolescents and Young Adults (through 2007)*, (Atlanta, GA: Centers for Disease Control and Prevention, May 2009), accessed 25 March 2010, <<http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>>.

¹⁹ “Wonder Database: Selected STDs by Age, Race/Ethnicity, and Gender, 1996-2008 Results,” (Atlanta, GA: Centers for Disease Control and Prevention, 30 June 2009 accessed 5 March 2010, <<http://wonder.cdc.gov/>>; see also Table 10: “Chlamydia: Reported Cases and Rates Per 100,000 Population by Age Group and Sex: United States, 2004–2008,” *Sexually Transmitted Disease Surveillance 2008*, (Atlanta, GA: Centers for Disease Control and Prevention, Division of STD Prevention, November 2009), accessed 5 March 2010, <<http://www.cdc.gov/std/stats08/surv2008-Complete.pdf>>, 95.

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

²¹ Ibid; see also Table 33: “Primary and Secondary Syphilis—Reported Cases and Rates per 100,000 Population by Age Group and Sex: United States, 2004–2008,” *Sexually Transmitted Disease Surveillance 2008*, 121.

²² 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.

²³ Phone conversation between Morgan Marshall and Adam Tenner, executive director of Metro TeenAIDS, 7 April 2010.

²⁴ *Health Education Standards*, (Washington, DC: DC Office of the State Superintendent of Education, August 2008), accessed 15 April 2010, <<http://dcps.dc.gov/DCPS/Files/downloads/TEACHING%20&%20LEARNING/Learning%20Standards%202009/DCP%20S-HEALTH910-STANDARDS.pdf>>.

²⁵ Ibid.

²⁶ Phone conversation between Morgan Marshall and Adam Tenner.

²⁷ “Making Proud Choices!” Evidence Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed 15 April 2010, <<http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=128>>.

²⁸ Ibid.

²⁹ *Science and Success: Sex Education and Other Programs That Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections* (Washington, DC: Advocates for Youth, 2008), accessed 30 March 2010, <<http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf>>, 80–81.

³⁰ Ibid., 60–62.

³¹ Ibid.

³² Phone conversation between Morgan Marshall and Adam Tenner.

³³ “State Agencies: District of Columbia”, *Healthy Youth!* (Atlanta, GA: National Center for Chronic Disease Prevention and Health Promotion), accessed 20 April 2010, <<http://www.cdc.gov/HealthyYouth/states/dc.htm>>.

³⁴ Email from Diana Bruce, director of health and wellness for the District of Columbia Public Schools, in response to inquiry from Morgan Marshall, 3 March 2010.

³⁵ 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 2009 began on October 1, 2008 and ended on September 30, 2009.

³⁶ Through the Fiscal Year 2010 appropriations process, Congress eliminated all discretionary funding for abstinence-only-until-marriage programs, including the entire CBAE program and the abstinence-only-until-marriage portion of AFLA. The grant years listed in the chart reflect the years for which funding was originally approved; however, the grants effectively ended in Fiscal Year 2009.

³⁷ SIECUS has identified this person as a state-based contact for information on adolescent health and if applicable, abstinence-only-until-marriage programs.

³⁸ This section is a list of major newspapers in your state with contact information for their newsrooms. This list is by no means exhaustive and does not contain the local level newspapers which are integral to getting your message out to your community. SIECUS strongly urges you to follow stories about the issues that concern you on the national, state, and local level by using an internet news alert service such as [Google alerts](#), becoming an avid reader of your local papers, and establishing relationships with reporters who cover your issues. For more information on how to achieve your media goals visit the SIECUS [Community Action Kit](#).