



SIECUS

TENNESSEE

State Profile

In Fiscal Year 2013,¹ the state of Tennessee received:

- **Division of Adolescent and School Health funds totaling \$60,000**
- **Personal Responsibility Education Program funds totaling \$988,670**
- **Title V State Abstinence Education Program funds totaling \$1,079,168**

In Fiscal Year 2013, local entities in Tennessee received:

- **Teen Pregnancy Prevention Initiative funds totaling \$3,002,846**
- **Division of Adolescent and School Health funds totaling \$270,000**

SEXUALITY EDUCATION LAW AND POLICY

Tennessee law requires local education agencies in counties whose pregnancy rate exceeds 19.5 pregnancies per 1,000 females ages 11–18 to develop and implement a family life education program.² These programs must promote “sexual risk avoidance” as their primary goal, and instruction that promotes “gateway sexual activity” or instruction from an individual or organization that promotes “gateway sexual activity” is prohibited.

If such family life education programs are provided, they must:

1. “exclusively and emphatically promote sexual risk avoidance through abstinence, regardless of a student’s current or prior sexual experience;
2. encourage sexual health by helping students understand how sexual activity affects the whole person including the physical, social, emotional, psychological, economic and educational consequences of nonmarital [sic] sexual activity;
3. teach the positive results of avoiding sexual activity, the skills needed to make healthy decisions, the advantages of and skills for student success in pursuing educational and life goals, the components of healthy relationships, and the social science research supporting the benefits of reserving the expression of human sexual activity for marriage;
4. provide factually and medically-accurate information;
5. teach students how to form pro-social habits that enable students to develop healthy relationships, create strong marriages, and form safe and stable future families;
6. encourage students to communicate with a parent, guardian, or other trusted adult about sex or other risk behaviors;
7. assist students in learning and practicing refusal skills that will help them resist sexual activity;
8. address the benefits of raising children within the context of a marital relationship and the unique challenges that single teen parents encounter in relation to educational, psychological, physical, social, legal, and financial factors;

9. discuss the interrelationship between teen sexual activity and exposure to other risk behaviors such as smoking, underage drinking, drug use, criminal activity, dating violence, and sexual aggression;
10. educate students on the age of consent, puberty, pregnancy, childbirth, sexually transmitted diseases, and the financial and emotional responsibility of raising a child; and
11. teach students how to identify and form healthy relationships, and how to identify and avoid unhealthy relationships.”³

Health and wellness courses at all grade levels must conform to the curriculum standards mandated by the state Board of Education.⁴ The *Tennessee Health Education Standards 3–5* include instruction on sexually transmitted disease (STDs), including HIV/AIDS, beginning in grade 3.⁵ 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.”⁶

The *Tennessee Lifetime Wellness Curriculum Standards Grades 9–12*, which students must complete in order to graduate high school, mandate 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.⁷ The wellness curriculum standards for grades 6–12 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.⁸ This is referred to as an “opt-out” policy.

See Tennessee Code Sections § 49-6-1302, 49-6-1304, 49-6-1305, 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.

2013 STATE LEGISLATIVE SESSION ACTIVITY

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

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) Data⁹

- In 2013, 44.4% of female high school students and 50.7% of male high school students in Tennessee reported ever having had sexual intercourse, compared to 46% of female high school students and 47.5% of male high school students nationwide.
- In 2013, 4.3% of female high school students and 13.6% of male high school students in Tennessee reported having had sexual intercourse before age 13, compared to 3.1% of female high school students and 8.3% of male high school students nationwide.
- In 2013, 32.1% of female high school students and 32.5% 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 35.2% of female high school students and 32.7% of male high school students nationwide.

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- In 2013, 10.8% of female high school students and 8.4% of male high school students in Tennessee who dated or went out with someone during the 12 months before the survey reported experiencing physical dating violence one or more times during that time period (defined as being hit, slammed into something, or injured with an object or weapon on purpose by someone they were dating or going out with), compared to 13% of female high school students and 7.4% of male high school students nationwide.

Visit the Centers for Disease Control and Prevention's [Youth Online database](#) for additional information on sexual behaviors in Tennessee and the city of Memphis.

Tennessee Teen Pregnancy, HIV/AIDS, and Other STD Data

Teen Pregnancy, Birth, and Abortion

- In 2010, Tennessee's teen pregnancy rate ranked 17th in the United States, with a rate of 62 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 57 per 1,000.¹⁰ There were a total of 13,280 pregnancies among young women ages 15–19 in Tennessee.¹¹
- In 2012, Tennessee's teen birth rate ranked 11th in the United States, with a rate of 38.5 births per 1,000 young women ages 15–19, compared to the national rate of 29.4 per 1,000.¹² In 2012, there were a total of 7,910 live births to young women ages 15–19 reported in Tennessee.¹³
- In 2010, Tennessee's teen abortion rate ranked 30th in the United States, with a rate of 9 abortions per 1,000 young women ages 15–19, compared to the national rate of 15 per 1,000.¹⁴ There were a total of 1,980 abortions among young women ages 15–19 reported in Tennessee in 2010.¹⁵

HIV and AIDS

- In 2011, the rate of diagnoses of HIV infection among adolescents ages 13–19 in Tennessee was 8.3 per 100,000, compared to the national rate of 7.6 per 100,000.¹⁶
- In 2011, the rate of AIDS diagnoses among adolescents ages 13–19 in Tennessee was 0.2 per 100,000, compared to the national rate of 1.9 per 100,000.¹⁷
- In 2011, the rate of diagnoses of HIV infection among young adults ages 20–24 in Tennessee was 42.5 per 100,000, compared to the national rate of 36.3 per 100,000.¹⁸
- In 2011, the rate of AIDS diagnoses among young adults ages 20–24 in Tennessee was 8.9 per 100,000, compared to the national rate of 10.9 per 100,000.¹⁹

Sexually Transmitted Diseases

- In 2012, Tennessee ranked ninth in the United States for reported cases of chlamydia among young people ages 15–19, with an infection rate of 2,539.3 cases per 100,000, compared to the national rate of 2,001.7 per 100,000. In 2012, there were a total of 10,839 cases of chlamydia among young people ages 15–19 reported in Tennessee.²⁰
- In 2012, Tennessee ranked eighth in the United States for reported cases of gonorrhea among young people ages 15–19, with an infection rate of 584 cases per 100,000, compared to the national rate of 376.8 per 100,000. In 2012, there were a total of 2,493 cases of gonorrhea among young people ages 15–19 reported in Tennessee.²¹

- In 2012, Tennessee ranked seventh in the United States for reported cases of primary and secondary syphilis among young people ages 15–19, with an infection rate of 7 cases per 100,000, compared to the national rate of 4.1 per 100,000. In 2012, there were a total of 30 cases of syphilis among young people ages 15–19 reported in Tennessee.²²

FEDERAL FUNDING FOR SEX EDUCATION, TEEN PREGNANCY PREVENTION, AND ABSTINENCE-ONLY-UNTIL-MARRIAGE 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 FY 2013. 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. OAH utilizes the remaining appropriated funds to provide program support, implementation evaluation, and technical assistance to grantees. TPPI also dedicates \$8.5 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 and minimize underlying behavioral risk factors or other associated risk factors.

- Local organizations in Tennessee received \$3,002,846 in TPPI Tier 1 funding for FY 2013.
- 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 2013)

Centerstone of Tennessee, 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, Humphreys, Lawrence, Lewis, Lincoln, Marshall, Maury, Montgomery, Robertson, Sumner, Wayne, and Williamson.

The organization previously received federal abstinence-only-until-marriage (AOUM) 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.

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 about 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 provides outreach and education to stakeholders and has launched a social marketing campaign in order to reach 60% of area residents.

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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 state's overall 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. Be in Charge uses *Making a Difference*, an evidence-based pregnancy-, STD-, and HIV-prevention education curriculum that emphasizes abstinence from sexual activity. The organization aims to serve 4,000 youth annually with the program.

Douglas Cherokee Economic Authority, \$600,000 (FY 2013)

The Douglas Cherokee Economic Authority (DCEA) is a nonprofit 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 communitywide needs assessments, advocate on behalf of low-income populations, and involve the low-income populations they serve in the planning, implementation, and evaluation of their programs.

The organization previously received federal AOUM 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 6–8 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 aims to reach approximately 925 youth annually with its program.

Knox County Health Department, \$602,846 (FY 2013)

The Knox County Health Department's Tier 1 program targets a diverse community of rural, suburban, and urban young people ages 14–19. The 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 STDs through increased access to comprehensive sexuality education. The health department aims to reach 1,200 youth annually.

The 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."²³ 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."²⁴ With its Tier 1 grant, the health department implements *Safer Sex*, a clinic-based intervention designed for female adolescents.

Le Bonheur Community Health and Well-Being, \$800,000 (FY 2013)

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 Frayser, Northside, 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 13–18.²⁵

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.

Division of Adolescent and School Health

The Division of Adolescent and School Health (DASH), within the Centers for Disease Control and Prevention (CDC), provides funding to 17 state and 19 local education agencies to help districts and schools strengthen student health through exemplary sexual health education (ESHE) that emphasizes HIV and other STD prevention, increased access to key sexual health services (SHS), and the establishment of safe and supportive environments (SSE) for students and staff. In addition, DASH funds nine national non-governmental organizations (NGOs) to help state and local education agencies achieve these goals.

- There was one DASH grantee in Tennessee funded to strengthen student health through ESHE, SHS, and SSE in FY 2013, the Shelby County Board of Education (\$225,000).

DASH also funds three local education agencies and one NGO to implement multiple program activities to meet the HIV/STD-prevention needs of young men who have sex with men (YMSM) and to develop strategic partnerships and collaborations between schools and community-based, mental health, and social services organizations to accomplish this work.

- There were no DASH grantees in Tennessee funded to deliver YMSM programming in FY 2013.

DASH also provides funding for state, territorial, and local education agencies and state health agencies to establish and strengthen systematic procedures to collect and report Youth Risk Behavior Survey (YRBS) and School Health Profiles data for policy and program improvements.

- There were two DASH grantees in Tennessee funded to collect and report YRBS and School Health Profiles data in FY 2013, the Shelby County Board of Education (\$45,000) and the Tennessee Department of Education (\$60,000).

Pregnancy Assistance Fund

The Pregnancy Assistance Fund (PAF), administered by OAH, provides expecting and parenting teens, women, fathers, and their families with a network of support services.

Established in FY 2010 through a 10-year authorization (FY 2010–FY 2019) in the Affordable Care Act (ACA), PAF is a \$25 million competitive grant program for state and tribal entities. PAF grants support programs that include at least one of the following four components: 1) support for expectant and parenting student services at institutions of higher education; 2) support for expectant and parenting teens, women, fathers, and their families at high schools and community centers; 3) improved services for pregnant women who are victims of domestic violence, sexual violence, sexual assault, and stalking; and 4) increased public awareness and education services for expectant and parenting teens, women, fathers, and their families. Now in the second round of awards, PAF supports 17 entities in 14 states and three tribal entities, most of which focus their efforts on serving teen parents.

- There are no PAF 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, \$3.1 million for Tribal PREP, for tribes and tribal organizations, and with remaining funds for evaluation, training, and technical assistance. In addition, provisions within the statute for PREP enable a competitive application process for community- and faith-based organizations within states and territories that do not directly seek PREP funding by the third year of the program; these competitive PREP (CPREP) grants were awarded to organizations in five states and three territories in FY 2013. Details on the state grant program, PREIS, Tribal PREP, and CPREP 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 STDs. 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 \$988,670 in federal PREP funds for FY 2013.
- The department chose to sub-grant funds to eight²⁶ local public and private entities.²⁷

The Tennessee PREP state-grant program is managed by the Department of Children’s Services in collaboration with the Oasis Center (which sub contracts) and the UT Memphis Center for Excellence and Monroe Harding. Tennessee PREP funding is used to provide community-based programming to foster care youth, ages 12–19, in group home settings throughout the state. Programming takes place in the following counties: Bradley, Cumberland, Davidson, Greene, Knox, Madison, Putnam, Shelby, Sumner, White, and Wilson. Healthy relationships, adolescent development, and healthy life skills are the three adulthood preparation topics addressed by sub-grantees through *Sister Saving Sister* or the *Teen Outreach Program (TOP)*.²⁸

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 2013, 16 tribes and tribal organizations from nine states received a total of \$3.1 million.
- There are no Tribal PREP grantees in Tennessee.

Competitive Personal Responsibility Education Program (CPREP)

CPREP grants support evidence-based programs that provide young people with medically accurate and age-appropriate information for the prevention of unintended pregnancy, HIV/AIDS, and other STDs. Organizations and institutions in states and territories that did not apply for PREP formula grants in either of the past two fiscal years were eligible to submit competitive applications for CPREP grants. Thirty-seven grants, totaling \$18.6 million, were awarded in FY 2013 to organizations in American Samoa, the Commonwealth of Northern Mariana Islands, Florida, Guam, Indiana, North Dakota, Texas, and Virginia.

- There are no CPREP grantees in Tennessee.

Title V State Abstinence Education Grant Program

The Title V abstinence-only-until-marriage (Title V AOUM) program, administered by ACF, allocates \$50 million per year to states for FYs 2010–2014. The Title V AOUM 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 Title V AOUM 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 \$1,079,168 in federal Title V AOUM funding for FY 2013.
- The agency provides sub-grants to 13²⁹ local public and private entities.³⁰
- In Tennessee, sub-grantees identified the match dollars through in-kind funds.

The Division of Family Health and Wellness of the Tennessee Department of Health implements and monitors the Title V AOUM program. The program targets young people ages 10–14, but allows those as old as 17 to participate, who live in one of 20 counties identified as having high rates of teen pregnancy and births, mothers living in poverty, and high school dropouts. Sub-grantees provide programming in both school- and community-based settings in the following counties: Davidson, Dyer, Hamblen, Hamilton, Knox, Lake, McMinn, Monroe, Meigs, Polk, Rhea, and Washington. The following six evidence-based programs are being used by the funded programs and have been approved by the Tennessee State Department of Health: *Choosing the Best*, *Life on Point*, *Michigan Model for Health—Healthy and Responsible Relationships*, *Promoting Health Among Teens (PHAT)*, *Teen Outreach Program (TOP)*, and *Think On Point*.³¹

Competitive Abstinence Education Grant Program

Administered by the ACF, the Competitive Abstinence Education (CAE) grant program provides grants for “abstinence education” as defined by the A–H statute in Title V of the Social Security Act, as well as for mentoring, counseling, and adult supervision that promotes abstinence outside of marriage. As currently implemented by ACF, the programs must also be medically accurate.

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In FY 2013, \$4.3 million was granted through a competitive application process to 10 grantees across nine states, in addition to the nine grantees implementing the second year of their CAE awards in some overlapping and additional states, for a total of 19 CAE grantees in 14 states.

- There are no CAE grantees in Tennessee.

Tennessee TPPI, DASH, PAF, PREP, Title V AOUM, and CAE Funding in FY 2013

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	
Division of Adolescent and School Health		
Shelby County Board of Education	\$270,000	2013–2017
Tennessee Department of Education	\$60,000	
TOTAL	\$330,000	
Personal Responsibility Education Program (PREP)		
<i>PREP State-Grant Program</i>		
Executive Office of the State of Tennessee (federal grant)	\$988,607	2013
TOTAL	\$988,670	
Title V Abstinence-Only-Until-Marriage Program (Title V AOUM)		
Tennessee Department of Health (federal grant)	\$1,079,168	2013
TOTAL	\$1,079,168	
GRAND TOTAL	\$5,400,621	2013

POINTS OF CONTACT

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¹ This refers to the federal government's fiscal year, which begins on October 1 and ends on September 30. The fiscal year is designated by the calendar year in which it ends; for example, FY 2013 began on October 1, 2012, and ended on September 30, 2013.

² Tenn. Code Ann. § 49-6-1302, <http://www.lexisnexis.com/hottopics/tncode>.

³ Tenn. Code Ann. § 49-6-1304, <http://www.lexisnexis.com/hottopics/tncode>.

⁴ 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>.

⁵ *Tennessee Health Education Standards 3–5* (Tennessee: Tennessee State Board of Education), accessed September 19, 2014, http://www.tennessee.gov/education/standards/health/health_3_5.pdf, 12.

⁶ *Ibid.*, 9.

⁷ *Tennessee Lifetime Wellness Curriculum Standards Grades 9–12* (Tennessee: Tennessee State Board of Education), accessed April 15, 2010, <http://www.tennessee.gov/education/standards/health/LifetimeWellnessStandards2009.pdf>, 19.

⁸ Tenn. Code Ann. § 49-6-1305(b), <http://www.lexisnexis.com/hottopics/tncode>.

⁹ Kann, Laura, et al., “Youth Risk Behavior Surveillance—United States, 2013,” *Surveillance Summaries, Morbidity and Mortality Weekly Report*, vol. 63, no. 4 (June 13, 2014): accessed July 17, 2014, <http://www.cdc.gov/mmwr/pdf/ss/ss6304.pdf>.

¹⁰ Kost, K. and S. Henshaw, *U.S. Teenage Pregnancies, Births, and Abortions, 2010: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2014), accessed July 8, 2014, <http://www.guttmacher.org/pubs/USTPTrends10.pdf>, Table 3.1.

¹¹ *Ibid.*, Table 3.2.

¹² Martin, J.A., et al., *Births: Final Data for 2012*. National Vital Statistics Reports, Vol. 62, No. 9 (December 30, 2013), accessed July 30, 2014, http://www.cdc.gov/nchs/data/nvsr/nvsr62/nvsr62_09.pdf, Table 12.

¹³ Centers for Disease Control and Prevention, *VitalStats Interactive Data Tables*, Hyattsville, MD: National Center for Health Statistics, <http://www.cdc.gov/nchs/vitalstats.htm>.

¹⁴ Kost, K. and S. Henshaw, *U.S. Teenage Pregnancies, Births, and Abortions, 2010: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2014), accessed July 8, 2014, <http://www.guttmacher.org/pubs/USTPTrends10.pdf>, Table 3.1.

¹⁵ *Ibid.*, Table 3.2.

¹⁶ Slide 9: “Rates of Diagnosis of HIV Infection among Adolescents Aged 13–19 Years, 2011—United States and 6 Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), accessed May 30, 2013, <http://bit.ly/1mYVJHs>.

¹⁷ Slide 18: “Rates of Stage 3 (AIDS) Classifications among Adolescents Aged 13–19 Years with HIV Infection, 2011—United States and 6 Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), accessed May 30, 2013, <http://bit.ly/1mYVJHs>.

¹⁸ Slide 10: “Rates of Diagnoses of HIV Infection among Young Adults Aged 20–24 Years, 2011—United States and 6 Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), accessed May 30, 2013, <http://bit.ly/1mYVJHs>.

¹⁹ Slide 19: “Rates of Stage 3 (AIDS) Classifications among Adolescents Aged 20–24 Years with HIV Infection, 2011—United States and 6 Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), accessed May 30, 2013, <http://bit.ly/1mYVJHs>.

²⁰ NCHHSTP Atlas, “STD Surveillance Data” (Atlanta, GA: Centers for Disease Control and Prevention), accessed July 16, 2014, <http://gis.cdc.gov/GRASP/NCHHSTPAtlas/main.html>.

²¹ *Ibid.*

²² *Ibid.*

²³ “Knox Adolescent Pregnancy Prevention Initiative,” Knox County Health Department, accessed May 15, 2011, http://www.knoxcounty.org/health/adolescent_pregnancy_prevention.php.

²⁴ *Ibid.*

²⁵ *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.

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²⁶ Sub-grantees are: Oasis Center (\$602,082; sub-awarded to: Group Effort Foundation, \$10,000); Holston Home (\$7,500), Madison Oaks Academy (\$14,000); Monroe Harding (\$101,041); Omnivision, Inc. (\$10,000); Porter-Leath (\$10,000); Upper Cumberland Human Resources Agency (\$14,000); UT Memphis (\$191,549); and Youth Villages, Inc (\$7,500).

²⁷ Information provided by Ginger Harris, case manager 4, Youth Engagement and Grants Management Lead, Tennessee Department of Children's Services, June 16, 2014.

²⁸ Ibid.

²⁹ Sub-grantees include: Boys & Girls Club of Monroe Area (\$100,000); Boys & Girls Club of the TN Valley (\$70,100); Douglas Cherokee Economic Authority, Inc. (\$100,000); Fashioned in His Image Total Women's Center (\$54,200); Full Circle Women's Services (\$51,400); Gibson County Special School District (\$90,000); Lake County Board of Education (\$47,300); Life Choices Crisis Pregnancy Support Center (\$100,000); New Vision, Inc. (\$100,000); Rise Up! (\$90,000); On Point (\$100,000); Women's Care Center of Rhea County, Inc. (\$66,800); YMCA Urban Services Youth Development Center (\$98,300).

³⁰ Information provided by Kimothy Warren, adolescent pregnancy prevention program director, Tennessee State Department of Health, June 2, 2014.

³¹ Ibid.

³² The person listed represents the designated personnel in the state responsible for adolescent reproductive health.