



MICHIGAN

In Fiscal Year 2011¹, the state of Michigan received:

- **Personal Responsibility Education Program funds totaling \$1,728,394**
- **Title V State Abstinence Education Program funds totaling \$1,701,209**

In Fiscal Year 2011, local entities in Michigan received:

- **Teen Pregnancy Prevention Initiative funds totaling \$1,570,837**
- **Tribal Personal Responsibility Education Program funds totaling \$408,690**

SEXUALITY EDUCATION LAW AND POLICY

Michigan state law does not require schools to teach sexuality education; however, HIV/AIDS education is required. Schools may also offer sexuality education instruction, which may include information on family planning, family life education, and STD prevention. HIV and sexuality education must present abstinence as “a responsible method of preventing unwanted or out-of-wedlock pregnancy and sexually transmitted disease” and as “a positive lifestyle for unmarried young people.”² Sexuality education classes must be offered as an elective and may not be required for graduation.

HIV/AIDS classes may be taught by health care professionals or teachers specifically trained in HIV/AIDS education, and sexuality education instruction must be provided by teachers qualified to teach health education. All instruction in reproductive health must be taught by qualified instructors and “supervised by a registered physician, a registered nurse, or other person certified by the state board as qualified.”³ Abortion “shall not be considered a method of family planning, nor shall abortion be taught as a method of reproductive health.”⁴ Further, no school official or school board member may dispense any family planning drug or device in school, nor may they make abortion referrals. Districts found in violation of this may face corrective actions, such as being forced to forfeit aid.

School boards must establish an advisory board to review all sexuality education materials and curricula. This advisory board must include parents, students, educators, clergy, and health professionals. Each school district must also appoint a sexuality education program supervisor; this person must be approved by the state. All curricula must be approved by the local school board and, if any changes are made, the local school board must hold at least two public hearings on the revisions.

Most Michigan public schools also follow guidelines from the Michigan Model for Health, formerly the Michigan Model for Comprehensive School Health Education, which promotes nationally recognized and research-based curricula, including curricula on HIV/AIDS prevention. In addition, the Michigan Board of Education has adopted the Policy to Promote Health and Prevent

Disease and Pregnancy, which states that sexuality education programs must be age-appropriate, developmentally and culturally appropriate, medically accurate, and based on effective programming.

Parents must receive notification of any sexuality education class and be allowed to review its content; and may remove their children from any part of the sexuality education instruction. This is referred to as an “opt-out” policy.

See Michigan Compiled Laws §§ 380.1169–.1170, 380.1506–.1507, and 388.1766–.1766a; Michigan Model for Health and Policy to Promote Health and Prevent Disease and Pregnancy.

RECENT LEGISLATION

Requirement that Sex Education be Comprehensive

Senate Bill 731 and House Bill 4807 are identical bills introduced in October and June 2011, respectively. The bills require sex education courses be comprehensive, medically accurate, factual, age-appropriate and objective. If schools offer sex education courses, the school district must set up an advisory board to establish curriculum objectives, review materials, and hold public hearings. The bills also require that sex education teachers be properly trained and qualified. Methods of contraception are not allowed to be distributed. Abortion is prohibited from being taught as a method of family planning. Parents can excuse their children from instruction in sex education by notifying the school in writing. Senate Bill 731 was referred to the Committee on Education and House Bill 4807 was referred to Committee on Health Policy. Both bills are currently pending.

YOUTH SEXUAL HEALTH DATA

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

Michigan Youth Risk Behavior Survey (YRBS) Data⁵

- In 2011, 40% of female high school students and 42% of male high school students in Michigan 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 Michigan 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, 9% of female high school students and 12% of male high school students in Michigan 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, 31% of female high school students and 27% of male high school students in Michigan 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.

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- In 2011, among those high school students who reported being currently sexually active, 57% of females and 66% of males in Michigan 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, 25% of females and 17% males in Michigan 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, 16% of females and 25% of males in Michigan 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, 88% of high school students in Michigan reported having been taught about AIDS/HIV in school, compared to 84% of high school students nationwide.

Detroit, Michigan

- In 2011, 57% of female high school students and 63% of male high school students in Detroit reported ever having had sexual intercourse, compared to 46% of female high school students and 49% of male high school students nationwide.
- In 2011, 4% of female high school students and 23% of male high school students in Detroit 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, 12% of female high school students and 30% of male high school students in Detroit 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, 32% of female high school students and 38% of male high school students in Detroit 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, 55% of females and 75% of males in Detroit 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, 10% of females and 8% of males in Detroit reported having used birth control pills the last time they had sexual intercourse, compared to 23% of females and 13% of males nationwide.

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- In 2011, among those high school students who reported being currently sexually active, 9% of females and 23% of males in Detroit 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, 81% of high school students in Detroit reported having been taught about AIDS/HIV in school, compared to 84% of high school students nationwide.

Michigan Teen Pregnancy, HIV/AIDS, and Sexually Transmitted Disease Data

Teen Pregnancy, Birth, and Abortion

- Michigan's teen birth rate currently ranks 31st in the United States, with a rate of 30.1 births per 1,000 young women ages 15–19, compared to the national rate of 34.3 births per 1,000.⁶ In 2010, there were a total of 10,833 live births to young women ages 15–19 reported in Michigan.⁷
- In 2005, Michigan's teen pregnancy rate ranked 32nd in the United States, with a rate of 60 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 21,940 pregnancies among young women ages 15–19 reported in Michigan in 2005.⁹
- In 2005, Michigan's teen abortion rate ranked 13th in the United States, with a rate of 19 abortions per 1,000 young women ages 15–19, compared to the national rate of 19 abortions per 1,000.¹⁰

HIV and AIDS

- In 2010, the rate of diagnoses of HIV infection among adolescents aged 13-19 years in Michigan was 5.7 per 100,000 compared to the national rate of 7.9 per 100,000.¹¹
- In 2010, the rate of AIDS diagnoses among adolescents 13-19 years in Michigan was 0.9 per 100,000 compared to the national rate of 1.9 per 100,000.¹²
- In 2010, the rate of diagnoses of HIV infection among young adults aged 20-24 years in Michigan was 21.6 per 100,000 compared to the national rate of 36.9 per 100,000.¹³
- In 2010, the rate of AIDS diagnoses among young adults aged 20-24 years in Michigan was 9.4 per 100,000 compared to the national rate of 10.4 per 100,000.¹⁴

Sexually Transmitted Diseases

- Michigan ranks ninth in the United States for reported cases of chlamydia among young people ages 15–19, with an infection rate of 26.21 cases per 1,000, compared to the national rate of 20.03 cases per 1,000. In 2009, there were a total of 19,219 cases of chlamydia among young people ages 15–19 reported in Michigan.¹⁵
- Michigan ranks seventh in the United States for reported cases of gonorrhea among young people ages 15–19, with an infection rate of 6.85 cases per 1,000, compared to the national rate of 4.04 cases per 1,000. In 2009, there were a total of 5,020 cases of gonorrhea among young people ages 15–19 reported in Michigan.¹⁶

- Michigan ranks 12th in reported cases of primary and secondary syphilis among young people ages 15–19 in the United States, with an infection rate of 0.03 per cases 1,000, compared to the national rate of 0.05 cases per 1,000. In 2009, there were a total of 20 cases of syphilis among young people ages 15–19 reported in Michigan.¹⁷

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.

- Local organizations in Michigan received \$1,570,837 in TPPI Tier 1 funding for FY 2011.
- There are two TPPI Tier 1 grantees in Michigan: Teen H.Y.P.E Youth Development Program and the YMCA of Metropolitan Detroit.

Teen H.Y.P.E. Youth Development Program, \$588,981 (FY 2011)

The Teen H.Y.P.E. (Helping Youth by Providing Education) Youth Development Program (Teen H.Y.P.E.) is a minority-run and -directed non-profit organization located in Detroit. Established in 2004, the organization serves Detroit-area youth in its mission to empower “urban youth to thrive while strengthening their communities.”¹⁸ Teen H.Y.P.E. runs a peer education program and offers educational, developmental, and service activities through theatre education, classroom instruction, and parent education workshops. Among its program goals, the organization “focuses on promoting abstinence in teens.”¹⁹

Teen H.Y.P.E.'s TPPI Tier 1 program targets African-American youth. The overall goal of the program is to help Detroit youth develop the capacity and desire to avoid teen pregnancy. The program plans to reach approximately 60 youth annually using the *Children's Aid Society – Carrera Adolescent Pregnancy Prevention Program (CAS – Carrera)*.

CAS – Carrera is an evidence-based positive youth development program designed for students in grades six through 12. The program consists of seven integrated components that can be delivered in an after-school or in-school setting over the course of a year. These units include Education, Job Club, Family Life and Sexuality Education, Mental Health, Medical and Dental Services, Self Expression, and Lifetime Individual Sports.²⁰ The program uses a positive youth development approach to increase

developmental competency and identity formation among participants in order to encourage youth to avoid early parenthood and risky sexual behavior. *CAS – Carrera* runs six days a week throughout the academic year and also includes a summer program component.²¹ An evaluation of the program published in *Perspectives on Sexual and Reproductive Health* found that, at a three-year follow-up, female participants were significantly less likely to report a pregnancy or report being sexually active than participants in the control group.²²

YMCA of Metropolitan Detroit, \$981,856 (FY 2011)

The YMCA of Metropolitan Detroit is an affiliate of the national YMCA (Young Men’s Christian Association), a nonprofit organization with a focus on community and social responsibility. Although the YMCA is inclusive of all faiths, its mission is “to put Christian principles into practice through programs that build a healthy spirit, mind and body for all.”²³ The YMCA of Metropolitan Detroit previously received federal abstinence-only-until-marriage funding through the now-defunct Community-Based Abstinence Education (CBAE) grant program. The organization was awarded a \$600,000 five-year CBAE grant for FYs 2007–2012 and received \$1,770,994 in funding before the program was eliminated in 2010.

The YMCA of Metropolitan Detroit uses its TPPI Tier 1 funds in conjunction with its already-existing program, Sexual Wellness and Information for Teens, which serves youth ages 11–14 in Wayne, Macomb, and Oakland counties. The program aims to delay the onset of sexuality activity; increase abstinence from sexual activity; and reduce the rate of teen pregnancy, HIV/AIDS, and other STDs among youth. The YMCA of Metropolitan Detroit offers the program during the school year at a total of 14 public, charter, and parochial schools throughout this tri-county area. The program also serves youth incarcerated at two detention centers. During the summer, the program is offered at YMCA branch locations and other youth-serving organizations. The organization plans to reach approximately 2,934 youth annually with the program.

The Sexual Wellness and Information for Teens program uses *Making a Difference*, 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 peers in the control group. Evaluation results also showed that the program helped to delay sexual initiation among program participants who were sexually inexperienced.²⁴

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 Michigan.

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 Michigan.

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 Michigan Department of Community Health received \$1,728,394 in federal PREP funds for FY 2011.
- The agency provides sub-grants to 10²⁵ local public and private entities.²⁶

The Michigan Department of Community Health implements the state PREP grant program through its Adolescent and School Health Unit. The program Taking Pride In Prevention (TPIP), provides funding to local public and private entities to implement comprehensive pregnancy prevention programs to youth ages 12–19. Programming targets communities in one or more of Michigan’s three highest need populations: African-American youth, youth who reside in the city of Detroit, or youth who reside in one of the 12 other cities with more than 100 teen births in 2009. TPIP-funded programs must implement one of the following evidence-based programs: *Be Proud! Be Responsible!*, *Becoming a Responsible Teen (BART)*, *Michigan Model for Health – Healthy and Responsible Relationships*, *Reducing the Risk, Safer Choices*, and *Teen Outreach Program (TOP)*. Programs must also address the following adulthood preparation topics: healthy relationships, adolescent development, and parent-child communication.²⁷

Be Proud! Be Responsible! is an evidence-based HIV-prevention curriculum originally designed for urban, African-American males ages 13–18.²⁸ The curriculum seeks to provide young people with the knowledge, motivation, and skills necessary to reduce their risk of HIV, other STDs, and causing unintended pregnancy. It also aims to impact sexual behavior by equipping youth with negotiation, refusal, and condom-use skills. The curriculum uses a “sense-of-community” approach that emphasizes how HIV/AIDS has affected inner-city communities and discusses the importance of protecting the community in order to instill accountability, sexual responsibility, and a sense of pride in participants. Although originally designed for use with small groups of six to 12 participants, the curriculum has been used with larger groups and is appropriate for both school-based and community-based settings.²⁹ An evaluation of the program published in the *American Journal of Community Psychology* found that the

intervention reduced the number of female sexual partners participants had as well as the number of non-monogamous female sexual partners (those who were simultaneously involved with other male partners). In addition, the study found that the intervention decreased the frequency of vaginal and heterosexual anal intercourse, and increased condom use among participants.³⁰

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.³¹ *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 participant 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.³²

Michigan Model for Health – Healthy and Responsible Relationships is an abstinence-based pregnancy- and HIV/STD-prevention education curriculum for grades nine through 12. Developed by the Michigan Departments of Education and Community Health, the curriculum includes 22 lessons that are aligned with the National Health Education Standards and Michigan state standards, the Michigan Merit Curriculum Credit Guidelines for Health Education, Michigan state law, and research and best practices. Curriculum lessons address topics including healthy relationships and intimacy, HIV/STD transmission and associated risk behaviors “compassion for people living with HIV/AIDS,” communication and refusal skills, abstinence, cost of teen pregnancy and parenting, risk reduction through the use of condoms and contraception, STD/HIV testing, and goal-setting. The curriculum engages parents and the community through parent-child homework assignments and activities using community resources. The curriculum can be implemented using three different approaches: 1) abstinence-only, 2) abstinence-based that discusses condoms in the context of disease risk reduction but does not address other forms of contraception, and 3) abstinence-based with information on condoms and other forms of contraception.³³

Reducing the Risk: Building Skills to Prevent Pregnancy, STD and HIV is an evidence-based, pregnancy-, STD-, and HIV-prevention curriculum designed for classroom use with students in the ninth and 10th grades. It is appropriate for use with multiethnic populations.³⁴ *Reducing the Risk* aims to reduce high-risk behaviors among participants and emphasizes strategies for abstaining from sex or practicing safer sex. The 16-lesson curriculum addresses both abstinence and contraception use and includes experiential activities that teach students to develop refusal, negotiation, and communication skills. An evaluation of the program published in *Family Planning Perspectives* found that it increased parent-child communication, especially among Latino youth; delayed the initiation of sexual intercourse; and reduced incidence of unprotected sex among lower-risk youth who participated in the program.³⁵

Safer Choices is an evidence-based HIV-, STD-, and pregnancy-prevention program designed for students in the ninth and 10th grades. The program consists of experiential activities developed to build communication skills, skills for delaying sexual initiation, and condom-efficacy skills for those students who are or become sexually active. *Safer Choices* has five program components, including a “school health protection council” that involves students, parents, school faculty, and community members; a 20-session classroom-based curriculum; a peer team or club responsible for hosting school-wide activities; a parent education component with parent-child activities; and activities to expose and increase students' awareness of local support services. An evaluation of the program published in the *Journal of Adolescent Health* found that the program was effective in delaying the initiation of sexual intercourse among Latino youth.

Additional evaluations of *Safer Choices* showed that among participants it increased the use of contraception, increased condom use, reduced incidence of unprotected sex, and reduced number of sexual partners with whom condoms weren't used.³⁶

TOP is 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.”³⁷ 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.³⁸ 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.³⁹

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 Michigan.

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.
- The Inter-Tribal Council of Michigan, Inc., received \$408,690 in Tribal PREP funds for Fiscal Year 2011. At the time of publication, more information on this grantee was not available.

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 Michigan Department of Community Health received \$1,701,209 in federal Title V abstinence-only funding for FY 2011.
- In Michigan, funds are sub-granted to nine⁴⁰ local public and private entities and used to support a statewide media campaign.⁴¹

- The state match is provided through a combination of in-kind funds and direct revenue from sub-grantees (\$450,000), media (\$800,000), and state cash (\$33,699).

Michigan’s FY 2011 Title V abstinence-only program renewed funding to the nine organizations that received Title V abstinence-only-until-marriage sub-grants for FY 2010. The Title V funds target youth ages 10–15 in Alcona, Alpena, Cheboygan, Huron, Ingham, Iosco, Jackson, Kent, Montmorency, Muskegon, Ogemaw, Oscoda, Presque, Isle, Tuscola, and Wayne counties. The sub-grantees are not required to use a particular curriculum program; however, curricula must be approved by Michigan Department of Community Health staff prior to implementation. A portion of the state’s FY 2011 Title V abstinence-only award also supports a statewide media campaign that continues to broadcast Public Service Announcements (PSAs) developed with Title V funds in 2009, in addition to developing two new youth-focused PSAs.⁴² Information on some of the sub-grantees is included below; all of the sub-grantees appear in the funding chart.

District Health Department #2, \$100,000 (FY 2011)

The Michigan District Health Department #2 provides health services and programs to Michigan residents in Alcona, Iosco, Ogemaw, and Oscoda counties. The health department operates the Taking Charge Program, which aims to “increase the numbers of youth ages 11–13 years who abstain from sexual activity and other risky behaviors.” The program implements *Choosing the Best WAY* (sixth grade), *Choosing the Best PATH* (seventh grade), and *Choosing the Best LIFE* (eighth grade) in middle schools throughout the health department’s four-county service area.⁴³

The *Choosing the Best* series is one of the more popular abstinence-only-until-marriage programs in the country. The series is comprised of a number of curricula for students from sixth grade through high school: *Choosing the Best WAY* (sixth grade), *Choosing the Best PATH* (seventh grade), *Choosing the Best LIFE* (eighth grade), *Choosing the Best JOURNEY* (ninth and 10th grades), and *Choosing the Best SOULMATE* (11th and 12th grades). The series has been recently revised and the information about STDs is now medically accurate. However, *Choosing the Best* curricula continue to promote heterosexual marriage, rely on messages of fear and shame, and include biases about gender, sexual orientation, and pregnancy options. For example, *Choosing the Best PATH* asks students to brainstorm the “emotional consequences” of premarital sex. Suggested answers include “guilt, feeling scared, ruined relationships, broken emotional bonds.”⁴⁴

Southside Community Coalition, \$100,000 (FY 2011)

Located in Lansing, Michigan, the Southside Community Coalition provides educational programs, job and life skills training, and recreational opportunities to youth and community members residing on the south side of the city. It aims to “provide the community with activities and programs that will improve self-esteem, promote academic success, and foster the development of positive life skills...”⁴⁵ The organization runs an abstinence-only-until-marriage program for youth called “Teen Scene,” which uses *WAIT (Why Am I Tempted?) Training*.

WAIT is an abstinence-only-until-marriage curriculum that uses fear- and shame-based tactics to promote abstinence as the only appropriate behavior outside of marriage. SIECUS reviewed the third edition of *WAIT* and found that, similar to previous editions, it includes little medical or biological information about puberty and reproduction. Instead, it contains information and statistics promoting the benefits of marriage, activities and skill-building exercises for developing healthy relationships, and information on STDs, including HIV. It also contains messages promoting biased views of gender, sexual orientation, and family structure. For example, *WAIT Training* explains, “When it comes to sex, men are like microwaves and women are like crockpots...[M]en respond sexually by what they see and women respond sexually by what they hear and how they feel about it.”⁴⁶

St. John Community Health, \$100,000 (FY 2011)

St. John Community Health is a division of St. John Providence Health System, a Catholic health ministry “committed to providing spiritually centered, holistic care...with special attention to the poor and vulnerable.”⁴⁷ The health corporation operates seven hospitals and more than 125 medical care facilities throughout southeast Michigan. St. John Community Health offers various health and wellness programs to the community, including, among others, primary care services for the uninsured, free school-based health care, the Ryan White program for uninsured HIV patients, community outreach and education, an infant mortality prevention project, a neighborhood revitalization project, and a senior wellness center.⁴⁸

St. John Community Health operates 10 school-based health centers, including five within Detroit Public Schools, and one in each of the following school systems: Clintondale School System, Cornerstone Schools, Covenant House, Hazel Park Schools, and Highland Park Schools. The health centers provide medical and mental health services to students, school staff, and community members. They also sponsor programs and support services, including “Project S.A.V.E.” (Supporting Abstinence Via Education), an abstinence-only program, and abstinence retreats for students.⁴⁹ The organization uses *Making a Difference!*, an evidence-based pregnancy-, STD-, and HIV-prevention curriculum that emphasizes abstinence from sexual activity. (Please see the TPPI Tier 1: Evidence-Based Programs section above for more information on *Making a Difference!*)

Wedgwood Christian Services, \$100,000 (FY 2011)

Wedgwood Christian Services is a faith-based human service agency located in Grand Rapids, Michigan. The organization describes itself as “distinctively Christian with professionally excellent programs, dedicated to helping young people live productive and fulfilling lives.”⁵⁰ Its purpose is to “[extend] God’s love to youth and families through professional counseling and educational services.”⁵¹ Wedgwood specializes in youth services, providing residential treatment, foster care, independent living, in-home intervention, counseling, and prevention programs, including abstinence-only-until-marriage programming.

The organization is a long-term recipient of Title V abstinence-only funding and is a former Community-Based Abstinence Education (CBAE) grantee. Between FYs 2005 and 2008, the organization received more than \$1.6 million in CBAE funds. Wedgwood partners with several organizations in Michigan, including Lakeshore Pregnancy Center, a crisis pregnancy center and former Title V abstinence-only-until-marriage sub-grantee. With its Title V abstinence-only funding, Wedgwood uses *Relationships Under Construction*, a program written by the Educational Guidance Institute in Virginia, another former CBAE grantee.

Michigan 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>		
Teen H.Y.P.E. Youth Development Program	\$588,981	2010–2014
YMCA of Metropolitan Detroit	\$981,856	2010–2014
TOTAL	\$1,570,837	
Personal Responsibility Education Program (PREP)		

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Grantee	Award	Fiscal Years
<i>PREP State-Grant Program</i>		
Michigan Department of Community Health (federal grant)	\$1,728,394	2011
TOTAL	\$1,728,394	
<i>Tribal Personal Responsibility Education Program</i>		
Inter-Tribal Council of Michigan, Inc.	\$408,690	2010-2014
TOTAL	\$408,690	
Title V Abstinence Education Grant Program (Title V Abstinence-Only)		
Michigan Department of Community Health (federal grant)	\$1,701,209	2011
<i>Sub-grantees</i>		
<i>Catholic Charities of West Michigan</i>	\$100,000	2011
<i>District Health Department #2</i>	\$100,000	2011
<i>District Health Department #4</i>	\$100,000	2011
<i>Jackson County Health Department</i>	\$100,000	2011
<i>Southside Community Coalition</i>	\$100,000	2011
<i>St. John Community Health</i>	\$100,000	2011
<i>The Yunion, Inc.</i>	\$100,000	2011
<i>Tuscola County Health Department</i>	\$100,000	2011
<i>Wedgewood Christian Services</i>	\$100,000	2011
TOTAL	\$1,701,209	
GRAND TOTAL		
	\$5,409,130	2011

COMPREHENSIVE APPROACHES TO SEXUALITY EDUCATION

SIECUS is not aware of any examples of model programs, policies, or best practices being implemented in Michigan public schools that provide a more comprehensive approach to sex education for young people.

We encourage you to submit any updated or additional information on comprehensive approaches to sex education being implemented in Michigan 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 Contact⁵²

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Title V Abstinence-Only Grant Coordinator

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ORGANIZATIONS THAT SUPPORT COMPREHENSIVE SEXUALITY EDUCATION

American Civil Liberties Union of Michigan
Detroit, MI
Phone: (313) 578-6800
www.aclumich.org

Michigan National Organization for Women
East Lansing, MI
Phone: (517) 485-9687
www.michnow.org

AIDS Partnership Michigan
Detroit, MI
Phone: (800) 515-3434
www.aidspartnership.org

Michigan Religious Coalition for
Reproductive Choice
East Lansing, MI
www.mircrc.org

The LGC Network of Western Michigan
Grand Rapids, MI
Phone: (616) 458-3511
www.the-lgbt-network.org

Triangle Foundation
Detroit, MI
Phone: (313) 537-3323
www.tri.org

MICHIGAN

Michigan AIDS Coalition
Ferndale, MI
Phone: (248) 545-1435
www.michiganaidcoalition.org

Planned Parenthood Affiliates of Michigan
Lansing, MI
Phone: (517) 482-1080
www.miplannedparenthood.org

ORGANIZATIONS THAT OPPOSE COMPREHENSIVE SEXUALITY EDUCATION

Michigan Family Forum
Lansing, MI
Phone: (517) 374-1171
www.michiganfamily.org

Right to Life of Michigan
Grand Rapids, MI
Phone: (616) 532-2300
www.rtl.org

Michigan Association for Sexual Health
Lansing, MI
www.misexualhealth.org

MEDIA OUTLETS

Newspapers in Michigan⁵³

The Ann Arbor News
Ann Arbor, MI
Phone: (734) 994-6989
www.mlive.com/annarbornews

Detroit News
Detroit, MI
Phone: (313) 222-2300
www.detnews.com

Flint Journal
Flint, MI
Phone: (810) 766-6100
www.mlive.com/flintjournal

Grand Rapids Press
Grand Rapids, MI
Phone: (616) 222-5400
www.mlive.com/grpress

Kalamazoo Gazette
Kalamazoo, MI
Phone: (269) 345-3511
www.mlive.com/kzgazette

Lansing State Journal
Lansing, MI
Phone: (517) 377-1020
www.lsj.com

The Macomb Daily
Mount Clemens, MI
Phone: (586) 469-4510
www.macombdaily.com

Muskegon Chronicle
Muskegon, MI
Phone: (231) 722-0320
www.mlive.com/chronicle

The Oakland Press
Pontiac, MI
Phone: (248) 332-8181
www.theoaklandpress.com

The Saginaw News
Saginaw, MI
Phone: (989) 752-7171
www.mlive.com/saginawnews

Political Blogs in Michigan

Blogging for Michigan
www.bloggingformichigan.com

West Michigan Rising
www.westmichiganrising.com

Michigan Liberal
www.michiganliberal.com

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 Michigan Code 380.1507, Section (1),
[http://www.legislature.mi.gov/\(S\(3nkwvt451srdxjydgnaa2buf\)\)/mileg.aspx?page=GetMCLDocument&objectname=mcl-380-1507](http://www.legislature.mi.gov/(S(3nkwvt451srdxjydgnaa2buf))/mileg.aspx?page=GetMCLDocument&objectname=mcl-380-1507).

³ Michigan Code 380.1506, Section (1),
[http://www.legislature.mi.gov/\(S\(5mvt4nkjlpimtiru0umq4q5\)\)/mileg.aspx?page=getobject&objectname=mcl-380-1506](http://www.legislature.mi.gov/(S(5mvt4nkjlpimtiru0umq4q5))/mileg.aspx?page=getobject&objectname=mcl-380-1506).

⁴ Michigan Code 380.1507, Section (8),
[http://www.legislature.mi.gov/\(S\(3nkwvt451srdxjydgnaa2buf\)\)/mileg.aspx?page=GetMCLDocument&objectname=mcl-380-1507](http://www.legislature.mi.gov/(S(3nkwvt451srdxjydgnaa2buf))/mileg.aspx?page=GetMCLDocument&objectname=mcl-380-1507).

⁵ 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): accessed June 18, 2012, <http://www.cdc.gov/mmwr/pdf/ss/ss6104.pdf>. Note: Detroit also participated in the 2011 YRBS.

⁶ "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.

⁷ Ibid.

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 May 7, 2012, <http://www.guttmacher.org/pubs/USTPtrends.pdf>, Table 3.1.

⁹ Ibid., Table 3.2.

¹⁰ *U.S. Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, Table 3.1.

¹¹ Slide 9: "Rates of Diagnoses of HIV Infection among Adolescents Aged 13–19 Years, 2010—46 States and 5 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>.

¹² 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>.

¹³ Slide 10: "Rates of Diagnoses of HIV Infection among Young Adults Aged 20–24 Years, 2010—46 States and 5 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>.

¹⁴ 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>.

¹⁵ "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>.

¹⁶ Ibid.

¹⁷ Ibid.

¹⁸ "About Teen H.Y.P.E.," Teen H.Y.P.E., accessed May 5, 2011, <http://teenhype.org/about.html>.

¹⁹ "Teen HYPE sponsors 2nd annual Sleepout for The Homeless," accessed May 5, 2011, <http://www.facebook.com/group.php?gid=7434555420>.

²⁰ "Our Program," The Children's Aid Society – Carrera Adolescent Pregnancy Prevention Program, accessed July 1, 2011, <http://stopteenpregnancy.childrensaidsociety.org/our-program>.

²¹ Ibid.

²² "Pregnancy Prevention Intervention Implementation Report: Children's Aid Society (CAS) – Carrera," 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/cas_carrera.pdf.

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- ²³ The YMCA, *About Us*, accessed May 5, 2011, <http://www.ymca.net/about-us/>.
- ²⁴ *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>.
- ²⁵ Sub-grantees include: Alternatives for Girls (\$100,000); Calhoun County Public Health Department (\$100,000); Eaton ISD (\$100,000); Health Delivery (\$100,000); Henry Ford Health System (\$100,000); Jackson County Health Department (\$100,000); Oakwood-Taylor Teen Health Center (\$100,000); Planned Parenthood Mid & South Michigan (\$150,000); Planned Parenthood of West & Northern Michigan (\$150,000); Teen HYPE (\$100,000).
- ²⁶ Information provided by Kara Anderson and Robyn Corey, Teen Pregnancy Prevention Coordinator and Consultant, Michigan Department of Community Health, September 5, 2012.
- ²⁷ Ibid.
- ²⁸ *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>, 56–59.
- ²⁹ *Be Proud! Be Responsible!* 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=1&PageTypeID=2>; see also Pregnancy Prevention Intervention Implementation Report: Be Proud! Be Responsible! 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/be_proud_responsible.pdf.
- ³⁰ *Science and Success: Sex Education and Other Programs That Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections*, 56–59.
- ³¹ *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>.
- ³² *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.
- ³³ *Michigan Model for Health – Healthy and Responsible Relationships: HIV, Other STIs, and Pregnancy Prevention*, Educational Materials Center, Central Michigan University, accessed August 19, 2011, <http://www.emc.cmich.edu/pdfs/Overview2-07.pdf>; see also *Michigan Model for Health – HIV/AIDS Prevention Grades 9–12*, Educational Materials Center, Central Michigan University, accessed August 19, 2011, <http://www.emc.cmich.edu/products/curriculum/9-12/912HIVobj1.htm>.
- ³⁴ *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>, 22.
- ³⁵ Ibid., 23–24.
- ³⁶ *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>, 26–28.
- ³⁷ 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://wymancercenter.org/wordpress/wp-content/uploads/2011/08/TOP-Promoting-Positive-Well-Being-in-Adolescents.pdf>, 3.
- ³⁸ Ibid., 9.
- ³⁹ “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/oah-initiatives/tpp/programs/teen_outreach_program.pdf.
- ⁴⁰ Sub-grantees include: Catholic Charities West Michigan (\$100,000); District Health Department #2 (\$100,000); District Health Department #4 (\$100,000); Jackson County Health Department (\$100,000); South Side Community Coalition (\$100,000); St. John’s Community Health (\$100,000); The Yuinon, Inc. (\$100,000); Tuscola County Health Department (\$100,000); Wedgwood Christian Services (\$100,000).
- ⁴¹ Information provided by Kara Anderson and Robyn Corey, Teen Pregnancy Prevention Coordinator and Consultant, Michigan Department of Community Health, September 5, 2012.
- ⁴² Ibid.
- ⁴³ “The Taking Charge Program,” District Health Department #2, accessed August 19, 2011, <http://www.dhd2.org/index.php/health-education-/taking-charge-abstinence-education>.

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⁴⁴ Bruce Cook, *Choosing the Best* (Marietta, GA: Choosing the Best, Inc., 2001–2007). For more information, see SIECUS' review of the *Choosing the Best* series at http://www.communityactionkit.org/curricula_reviews.html.

⁴⁵ "About Us," Southside Community Coalition, accessed August 19, 2011, http://southsidecommunitycoalition.org/about_us.htm.

⁴⁶ Joneen Krauth-Mackenzie, *WAIT (Why Am I Tempted) Training, Second Edition* (Greenwood Village, CO: WAIT Training, undated). For more information, see SIECUS' review of *WAIT Training* at http://www.communityactionkit.org/curricula_reviews.html.

⁴⁷ "Mission and Values of St. John Providence Health System," St. John Providence Health System, accessed August 19, 2011, <http://www.stjohnprovidence.org/aboutsjh/mission/>.

⁴⁸ "Community Health," St. John Providence Health System, accessed August 19, 2011, <http://www.stjohnprovidence.org/InnerPage.aspx?PageID=130>.

⁴⁹ "St. John Community Health Investment Corporation School-Based Health Centers," St. John Providence Health System, 19 August 19, 2011, <http://www.stjohnprovidence.org/InnerPage.aspx?PageID=134>.

⁵⁰ "About Wedgwood: Our Story," Wedgwood Christian Services, accessed August 19, 2011, <http://www.wedgwood.org/astory.html>.

⁵¹ Ibid.

⁵² The person listed represents the designated personnel in the state responsible for adolescent reproductive health.

⁵³ This section is a list of major newspapers in the state and is by no means exhaustive of local print outlets.