



### RHODE ISLAND

**In Fiscal Year 2011<sup>1</sup>, the state of Rhode Island received:**

- **Personal Responsibility Education Program funds totaling \$250,000**

#### **SEXUALITY EDUCATION LAW AND POLICY**

Rhode Island schools are required to provide “accurate information and instruction” on sexuality, HIV, and sexually transmitted diseases (STDs).<sup>2</sup> Schools must also teach “the responsibilities of family membership and adulthood, including issues related to reproduction, abstinence, dating and dating violence, marriage, and parenthood as well as information about sexually transmitted diseases, sexuality and sexual orientation.”<sup>3</sup> These classes must stress abstinence.

In addition, the state’s department of elementary and secondary education must “establish comprehensive AIDS...instruction, which shall provide students with accurate information and instruction on AIDS transmission and prevention, and which course shall also address abstinence from sexual activity as the preferred means of prevention, as a basic education program requirement.”<sup>4</sup>

The commissioner of elementary and secondary education must establish a state health education curriculum for grades kindergarten through 12. Schools are required to use this curriculum, *Rules and Regulations for School Health Programs*, which is based on the *Comprehensive Health Instructional Outcomes* and the *Health Education Framework*.

Parents must be notified of sexuality education classes and may view the curriculum by submitting a written request. Students may be removed from instruction by written notification from the parent to the principal.<sup>5</sup> This is referred to as an “opt-out” policy.

See Rhode Island General Laws §§ 16-1-5, 16-22-17, and 16-22-18; as well as the *Rules and Regulations for School Health Programs*, *Comprehensive Health Instructional Outcomes*, and the *Health Education Framework*

#### **RECENT LEGISLATION**

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

#### **YOUTH SEXUAL HEALTH DATA**

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

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

- In 2011, 38% of female high school students and 45% of male high school students in Rhode Island reported ever having had sexual intercourse, compared to 46% of female high school students and 49% of male high school students nationwide.
- In 2011, 2% of female high school students and 8% of male high school students in Rhode Island 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, 7% of female high school students and 14% of male high school students in Rhode Island 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, 28% of female high school students and 31% of male high school students in Rhode Island reported being currently sexually active (defined as having had sexual intercourse in the three months prior to the survey), compared to 34% of female high school students and 33% of male high school students nationwide.
- In 2011, among those high school students who reported being currently sexually active, 55% of females and 64% of males in Rhode Island 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, 29% of females and 23% of males in Rhode Island 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 26% of males in Rhode Island 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, 83% of high school students in Rhode Island reported having been taught about AIDS/HIV in school, compared to 84% of high school students nationwide.

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

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

- Rhode Island's teen birth rate currently ranks 43rd in the United States, with a rate of 22.3 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 888 live births to young women ages 15–19 reported in Rhode Island.<sup>8</sup>
- In 2005, Rhode Island's teen pregnancy rate ranked 27th in the United States, with a rate of 62 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 2,220 pregnancies among young women ages 15–19 in Rhode Island in 2005.<sup>10</sup>

- In 2005, Rhode Island's teen abortion rate ranked 10th in the United States, with a rate of 22 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 Rhode Island was 11.6 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 Rhode Island was 0.0 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 Rhode Island was 14.5 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 Rhode Island was 1.6 per 100,000 compared to the national rate of 10.4 per 100,000.<sup>15</sup>

#### *Sexually Transmitted Diseases*

- Rhode Island ranks 38th in the United States for reported cases of chlamydia among young people ages 15–19, with an infection rate of 14.57 cases per 1,000, compared to the national rate of 20.03 cases per 1,000. In 2009, there were a total of 1,154 cases of chlamydia among young people ages 15–19 reported in Rhode Island.<sup>16</sup>
- Rhode Island ranks 43rd in the United States for reported cases of gonorrhea among young people ages 15–19, with an infection rate of 0.82 cases per 1,000, compared to the national rate of 4.04 cases per 1,000. In 2009, there were a total of 65 cases of gonorrhea among young people ages 15–19 reported in Rhode Island.<sup>17</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.

- There are no TPPI Tier 1 grantees in Rhode Island.

*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 Rhode Island.

*TPPI Tier 2: Communitywide Initiatives*

The TPPI Tier 2 grant program also supports communitywide initiatives to reduce rates of teenage pregnancy and births in communities with the highest rates. The program awards grants to national organizations as well as state- and community-based organizations. Funded national partners provide training and technical assistance to local grantees. The Centers for Disease Control and Prevention (CDC) administer the grant program in partnership with OAH.

- There are no TPPI Tier 2 Communitywide Initiatives grantees in Rhode Island.

**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 Rhode Island Department of Health received \$250,000 in federal PREP funds for FY 2011. The agency provides sub-grants to eight<sup>18</sup> local public and private entities.<sup>19</sup>

The Rhode Island Department of Health administers the state's PREP grant program in collaboration with eight local entities. PREP programming takes place in both school-based and community-based settings for middle school and high school aged youth. Programming is administered in Providence, Central Falls, Pawtucket, Woonsocket, Westerly, and North Providence. All PREP-funded programs are required to implement *Teen Outreach Program (TOP)*.<sup>20</sup>

*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.”<sup>21</sup> 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.<sup>22</sup> 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.<sup>23</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 are no PREIS grantees in Rhode Island.

#### *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 Rhode Island.

### **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.

- Rhode Island chose not to apply for Title V abstinence-only funds for FY 2011.

R H O D E I S L A N D

**Rhode Island TPPI, PREP, and Title V Abstinence-Only Funding in FY 2011**

<b>Grantee</b>	<b>Award</b>	<b>Fiscal Years</b>
<b>Personal Responsibility Education Program (PREP)</b>		
<i>PREP State-Grant Program</i>		
Rhode Island Department of Health (federal grant)	\$250,000	2011
<b>TOTAL</b>	<b>\$250,000</b>	
<b>GRAND TOTAL</b>	<b>\$250,000</b>	<b>2011</b>

**COMPREHENSIVE APPROACHES TO SEXUALITY EDUCATION**

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

We encourage you to submit any updated or additional information on comprehensive approaches to sex education being implemented in Rhode Island public schools for inclusion in future publications of the SIECUS 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.

**POINTS OF CONTACT**

**Adolescent Health Contact<sup>24</sup>**

Rosemary Reilly-Chammat, EdD  
 Adolescent Health Manager  
 Rhode Island Department of Health  
 3 Capitol Hill  
 Providence, RI 02908  
 Phone: (401) 222-5922

**PREP State-Grant Coordinator**

Rosemary Reilly-Chammat, EdD  
 Adolescent Health Manager  
 Rhode Island Department of Health  
 3 Capitol Hill  
 Providence, RI 02908  
 Phone: (401) 222-5922

R H O D E I S L A N D

**ORGANIZATIONS THAT SUPPORT COMPREHENSIVE SEXUALITY EDUCATION**

ACLU of Rhode Island  
Providence, RI  
Phone: (401) 831-7171  
[www.riaclu.org](http://www.riaclu.org)

PFLAG of Rhode Island  
Providence, RI  
Phone: (401) 751-7571  
[www.pflagprovidence.org](http://www.pflagprovidence.org)

AIDS Care Ocean State  
Providence, RI  
Phone: (401) 521-3603  
[www.aidscaresos.org](http://www.aidscaresos.org)

Planned Parenthood of Rhode Island  
Providence, RI  
Phone: (421) 421-9620  
[www.ppri.org](http://www.ppri.org)

AIDS Project of Rhode Island  
Providence, RI  
Phone: (401) 831-5522  
[www.aidsprojectri.org](http://www.aidsprojectri.org)

Rhode Island Alliance for Lesbian and Gay  
Civil Rights  
Providence, RI  
Phone: (401) 521-GAYS

Gay Lesbian Bisexual Transgender Center  
Providence, RI  
Phone: (401) 751-7571  
[www.pflagprovidence.org](http://www.pflagprovidence.org)

Rhode Island National Organization  
for Women  
Warwick, RI  
[www.rinow.org](http://www.rinow.org)

**ORGANIZATIONS THAT OPPOSE COMPREHENSIVE SEXUALITY EDUCATION**

CareNet Rhode Island  
Cranston, RI  
Phone: (401) 941-4357  
[www.carenetri.org](http://www.carenetri.org)

Rhode Island Right to Life  
Providence, RI  
Phone: (401) 521-1860  
[www.rirtl.org](http://www.rirtl.org)

**MEDIA OUTLETS**

**Newspapers in Rhode Island<sup>25</sup>**

*The Call*  
Woonsocket, RI  
Phone: (401) 767-3000  
[www.woonsocketcall.com](http://www.woonsocketcall.com)

*The Newport Daily News*  
Newport, RI  
Phone: (401) 849-3300  
[www.newportdailynews.com](http://www.newportdailynews.com)

*The Providence Journal-Bulletin*  
Providence, RI  
Phone: (401) 277-7303  
[www.projo.com](http://www.projo.com)

*The Times*  
Pawtucket, RI  
Phone: (401) 722-4000  
[www.pawtuckettimes.com](http://www.pawtuckettimes.com)

**Political Blogs in Rhode Island**

*Closing Argument*  
[www.rijustice.wordpress.com](http://www.rijustice.wordpress.com)

*Hard Deadlines*  
[www.torvex.com/jmcdaid](http://www.torvex.com/jmcdaid)

<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> R.I. Gen. Laws § 16-22-17(a), <http://www.rilin.state.ri.us/Statutes/TITLE16/16-22/16-22-17.HTM>.

<sup>3</sup> *Rules and Regulations for School Health Programs* (Rhode Island: Rhode Island Department of Elementary and Secondary Education and Rhode Island Department of Health, proposed 2008), accessed April 14, 2010, <http://sos.ri.gov/documents/archives/regdocs/released/pdf/DOH/5471.pdf>, 5.1.7.

<sup>4</sup> R.I. Gen. Laws § 16-22-17(a), <http://www.rilin.state.ri.us/Statutes/TITLE16/16-22/16-22-17.HTM>.

<sup>5</sup> R.I. Gen. Laws §§ 16-22-18(b) and (c), <http://www.rilin.state.ri.us/Statutes/TITLE16/16-22/16-22-18.HTM>.

<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, 2012, <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> Sub-grantees include: Youth In Action (\$25,000); Sojourner House (\$25,000); Pawtucket School Department (\$25,000); South County Community Action Program (\$25,000); Metropolitan Regional Career and Technical Center (\$25,000); Progreso Latino (\$25,000); Tritown Community Action Agency (\$25,000); Connecting for Children and Families (\$25,000).

<sup>19</sup> Information provided by Rosemary Reilly-Chammat, Adolescent Health Manager for the Rhode Island Department of Health, October 9, 2012.

<sup>20</sup> *Ibid.*

<sup>21</sup> Saras Chung and Annie Philipps, *Promoting Mental Health and Well-being in Adolescents: Recommendations for Wyman's Teen Outreach Program*, (Eureka, MO: Wyman Teen Outreach Program, 2010), accessed July 1, 2011, <http://wymancenter.org/wordpress/wp-content/uploads/2011/08/TOP-Promoting-Positive-Well-Being-in-Adolescents.pdf>, 3.

<sup>22</sup> *Ibid.*, 9.

<sup>23</sup> "Pregnancy Prevention Intervention Implementation Report: Teen Outreach Program," Programs for Replication – Intervention Implementation Reports, U.S. Department of Health and Human Services, accessed July 1, 2011, [http://www.hhs.gov/ash/oah/oah-initiatives/tpp/programs/teen\\_outreach\\_program.pdf](http://www.hhs.gov/ash/oah/oah-initiatives/tpp/programs/teen_outreach_program.pdf).

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

<sup>25</sup> This section is a list of major newspapers in the state and is by no means exhaustive of local print outlets.