



NORTH CAROLINA

In Fiscal Year 2010¹, the state of North Carolina received:

- **Personal Responsibility Education Program funds totaling \$1,544,312**
- **Title V State Abstinence Education Program funds totaling \$1,585,347**

In Fiscal Year 2010, local entities in North Carolina received:

- **Teen Pregnancy Prevention Initiative funds totaling \$2,768,066**

SEXUALITY EDUCATION LAW AND POLICY

North Carolina schools are required to teach a comprehensive health education program, which includes instruction on the prevention of unintended pregnancy and sexually transmitted diseases (STDs), including HIV/AIDS. Schools must stress the importance of parental involvement and teach refusal skills and strategies to handle peer pressure.² Comprehensive health education must include “reproductive health and safety education” beginning in the seventh grade. Such instruction must teach “that abstinence from sexual activity outside of marriage is the expected standard for all school-age children” and “that a mutually faithful monogamous heterosexual relationship in the context of marriage is the best lifelong means of avoiding sexually transmitted diseases, including HIV/AIDS,” among other stipulations.³ With respect to contraception and family planning, the law requires instruction to teach:

- “how sexually transmitted diseases are and are not transmitted, the effectiveness and safety of all federal Food and Drug Administration (FDA)-approved methods of reducing the risk of contracting sexually transmitted diseases, and information on local resources for testing and medical care for sexually transmitted diseases...⁴ and
- the effectiveness and safety of all FDA-approved contraceptive methods in preventing pregnancy.”⁵

The information included in reproductive health and safety education must be age appropriate, objective, and based upon scientific research that is peer reviewed and accepted by professionals in the field of sexual health education.⁶ Students may receive information about where to obtain contraceptives and abortion referral services only in accordance with a local board’s policy regarding parental consent, contraceptives, including condoms and other devices, shall not be made available or distributed on school property.⁷

Instruction must also teach “awareness of sexual assault, sexual abuse, and risk reduction” and focus on healthy relationships.

The State Board of Education shall make available a list of reviewed materials, any approved textbooks and other approved materials for discussion regarding pregnancy and STD/HIV prevention to parents and legal guardians at least 60 days before such instruction is provided in the classroom.⁸

The North Carolina Department of Public Instruction provides several different resources for schools, including *Components of a Strong School HIV Policy*, *Healthful Living: Standard Course of Study and Grade-Level Competencies*, and *Communicable Diseases—Students*. These documents offer model policies and content outlines. However, school districts make the ultimate decision about classroom education. Each school district must also establish a school health advisory council.⁹

North Carolina law also requires local school boards to “adopt policies to provide opportunities either for parents and legal guardians to consent or for parents and legal guardians to withhold their consent to the students’ participation in any or all of these programs.”¹⁰ These are referred to as “opt-in” and “opt-out” policies, respectively.

See North Carolina General Statutes § 115C-81, *Components of a Strong School HIV Policy*, *Healthful Living: Standard Course of Study and Grade-Level Competencies*, and *Communicable Diseases—Students*.

RECENT LEGISLATION

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

YOUTH SEXUAL HEALTH DATA

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

North Carolina Youth Risk Behavior Survey (YRBS) Data¹¹

- In 2009, 48% of female high school students and 54% of male high school students in North Carolina reported ever having had sexual intercourse compared to 46% of female high school students and 46% of male high school students nationwide.
- In 2009, 5% of female high school students and 10% of male high school students in North Carolina 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 19% of male high school students in North Carolina 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 38% of male high school students in North Carolina 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, 56% of females and 66% of males in North Carolina reported having used condoms the last time they had sexual intercourse compared to 54% of females and 69% of males nationwide.

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- In 2009, among those high school students who reported being currently sexually active, 15% of females and 24% of males in North Carolina reported having used alcohol or drugs the last time they had sexual intercourse compared to 17% of females and 26% of males nationwide.

Charlotte-Mecklenburg County, North Carolina

- In 2009, 44% of female high school students and 55% of male high school students in Charlotte-Mecklenburg, North Carolina 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 12% of male high school students in Charlotte-Mecklenburg, North Carolina 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, 13% of female high school students and 20% of male high school students in Charlotte-Mecklenburg, North Carolina 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, 35% of female high school students and 36% of male high school students in Charlotte-Mecklenburg, North Carolina 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 74% of males in Charlotte-Mecklenburg, North Carolina 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, 16% of females and 10% of males in Charlotte-Mecklenburg, North Carolina 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, 16% of females and 22% of males in Charlotte-Mecklenburg, North Carolina reported having used alcohol or drugs the last time they had sexual intercourse compared to 17% of females and 26% of males nationwide.

North Carolina Teen Pregnancy, HIV/AIDS, and Sexually Transmitted Disease Data

Teen Pregnancy, Birth, and Abortion

- North Carolina's teen birth rate currently ranks 15th in the United States, based on the most recent data available, with a rate of 49.4 births per 1,000 young women ages 15–19 compared to the national rate of 41.5 births per 1,000.¹² In 2008, there were a total of 11,068 live births reported to young women ages 15–19 in North Carolina.¹³

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- In 2005, North Carolina's teen pregnancy rate ranked 14th in the United States, with a rate of 76 pregnancies per 1,000 young women ages 15–19 compared to the national rate of 70 pregnancies per 1,000.¹⁴ There were a total of 21,720 pregnancies among young women ages 15–19 in North Carolina.¹⁵
- In 2005, North Carolina's teen abortion rate ranked 20th in the United States, with a rate of 16 abortions per 1,000 young women ages 15–19 compared to the national rate of 19 abortions per 1,000.¹⁶

HIV and AIDS

- North Carolina's HIV infection rate ranks 5th in the United States, with a rate of 24.7 cases per 100,000 individuals compared to the national rate of 19.5 cases per 100,000.¹⁷
- North Carolina ranks 5th in cases of HIV infection diagnosed in the United States among all age groups. In 2008, there were a total of 2,276 new cases of HIV infection diagnosed in North Carolina.¹⁸
- North Carolina's HIV infection rate among young people ages 13–19 ranks 9th in the United States, with a rate of 10.4 cases per 100,000 young people compared to the national rate of 9.1 cases per 100,000.¹⁹
- North Carolina ranks 10th in number of reported AIDS cases in the United States among all age groups. In 2008, there were a total of 1,157 new AIDS cases reported in North Carolina.²⁰
- North Carolina's AIDS rate ranks 12th in the United States, with a rate of 12.5 cases per 100,000 individuals compared to the national rate of 12.3 cases per 100,000.²¹
- North Carolina's AIDS rate among young people ages 13–19 ranks 13th in the United States with a rate of 1.8 cases per 100,000 young people, which is equal to the national rate of 1.8 cases per 100,000.²²

Sexually Transmitted Diseases

- North Carolina ranks 16th in reported cases of Chlamydia among young people ages 15–19 in the United States, with an infection rate of 21.34 cases per 1,000 compared to the national rate of 19.51 cases per 1,000. In 2008, there were a total of 29,803 cases of Chlamydia reported among young people ages 15–19 in North Carolina.²³
- North Carolina ranks 26th in reported cases of gonorrhea among young people ages 15–19 in the United States, with an infection rate of 3.33 cases per 1,000 compared to the national rate of 4.52 cases per 1,000. In 2008, there were a total of 4,648 cases of gonorrhea reported among young people ages 15–19 in North Carolina.²⁴
- North Carolina 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 0.04 per cases 1,000, which is equal to the national rate of 0.04 cases per 1,000. In 2008, there were a total of 25 cases of syphilis reported among young people ages 15–19 in North Carolina.²⁵

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 North Carolina received \$1,604,513 in TPPI Tier 1 funding for Fiscal Year 2010.
- There are two TPPI Tier 1 grantees in North Carolina: Family Resource Center of Raleigh, Inc. and Iredell-Statesville Schools.

Family Resource Center of Raleigh, Inc., \$796,916 (2010–2014)

The Family Resource Center of Raleigh, Inc. (FRC) is a non-profit organization that aims to help “families acquire skills and resources needed to be economically and socially self-sufficient.”²⁶ The organization focuses its programming on providing services to youth and families, including abstinence-only programming, foster care education and support, parenting training, drop-out prevention, and tax preparation assistance.

FRC previously received abstinence-only-until-marriage funding through the now-defunct Community-Based Abstinence Education (CBAE) grant. The organization was awarded a five-year CBAE grant in Fiscal Year 2008 and received \$1 million in funding before the grant program was eliminated in 2010. The funding supported the organization's “Youth AWAKE (Always Works and Aligns With K12 Education)” program, which serves youth ages 11–18 with an “exclusive purpose:” to teach “the social, psychological and health gains to be realized by abstaining from sexual activity until marriage.”²⁷

FRC uses its new federal grant to continue to support the “Youth AWAKE” program and provide in-school, abstinence-only programming to youth in five counties: Durham, Edgecombe, Orange, Wake, and Wilson. The organization partners with local schools to implement *Promoting Health among Teens! (Abstinence-Only Intervention)* to youth, ages 11–14, in grades six through nine and *All4You!* to high school students ages 14–19 attending alternative schools.²⁸

Promoting Health Among Teens! (Abstinence-Only Intervention) is an evidence-based curriculum developed to increase knowledge and awareness about STDs, including HIV, increase an understanding of how abstinence can prevent pregnancy and HIV/STDs, and build refusal and negotiation skills for practicing abstinence. *Promoting Health Among Teens!* aims for participants to abstain from vaginal, oral and anal intercourse until a time later in life when they are ready to handle the potential consequences of having sex and neither discourages nor encourages condom use.²⁹ Although originally intended for use with urban,

African-American youth in small groups, the intervention can be adapted for use with larger groups and those in rural settings.³⁰ The curriculum is designed as eight, one-hour modules that include group discussions, videos, role-playing, skill-building activities, games, and other experiential exercises. It is appropriate for use in both school- and community-based settings. An evaluation of the program published in the *Archives of Pediatrics & Adolescent Medicine* found that at a 24-month follow-up, participants who were sexually inexperienced at the time of the program were significantly less likely to have initiated sex than participants in the control group.³¹

All4You! is an evidence-based pregnancy-, STD-, and HIV-prevention program designed for students ages 14–18 attending alternative high schools. It is adapted from two existing evidence-based programs, *Be Proud! Be Responsible!* and *Safer Choices*. The program, which includes both classroom instruction and a service learning component, aims to reduce the frequency of unprotected sex among participants. The 14-session classroom curriculum consists of nine lessons, which address: STD-, HIV and pregnancy-prevention, the risk of STD transmission and unintended pregnancy, negotiation skills, and condom-use skills, among other topics. *All4You!* includes interactive activities such as role-playing, condom demonstration, group discussion, and educational games. The service learning component engages participants in volunteer activities. An evaluation of the program published in *AIDS Education and Prevention* compared the behavior of participants to that of peers in a control group six months after the intervention. Program participants reported a significantly lower frequency of having sex without a condom in the previous three months, were significantly more likely to report having used a condom at last sexual intercourse, and reported a significantly lower frequency of sexual intercourse in the previous three months than participants in the control group.³²

FRC implements *Promoting Health Among Teens! (Abstinence-Only Intervention)* in the following schools throughout its five-county service area: Charles Darden Middle School; Chewing Middle School; East Garner Middle School; Gravely Hill Middle School; Orange County High School; Rogers-Herr Middle School; Southeast Raleigh High School; Southern High School; and West Edgecombe Middle School. It plans to implement the intervention to 2,700 youth over the course of five years.³³ In addition, the organization implements *All4You!* in three alternative schools: Lakeview High School in Durham County; M.E. Phillips High School in Wake County; and Partnership Academy High School in Orange County. This portion of the program will serve 300 students over the course of five years.³⁴ “It also offers a 90-minute “Parent Prep” workshop that serves as an introduction to the program.³⁵

Iredell-Statesville Schools, \$807,597 (2010–2014)

The Iredell-Statesville school district (I-SS), located in Statesville, North Carolina, serves more than 20,000 students residing in urban, suburban, and rural communities and is one of the 20 largest school districts in North Carolina.³⁶

With its TPPI funding, the school district partners with the Boys & Girls Club of Piedmont, the Iredell County Health Department, the Partnership for Young Children, and the Statesville Housing Authority to implement the “Proud and Responsible Communities of Iredell-Statesville Project (PARC).” The program delivers evidence-based programming to at-risk youth ages 13–19. Its overall goal is to enable the community to address the needs of the most at-risk youth in order to prevent unintended pregnancy or subsequent pregnancies among the teens. I-SS plans to reach 1,500 youth annually through “PARC.”³⁷

I-SS implements “PARC” programming at nineteen sites, including nine middle schools, five high schools and two alternative schools as well as at the location sites of its partnering organizations. “PARC” replicates *Making Proud Choices!* and *Be Proud! Be Responsible! Be Protective!*. Participation requires a signed permission slip from a parent or guardian. The program provides free transportation and childcare to participants. In addition, upon completion of the program, participants receive a \$100 stipend.³⁸

Making Proud Choices! is an evidence-based STD-, HIV-, and pregnancy-prevention curriculum designed for use with African-American, Latino, and white adolescents ages 11–13. The curriculum aims to help

youth understand the poor reasoning and decision making that can lead to STD/HIV infection and/or unintended pregnancy, as well as to increase their confidence, negotiation skills, and self-efficacy in using condoms. The program consists of eight, one-hour sessions and can be implemented in school- or community-based settings. *Making Proud Choices!* includes interactive and skill-building activities that are designed to “increase comfort with practicing condom use, address concerns about negative effects of practicing safer sex, and build skills in condom use and negotiation.”³⁹ An evaluation of the program published in the *Journal of the American Medical Association* showed that program participants reported more consistent condom use and less unprotected sex as well as a higher frequency of condom use than those in the control group.⁴⁰

Be Proud! Be Responsible! Be Protective! is an evidence-based program that targets pregnant and parenting teens and focuses on the concept of maternal protectiveness to encourage adolescent mothers and soon-to-be mothers to make healthy sexual decisions; take responsibility and be accountable for their sexual activity; and decrease risky sexual behavior. The curriculum is an adaptation of *Be Proud! Be Responsible!*, an evidence-based HIV-prevention curriculum designed for African-American males. *Be Proud! Be Responsible! Be Protective!* discusses the impact of HIV/AIDS on inner-city communities and particularly addresses its impact on pregnant women and their children, providing information on preventing transmission during pregnancy and the postpartum period. The curriculum consists of eight, one-hour lessons and uses interactive activities, group discussion, and videos to educate participants. It covers such topics as HIV risk and prevention; family planning and parenting; communication; attitudes and beliefs about HIV/AIDS and safer sex; condom use skills; stress and emotion management; and staying healthy. The intervention can be delivered in four, two-hour sessions or over the course of eight days and is appropriate for use in school-based settings.⁴¹ An evaluation of the program published in *Family and Community Health* found, at a six-month follow-up, that program participants reported having significantly fewer sexual partners during the previous three months than participants in the control group.⁴²

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 North Carolina.

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 is one TPPI Tier 2 Communitywide Initiatives grantee in North Carolina, the Adolescent Pregnancy Prevention Campaign of North Carolina, which received \$1,163,553 for Fiscal Year 2010.

The Adolescent Pregnancy Prevention Campaign of North Carolina (APPCNC) is a non-profit organization based in Durham, North Carolina that serves to “support North Carolina communities in preventing adolescent pregnancy through advocacy, collaboration and education.”⁴³ The organization advocates for policy and funding that supports effective pregnancy prevention programs, collaborates with community, state, and national level partners to serve pregnant and parenting teens and underserved communities, and provides education to community stakeholders, educators and health providers, parents, and adolescents on evidence-based approaches to preventing unintended pregnancy among teens.⁴⁴

The organization's community-wide grant supports coordinated efforts in Gaston County to reduce the teen pregnancy and birth rates by 10 percent over the next five years. The initiative, "Gaston Youth Connected: Integrating Education and Clinical Services for Gaston County Teens," brings together health care providers, youth-serving agencies, pregnancy prevention programs, and the faith community to implement evidence-based programs as well as provide clinical services and education to youth and parents.

Through the initiative APPCNC has established three local advisory groups to lead program implementation, including a community advisory panel, youth advisory panel, and a core partner group. APPCNC is in the process of determining sub-grantees that will provide direct program services. These sub-grantees will make up the core partner group. Along with providing direct services, the initiative serves to develop the county's infrastructure to provide sustainable teen pregnancy-prevention services and access to reproductive health care for youth.⁴⁵

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. 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 North Carolina Department of Health and Human Services received \$1,544,312 in federal PREP funds for Fiscal Year 2010.
- The department has provided a sub-grant to the North Carolina Comprehensive School Health Training Center and has issued an application announcement for remaining available funds under the state's PREP grant program. At the time of publication, additional sub-grantees had not yet been determined.

The North Carolina Department of Health and Human Services, Division of Public Health implements the state's PREP grant. Through the grant program, titled "PREPare for Success" the agency will disburse sub-grants to local organizations to provide school- and community-based programming to youth. Programming will target youth in grades six through eight at greatest risk for unintended pregnancy and STDs.⁴⁶

Part of the PREP funding has been allocated to the North Carolina Comprehensive School Health Training Center to provide training and technical assistance to middle school health teachers on the implementation of *Making Proud Choices!* (Please see the *TPPI Tier 1: Evidence-Based Programs* section above for more information on *Making Proud Choices!*) The North Carolina Comprehensive School Health Training

Center is an initiative of Appalachian State University and the Reich College of Education that provides programs, trainings, and professional development opportunities to teachers, school administrators, nurses, counselors, and public health educators throughout the state. The trainings focus on equipping health and education professionals to reduce health-risk behaviors among children and adolescents. The Training Center promotes a comprehensive health education model and provides training to address such health risks as poor nutrition, substance abuse, engaging in violence, “lack of fitness,” injuries, STDs, including HIV/AIDs, unintended pregnancy, and suicide. The organization offers approximately 45 trainings per year to school districts across the state and has also assisted schools with the implementation of the *Healthy Youth Act*, North Carolina’s updated sex education policy which went into effect for the 2010–2011 school year.⁴⁷ (Please see the Comprehensive Approaches to Sexuality Education section below for more information on the revised state policy.)

Additional sub-grants will be allocated to local organizations to implement *Teen Outreach Program (TOP)* in community-based settings. Programming will be targeted toward communities with the highest rates of teen pregnancy and STDs along with other associated risk factors. These counties include: Anson, Alleghany, Bertie, Bladen, Duplin, Columbus, Craven, Edgecombe, Graham, Halifax, Hertford, Hoke, Lee, Lenoir, Martin, Montgomery, Northampton, Onslow, Richmond, Robeson, Scotland, Swain, Vance, Wayne, and Wilson. Programming will address the following adulthood preparation subjects: healthy relationships, positive adolescent development, and healthy life skills.⁴⁸

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.”⁴⁹ 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.⁵⁰ 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.⁵¹

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 North Carolina.

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.

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- The North Carolina Department of Public Instruction received \$1,585,347 in federal Title V abstinence-only funding for Fiscal Year 2010.
- Sub-grants will be provided to local school districts. At the time of publication funded school districts had not yet been determined.
- In North Carolina, the state provides the match.

The North Carolina Department of Public Instruction will provide Title V abstinence-only funding to approximately 19 school districts throughout the state. Funding will support program efforts to address four of the state’s eight coordinated school health components, including: health education, school health services, school behavioral health services, and parent and community involvement. Priority will be given to school districts located in counties with high teen birth and pregnancy rates, high rates of children in the foster care system, high eligibility for free and reduced lunch in public schools, and academic risk factors. Targeted counties include: Allegheny, Anson, Ashe, Bertie, Bladen, Caldwell, Edenton/Chowan, Duplin, Edgecombe, Green, Halifax, Lee, Lenoir, Nash/Rocky Mount, Richmond, Robeson, Scotland, and Swain. Funding will also be allocated to the Community in Schools Academy charter school in Robeson County.⁵²

Title V abstinence-only programming will serve youth ages 10–14 in grades four through six. Individual school districts will have the option to determine which curriculum/a to implement and to tailor programming to the particular needs of their students. Programming must be medically accurate and program administrators will be required to apply the Health Education Curriculum Assessment Tool (HECAT) developed by the CDC to the chosen curriculum/a. The purpose of the HECAT is to serve as quality assurance that the program implemented is evidence-based and “[meets] the state standard course of study and national health education standards.”⁵³

North Carolina 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>		
Family Resource Center of Raleigh, Inc.	\$796,916	2010–2014
Iredell-Statesville Schools	\$807,597	
TOTAL	\$1,604,513	
<i>TPPI Tier 2: Communitywide Initiatives</i>		
Adolescent Pregnancy Prevention Campaign of North Carolina	\$1,163,553	2010–2014
TOTAL	\$1,163,553	
Personal Responsibility Education Program (PREP)		
<i>PREP State-Grant Program</i>		
North Carolina Department of Health and Human Services (federal grant)	\$1,544,312	2010
<i>Sub-grantees</i>		
<i>North Carolina Comprehensive School Health Training Center</i>		
TOTAL	\$1,544,312	

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Grantee	Award	Fiscal Years
Title V Abstinence Education Grant Program (Title V Abstinence-Only)		
North Carolina Department of Public Instruction	\$1,585,347	2010
TOTAL	\$1,585,347	
GRAND TOTAL	\$5,897,725	2010

COMPREHENSIVE APPROACHES TO SEXUALITY EDUCATION

SIECUS has identified some examples of model programs, policies, and best practices being implemented in North Carolina public schools that provide a more comprehensive approach to sex education for young people.⁵⁴

Revised State Sex Education Policy

North Carolina’s revised sex education law, which was signed by Governor Beverly Purdue in June 2009, expands the requirements for human sexuality instruction provided in public schools and amends the state’s former abstinence-only-until-marriage policy to provide young people with a more comprehensive approach to sex education. Previous law required schools to teach “abstinence until marriage education” as part of the comprehensive health education requirement for students in grades kindergarten through nine. Such instruction emphasized the risks of premarital sexual activity, including the “health and emotional problems” associated with engaging in sexual activity before marriage. Under previous law each local school board could choose to offer expanded instruction and provide a comprehensive sex education program only if all of the following requirements were met:

- the local school board held a public hearing before adopting a comprehensive sex education program and “after adequately notifying the public of the hearing;”
- the objectives and all instructional materials for the proposed program were made available for review at least 30 days before the public hearing took place;
- the objectives and all instructional materials for the proposed program remained available for review by the parents and legal guardians of school district students for at least 30 days after the public hearing; and
- the local school board adopted policies to allow for parents and legal guardians to provide or withhold their consent for their child’s participation in either an “abstinence until marriage” or comprehensive sex education program that provided information related to the prevention of STDs, including HIV/AIDS, or “the avoidance of out-of-wedlock pregnancy.”

The new law requires all school districts to provide “a reproductive health and safety education program” that teaches about STDs as a required part of instruction beginning in the seventh grade. Such instruction must address “how sexually transmitted diseases are and are not transmitted,” “the effectiveness and safety of all FDA-approved methods for reducing the risk of sexual disease transmission and FDA-approved contraceptive methods for preventing pregnancy,” “awareness of sexual assault, sexual abuse, and risk reduction,” and healthy relationships.⁵⁵ The law went into effect for the 2010–2011 school year.

Comprehensive Sex Education Programs in Public Schools

Even before the passage of the *Healthy Youth Act*, high schools in Chapel Hill-Carrboro City provided comprehensive sexuality education to high school students using *Reducing the Risk: Building Skills to Prevent*

Pregnancy, STD and HIV, 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.⁵⁶ *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.⁵⁷

We encourage you to submit any updated or additional information on comprehensive approaches to sex education being implemented in North Carolina 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 Contact⁵⁸

This position is currently vacant.

PREP State-Grant Coordinator

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ORGANIZATIONS THAT SUPPORT COMPREHENSIVE SEXUALITY EDUCATION

ACLU of North Carolina
Raleigh, NC
Phone: (919) 834-3390
www.acluofnorthcarolina.org

Planned Parenthood of Central North
Carolina
Chapel Hill, NC
Phone: (919) 929-5402
www.plannedparenthood.org/centralnc

NORTH CAROLINA

Equality North Carolina
Raleigh, NC
Phone: (919) 829-0343
www.equalitync.org

North Carolina Lambda Youth Network
Durham, NC
Phone: (919) 683-3037
www.angelfire.com/nc/nclambda

NARAL Pro-Choice North Carolina
Raleigh, NC
Phone: (919) 829-9779
www.prochoicenc.org

Western North Carolina AIDS Project
Asheville, NC
Phone: (828) 252-7489

ORGANIZATIONS THAT OPPOSE COMPREHENSIVE SEXUALITY EDUCATION

Christian Action League
of North Carolina
Raleigh, NC
Phone: (919) 787-0606
www.christianactionleague.org

North Carolina Family Policy Council
Raleigh, NC
Phone: (919) 807-0800
www.ncfpc.org

John Locke Foundation
Raleigh, NC
Phone: (919) 828-3876
www.johnlocke.org

North Carolina Right to Life
Greensboro, NC
Phone: (336) 274-LIFE
www.ncrtl.org

MEDIA OUTLETS

Newspapers in North Carolina⁵⁹

The Charlotte Observer
Charlotte NC
Phone: (704) 358-5000
www.charlotte.com

The Fayetteville Observer
Fayetteville, NC
Phone: (910) 323-4848
www.fayobserver.com

The Independent
Durham, NC
Phone: (919) 286-1972
www.indyweek.com

The News & Observer
Raleigh, NC
Phone: (919) 829-4500
www.newsobserver.com

News & Record
Greensboro, NC
Phone: (336) 373-7000
www.news-record.com

Winston-Salem Journal
Winston-Salem, NC
Phone: (336) 727-7211
www.journalnow.com

Political Blogs in North Carolina

Blue NC
www.bluenc.com

The Jacksonian
www.andrewjacksondem.com

Orange Politics
www.orangepolitics.org

The Progressive Pulse
<http://pulse.ncpolicywatch.org>

Under the Dome
<http://projects.newsobserver.com/dome>

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 N.C. Gen. Stat. § 115C-81(e1)(4), <http://www.ncga.state.nc.us/EnactedLegislation/Statutes/HTML/BySection/Chapter_115C/GS_115C-81.html>.

³ N.C. Gen. Stat. § 115C-81(e1)(4)(d); N.C. Gen. Stat. § 115C-81(e1)(4)(e).

⁴ N.C. Gen. Stat. § 115C-81(e1)(4a)(a).

⁵ N.C. Gen. Stat. § 115C-81(e1)(4a)(b).

⁶ N.C. Gen. Stat. § 115C-81(e1)(4); N.C. Gen. Stat. § 115C-81(e1)(4a).

⁷ N.C. Gen. Stat. § 115C-81(e1)(9).

⁸ N.C. Gen. Stat. § 115C-81(e1)(5).

⁹ *Healthful Living: Standard Course of Study and Grade-Level Competencies* (Raleigh, NC: North Carolina Department of Public Instruction, 2006), accessed 14 April 2010,

<<http://www.ncpublicschools.org/docs/curriculum/healthfulliving/scos/2006healthfullivingscos.pdf>>, 81.

¹⁰ N.C. Gen. Stat. § 115C-81(e1)(7).

¹¹ 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: North Carolina did not participate in the full 2009 YRBS. One county in North Carolina also participated in the survey, however, it also did not participate in the full 2009 YRBS.

¹² "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.

¹³ "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>.

¹⁴ *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.

¹⁵ *Ibid.*, Table 3.2.

¹⁶ *U.S. Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, Table 3.3.

¹⁷ *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.

¹⁸ *Ibid.*

¹⁹ 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>>.

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

²¹ *Ibid.*

²² 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>>.

²³ "Wonder Database: Selected STDs by Age, Race/Ethnicity, and Gender, 1996-2008 Results," 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.

²⁴ *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.

²⁵ *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.

²⁶ "Family Resource Center of Raleigh," Family Resource Center of Raleigh, accessed 29 August 2011, <<http://www.frcofraleigh.org/index.php>>.

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- ²⁷ “Youth AWAKE,” Family Resource Center of Raleigh, Inc., accessed 29 August 2011, <<http://www.frcofraleigh.org/index.php?page=awake>>.
- ²⁸ “Youth AWAKE (Youth Always Works & Aligns With K12 Education) Teenage Pregnancy Prevention Program” *Application for Federal Funds SF-424, FY10 Teenage Pregnancy Prevention: Replication of Evidence-Based Programs (Tier 1)*, Family Resource Center of Raleigh, Inc., (June 2010), 13–14. Information obtained through a Freedom of Information Act request submitted to the U.S. Department of Health and Human Services, Office of Adolescent Health.
- ²⁹ Ibid.
- ³⁰ “Promoting Health Among Teens! Abstinence-Only,” 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=575&PageTypeID=2>>.
- ³¹ “Pregnancy Prevention Intervention Implementation Report: Promoting Health Among Teens! Abstinence-Only Intervention,” 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/promoting_health.html>.
- ³² “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/all_4_you.html>.
- ³³ “Youth AWAKE (Youth Always Works & Aligns With K12 Education) Teenage Pregnancy Prevention Program” *Application for Federal Funds SF-424*, 17, 21.
- ³⁴ Ibid.
- ³⁵ WAKE, “Family Resource Center of Raleigh, Inc.
- ³⁶ Iredell-Statesville Schools, “About Us,” accessed 2 June 2011, <<http://iss.schoolwires.com/page/5>>.
- ³⁷ “Iredell-Statesville Schools,” Teenage Pregnancy Prevention: Summary of Funded Evidence-Based Programs for 2010, U.S. Department of Health and Human Services, Office of Adolescent Health, accessed 2 June 2011, <http://www.hhs.gov/ash/oah/prevention/grantees/models_2010_programs.html>.
- ³⁸ “Proud and Responsible Communities in Iredell-Statesville (PARC),” Iredell-Statesville Schools, accessed 2 June 2011, <<http://iss.schoolwires.com/page/701>>.
- ³⁹ “Making Proud Choices!” Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed 15 April 2010, <<http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=128>>.
- ⁴⁰ Ibid.
- ⁴¹ “Be Proud! Be Responsible! Be Protective!” 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=607&PageTypeID=2>>.
- ⁴² “Pregnancy Prevention Intervention Implementation Report: Be Proud! Be Responsible! Be Protective!,” 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_protective.html>.
- ⁴³ “About Us,” Adolescent Pregnancy Prevention Campaign of North Carolina, accessed 29 August 2011, <<http://appcnc.org/about-us>>.
- ⁴⁴ Ibid.
- ⁴⁵ Adolescent Pregnancy Prevention Campaign of North Carolina, “APPCNC, Gaston County Awarded \$5.8 million Pregnancy Prevention Grant,” Press Release published 30 September 2010, accessed 29 August 2011, <<http://appcnc.org/images/GYC%20Press%20Release%20FINAL.pdf>>.
- ⁴⁶ Information provided by Sydney Atkinson, family planning and reproductive health unit supervisor for the North Carolina Division of Public Health, 2 March 2011.
- ⁴⁷ “About Us,” North Carolina Comprehensive School Health Training Center, accessed 29 August 2011, <<http://www.ncshc.appstate.edu/aboutus.html>>.
- ⁴⁸ Ibid.
- ⁴⁹ 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.
- ⁵⁰ Ibid, 9.
- ⁵¹ “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>.
- ⁵² Information provided by Cindy Bennett, K–12 curriculum and instruction director for the North Carolina Department of Public Instruction, 15 February 2011.
- ⁵³ Ibid.

⁵⁴ This is by no means a complete list of all comprehensive programming and policies related to sexuality education, but rather some examples of best practices and model programs that SIECUS identified.

⁵⁵ General Assembly of North Carolina, 2009 Regular Session, House Bill 88, “Healthy Youth Act of 2009,” final version of the bill as signed by the governor, 30 June 2009, accessed 5 March 2010,

<<http://www.ncleg.net/Sessions/2009/Bills/House/PDF/H88v8.pdf>>.

⁵⁶ *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.

⁵⁷ *Ibid.*, 23–24.

⁵⁸ The person listed represents the designated personnel in the state responsible for adolescent reproductive health.

⁵⁹ This section is a list of major newspapers in the state and is by no means exhaustive of local print outlets.