

State Profiles **FISCAL YEAR 2017**

The complete FY 2017 State Profiles comprise individual state-specific documents along with four other accompanying documents. The Executive Summary details the current state of sexuality education across the country, highlighting trends observed over the past few decades. Additionally, it is critical to examine the information from each state within the larger context of the laws and federal funding streams across the country. Please reference the following documents to inform and contextualize broader sexuality education trends:

- [Executive Summary](#)
- [Federal Funding Overview](#) – compared to [Florida's federal funding](#)
- [Sex/Sexuality and HIV and other STIs Education Laws by State](#) – compared to [Florida's education laws](#)
- [Descriptions of Curricula and Programs across the United States](#)

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In Fiscal Year 2017,¹ the state of Florida received:

- **Division of Adolescent and School Health funds totaling \$414,997**
- **Title V State Abstinence Education Program funds totaling \$4,085,985**

In Fiscal Year 2017, local entities in Florida received:

- **Division of Adolescent and School Health funds totaling \$1,758,750**
- **Teen Pregnancy Prevention Program funds totaling \$2,695,553**
- **Competitive Personal Responsibility Education Program funds totaling \$2,493,153**
- **Sexual Risk Avoidance Education Program funds totaling \$1,603,226**
- **Personal Responsibility Education Innovative Strategies funds totaling \$478,919**

SEXUALITY EDUCATION LAW AND POLICY

STATE LAW

[Florida Statute 48-1003.42](#) states that public schools must teach comprehensive health education that includes giving students “an awareness of the benefits of sexual abstinence as the expected standard and the consequences of teenage pregnancy.”² State policy reads that “course descriptions for comprehensive health education shall not interfere with the local determination of appropriate curriculum, which reflects local values and concerns.”³

[Florida Statute 48-1003.46](#) allows school boards to include additional instruction regarding human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS). Such instruction may include information about “means used to control the spread of [AIDS].”⁴ If this instruction is included, it must:

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- a. Teach abstinence from sexual activity outside of marriage as the expected standard for all school-age students, while teaching the benefits of monogamous, heterosexual marriage;
- b. Emphasize that abstinence from sexual activity is a certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases (STDs), including AIDS and other associated health problems;
- c. Teach that each student has the power to control personal behavior and encourage students to base actions on reasoning, self-esteem, and respect for others; and
- d. Provide instruction and material that is appropriate for the grade and age of the student.⁵

Parents may submit a written request to the school principal to exempt their child from “the teaching of reproductive health or any disease, including HIV/AIDS, its symptoms, development, and treatment.”⁶ [This is referred to as an “opt-out” policy.](#)

STATE STANDARDS

Florida standards, titled [Sunshine State Standards for Health Education](#), were revised in 2012 to incorporate benchmarks that include the prevention and control of disease, teen dating violence, and internet safety. The benchmarks include examples that can be taught to achieve competency of that benchmark, but the examples are neither prescriptive nor limiting. Examples of what can be taught include “HIV by sexual transmission” and “contracting [STDs] through sexual relationships.” Florida provides example curricula that schools can adopt to fulfill their comprehensive health education requirement. One of these programs, Health Opportunities through Physical Education (HOPE), includes instruction on “human sexuality, including abstinence and HIV.”⁷

STATE LEGISLATIVE ACTIVITY

SIECUS tracks all state legislative session activity in our state legislative reports. For more information on bills related to school-based sexuality education that were introduced or passed in 2016, please see the most recent analysis of state legislative activity, [SIECUS’ 2016 Sex Ed State Legislative Year-End Report: Top Topics and Takeaways](#).

YOUTH SEXUAL HEALTH DATA

Young people are more than their health behaviors and outcomes. For those wishing to support the sexual health and wellbeing of young people, it is important to utilize available data in a manner that tracks our progress and pushes policies forward while respecting and supporting the dignity of all young lives.

While data can be a powerful tool to demonstrate the sexuality education and sexual health care needs of young people, it is important to be mindful that these behaviors and outcomes are impacted by systemic inequities present in our society that affect an individual’s sexual health and wellbeing. That is, the context in which a young person’s health behavior and decision-making happens is not reflected in individual data points. Notably, one example demonstrating such inequities are the limitations as to how and what data are currently collected; please be mindful of populations who may not be included in surveys or who may be misrepresented by the data. The data categories and any associated language are taken directly from the respective surveys and are not a representation of SIECUS’ positions or values. For more information

regarding SIECUS' use of data, please read the FY 2017 Executive Summary, [*A Portrait of Sexuality Education in the States*](#).

FLORIDA YOUTH RISK BEHAVIOR SURVEY (YRBS) DATA⁸

The following sexual health behavior and outcome data represent some of the most recent information available on the health of young people who attend high schools in Florida. Though not perfect—for instance, using broad race and ethnicity categories can often distort and aggregate the experiences of a diverse group of respondents—the YRBS is a critical resource for understanding the health behaviors of young people when used carefully and with an awareness of its limitations. Any missing data points indicate either a lack of enough respondents for a subcategory or the state's decision not to administer a question on the survey. SIECUS commends the Centers for Disease Control and Prevention (CDC) for conducting decades' worth of field studies to improve the accuracy and relevancy of the YRBS. Like the CDC, SIECUS underlines that “school and community interventions should focus not only on behaviors but also on the determinants of those behaviors.”⁹

Reported ever having had sexual intercourse

- In 2015, 35.7% of female high school students and 44.9% of male high school students in Florida reported ever having had sexual intercourse, compared to 39.2% of female high school students and 43.2% of male high school students nationwide.
- In 2015, 55.1% of lesbian, gay, or bisexual (LGB) high school students, 37.2% of high school students who were unsure of their sexual orientation, and 38.9% of heterosexual high school students in Florida reported ever having had sexual intercourse, compared to 50.8% of LGB high school students, 31.6% of high school students who were unsure of their sexual orientation, and 40.9% of heterosexual high school students nationwide.
- In 2015, 23.1% of Asian high school students, 44.6% of black high school students, 40.6% of Hispanic high school students, 38.1% of white high school students, and 43.5% of high school students who identified as multiple races in Florida reported ever having had sexual intercourse, compared to 19.3% of Asian high school students, 48.5% of black high school students, 42.5% of Hispanic high school students, 39.9% of white high school students, and 49.2% of high school students who identified as multiple races nationwide.

Reported having had sexual intercourse before age 13

- In 2015, 2.2% of female high school students and 9.1% of male high school students in Florida reported having had sexual intercourse before age 13, compared to 2.2% of female high school students and 5.6% of male high school students nationwide.
- In 2015, 7.5% of LGB high school students, 11.5% of high school students who were unsure of their sexual orientation, and 5.1% of heterosexual high school students in Florida reported having had sexual intercourse before age 13, compared to 7.3% of LGB high school students, 8.8% of high school students who were unsure of their sexual orientation, and 3.4% of heterosexual high school students nationwide.

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- In 2015, 5.2% of Asian high school students, 10.1% of black high school students, 5.2% of Hispanic high school students, 3.3% of white high school students, and 5.9% of high school students who identified as multiple races in Florida reported having had sexual intercourse before age 13, compared to 0.7% of Asian high school students, 8.3% of black high school students, 5% of Hispanic high school students, 2.5% of white high school students, and 5.8% of high school students who identified as multiple races nationwide.

Reported being currently sexually active

- In 2015, 25.5% of female high school students and 29.3% of male high school students in Florida reported being currently sexually active, compared to 29.8% of female high school students and 30.3% of male high school students nationwide.
- In 2015, 37.5% of LGB high school students, 27.2% of high school students who were unsure of their sexual orientation, and 26.5% of heterosexual high school students in Florida reported being currently sexually active, compared to 35.1% of LGB high school students, 22.9% of high school students who were unsure of their sexual orientation, and 30.1% of heterosexual high school students nationwide.
- In 2015, 13.6% of Asian high school students, 29.9% of black high school students, 27.3% of Hispanic high school students, 26.8% of white high school students, and 32.4% of high school students who identified as multiple races in Florida reported being currently sexually active, compared to 12.2% of Asian high school students, 33.1% of black high school students, 30.3% of Hispanic high school students, 30.3% of white high school students, and 35.7% of high school students who identified as multiple races nationwide.

Reported not using a condom during last sexual intercourse

- In 2015, 43.8% of female high school students and 32.9% of male high school students in Florida reported not using a condom during their last sexual intercourse, compared to 48% of female high school students and 38.5% of male high school students nationwide.
- In 2015, 56.3% of LGB high school students, 49.8% of high school students who were unsure of their sexual orientation, and 35.3% of heterosexual high school students in Florida reported not using a condom during their last sexual intercourse, compared to 52.5% of LGB high school students, 47.8% of high school students who were unsure of their sexual orientation, and 42.2% of heterosexual high school students nationwide.
- In 2015, 32.4% of black high school students, 40.3% of Hispanic high school students, and 39% of white high school students in Florida reported not using a condom during their last sexual intercourse, compared to 36.3% of black high school students, 44.4% of Hispanic high school students, and 43.2% of white high school students nationwide.

Reported not using any method to prevent pregnancy during last sexual intercourse

- In 2015, 16.5% of female high school students and 11.4% of male high school students in Florida reported not using any method to prevent pregnancy during their last sexual intercourse, compared to 15.2% of female high school students and 12.2% of male high school students nationwide.
- In 2015, 34.1% of LGB high school students, 20.2% of high school students who were unsure of their sexual orientation, and 10.9% of heterosexual high school students in Florida reported not using any method to prevent pregnancy during their last sexual intercourse, compared to 26.4% of LGB high school students, 19.4% of high school students who were unsure of their sexual orientation, and 12.4% of heterosexual high school students nationwide.
- In 2015, 14.8% of black high school students, 16.4% of Hispanic high school students, and 11.3% of white high school students in Florida reported not using any method to prevent pregnancy during their last sexual intercourse, compared to 15.9% of black high school students, 20% of Hispanic high school students, and 10.4% of white high school students nationwide.

Reported having had drunk alcohol or used drugs during last sexual intercourse¹⁰

- In 2015, 18% of female high school students and 28.3% of male high school students in Florida reported having had drunk alcohol or used drugs during their last sexual intercourse, compared to 16.4% of female high school students and 24.6% of male high school students nationwide.
- In 2015, 29.3% of LGB high school students, 35.8% of high school students who were unsure of their sexual orientation, and 22.4% of heterosexual high school students in Florida reported having had drunk alcohol or used drugs during their last sexual intercourse, compared to 22.4% of LGB high school students, 44.5% of high school students who were unsure of their sexual orientation, and 20% of heterosexual high school students nationwide.
- In 2015, 20.6% of black high school students, 22.7% of Hispanic high school students, and 25.1% of white high school students in Florida reported having had drunk alcohol or used drugs during their last sexual intercourse, compared to 21.8% of black high school students, 22.8% of Hispanic high school students, and 19.3% of white high school students nationwide.

Reported never having been tested for HIV

- In 2015, 87.5% of female high school students and 87.5% of male high school students in Florida reported never having been tested for HIV, compared to 88.9% of female high school students and 90.7% of male high school students nationwide.

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- In 2015, 78.9% of LGB high school students, 85.9% of high school students who were unsure of their sexual orientation, and 88.2% of heterosexual high school students in Florida reported never having been tested for HIV, compared to 81.8% of LGB high school students, 87.2% of high school students who were unsure of their sexual orientation, and 90.7% of heterosexual high school students nationwide.
- In 2015, 91.8% of Asian high school students, 82.6% of black high school students, 86.8% of Hispanic high school students, 90.2% of white high school students, and 88.1% of high school students who identified as multiple races in Florida reported never having been tested for HIV, compared to 90.4% of Asian high school students, 83.4% of black high school students, 88.9% of Hispanic high school students, 92% of white high school students, and 86.6% of high school students who identified as multiple races nationwide.

Reported having been physically forced to have sexual intercourse

- In 2015, 8.3% of female high school students and 4.2% of male high school students in Florida reported having been physically forced to have sexual intercourse, compared to 10.3% of female high school students and 3.1% of male high school students nationwide.
- In 2015, 19.6% of LGB high school students, 12.1% of high school students who were unsure of their sexual orientation, and 4.7% of heterosexual high school students in Florida reported having been physically forced to have sexual intercourse, compared to 17.8% of LGB high school students, 12.6% of high school students who were unsure of their sexual orientation, and 5.4% of heterosexual high school students nationwide.
- In 2015, 4.8% of Asian high school students, 6.5% of black high school students, 6.7% of Hispanic high school students, 5.9% of white high school students, and 6.1% of high school students who identified as multiple races in Florida reported having been physically forced to have sexual intercourse, compared to 4.2% of Asian high school students, 7.3% of black high school students, 7% of Hispanic high school students, 6% of white high school students, and 12.1% of high school students who identified as multiple races nationwide.

Reported experiencing physical dating violence

- In 2015, 11.2% of female high school students and 10.5% of male high school students in Florida reported experiencing physical dating violence in the prior year, compared to 11.7% of female high school students and 7.4% of male high school students nationwide.
- In 2015, 24.9% of LGB high school students, 22.3% of high school students who were unsure of their sexual orientation, and 8.6% of heterosexual high school students in Florida reported experiencing physical dating violence in the prior year, compared to 17.5% of LGB high school students, 24.5% of high school students who were unsure of their sexual orientation, and 8.3% of heterosexual high school students nationwide.

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- In 2015, 12% of black high school students, 11.3% of Hispanic high school students, 9.4% of white high school students, and 16.1% of high school students who identified as multiple races in Florida reported experiencing physical dating violence in the prior year, compared to 10.5% of black high school students, 9.7% of Hispanic high school students, 9% of white high school students, and 16% of high school students who identified as multiple races nationwide.

Reported experiencing sexual dating violence

- In 2015, 13.8% of female high school students and 8.5% of male high school students in Florida reported experiencing sexual dating violence in the prior year, compared to 15.6% of female high school students and 5.4% of male high school students nationwide.
- In 2015, 23% of LGB high school students, 25.6% of high school students who were unsure of their sexual orientation, and 9.2% of heterosexual high school students in Florida reported experiencing sexual dating violence in the prior year, compared to 22.7% of LGB high school students, 23.8% of high school students who were unsure of their sexual orientation, and 9.1% of heterosexual high school students nationwide.
- In 2015, 11.2% of black high school students, 10.1% of Hispanic high school students, 10.6% of white high school students, and 14.2% of high school students who identified as multiple races in Florida reported experiencing sexual dating violence in the prior year, compared to 10% of black high school students, 10.6% of Hispanic high school students, 10.1% of white high school students, and 14.2% of high school students who identified as multiple races nationwide.

Visit the CDC [Youth Online](#) database and [Health Risks Among Sexual Minority Youth](#) report for additional information on sexual behaviors among high school students in Florida and specific to school districts in Broward, Duval, Miami-Dade, Orange, and Palm Beach counties.

FLORIDA SCHOOL HEALTH PROFILES DATA¹¹

In 2015, the CDC released the School Health Profiles, which measures school health policies and practices and highlights which health topics were taught in schools across the country. Since the data was collected from self-administered questionnaires completed by schools' principals and lead health education teachers, the CDC notes that one limitation of the School Health Profiles is bias toward the reporting of more positive policies and practices.¹² In the School Health Profiles, the CDC identifies 16 sexual education topics that it believes are critical to a young person's sexual health. Below are key instruction highlights for secondary schools in Florida as reported for the 2013–2014 school year.

16 CRITICAL SEXUAL EDUCATION TOPICS IDENTIFIED BY THE CDC

- 1) How to create and sustain healthy and respectful relationships
- 2) Influences of family, peers, media, technology, and other factors on sexual risk behavior
- 3) Benefits of being sexually abstinent
- 4) Efficacy of condoms
- 5) Importance of using condoms consistently and correctly
- 6) Importance of using a condom at the same time as another form of contraception to prevent both STDs and pregnancy
- 7) How to obtain condoms
- 8) How to correctly use a condom
- 9) Communication and negotiation skills
- 10) Goal-setting and decision-making skills
- 11) How HIV and other STDs are transmitted
- 12) Health consequences of HIV, other STDs, and pregnancy
- 13) Influencing and supporting others to avoid or reduce sexual risk behaviors
- 14) Importance of limiting the number of sexual partners
- 15) How to access valid and reliable information, products, and services related to HIV, STDs, and pregnancy
- 16) Preventive care that is necessary to maintain reproductive and sexual health.

Source: School Health Profiles, 2014

Reported teaching all 16 critical sexual health education topics

- 21.4% of Florida secondary schools taught students all 16 critical sexual health education topics in a required course in any of grades 6, 7, or 8.¹³
- 46.3% of Florida secondary schools taught students all 16 critical sexual health education topics in a required course in any of grades 9, 10, 11, or 12.¹⁴

Reported teaching about the benefits of being sexually abstinent

- 71% of Florida secondary schools taught students about the benefits of being sexually abstinent in a required course in any of grades 6, 7, or 8.¹⁵
- 84.4% of Florida secondary schools taught students about the benefits of being sexually abstinent in a required course in any of grades 9, 10, 11, or 12.¹⁶

Reported teaching how to access valid and reliable information, products, and services related to HIV, other sexually transmitted diseases (STDs), and pregnancy

- 62.7% of Florida secondary schools taught students how to access valid and reliable information, products, and services related to HIV, other STDs, and pregnancy in a required course in any of grades 6, 7, or 8.¹⁷
- 79.6% of Florida secondary schools taught students how to access valid and reliable information, products, and services related to HIV, other STDs, and pregnancy in a required course in any of grades 9, 10, 11, or 12.¹⁸

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Reported teaching how to create and sustain healthy and respectful relationships

- 65.5% of Florida secondary schools taught students how to create and sustain healthy and respectful relationships in a required course in any of grades 6, 7, or 8.¹⁹
- 77.7% of Florida secondary schools taught students how to create and sustain healthy and respectful relationships in a required course in any of grades 9, 10, 11, or 12.²⁰

Reported teaching about preventive care that is necessary to maintain reproductive and sexual health

- 53% of Florida secondary schools taught students about preventive care that is necessary to maintain reproductive and sexual health in a required course in any of grades 6, 7, or 8.²¹
- 80.1% of Florida secondary schools taught students about preventive care that is necessary to maintain reproductive and sexual health in a required course in any of grades 9, 10, 11, or 12.²²

Reported teaching how to correctly use a condom

- 25.3% of Florida secondary schools taught students how to correctly use a condom in a required course in any of grades 6, 7, or 8.²³
- 52% of Florida secondary schools taught students how to correctly use a condom in a required course in any of grades 9, 10, 11, or 12.²⁴

Reported teaching about all seven contraceptives

- 31.3% of Florida secondary schools taught students about all seven contraceptives—birth control pill, patch, ring, and shot; implants; intrauterine device; and emergency contraception—in a required course in any of grades 9, 10, 11, or 12.²⁵

Reported providing curricula or supplementary materials relevant to LGB, transgender, and questioning (LGBTQ) youth

- 28.5% of Florida secondary schools provided students with curricula or supplementary materials that included HIV, STD, or pregnancy prevention information relevant to LGBTQ youth.²⁶

Visit the CDC's [School Health Profiles](#) report for additional information on school health policies and practices.

FLORIDA TEEN PREGNANCY, HIV/AIDS, AND OTHER STD DATA

The following data from the CDC and the Guttmacher Institute represent the most recent state-specific statistics documenting teen pregnancy, birth, abortion, HIV/AIDS, and other STDs. For those wishing to support the sexual health and wellbeing of young people, it is important to use the data to advance their access to comprehensive education, resources, and services. However, the data is not intended to be used in a manner that is stigmatizing or shaming: Young people have the right to make informed decisions about their health and wellbeing, but this right must be accompanied by the ability to access

and understand all available choices. Therefore, the following data should be used to advance a young person's right to make informed decisions about their body and health.

Teen Pregnancy, Birth, and Abortion

- In 2013, Florida had the 16th highest reported teen pregnancy rate in the United States, with a rate of 46 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 43 per 1,000.²⁷ There were a total of 26,050 pregnancies among young women ages 15–19 reported in Florida in 2013.²⁸
- In 2015, Florida had the 28th highest reported teen birth rate in the United States, with a rate of 20.8 births per 1,000 young women ages 15–19, compared to the national rate of 22.3 per 1,000.²⁹ There were a total of 11,957 live births to young women ages 15–19 reported in Florida in 2015.³⁰
- In 2013, Florida had the 4th highest teen abortion rate³¹ in the United States, with an estimated³² rate of 15 abortions per 1,000 young women ages 15–19, compared to the national rate of 11 per 1,000.³³ There were an estimated total of 8,450 abortions among young women ages 15–19 in Florida in 2013.³⁴

HIV and AIDS

- In 2015, the reported rate of diagnoses of HIV infection among adolescents ages 13–19 in Florida was 12.1 per 100,000, compared to the national rate of 5.8 per 100,000.³⁵
- In 2015, the reported rate of AIDS diagnoses among adolescents ages 13–19 in Florida was 1.5 per 100,000, compared to the national rate of 0.7 per 100,000.³⁶
- In 2015, the reported rate of diagnoses of HIV infection among young adults ages 20–24 in Florida was 56.2 per 100,000, compared to the national rate of 31.1 per 100,000.³⁷
- In 2015, the reported rate of AIDS diagnoses among young adults ages 20–24 in Florida was 9.6 per 100,000, compared to the national rate of 5.6 per 100,000.³⁸

STDs

- In 2015, Florida had the 21st highest rate of reported cases of chlamydia among young people ages 15–19 in the United States, with an infection rate of 1,926.9 cases per 100,000, compared to the national rate of 1,857.8 per 100,000. In 2015, there were a total of 22,574 cases of chlamydia among young people ages 15–19 reported in Florida.³⁹
- In 2015, Florida had the 18th highest rate of reported cases of gonorrhea among young people ages 15–19 in the United States, with an infection rate of 341.3 cases per 100,000, compared to the national rate of 341.8 per 100,000. In 2015, there were a total of 3,998 cases of gonorrhea among young people ages 15–19 reported in Florida.⁴⁰

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- In 2015, Florida had the 9th highest rate of reported cases of primary and secondary syphilis among young people ages 15–19 in the United States, with an infection rate of 7.0 cases per 100,000, compared to the national rate of 5.4 per 100,000. In 2015, there were a total of 82 cases of syphilis reported among young people ages 15–19 in Florida.⁴¹

Visit the Office of Adolescent Health’s (OAH) [Florida Adolescent Health Facts](#) for additional information.

FEDERAL FUNDING FOR SEXUALITY EDUCATION, UNINTENDED TEEN PREGNANCY, HIV AND OTHER STD PREVENTION, AND ABSTINENCE-ONLY-UNTIL-MARRIAGE (AOUM) PROGRAMS

FISCAL YEAR 2017 FEDERAL FUNDING IN FLORIDA

| Grantee | Award |
|---|--------------------|
| Division of Adolescent and School Health (DASH) | |
| Florida Department of Education | \$414,997 |
| Duval County Public Schools | \$370,000 |
| School Board of Broward County | \$578,750 |
| School Board of Miami-Dade | \$381,250 |
| School Board of Orange County | \$50,000 |
| School Board of Palm Beach County | \$378,750 |
| TOTAL | \$2,173,747 |
| Teen Pregnancy Prevention Program(TPPP) | |
| TPPP Tier 1B | |
| OIC of South Florida, Inc. | \$1,249,999 |
| Trinity Church, Inc. | \$1,445,554 |
| TOTAL | \$2,695,553 |
| Personal Responsibility Education Program (PREP) | |
| Competitive Personal Responsibility Education Program (CPREP) | |
| Heartland Rural Health Network, Inc. | \$419,831 |
| Planned Parenthood of South Florida and Treasure Coast | \$791,193 |
| Trinity Church, Inc. | \$794,240 |
| Unity Family Community Center | \$487,889 |
| TOTAL | \$2,493,153 |
| Personal Responsibility Education Innovative Strategies (PREIS) | |
| Children’s Home Society of Florida | \$478,919 |

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| TOTAL | \$478,919 |
| Title V Abstinence-Only-Until-Marriage Program (Title V AOUM) | |
| Florida Department of Health (federal grant) | \$4,085,985 |
| TOTAL | \$4,085,985 |
| Sexual Risk Avoidance Education Grant Program (SRAE) | |
| Abstinence Between Strong Teens International, Inc. | \$548,103 |
| Trinity Church, Inc. | \$507,019 |
| OIC of Broward dba OIC of South Florida | \$548,104 |
| TOTAL | \$1,603,226 |
| GRAND TOTAL | |
| | \$13,530,583 |

DIVISION OF ADOLESCENT AND SCHOOL HEALTH

The CDC’s school-based HIV prevention efforts include funding and technical assistance to state and local education agencies through several funding streams to better student health, implement HIV/STD prevention programs, collect and report data on young people’s risk behaviors, and expand capacity-building partnerships. In FY 2017, through the CDC’s Division of Adolescent and School Health (DASH), 18 state education agencies and 17 school districts received funding to help the districts and schools strengthen student health through exemplary sexual health education (ESHE) that emphasizes HIV and other STD prevention, increases access to key sexual health services (SHS), and establishes safe and supportive environments (SSE) for students and staff. DASH funded six national, non-governmental organizations (NGOs) to help state and local education agencies achieve these goals.

- In FY 2017, there were five DASH grantees in Florida funded to strengthen student health through ESHE, SHS, and SSE (1308 Strategy 2): The Florida Department of Education (\$320,000), Duval County Public Schools (\$320,000), the School Board of Broward County (\$320,000), the School Board of Miami-Dade (\$320,000), and the School Board of Palm Beach County (\$320,000).

FLORIDA DEPARTMENT OF EDUCATION, \$320,000 (FY 2017)

With its 1308 Strategy 2 funds, the Florida Department of Education provides regional professional development trainings on Sexuality Health Education 101 to priority and neighboring districts in order to garner support for and adoption of ESHE across the state. The Department is also collaborating with state-level partners to provide regional workshops for the School Health Advisory, School Health Wellness Advisory, and Wellness Steering Committees in Florida School Districts. To help school staff connect students to sexual health services and resources, the department disseminates a list of youth-friendly sexual health service providers by locality, including providers with knowledge in serving young people experiencing homelessness.⁴²

DUVAL COUNTY PUBLIC SCHOOLS, \$320,000 (FY 2017)

With its 1308 Strategy 2 funds, Duval County Public Schools train high school teachers on evidence-based curricula and monitoring the fidelity of high school curriculum instruction to ensure that students

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receive appropriate, quality sexual health education. The Duval County Public Schools also promote and provide sexual health services referrals to youth-friendly community health care providers such as Full Service Schools Jacksonville and the Jacksonville Area Sexual Minority Youth Network. The goal is to increase access to needed health services for students. Additionally, in order to decrease the likelihood of students engaging in behaviors that put them at risk for HIV or other STDs, the Duval County Public Schools collaborate with community stakeholders on activities to provide welcoming learning environments for all students and staff.⁴³

SCHOOL BOARD OF BROWARD COUNTY, \$320,000 (FY 2017)

With its 1308 Strategy 2 funds, the School Board of Broward County trains schools' staff to provide a sexual health education curriculum for middle and high school students and training staff on a district sexual health policy adopted in 2015 to improve school staff effectiveness. The school board is also developing a system to link students to youth-friendly health care providers, increasing the number of students who access needed sexual health services.⁴⁴

SCHOOL BOARD OF MIAMI-DADE, \$320,000 (FY 2017)

With its 1308 Strategy 2 funds, the School Board of Miami-Dade developed an online curriculum training guide for key school districts and community stakeholders in order to ensure students receive quality sexual health education. In order to enable students to access needed health services, the school board collaborates with community partners to update written guidance for implementing a sexual health services referral system within all Miami-Dade County High Schools. Additionally, the school board facilitates the linkage of high school students to school-based mentorship and service learning opportunities to increase the number of students who feel safe and supported in the school environment.⁴⁵

SCHOOL BOARD OF PALM BEACH COUNTY, \$320,000 (FY 2017)

With its 1308 Strategy 2 funds, the School Board of Palm Beach County trains school staff on sexual health education curriculum so students receive accurate and culturally sensitive information on HIV and STDs. To help school nurses link students to sexual health services and reduce student stigma and discomfort, the school board establishes linkages with youth-friendly health services providers. To facilitate school environments in which students, staff, and the community all feel safe, supported, and respected regardless of individual differences, the school board assesses school connectedness and parent engagement tools.⁴⁶

In addition, DASH funds local education agencies and NGOs to implement multiple program activities to meet the HIV- and other 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.

- In FY 2017, there was one DASH grantee in Florida funded to deliver YMSM programming (1308 Strategy 4): The School Board of Broward County (\$200,000).

SCHOOL BOARD OF BROWARD COUNTY, \$200,000 (FY 2017)

With its 1308 Strategy 4 funds, the School Board of Broward County works to ensure that the district's black and Latino male gay and bisexual students are receiving quality sexual health education in a

meaningful and appropriate manner. The school board also supports a variety of programs to ensure safe and supportive environments for its black and Latino male gay and bisexual students, including school health events and district-wide campaigns. Young people are encouraged to participate in the sexual health services assessment to verify that providers listed in the resources guide are welcoming to black and Latino male gay and bisexual teens.⁴⁷

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 Surveillance (YRBS) and School Health Profiles data for policy and program improvements.

- In FY 2017, there were six DASH grantees in Florida funded to collect and report YRBS and School Health Profiles data (1308 Strategy 1): The Florida Department of Education (\$94,997), Duval County Public Schools (\$50,000), the School Board of Broward County (\$58,750), the School Board of Miami-Dade (\$61,250), the School Board of Orange County (\$50,000), and the School Board of Palm Beach County (\$58,750).

TEEN PREGNANCY PREVENTION PROGRAM (TPPP)

The OAH, within the U.S. Department of Health and Human Services (HHS), administers TPPP, which funds evidence-based or innovative evidence-informed, medically accurate, and age-appropriate programs to reduce teen pregnancy. In FY 2017, total funding for TPPP was \$101 million, supporting 84 states, cities, non-profit organizations, school districts, universities, community-based organizations, and tribal organizations. These grantees were in year three of five TPPP funding tiers' five-year cooperative agreements in 33 states, the District of Columbia, and the Marshall Islands. In June 2017, however, 81 of the 84 grantees were notified, without cause or explanation, that their project periods were shortened to just three years, to end on June 30, 2018. Since the other three grantees are on a different grant cycle, they had not yet received notice on the status of their funding at the time of publication. OAH provides program support, implementation evaluation, and technical assistance to grantees and receives an additional \$6.8 million in funding for evaluation purposes. Below is information on the five TPPP funding tiers:

Tier 1A: Capacity building to support replication of evidence-based TPP programs.

- In FY 2017, there were no TPPP Tier 1A grantees in Florida.

Tier 1B: Replicating evidence-based TPP programs to scale in communities with the greatest need.

- In FY 2017, there are two TPPP Tier 1 grantees in Florida: Opportunities Industrialization Centers (OIC) of South Florida, Inc. (\$1,249,999), and Trinity Church, Inc. (\$1,445,554).
- These local organizations in Florida received a total of \$2,695,553 in TPPP Tier 1B funding.

OIC OF SOUTH FLORIDA, \$1,249,999 (FY 2017)

OIC of South Florida, formerly OIC of Broward County, is a community-based nonprofit located in Fort Lauderdale. OIC of South Florida is an affiliate of OIC of America, a national network of employment, capacity-building, and community development programs. The organization recently expanded in South Florida to provide residents with employment opportunities and training in self-help skills. OIC of South Florida operates under the principle of giving "everyone the opportunity to realize their potential; to offer a 'Hand UP' not a hand out."⁴⁸

With its TPPP Tier 1B funding, OIC of South Florida, through its Project P.A.U.S.E., intends to help young people ages 13–19 prevent pregnancy, STDs, and HIV/AIDS; achieve their goals; understand the risks associated with unprotected sex; and succeed in educating their community and peers. Project P.A.U.S.E. also has a Youth Leadership Council that partners with local, community-based organizations, local government, and other local institutions. Programming will take place in nine zip codes in Broward County, Florida, and will implement one of the following evidence-based programs: [Reducing the Risk, Making Proud Choices!](#), and [Love Notes](#). The program aims to serve 3,840 young people per year.⁴⁹

TRINITY CHURCH, INC., \$1,445,554 (FY 2017)

Trinity Church, Inc., is a church and social-services ministry located in Miami Gardens. The organization describes its work as “[assisting] in the transformation of individuals and families in our community.” Trinity Church, Inc., uses federal, state, and local county grants and contracts to address “physical needs for food clothing, and medical attention” by providing medical care, job training, assistance with home ownership, and parenting classes. Their goal is to empower others and address the spiritual condition of the community.⁵⁰

With its TPPP Tier 1B funding, Trinity Church, Inc., will implement its [Plan Be Program](#) with the goal of reducing rates of teen pregnancy and births, sexually transmitted infections (STIs), and racial disparities through evidence-based teen pregnancy prevention programs. The programming targets expectant and parenting young people ages 11–19 in areas of high teen birth rates through middle schools, high schools, foster care sites, a juvenile detention facility, and a community site across 20 zip codes in Miami-Dade County, Florida. One of the following three evidence-based curricula will be utilized: [Love Notes, Making Proud Choices!](#), and [Reducing the Risk](#). Trinity Church aims to serve 6,000 young people per year.⁵¹

Tier 2A: Supporting and enabling early innovation to advance adolescent health and prevent teen pregnancy.

- In FY 2017, there were no TPPP Tier 2A grantees in Florida.

Tier 2B: Rigorous evaluation of new or innovative approaches to prevent teen pregnancy.

- In FY 2017, there were no TPPP Tier 2B grantees in Florida.

Tier 2C: Effectiveness of TPP programs designed specifically for young males.

- In FY 2017, there were no TPPP Tier 2C grantees in Florida.

PERSONAL RESPONSIBILITY EDUCATION PROGRAM (PREP)

The Family and Youth Services Bureau (FYSB), within the Administration for Children and Families (ACF) division of HHS, administers PREP, which was authorized for a total of \$75 million in FY 2017 for the state-grant program; local entities through the competitively awarded Personal Responsibility Education Innovative Strategies (PREIS) program; and the Tribal PREP, which funds tribes and tribal organizations. In addition, provisions within the PREP statute enable a competitive application process for community- and faith-based organizations within states and territories that do not directly seek PREP state grants to apply for funding through the Competitive Personal Responsibility Education Program (CPREP).

Similar to other programs highlighted in the State Profiles, the grants for the various PREP programs are awarded throughout the year, with several awarded in the final month of the fiscal year for use and implementation throughout the following year. SIECUS reports on funding amounts appropriated in FY 2017 and any programmatic activities that occurred during FY 2017, or October 1, 2016–September 30, 2017. It is important to remember, however, that reported programmatic activities for this period may have utilized FY 2016 funds. Details on the state grants, PREIS, Tribal PREP, and CPREP are included below. More information and clarification surrounding funding announcements are also included below, as well as in the FY 2017 Executive Summary, [A Portrait of Sexuality Education in the States](#).

PREP State-Grant Program

State-grant PREP supports evidence-based programs that provide young people with medically accurate and age-appropriate information for the prevention of unintended pregnancy, HIV, and other STDs. In FY 2017, 44 states, the District of Columbia, the Federated States of Micronesia, Guam, Puerto Rico, the Republic of Palau, and the Virgin Islands received PREP state-grant 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.

- In FY 2017, Florida declined state-grant PREP funds.

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, HIV, and other STDs.

- In FY 2017, there was one PREIS grantee in Florida: Children’s Home Society of Florida (\$478,919).⁵²

CHILDREN’S HOME SOCIETY OF FLORIDA (CHSFL), \$478,919 (FY 2017)

CHSFL is an organization dedicated to protecting children from harm, healing children who have been hurt, and creating strong families so that children may grow up safe and healthy.⁵³ With its PREIS funds, CHSFL will use the [Speaking to the Promise and Resilience in Kids \(S.P.A.R.K.\)](#) curriculum, with TPP-specific curriculum incorporated into the lessons, to serve young people ages 11-17 in the foster care system in Duval County. The program will be taught in 27 lessons through a community-based program for young people and offered at the CHSFL Jacksonville Campus.⁵⁴ It will address healthy relationships, financial literacy, healthy life skills, and educational and career success. An estimated 134 young people will go through the program annually.⁵⁵

Tribal Personal Responsibility Education Program (Tribal PREP)

Tribal PREP supports the development and implementation of pregnancy-, HIV-, and other STD-prevention programs among young people within tribes and tribal communities. Tribal PREP programs target young people ages 10–19 who are in or are aging out of foster care, young people experiencing homelessness, young people living with HIV, young people who live in areas with high rates of adolescent births, and young people under age 21 who are pregnant and/or parenting. In FY 2017, eight tribes and tribal organizations from seven states received a total of \$3,271,693.

- In FY 2017, there were no Tribal PREP grantees in Florida.

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, and other STDs. Only organizations and institutions in states and territories that did not apply for PREP state grants are eligible to submit competitive applications for CPREP grants. In FY 2017, 21 CPREP grants, totaling \$10.2 million, were awarded to 21 organizations in Florida, Indiana, North Dakota, Texas, and Virginia, as well as in American Samoa, Guam, and the Northern Mariana Islands.

- In FY 2017, four local entities in Florida received a total of \$2,493,153 in CPREP funds: Heartland Rural Health Network, Inc. (\$419,831); Planned Parenthood of South Florida and Treasure Coast (\$791,193); Trinity Church, Inc. (\$794,240); and Unity Family Community Center (\$487,889).⁵⁶

HEARTLAND RURAL HEALTH NETWORK, INC. (HRHN), \$419,831 (FY 2017)

HRHN is a not-for-profit rural health network entity that serves five counties in Florida. HRHN seeks to improve access to quality healthcare through implementation of creative solutions and collaboration with local community partners.⁵⁷ In addition to addressing healthy relationships, adolescent development, and healthy life skills to rural middle and high school students, HRHN will use [Get Real](#). An estimated 2,000 young people within nine Avon Park County middle and high schools will be served annually.⁵⁸ At the time of publication, more information on how HRHN uses its CPREP funds was unknown.

PLANNED PARENTHOOD (PP) OF SOUTH FLORIDA AND TREASURE COAST, \$791,193 (FY 2017)

PP of South, East, and North Florida provides comprehensive sexual health care to fulfill core human freedoms, such as reproductive self-determination and the right to privacy. There are 11 health centers throughout four counties in Florida.⁵⁹ Using [the ¡Cuidate! and Teen Outreach Program \(TOP\)](#) curricula, PP will address healthy relationships, adolescent development, parent-child communication, healthy life skills, financial literacy, and educational and career success. PP plans to serve 1,500 young people ages 10-19 and 300 parents annually in eight school- and community-based locations in Homestead, Miami, Boynton Beach, Delray Beach, Riviera Beach, Lake Worth, Gainesville, and Jacksonville.⁶⁰

TRINITY CHURCH, INC., \$794,240 (FY 2017)

With its CPREP grant, Trinity Church, Inc., funds the [Plan Be Program](#) to address teen pregnancy and academic failure. The goal of the program is to provide teen pregnancy prevention education and encourage teens to graduate high school and attain higher education for the “success of our communities and nation in the competitive global economy.” Along with the TPPP program, Trinity Church, Inc., has served 16 middle schools, 20 high schools, six alternative sites, more than 13 community settings, and 19 zip codes in the South Florida area.⁶¹ Trinity Church, Inc., uses [Love Notes, Making Proud Choices!, Relationship Smarts PLUS, and Reducing the Risk](#) curricula and addresses healthy relationships, healthy life skills, and financial literacy.

UNITY FAMILY COMMUNITY CENTER, \$487,889 (FY 2017)

The Unity Family Community Center, located in Williston, Florida, is a faith-based, non-profit organization that is “committed to improving the quality of life [for] families and individuals living in rural, low- to moderate-income communities by providing services and opportunities designed to create positive life

changes.”⁶² The organization provides services including abstinence education, college entrance preparation, after-school programming, and community service. The Unity Family Community Center uses its CPREP grant to implement *Reducing the Risk* at 19 schools, juvenile settings, and community-based organizations. The program focuses on the following adult preparation subjects: financial literacy, healthy relationships, healthy life skills, and parent-child communication.⁶³

TITLE V “ABSTINENCE EDUCATION” STATE GRANT PROGRAM

The Title V “abstinence education” state grant program for AOUM programming, or the Title V AOUM program, is administered by FYSB, within ACF of HHS, and was authorized at \$75 million for FY 2017. 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 exclusively promote abstinence from sexual activity and may provide mentoring, counseling, and adult supervision toward this end.⁶⁴

- In FY 2017, the Florida Department of Health received \$4,085,985 in federal Title V AOUM funding.⁶⁵
- At the time of publication, information as to Florida’s use of FY 2017 Title V AOUM funds was unknown. The following information reflects implementation of FY 2016 funds during FY 2017.
- The Department chose to sub-grant the funds to 14 local public and private entities. The sub-grantee information is listed below.⁶⁶
- In Florida, sub-grantees contribute to the match through a combination of direct revenue and in-kind contributions.

| Sub-grantee | Serving | Amount |
|------------------------------------|--------------------------------|---------------|
| Be Strong International | Miami-Dade County | \$250,000 |
| Aspire Relationship Center | Citrus County | \$250,000 |
| Baker County Health Department | Baker County | \$150,000 |
| Bay County Health Department | Bay County | \$250,000 |
| Charlotte County Health Department | Charlotte County | \$100,000 |
| DeSoto County Health Department | DeSoto County | \$150,000 |
| Duval County Health Department | Duval County | \$100,000 |
| Gulf County Health Department | Gulf and Franklin Counties | \$150,000 |
| Hope for Miami | Miami-Dade | \$250,000 |
| Jefferson County Health Department | Madison and Jefferson Counties | \$250,000 |
| Marion County Health Department | Marion County | \$250,000 |
| Sarasota County Health Department | Sarasota County | \$150,000 |
| Unity Family Community Center | Levy County | \$100,000 |
| Wakulla County Health Department | Wakulla County | \$200,000 |

The Florida Department of Health administers the state’s Title V AOUM grant in collaboration with 14 county health departments and community- and school-based organizations. It has worked with agency epidemiologists to identify counties with a cross-section of need, including high teen birth rates and percent

of total births to unwed mothers. Through the sub-grantees' various programs, the Title V AOUM funds will be used to serve an estimated 5,000 young people ages 11–19. The curricula currently approved for use by the sub-grantees are: [Choosing the Best](#), [Heritage Keepers](#), [Making a Difference!](#), [Promoting Health Among Teens! \(PHAT\)](#), and [Real Essentials](#).⁶⁷

“SEXUAL RISK AVOIDANCE EDUCATION” (SRAE) GRANT PROGRAM

Administered by FYSB within ACF of HHS, the SRAE program—a rebranding of the competitive AOUM grant program—provides funding for public and private entities for programs that “teach young people to voluntarily refrain from non-marital sexual activity and prevent other youth risk behaviors.” These programs are also required by statute to “teach the benefits associated with self-regulation; success sequencing for poverty prevention; healthy relationships; goal setting and resisting sexual coercion; dating violence; and other youth risk behaviors, such as underage drinking or illicit drug use, without normalizing teen sexual activity.” In FY 2017, \$15 million was appropriated for the SRAE grant program, and \$13.5 million was awarded to 27 grantees in 14 states through a competitive application process.

- In FY 2017, there were three SRAE grantees in Florida: Abstinence Between Strong Teens International, Inc. (\$548,103), OIC of Broward dba OIC of South Florida (\$548,104), and Trinity Church, Inc. (\$507,019).⁶⁸

ABSTINENCE BETWEEN STRONG TEENS INTERNATIONAL, INC., \$548,103 (FY 2017)

Abstinence Between Strong Teens International, Inc., now known as Be Strong International, is a non-profit organization whose vision is to “help individuals create healthy relationships, thriving families, and stronger communities.”⁶⁹ The organization has provided relationship skill and character development education in community-based settings for more than 20 years in the south Florida area. Be Strong International uses funds to continue delivering sexual risk avoidance workshops to youth and “Ready to Talk” workshops to parents in order to encourage delaying sexual activity.⁷⁰ It uses [Real Essentials](#) curriculum to serve young African Americans and Latinos ages 10-18.⁷¹

OIC OF BROWARD DBA OIC OF SOUTH FLORIDA, \$548,104 (FY 2017)

As mentioned above, OIC of South Florida, formerly OIC of Broward County, is a community-based non-profit located in Fort Lauderdale. OIC of South Florida is an affiliate of OIC of America, a national network of employment, capacity-building, and community development programs. The organization recently expanded in South Florida to provide residents with employment opportunities and training in self-help skills.⁷² OIC of South Florida serves young people ages 10-19 and uses the [Love Notes and Relationship Smarts PLUS curricula](#) in 10 settings, including in school- and community-based settings, as well as in juvenile justice settings.⁷³

TRINITY CHURCH, INC., \$507,019 (FY 2017)

As mentioned above, Trinity Church, Inc., is a church and social-services ministry located in Miami Gardens. The organization describes its work as “[assisting] in the transformation of individuals and families in our community.” Trinity Church, Inc., uses federal, state, and local county grants and contracts to address goals such as “winning the lost, helping the poor, and teaching abundant life” by providing medical care, job training, assistance with home ownership, and parenting classes. Their goal is to empower others and address the spiritual condition of the community.⁷⁴ With its SRAE funds, Trinity Church, Inc., will serve

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young African Americans and Latinos ages 10-19, using the [*Love Notes and Relationship Smarts PLUS*](#) curricula in school, community-based, and juvenile justice settings.⁷⁵

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¹ This refers to the federal government’s fiscal year, which begins on October 1 and ends on September 30. The fiscal year is designated by the calendar year in which it ends; for example, FY 2017 began on October 1, 2016, and ended on September 30, 2017.

² Florida Statutes 48-1003.42, Section 2(n), www.leg.state.fl.us/Statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=1000-1099/1003/Sections/1003.42.html.

³ Florida Statutes 48-1003.42, Section 3, www.leg.state.fl.us/Statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=1000-1099/1003/Sections/1003.42.html.

⁴ Florida Statutes 48-1003.46, Section 1, www.leg.state.fl.us/Statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=1000-1099/1003/Sections/1003.46.html.

⁵ Ibid.

⁶ Florida Statutes 48-1003.42(3)

⁷ University High School, “Access Health Opportunities Through Physical Education (H.O.P.E),” <http://www.uhstitans.com/course-access-health-opportunities-through-physical-education-h-o-p-e>.

⁸ “Youth Online,” Centers for Disease Control and Prevention, <https://nccd.cdc.gov/youthonline/App/Default.aspx>.

⁹ “Methodology of the Youth Risk Behavior Surveillance System – 2013,” pg. 17, Centers for Disease Control and Prevention, www.cdc.gov/mmwr/pdf/rr/rr6201.pdf.

¹⁰ It is critical to examine social determinants when analyzing potentially stigmatizing data. Accounting for differences in people’s lived experiences based on race, ethnicity, sexual orientation, socioeconomic status, etc., is a vital part of understanding the context in which the data exist. We encourage readers to exercise caution when using the data and warn readers against using the data in a manner that conflates correlation with causation. Please visit the FY 2017 Executive Summary, [A Portrait of Sexuality Education in the States](#), for more context.

¹¹ “School Health Profiles 2014,” Centers for Disease Control and Prevention, <https://nccd.cdc.gov/youthonline/App/Default.aspx>.

¹² Ibid., pg. 51.

¹³ Ibid., Table 9c.

¹⁴ Ibid., Table 11c.

¹⁵ Ibid., Table 9a.

¹⁶ Ibid., Table 11a.

¹⁷ Ibid., Table 9a.

¹⁸ Ibid., Table 11a.

¹⁹ Ibid., Table 9b.

²⁰ Ibid., Table 11b.

²¹ Ibid., Table 9b.

²² Ibid., Table 11b.

²³ Ibid., Table 9c.

²⁴ Ibid., Table 11c.

²⁵ Ibid., Table 13.

²⁶ Ibid., Table 39.

- ²⁷ Arpaia, A., Kost, K., and Maddow-Zimet, I., *Pregnancies, Births and Abortions Among Adolescents and Young Women in the United States, 2013: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2017), https://www.guttmacher.org/sites/default/files/report_downloads/us-adolescent-pregnancy-trends-2013_tables.pdf, Table 2.5.
- ²⁸ Ibid., Table 2.6.
- ²⁹ “Teen Birth Rate Comparison, 2015 Among Girls Age 15-19,” The National Campaign to Prevent Teen and Unplanned Pregnancy, <https://thenationalcampaign.org/data/compare/1701>.
- ³⁰ United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2007-2015, on CDC WONDER Online Database, February 2017. Accessed at <http://wonder.cdc.gov/nativity-current.html>.
- ³¹ “Abortion” used in this context refers to legally induced abortions. This rate does not include abortions that occur outside of health care facilities or are unreported. Unfortunately, there is no reliable source of information for actual rates of abortion.
- ³² This estimate is based on the number of abortions among all women in the state and the proportion of abortions obtained by women of the same age nationally.
- ³³ Arpaia, A., Kost, K., and Maddow-Zimet, I., *Pregnancies, Births and Abortions Among Adolescents and Young Women in the United States, 2013: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2017), https://www.guttmacher.org/sites/default/files/report_downloads/us-adolescent-pregnancy-trends-2013_tables.pdf, Table 2.5.
- ³⁴ Ibid., Table 2.6.
- ³⁵ Slide 17: “Rates of Diagnoses of HIV Infection among Adolescents Aged 13–19 Years 2015—United States and 6 Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2015.pdf.
- ³⁶ Slide 20: “Rates of Diagnosed HIV Infection Classified as Stage 3 (AIDS) among Adolescents Aged 13–19 Years, 2015—United States and 6 Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2015.pdf.
- ³⁷ Slide 18: “Rates of Diagnoses of HIV Infection among Young Adults Aged 20–24 Years 2015—United States and 6 Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2015.pdf.
- ³⁸ Slide 21: “Rates of Diagnosed HIV Infection Classified as Stage 3 (AIDS) among Young Adults Aged 20–24 Years, 2015—United States and 6 Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2015.pdf.
- ³⁹ NCHHSTP Atlas, “STD Surveillance Data” (Atlanta, GA: Centers for Disease Control and Prevention), <http://gis.cdc.gov/GRASP/NCHHSTPAtlas/main.html>.
- ⁴⁰ Ibid.
- ⁴¹ Ibid.
- ⁴² Centers for Disease Control and Prevention, Adolescent and School Health, Funded State Agencies, Atlanta, GA www.cdc.gov/healthyyouth/partners/funded_states.htm#fl.
- ⁴³ Centers for Disease Control and Prevention, Adolescent and School Health, Funded Local Agencies, Atlanta, GA, www.cdc.gov/healthyyouth/partners/funded_locals.htm#duval.
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- ⁴⁵ Centers for Disease Control and Prevention, Adolescent and School Health, Funded Local Agencies, Atlanta, GA, www.cdc.gov/healthyyouth/partners/funded_locals.htm#miamidade.
- ⁴⁶ Centers for Disease Control and Prevention, Adolescent and School Health, Funded Local Agencies, Atlanta, GA, www.cdc.gov/healthyyouth/partners/funded_locals.htm#palmbeach.
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- ⁴⁸ “About OIC of South Florida,” OIC of South Florida, Inc., <http://oicofbrowardcounty.org>.
- ⁴⁹ “OIC of South Florida, Inc.” Grantees (FL) – TPP Tier 1B, U.S. Department of Health and Human Services, Office of Adolescent Health, www.hhs.gov/ash/oah/grants/grantees/tpp/1b/oic-of-south-florida-inc.html.
- ⁵⁰ “Who We Are,” Trinity Church, <http://trinitychurch.tv/who-we-are/>.
- ⁵¹ “Trinity Church, Inc.,” Grantees (FL) – TPP Tier 1B, U.S. Department of Health and Human Services, Office of Adolescent Health, www.hhs.gov/ash/oah/grants/grantees/tpp/1b/trinity-church-inc.html.

- ⁵² “Personal Responsibility Education Innovative Strategies (PREIS) Program Awards FY2017,” Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, <https://www.acf.hhs.gov/fysb/preis-awards-fy2017>.
- ⁵³ “What we do,” Children’s Home Society of Florida, www.chsfl.org/page.aspx?pid=370.
- ⁵⁴ Information provided by Shawn Naugle, Regional Director of Program Operations, Children’s Home Society of Florida, Northeast Region, June 15, 2017.
- ⁵⁵ “Personal Responsibility Education Innovative Strategies Grantee Profiles,” Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, <https://www.acf.hhs.gov/fysb/resource/preis-grantee-profiles>.
- ⁵⁶ “Competitive Personal Responsibility Education Program (PREP) Awards FY2017,” Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, <https://www.acf.hhs.gov/fysb/competitive-prep-awards-fy2017>.
- ⁵⁷ “About Us,” Heartland Rural Health Network, www.hrh.org/about-us.html.
- ⁵⁸ “Competitive Personal Responsibility Education Program Grantee Profiles,” Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, www.acf.hhs.gov/fysb/resource/cprep-profiles.
- ⁵⁹ “Who We Are,” Planned Parenthood of South, East and North Florida. www.plannedparenthood.org/planned-parenthood-south-east-north-florida/who-we-are.
- ⁶⁰ “Competitive Personal Responsibility Education Program Grantee Profiles,” Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, www.acf.hhs.gov/fysb/resource/cprep-profiles.
- ⁶¹ “PlanBe_Purpose,” PlanBe Miami, <http://planbemiami.org/purpose/>.
- ⁶² “About Us,” Unity Family Community center, www.ufccflorida.org/about.html.
- ⁶³ “Competitive Personal Responsibility Education Program Grantee Profiles,” Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, www.acf.hhs.gov/fysb/resource/cprep-profiles.
- ⁶⁴ 42 U.S.C. 710, Title V, Section 510 of the Social Security Act, the authorization for the Title V AOUM grant program, defines “abstinence education” as “an educational or motivational program which:
- (A) has as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;
 - (B) teaches abstinence from sexual activity outside marriage as the expected standard for all school-age children;
 - (C) teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems;
 - (D) teaches that a mutually faithful monogamous relationship in context of marriage is the expected standard of human sexual activity;
 - (E) teaches that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects;
 - (F) teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child’s parents, and society;
 - (G) teaches young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances; and
 - (H) teaches the importance of attaining self-sufficiency before engaging in sexual activity.”
- www.ssa.gov/OP_Home/ssact/title05/0510.htm.
- ⁶⁵ “2017 Title V State Abstinence Education Program Grant Awards,” Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, www.acf.hhs.gov/fysb/resource/2017-aegp-awards.
- ⁶⁶ Information provided by Susan Speake, Section Administrator, Florida Department of Health, April 14, 2017.
- ⁶⁷ Ibid.
- ⁶⁸ “Sexual Risk Avoidance Education (SRAE) Grantees FY2017,” Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, <https://www.acf.hhs.gov/fysb/sexual-risk-avoidance-grantees-fy2017>.
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⁷² “About OIC of South Florida,” OIC of South Florida, Inc., <http://oicofbrowardcounty.org>.

⁷³ “Sexual Risk Avoidance Education Program Grantee Profiles,” Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, <https://www.acf.hhs.gov/fysb/resource/srae-profiles>.

⁷⁴ “Who We Are,” Trinity Church, <http://trinitychurch.tv/who-we-are/>.

⁷⁵ “Sexual Risk Avoidance Education Program Grantee Profiles,” Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, <https://www.acf.hhs.gov/fysb/resource/srae-profiles>.