



TENNESSEE

In Fiscal Year 2011¹, the state of Tennessee received:

- **Personal Responsibility Education Program funds totaling \$1,025,530**
- **Title V State Abstinence Education Program funds totaling \$1,144,936**

In Fiscal Year 2011, local entities in Tennessee received:

- **Teen Pregnancy Prevention Initiative funds totaling \$3,002,846**

SEXUALITY EDUCATION LAW AND POLICY

Tennessee law states that the teaching of any sexuality education class cannot be implemented without approval of the local education agency. Any course in sexuality education must be taught by instructors deemed to be qualified by the local school board and must “include presentations encouraging abstinence from sexual intercourse during the teen and pre-teen years.”² In addition, all instruction and materials related to HIV/AIDS prevention must place “primary emphasis on abstinence from premarital intimacy and on the avoidance of drug abuse in controlling the spread of AIDS.”³

State law explains that if any county in Tennessee has pregnancy rates higher than 19.5 pregnancies per 1,000 females ages 15–17, then every school district in that county must implement family life education in accordance with curriculum guidelines provided by the state board of education. This education must emphasize abstinence until marriage and must include instruction in the prevention of HIV/AIDS and sexually transmitted diseases (STDs).⁴ Family life education must be taught for four years after the release of the initial teen pregnancy rates. If the school district fails to develop and implement its own family life education program, then it must adopt “the complete plan of family life instruction developed by the state board.”⁵ If the school board does not implement family life education, the commissioner of education for the state is instructed to withhold state funding.

Health and wellness courses at all grade levels must conform to the curriculum standards mandated by the state Board of Education.⁶ The *Tennessee Health Education Standards 3-5* include instruction on sexually transmitted disease (STDs), including HIV/AIDS, include instruction on STDs, including HIV/AIDS, beginning in grade three.⁷ The *Tennessee Health Education Standards 6-8* include the expectation that students will learn to “identify abstinence from sexual activity as the responsible and preferred choice for adolescents.”⁸

The *Tennessee Lifetime Wellness Curriculum Standards Grades 9-12* for wellness courses, which students must take in order to graduate high school, include a section on sexuality and family life. The standards describe abstinence as a “positive choice,” but also include instruction on contraception and alternatives for an unplanned pregnancy, including abortion.⁹ The wellness curriculum standards for grades six through 12 also require instruction on STDs, including HIV/AIDS.

Tennessee Code allows students to be removed from sexuality education classes upon written request from their parent or guardian.¹⁰ This is referred to as an “opt-out” policy.

See Tennessee Code Sections 49-6-1005, 49-6-1008, 49-6-1301, 49-6-1302, and 49-6-1303; Rules of the State Board of Education, Chapter 0520-1-3; Tennessee Health Education Standards 3-5, Tennessee Health Education Standards 6-8, and Tennessee Lifetime Wellness Curriculum Standards Grades 9-12.

RECENT LEGISLATION

Bill to Establish Guidelines for Integrated Sex Education

House Bill 1352 and Senate Bill 1305, introduced in February 2011, would have amended state law to require each school district that provides human sexuality instruction to adopt an “integrated sex education” curriculum. As defined by the bill, “integrated sex education” is a medically accurate “comprehensive, abstinence-centered educational program” that teaches “the health, economic and societal benefits of refraining from non-marital sexual activity and encourages students to engage in self-regulation, goal-setting, and future orientation.” Instruction would have been required to “exclusively and emphatically” promote abstinence; and, among other restrictions, would have been prohibited from implicitly or explicitly promoting “any gateway sexual activity” that falls within the scope of abstinence, such as masturbation. Parents would have been allowed to remove their child from instruction. HB 1352 was assigned to the General Subcommittee of Education and SB 1305 was referred to Senate Education Committee. No further action was taken and the legislation has been carried over to the 2012 Regular Session.

Bill to Prohibit ‘Gateway Sexual Activity’ Signed Into Law

House Bill 3621 and Senate Bill 3310 were introduced in January 2012. The bill revises current law by requiring all local education agencies that reside within a county whose pregnancy rate exceeds 19.5 pregnancies per 1,000 females ages 11–18 to develop and implement a family life education program. These programs must be age-appropriate, medically accurate, and promote “sexual risk avoidance” as their primary goal. Instruction that promotes “gateway sexual activity” or instruction from an individual or organization that promotes “gateway sexual activity” is prohibited. Parents must be able to review materials in advance of the scheduled program and must provide written consent for their student to participate. The bill was referred to the House Committee on Education and passed both the Senate and the House in April. The governor signed the bill on May 10 and the bill was enacted on May 15, 2012.

YOUTH SEXUAL HEALTH DATA

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

Tennessee Youth Risk Behavior Survey (YRBS) Data¹¹

- In 2011, 49% of female high school students and 55% of male high school students in Tennessee reported ever having had sexual intercourse, compared to 46% of female high school students and 49% of male high school students nationwide.
- In 2011, 4% of female high school students and 10% of male high school students in Tennessee reported having had sexual intercourse before age 13, compared to 3% of female

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high school students and 9% of male high school students nationwide.

- In 2011, 14% of female high school students and 21% of male high school students in Tennessee 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, 37% of female high school students and 37% of male high school students in Tennessee 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, 51% of females and 66% of males in Tennessee 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, 21% of females and 14% of males in Tennessee 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, 19% of females and 27% of males in Tennessee reported having used alcohol or drugs the last time they had sexual intercourse, compared to 18% of females and 26% of males nationwide.
- In 2011, 81% of high school students in Tennessee reported having been taught about AIDS/HIV in school, compared to 84% of high school students nationwide.

Memphis, Tennessee

- In 2011, 56% of female high school students and 69% of male high school students in Memphis 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 26% of male high school students in Memphis 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, 14% of female high school students and 37% of male high school students in Memphis 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, 37% of female high school students and 46% of male high school students in Memphis reported being currently sexually active (defined as having had sexual intercourse in the three months prior to the survey), compared to 34% of female high school students and 33% of male high school students nationwide.

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- In 2011, among those high school students who reported being currently sexually active, 65% of females and 78% of males in Memphis 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, 13% of females and 5% of males in Memphis 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, 10% of females and 19% of males in Memphis 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, 77% of high school students in Memphis reported having been taught about AIDS/HIV in school, compared to 84% of high school students nationwide.

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

Teen Pregnancy, Birth, and Abortion

- Tennessee's teen birth rate currently ranks 11th in the United States, with a rate of 43.2 births per 1,000 young women ages 15–19, compared to the national rate of 34.3 births per 1,000.¹² In 2010, there were a total of 9,254 live births to young women ages 15–19 reported in Tennessee.¹³
- In 2005, Tennessee's teen pregnancy rate ranked ninth in the United States, with a rate of 79 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 15,560 pregnancies among young women ages 15–19 in Tennessee in 2005.¹⁵
- In 2005, Tennessee's teen abortion rate ranked 31st in the United States, with a rate of 12 abortions per 1,000 young women ages 15–19, compared to the national rate of 19 abortions per 1,000.¹⁶

HIV and AIDS

- In 2010, the rate of diagnoses of HIV infection among adolescents aged 13-19 years in Tennessee was 9.6 per 100,000 compared to the national rate of 7.9 per 100,000.¹⁷
- In 2010, the rate of AIDS diagnoses among adolescents 13-19 years in Tennessee was 1.4 per 100,000 compared to the national rate of 1.9 per 100,000.¹⁸
- In 2010, the rate of diagnoses of HIV infection among young adults aged 20-24 years in Tennessee was 42.9 per 100,000 compared to the national rate of 36.9 per 100,000.¹⁹
- In 2010, the rate of AIDS diagnoses among young adults aged 20-24 years in Tennessee was 8.6 per 100,000 compared to the national rate of 10.4 per 100,000.²⁰

Sexually Transmitted Diseases

- Tennessee ranks 10th in the United States for reported cases of chlamydia among young people ages 15–19, with an infection rate of 26.16 cases per 1,000, compared to the national rate of 20.03 cases per 1,000. In 2009, there were a total of 11,008 cases of chlamydia among young people ages 15–19 reported in Tennessee.²¹
- Tennessee ranks 11th in the United States for reported cases of gonorrhea among young people ages 15–19, with an infection rate of 5.73 cases per 1,000, compared to the national rate of 4.04 cases per 1,000. In 2009, there were a total of 2,411 cases of gonorrhea among young people ages 15–19 reported in Tennessee.²²
- Tennessee ranks sixth in the United States for reported cases of primary and secondary syphilis among young people ages 15–19, with an infection rate of 0.09 cases per 1,000, compared to the national rate of 0.05 cases per 1,000. In 2009, there were a total of 36 cases of syphilis among young people ages 15–19 reported in Tennessee.²³

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 Tennessee received \$3,002,846 in TPPI Tier 1 funding for FY 2011.
- There are four TPPI Tier 1 grantees in Tennessee: Centerstone of Tennessee, Inc.; Douglas-Cherokee Economic Authority, Inc.; Knox County Health Department; and Le Bonheur Community Health and Well-Being.

Centerstone of Tennessee, Inc., \$1,000,000 (FY 2011)

Centerstone of Tennessee, Inc., located in Nashville, provides professional behavioral health services and advanced programs to treat mental illness and substance abuse problems. The Centerstone network includes more than 63 facilities throughout Middle Tennessee and serves the following Tennessee counties: Bedford, Cheatham, Coffee, Davidson, Dickson, Franklin, Giles,

Hickman, Houston, Humprheys, Lawrence, Lewis, Lincoln, Marshall, Maury, Montgomery, Robertson, Sumner, Wayne, and Williamson.

The organization previously received federal abstinence-only-until-marriage funding through the now-defunct Community-Based Abstinence Education (CBAE) grant. In FY 2001, Centerstone received CBAE funds totaling \$74,067. It received a second CBAE grant for FYs 2004–2006 totaling \$2.3 million. With its CBAE funding, Centerstone operated the “Rural Abstinence Program,” which stressed avoiding STDs; developing healthy, non-sexual relationships; and encouraging emotional and physical health through abstinence. The school-based program provided instruction to students in grades seven through 12 during health and science classes and encouraged “adolescents to make responsible choices and educate[d] them about the benefits of abstaining from sex until marriage.”²⁴ The program, which ran in 10 Tennessee counties, used two curricula: *Practicing Abstinence through Communications Training (PACT)*, for middle school students, and *Choosing the Best*, for high school students.²⁵

Centerstone implements the Be in Charge program with its TPPI funding. The overall goals of the program are to establish and sustain a community-based, teen pregnancy-prevention program for adolescents; reduce teen pregnancy risk; conduct outreach and education of teen pregnancy (prevalence, risks, costs, etc.); and develop and disseminate a thoroughly documented service model for replication across Tennessee and the rest of the nation. In order to accomplish these goals, Centerstone will provide outreach and education to stakeholders and launch a social marketing campaign to reach 60% of area residents.

Centerstone’s program targets adolescents ages 12–19 attending schools in a 26-county area of Middle Tennessee. The teen birth rate in each of these counties either meets or exceeds the Tennessee teen birth rate. Centerstone partners with multiple stakeholders, including local school systems, teachers, counselors, local health departments/councils, and primary and behavioral health care providers in its effort to accomplish program objectives. The organization plans to serve 2,500 youth annually with the program.

Be in Charge uses *Promoting Health Among Teens! – Abstinence-Only Intervention (PHAT)*, 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.²⁶ 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.²⁷ 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.²⁸

Douglas Cherokee Economic Authority, \$600,000 (FY 2011)

The Douglas Cherokee Economic Authority (DCEA) is a nonprofit organization located in Morristown, Tennessee. The organization serves low-income families residing in six rural Appalachian counties in East Tennessee: Cooke, Grainger, Hamblen, Jefferson, Monroe, and Sevier. DCEA has Community Action Agency status, meaning that its structure is designed to promote the participation of the entire community in its poverty reduction and elimination measures. In addition to providing direct service, Community Action Agencies develop comprehensive antipoverty plans, conduct community-wide needs assessments, advocate on behalf of low-income populations, and

involve the low-income population it serves in the planning, implementation, and evaluation of its programs.

The organization previously received federal abstinence-only-until-marriage funding through the now defunct CBAE grant. Between FYs 2008 and 2009, DCEA received a total of \$1,137,468 in CBAE funds.

DCEA's Tier 1 program targets students in grades six through eight at two middle schools in Morristown, Tennessee. The program aims to help participants develop the skills necessary to make a successful transition to adulthood and self-sufficiency without the burden of teen pregnancy and early childbearing. DCEA's program combines an interactive classroom-based intervention with community service learning using *Teen Outreach Program (TOP)*. DCEA plans to reach approximately 925 youth annually with its program.

TOP is an evidence-based youth development program that engages young people in experiential learning activities in order to "prepare for successful adulthood and avoid problem behaviors."²⁹ 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.³⁰ 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.³¹

Knox County Health Department, \$602,846 (FY 2011)

The Knox County Health Department's Tier 1 program targets a diverse community of rural, suburban, and urban youth, ages 14–19. The health department implements the program in clinics throughout the eastern Appalachian region of Tennessee. The program's overall goal is to reduce the incidence of behavioral risk factors underlying teen pregnancy and STIs through increased access to comprehensive sexuality education. The health department plans to reach 1,600 youth annually.

Knox County Health Department partners with a collaborative of organizations through the Knox Adolescent Pregnancy Prevention Initiative (KAPPI), a community coalition of 33 organizations that work together to address issues regarding teen pregnancy and parenting. KAPPI aims "to prevent adolescent pregnancy while improving services available for pregnant and parenting adolescents."³² The coalition asserts that abstinence "is the most responsible and effective means of preventing pregnancy and sexually transmitted infections, and should be strongly encouraged. However, it is recognized that some adolescents may become pregnant in spite of these efforts. Work must be done to insure [sic] that needed health, education, vocational, and social services are accessible to these adolescents and their children."³³

With its Tier 1 grant, the health department implements *Safer Sex*, a clinic-based intervention designed for female adolescents. The intervention is delivered to participants in a one-on-one setting and seeks to reduce their incidence of STD infection and improve their efficacy of condom use. The intervention is administered by a female health educator and begins with the viewing of a brief video clip that uses celebrities to dramatize buying condoms as well as negotiating condom use. The video is followed by a 30-minute discussion with the health educator, which is tailored to meet the interests and risk level of the individual participant. The discussion addresses the consequences of having unprotected sex, methods for preventing unintended pregnancy and STDs (including HIV), secondary abstinence, and condom-use skills. Participants also conduct a self-assessment to evaluate their sexual risk and are provided with written information about safer sex and contraception use. In addition, the intervention includes one-

three-, and six-month booster sessions, at which time participants are invited back to the clinic for follow-up. An evaluation of the program published in the *Archives of Pediatrics and Adolescent Medicine* found, at a six-month follow-up, that the intervention reduced the incidence of multiple sexual partners among participants.³⁴

Le Bonheur Community Health and Well-Being, \$800,000 (FY 2011)

Le Bonheur Community Health and Well-Being is a community service initiative of Le Bonheur Children’s Hospital, located in Memphis. The initiative engages in community outreach that addresses the social, economic, and environmental factors threatening children’s health and wellbeing.

Le Bonheur’s Tier 1 program targets African-American youth ages 13–18 in North Memphis and Shelby County. The organization aims to reduce high-risk behaviors, increase knowledge of HIV and other STDs, and increase confidence in negotiating safer sex practices among participants. The program provides instruction to students at Northside, Frayser, and Trezevant high schools, Memphis Academy of Health Science Middle and High School, and at community centers and churches.

Le Bonheur implements *Be Proud! Be Responsible!*, an evidence-based HIV-prevention curriculum originally designed for urban, African-American males ages 13–18.³⁵ The curriculum seeks to provide young people with the knowledge, motivation, and skills necessary to reduce their risk of HIV, other STDs, and causing unintended pregnancy. It also aims to impact sexual behavior by equipping youth with negotiation, refusal, and condom-use skills. The curriculum uses a “sense-of-community” approach that emphasizes how HIV/AIDS has affected inner-city communities and discusses the importance of protecting the community in order to instill accountability, sexual responsibility, and a sense of pride in participants. Although originally designed for use with small groups of six to 12 participants, the curriculum has been used with larger groups and is appropriate for both school-based and community-based settings.³⁶ An evaluation of the program published in the *American Journal of Community Psychology* found that the intervention reduced the number of female sexual partners participants had as well as the number of non-monogamous female sexual partners (those who were simultaneously involved with other male partners). In addition, the study found that the intervention decreased the frequency of vaginal and heterosexual anal intercourse, and increased condom use among participants.³⁷ Le Bonheur plans to reach approximately 2,500 youth annually.³⁸

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 Tennessee.

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 Tennessee.

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 Tennessee Department of Children Services received \$1,025,530 in federal PREP funds for FY 2011.
- The department chose to sub-grant funds to the University of Tennessee Health Science Center (\$602,082).³⁹

The Tennessee PREP state-grant program is managed by the Department of Children’s Services in collaboration with the single sub-grantee, the University of Tennessee Health Science Center. Tennessee PREP funding is used to provide programming to youth ages 15–18 in state custody and those living in congregate care settings throughout the state. Programming addresses the following adulthood preparation subjects: healthy relationships, adolescent development, and healthy life skills. Funded programs use the *Teen Outreach Program (TOP)*.⁴⁰

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.”⁴¹ 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.⁴² 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.⁴³

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 Tennessee.

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 Tennessee.

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 Tennessee Department of Health received \$1,144,936 in federal Title V abstinence-only funding for FY 2011.
- The agency provides sub-grants to 13⁴⁴ local public and private entities.⁴⁵
- In Tennessee, sub-grantees identified the match dollars through in-kind funds.

The Maternal and Child Section of the Tennessee Department of Health implements and monitors the Title V abstinence-only grant program. The program targets middle school-aged youth ages 10–14, expanding up to age 17 after year one, who live in counties identified as having high teen pregnancy and birth rates, high rates of mothers in poverty, and high school dropout rates. The following five evidence-based programs are being used by the funded programs and have been approved by the Tennessee State Department of Health: *Choosing the Best, Michigan Model for Health – Healthy and Responsible Relationships, Promoting Health Among Teens! – Abstinence-Only Intervention (PHAT); TOP; and Think On Point.*⁴⁶

The *Choosing the Best* series is one of the more popular abstinence-only-until-marriage programs in the country. The series is comprised of a number of curricula for students from sixth grade through high school: *Choosing the Best WAY* (sixth grade), *Choosing the Best PATH* (seventh grade), *Choosing the Best LIFE* (eighth grade), *Choosing the Best JOURNEY* (ninth and 10th grades), and *Choosing the Best SOULMATE* (11th and 12th grades). The series has been recently revised and the information about STDs is now medically accurate. However, *Choosing the Best* curricula continue to promote heterosexual marriage, rely on messages of fear and shame, and include biases about gender, sexual orientation, and pregnancy options. For example, *Choosing the Best PATH* asks students to brainstorm the “emotional consequences” of premarital sex. Suggested answers include “guilt, feeling scared, ruined relationships, broken emotional bonds.”⁴⁷

Michigan Model for Health – Healthy and Responsible Relationships is an abstinence-based pregnancy- and HIV/STD-prevention education curriculum for grades nine through 12. Developed by the Michigan Departments of Education and Community Health, the curriculum includes 22 lessons that are aligned with the National Health Education Standards and Michigan state standards, the Michigan Merit

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Curriculum Credit Guidelines for Health Education, Michigan state law, and research and best practices. Curriculum lessons address topics including healthy relationships and intimacy, HIV/STD transmission and associated risk behaviors, “compassion for people living with HIV/AIDS,” communication and refusal skills, abstinence, cost of teen pregnancy and parenting, risk reduction through the use of condoms and contraception, STD/HIV testing, and goal-setting. The curriculum engages parents and the community through parent-child homework assignments and activities using community resources. The curriculum can be implemented using three different approaches: 1) abstinence-only, 2) abstinence-based that discusses condoms in the context of disease risk reduction but does not address other forms of contraception, and 3) abstinence-based with information on condoms and other forms of contraception.⁴⁸

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.⁴⁹ 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.⁵⁰ 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.⁵¹

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.”⁵² 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.⁵³ 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.⁵⁴

At the time of publication, information on *Think on Point* was unavailable.

Tennessee TPPI, PREP, and Title V Abstinence-Only Funding in FY 2011

Grantee	Award	Fiscal Years
Teen Pregnancy Prevention Initiative (TPPI)		
<i>TPPI Tier 1: Replication of Evidence-Based Programs</i>		
Centerstone of Tennessee, Inc.	\$1,000,000	2010–2014
Knox County Health Department	\$602,846	2010–2014
Douglas-Cherokee Economic Authority, Inc.	\$600,000	2010–2014
Le Bonheur Community Health and Well-Being	\$800,000	2010–2014
TOTAL	\$3,002,846	

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Grantee	Award	Fiscal Years
Personal Responsibility Education Program (PREP)		
<i>PREP State-Grant Program</i>		
Executive Office of the State of Tennessee (federal grant)	\$1,025,530	2011
TOTAL	\$1,025,530	
Title V Abstinence Education Grant Program (Title V Abstinence-Only)		
Tennessee Department of Health (federal grant)	\$1,144,936	2011
TOTAL	\$1,144,936	
GRAND TOTAL		
	\$5,173,312	2011

COMPREHENSIVE APPROACHES TO SEXUALITY EDUCATION

SIECUS is not aware of any examples of model programs, policies, or best practices being implemented in Tennessee 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 Tennessee public schools for inclusion in future publications of the State Profiles. Please visit SIECUS' "Contact Us" webpage at www.siecus.org to share information. Select "state policy" as the subject heading.

POINTS OF CONTACT

Adolescent Health Contact⁵⁵

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PREP State-Grant Coordinator

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ORGANIZATIONS THAT SUPPORT COMPREHENSIVE SEXUALITY EDUCATION

ACLU of Tennessee
Nashville, TN
Phone: (615) 320-7142
www.aclu-tn.org

Planned Parenthood Greater Memphis Region
Memphis, TN
Phone: (901) 725-1717
www.plannedparenthood.org/memphis

Knoxville Chapter of the National
Organization for Women
Knoxville, TN
Phone: (865) 281-8075
www.knoxvillenow.org

Planned Parenthood of Middle and East
Tennessee
Nashville, TN
Phone: (615) 345-0952
www.plannedparenthood.org/mid-east-tennessee

ORGANIZATIONS THAT OPPOSE COMPREHENSIVE SEXUALITY EDUCATION

Center for Bio-Ethical Reform
Knoxville, TN
Phone: (865) 609-9033
www.abortionno.org/CBRSEast

Tennessee Right to Life
State Central Office
Nashville, TN
Phone: (877) 246-6735
www.tennesseerighttolife.org

MEDIA OUTLETS

Newspapers in Tennessee⁵⁶

Chattanooga Times & Free Press
Chattanooga, TN
Phone: (423) 757-6357
www.timesfreepress.com

The City Paper
Nashville, TN
Phone: (615) 298-9833
www.nashvillecitypaper.com

The Memphis Daily News
Memphis, TN
Phone: (901) 523-1561
www.memphisdailynews.com

The Jackson Sun
Jackson, TN
Phone: (731) 427-3333
www.jacksonsun.com

T E N N E S S E E

Knoxville News Sentinel
Knoxville, TN
Phone: (865) 523-3131
www.knoxnews.com

The Leaf-Chronicle
Clarksville, TN
Phone: (931) 552-1808
www.theleafchronicle.com

The Tennessean
Nashville, TN
Phone: (615) 259-8000
www.tennessean.com

Political Blogs in Tennessee

Enclave
www.enclave-nashville.blogspot.com

Nashville 21
www.seanbraisted.blogspot.com

Post Politics
nashvillepost.com/blogs/postpolitics

Sharon Cobb
www.sharoncobb.blogspot.com

Tennessee Guerilla Woman
www.guerillawomentn.blogspot.com

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

² Tenn. Code Ann. § 49-6-1005(a), http://www.michie.com/tennessee/lpext.dll/tncode/1b6fd/1c4a7/1c608/1c63a?f=templates&fn=document-frame.htm&2.0#JD_49-6-1005.

³ Tenn. Code Ann. § 49-6-1008(a), http://www.michie.com/tennessee/lpext.dll/tncode/1b6fd/1c4a7/1c608/1c649?f=templates&fn=document-frame.htm&2.0#JD_49-6-1008.

⁴ Tenn. Code Ann. §§ 49-6-1301(a) and (b), http://www.michie.com/tennessee/lpext.dll/tncode/1b6fd/1c4a7/1c6eb/1c6ef?f=templates&fn=document-frame.htm&2.0#JD_49-6-1301.

⁵ Tenn. Code Ann. § 49-6-1301(c), http://www.michie.com/tennessee/lpext.dll/tncode/1b6fd/1c4a7/1c6eb/1c6ef?f=templates&fn=document-frame.htm&2.0#JD_49-6-1301.

⁶ Rules of the State Bd. Of Ed. § 0520-1-3-.05(6)(e)(1), <http://www.tn.gov/sos/rules/0520/0520-01/0520-01-03.20100829.pdf>.

⁷ *Tennessee Health Education Standards 3–5* (Tennessee: Tennessee State Board of Education), accessed April 15, 2010, http://www.state.tn.us/education/ci/health_pe/doc/health_3_5.pdf#page=12f,12.

⁸ *Tennessee Health Education Standards 3–5* (Tennessee: Tennessee State Board of Education), accessed April 15, 2010, http://www.state.tn.us/education/ci/health_pe/doc/health_3_5.pdf#page=9,9.

⁹ *Tennessee Lifetime Wellness Curriculum Standards Grades 9-12* (Tennessee: Tennessee State Board of Education), accessed April 15, 2010, http://www.state.tn.us/education/ci/health_pe/doc/health_3_5.pdf#page=19f,19.

¹⁰ Tenn. Code Ann. § 49-6-1303(b), http://www.michie.com/tennessee/lpext.dll/tncode/1b6fd/1c4a7/1c6eb/1c6f9?f=templates&fn=document-frame.htm&2.0#JD_49-6-1303.

¹¹ Danice K. Eaton, et. al., “Youth Risk Behavior Surveillance—United States, 2011,” *Surveillance Summaries, Morbidity and Mortality Weekly Report*, vol. 61, no. SS-4 (June 8, 2012): accessed June 18, 2012, <http://www.cdc.gov/mmwr/pdf/ss/ss6104.pdf>. Note: Memphis also participated in the 2011 YRBS.

¹² “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.

¹³ Ibid.

- 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 May 7, 2012, <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 3.1.
- ¹⁷ 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>.
- ¹⁸ 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>.
- ¹⁹ 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>.
- ²⁰ 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>.
- ²¹ “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>.
- ²² *Ibid.*
- ²³ *Ibid.*
- ²⁴ “Centerstone Receives Three Year Grant to Provide Sexual Abstinence Education,” Centerstone of Tennessee, Inc., 14 October 2004, accessed May 26, 2011, <http://centerstone.org/centerstone-receives-three-year-grant-to-provide-sexual-abstinence-education>.
- ²⁵ “Centerstone Receives Three Year Grant to Provide Sexual Abstinence Education,” Centerstone of Tennessee, Inc., October 14, 2004, accessed May 26, 2011, <http://centerstone.org/centerstone-receives-three-year-grant-to-provide-sexual-abstinence-education>.
- ²⁶ *Ibid.*
- ²⁷ *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>.
- ²⁸ “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/prevention/research/programs/promoting_health.html.
- ²⁹ 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.
- ³⁰ *Ibid.*, 9.
- ³¹ “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.
- ³² “Adolescent Pregnancy Prevention,” Knox County Health Department, accessed 15 May 2011, http://www.knoxcounty.org/health/adolescent_pregnancy_prevention.php.
- ³³ *Ibid.*
- ³⁴ “Pregnancy Prevention Intervention Implementation Report: Safer Sex,” 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/safer_sex.pdf.
- ³⁵ *Science and Success: Sex Education and Other Programs That Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections* (Washington, DC: Advocates for Youth, 2008), accessed July 1, 2011, <http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf>, 56–59.
- ³⁶ *Be Proud! Be Responsible!* Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed July 1, 2011, <http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=1&PageTypeID=2>; see also “Pregnancy Prevention Intervention Implementation Report: Be Proud! Be Responsible!” Programs for Replication – Intervention Implementation Reports, U.S. Department of Health and Human Services, accessed July 1, 2011, http://www.hhs.gov/ash/oah/prevention/research/programs/be_proud_responsible.html.

- ³⁷ *Science and Success: Sex Education and Other Programs That Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections*, 56–59.
- ³⁸ *Be Proud! Be Responsible! Memphis!*, Le Bonheur Children’s Hospital, accessed June 15, 2011, <http://www.lebonheur.org/health-information/community-services/be-proud-be-responsible-memphis>.
- ³⁹ Information provided by Kim Crane Mallory, Office of Independent Living Director, Tennessee Department of Children’s Services, December 13, 2012.
- ⁴⁰ *Ibid.*
- ⁴¹ 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://www.wymantop.org/pdfs/TOP_Positive_Well-Being.pdf, 3.
- ⁴² *Ibid.*, 9.
- ⁴³ “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/prevention/research/programs/teen_outreach_program.html.
- ⁴⁴ Sub-grantees include: Boys and Girls Club of Monroe Area, Madisonville (\$100,000); Boys and Girls Club of the TN Valley, Knoxville (\$70,100); Douglas Cherokee Economic Authority, Inc., Morristown (\$100,000); Fashioned in His Image Total Women’s Center, Nashville (\$54,200); Full Circle Women’s Services, Athens (\$51,400); Gibson County Special School District, Dyer (\$90,000); Lake County Board of Education, Tiptonville (\$47,300); Life Choices Crisis Pregnancy Support Center, Dyersburg (\$100,000); New Vision, Inc., Nashville (\$100,000); Rise Up!, Johnson City (\$90,000); Why Know Abstinence Education, Inc. (On Point), Hixson (\$100,000); Women’s Care Center of Rhea County, Inc., Dayton (\$66,800); YMCA Urban Services Youth Development Center, Nashville (\$98,300).
- ⁴⁵ Information provided by Kimothy Warren, Adolescent Pregnancy Prevention Program Director, Tennessee State Department of Health, March 13, 2012.
- ⁴⁶ *Ibid.*
- ⁴⁷ Bruce Cook, *Choosing the Best* (Marietta, GA: *Choosing the Best, Inc.*, 2001–2007). For more information, see SIECUS’ review of the *Choosing the Best* series at http://www.communityactionkit.org/curricula_reviews.html.
- ⁴⁸ *Michigan Model for Health – Healthy and Responsible Relationships: HIV, Other STIs, and Pregnancy Prevention*, Educational Materials Center, Central Michigan University, accessed August 19, 2011, <http://www.emc.cmich.edu/pdfs/Overview2-07.pdf>; see also *Michigan Model for Health – HIV/AIDS Prevention Grades 9–12*, Educational Materials Center, Central Michigan University, accessed August 19, 2011, <http://www.emc.cmich.edu/products/curriculum/9-12/912HIVobj1.htm>.
- ⁴⁹ *Ibid.*
- ⁵⁰ *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>.
- ⁵¹ “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.
- ⁵² 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.
- ⁵³ *Ibid.*, 9.
- ⁵⁴ “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.
- ⁵⁵ The person listed represents the designated personnel in the state responsible for adolescent reproductive health.
- ⁵⁶ This section is a list of major newspapers in the state and is by no means exhaustive of local print outlets.