



### PENNSYLVANIA

In Fiscal Year 2011<sup>1</sup>, the state of Pennsylvania received:

- Personal Responsibility Education Program funds totaling \$2,044,466
- Title V State Abstinence Education Program funds totaling \$1,527,137

In Fiscal Year 2011, local entities in Pennsylvania received:

- Teen Pregnancy Prevention Initiative funds totaling \$3,365,418
- Personal Responsibility Education Innovative Strategies funds totaling \$933,907

#### SEXUALITY EDUCATION LAW AND POLICY

Schools in Pennsylvania are not required to teach sexuality education. Primary, intermediate, middle, and high schools, however, are required to teach sexually transmitted disease (STD)/HIV education; though primary schools are allowed to omit instruction on the sexual methods of disease transmission.<sup>2</sup> Schools must use materials that have been determined by the local school district, are age-appropriate, discuss prevention, and stress abstinence as “the only completely reliable means of preventing sexual transmission.”<sup>3</sup>

The state has created the *Academic Standards for Health, Safety, and Physical Education*, which includes STD- and HIV-prevention education. All decisions regarding HIV-prevention curricula and materials must be made by local school districts. School districts do not have to follow a specific curriculum, but they must use these standards as a framework for the development of their curricula.<sup>4</sup>

School districts must publicize the fact that parents and guardians can review all curriculum materials. Parents and guardians whose principles or religious beliefs conflict with instruction may excuse their children from the programs.<sup>5</sup> This is referred to as an “opt-out” policy.

See Title 22 Pennsylvania Constitutional Statutes § 4.29, and the *Academic Standards for Health, Safety, and Physical Education* (Title 22 Pennsylvania Constitutional Statutes App. D).

#### RECENT LEGISLATION

*Bill to Require Comprehensive Sexual Health Education*

House Bill 416, introduced in February 2011, would have required school districts that provide instruction on HIV/AIDS and other STDs to also teach medically accurate and age-appropriate “comprehensive sexual health education.” Such instruction would have addressed the benefits and reasons for practicing abstinence and provided information on the “side effects, health benefits, effectiveness, safety, and proper use of all FDA-approved methods” for preventing pregnancy and STDs. Parents would have been required to provide written consent to remove their child from such

instruction. The bill was referred to the Education Committee and no further action was taken. The legislation has been carried over to the 2012 Regular Session.

## **YOUTH SEXUAL HEALTH DATA**

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

### **Pennsylvania Youth Risk Behavior Survey (YRBS) Data<sup>6</sup>**

The state of Pennsylvania did not participate in the 2011 Youth Risk Behavior Survey.

#### *Philadelphia, Pennsylvania*

- In 2011, 56% of female high school students and 67% of male high school students in Philadelphia reported ever having had sexual intercourse, compared to 46% of female high school students and 49% of male high school students nationwide.
- In 2011, 6% of female high school students and 25% of male high school students in Philadelphia reported having had sexual intercourse before age 13, compared to 3% of female high school students and 9% of male high school students nationwide.
- In 2011, 17% of female high school students and 39% of male high school students in Philadelphia reported having had four or more lifetime sexual partners, compared to 13% of female high school students and 18% of male high school students nationwide.
- In 2011, 41% of female high school students and 49% of male high school students in Philadelphia reported being currently sexually active (defined as having had sexual intercourse in the three months prior to the survey), compared to 34% of female high school students and 33% of male high school students nationwide.
- In 2011, among those high school students who reported being currently sexually active, 50% of females and 69% of males in Philadelphia reported having used condoms the last time they had sexual intercourse, compared to 54% of females and 67% of males nationwide.
- In 2011, among those high school students who reported being currently sexually active, 19% of females and 10% of males in Philadelphia reported having used birth control pills the last time they had sexual intercourse, compared to 23% of females and 13% of males nationwide.
- In 2011, among those high school students who reported being currently sexually active, 15% of females and 21% of males in Philadelphia reported having used alcohol or drugs the last time they had sexual intercourse, compared to 18% of females and 26% of males nationwide.
- In 2011, 82% of high school students in Philadelphia reported having been taught about AIDS/HIV in school, compared to 84% of high school students nationwide.

## **Pennsylvania Teen Pregnancy, HIV/AIDS, and Sexually Transmitted Disease Data**

### *Teen Pregnancy, Birth, and Abortion*

- Pennsylvania's teen birth rate currently ranks 38th in the United States, with a rate of 27 births per 1,000 young women ages 15–19, compared to the national rate of 34.3 births per 1,000.<sup>7</sup> In 2010, there were a total of 11,933 live births to young women ages 15–19 reported in Pennsylvania.<sup>8</sup>
- In 2005, Pennsylvania's teen pregnancy rate ranked 39th in the United States, with a rate of 53 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 70 pregnancies per 1,000.<sup>9</sup> There were a total of 22,350 pregnancies among young women ages 15–19 in Pennsylvania in 2005.<sup>10</sup>
- In 2005, Pennsylvania's teen abortion rate ranked 24th in the United States, with a rate of 15 abortions per 1,000 young women ages 15–19, compared to the national rate of 19 abortions per 1,000.<sup>11</sup>

### *HIV and AIDS*

- In 2010, the rate of diagnoses of HIV infection among adolescents aged 13-19 years in Pennsylvania was 7.3 per 100,000 compared to the national rate of 7.9 per 100,000.<sup>12</sup>
- In 2010, the rate of AIDS diagnoses among adolescents 13-19 years in Pennsylvania was 1.7 per 100,000 compared to the national rate of 1.9 per 100,000.<sup>13</sup>
- In 2010, the rate of diagnoses of HIV infection among young adults aged 20-24 years in Pennsylvania was 31.4 per 100,000 compared to the national rate of 36.9 per 100,000.<sup>14</sup>
- In 2010, the rate of AIDS diagnoses among young adults aged 20-24 years in Pennsylvania was 9.0 per 100,000 compared to the national rate of 10.4 per 100,000.<sup>15</sup>

### *Sexually Transmitted Diseases*

- Pennsylvania ranks 22nd in the United States for reported cases of chlamydia among young people ages 15–19, with an infection rate of 18.99 cases per 1,000, compared to the national rate of 20.03 cases per 1,000. In 2009, there were a total of 16,936 cases of chlamydia among young people ages 15–19 reported in Pennsylvania.<sup>16</sup>
- Pennsylvania ranks 24th in the United States for reported cases of gonorrhea among young people ages 15–19, with an infection rate of 3.43 cases per 1,000, compared to the national rate of 4.04 cases per 1,000. In 2009, there were a total of 3,063 cases of gonorrhea among young people ages 15–19 reported in Pennsylvania.<sup>17</sup>
- Pennsylvania ranks 12th in the United States for reported cases of primary and secondary syphilis among young people ages 15–19, with an infection rate of 0.03 cases per 1,000, compared to the national rate of 0.05 cases per 1,000. In 2009, there were a total of 30 cases of syphilis among young people ages 15–19 reported in Pennsylvania.<sup>18</sup>

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

### President's Teen Pregnancy Prevention Initiative

The President's Teen Pregnancy Prevention Initiative (TPPI) funds medically accurate and age-appropriate programs to reduce teen pregnancy. The U.S. Department of Health and Human Services, Office of Adolescent Health (OAH) administers the grant program, which totaled \$105 million in discretionary funding for Fiscal Year (FY) 2011. TPPI consists of two funding tiers that provide grants to local public and private entities. Tier 1 totals \$75 million and provides funding for the replication of evidence-based programs proven to prevent unintended teen pregnancy and address underlying behavioral risk factors. Tier 2 totals \$25 million and provides funding to develop and test additional models and innovative strategies. A portion of the Tier 2 funds, \$15.2 million, was allocated for research and demonstration grants to test innovative approaches, while the remaining funding, \$9.8 million, was allocated for grants to support communitywide initiatives. TPPI also dedicates \$4.5 million in funding to conduct evaluations of individual programs.

#### *TPPI Tier 1: Evidence-Based Programs*

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

- Local organizations in Pennsylvania received \$2,480,578 in TPPI Tier 1 funding for FY 2011.
- There are two TPPI Tier 1 grantees in Pennsylvania: Carnegie Mellon University and Opportunities Industrialization Centers of America, Inc.

#### Carnegie Mellon University, \$1,480,578 (FY 2011)

Carnegie Mellon University (CMU) is a private research university located in Pittsburgh, Pennsylvania. With its TPPI funding, CMU partners with a clinical team from West Virginia University to implement *What Could You Do?* at family planning and adolescent health clinics. *What Could You Do?* is an evidenced-based, STD risk-reduction program that uses an interactive video to encourage safer sexual behaviors among female high school students. The program is designed as a one-on-one intervention, with each participant viewing the video individually. It aims to increase participants' knowledge of STDs along with reducing their sexual risk behavior and risk of STD infection. The video includes vignettes featuring ethnically diverse young women involved in realistic scenarios related to sexual risk behavior, where the viewer must choose what action the character should take from different options. The vignettes give viewers the opportunity to practice how they would respond in different situations. The video covers sexual situations, risk reduction, reproductive health, and STDs. In addition, the video associates condom use with positive outcomes, such as pleasure and reassurance. *What Could You Do?* can be used in a physician's office or clinic setting and could potentially be used in other settings, such as schools, as long as there was enough privacy for the viewer. An evaluation of the program published in *Social Science & Medicine* found that, at a six-month follow-up to the intervention, participants were almost twice as likely not to have been diagnosed with an STD as those in the control group.<sup>19</sup>

CMU's program targets racially diverse urban and rural females ages 14–19 seeking care at the participating clinics. Project sites are located within Allegheny County, Pennsylvania; Franklin County, Ohio; and Braxton, Boone, Harrison, Mercer, Mingo, and Randolph counties in West Virginia. The overall goal of CMU's program is to reduce the number of teen pregnancies and STD diagnoses among participants. CMU plans for the program to reach approximately 1,800 youth annually.<sup>20</sup>

Opportunities Industrialization Centers of America, Inc., \$1,000,000 (FY 2011)

Opportunities Industrialization Centers of America, Inc. (OICA), is a nonprofit organization consisting of a national network of local education, employment, housing, and training programs serving the poor, unemployed, underemployed, youth, and families. The organization has 44 affiliates in 22 states and the District of Columbia.<sup>21</sup> OICA aims to enable “economically disadvantaged people of all races and backgrounds to become productive fulfilled members of the American society.”<sup>22</sup>

OICA previously received abstinence-only-until-marriage funding through the now-defunct Community-Based Abstinence Education (CBAE) grant. Between FYs 2004 and 2007, the organization received \$2.4 million in CBAE funding. It also receives federal funding under the Healthy Marriage Initiative, which it uses to provide programming to high school students ages 14–18 in public, private, charter, and alternative schools throughout Philadelphia County.<sup>23</sup>

With its TPPI funding, OICA implement its “Teen Pregnancy Prevention” (TPP) initiative. TPP targets predominantly lower-income, African-American urban youth ages 12–19. According to the OICA website, TPP is “inclusive of all teen populations such as those of the LGBTQ community and teen parents.”<sup>24</sup> The program’s overall goal is “to reduce the percentage of youth engaging in premature or unsafe sexual activity and educate youth on the importance of leading a sexually healthy lifestyle.”<sup>25</sup>

The organization partners with eleven Philadelphia public, private, charter, and alternative schools, as well as community- and faith-based organizations, to implement programming in middle and high schools. The program implements *Becoming a Responsible Teen (BART)* to middle school students and *Reducing the Risk* to high school students. OICA plans for the TPP program to reach approximately 1,400 youth annually.

*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.<sup>26</sup> *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.<sup>27</sup>

*Reducing the Risk: Building Skills to Prevent Pregnancy, STD and HIV* is an evidence-based, pregnancy-, STD-, and HIV-prevention curriculum designed for classroom use with students in the ninth and 10th grades. It is appropriate for use with multiethnic populations.<sup>28</sup> *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.<sup>29</sup>

Along with implementing programs to youth, OICA facilitates and hosts parent meetings to provide support to parents and guardians with youth participating in the program.

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 Pennsylvania.

*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 Pennsylvania, Family Planning Council, which received \$884,840 for FY 2011.

Family Planning Council, \$884,840 (FY 2011)

The Family Planning Council (FPC) is a private nonprofit organization located in Philadelphia, Pennsylvania whose mission is “to ensure access to high quality, comprehensive, reproductive and related health and prevention services to primarily low-income individuals and families.”<sup>30</sup> The organization provides programs and services to women, men, and adolescents as well as financial and technical support to more than 50 organizations throughout southeastern Pennsylvania, including family planning providers, AIDS service organizations, and reproductive health agencies, among others.

With its Tier 2 community-wide initiative grant, FPC aims to reduce the teen birth rate within the predominately African-American community of West Philadelphia by increasing the number of youth ages 10–19 in the community who receive “evidence-based and evidence-informed” teen pregnancy-prevention programming and reproductive health care services. FPC provides training and technical assistance to youth service organizations and clinics “to select, implement, evaluate, and sustain evidence-based programs.” In addition, the organization provides training and technical assistance to clinics to increase adolescent access to reproductive health services, including creating a youth-friendly environment. The initiative also works to develop and strengthen relationships between youth service providers and clinics, as well as to increase the number of health resource centers operating in Philadelphia public schools that implement evidence-based, teen pregnancy-prevention programming. Lastly, through the initiative FPC operates the “Askable Adult Program,” in which health providers “serve as a reproductive health resource” for youth in schools and community-based settings. The initiative will seek to engage additional community members and stakeholders by hosting an annual “Community Summit” and disseminating information to increase public awareness.<sup>31</sup>

**Personal Responsibility Education Program**

The Personal Responsibility Education Program (PREP) totals \$75 million per year for FYs 2010–2014 and is the first-ever dedicated funding stream for more comprehensive approaches to sexuality education. The U.S. Department of Health and Human Services, Administration for Children and Families (ACF) administers the grant. PREP includes a \$55 million state-grant program, \$10 million to fund local entities through the Personal Responsibility Education Innovative Strategies (PREIS) Program, \$3.5 million for the Tribal PREP Program for tribes and tribal organizations, and \$6.5 million for evaluation, training, and technical assistance. Details on the state-grant program, PREIS, and Tribal PREP are included below.

*PREP State-Grant Program*

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

- The Pennsylvania Department of Health received \$2,044,466 in federal PREP funds for FY 2011.
- The agency provides sub-grants to 15<sup>32</sup> local public and private entities.<sup>33</sup>

The Pennsylvania PREP state-grant program is administered statewide by the Pennsylvania Department of Health in collaboration with 15 sub-grantees. The funded programs provide community-based programming to youth ages 10–19 in one of the following facilities: licensed psychiatric residential treatment facilities, licensed residential substance abuse treatment programs, licensed partial hospitalization or outpatient drug and alcohol facilities, licensed partial hospitalization or outpatient mental health facilities, and residential programs serving delinquent youth (which includes residential programs serving delinquent youth licensed by the Department of Public Welfare’s Office of Children, Youth, and Families [OCYF]; OCYF Youth Development Centers; and OCYF Youth Forestry Camps). The grant program requires funded programs to implement one of two intervention models, *Rikers Health Advocacy Program* or *Street Smart*, and must also incorporate material from *Sex Ed 101*, a sex education teaching manual that includes lessons on goal-setting, problem-solving, abstinence, STDs (including HIV), contraception, and relationships.<sup>34</sup>

*Rikers Health Advocacy Program* is an evidence-based HIV/AIDS-prevention education program designed for high-risk youth, particularly those who are incarcerated and have issues with substance abuse. The program aims to reduce HIV-risk behaviors among participants. *Rikers Health Advocacy Program* uses a “Problem-Solving Therapy” approach, which leads participants through the steps of identifying and defining a problem, understanding the nature of the problem, developing possible solutions, engaging in decision making, and implementing a solution. The intervention was originally designed for adolescent males ages 16–19 at Rikers Island correctional facility in New York. The program consists of four one-hour sessions that are facilitated by a male instructor twice a week over a two-week time period. The instruction emphasizes active learning and addresses such topics as factors related to experimenting with drugs and drug use; risks related to sexual activity; the connection between drug use, sexual activity, and HIV risk; and how to access health care services and drug treatment.<sup>35</sup> *Rikers Health Advocacy Program* engages participants in discussions about HIV facts and beliefs, has participants identify attitudes or behaviors that place individuals at risk for HIV infection, and then has participants develop possible strategies for avoiding such risks, which are then evaluated by other participants. The program includes role-plays to act out the solution strategies developed for avoiding risky situations. An evaluation of the program found that program participants were more likely to use condoms during intercourse than those in the control group.<sup>36</sup>

*Street Smart* is an HIV-prevention curriculum that is intended for use with homeless and runaway youth ages 11–18 and other high-risk youth populations. The intervention is structured as small group sessions and implemented in conjunction with other social services, such as group counseling and other treatment programs. *Street Smart* includes skill-building exercises that teach social skills, coping mechanisms, problem-solving, assertiveness, and “strategies to increase safer sexual behaviors.” Curriculum lessons provide information about HIV and how it is transmitted, the importance of getting tested, the impact of HIV/AIDS stigma, risky behavior related to HIV transmission, among other topics. The program has been identified by the CDC as a promising intervention model.<sup>37</sup>

*Personal Responsibility Education Innovative Strategies (PREIS)*

PREIS supports research and demonstration programs to develop, replicate, refine, and test innovative models for preventing unintended teen pregnancy. ACF administers the grant program in collaboration with OAH and provides a total of \$10 million in funding directly to local public and private entities.

- There is one PREIS grantee in Pennsylvania, Philadelphia Health Management Corporation, which received \$933,907 for FY 2011.

Public Health Management Corporation, \$933,907 (FY 2011)

Located in Philadelphia, Public Health Management Corporation (PHMC) is a nonprofit, public health institute “that builds healthier communities through partnerships with government, foundations, businesses and community based organizations.”<sup>38</sup> PHMC provides health promotion, education, outreach, technical assistance, and direct services to communities in greater Philadelphia and across the country.

The organization uses its PREIS grant to implement “Plain Talk Philadelphia,” an enhanced version of the *Plain Talk* community-based initiative. The program serves young people ages 12–18 and their parents in the Norris and Fairhill Apartments, two public housing developments in North Philadelphia. *Plain Talk* is a four-part series that assists parents in developing communication skills to talk openly and honestly to their children about sexuality issues. It focuses on character education and helps parents talk nonjudgmentally with their children about assuming adult responsibility. Topics include: “Setting Personal Boundaries,” “TV and Sex,” “Decision-Making,” and “Healthy Neighborhoods.”

“Plain Talk Philadelphia” offers an expanded program for youth participants by incorporating the 12-week curriculum, *Life Planning Education: A Youth Development Program*, developed by Advocates for Youth. The family life education curriculum addresses such topics as values, self-esteem, sexuality, relationships, reducing sexual risk, violence prevention, community responsibility, parenting, and career development and includes skill-building exercises.<sup>39</sup> Youth participants who complete the 12-week course have the opportunity to participate in the Youth Activist Network, an after-school youth group that engages young people in community advocacy activities. In part, the group works with local pharmacists and health care providers to expand adolescent access to reproductive health care and improve the services provided to young people. “Plain Talk Philadelphia” also includes particular activities for male youth. The overall goal of the program is to reduce rates of teen pregnancy and STDs, including HIV, among the target population.<sup>40</sup>

*Tribal Personal Responsibility Education Program (Tribal PREP)*

Tribal PREP supports the development and implementation of comprehensive teen pregnancy prevention programs within tribes and tribal communities. Tribal PREP programs target youth ages 10–19 who are in or are aging out of foster care, homeless youth, youth with HIV/AIDS, pregnant and/or parenting youth who are under 21 years of age, and youth who live in areas with high adolescent birth rates. Programs must address at least three of the following adulthood preparation subjects: healthy relationships, positive adolescent development, financial literacy, parent-child communication skills, education and employment skills, and healthy life skills.

- In FY 2011, 16 tribes and tribal organizations from nine states received a total of \$6.5 million.
- There are no Tribal PREP grantees in Pennsylvania.

**Title V State Abstinence Education Grant Program**

The Title V State Abstinence Education Grant Program (Title V Abstinence-Only Program) allocates \$50 million per year to states for FYs 2010–2014. ACF administers the grant program. The Title V

Abstinence-Only Program requires states to provide three state-raised dollars or the equivalent in services for every four federal dollars received. The state match may be provided in part or in full by local groups. All programs funded by the Title V Abstinence-Only Program must promote abstinence from sexual activity as their exclusive purpose and may provide mentoring, counseling, and adult supervision toward this end. Programs must be medically accurate and age-appropriate and must ensure abstinence is an expected outcome.

- The Pennsylvania Department of Health received \$1,527,137 in federal Title V abstinence-only funding for FY 2011.
- At the time of publication, the Department of Health could not provide information on sub-grantees.<sup>41</sup>
- In Pennsylvania, the match will be provided by a contractor and sub-contractors.

The Pennsylvania Title V Abstinence-Only Program provides both community- and school-based programming to target populations, including youth ages nine to 14 who are African-American and Latino, in or transitioning out of foster care, have a disability or other special health care need, and who are lesbian, gay, bisexual, transgender, and/or questioning (LGBTQ). The program aims to serve youth in all areas of the state and uses *Promoting Health Among Teens! – Abstinence-Only Intervention (PHAT)*; *WAIT (Why Am I Tempted?) Training*; and *Discovering Dignity: An Education Training Program for Youth*.<sup>42</sup>

*PHAT* 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. *PHAT* 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. 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.<sup>43</sup> 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.<sup>44</sup>

*WAIT Training* is an abstinence-only-until-marriage curriculum that focuses on providing information about healthy relationships in preparation for marriage and 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, the curriculum 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.”<sup>45</sup>

*Discovering Dignity* was developed by the Abstinence Division of To Our Children’s Future with Health, Inc. (TOCFWH).<sup>46</sup> Its mission is to “provide comprehensive multi-intervention strategies to educate preteens/teens and their families about the social, psychological and health gains to be realized from abstaining from sexual activity, violence, alcohol, tobacco and other drug use, and to increase participants’ practice of healthy behaviors.”<sup>47</sup> *Discovering Dignity* is a 52-hour program delivered to students in grades five through 12 by community- and faith-based organizers who are trained as “Certified Abstinence Education Facilitators” by TOCFWH.

PENNSYLVANIA

**Pennsylvania TPPI, PREP, and Title V Abstinence-Only funding in FY 2011**

<b>Grantee</b>	<b>Award</b>	<b>Fiscal Years</b>
<b>Teen Pregnancy Prevention Initiative (TPPI)</b>		
<i>TPPI Tier 1: Replication of Evidence-Based Programs</i>		
Carnegie Mellon University	\$1,480,578	2010–2014
Opportunities Industrialization Centers of America, Inc. (OICA)	\$1,000,000	
<b>TOTAL</b>	<b>\$2,480,578</b>	
<i>TPPI Tier 2: Communitywide Initiatives</i>		
Family Planning Council	\$884,840	2010–2014
<b>TOTAL</b>	<b>\$884,840</b>	
<b>Personal Responsibility Education Program (PREP)</b>		
<i>PREP State-Grant Program</i>		
Pennsylvania Department of Health (federal grant)	\$2,044,466	2011
<b>TOTAL</b>	<b>\$2,044,466</b>	2011
<i>Personal Responsibility Education Innovative Strategies</i>		
Philadelphia Health Management Corporation	\$933,907	2010–2014
<b>TOTAL</b>	<b>\$933,907</b>	
<b>Title V Abstinence Education Grant Program (Title V Abstinence-Only)</b>		
Pennsylvania Department of Health (federal grant)	\$1,527,137	2011
<b>TOTAL</b>	<b>\$1,527,137</b>	
<b>GRAND TOTAL</b>	<b>\$7,870,928</b>	<b>2011</b>

**COMPREHENSIVE APPROACHES TO SEXUALITY EDUCATION**

SIECUS has identified some examples of model programs, policies, and best practices being implemented in Pennsylvania public schools that provide a more comprehensive approach to sex education for young people.<sup>48</sup>

*Revised School District Policy*

Pittsburgh Public Schools

On February 24, 2009, the Pittsburgh Public Schools School Board overturned its abstinence-only-until-marriage policy and adopted a new, comprehensive sexuality education policy for grades K–12. The new policy requires schools to teach “sexuality health education” that is comprehensive, age-appropriate, and medically accurate.<sup>49</sup> Instruction must emphasize “abstinence as the expected norm and the only protection that is 100% effective against unintended pregnancy, sexually transmitted infections, and HIV when transmitted sexually,” and provide a “wholesome and comprehensive understanding of the emotional, psychological, physiological, hygienic, and social responsibility necessary for successful relationships and family life.”<sup>50</sup>

## P E N N S Y L V A N I A

Under the policy, sex education curriculum must cover six major topic areas: human development, healthy relationships, personal skills, sexual behavior, sexual health, and society and culture. Specific instructional content shall discuss, among other information, anatomy, reproduction, body image, gender roles, “orientation and stereotypes,” risk reduction behaviors, decision-making skills, and pregnancy and STD prevention that addresses both abstinence and contraception.<sup>51</sup> Parents have the right to exempt their child from instruction. The policy specifies that any outside presenters must be approved by the Office of Curriculum, Instruction and Professional Development. Furthermore, any outside presenter whose services do not align with the guidelines established by the policy will be prohibited from presenting within district schools.<sup>52</sup>

We encourage you to submit any updated or additional information on comprehensive approaches to sex education being implemented in Pennsylvania public schools for inclusion in future publications of the State Profiles. Please visit SIECUS’ “Contact Us” webpage at [www.siecus.org](http://www.siecus.org) to share information. Select “state policy” as the subject heading.

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P E N N S Y L V A N I A

**ORGANIZATIONS THAT SUPPORT COMPREHENSIVE SEXUALITY EDUCATION**

ACLU of Pennsylvania  
Philadelphia, PA  
Phone: (215) 592-1513  
[www.aclupa.org](http://www.aclupa.org)

LGBT Center Coalition  
Harrisburg, PA  
Phone: (717) 920-9534  
[www.centralpalgbtcenter.org](http://www.centralpalgbtcenter.org)

Adagio Health  
Pittsburgh, PA  
Phone: (800) 942-9467  
[www.adagiohealth.org](http://www.adagiohealth.org)

National Council of Jewish Women  
Pittsburgh, PA  
Phone: (412) 421-6118  
[www.ncjwpggh.org](http://www.ncjwpggh.org)

Attic Youth Center  
Philadelphia, PA  
Phone: (215) 545-4331  
[www.atticyouthcenter.org](http://www.atticyouthcenter.org)

Pennsylvania Coalition  
to Prevent Teen Pregnancy  
Camp Hill, PA  
Phone: (717) 761-7380  
[www.pcptp.org](http://www.pcptp.org)

Christian Association of U. Penn.  
Philadelphia, PA  
Phone: (215) 746-6350  
[www.upennca.org](http://www.upennca.org)

Pittsburgh AIDS Task Force  
Pittsburgh, PA  
Phone: (412) 345-7456  
[www.patf.org](http://www.patf.org)

Family Health Council  
of Central Pennsylvania  
Camp Hill, PA  
Phone: (717) 761-7380  
[www.fhccp.org](http://www.fhccp.org)

Planned Parenthood Pennsylvania Advocates  
Harrisburg, PA  
Phone: (717) 234-2479  
[www.plannedparenthoodpa.org](http://www.plannedparenthoodpa.org)

The Family Planning Council  
Philadelphia, PA  
Phone: (215) 985-2600  
[www.familyplanning.org](http://www.familyplanning.org)

**ORGANIZATIONS THAT OPPOSE COMPREHENSIVE SEXUALITY EDUCATION**

Pennsylvania Family Institute  
Harrisburg, PA  
Phone: (717) 545-0600  
[www.pafamily.org](http://www.pafamily.org)

Pennsylvania Pro-Life Federation  
Harrisburg, PA  
Phone: (717) 541-0034  
[www.paprolife.org](http://www.paprolife.org)

Pennsylvanians for Human Life  
West Chester, PA  
Phone: (610) 696-0780  
[www.pennlife.org](http://www.pennlife.org)

People for Life  
Eric, PA  
Phone: (814) 459-1333  
[www.peopleforlife.org](http://www.peopleforlife.org)

## MEDIA OUTLETS

### Newspapers in Pennsylvania<sup>54</sup>

*Bucks County Courier Times*  
Levittown, PA  
Phone: (215) 949-4000  
[www.phillyburbs.com](http://www.phillyburbs.com)

*Erie Times-News*  
Erie, PA  
Phone: (814) 870-1600  
[www.goerie.com](http://www.goerie.com)

*The Morning Call*  
Allentown, PA  
Phone: (610) 820-6500  
[www.mcall.com](http://www.mcall.com)

*The Patriot-News*  
Harrisburg, PA  
Phone: (717) 255-8100  
[www.patriot-news.com](http://www.patriot-news.com)

*Philadelphia Daily News*  
Philadelphia, PA  
Phone: (215) 854-5900  
[www.philly.com/dailynews](http://www.philly.com/dailynews)

*Philadelphia Inquirer*  
Philadelphia, PA  
Phone: (215) 854-5900  
[www.philly.com/inquirer](http://www.philly.com/inquirer)

*Philadelphia Metro*  
Philadelphia, PA  
Phone: (215) 717-2600  
[www.metro.us/philadelphia](http://www.metro.us/philadelphia)

*Philadelphia Tribune*  
Philadelphia, PA  
Phone: (215) 893-4050  
[www.phila-tribune.com](http://www.phila-tribune.com)

*Pittsburgh Post-Gazette*  
Pittsburgh, PA  
Phone: (412) 263-1100  
[www.post-gazette.com](http://www.post-gazette.com)

*Reading Eagle*  
Reading, PA  
Phone: (610) 371-5000  
[www.readingeagle.com](http://www.readingeagle.com)

*Tribune-Review*  
Pittsburgh, PA  
Phone: (412) 321-6460  
[www.pittsburghlive.com/x/pittsburghtrib/](http://www.pittsburghlive.com/x/pittsburghtrib/)

### Political Blogs in Pennsylvania

*Lake Erie Alliance for Democracy*  
[www.erielead.org](http://www.erielead.org)

*The Lehigh Valley Political Blog*  
[www.lvpoliblog.blogspot.com](http://www.lvpoliblog.blogspot.com)

*Two Political Junkies*  
[www.2politicaljunkies.blogspot.com](http://www.2politicaljunkies.blogspot.com)

*Young Philly Politics*  
[www.youngphillypolitics.com](http://www.youngphillypolitics.com)

<sup>1</sup> This refers to the federal government's fiscal year, which begins on October 1st and ends on September 30th. The fiscal year is designated by the calendar year in which it ends; for example, Fiscal Year 2011 began on October 1, 2010, and ended on September 30, 2011.

<sup>2</sup> 022 Pa. Const. Stat. § 4.29(a) and (b), <http://www.pacode.com/secure/data/022/chapter4/s4.29.html>.

<sup>3</sup> 022 Pa. Const. Stat. § 4.29(a).

<sup>4</sup> *Academic Standards for Health, Safety, and Physical Education* (Pennsylvania: Pennsylvania Department of Education, 2002), accessed April 14, 2010, <http://www.portal.state.pa.us/portal/server.pt?open=18&objID=380421&mode=2>.

<sup>5</sup> 022 Pa. Const. Stat. § 4.29(c).

- <sup>6</sup> Danice K. Eaton, et. al., “Youth Risk Behavior Surveillance—United States, 2011,” *Surveillance Summaries, Morbidity and Mortality Weekly Report*, vol. 61, no. SS-4 (June 8, 2012): accessed June 18, 2012, <http://www.cdc.gov/mmwr/pdf/ss/ss6104.pdf>.
- <sup>7</sup> “Birth rate for U.S. teenagers reach historic lows for all age and ethnic groups,” NCHS data brief, no. 89, (Hyattsville, MD: National Center for Health Statistics, 2012), accessed June 27, 2012, <http://www.cdc.gov/nchs/data/databriefs/db89.pdf>, Data table for figure 6.
- <sup>8</sup> Ibid.
- <sup>9</sup> *U.S. Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, (Washington, DC: Guttmacher Institute, January 2010), accessed May 7, 2011, <http://www.guttmacher.org/pubs/USTPTrends.pdf>, Table 3.1.
- <sup>10</sup> Ibid., Table 3.2.
- <sup>11</sup> *U.S. Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, Table 3.1.
- <sup>12</sup> Slide 9: “Rates of Diagnoses of HIV Infection among Adolescents Aged 13–19 Years, 2010—46 States and 5 U.S. Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention), accessed January 3, 2013, <http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>.
- <sup>13</sup> Slide 18: “Rates of AIDS Diagnoses among Adolescents Aged 13–19 Years, 2010—United States and 6 U.S. Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention), accessed January 3, 2013, <http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>.
- <sup>14</sup> Slide 10: “Rates of Diagnoses of HIV Infection among Young Adults Aged 20–24 Years, 2010—46 States and 5 U.S. Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention), accessed January 3, 2013, <http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>.
- <sup>15</sup> Slide 19: “Rates of AIDS Diagnoses among Young Adults Aged 20–24 Years, 2010—United States and 6 U.S. Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention), accessed January 3, 2013, <http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>.
- <sup>16</sup> “Wonder Database: Sexually Transmitted Disease Morbidity for selected STDs by age, race/ethnicity and gender 1996–2009 Results,” (Atlanta, GA: Centers for Disease Control and Prevention, June 2011), accessed December 18, 2012, <http://wonder.cdc.gov>.
- <sup>17</sup> Ibid.
- <sup>18</sup> Ibid.
- <sup>19</sup> *What Could You Do?*, Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed August 25, 2011, <http://www.etr.org/RECAPP/index.cfm?fuseaction=pages.ebpDetail&PageID=617&PageTypeID=2>.
- <sup>20</sup> “Carnegie Mellon University,” Teenage Pregnancy Prevention: Summary of Funded Evidence-Based Programs for 2010, U.S. Department of Health and Human Services, Office of Adolescent Health, accessed June 2, 2011, [http://webcache.googleusercontent.com/search?q=cache:RstgXE5vS0J:ipv6.hhs.gov/ash/oah/prevention/grantees/models\\_2010\\_programs.html+&cd=2&hl=en&ct=clnk&gl=us&client=firefox-a](http://webcache.googleusercontent.com/search?q=cache:RstgXE5vS0J:ipv6.hhs.gov/ash/oah/prevention/grantees/models_2010_programs.html+&cd=2&hl=en&ct=clnk&gl=us&client=firefox-a).
- <sup>21</sup> OIC of America, “About,” accessed July 14, 2011, <http://oicofamerica.org/about/>.
- <sup>22</sup> OIC of America, “Mission, Philosophy and Objectives,” accessed July 14, 2011, <http://oicofamerica.org/about/mission-philosophy-and-objectives/>.
- <sup>23</sup> Ibid.
- <sup>24</sup> Ibid.
- <sup>25</sup> OIC of America, “Programs,” accessed July 14, 2011, <http://oicofamerica.org/programs/>.
- <sup>26</sup> *Becoming A Responsible Teen*, Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed May 5, 2010, <http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=2&PageTypeID=2>.
- <sup>27</sup> *Science and Success: Sex Education and Other Programs That Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections* (Washington, DC: Advocates for Youth, 2008), accessed March 30, 2010, <http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf>, 76–78.
- <sup>28</sup> *Science and Success: Sex Education and Other Programs That Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections* (Washington, DC: Advocates for Youth, 2008), accessed March 30, 2010, <http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf>, 22.
- <sup>29</sup> Ibid., 23–24.
- <sup>30</sup> “About the Council,” Family Planning Council, accessed August 29, 2011, <http://www.familyplanning.org/familyrwho.shtml>.
- <sup>31</sup> “Teenage Pregnancy Prevention: Integrating Services, Programs, and Strategies through Communitywide Initiatives – State- and Community-Based Organizations,” Division of Reproductive Health, Centers for Disease

Control and Prevention, March 2, 2011, accessed August 29, 2011, <http://www.cdc.gov/TeenPregnancy/State-Community-Orgs.htm>.

<sup>32</sup> Sub-grantees include: Children's Center for Treatment & Education DBA Beacon Light (\$100,237.46); Bethesda Children's Home (\$101,000); Children's Home of York – Bridges (\$39,861.10); Children's Home of York - George Street (\$42,453.03); Children's Home of York - Girl's Center (\$39,023.36); Children's Home of York – Strive (\$36,749.44); Congreso de Latinos Unidos (\$101,000); Familylinks Inc. (\$99,120.96); Hoffman Homes Inc. (\$99,600); NHS Youth Services Inc. (\$101,000); Northern Home for Children (\$101,000); Allegheny County Chief Executive Officer—Shuman Juvenile Detention Center (\$101,000); The Bradley Center (\$56,002.01); Trehab (\$84,469.66); VisionQuest National LTD, Inc. (\$101,000).

<sup>33</sup> Information provided by Kelly Holland, Public Health Program Manager, Bureau of Family Health, Pennsylvania Department of Health, March 20, 2012.

<sup>34</sup> Ibid.

<sup>35</sup> *Rikers Health Advocacy Program (RHAP) Evidence-Based Program*, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed August 23, 2011, <http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=612&PageTypeID=2>.

<sup>36</sup> Ibid.

<sup>37</sup> “Effective Interventions – Street Smart,” Diffusion of Effective Behavioral Interventions, Centers for Disease Control and Prevention, accessed August 29, 2011, [http://www.effectiveinterventions.org/files/STREET\\_SMART\\_Procedural\\_Guide\\_8-09.pdf](http://www.effectiveinterventions.org/files/STREET_SMART_Procedural_Guide_8-09.pdf).

<sup>38</sup> “About Us,” Public Health Management Corporation, accessed August 29, 2011, [http://www.phmc.org/site/index.php?option=com\\_content&view=article&id=2&Itemid=32](http://www.phmc.org/site/index.php?option=com_content&view=article&id=2&Itemid=32).

<sup>39</sup> “Advocates’ Curricula and Education Programs,” Advocates for Youth, accessed August 29, 2011, <http://www.advocatesforyouth.org/for-professionals/curricula-and-education-programs>.

<sup>40</sup> Information provided by Tammi Fleming, director of the National Replication Center at the Public Health Management Corporation, June 15, 2011.

<sup>41</sup> Information provided by Lisette Cortes, Maternal & Child Health Outreach Coordinator, Bureau of Family Health, Pennsylvania Department of Health, October 11, 2012.

<sup>42</sup> Ibid.

<sup>43</sup> *Promoting Health Among Teens! Abstinence-Only*, Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed July 1, 2011, <http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=575&PageTypeID=2>.

<sup>44</sup> “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 July 1, 2011, [http://www.hhs.gov/ash/oah/oah-initiatives/tpp/programs/promoting\\_health.pdf](http://www.hhs.gov/ash/oah/oah-initiatives/tpp/programs/promoting_health.pdf).

<sup>45</sup> 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](http://www.communityactionkit.org/curricula_reviews.html).

<sup>46</sup> “Abstinence Division,” To Our Children’s Future with Health, Inc., accessed October 19, 2008, <http://www.tocfwh.org/AbstinenceDivision.asp>.

<sup>47</sup> Ibid.

<sup>48</sup> 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.

<sup>49</sup> School District of Pittsburgh, School Board Policy No. 135, Comprehensive Sexuality Education, adopted February 24, 2009, accessed May 5, 2010, [http://www.pps.k12.pa.us/pps/lib/pps/ComprehensiveSexualityEducation%202\\_.pdf](http://www.pps.k12.pa.us/pps/lib/pps/ComprehensiveSexualityEducation%202_.pdf), 1.

<sup>50</sup> Ibid.

<sup>51</sup> Ibid., 2.

<sup>52</sup> Ibid., 3.

<sup>53</sup> The person listed represents the designated personnel in the state responsible for adolescent reproductive health.

<sup>54</sup> This section is a list of major newspapers in the state and is by no means exhaustive of local print outlets.