



VERMONT

In Fiscal Year 2010¹, the state of Vermont received:

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

In Fiscal Year 2010, local entities in Vermont received:

- **Teen Pregnancy Prevention Initiative funds totaling \$600,000**

SEXUALITY EDUCATION LAW AND POLICY

The Vermont Education Code includes sexuality education as part of its comprehensive health program. This program must be taught in elementary and secondary schools.² The comprehensive health program has ten components that students must learn, four of which are related to sexuality:

- body structure and function, including the physical, psychosocial and psychological basis of human development, sexuality and reproduction;
- disease, such as HIV infection, other sexually transmitted diseases (STDs), as well as other communicable diseases, and the prevention of disease;
- family health and mental health, including instruction which promotes the development of responsible personal behavior involving decision -making about sexual activity including abstinence; skills which strengthen existing family ties involving communication, cooperation, and interaction between parents and students; and instruction to aid in the establishment of strong family life in the future, thereby contributing to the enrichment of the community; and
- human growth and development, including understanding the physical, emotional, and social elements of individual development and interpersonal relationships including instruction in parenting methods and styles. This shall include information regarding the possible outcomes of premature sexual activity, contraceptives, adolescent pregnancy, childbirth, adoption, and abortion.³

The *Vermont Health Education Grade Expectations: Family, Social, and Sexual Health* outline benchmarks for students to achieve throughout their education. Beginning in grade five, students are expected to learn how outside influences affect aspects of individual perception, including sexual identity.⁴ Following grades seven and eight, students must be able to “[i]dentify effective methods to prevent HIV, sexually transmitted infections, and pregnancy.”⁵ In grades nine through 12, students should “[d]emonstrate strategies to promote acceptance and respect for all individuals,” including those of different sexual orientation.⁶

Parents or guardians may remove their children from a sexuality education class if the content is in conflict with their religious beliefs.⁷ This is referred to as an “opt-out” policy.

See Vermont Statutes Annotated, Title 16 §§ 131, 133, 134, and 135; Vermont Health Education Grade Expectations: Family, Social, and Sexual Health; and Sample Comprehensive HIV Policy for Schools: Pre-K-12.

RECENT LEGISLATION

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

YOUTH SEXUAL HEALTH DATA

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

Vermont Youth Risk Behavior Survey (YRBS) Data⁸

- In 2009, 3% of female high school students and 7% of male high school students in Vermont 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, 11% of female high school students and 12% of male high school students in Vermont 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.

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

Teen Pregnancy, Birth, and Abortion

- Vermont’s teen birth rate currently ranks 49th in the United States, with a rate of 21.3 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 435 live births reported to young women ages 15–19 in Vermont.¹⁰
- In 2005, Vermont’s teen pregnancy rate ranked 50th in the United States, with a rate of 40 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 890 pregnancies among young women ages 15–19 in Vermont.¹²
- In 2005, Vermont’s teen abortion rate ranked 20th in the United States, with a rate of 16 abortions per 1,000 young women ages 15–19 compared to the national rate of 19 abortions per 1,000.¹³

HIV and AIDS

- Vermont’s AIDS rate ranks 50th in the United States, with a rate of 1.8 cases per 100,000 individuals compared to the national rate of 12.3 cases per 100,000.¹⁴
- Vermont ranks 50th in number of reported AIDS cases in the United States among all age groups. In 2008, there were a total of 11 new AIDS cases reported in Vermont.¹⁵

- Vermont's AIDS rate among young people ages 13–19 ranks 41st in the United States, with a rate of 0 cases per 100,000 young people compared to the national rate of 1.8 cases per 100,000.¹⁶

Sexually Transmitted Diseases

- Vermont ranks 50th in reported cases of Chlamydia among young people ages 15–19 in the United States, with an infection rate of 8.31 cases per 1,000 compared to the national rate of 19.51 cases per 1,000. In 2008, there were a total of 380 cases of Chlamydia reported among young people ages 15–19 in Vermont.¹⁷
- Vermont ranks 51st in reported cases of gonorrhea among young people ages 15–19 in the United States, with an infection rate of 0.07 cases per 1,000 compared to the national rate of 4.52 cases per 1,000. In 2008, there were a total of 3 cases of gonorrhea reported among young people ages 15–19 in Vermont.¹⁸
- Vermont ranks 23rd in reported cases of primary and secondary syphilis among young people ages 15–19 in the United States, with an infection rate of 0.02 cases per 1,000 compared to the national rate of 0.04 cases per 1,000.¹⁹

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.

- There is one TPPI Tier 1 grantee in Vermont, New England Network for Child, Youth & Family Services, Inc., which received \$600,000 for Fiscal Year 2010.

New England Network for Child, Youth & Family Services, Inc., \$600,000 (2010–2014)

The New England Network for Child, Youth & Family Services, Inc. (NEN) is a private, non-profit organization that works to support and advance youth services throughout New England. Its mission is to “[work] in partnership with organizations to advance promising practices with children,

youth and families.”²⁰ NEN strengthens social services, promotes best practices, and responds to issues of policy and practice.

With its TPPI funding, NEN implements the “TOPic” (*Teen Outreach Program* in Connecticut) program. “TOPic” targets high-risk youth, ages 14–19, who suffer from severe family problems, abuse, or emotional, developmental, and behavioral difficulties. NEN implements the *Teen Outreach Program (TOP)* to at-risk youth in 14 cities and towns across Connecticut in order to reduce teen pregnancy rates and the behavioral risks underlying teen pregnancy among participants. NEN plans to reach 500 youth annually.²¹

Teen Outreach Program (TOP) is an evidence-based youth development program that engages young people in experiential learning activities in order to “prepare for successful adulthood and avoid problem behaviors.”²² The program is designed for youth ages 12–17 and focuses on reducing rates of school failure, school suspension, and teen pregnancy. *TOP* consists of a nine-month curriculum that addresses such topics as relationships, peer pressure, decision making, values clarification, goal-setting, adolescent development, and sexual health.²³ It also includes a 20-hour community service component that engages participants in activities to enhance knowledge and develop skills, including self-efficacy, communication, conflict-management, and self-regulation. *TOP* can be delivered as an in-school, after-school, or community-based program. An evaluation of the program published in *Child Development* found that young women, ages 15–19, who participated in *TOP* were significantly less likely to report a pregnancy during the program than participants in the control group.²⁴

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 Vermont.

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 Vermont.

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.

- The State of Vermont Department of Health received \$250,000 in federal PREP funds for Fiscal Year 2010.
- The department has issued an application announcement for available funds under the state's PREP grant program. At the time of publication, sub-grantees had not yet been determined.

The Vermont department of health will work in partnership with the department of education to implement the PREP state-grant program and will sub-grant the funds to local public and private entities. Programming will target runaway and homeless youth as well as youth in the juvenile justice system and in foster care. The department has approved *Rikers Health Advocacy Program* and *Safedates* for replication under the state-grant program.

Rikers Health Advocacy Program is an evidence-based HIV/AIDS-prevention education program designed for high-risk youth, particularly those who are incarcerated and have issues with substance abuse. The program aims to reduce HIV-risk behaviors among participants. *Rikers Health Advocacy Program* uses a "Problem-Solving Therapy" approach, which leads participants through the steps of identifying and defining a problem, understanding the nature of the problem, developing possible solutions, engaging in decision making, and implementing a solution. The intervention was originally designed for adolescent males ages 16–19 at Rikers Island correctional facility in New York. The program consists of four, one-hour sessions that are facilitated by a male instructor twice a week over a two-week time period. The instruction emphasizes active learning and addresses such topics as factors related to experimenting with drugs and drug use; risks related to sexual activity; the connection between drug use, sexual activity, and HIV risk; and how to access health care services and drug treatment.²⁵ *Rikers Health Advocacy Program* engages participants in discussions about HIV facts and beliefs; has participants identify attitudes or behaviors that place individuals at risk for HIV infection; and then has participants develop possible strategies for avoiding such risks, which are then evaluated by other participants. The program includes role-plays to act out the solution strategies developed for avoiding risky situations. An evaluation of the program found that program participants were more likely to use condoms during intercourse than those in the control group.²⁶

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 Vermont.

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.

- Vermont chose not to apply for Title V abstinence-only funds for Fiscal Year 2010.

Vermont 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>		
New England Network for Child, Youth & Family Services, Inc.	\$600,000	2010–2014
TOTAL	\$600,000	
Personal Responsibility Education Program (PREP)		
<i>PREP State-Grant Program</i>		
State of Vermont Department of Health (federal grant)	\$250,000	2010
TOTAL	\$250,000	
GRAND TOTAL		2010

COMPREHENSIVE APPROACHES TO SEXUALITY EDUCATION

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

We encourage you to submit any updated or additional information on comprehensive approaches to sex education being implemented in Vermont 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 Contact²⁷

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PREP State-Grant Coordinator

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ORGANIZATIONS THAT SUPPORT COMPREHENSIVE SEXUALITY EDUCATION

ACLU of Vermont
Montpelier, VT
Phone: (802) 223-6304
www.acluvt.org

AIDS Project of Southern Vermont
Brattleboro, VT
Phone: (802) 254-8263
www.aidsprojectsouthernvermont.org

Outright Vermont
Burlington, VT
Phone: (802) 865-9677
www.outrightvt.org

Planned Parenthood of
Northern New England
Williston, VT
Phone: (800) 287-8188
www.ppnne.org

Vermont Cares
Burlington, VT
Phone: (800) 649-2437
www.vtcares.org

ORGANIZATIONS THAT OPPOSE COMPREHENSIVE SEXUALITY EDUCATION

Vermont Renewal
Rutland, VT
Phone: (802) 775-6247
www.vermontrenewal.org

Vermont Right to Life Committee
Montpelier, VT
Phone: (802) 229-4885
www.vrlc.net

MEDIA OUTLETS

Newspapers in Vermont²⁸

The Burlington Free Press
Burlington, VT
Phone: (802) 660-1874
www.burlingtonfreepress.com

Rutland Herald
Rutland, VT
Phone: (802) 747-6133
www.rutlandherald.com

St. Albans Messenger
Saint Albans, VT
Phone: (802) 524-9771
www.samessenger.com

The Times Argus
Barre, VT
Phone: (802) 479-0191
www.timesargus.com

Political Blogs in Vermont*Green Mountain Daily*www.greenmountaindaily.com*Kirby Mountain*www.kirbymtn.blogspot.com*The Prog Blog*www.progressiveparty.org/blog*Vermont Commons*www.vtcommons.org/blog*The Vermont Daily Briefing*www.vermontdailybriefing.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 Vt. Stat. Ann. tit. 16 § 906(b)(3),

<<http://www.leg.state.vt.us/statutes/fullsection.cfm?Title=16&Chapter=023&Section=00906>>.

³ Vt. Stat. Ann. tit. 16 §§ 131(1), (4), (5), and (8),

<<http://www.leg.state.vt.us/statutes/fullsection.cfm?Title=16&Chapter=001&Section=00131>>

⁴ *Vermont Health Education Grade Expectations: Family, Social, and Sexual Health* (Vermont: Vermont Department of Education), accessed 15 April 2010,

<http://education.vermont.gov/new/pdfdoc/pubs/grade_expectations/rtf_doc_files/health_ed/content/content_fssh.pdf>, 50.

⁵ *Ibid.*, 51.

⁶ *Ibid.*, 53.

⁷ Vt. Stat. Ann. tit. 16 § 134, <<http://www.leg.state.vt.us/statutes/fullsection.cfm?Title=16&Chapter=001&Section=00134>>.

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: Vermont did not participate in the full 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 20.

¹⁵ *Ibid.*

¹⁶ 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>>.

¹⁷ "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.

¹⁸ *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.

¹⁹ *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.

²⁰ "About New England Network," New England Network for Child, Youth & Family Services, Inc., accessed 15 June 2011, <<http://www.nenetwork.org/about-nen/about.html>>.

²¹ “Teenage Pregnancy Prevention: Summary of Funded Evidence-Based Programs for 2010,” U.S. Department of Health and Human Services, accessed 15 June 2011, <http://www.hhs.gov/ash/oah/prevention/grantees/models_2010_programs.html>.

²² Saras Chung and Annie Philipps, *Promoting Mental Health and Well-being in Adolescents: Recommendations for Wyman’s Teen Outreach Program*, (Eureka, MO: Wyman Teen Outreach Program, 2010), accessed 1 July 2011, <http://www.wymantop.org/pdfs/TOP_Positive_Well-Being.pdf>, 3.

²³ *Ibid.*, 9.

²⁴ “Pregnancy Prevention Intervention Implementation Report: Teen Outreach Program,” 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/teen_outreach_program.html>.

²⁵ “Rikers Health Advocacy Program (RHAP)” 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=612&PageTypeID=2>>.

²⁶ *Ibid.*

²⁷ The person listed represents the designated personnel in the state responsible for adolescent reproductive health.

²⁸ This section is a list of major newspapers in the state and is by no means exhaustive of local print outlets.