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In Fiscal Year 2013,¹ the state of Iowa received:

- **Division of Adolescent and School Health funds totaling \$59,461**
- **Personal Responsibility Education Program funds totaling \$480,220**
- **Title V State Abstinence Education Program funds totaling \$343,460**

SEXUALITY EDUCATION LAW AND POLICY

Iowa law mandates that research-based, age-appropriate health education be taught in grades K–12, and details what must be covered in each grade. In grades 1–6, “the health curriculum shall include the characteristics of communicable diseases including acquired immune deficiency syndrome [AIDS].”² In grades 7 and 8, health education must “include the characteristics of sexually transmitted disease [STD] and acquired immune deficiency syndrome.”³ In grades 9–12, students are required to take one unit of health instruction, which must include information on “the prevention and control of disease, including sexually transmitted diseases and acquired immune deficiency syndrome.”⁴ Additionally, health curricula must include information about human papillomavirus (HPV) and the HPV vaccine.

Iowa law mandates that the curriculum use materials that are up-to-date, age-appropriate, and research-based/medically accurate; furthermore, all information must be free of biases based on race, ethnicity, sexual orientation, or gender.⁵ School districts may teach age-appropriate, science-based, comprehensive sexuality education as part of the health curriculum, but may also use abstinence-only-until marriage (AOUM) materials so long as those materials fall within the parameters of the law.

Parents or guardians may remove their children from any part of health education courses if the course conflicts with the student’s religious beliefs. This is referred to as an “opt-out” policy.

See [Iowa Code §§ 279.50 and 256.11](#), and [Iowa Administrative Code § 281-12.5](#).

2013 STATE LEGISLATIVE SESSION ACTIVITY

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

YOUTH SEXUAL HEALTH DATA

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

Iowa Youth Risk Behavior Survey (YRBS) Data⁶

- In 2011, 44% of female high school students and 44% of male high school students in Iowa reported ever having had sexual intercourse, compared to 46% of female high school students and 49% of male high school students nationwide.
- In 2011, 3% of female high school students and 6% of male high school students in Iowa 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, 34% of female high school students and 32% of male high school students in Iowa 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.

Visit the Centers for Disease Control and Prevention's [Youth Online database](#) for additional information on youth risk behaviors.

Iowa Teen Pregnancy, HIV/AIDS, and Other STD Data

Teen Pregnancy, Birth, and Abortion

- In 2010, Iowa's teen pregnancy rate ranked 41st in the United States, with a rate of 44 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 57 per 1,000.⁷ There were a total of 4,640 pregnancies among young women ages 15–19 reported in Iowa in 2010.⁸
- In 2012, Iowa's teen birth rate ranked 35th in the United States, with a rate of 24.1 births per 1,000 young women ages 15–19, compared to the national rate of 29.4 per 1,000.⁹ In 2012, there were a total of 2,498 live births reported to young women ages 15–19 in Iowa.¹⁰
- In 2010, Iowa's teen abortion rate ranked 35th in the United States, with a rate of nine abortions per 1,000 young women ages 15–19, compared to the national rate of 15 per 1,000.¹¹ There were a total of 920 abortions among young women ages 15–19 reported in Iowa in 2010.¹²

HIV and AIDS

- In 2011, the rate of diagnoses of HIV infection among adolescents ages 13–19 in Iowa was 0.7 per 100,000, compared to the national rate of 7.6 per 100,000.¹³
- In 2011, the rate of AIDS diagnoses among adolescents ages 13–19 in Iowa was zero per 100,000, compared to the national rate of 1.9 per 100,000.¹⁴
- In 2011, the rate of diagnoses of HIV infection among young adults ages 20–24 in Iowa was 12.6 per 100,000, compared to the national rate of 36.3 per 100,000.¹⁵
- In 2011, the rate of AIDS diagnoses among young adults ages 20–24 in Iowa was 4.9 per 100,000, compared to the national rate of 10.9 per 100,000.¹⁶

Sexually Transmitted Diseases

- In 2012, Iowa ranked 38th in the United States for reported cases of chlamydia among young people ages 15–19, with an infection rate of 1,613.7 cases per 100,000, compared to the national rate of 2,001.7 per 100,000. In 2012, there were a total of 3,483 cases of chlamydia reported among young people ages 15–19 in Iowa.¹⁷
- In 2012, Iowa ranked 32nd in the United States for reported cases of gonorrhea among young people ages 15–19, with an infection rate of 224.2 cases per 100,000, compared to the national rate of 376.8 per 100,000. In 2012, there were a total of 484 cases of gonorrhea reported among young people ages 15–19 in Iowa.¹⁸
- In 2012, Iowa ranked 37th in the United States for reported cases of primary and secondary syphilis among young people ages 15–19, with an infection rate of 0.9 cases per 100,000, compared to the national rate of 4.1 per 100,000. In 2012, there were a total of two cases of syphilis among young people ages 15–19 reported in Iowa.¹⁹

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

President’s Teen Pregnancy Prevention Initiative

The President’s Teen Pregnancy Prevention Initiative (TPPI) funds medically accurate and age-appropriate programs to reduce teen pregnancy. The U.S. Department of Health and Human Services, Office of Adolescent Health (OAH) administers the grant program, which totaled \$105 million in discretionary funding for FY 2013. TPPI consists of two funding tiers that provide grants to local public and private entities. Tier 1 totals \$75 million and provides funding for the replication of evidence-based programs proven to prevent unintended teen pregnancy and address underlying behavioral risk factors. Tier 2 totals \$25 million and provides funding to develop and test additional models and innovative strategies. A portion of the Tier 2 funds, \$15.2 million, was allocated for research and demonstration grants to test innovative approaches, while the remaining funding, \$9.8 million, was allocated for grants to support communitywide initiatives. OAH utilizes the remaining appropriated funds to provide program support, implementation evaluation, and technical assistance to grantees. TPPI also dedicates \$8.5 million in funding to conduct evaluations of individual programs.

TPPI Tier 1: Evidence-Based Programs

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

- There are no TPPI Tier 1 grantees in Iowa.

TPPI Tier 2: Innovative Approaches

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

- There are no TPPI Tier 2 Innovative Approaches grantees in Iowa.

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 Iowa.

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 no DASH grantees in Iowa funded to strengthen student health through ESHE, SHS, and SSE in FY 2013.

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 Iowa funded to deliver YMSM programming in FY 2013.

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

- There was one DASH grantee in Iowa funded to collect and report YRBS and School Health Profiles data in FY 2013, the Iowa Department of Education (\$59,461).

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 Iowa.

Personal Responsibility Education Program

The Personal Responsibility Education Program (PREP) totals \$75 million per year for FYs 2010–2014 and is the first-ever dedicated funding stream for more comprehensive approaches to sexuality education. The U.S. Department of Health and Human Services, Administration for Children and Families (ACF) administers the grant. PREP includes a \$55 million state grant program, \$10 million to fund local entities through the Personal Responsibility Education Innovative Strategies (PREIS) program, \$3.1 million for Tribal PREP, for tribes and tribal organizations, and with remaining funds for evaluation, training, and technical assistance.

In addition, provisions within the statute for PREP enable a competitive application process for community- and faith-based organizations within states and territories that do not directly seek PREP funding by the third year of the program; these competitive PREP (CPREP) grants were awarded to organizations in five states and three territories in FY 2013. Details on the state grant program, PREIS, Tribal PREP, and CPREP are included below.

PREP State-Grant Program

The PREP state-grant program supports evidence-based programs that provide young people with medically accurate and age-appropriate information for the prevention of unintended pregnancy, HIV/AIDS, and other STDs. The grant program totals \$55 million per year and allocates funding to individual states. The grant does not require states to provide matching funds. Funded programs must discuss abstinence and contraception, and place substantial emphasis on both. Programs must also address at least three of the following adulthood preparation subjects: healthy relationships, positive adolescent development, financial literacy, parent-child communication skills, education and employment skills, and healthy life skills.

- The Iowa Department of Public Health received \$480,220 in federal PREP funds for FY 2013.
- There are four sub-grantees for the Iowa PREP state-grant program: Bethany for Children & Families (\$25,000); Cerro Gordo County Department of Public Health (\$45,000); Planned Parenthood of the Heartland (\$70,000); and Women's Health Services of Eastern Iowa, Inc. (\$25,000).²⁰

The Iowa Department of Public Health administers the PREP state-grant program in both school- and community-based settings. Target populations for programming include African-American and Latino youth, youth in foster care, and youth residing in the areas of the state with the highest rates of teen birth. Funded programs take place in Cerro Gordo, Clinton, Pottawattamie, Scott, and Woodbury counties. Sub-awardees are required to promote the PREP program within their service area.

Multiple strategies have been used to create awareness and support for PREP within the community and among participants, such as promotions through social media and newspaper advertisements, and at community and sporting events. For example, the Iowa Department of Public Health, in partnership with Iowa State University Extension and Outreach, launched a blog-style website for Iowa teens that focuses on a variety of health issues. The website, IAMincontrol.org (Iowa Adolescents Making Choices to Control Their Future) includes questions, answers, and resources on a variety of adolescent health topics.

Sub-grantees must incorporate the following three adulthood preparation subjects in their programming: adolescent development, healthy life skills, and healthy relationships. They are also required to replicate one of the following three curricula: *SiHLE (Sisters Informing, Healing, Living, and Empowering)*, *Teen Outreach Program (TOP)*, and *Wise Guys*.²¹

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 Iowa.

Tribal Personal Responsibility Education Program (Tribal PREP)

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

Programs must address at least three of the following adulthood preparation subjects: healthy relationships, positive adolescent development, financial literacy, parent-child communication skills, education and employment skills, and healthy life skills.

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

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 Iowa.

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 Iowa Department of Public Health received \$343,460 in federal Title V AOUM funding for FY 2013.
- The department chose to sub-grant the funds to Youth and Shelter Services (\$59,063) and Planned Parenthood of the Heartland (\$26,931 and \$23,359).²²
- In Iowa, the sub-grantees are required to provide the match.

The Iowa Department of Public Health administers the state Title V AOUM program in collaboration with Youth and Shelter Services and the Planned Parenthood of the Heartland. Sub-grantees provide both school- and community-based programming to middle school students and young people who are in foster care or aftercare or residing in an out-of-home care setting. Programming takes place in Boone, Linn, Polk, Marshall, and Story counties with the curricula *Power Through Choices* and the *Teen Outreach Program (TOP)*.²³

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 ACF, the programs must also be medically accurate. In FY 2013, \$4.3 million was granted through a competitive application process to 10 grantees across nine states, in addition to the nine grantees implementing the second year of their CAE awards in some overlapping and additional states, for a total of 19 CAE grantees in 14 states.

- There are no CAE grantees in Iowa.

I O W A

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

Grantee	Award	Fiscal Years
Division of Adolescent and School Health (DASH)		
Iowa Department of Education	\$59,461	2013–2017
TOTAL	\$59,461	
Personal Responsibility Education Program (PREP)		
<i>PREP State-Grant Program</i>		
Iowa Department of Public Health (federal grant)	\$480,220	2013
TOTAL	\$480,220	
Title V Abstinence-Only-Until-Marriage Program (Title V AOUM)		
Health Promotion and Disease Prevention	\$343,460	2013
TOTAL	\$343,460	
GRAND TOTAL		
	\$883,141	2013

POINTS OF CONTACT

Adolescent Health Contact²⁴ 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 Iowa Code § 256.11(3), <https://coolice.legis.iowa.gov/Cool-ICE/default.asp?category=billinfo&service=IowaCode&input=256.11>.

³ Iowa Code § 256.11(4), <https://coolice.legis.iowa.gov/Cool-ICE/default.asp?category=billinfo&service=IowaCode&input=256.11>.

⁴ Iowa Code § 256.11(5)(j), <https://coolice.legis.iowa.gov/Cool-ICE/default.asp?category=billinfo&service=IowaCode&input=256.11>.

⁵ Iowa Code § 279.50(9)(d)(2), <https://www.legis.iowa.gov/DOCS/ACO/IC/LINC/Section.279.50.pdf>.

⁶ Eaton, Danice K., et al., “Youth Risk Behavior Surveillance—United States, 2011,” *Surveillance Summaries, Morbidity and Mortality Weekly Report*, vol. 61, no. SS-4 (June 8, 2012): accessed June 18, 2012, <http://www.cdc.gov/mmwr/pdf/ss/ss6104.pdf>. Iowa did not participate in the 2013 YRBS survey.

⁷ 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.

⁸ *Ibid.*, Table 3.2.

⁹ 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.

¹⁰ Centers for Disease Control and Prevention, Interactive Data Tables, Hyattsville, MD: National Center for Health Statistics, <http://www.cdc.gov/nchs/vitalstats.htm>.

¹¹ 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.

¹² *Ibid.*, Table 3.2.

¹³ 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>.

¹⁴ 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>.

¹⁵ 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>.

¹⁶ 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>.

¹⁷ 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>.

¹⁸ *Ibid.*

¹⁹ *Ibid.*

²⁰ The state declined to provide SIECUS with any information for FY 2013. Information provided is from FY 2012, by Addie Rasmusson, community health consultant, Bureau of Family Health, Iowa Department of Public Health, July 8, 2013.

²¹ *Ibid.*

²² The state declined to provide SIECUS with any information for FY 2013. Information provided is from FY 2012, by Mary Greene, abstinence education coordinator, Bureau of Family Health, Iowa Department of Public Health, June 21, 2013.

²³ *Ibid.*

²⁴ The person listed represents the designated personnel in the state responsible for adolescent reproductive health.

²⁵ *Ibid.*