



## U.S. OUTER TERRITORIES

In Fiscal Year 2013,<sup>1</sup> American Samoa received:

- Division of Adolescent and School Health funds totaling \$7,000
- Competitive Personal Responsibility Education Program funds totaling \$337,070

In Fiscal Year 2013, the Federated States of Micronesia received:

- Personal Responsibility Education Program funds totaling \$250,000
- Title V State Abstinence Education Program funds totaling \$47,492

In Fiscal Year 2013, Guam received:

- Division of Adolescent and School Health funds totaling \$12,000
- Title V State Abstinence Education Program funds totaling \$46,555
- Competitive Personal Responsibility Education Program funds totaling \$416,667

In Fiscal Year 2013, the Republic of the Marshall Islands received:

- Division of Adolescent and School Health funds totaling \$7,000

In Fiscal Year 2013, the Commonwealth of the Northern Mariana Islands received:

- Division of Adolescent and School Health funds totaling \$10,000
- Competitive Personal Responsibility Education Program funds totaling \$250,000

In Fiscal Year 2013, the Republic of Palau received:

- Division of Adolescent and School Health funds totaling \$9,000

### AMERICAN SAMOA SEXUALITY EDUCATION LAW AND POLICY

The American Samoa Department of Education health education program includes an HIV/School Health Project, which provides education about HIV infection and AIDS to students. Students in grades 7–12 also receive information on sexually transmitted diseases (STDs), HIV/AIDS, and teen pregnancy through the Teenage Health Teaching Modules, which address issues affecting adolescents. This program teaches students interpersonal communication, “refusal skills, self-esteem, decision-making, and role playing.”<sup>2</sup>

## U.S. OUTER TERRITORIES

With the goal of reducing HIV infection, schools encourage students “to abstain from sexual intercourse, to not inject drugs, and, when deemed appropriate, to consistently and correctly use latex condoms to prevent HIV infection, if they become sexually active.”

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

The School Health Education Program of Guam (SHEP) addresses the “prevention of risk behaviors,” including “sexual behaviors that contribute to unintended pregnancy, HIV infection and other sexually transmitted diseases.” SHEP’s goal is to “improve educational outcomes in Guam’s schools.” Students receive education on family life and sexuality beginning in grade 4.

In middle school, students should be able to discuss methods of family planning and prevention of HIV and STDs in addition to abstinence; however, the content standards for high school students do not include any mention of contraception, and students are expected to “[d]evelop a personal contract to consider abstaining from sexual activity until such time that you consider yourself to be financially, physically, mentally, emotionally, socially and spiritually mature and are able to take full responsibility for your actions.”

### **REPUBLIC OF THE MARSHALL ISLANDS SEXUALITY EDUCATION LAW AND POLICY**

Sex education is a requirement for all schools in the Republic of the Marshall Islands. Following Marshallese custom, students are separated by gender for sexuality education classes; male students are taught by a male teacher and female students are taught by a female teacher. The sexuality education curriculum includes HIV education, which is taught to both primary and secondary school students.

### **REPUBLIC OF PALAU SEXUALITY EDUCATION LAW AND POLICY**

The Comprehensive School Program health curriculum of the Republic of Palau includes information on HIV/AIDS and sexually transmitted diseases.

### **OTHER U.S. OUTER TERRITORIES SEXUALITY EDUCATION LAW AND POLICY**

SIECUS is unaware of any sex education law or policy for the Commonwealth of the Northern Mariana Islands or the Federated States of Micronesia.

### **2013 LEGISLATIVE SESSION ACTIVITY**

SIECUS is not aware of any proposed legislation regarding sexuality education in any of the U.S. Outer Territories.

### **YOUTH SEXUAL HEALTH DATA**

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

#### **American Samoa Youth Risk Behavior Survey (YRBS) Data<sup>3</sup>**

- In 2011, 24% of female high school students and 42% of male high school students in American Samoa reported ever having had sexual intercourse, compared to 46% of female high school students and 49% of male high school students nationwide in the U.S.
- In 2011, 3% of female high school students and 13% of male high school students in American Samoa 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 the U.S.

- In 2011, 16% of female high school students and 30% of male high school students in American Samoa 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 the U.S.

#### **Federated States of Micronesia Youth Risk Behavior Survey (YRBS) Data**

The Federated States of Micronesia did not participate in the 2013 Youth Risk Behavior Survey.

#### **Guam Youth Risk Behavior Survey (YRBS) Data<sup>4</sup>**

- In 2013, 26.4% of female high school students and 37.3% of male high school students in Guam reported ever having had sexual intercourse, compared to 46% of female high school students and 47.5% of male high school students nationwide in the U.S.
- In 2013, 4.1% of female high school students and 10.6% of male high school students in Guam 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 the U.S.
- In 2013, 25.1% of female high school students and 21.9% of male high school students in Guam 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 in the U.S.
- In 2013, 15.9% of female high school students and 9.3% of male high school students in Guam 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.

#### **Northern Mariana Islands Youth Risk Behavior Survey (YRBS) Data**

Data on the sexual behavior questions from the 2013 Youth Risk Behavior Survey is not available for the Northern Mariana Islands.

#### **Republic of the Marshall Islands Youth Risk Behavior Survey (YRBS) Data**

The Republic of the Marshall Islands did not participate in the 2013 Youth Risk Behavior Survey.

#### **Republic of Palau Youth Risk Behavior Survey (YRBS) Data<sup>5</sup>**

- In 2011, 29% of female high school students and 53% of male high school students in Palau reported ever having had sexual intercourse, compared to 46% of female high school students and 49% of male high school students nationwide in the U.S.
- In 2011, 3% of female high school students and 10% of male high school students in Palau 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 the U.S.

## U.S. OUTER TERRITORIES

- In 2011, 22% of female high school students and 37% of male high school students in Palau 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 the U.S.

Visit the Centers for Disease Control and Prevention's [Youth Online database](#) for additional information on youth risk behaviors.

### **American Samoa Teen Pregnancy, HIV/AIDS, and Other STD Data**

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

- In 2012, American Samoa's teen birth rate was 39.7 births per 1,000 young women ages 15–19, compared to the U.S. national rate of 29.4 per 1,000.<sup>6</sup>

#### *HIV and AIDS*

- In 2011, the rate of diagnoses of HIV infection among adolescents ages 13–19 in American Samoa was 0 per 100,000, compared to the U.S. national rate of 7.6 per 100,000.<sup>7</sup>
- In 2011, the rate of AIDS diagnoses among adolescents ages 13–19 in American Samoa was 0 per 100,000, compared to the U.S. national rate of 1.9 per 100,000.<sup>8</sup>
- In 2011, the rate of diagnoses of HIV infection among young adults ages 20–24 in American Samoa was 0 per 100,000, compared to the U.S. national rate of 36.3 per 100,000.<sup>9</sup>
- In 2011, the rate of AIDS diagnoses among young adults ages 20–24 in American Samoa was 0 per 100,000, compared to the U.S. national rate of 10.9 per 100,000.<sup>10</sup>

### **Guam Teen Pregnancy, HIV/AIDS, and Other STD Data**

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

- In 2012, Guam's teen birth rate was 54.7 births per 1,000 young women ages 15–19, compared to the U.S. national rate of 29.4 per 1,000.<sup>11</sup>

#### *HIV and AIDS*

- In 2011, the rate of diagnoses of HIV infection among adolescents ages 13–19 in Guam was 0 per 100,000, compared to the U.S. national rate of 7.6 per 100,000.<sup>12</sup>
- In 2011, the rate of AIDS diagnoses among adolescents ages 13–19 in Guam was 0 per 100,000, compared to the U.S. national rate of 1.9 per 100,000.<sup>13</sup>
- In 2011, the rate of diagnoses of HIV infection among young adults ages 20–24 in Guam was 0 per 100,000, compared to the U.S. national rate of 36.3 per 100,000.<sup>14</sup>
- In 2011, the rate of AIDS diagnoses among young adults ages 20–24 in Guam was 0 per 100,000, compared to the U.S. national rate of 10.9 per 100,000.<sup>15</sup>

## U.S. OUTER TERRITORIES

### *Sexually Transmitted Diseases*

- In 2012, there were a total of 189 cases of chlamydia among young people ages 15–19 reported in Guam.<sup>16</sup>
- In 2012, there were a total of 15 cases of gonorrhea among young people ages 15–19 reported in Guam.<sup>17</sup>
- In 2012, there was one case of syphilis among young people ages 15–19 reported in Guam.<sup>18</sup>

### **Northern Mariana Islands Teen Pregnancy, HIV/AIDS, and Other STD Data**

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

- In 2012, the Northern Mariana Islands' teen birth rate was 37.9 births per 1,000 young women ages 15–19, compared to the national rate of 29.4 per 1,000.<sup>19</sup>

#### *HIV and AIDS*

- In 2011, the rate of diagnoses of HIV infection among adolescents ages 13–19 in the Northern Mariana Islands was zero per 100,000, compared to the U.S. national rate of 7.6 per 100,000.<sup>20</sup>
- In 2011, the rate of AIDS diagnoses among adolescents ages 13–19 in the Northern Mariana Islands was zero per 100,000, compared to the U.S. national rate of 1.9 per 100,000.<sup>21</sup>
- In 2011, the rate of diagnoses of HIV infection among young adults ages 20–24 in the Northern Mariana Islands was zero per 100,000, compared to the U.S. national rate of 36.3 per 100,000.<sup>22</sup>
- In 2011, the rate of AIDS diagnoses among young adults ages 20–24 in the Northern Mariana Islands was zero per 100,000, compared to the U.S. national rate of 10.9 per 100,000.<sup>23</sup>

### **Republic of Palau Teen Pregnancy, HIV/AIDS, and Other STD Data**

#### *HIV and AIDS*

- In 2011, the rate of diagnosis of HIV infection among adolescents ages 13–19 in the Republic of Palau was 0 per 100,000, compared to the U.S. national rate of 7.6 per 100,000.<sup>24</sup>
- In 2011, the rate of AIDS diagnosis among adolescents ages 13–19 in the Republic of Palau was 0 per 100,000, compared to the U.S. national rate of 1.9 per 100,000.<sup>25</sup>
- In 2011, the rate of diagnosis of HIV infection among young adults ages 20–24 in the Republic of Palau was 0 per 100,000, compared to the U.S. national rate of 36.3 per 100,000.<sup>26</sup>
- In 2011, the rate of AIDS diagnosis among young adults ages 20–24 in the Republic of Palau was 0 per 100,000, compared to the U.S. national rate of 10.9 per 100,000.<sup>27</sup>

There is no youth sexual health data available for the Federated States of Micronesia or the Republic of the Marshall Islands.

## 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.

- There are no TPPI Tier 1 grantees in the U.S. Outer Territories.

#### *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 the U.S. Outer Territories.

#### *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 the U.S. Outer Territories.

### 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 were no DASH grantees in the U.S. Outer Territories funded to strengthen student health through ESHE, SHS, and SSE in FY 2013.

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 the U.S. Outer Territories 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 five DASH grantees in the U.S. Outer Territories funded to collect and report YRBS and School Health Profiles data in FY 2013: the American Samoa Department of Education (\$7,000), Commonwealth of the Northern Marianas Public School System (\$10,000), Guam Department of Education (\$12,000), Marshall Islands Ministry of Education (\$7,000), and Republic of Palau Ministry of Education (\$9,000).

### **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 the U.S. Outer Territories.

### **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 Federated States of Micronesia (FSM) received \$250,000 in federal PREP funds for FY 2013.
- The FSM Department of Health and Social Affairs sub-grants the funds to the Department of Health Services for the four states in the Federation: Chunk (\$41,000), Kosrae (\$41,000), Pohnpei (\$41,000), and Yap (\$35,000).<sup>28</sup>

The FSM Department of Health and Social Affairs sub-grants funds to the Department of Health Services for the four states of the federation to implement mostly school-based programming for young people ages 11–14 in grades 6–8. The sub-grantees implement the *Draw the Line/Respect the Line* curriculum, which addresses healthy relationships, parent-child communication, and adolescent development. The PREP funds are also used for a media campaign that involves interviews with staff on teen pregnancy and STI/HIV-prevention topics, monthly PSAs for radio and/or TV, and outreach with information pamphlets.

#### *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 the U.S. Outer Territories.

#### *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 young people 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 the U.S. Outer Territories.

#### *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 three CPREP grantees in the U.S. Outer Territories: the CNMI Public School System (\$250,000), Guam Department of Education (\$416,667), and Intersections, Inc. (\$337,070).

#### Intersections, Inc. \$337,070 (FY 2013)

Intersections is a faith-based nonprofit based in Pago Pago, American Samoa. Their mission is “to make lasting positive differences in the lives of families and children empowering them to break the mindset of poverty in order to improve the physical, social, and spiritual aspects of family life.”<sup>29</sup> Intersections focuses on “youth development programs that are comprehensive and multifaceted.”<sup>30</sup> Intersections’ programs include Youth’s Individual Expressions of Life Dilemmas, better known as Project Y.I.E.L.D.

This program seeks to “reduce teenage pregnancy and delay sexual activities among the youth.”<sup>31</sup> Y.I.E.L.D. has partnered with the Heritage Community Services to implement the Heritage Keepers Abstinence Education program. Y.I.E.L.D. educators are trained by *Heritage Keepers* “to implement and address the various levels of sexual experience among teens, and to be sensitive to those who may have been sexually assaulted or abused. Educators also focus on reproductive health and STDs, discussing STD symptoms, treatments/cures, prevention, and condom efficacy.”<sup>32</sup>

Guam Department of Education, \$416,667 (FY 2013)

The Guam Department of Education (GDOE) is a single unified school district—consisting of 27 elementary schools, eight middle schools, five high schools, and one alternative school—that serves over 30,000 students.<sup>33</sup> With its CPREP funding, the GDOE educates teenagers about the spread of HIV and sexually transmitted diseases and the prevention of teen pregnancy. Their goal is to “increase the level of instruction for teachers to ensure that all targeted students (ages 10–19, in grades 6–12) are prepared for college- and career-readiness expectations, to make informed decisions, develop life skills, and practice healthy behaviors now and in the future.”<sup>34</sup> GDOE implements *Making Proud Choices!*, *Safer Choices*, and *Teen Outreach Program (TOP)*.<sup>35</sup>

CNMI Public School System, \$250,000 (FY 2013)

The CNMI Public School System implements *Making a Difference!* and *Making Proud Choices!* in grades 6–12 across the entire commonwealth. CNMI sub-grants \$98,725 to the Hawaii Youth Services Network to provide assistance and evaluation.<sup>36</sup>

**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.

*Guam Title V State Abstinence Education Grant Program*

- The Guam Department of Public Health and Social Services received \$46,555 in federal Title V AOUM funding for FY 2013.
- In Guam, funds are sub-granted to Island Girl Power.<sup>37</sup>
- In Guam, the matching requirement is waived.

The Guam Department of Public Health and Social Services administers the territory’s Title V AOUM grant throughout the entire island. Guam’s program strategies are as follows: focus on preventive measures geared towards the focal population (ages 12–19), limit the number of young people who are negatively affected by poor choices, use programs that continue to serve young people beyond middle school, use programs that encourage and foster peer support of decisions to delay sexual activity, and use programs designed to help parents help their children make decisions to delay sexual activity. At the time of publication, Guam was looking at a variety of approved curricula to determine the best fit for their programming.<sup>38</sup>

*Federated States of Micronesia Title V State Abstinence Education Grant Program*

- The Department of Health and Social Affairs of the Federated States of Micronesia received \$47,492 in federal Title V AOUM funding for FY 2013.

U . S . O U T E R T E R R I T O R I E S

- In the Federated States of Micronesia, funds are sub-granted to Kosrae State’s Department of Health Services and Pohnpei State’s Department of Social Affairs.<sup>39</sup>
- In the Federated States of Micronesia, the match is provided by in-kind contribution from community awareness programs.

The Federated States of Micronesia Department of Health and Social Affairs administers the territory’s Title V AOUM grant in collaboration with two local sub-grantees. Funded organizations do community outreach targeting young people ages 15–19 in both Kosrae and Pohnpei, implementing the *Draw the Line/Respect the Line* curriculum.

**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 mentoring, counseling, and adult supervision that promotes abstinence outside of marriage. As currently implemented by ACF, the programs must also be medically accurate. 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 the U.S. Outer Territories.

**U.S. Outer Territories TPPI, DASH, PAF, PREP, Title V AOUM, and CAE Funding in FY 2013**

Grantee	Award	Fiscal Years
<b>Division of Adolescent and School Health (DASH)</b>		
American Samoa Department of Education	\$7,000	2013–2017
Guam Department of Education	\$12,000	2013–2017
Marshall Islands Ministry of Education	\$7,000	2013–2017
Commonwealth of the Northern Marianas Public School System	\$10,000	2013–2017
Republic of Palau Ministry of Education	\$9,000	2013–2017
<b>TOTAL</b>	<b>\$45,000</b>	
<b>Personal Responsibility Education Program (PREP)</b>		
<i>PREP State-Grant Program</i>		
Federated States of Micronesia (federal grant)	\$250,000	2013
<b>TOTAL</b>	<b>\$250,000</b>	
<i>Competitive Personal Responsibility Education Program (CPREP)</i>		
Intersections, Inc. (American Samoa)	\$337,070	2013
Guam Department of Education	\$416,667	2013
CNMI Public School System	\$250,000	2013
<b>TOTAL</b>	<b>\$1,003,737</b>	

U . S . O U T E R T E R R I T O R I E S

Grantee	Award	Fiscal Years
<b>Title V Abstinence-Only-Until-Marriage Program (Title V AOUM)</b>		
Guam Department of Public Health and Social Services	\$46,555	2013
Federated States of Micronesia Department of Health and Social Affairs	\$47,492	2013
<b>TOTAL</b>	<b>\$95,408</b>	
<b>GRAND TOTAL</b>		
	<b>\$1,394,145</b>	<b>2013</b>

**POINTS OF CONTACT**

**Adolescent Health Contact<sup>40</sup>**

Stuard H. Penias  
 Youth Program Coordinator  
 Federated States of Micronesia National Government  
 Department of Health and Social Affairs  
 P.O. Box PS 70  
 Palikir, Pohnpei FM 96941  
 Phone: (691) 320-2619/923-3464

Margaret Murphy Bell  
 Program Director  
 Bureau of Family Health and Nursing Services  
 Department of Public Health and Social Services  
 123 Chalan Kareta  
 Mangilao, Guam 96913  
 Phone: (671) 735-7105

**PREP State-Grant Coordinator**

Stuard H. Penias  
 Youth Program Coordinator  
 Federated States of Micronesia National Government  
 Department of Health and Social Affairs  
 P.O. Box PS 70  
 Palikir, FM 96941  
 Phone: (691) 320-6982

<sup>1</sup> 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.

<sup>2</sup> American Samoa *Office of Curriculum, Instruction, and Accountability Health Program Overview*.

<sup>3</sup> Eaton, Danice K., et al., “Youth Risk Behavior Surveillance—United States, 2011,” *Surveillance Summaries, Morbidity and Mortality Weekly Report*, vol. 61, no. SS-4 (June 8, 2010): 24–29, accessed June 18, 2012, <http://www.cdc.gov/mmwr/pdf/ss/ss6104.pdf>. Note: Did not participate in the 2013 YRBS.

<sup>4</sup> 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>.

- <sup>5</sup> Eaton, Danice K., et al., “Youth Risk Behavior Surveillance—United States, 2011,” *Surveillance Summaries, Morbidity and Mortality Weekly Report*, vol. 61, no. SS-4 (June 8, 2010): 24–29, accessed June 18, 2012, <http://www.cdc.gov/mmwr/pdf/ss/ss6104.pdf>. Note: the Republic of Palau did not participate in the 2013 YRBS.
- <sup>6</sup> 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](http://www.cdc.gov/nchs/data/nvsr/nvsr62/nvsr62_09.pdf), Table 12.
- <sup>7</sup> 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/1dbYpAJ>.
- <sup>8</sup> 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/1dbYpAJ>.
- <sup>9</sup> 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/1dbYpAJ>.
- <sup>10</sup> 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/1dbYpAJ>.
- <sup>11</sup> Martin, J.A., et al, Table 12.
- <sup>12</sup> 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/1dbYpAJ>.
- <sup>13</sup> 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/1dbYpAJ>.
- <sup>14</sup> 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/1dbYpAJ>.
- <sup>15</sup> 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/1dbYpAJ>.
- <sup>16</sup> NCHHSTP Atlas, “STD Surveillance Data.” (Atlanta, GA: Centers for Disease Control and Prevention), accessed June 10, 2013, <http://gis.cdc.gov/GRASP/NCHHSTPAtlas/main.html>.
- <sup>17</sup> Ibid.
- <sup>18</sup> Ibid.
- <sup>19</sup> Martin, J.A., et. al, Table 12.
- <sup>20</sup> Slide 9: “Rates of Diagnoses of HIV Infection among Adolescents Aged 13–19 Years, 2010—46 States and 5 U.S. Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), accessed January 3, 2013, <http://bit.ly/1dbYpAJ>.
- <sup>21</sup> Slide 18: “Rates of AIDS Diagnoses among Adolescents Aged 13–19 Years, 2010—United States and 6 U.S. Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), accessed January 3, 2013, <http://bit.ly/1dbYpAJ>.
- <sup>22</sup> Slide 10: “Rates of Diagnoses of HIV Infection among Young Adults Aged 20–24 Years, 2010—46 States and 5 U.S. Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), accessed January 3, 2013, <http://bit.ly/1dbYpAJ>.
- <sup>23</sup> Slide 19: “Rates of AIDS Diagnoses among Young Adults Aged 20–24 Years, 2010—United States and 6 U.S. Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), accessed January 3, 2013, <http://bit.ly/1dbYpAJ>.
- <sup>24</sup> 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/1dbYpAJ>.
- <sup>25</sup> 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/1dbYpAJ>.
- <sup>26</sup> 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/1dbYpAJ>.

U . S . O U T E R T E R R I T O R I E S

- 
- <sup>27</sup> 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/1dbYpAJ>.
- <sup>28</sup> Information provided by Stuard Penias, youth program coordinator, Federated States of Micronesia Department of Health and Social Affairs, July 27, 2014.
- <sup>29</sup> “About Intersections Inc.,” Intersections Inc. (2009), accessed July 2, 2013, [http://www.intersectionsweb.com/index.php?option=com\\_content&view=article&id=118&Itemid=99](http://www.intersectionsweb.com/index.php?option=com_content&view=article&id=118&Itemid=99).
- <sup>30</sup> “About Us,” Intersections Inc. (2013), accessed July 2, 2013 <http://projectyield.com/about-us>.
- <sup>31</sup> “Project YIELD,” Intersections Inc. (2013), accessed July 2, 2013, <http://projectyield.com>.
- <sup>32</sup> “About Us,” Intersections Inc. (2013), accessed July 2, 2013, <http://projectyield.com/about-us>.
- <sup>33</sup> “Home,” Guam Department of Education (2013), accessed July 2, 2013, <https://sites.google.com/a/gdoe.net/gdoe>.
- <sup>34</sup> “Guam: HHS Grant to Boost DOE’s Work Against Teen Pregnancies, HIV and STDs,” *The Body* (October 3, 2012), accessed July 2, 2013, <http://www.thebody.com/content/69296/guam-hhs-grant-to-boost-does-work-against-teen-pre.html>.
- <sup>35</sup> Aoki, Dance, “Program Aimed at Reducing Teen Pregnancies and STDs Gets Funds,” *Pacific Daily News* (July 12, 2013) accessed July 15, 2013. <http://www.guampdn.com/article/20130712/NEWS01/307120011>.
- <sup>36</sup> Information provided by Judith Clark, MPH, executive director, Hawaii Youth Services Network.
- <sup>37</sup> Exact amount of sub-granted funding was unavailable. Information provided by Maggie Murphy Bell, program coordinator, Guam Department of Public Health and Social Services, September 5, 2013.
- <sup>38</sup> *Ibid*.
- <sup>39</sup> Information provided by Stuard Penias, youth program coordinator, Federated States of Micronesia Department of Health and Social Affairs, July 27, 2014.
- <sup>40</sup> The person listed represents the designated personnel in the state responsible for adolescent reproductive health.