



TEXAS

In Fiscal Year 2010¹, the state of Texas received:

- **Title V State Abstinence Education Program funds totaling \$5,402,595**

In Fiscal Year 2010, local entities in Texas received:

- **Teen Pregnancy Prevention Initiative funds totaling \$7,640,542**

SEXUALITY EDUCATION LAW AND POLICY

Texas Education Code states that all “course materials and instruction relating to human sexuality” must:

- present abstinence from sexual activity as the preferred choice of behavior in relationship to all sexual activity for unmarried persons of school age;
- devote more attention to abstinence from sexual activity than to any other behavior;
- emphasize that abstinence from sexual activity, if used consistently and correctly, is the only method that is 100% effective in preventing pregnancy, sexually transmitted diseases (STDs), infection with human immunodeficiency virus (HIV) or acquired immune deficiency syndrome (AIDS), and the emotional trauma associated with adolescent sexual activity;
- direct adolescents to a standard of behavior in which abstinence from sexual activity before marriage is the most effective way to prevent pregnancy, STDs, and infection with HIV or AIDS; and
- teach contraception and condom use in terms of human use reality rates instead of theoretical laboratory rates, if instruction on contraception and condoms is included in curriculum content.²

In addition, school districts may not distribute condoms and are allowed to “separate students according to sex for instructional purposes.”³

In 2009, using authority given to it by the state legislature, the Texas Board of Education voted to repeal the state’s existing health education requirement. Though the specifics of what may and may not be taught remain in the Texas Education Code, schools may now choose whether or not to offer health education courses.

Each school district must also have a local health advisory council established by the board of trustees.⁴ The council must make recommendations to the school district about changes in that district’s curriculum and “appropriate grade levels and methods of instruction for human sexuality instruction.”⁵ This council also must “assist the district in ensuring that local community values are

reflected in the district’s health education instruction.”⁶

Parents or guardians may remove their children from any part of sexuality education instruction if it conflicts with their “religious or moral beliefs” by submitting a written request to the teacher.⁷ This is referred to as an “opt-out” policy.

See Texas Administrative Code §§ 74.1, 74.2, 74.3, and 74.41; Texas Education Code §§ 28.004 and 26.010; and Texas State Board of Education Administrative Code §§ 115.22 and 115.23.

RECENT LEGISLATION

Bill Regarding Presentations in Human Sexuality Classes

House Bill 827, introduced in January 2011, would have required all presentations relating to human sexuality provided by an individual or group not affiliated with the school district to receive prior approval by the local school health advisory council. The bill was referred to the House Committee on Public Education where it died.

Bill Regarding Parental Notification for Human Sexuality Instruction

House Bill 828, introduced in January 2011, would have required all school districts that teach human sexuality instruction to prepare the required written notification to parents in consultation with the local school health advisory council. The bill was referred to the House Public Education Committee, where it died.

Education Works Act Introduced

Senate Bill 852 and House Bill 1624, both known as the *Education Works Act*, were introduced in February 2011. The legislation would have amended the state’s Education Code to require that sex education provided in public schools be age-appropriate and evidence-based. The legislation would have maintained the state’s current requirement that instruction emphasize abstinence from sexual activity while also requiring instruction to include information about the effectiveness of contraception in reducing the risk of pregnancy and sexually transmitted diseases. The bill was referred to the Senate Education Committee where it died.

YOUTH SEXUAL HEALTH DATA

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

Texas Youth Risk Behavior Survey (YRBS) Data⁸

- In 2009, 49% of female high school students and 54% of male high school students in Texas reported ever having had sexual intercourse compared to 46% of female high school students and 46% of male high school students nationwide.
- In 2009, 3% of female high school students and 9% of male high school students in Texas reported having had sexual intercourse before age 13 compared to 3% of female high school students and 8% of male high school students nationwide.

T E X A S

- In 2009, 13% of female high school students and 20% of male high school students in Texas reported having had four or more lifetime sexual partners compared to 11% of female high school students and 16% of male high school students nationwide.
- In 2009, 39% of female high school students and 37% of male high school students in Texas reported being currently sexually active (defined as having had sexual intercourse in the three months prior to the survey) compared to 36% of female high school students and 33% of male high school students nationwide.
- In 2009, among those high school students who reported being currently sexually active, 53% of females and 63% of males in Texas reported having used condoms the last time they had sexual intercourse compared to 54% of females and 69% of males nationwide.
- In 2009, among those high school students who reported being currently sexually active, 17% of females and 10% of males in Texas reported having used birth control pills the last time they had sexual intercourse compared to 23% of females and 16% of males nationwide.
- In 2009, among those high school students who reported being currently sexually active, 18% of females and 25% of males in Texas reported having used alcohol or drugs the last time they had sexual intercourse compared to 17% of females and 26% of males nationwide.
- In 2009, 83% of high school students in Texas reported having been taught about AIDS/HIV in school compared to 87% of high school students nationwide.

Dallas, Texas

- In 2009, 49% of female high school students and 63% of male high school students in Dallas, Texas reported ever having had sexual intercourse compared to 46% of female high school students and 46% of male high school students nationwide.
- In 2009, 4% of female high school students and 16% of male high school students in Dallas, Texas reported having had sexual intercourse before age 13 compared to 3% of female high school students and 8% of male high school students nationwide.
- In 2009, 10% of female high school students and 24% of male high school students in Dallas, Texas reported having had four or more lifetime sexual partners compared to 11% of female high school students and 16% of male high school students nationwide.
- In 2009, 37% of female high school students and 43% of male high school students in Dallas, Texas reported being currently sexually active (defined as having had sexual intercourse in the three months prior to the survey) compared to 36% of female high school students and 33% of male high school students nationwide.
- In 2009, among those high school students who reported being currently sexually active, 51% of females and 69% of males in Dallas, Texas reported having used condoms the last time they had sexual intercourse compared to 54% of females and 69% of males nationwide.

- In 2009, among those high school students who reported being currently sexually active, 9% of females and 4% of males in Dallas, Texas reported having used birth control pills the last time they had sexual intercourse compared to 23% of females and 16% of males nationwide.
- In 2009, among those high school students who reported being currently sexually active, 12% of females and 24% of males in Dallas, Texas reported having used alcohol or drugs the last time they had sexual intercourse compared to 17% of females and 26% of males nationwide.
- In 2009, 80% of high school students in Dallas, Texas reported having been taught about AIDS/HIV in school compared to 87% of high school students nationwide.

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

Teen Pregnancy, Birth, and Abortion

- Texas's teen birth rate currently ranks 3rd in the United States with a rate of 63.4 births per 1,000 young women ages 15–19 compared to the national rate of 41.5 births per 1,000.⁹ In 2008 there were a total of 42,289 live births reported to young women ages 15–19 in Texas.¹⁰
- In 2005, Texas's teen pregnancy rate ranked 5th in the United States, with a rate of 88 pregnancies per 1,000 young women ages 15–19 compared to the national rate of 70 pregnancies per 1,000.¹¹ There were a total of 73,270 pregnancies among young women ages 15–19 reported in Texas.¹²
- In 2005, Texas's teen abortion rate ranked 28th in the United States, with a rate of 13 abortions per 1,000 young women ages 15–19 compared to the national rate of 19 abortions per 1,000.¹³

HIV and AIDS

- Texas's HIV infection rate ranks 9th in the United States, with a rate of 19.5 cases per 100,000 individuals compared to the national rate of 19.5 cases per 100,000.¹⁴
- Texas ranks 3rd in cases of HIV infection diagnosed in the United States among all age groups. In 2008, there were a total of 4,751 new cases of HIV infection diagnosed in Texas.¹⁵
- Texas's HIV infection rate among young people ages 13–19 ranks 10th in the United States, with a rate of 9.9 cases per 100,000 young people compared to the national rate of 9.1 cases per 100,000.¹⁶
- Texas ranks 4th in number of reported AIDS cases in the United States among all age groups. In 2008, there were a total of 2,924 new AIDS cases reported in Texas.¹⁷
- Texas's AIDS rate ranks 14th in the United States, with a rate of 12 cases per 100,000 individuals compared to the national rate of 12.3 cases per 100,000.¹⁸
- Texas's AIDS rate among young people ages 13–19 ranks 10th in the United States with a rate of 9.9 cases per 100,000 young people compared to the national rate of 1.8 cases per 100,000.¹⁹

Sexually Transmitted Diseases

- Texas ranks 21st in reported cases of Chlamydia among young people ages 15–19 in the United States, with an infection rate of 20.06 cases per 1,000 compared to the national rate of 19.51 cases per 1,000. In 2008, there were a total of 35,038 cases of Chlamydia reported among young people ages 15–19 in Texas.²⁰
- Texas ranks 16th in reported cases of gonorrhea among young people ages 15–19 in the United States, with an infection rate of 5.49 cases per 1,000 compared to the national rate of 4.52 cases per 1,000. In 2008, there were a total of 9,592 cases of gonorrhea reported among young people ages 15–19 in Texas.²¹
- Texas ranks 4th in reported cases of primary and secondary syphilis among young people ages 15–19 in the United States, with an infection rate of 0.08 cases per 1,000 compared to the national rate of 0.04 cases per 1,000. In 2008, there were a total of 142 cases of syphilis reported among young people ages 15–19 in Texas.²²

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

President’s Teen Pregnancy Prevention Initiative

The President’s Teen Pregnancy Prevention Initiative (TPPI) funds medically accurate and age-appropriate programs to reduce teen pregnancy. The U.S. Department of Health and Human Services, Office of Adolescent Health (OAH) administers the grant program, which totaled \$110 million in discretionary funding for Fiscal Year 2010. TPPI consists of two funding tiers that provide grants to local public and private entities. Tier 1 totals \$75 million and provides funding for the replication of evidence-based programs proven to prevent unintended teen pregnancy and address underlying behavioral risk factors. Tier 2 totals \$25 million and provides funding to develop and test additional models and innovative strategies. A portion of the Tier 2 funds, \$15.2 million, was allocated for research and demonstration grants to test innovative approaches, while the remaining funding, \$9.8 million, was allocated for grants to support communitywide initiatives. TPPI also dedicates \$4.5 million in funding to conduct evaluations of individual programs.

TPPI Tier 1: Evidence-Based Programs

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

- Local organizations in Texas received \$4,584,030 in TPPI Tier 1 funding for Fiscal Year 2010.
- There are three TPPI Tier 1 grantees in Texas: Navasota ISD; The University of Texas Health Science Center at Houston; and Youth and Family Alliance doing business as LifeWorks.

Navasota Independent School District, \$999,030 (2010–2014)

Navasota Independent School District (ISD), located in Navasota, Texas, is a small school district with a student enrollment of approximately 3,000. It includes High Point Elementary School, John C. Webb Elementary School, Navasota Intermediate School, Navasota Junior High School, and Navasota High School.²³

With its TPPI funding, Navasota ISD implements the “Responsible Students, Volunteers, and Parents (RSVP)” program in all elementary schools in Grimes County. The overall goals of RSVP are to prevent teenage pregnancy, to encourage abstinence from sexual activity until the age of 18, and to promote positive youth development and academic success.²⁴ The program uses *Raising Healthy Children*, an evidence-based youth development program that seeks to reduce risk factors, including school failure, substance abuse, and delinquency, among students in grades one through six. It promotes positive youth development by incorporating multiple components, including individual, school, and family programming. *Raising Healthy Children* is designed as a multi-year, comprehensive, school-based program, and targets protective factors such as parent-child connectedness, children’s bonding with their school, academic achievement, interpersonal problem solving skills, refusal skills, and positive classroom behavior to support educational and life success. A long-term evaluation of the program began in 1981 and follow-up conducted with former program participants at age 18 found that, in comparison to the control group, they were significantly less likely to report ever having had sexual intercourse; and those who were sexually active reported significantly fewer lifetime sexual partners. At age 21 follow-up, female participants were significantly less likely to report a lifetime pregnancy or birth than females in the control group; and at age 24 follow-up both male and female participants were significantly less likely to report having ever been diagnosed with an STD compared to those in the control group.²⁵

RSVP provides family support and parenting workshops throughout the school year for parents of children attending Navasota ISD schools. Additionally, RSVP provides “support to school staff in developing and strengthening skills in the areas of classroom management, instruction, cooperative learning, and student motivation.”²⁶ Navasota ISD plans for the program to reach approximately 375 youth annually.

The University of Texas Health Science Center at Houston, \$3,000,000 (2010–2014)

The University of Texas Health Science Center at Houston (UTHealth) is part of the University of Texas statewide comprehensive academic health system. UTHealth includes the seventh-largest medical school in the United States in addition to schools of biomedical informatics, biomedical sciences, dentistry, nursing, and public health; a psychiatric hospital; a network of clinics serving the Houston region; and several teaching hospitals. Its mission is “to educate health science professionals, discover and translate advances in the biomedical and social sciences, and model the best practices in clinical care and public health.”²⁷

With its TPPI funding, UTHealth aims to promote sexual abstinence, reduce risky sexual behavior, and prevent teen pregnancy among youth in Harris County, Texas. UTHealth collaborates with 11 school districts and community partners to implement *It’s Your Game: Keep It Real* in 97 middle schools and 87 high schools across Harris County.²⁸ UTHealth plans to reach approximately 30,000 youth annually.²⁹

It’s Your Game: Keep it Real is an evidence-based HIV-, STD-, and pregnancy-prevention curriculum designed for seventh and eighth grade students. The curriculum consists of 24 classroom-based lessons designed to encourage participants to delay sexual initiation and to use condoms and contraception if and when they become sexually active. It incorporates group activities, computer-based sessions, role modeling, journaling, and group discussion and addresses how to set personal limits for risk behaviors, how to be aware of vulnerable situations that may challenge those limits, and how to use refusal and other skills to maintain limits. Topics addressed in seventh grade include healthy friendships, setting personal limits, human growth and development, and refusal skills, among others. Eighth grade topics include healthy dating relationships, the importance of STD and pregnancy testing, and skills for using condoms and contraceptives. An evaluation of the curriculum published in the *Journal of Adolescent Health* found, at a ninth grade follow-up, that students who were sexually inexperienced at the start of the program were significantly less likely to report having initiated sex than sexually inexperienced participants in the control group.³⁰

Youth and Family Alliance doing business as LifeWorks, \$585,000 (2010–2014)

LifeWorks is a non-profit organization located in Austin, Texas that provides housing, counseling, and education services to at-risk youth and families. The organization’s mission is to transition “youth and families from crisis to safety and success.”³¹ Its services include a walk-in emergency shelter, crisis intervention, parenting and educational support for teenage parents, and GED and life skills training.

With its TPPI Tier 1 funding, LifeWorks partners with Planned Parenthood of the Texas Capital Region and Austin Independent School District (AISD) to implement the “REAL Talk” program.³² “REAL Talk” provides abstinence-based programming to youth in school and community-based settings. The program implements *It’s Your Game: Keep It Real* to seventh and eighth grade students and *Reducing the Risk* to ninth and tenth grade students attending AISD schools.³³ (Please see the description of UTHealth’s program above for more information on *It’s Your Game: Keep It Real*.)

Reducing the Risk: Building Skills to Prevent Pregnancy, STD and HIV is an evidence-based, pregnancy-, STD-, and HIV-prevention curriculum designed for classroom use with students in the ninth and tenth grades. It is appropriate for use with multi-ethnic populations.³⁴ *Reducing the Risk* aims to reduce high-risk behaviors among participants and emphasizes strategies for abstaining from sex or practicing safer sex. The 16-lesson curriculum addresses both abstinence and contraception use and includes experiential activities that teach students to develop refusal, negotiation, and communication skills. An evaluation of the program published in *Family Planning Perspectives* found that it increased parent-child communication, especially among Latino youth, delayed the initiation of sexual intercourse, and reduced incidence of unprotected sex among lower-risk youth who participated in the program.³⁵

The overall goal of “REAL Talk” is to positively impact participants’ knowledge, attitude, intentions, and behavior about sexual health as well as their communication with trusted adults about sexual health topics. According to an AISD news release, “[REAL Talk] will focus on abstinence as the only 100 percent effective means of preventing pregnancy. Additionally, students will learn about types of behaviors that are likely to increase the risk of pregnancy and contraceptive options to prevent pregnancy. Per AISD policy, contraceptive devices will not be demonstrated nor will they be disseminated in District facilities.”³⁶ Parental permission is required for participation in the program. The program plans to serve approximately 260 youth annually.

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.

- Local organizations in Texas received \$1,847,125 in TPPI Tier 2 Innovative Approaches funding for Fiscal Year 2010.
- There are two TPPI Tier 2 Innovative Approaches grantees in Texas: Arlington Independent School District and The University of Texas Health Science Center at San Antonio.

Arlington Independent School District, \$995,675 (2010–2014)

Arlington Independent School District (AISD) is the eighth largest school district in Texas. Serving the Dallas-Ft. Worth metro area, it has a student population of more than 63,000. AISD uses its Tier 2 grant to implement the “Crossroads” program, a risk-reduction program designed to prevent pregnancy, secondary pregnancies, and STDs among out-of-school youth ages 17–21. Program participants are enrolled in the school district’s dropout recovery program. The implementation of “Crossroads” aims to “[assist] students in returning to academics while...[increasing their] self-value and gain[ing] knowledge about the prevention of pregnancy and STDs.”³⁷

“Crossroads” uses *Be Proud! Be Responsible!* in its dropout prevention programming. *Be Proud! Be Responsible!* is an evidence-based HIV-prevention curriculum originally designed for urban, African-American males ages 13–18.³⁸ 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.³⁹ 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.⁴⁰

The program is delivered over the course of three days and includes experiential learning activities that address personal values, sexual health, and career development among other topics. Participants also receive support services from school counselors, academic advisors, and social workers. It serves approximately 300 young people each year.⁴¹

University of Texas Health Science Center at San Antonio, \$851,450 (2010–2014)

The University of Texas Health Science Center at San Antonio, operates the “Sex Education Program (SEP).” For the past eight years, the health science center’s Department of Obstetrics and Gynecology has implemented SEP in school- and community-based settings in Bexar County. The agency reports having served more than 90,000 students through the program, whose purpose has been to provide “medically accurate sex education to the community” along with referrals to health care providers in order to “[improve] local and state economies by decreasing teen pregnancy and sexually transmitted infection rates.”⁴² The program targets low-income communities.

With its TPPI Tier 2 grant, the health science center has partnered with Judson Independent School District to implement SEP. Programming includes curriculum-based sessions, tutoring, mentoring, service learning, parent workshops, and referrals to health services. The organization implements the abstinence-only-until-marriage curriculum, *Worth the Wait* to students in grades six through nine and plans to follow the original cohort of students over the course of four years, delivering the curriculum each year in order to provide consistent programming to the original set of ninth grade students throughout high school. The program plans to serve 1,200 students each year.⁴³

SIECUS reviewed the 2003 edition of *Worth the Wait* and found that it covers some important topics related to sexuality such as puberty, anatomy, and sexual abuse, and that the curriculum is based on reliable sources of data. Despite these strengths, *Worth the Wait* relies on messages of fear, discourages contraceptive use, and promotes biased views of gender, marriage, and pregnancy options. For example, the curriculum explains, “teenage sexual activity can create a multitude of medical, legal, and economic problems not only for the individuals having sex but for society as a whole.”⁴⁴ The curriculum has been updated since SIECUS’ review.

TPPI Tier 2: Communitywide Initiatives

The TPPI Tier 2 grant program also supports communitywide initiatives to reduce rates of teenage pregnancy and births in communities with the highest rates. The program awards grants to national organizations as well as state- and community-based organizations. Funded national partners provide

training and technical assistance to local grantees. The Centers for Disease Control and Prevention (CDC) administer the grant program in partnership with OAH.

- There is one TPPI Tier 2 Communitywide Initiatives grantee in Texas, The University of Texas Health Science Center at San Antonio, which received \$1,209,387 for Fiscal Year 2010.

The University of Texas Health Science Center at San Antonio, \$1,209,387 (2010–2014)

The University of Texas Health Science Center at San Antonio uses its community-wide initiatives grant to forward a community saturation model for its “Sex Education Program (SEP),” which provides abstinence-only-until-marriage programming to primarily Latino youth in the southern part of Bexar County. (Please see the *TPPI Tier 2 Innovative Approaches* section above for more information on SEP.) Funding from the community-wide initiatives grant serves to develop and further establish relationships between SEP and community-based clinical services through providing training and technical assistance to local health professionals and additional community stakeholders.⁴⁵

Personal Responsibility Education Program

The Personal Responsibility Education Program (PREP) totals \$75 million per year for Fiscal Years 2010–2014 and is the first-ever dedicated funding stream for more comprehensive approaches to sexuality education. 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 Indian tribes and tribal organizations, and \$6.5 million for evaluation, training, and technical assistance. Details on the state-grant program and PREIS are included below. At the time of publication, the funding for tribes and tribal organizations had not yet been awarded.

PREP State-Grant Program

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

- Texas chose not to apply for PREP funds for Fiscal Year 2010.

Personal Responsibility Education Innovative Strategies (PREIS)

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

- There are no PREIS grantees in Texas.

Title V State Abstinence Education Grant Program

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

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

- The Texas Department of State Health Services received \$5,402,595 in federal Title V abstinence-only funding for Fiscal Year 2010.
- The department has issued an application announcement for available funds under the state’s Title V abstinence-only grant program. At the time of publication, sub-grantees had not yet been determined.
- In Texas, the match is scheduled to be provided through a combination of state revenue, totaling \$568,000, and in-kind services. At the time of publication, however, it was unknown whether the proposed state contribution would be eliminated from the state budget by the legislature.

The Texas Department of State Health Services implements the Title V abstinence-only grant through its Abstinence-Centered Teen Pregnancy Prevention program. The funding supports both community-level intervention models and statewide educational services. Sub-grants are provided to local public and private entities to implement one of three implementation models: the elementary school implementation model, the middle school implementation model, or the after-school intervention model. Both school-based models target communities with high teen birth rates (those with rates higher than 45 per 1,000 young women ages 15–19) and a high number of teen births (at least 350 among young women of the same age group). In addition, programming must target youth populations that are predominately “economically disadvantaged.” The after-school implementation model targets youth populations that are most likely to bear children out-of-wedlock, such as youth in foster care or in the juvenile justice system.

Independent school districts, charter, or alternative schools are eligible to apply to implement an elementary or middle school intervention. Local public and private entities including, school districts, regional education service centers, community-based organizations, and health care service agencies are eligible for funding to implement the after-school intervention model. There are 20 counties in Texas that qualify for programming through the community intervention models: Bell, Bexar, Brazoria, Cameron, Dallas, Ector, El Paso, Galveston, Harris, Hidalgo, Jefferson, Lubbock, McLennan, Midland, Nueces, Potter, Smith, Tarrant, Travis and Webb.⁴⁶ At the time of publication, the state had not yet determined sub-grantees for the school-based models.

Under the elementary school intervention model, programming must serve elementary school students in grades one through six. Programs approved for implementation include, *Raising Healthy Families*; *Aban Aya Youth Project* (approved for youth in fifth and sixth grade); and *Promoting Health Among Teens! (PHAT) – Abstinence-Only Intervention* (approved for use with sixth grade students only). The middle school intervention model requires sub-grantees to implement one of the following approved curricula for middle school students in grades six through eight:

- *Aban Aya Youth Project*
- *Draw the Line/Respect the Line*
- *It’s Your Game: Keep it Real*
- *Making a Difference!*
- *Project AIM (Adult Identity Mentoring)*
- *Promoting Health Among Teens! (PHAT) – Abstinence-Only Intervention*
- *Reasons of the Heart*

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Sub-grantees implementing the after-school intervention model must establish after-school youth clubs that target students in grades five through eight and implement programming during after-school hours or on the weekends. The following curricula are approved for use:

- *Aban Aya Youth Project*
- *Making a Difference!*
- *Project AIM (Adult Identity Mentoring)*
- *Promoting Health Among Teens! (PHAT) – Abstinence-Only Intervention*
- *Reach for Health Community Youth Service Learning*
- *Teen Outreach Program (TOP)*

Most of the approved programs for the intervention models are included on the list of 28 evidence-based programs approved for use with TPPI Tier 1 funding by OAH. (Please see the [OAH Intervention Implementation Reports](#) for more information about these programs.) Sub-grantees may also choose to implement programs that are not included on the state’s list of approved programs as long as the programs have “demonstrated impacts on sexual activity (including delaying the initiation of sexual activity), contraception use, STDs, and pregnancy and births.”⁴⁷

In addition to providing funding for community-level interventions, the state Title V abstinence-only program provides statewide educational services to youth and parents. The Abstinence-Centered Pregnancy Prevention program implements *Power2Wait* to any school district or community organization that requests it. This locally developed abstinence-only curriculum aligns with the Texas health education standards for elementary and middle school. It addresses such topics as puberty and anatomy, reproduction, healthy relationships, “the benefits of abstinence as the best choice for school-aged youth,” “the benefits of marriage and raising children,” “the financial effects of divorce and unwed pregnancy,” and refusal and decision making skills among other topics.⁴⁸ The department’s website includes information and resources for parents about talking to their kids about delaying sexual activity. Additional services include abstinence-only clubs, an annual abstinence-only conference for youth, and training for the implementation of evidence-based programs. A *Power2Wait* website for youth is also in development. Program materials for parents and youth are available in both English and Spanish.⁴⁹

Texas TPPI, PREP, and Title V Abstinence-Only funding in FY 2010

Grantee	Award	Fiscal Years
Teen Pregnancy Prevention Initiative (TPPI)		
<i>TPPI Tier 1: Replication of Evidence-Based Programs</i>		
Navasota Independent School District	\$999,030	2010–2014
The University of Texas Health Science Center at Houston	\$3,000,000	2010–2014
Youth and Family Alliance (dba LifeWorks)	\$585,000	2010–2014
TOTAL	\$4,584,030	
<i>TPPI Tier 2: Innovative Approaches</i>		
Arlington Independent School District	\$995,675	2010–2014
The University of Texas Health Science Center at San Antonio	\$851,450	
TOTAL	\$1,847,125	

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Grantee	Award	Fiscal Years
<i>TPPI Tier 2: Communitywide Initiatives</i>		
The University of Texas Health Science Center at San Antonio	\$1,209,387	2010–2014
TOTAL	\$1,209,387	
Title V Abstinence Education Grant Program (Title V Abstinence-Only)		
Texas Department of State Health Services (federal grant)	\$5,402,595	2010
TOTAL	\$5,402,595	
GRAND TOTAL		
	\$13,043,137	2010

COMPREHENSIVE APPROACHES TO SEXUALITY EDUCATION

SIECUS has identified some examples of model programs, policies, and best practices being implemented in Texas public schools that provide a more comprehensive approach to sex education for young people.⁵⁰

Comprehensive Sex Education Programs in Public Schools

Some Texas school districts are transitioning from an abstinence-only-until-marriage approach to providing more comprehensive sex education in response to rising teen pregnancy rates. Austin Independent School District, Hays Consolidated Independent School District, and Lufkin Independent School District all adopted sex education curricula that teach about both abstinence and contraception for the 2009–2010 school year. In addition, school districts in San Antonio and the Rio Grande Valley are also using more comprehensive sex education programs. Houston Independent School District, the state’s largest school district, is also considering implementing a more comprehensive sex education curriculum beginning in the 2010–2011 school year.⁵¹

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

POINTS OF CONTACT

Adolescent Health Contact⁵²

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ORGANIZATIONS THAT SUPPORT COMPREHENSIVE SEXUALITY EDUCATION

ACLU of Texas
Austin, TX
Phone: (512) 478-7300
www.aclutx.org

Planned Parenthood of San Antonio and
South Central Texas
San Antonio, TX
Phone: (210) 736-2244
www.ppsctx.org

NARAL Pro-Choice Texas
Austin, TX
Phone: (512) 462-1661
www.prochoicetexas.org

Texas Freedom Network
Austin, TX
Phone: (512) 322-0545
www.tfn.org

Planned Parenthood of Houston
and Southeast Texas
Houston, TX
Phone: (713) 522-6363
www.plannedparenthood.org/pphset

Valley AIDS Council
McAllen, TX
Phone: (800) 333-7432
www.valleyaids.org

Planned Parenthood of North Texas
Dallas, TX
Phone: (214) 363-2004
www.ppnt.org

Women's Health and Family Planning
Association of Texas
Austin, TX
Phone: (512) 448-4857
www.whfpt.org

Planned Parenthood
of Texas Capital Region
Austin, TX
Phone: (512) 275-0171
www.plannedparenthood.org/ppaustin

Youth First Texas
Dallas, TX
Phone: 214.879.0400
www.youthfirsttexas.org

ORGANIZATIONS THAT OPPOSE COMPREHENSIVE SEXUALITY EDUCATION

Aim for Success
Dallas, TX
Phone: (972) 422-2322
www.aimforsuccess.org

Texas Alliance for Life
Austin, TX
Phone: (512) 477-1244
www.texasallianceforlife.org

Free Market Foundation
Plano, TX
Phone: (972) 941-4444
www.freemarket.org

Texas Right To Life Committee
Houston, TX
Phone: (713) 782-LIFE
www.texasrighttolife.com

Life Dynamics
Denton, TX
Phone: (940) 380-8800
www.lds.org

Wonderful Days
Fort Worth, TX
Phone: (817) 335-5000
www.days.org

The Medical Institute
Austin, TX
Phone: (512) 328-6269
www.medinstitute.org

MEDIA OUTLETS

Newspapers in Texas⁵³

Austin American-Statesman
Austin, TX
Phone: (512) 445-1718
www.statesman.com

Austin Chronicle
Austin, TX
Phone: (512) 454-5766
www.austinchronicle.com

Beaumont Enterprise
Beaumont, TX
Phone: (409) 833-3311
www.beaumontenterprise.com

Corpus Christi Caller-Times
Corpus Christi, TX
Phone: (361) 866-3600
www.caller.com

Dallas Morning News
Dallas, TX
Phone: (214) 977-8222
www.dallasnews.com

El Paso Times
El Paso, TX
Phone: (915) 546-6119
www.elpasotimes.com

Fort Worth Star-Telegram
Fort Worth, TX
Phone: (817) 390-7400
www.star-telegram.com

Houston Chronicle
Houston, TX
Phone: (713) 362-7171
www.houstonchronicle.com

Longview News-Journal
Longview, TX
Phone: (903) 237-7777
www.newsjournal.com

Lubbock Avalanche-Journal
Lubbock, TX
Phone: (806) 762-8844
www.lubbockonline.com

San Antonio Express-News
 San Antonio, TX
 Phone: (210) 250-3171
www.mysanantonio.com

Political Blogs in Texas

The Agonist
www.agonist.org

Burnt Orange Report
www.burntorangereport.com

Capitol Annex
www.capitolannex.com

Grits for Breakfast
www.gritsforbreakfast.blogspot.com

South Texas Chisme
www.stxc.blogspot.com

Texas Liberal
www.texasliberal.wordpress.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 2010 began on October 1, 2009 and ended on September 30, 2010.

² Tex. Ed. Code §§ 28.004(e)(1)–(5), <<http://www.statutes.legis.state.tx.us/Docs/ED/htm/ED.28.htm#28.004>>.

³ Tex. Ed. Code §§ 28.004(f) and (g).

⁴ Tex. Ed. Code §§ 28.004(a).

⁵ Tex. Ed. Code §§ 28.004(c)(3).

⁶ Tex. Ed. Code §§ 28.004(a).

⁷ Tex. Ed. Code §§ 26.010(a), <<http://www.statutes.legis.state.tx.us/Docs/ED/htm/ED.26.htm#26.010>>.

⁸ Danice K. Eaton, et. al., “Youth Risk Behavior Surveillance—United States, 2009,” *Surveillance Summaries, Morbidity and Mortality Weekly Report*, vol. 59, no. SS-5 (4 June 2010): 98–109, accessed 4 June 2010, <<http://www.cdc.gov/mmwr/pdf/ss/ss5905.pdf>>. Note: Dallas also participated in the 2009 YRBS.

⁹ “Births: Final Data for 2008,” *National Vital Statistics Report*, vol. 59, (Atlanta, GA: Centers for Disease Control and Prevention, December 2010), accessed 29 June 2011, <http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_01.pdf>, Table 12.

¹⁰ “VitalStats: Birth Data Files by State, Age of Mother in Years, 2008,” (Atlanta, GA: Centers for Disease Control and Prevention), accessed 30 June 2011, <http://www.cdc.gov/nchs/data_access/vitalstats/VitalStats_Births.htm>.

¹¹ *U.S. Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, (Washington, DC: Guttmacher Institute, January 2010), accessed 5 March 2010, <<http://www.guttmacher.org/pubs/USTPtrends.pdf>>, Table 3.1.

¹² *Ibid.*, Table 3.2.

¹³ *U.S. Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, Table 3,3.

¹⁴ *HIV Surveillance Report, 2008*, (Atlanta, GA: Centers for Disease Control and Prevention, June 2010), accessed 28 June 2011, <<http://www.cdc.gov/hiv/surveillance/resources/reports/2008report/pdf/2008SurveillanceReport.pdf>>, Table 19.

¹⁵ *Ibid.*

¹⁶ Slide 9: “Rates of Diagnoses of HIV Infection among Adolescents Aged 13–19 Years, 2009—40 States and 5 U.S. Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention, July 2011), accessed 27 September 2011, <<http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>>.

¹⁷ *HIV Surveillance Report, 2008*, Table 20.

¹⁸ *Ibid.*

¹⁹ Slide 18: “Rates of Diagnoses of AIDS Infection among Adolescents Aged 13–19 Years, 2009—40 States and 5 U.S. Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention, July 2011), accessed 27 September 2011, <<http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>>.

²⁰ “Wonder Database: Selected STDs by Age, Race/Ethnicity, and Gender, 1996–2008 Results,” (Atlanta, GA: Centers for Disease Control and Prevention), 30 June 2009, accessed 5 March 2010, <<http://wonder.cdc.gov/>>; see also Table 10: “Chlamydia: Reported Cases and Rates Per 100,000 Population by Age Group and Sex: United States, 2004–2008,” *Sexually Transmitted Disease Surveillance 2008*, (Atlanta, GA: Centers for Disease Control and Prevention, Division of STD Prevention, November 2009), accessed 5 March 2010, <<http://www.cdc.gov/std/stats08/surv2008-Complete.pdf>>, 95.

- ²¹ Ibid; see also Table 20: “Gonorrhea—Reported Cases and Rates per 100,000 Population by Age Group and Sex: United States, 2004–2008,” *Sexually Transmitted Disease Surveillance 2008*, 106.
- ²² Ibid; see also Table 33: “Primary and Secondary Syphilis—Reported Cases and Rates per 100,000 Population by Age Group and Sex: United States, 2004–2008,” *Sexually Transmitted Disease Surveillance 2008*, 121.
- ²³ “Navasota Independent School District,” Navasota Independent School District, accessed 14 July 2011, <<http://www.navasotaisd.org/index.jsp>>.
- ²⁴ “Navasota Independent School District,” Teenage Pregnancy Prevention: Summary of Funded Evidence-Based Programs for 2010, U.S. Department of Health and Human Services, Office of Adolescent Health, accessed 2 June 2011, <http://www.hhs.gov/ash/oah/prevention/grantees/models_2010_programs.html>.
- ²⁵ “Raising Healthy Children,” Evidence-Based Program, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed 23 August 2011, <<http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=611&PageTypeID=2>>.
- ²⁶ Navasota Independent School District, “Responsible Students, Volunteers, Parents Program Set to Begin Work,” accessed 14 July 2011, <http://www.navasotaisd.org/apps/pages/index.jsp?uREC_ID=140944&type=d&pREC_ID=273967>.
- ²⁷ The University of Texas Health Science Center at Houston, “Mission and Vision Statements,” accessed 14 July 2011, <<http://www.uthouston.edu/index/mission-vision.htm>>.
- ²⁸ Jade Waddy, “UTHealth awarded \$15 million for teen pregnancy prevention: UTHealth developed program to be distributed in select public schools,” University of Texas Health Science Center at Houston News Release, 1 October 2010, accessed 14 July 2011, <<http://www.uthouston.edu/media/story.htm?id=2263929>>.
- ²⁹ “University of Texas Health Science Center” Teenage Pregnancy Prevention: Summary of Funded Evidence-Based Programs for 2010, U.S. Department of Health and Human Services, Office of Adolescent Health, accessed 2 June 2011, <http://www.hhs.gov/ash/oah/prevention/grantees/models_2010_programs.html>.
- ³⁰ “It’s Your Game: Keep it Real,” Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed 1 July 2011, <<http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=574&PageTypeID=2>>.
- ³¹ LifeWorks, “Services,” accessed 14 July 2011, <<http://www.lifeworksaustin.org/site/c.jqL.SIXOBKpF/b.1504607/k.D365/Services.htm>>.
- ³² Austin Independent School District, “Austin School District To Implement REAL Talk Program with \$2.9 Million Grant,” 1 October 2010, accessed 14 July 2011, <<http://archive.austinisd.org/newsmedia/releases/index.phtml?more=2108&lang>>.
- ³³ LifeWorks, “Education,” accessed 14 July 2011, <<http://www.lifeworksaustin.org/site/c.jqL.SIXOBKpF/b.1504645/k.E6EA/Education.htm#tps>>.
- ³⁴ *Science and Success: Sex Education and Other Programs That Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections* (Washington, DC: Advocates for Youth, 2008), accessed 30 March 2010, <<http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf>>, 22.
- ³⁵ Ibid., 23–24.
- ³⁶ Austin Independent School District, “Austin School District to Implement REAL Talk Program with \$2.9 Million Grant,” 1 October 2010, accessed 14 July 2011, <<http://archive.austinisd.org/newsmedia/releases/index.phtml?more=2108&lang>>.
- ³⁷ “Crossroads,” *Application for Federal Funds SF-424*, FY10 Teenage Pregnancy Prevention: Research and Demonstration Programs (Tier 2), Arlington Independent School District, (June 2010), 1. Information obtained through a Freedom of Information Act request submitted to the U.S. Department of Health and Human Services, Office of Adolescent Health.
- ³⁸ *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 1 July 2011, <<http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf>>, 56–59.
- ³⁹ “Be Proud! Be Responsible!” Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed 1 July 2011, <<http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=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 1 July 2011, <http://www.hhs.gov/ash/oah/prevention/research/programs/be_proud_responsible.html>.
- ⁴⁰ *Science and Success: Sex Education and Other Programs That Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections*, 56–59.
- ⁴¹ “Crossroads,” *Application for Federal Funds SF-424*, FY10 Teenage Pregnancy Prevention: Research and Demonstration Programs (Tier 2).
- ⁴² Ibid.
- ⁴³ Ibid.

⁴⁴ Patricia Sulak, *Worth the Wait* (Temple, TX: Scott & White Memorial Hospital, 2003). For more information, see SIECUS' review of *Worth the Wait* at <http://www.communityactionkit.org/curricula_reviews.html>.

⁴⁵ "Teenage Pregnancy Prevention: Integrating Services, Programs, and Strategies through Communitywide Initiatives – State- and Community-Based Organizations," Division of Reproductive Health, Centers for Disease Control and Prevention, 2 March 2011, accessed 29 August 2011, <<http://www.cdc.gov/TeenPregnancy/State-Community-Orgs.htm>>.

⁴⁶ Information provided by Melanie Jamison, program coordinator for Abstinence-Centered Teen Pregnancy Prevention within the Texas Department of State Health Services, 2 March 2011.

⁴⁷ Ibid.

⁴⁸ Ibid.

⁴⁹ Ibid.

⁵⁰ This is by no means a complete list of all comprehensive programming and policies related to sexuality education, but rather some examples of best practices and model programs that SIECUS identified.

⁵¹ Brenda Bell, "Some Texas Districts Change Tune on Abstinence-Only Sex Ed," *Austin American-Statesman*, 27 September 2009, accessed 4 October 2009,

<<http://www.statesman.com/news/content/news/stories/local/2009/09/27/0927abstinence.html>>.

⁵² The person listed represents the designated personnel in the state responsible for adolescent reproductive health.

⁵³ This section is a list of major newspapers in the state and is by no means exhaustive of local print outlets.