



MICHIGAN

In Fiscal Year 2010¹, the state of Michigan received:

- **Personal Responsibility Education Program funds totaling \$1,754,708**
- **Title V State Abstinence Education Program funds totaling \$1,653,105**

In Fiscal Year 2010, local entities in Michigan received:

- **Teen Pregnancy Prevention Initiative funds totaling \$1,570,837**

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

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

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 2009, 44% of female high school students and 47% of male high school students in Michigan reported ever having had sexual intercourse compared to 46% of female high school students and 46% of male high school students nationwide.
- In 2009, 3% of female high school students and 7% of male high school students in Michigan reported having had sexual intercourse before age 13 compared to 3% of female high school students and 8% of male high school students nationwide.
- In 2009, 12% of female high school students and 16% of male high school students in Michigan reported having had four or more lifetime sexual partners compared to 11% of female high school students and 16% of male high school students nationwide.
- In 2009, 36% of female high school students and 33% 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 36% of female high school students and 33% of male high school students nationwide.
- In 2009, among those high school students who reported being currently sexually active, 55% of females and 68% of males in Michigan reported having used condoms the last time they had sexual intercourse compared to 54% of females and 69% of males nationwide.
- In 2009, among those high school students who reported being currently sexually active, 21% of females and 23% males in Michigan reported having used birth control pills the last time they had sexual intercourse compared to 23% of females and 16% of males nationwide.

M I C H I G A N

- In 2009, among those high school students who reported being currently sexually active, 21% of females and 29% of males in Michigan reported having used alcohol or drugs the last time they had sexual intercourse compared to 17% of females and 26% of males nationwide.
- In 2009, 89% of high school students in Michigan reported having been taught about AIDS/HIV in school compared to 87% of high school students nationwide.

Detroit, Michigan

- In 2009, 52% of female high school students and 72% of male high school students in Detroit, Michigan reported ever having had sexual intercourse compared to 46% of female high school students and 46% of male high school students nationwide.
- In 2009, 4% of female high school students and 26% of male high school students in Detroit, Michigan reported having had sexual intercourse before age 13 compared to 3% of female high school students and 8% of male high school students nationwide.
- In 2009, 14% of female high school students and 35% of male high school students in Detroit, Michigan reported having had four or more lifetime sexual partners compared to 11% of female high school students and 16% of male high school students nationwide.
- In 2009, 40% of female high school students and 54% of male high school students in Detroit, Michigan 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 33% of male high school students nationwide.
- In 2009, among those high school students who reported being currently sexually active, 57% of females and 78% of males in Detroit, Michigan reported having used condoms the last time they had sexual intercourse compared to 54% of females and 69% of males nationwide.
- In 2009, among those high school students who reported being currently sexually active, 10% of females and 5% of males in Detroit, Michigan reported having used birth control pills the last time they had sexual intercourse compared to 23% of females and 16% of males nationwide.
- In 2009, among those high school students who reported being currently sexually active, 10% of females and 17% of males in Detroit, Michigan reported having used alcohol or drugs the last time they had sexual intercourse compared to 17% of females and 26% of males nationwide.
- In 2009, 81% of high school students in Detroit, Michigan reported having been taught about AIDS/HIV in school compared to 87% 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 38th in the United States, with a rate of 33.2 births per 1,000 young women ages 15–19 compared to the national rate of 41.5 births per 1,000.⁶ In 2008, there were a total of 12,214 live births reported to young women ages 15–19 in Michigan.⁷
- In 2005, Michigan's teen pregnancy rate ranked 33rd 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.⁹
- In 2005, Michigan's teen abortion rate ranked 14th 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

- Michigan's HIV infection rate ranks 22nd in the United States, with a rate of 8.7 cases per 100,000 individuals compared to the national rate of 19.5 cases per 100,000.¹¹
- Michigan ranks 12th in cases of HIV infection diagnosed in the United States among all age groups. In 2008, there were a total of 868 new cases of HIV infection diagnosed in Michigan.¹²
- Michigan's HIV infection rate among young people ages 13–19 ranks 13th in the United States, with a rate of 9.2 cases per 100,000 young people compared to the national rate of 9.1 cases per 100,000.¹³
- Michigan ranks 12th in number of reported AIDS cases in the United States among all age groups. In 2008, there were a total of 699 new AIDS cases reported in Michigan.¹⁴
- Michigan's AIDS rate ranks 25th in the United States, with a rate of 7 cases per 100,000 individuals compared to the national rate of 12.3 cases per 100,000.¹⁵
- Michigan's AIDS rate among young people ages 13–19 ranks 16th in the United States, with a rate of 1.7 cases per 100,000 young people compared to the national rate of 1.8 cases per 100,000.¹⁶

Sexually Transmitted Diseases

- Michigan ranks 7th in reported cases of Chlamydia among young people ages 15–19 in the United States, with an infection rate of 25.3 cases per 1,000 compared to the national rate of 19.51 cases per 1,000. In 2008, there were a total of 18,926 cases of Chlamydia reported among young people ages 15–19 in Michigan.¹⁷

- Michigan ranks 6th in reported cases of gonorrhea among young people ages 15–19 in the United States, with an infection rate of 7.8 cases per 1,000 compared to the national rate of 4.52 cases per 1,000. In 2008, there were a total of 5,831 cases of gonorrhea reported among young people ages 15–19 in Michigan.¹⁸
- Michigan ranks 16th 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 0.04 cases per 1,000. In 2008, there were a total of 21 cases of syphilis reported among young people ages 15–19 in Michigan.¹⁹

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 \$110 million in discretionary funding for Fiscal Year 2010. 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 Fiscal Year 2010.
- 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 (2010–2014)

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, Michigan. Established in 2004, the organization serves Detroit-area youth in its mission to empower “urban youth to thrive while strengthening their communities.”²⁰ 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.”²¹

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 (Carrera)*.

Children's Aid Society – Carrera Adolescent Pregnancy Prevention Program (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.²² 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.²³ 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.²⁴

YMCA of Metropolitan Detroit, \$981,856 (2010–2014)

The YMCA of Metropolitan Detroit is an affiliate of the national YMCA (Young Men's Christian Association), a non-profit 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."²⁵ 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 Fiscal Years 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.²⁶

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 Fiscal Years 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 Indian tribes and tribal organizations, and \$6.5 million for evaluation, training, and technical assistance. Details on the state-grant program and PREIS are included below. At the time of publication, the funding for tribes and tribal organizations had not yet been awarded.

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 \$1,754,708 in federal PREP funds for Fiscal Year 2010.
- The department has issued an application announcement for available funds under the state's PREP grant program. At the time of publication, sub-grantees had not yet been determined.

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. TPIP will award up to eight sub-grants, with a maximum award amount of \$100,000. Funding will target communities with highest need; and eligible applicants must have experience providing teen pregnancy-prevention services in at-risk communities. TPIP also requires grant recipients to establish a community coalition or advisory council that will be actively involved in program planning, implementation, and evaluation. Among other requirements, the coalition must include youth and parent or guardian members.

Sub-grantees will also be required to incorporate a parent education component into their programs; host at least one annual “Talk Early & Talk Often (TETO)” parent-child communication workshop for parents; provide programming and services that meet the specific needs of the community served based on data from a local or county needs assessment survey; and include an evaluation component into all aspects of program delivery. Finally, 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

Becoming a Responsible Teen (BART) is an evidence-based HIV/AIDS-prevention education curriculum designed for African-American youth ages 14–18. *BART* teaches students to reduce sexual risk taking by promoting safer sex practices while also teaching that abstinence is the most effective way to prevent HIV and unintended pregnancy. The curriculum combines education with behavioral skills training on assertion, refusal, self-management, problem solving, risk recognition, and correct condom use.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 tenth grades. It is appropriate for use with multi-ethnic 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 tenth 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

Teen Outreach Program (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)

The PREIS Program 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.

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 Fiscal Years 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 \$1,653,105 in federal Title V abstinence-only funding for Fiscal Year 2010.
- In Michigan, funds are sub-granted to nine local public and private entities and used to support a statewide media campaign.
- The state match is provided through a combination of in-kind funds and direct revenue from sub-grantees (\$450,000), media (\$772,316), and state revenue (\$27,630).

Michigan's Fiscal Year 2010 Title V abstinence-only program renews funding to the nine organizations that received Title V abstinence-only-until-marriage sub-grants for Fiscal Year 2009. Funding for the Fiscal Year 2009 Title V abstinence-only-until-marriage program was cut short when the federal grant program expired in June 2009, three months before the end of the fiscal year. A portion of the state's Fiscal Year 2010 Title V abstinence-only award will also support a statewide media campaign that will broadcast two Public Service Announcements targeting parents on local television networks. 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 (2010)

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.⁴⁰

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."⁴¹

Southside Community Coalition, \$100,000 (2010)

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...."⁴² The organization runs an abstinence-only-until-marriage program for youth called "Teen Scene," which uses *WAIT Training*.

WAIT (Why Am I Tempted?) Training 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 Training* 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.”⁴³

St. John Community Health, \$100,000 (2010)

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.”⁴⁴ 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, Ryan White program for uninsured HIV patients, community outreach and education, infant mortality prevention project, neighborhood revitalization project, and senior wellness center.⁴⁵

St. John Community Health operates ten 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.⁴⁶ 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 (2010)

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.”⁴⁷ Its purpose is to “[extend] God’s love to youth and families through professional counseling and educational services.”⁴⁸ 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 Fiscal Years 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

Michigan TPPI, PREP, and Title V Abstinence-Only Funding in FY 2010

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)		
<i>PREP State-Grant Program</i>		
Michigan Department of Community Health (federal grant)	\$1,754,708	2010
TOTAL	\$1,754,708	
Title V Abstinence Education Grant Program (Title V Abstinence-Only)		
Michigan Department of Community Health (federal grant)	\$1,653,105	2010
<i>Sub-grantees</i>		
<i>Catholic Charities of West Michigan</i>	<i>\$100,000</i>	<i>2010</i>
<i>District Health Department #2</i>	<i>\$100,000</i>	<i>2010</i>
<i>District Health Department #4</i>	<i>\$100,000</i>	<i>2010</i>
<i>Jackson County Health Department</i>	<i>\$100,000</i>	<i>2010</i>
<i>Southside Community Coalition</i>	<i>\$100,000</i>	<i>2010</i>
<i>St. John Community Health</i>	<i>\$100,000</i>	<i>2010</i>
<i>The Yunion, Inc.</i>	<i>\$100,000</i>	<i>2010</i>
<i>Tuscola County Health Department</i>	<i>\$100,000</i>	<i>2010</i>
<i>Wedgewood Christian Services</i>	<i>\$100,000</i>	<i>2010</i>
TOTAL	\$1,653,105	
GRAND TOTAL		
	\$4,978,650	2010

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 SIECUS 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 Contact⁴⁹

Carrie Tarry
Adolescent and School Health Manager
Division of Family and Community Health
Michigan Department of Community Health
109 West Michigan Avenue, 4th Floor
Lansing, MI 48913
Phone: (517) 335-8906

PREP and Title V Abstinence-Only State-Grant Coordinator

Kara Anderson, M.A.
Teen Pregnancy Prevention Consultant
Division of Family and Community Health
Michigan Department of Community Health
109 West Michigan Avenue, 4th Floor
Lansing, MI 48913
Phone: (517) 373-3864

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 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 Michigan⁵⁰

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 2010 began on October 1, 2009 and ended on September 30, 2010.

² Michigan Code 380.1507, Section (1),

<[http://www.legislature.mi.gov/\(S\(3nkwwt451srdxjydgnaa2buf\)\)/mileg.aspx?page=GetMCLDocument&objectname=mcl-380-1507](http://www.legislature.mi.gov/(S(3nkwwt451srdxjydgnaa2buf))/mileg.aspx?page=GetMCLDocument&objectname=mcl-380-1507)>.

³ Michigan Code 380.1506, Section (1),

<[http://www.legislature.mi.gov/\(S\(5mvl4nkjlpimtiru0umq4q5\)\)/mileg.aspx?page=getobject&objectname=mcl-380-1506](http://www.legislature.mi.gov/(S(5mvl4nkjlpimtiru0umq4q5))/mileg.aspx?page=getobject&objectname=mcl-380-1506)>.

⁴ Michigan Code 380.1507, Section (8),

<[http://www.legislature.mi.gov/\(S\(3nkwwt451srdxjydgnaa2buf\)\)/mileg.aspx?page=GetMCLDocument&objectname=mcl-380-1507](http://www.legislature.mi.gov/(S(3nkwwt451srdxjydgnaa2buf))/mileg.aspx?page=GetMCLDocument&objectname=mcl-380-1507)>.

⁵ Danice K. Eaton, et. al., "Youth Risk Behavior Surveillance—United States, 2009," *Surveillance Summaries, Morbidity and Mortality Weekly Report*, vol. 59, no. SS-5 (4 June 2010): 98–109, accessed 4 June 2010,

<<http://www.cdc.gov/mmwr/pdf/ss/ss5905.pdf>>. Note: Detroit also participated in the 2009 YRBS.

⁶ "Births: Final Data for 2008," *National Vital Statistics Report*, vol. 59, (Atlanta, GA: Centers for Disease Control and Prevention, December 2010), accessed 29 June 2011, <http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_01.pdf>, Table 12.

⁷ "VitalStats: Birth Data Files by State, Age of Mother in Years, 2008," (Atlanta, GA: Centers for Disease Control and Prevention), accessed 30 June 2011, <http://www.cdc.gov/nchs/data_access/vitalstats/VitalStats_Births.htm>.

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 U.S. *Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, Table 3.3.

¹¹ *HIV Surveillance Report, 2008*, (Atlanta, GA: Centers for Disease Control and Prevention, June 2010), accessed 28 June 2011, <<http://www.cdc.gov/hiv/surveillance/resources/reports/2008report/pdf/2008SurveillanceReport.pdf>>, Table 19.

¹² Ibid.

¹³ Slide 9: "Rates of Diagnoses of HIV Infection among Adolescents Aged 13–19 Years, 2009—40 States and 5 U.S. Dependent Areas," *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention, July 2011), accessed 27 September 2011, <<http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>>.

¹⁴ *HIV Surveillance Report, 2008*, Table 20.

¹⁵ Ibid.

¹⁶ Slide 18: "Rates of Diagnoses of AIDS Infection among Adolescents Aged 13–19 Years, 2009—40 States and 5 U.S. Dependent Areas," *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention, July 2011), accessed 27 September 2011,

<<http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>>.

¹⁷ "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.

¹⁸ 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.

¹⁹ 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.

²⁰ "About Teen H.Y.P.E.," Teen H.Y.P.E., accessed 5 May 2011, <<http://teenhype.org/about.html>>.

²¹ "Teen HYPE sponsors 2nd annual : Sleepout for The Homeless," accessed 5 May 2011, <<http://www.facebook.com/group.php?gid=7434555420>>.

²² "Our Program," The Children's Aid Society – Carrera Adolescent Pregnancy Prevention Program, accessed 1 July 2011, <<http://stopteenpregnancy.childrensaidsociety.org/our-program>>.

²³ Ibid.

²⁴ "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 1 July 2011, <http://www.hhs.gov/ash/oah/prevention/research/programs/cas_carrera.html>.

²⁵ The YMCA, *About Us*, accessed 5 May 2011, <<http://www.ymca.net/about-us/>>.

- ²⁶ “Making a Difference!” Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed 1 July 2011, <<http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=127&PageTypeID=2>>.
- ²⁷ Taking Pride In Prevention – Request for Proposals (RFP), Michigan Department of Community Health, Division of Family and Community Health, accessed 10 June 2011, <http://www.michigan.gov/mdch/0,1607,7-132-2942_4911_54150---00.html>.
- 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 1 July 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 1 July 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 1 July 2011, <http://www.hhs.gov/ash/oah/prevention/research/programs/be_proud_responsible.html>.
- 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 5 May 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 30 March 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 19 August 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 19 August 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 30 March 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 30 March 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 1 July 2011, <http://www.wymantop.org/pdfs/TOP_Positive_Well-Being.pdf>, 3.
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- ³⁹ “Pregnancy Prevention Intervention Implementation Report: Teen Outreach Program,” Programs for Replication – Intervention Implementation Reports, U.S. Department of Health and Human Services, accessed 1 July 2011, <http://www.hhs.gov/ash/oah/prevention/research/programs/teen_outreach_program.html>.
- ⁴⁰ “The Taking Charge Program,” District Health Department #2, accessed 19 August 2011, <http://www.dhd2.org/s_abstinence>.
- ⁴¹ Bruce Cook, *Choosing the Best* (Marietta, GA: Choosing the Best, Inc., 2001-2007). 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>.
- ⁴² “About Us,” Southside Community Coalition, accessed 19 August 2011, <http://southsidecommunitycoalition.org/about_us.htm>.
- ⁴³ 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>.
- ⁴⁴ “Mission and Values of St. John Providence Health System,” St. John Providence Health System, accessed 19 August 2011, <<http://www.stjohnprovidence.org/aboutsjh/mission/>>.
- ⁴⁵ “Community Health,” St. John Providence Health System, accessed 19 August 2011, <<http://www.stjohnprovidence.org/InnerPage.aspx?PageID=130>>.

⁴⁶ “St. John Community Health Investment Corporation School-Based Health Centers,” St. John Providence Health System, 19 August 2011, <<http://www.stjohnprovidence.org/InnerPage.aspx?PageID=134>>.

⁴⁷ “About Wedgwood: Our Story,” Wedgwood Christian Services, accessed 19 August 2011, <<http://www.wedgwood.org/astory.html>>.

⁴⁸ Ibid.

⁴⁹ The person listed represents the designated personnel in the state responsible for adolescent reproductive health.

⁵⁰ This section is a list of major newspapers in the state and is by no means exhaustive of local print outlets.