

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

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**In Fiscal Year 2017,<sup>1</sup> the state of Georgia received:**

- **Division of Adolescent and School Health funds totaling \$65,000**
- **Personal Responsibility Education Program funds totaling \$1,623,109**
- **Title V State Abstinence Education Program funds totaling \$2,782,342**

**In Fiscal Year 2017, local entities in Georgia received:**

- **Division of Adolescent and School Health funds totaling \$50,000**
- **Teen Pregnancy Prevention Program funds totaling \$2,999,319**
- **Sexual Risk Avoidance Education Program funds totaling \$870,221**
- **Personal Responsibility Education Innovative Strategies funds totaling \$763,364**

### SEXUALITY EDUCATION LAW AND POLICY

#### STATE LAW

Schools in Georgia are required by [Georgia Code Annotated §§ 20-2-143](#) to teach sex education and acquired immunodeficiency syndrome (AIDS) prevention education. Georgia law mandates that the state board of education determines minimum guidelines that sex education programs must satisfy. The guidelines created by the board require instruction to “emphasize abstinence from sexual activity until marriage and fidelity in marriage as important personal goals.”<sup>2</sup> In addition, [Georgia Board of Education Rule 160-4-2-.12](#) states that sex education instruction should address peer pressure and promote “high self-esteem, local community values, and abstinence from sexual activity as an effective method of prevention of pregnancy, sexually transmitted diseases (STDs), and AIDS.”<sup>3</sup> Local school boards are largely responsible for deciding specific subjects this education must cover, age-appropriate messages, and the grade level in which topics are introduced.

Parents or guardians may remove their children from all or part of sexuality and/or STD/human immunodeficiency virus (HIV) education by sending written notice to the school. [This is referred to as an “opt-out” policy.](#)

### **STATE STANDARDS**

The Georgia Department of Education has also established the [Georgia Performance Standards for Health Education](#) for grades K–12. The health education standards act as a “framework for local schools to use in order to create an instructional program that will enable their students to become healthy and capable of academic success.”<sup>4</sup> Beginning in grade 8, the health education standards require discussion on abstinence as the “most effective and healthy means for preventing” sexually transmitted infections (STIs). Sexual violence prevention instruction is included in the grades 9–12 standards.<sup>5</sup>

### **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.](#)

### **GEORGIA YOUTH RISK BEHAVIOR SURVEY (YRBS) DATA<sup>6</sup>**

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 Georgia. 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

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CDC, SIECUS underlines that “school and community interventions should focus not only on behaviors but also on the determinants of those behaviors.”<sup>7</sup>

### Reported experiencing physical dating violence

- In 2013, 12.9% of female high school students and 11.6% of male high school students in Georgia reported experiencing physical dating violence in the prior year, compared to 13% of female high school students and 7.4% of male high school students nationwide.
- In 2013, 9.6% of black high school students, 18.1% of Hispanic high school students, and 10.7% of white high school students in Georgia reported experiencing physical dating violence in the prior year, compared to 10.3% of black high school students, 10.4% of Hispanic high school students, and 9.7% of white high school students nationwide.

Visit the CDC [Youth Online](#) database for additional information on sexual behaviors.

### **GEORGIA SCHOOL HEALTH PROFILES DATA<sup>8</sup>**

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.<sup>9</sup> 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 Georgia 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*

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### Reported teaching all 16 critical sexual health education topics

- 10.6% of Georgia secondary schools taught students all 16 critical sexual health education topics in a required course in any of grades 6, 7, or 8.<sup>10</sup>
- 32% of Georgia secondary schools taught students all 16 critical sexual health education topics in a required course in any of grades 9, 10, 11, or 12.<sup>11</sup>

### Reported teaching about the benefits of being sexually abstinent

- 71.3% of Georgia secondary schools taught students about the benefits of being sexually abstinent in a required course in any of grades 6, 7, or 8.<sup>12</sup>
- 94.7% of Georgia secondary schools taught students about the benefits of being sexually abstinent in a required course in any of grades 9, 10, 11, or 12.<sup>13</sup>

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

- 57.6% of Georgia 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.<sup>14</sup>
- 92.4% of Georgia 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.<sup>15</sup>

### Reported teaching how to create and sustain healthy and respectful relationships

- 69.4% of Georgia 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.<sup>16</sup>
- 90.5% of Georgia 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.<sup>17</sup>

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

- 57.9% of Georgia 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.<sup>18</sup>
- 85.7% of Georgia 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.<sup>19</sup>

### Reported teaching how to correctly use a condom

- 14.4% of Georgia secondary schools taught students how to correctly use a condom in a required course in any of grades 6, 7, or 8.<sup>20</sup>

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- 33.9% of Georgia secondary schools taught students how to correctly use a condom in a required course in any of grades 9, 10, 11, or 12.<sup>21</sup>

### Reported teaching about all seven contraceptives

- 21% of Georgia 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.<sup>22</sup>

### Reported providing curricula or supplementary materials relevant to lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth

- 13.4% of Georgia secondary schools provided students with curricula or supplementary materials that included HIV, STD, or pregnancy prevention information relevant to LGBTQ youth.<sup>23</sup>

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

## **GEORGIA 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, Georgia had the 13th highest reported teen pregnancy rate in the United States, with a rate of 47 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 43 per 1,000.<sup>24</sup> There were a total of 16,120 pregnancies among young women ages 15–19 reported in Georgia in 2013.<sup>25</sup>
- In 2015, Georgia had the 18th highest reported teen birth rate in the United States, with a rate of 25.6 births per 1,000 young women ages 15–19, compared to the national rate of 22.3 per 1,000.<sup>26</sup> There were a total of 8,829 live births to young women ages 15–19 reported in Georgia in 2015.<sup>27</sup>
- In 2013, Georgia had the 13th highest reported teen abortion rate<sup>28</sup> in the United States, with a rate of 10 abortions per 1,000 young women ages 15–19, compared to the national rate of 11 per 1,000.<sup>29</sup> There were a total of 3,400 abortions among young women ages 15–19 reported in Georgia in 2013.<sup>30</sup>

### **HIV and AIDS**

- In 2015, the reported rate of diagnoses of HIV infection among adolescents ages 13–19 in Georgia was 12.8 per 100,000, compared to the national rate of 5.8 per 100,000.<sup>31</sup>
- In 2015, the reported rate of AIDS diagnoses among adolescents ages 13–19 in Georgia was 2.5 per 100,000, compared to the national rate of 0.7 per 100,000.<sup>32</sup>
- In 2015, the reported rate of diagnoses of HIV infection among young adults ages 20–24 in Georgia was 63.3 per 100,000, compared to the national rate of 31.1 per 100,000.<sup>33</sup>
- In 2015, the reported rate of AIDS diagnoses among young adults ages 20–24 in Georgia was 15.6 per 100,000, compared to the national rate of 5.6 per 100,000.<sup>34</sup>

### **STDs**

- In 2015, Georgia had the 9th highest rate of reported cases of chlamydia among young people ages 15–19 in the United States, with an infection rate of 2,322.1 cases per 100,000, compared to the national rate of 1,857.8 per 100,000. In 2015, there were a total of 16,166 cases of chlamydia among young people ages 15–19 reported in Georgia.<sup>35</sup>
- In 2015, Georgia had the 12th highest rate of reported cases of gonorrhea among young people ages 15–19 in the United States, with an infection rate of 450 cases per 100,000, compared to the national rate of 341.8 per 100,000. In 2015, there were a total of 3,133 cases of gonorrhea among young people ages 15–19 reported in Georgia.<sup>36</sup>
- In 2015, Georgia had the 4th 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 8.9 cases per 100,000, compared to the national rate of 5.4 per 100,000. In 2015, there were a total of 62 cases of syphilis reported among young people ages 15–19 in Georgia.<sup>37</sup>

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

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**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 GEORGIA**

<b>Grantee</b>	<b>Award</b>
<b>Division of Adolescent and School Health (DASH)</b>	
Georgia Department of Public Health	\$65,000
DeKalb County Board of Health	\$50,000
<b>TOTAL</b>	<b>\$115,000</b>
<b>Teen Pregnancy Prevention Program (TPPP)</b>	
TPPP Tier 1B	
Augusta Partnership for Children, Inc.	\$999,820
Morehouse School of Medicine	\$1,249,999
Quest for Change, Inc.	\$749,500
<b>TOTAL</b>	<b>\$2,999,319</b>
<b>Personal Responsibility Education Program (PREP)</b>	
PREP State-Grant Program	
Georgia Department of Division of Family and Children Services (federal grant)	\$1,623,109
<b>TOTAL</b>	<b>\$1,623,109</b>
Personal Responsibility Education Innovative Strategies (PREIS)	
Future Foundation, Inc.	\$763,364
<b>TOTAL</b>	<b>\$763,364</b>
<b>Title V Abstinence-Only-Until-Marriage Program (Title V AOUM)</b>	
Georgia Governor's Office of Planning and Budget	\$2,782,342
<b>TOTAL</b>	<b>\$2,782,342</b>
<b>Sexual Risk Avoidance Education Grant Program (SRAE)</b>	
Columbus Wellness Center Outreach & Prevention Project, Inc.	\$458,194
Wholistic Stress Control Institute	\$412,027
<b>TOTAL</b>	<b>\$870,221</b>
<b>GRAND TOTAL</b>	<b>\$9,153,355</b>

**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

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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 no DASH grantees in Georgia funded to strengthen student health through ESHE, SHS, and SSE (1308 Strategy 2).

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 were no DASH grantees in Georgia funded to deliver YMSM programming (1308 Strategy 4).

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 YRBS and School Health Profiles data for policy and program improvements.

- In FY 2017, there were two DASH grantees in Georgia funded to collect and report YRBS and School Health Profiles data (1308 Strategy 1): DeKalb County Board of Health (\$50,000) and the Georgia Department of Public Health (\$65,000).

### **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 Georgia.

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



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- In FY 2017, there were three TPPP Tier 1B grantees in Georgia: Augusta Partnership for Children, Inc. (\$999,820); Morehouse School of Medicine (\$1,249,999); and Quest for Change, Inc. (\$749,500).
- These local organizations in Georgia received a total of \$2,999,319 in TPPP Tier 1B funding.

### AUGUSTA PARTNERSHIP FOR CHILDREN, INC., \$999,820 (FY 2017)

Augusta Partnership for Children, Inc., is a non-profit agency based in Augusta-Richmond County. The organization collaborates with partner agencies, organizations, and individuals to fulfill their mission, which is to “develop and sustain partnerships that provide services to improve the lives of children and their families.”<sup>38</sup> With its TPPP Tier 1B funding, Augusta Partnership for Children, Inc., will implement the Continued Change Initiative to reduce rates of teen pregnancy and STIs. The initiative targets 1,500 young people annually in five counties in East Central Georgia (Burke, Jefferson, Richmond, Washington, and Wilkes). The initiative aims to mobilize community supporters; provide assistance to technical partners; implement evidence-based programs, including [Making Proud Choices!](#), [Project AIM](#), [Making a Difference!](#), [Reducing the Risk](#), and [Be Proud! Be Responsible!](#) in school- and community-based settings; and develop strong communication strategies.<sup>39</sup>

### MOREHOUSE SCHOOL OF MEDICINE, \$1,249,999 (FY 2017)

Morehouse School of Medicine, located in Atlanta, Georgia, is dedicated to “addressing primary health care needs through programs in education, research, and service, with an emphasis on people of color and the underserved urban and rural populations in Georgia, the nation, and the world.”<sup>40</sup> The grant funds the Morehouse School of Medicine Teen Pregnancy Prevention Initiative (MSM-TPPI), a multi-faceted community intervention to reduce rates of teen pregnancy. The TPPP Tier 1B program serves young people in seven counties (DeKalb, Dougherty, Grady, Douglas, Jasper, Spalding, and Thomas) by implementing the following evidence-based programs: [Making a Difference!](#), [Teen Health Project](#), [Be Proud! Be Responsible!](#), and [Seventeen Days](#).<sup>41</sup>

### QUEST FOR CHANGE, INC., \$749,500 (FY 2017)

The mission of Quest for Change, Inc., located in Decatur, Georgia, is to “help individuals and families initiate personal and social change to build, strengthen, and be positive citizens in their communities.”<sup>42</sup> The organization focuses on academic performance, juvenile delinquency, and teen pregnancy. With TPPP Tier 1B funding, Quest for Change, Inc., implements the Success for Life project to serve young people in areas of high teen birth rates in southwest Georgia. The organization is partnering with three rural and low-income school districts and community organizations to replicate evidence-based programs, including [Making a Difference!](#), [Making Proud Choices!](#), [Promoting Health Among Teens! Abstinence-Only \(PHAT-AO\)](#), [Draw the Line/Respect the Line](#) and [Love Notes](#). Additionally, the organization plans to engage young people and their parents in their community through workshops and leadership councils. Young people will receive up to 15 hours of TPP programming and healthy relationship skills services through the project. Quest for Change, Inc., aims to reach a minimum of 1,000 young people per year.<sup>43</sup>

**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 Georgia.

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

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

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

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

### **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, the Georgia Department of Human Services, Division of Family and Children Services received \$1,623,109 in federal PREP funds.<sup>44</sup>
- At the time of publication, information as to Georgia’s use of FY 2017 PREP state-grant funds was unknown. The following information reflects implementation of FY 2016 funds during FY 2017.
- The agency provides sub-grants to 12 local community-based organizations. The sub-grantee information is listed below.<sup>45</sup>

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Sub-grantee	Serving	Amount
Beacon, Inc.	Fulton County	\$38,000
Center for Adolescent Male Development	Clayton County	\$32,000
COMIZIA Care, Inc.	Dekalb and Cobb Counties	\$38,000
Families First, Inc.	Fulton, Dekalb, and Gwinnett Counties	\$38,000
Frontline Ministries, Inc.	Muscogee County	\$38,000
Future Seekers, Inc.	Fulton County	\$32,000
Georgia Department of Public Health	Bibb, Chatham, Clayton, Cobb, Dekalb, Dougherty, Gwinnett, and Richmond Counties	\$380,000
Georgia Campaign for Adolescent Power and Potential	Not reported	\$149,490
Georgia State University	Not reported	\$300,000
Jeryme Brown & Mitchell Smalls Foundation	Clayton County	\$38,000
Mt. Olive Community Outreach Center, Inc.	Dougherty County	\$38,000
University of Georgia – Cooperative Extension Service	Not reported	\$98,124

Georgia’s state PREP program educates young people on both abstinence and contraception for the prevention of unintended pregnancy and STDs, including HIV/AIDS, in school- and community-based settings. Programming targets young people ages 10–19 and pregnant and parenting teens under 21. Additional focus is given to young people who are racial or ethnic minorities and young people in foster care, rural areas, or geographic locations with high teen birth rates.<sup>46</sup> Programs address healthy relationships, parent-child communication, financial literacy, and educational and career success using *Making a Difference!*, *Making Proud Choices!*, *Cuidate!*, *Reducing the Risk*, and *Be Proud! Be Responsible! Be Protective!* curricula. Services are administered in the following counties: Bibb, Chatham, Clayton, Cobb, DeKalb, Dougherty, Fulton, Gwinnett, Muscogee, and Richmond.<sup>47</sup>

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 grantees in Georgia: Future Foundation, Inc. (\$763,364).<sup>48</sup>

FUTURE FOUNDATION, INC., \$763,364 (FY 2017)

Future Foundations, Inc., seeks to provide quality education, health, and life skills programs for young people in metropolitan Atlanta, Georgia.<sup>49</sup> With its PREIS funds, Future Foundations, Inc., will serve young African Americans and Latinos ages 12-18 in grades 6-12 in Fulton County and Banneker High School Feeder Pattern. The curricula used include: *Lion’s Quest*, *Filling the Gaps*, and *Rights, Respect, Responsibility*.<sup>50</sup>

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 Georgia.

#### 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, Georgia received PREP state-grant funding; therefore, entities in Georgia were not eligible for CPREP.

#### **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.<sup>51</sup>

- In FY 2017, the Georgia Governor’s Office of Planning and Budget (GGOPB) received \$2,782,342 in federal Title V AOUM funding.<sup>52</sup>
- At the time of publication, additional information as to Georgia’s sub-grants, match, and use of FY 2017 Title V AOUM funds was unknown. The following information reflects implementation of FY 2016 funds during FY 2017.

With its Title V AOUM funding, GGOPB hopes to serve 45,000 young people ages 10-19 annually, focusing on young African Americans and Latinos, young people involved in the juvenile justice system, young people living in public housing, and young people who live in communities with high rates of teen pregnancy. Sub-grantees may implement curricula from the following: [Heritage Keepers](#), [Choosing the Best](#), [REAL Essentials](#), [Making a Difference!](#), and [Promoting Health Among Teens! Abstinence-Only \(PHAT-AO\)](#).<sup>53</sup>

#### **“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

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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 two SRAE grantee in Georgia: Columbus Wellness Center Outreach & Prevention Project, Inc. (\$458,194) and Wholistic Stress Control Institute (\$412,027).<sup>54</sup>

COLUMBUS WELLNESS CENTER OUTREACH & PREVENTION PROJECT, INC. (CWCOPP), \$458,194 (FY 2017)  
CWCOPP is a non-profit organization dedicated to serving people in rural issues, focusing on STI and HIV/AIDS education, teen pregnancy prevention, and family planning.<sup>55</sup> With its SRAE funds, CWCOPP will serve young African Americans ages 10-14 in school- and community-based settings across Muscogee, Sumter, Talbot, and Chatham counties using the *Making a Difference!* curriculum.<sup>56</sup> At the time of publication, additional information on CWCOPP’s use of SRAE funds was unavailable.

WHOLISTIC STRESS CONTROL INSTITUTE (WSCI), \$412,027 (FY 2017)

WSCI is a non-profit, community-based organization that is dedicated to providing “a variety of community prevention programs related to mental health, juvenile delinquency, violence, substance abuse, HIV/AIDS, teen pregnancy, parenting, and other areas.”<sup>57</sup> At the time of publication, additional information on WSCI’s use of SRAE funds was unavailable.

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<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 2017 began on October 1, 2016, and ended on September 30, 2017.

<sup>2</sup> Ga. Board of Ed. Rule 160-4-2-.12(c), [www.doe.k12.ga.us/External-Affairs-and-Policy/State-Board-of-Education/SBOE%20Rules/160-4-2-.12.pdf](http://www.doe.k12.ga.us/External-Affairs-and-Policy/State-Board-of-Education/SBOE%20Rules/160-4-2-.12.pdf).

<sup>3</sup> Ibid.

<sup>4</sup> “Georgia Performance Standards for Health Education,” *Quality Core Curriculum Standards*, (Atlanta, Georgia: Georgia Department of Education, 2002), [www.georgiastandards.org/standards/GPS%20Support%20Docs/Health\\_Education\\_2-11-2010.pdf](http://www.georgiastandards.org/standards/GPS%20Support%20Docs/Health_Education_2-11-2010.pdf).

<sup>5</sup> Ibid.

<sup>6</sup> “Youth Online,” Centers for Disease Control and Prevention, <https://nccd.cdc.gov/youthonline/App/Default.aspx>.

<sup>7</sup> “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](http://www.cdc.gov/mmwr/pdf/rr/rr6201.pdf).

<sup>8</sup> “School Health Profiles 2014,” Centers for Disease Control and Prevention, <https://nccd.cdc.gov/youthonline/App/Default.aspx>.

<sup>9</sup> Ibid., pg. 51.

<sup>10</sup> Ibid., Table 9c.

<sup>11</sup> Ibid., Table 11c.

<sup>12</sup> Ibid., Table 9a.

<sup>13</sup> Ibid., Table 11a.

<sup>14</sup> Ibid., Table 9a.

<sup>15</sup> Ibid., Table 11a.

<sup>16</sup> Ibid., Table 9b.

<sup>17</sup> Ibid., Table 11b.

<sup>18</sup> Ibid., Table 9b.

<sup>19</sup> Ibid., Table 11b.

<sup>20</sup> Ibid., Table 9c.

<sup>21</sup> Ibid., Table 11c.

<sup>22</sup> Ibid., Table 13.

<sup>23</sup> Ibid., Table 39.

<sup>24</sup> 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](https://www.guttmacher.org/sites/default/files/report_downloads/us-adolescent-pregnancy-trends-2013_tables.pdf), Table 2.5.

<sup>25</sup> Ibid., Table 2.6.

<sup>26</sup> “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>.

<sup>27</sup> 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>.

<sup>28</sup> “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.

<sup>29</sup> 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](https://www.guttmacher.org/sites/default/files/report_downloads/us-adolescent-pregnancy-trends-2013_tables.pdf), Table 2.5.

<sup>30</sup> Ibid., Table 2.6.

<sup>31</sup> 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](http://www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2015.pdf).

<sup>32</sup> 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](http://www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2015.pdf).

<sup>33</sup> 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](http://www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2015.pdf).

<sup>34</sup> 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](http://www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2015.pdf).

<sup>35</sup> NCHHSTP Atlas, “STD Surveillance Data” (Atlanta, GA: Centers for Disease Control and Prevention), <http://gis.cdc.gov/GRASP/NCHHSTPAtlas/main.html>.

<sup>36</sup> Ibid.

<sup>37</sup> Ibid.

<sup>38</sup> “About Us,” Augusta Partnership for Children, Inc., 2014, [www.augustapartnership.org/about-us/](http://www.augustapartnership.org/about-us/).

<sup>39</sup> “August Partnership for Children, Inc.,” Grantees (GA) – TPP Tier 1B, U.S. Department of Health and Human Services, Office of Adolescent Health, [www.hhs.gov/ash/oah/grants/grantees/tpp/1b/augusta-partnership-for-children-inc.html](http://www.hhs.gov/ash/oah/grants/grantees/tpp/1b/augusta-partnership-for-children-inc.html).

<sup>40</sup> “About Us,” Morehouse School of Medicine, [www.msm.edu/about-us/](http://www.msm.edu/about-us/).

<sup>41</sup> “Morehouse School of Medicine,” Grantees (GA) – TPP Tier1B, U.S. Department of Health and Human Services, Office of Adolescent Health, [www.hhs.gov/ash/oah/grant-programs/teen-pregnancy-prevention-program-tpp/current-grantees/morehouse-school-of-medicine/index.html](http://www.hhs.gov/ash/oah/grant-programs/teen-pregnancy-prevention-program-tpp/current-grantees/morehouse-school-of-medicine/index.html).

<sup>42</sup> “Home,” Quest for Change, Inc., [www.questforchange.org/](http://www.questforchange.org/).

<sup>43</sup> “Quest for Change, Inc.,” Grantees (GA) – TPP Tier 1B, U.S. Department of Health and Human Services, Office of Adolescent Health, [www.hhs.gov/ash/oah/grants/grantees/tpp/1b/quest-for-change-inc.html](http://www.hhs.gov/ash/oah/grants/grantees/tpp/1b/quest-for-change-inc.html).

<sup>44</sup> “2017 State Personal Responsibility Education Program (PREP) Awards,” Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, [www.acf.hhs.gov/fysb/resource/2017-state-prep-awards](http://www.acf.hhs.gov/fysb/resource/2017-state-prep-awards).

<sup>45</sup> Information provided by Patrice Moss, PREP Director, Georgia Division of Family and Children Services, April 12, 2017.

<sup>46</sup> “Personal Responsibility and Education Program (PREP),” State of Georgia Division of Family and Children Services, <http://dfcs.dhs.georgia.gov/personal-responsibility-and-education-program-prep>.

<sup>47</sup> Information provided by Patrice Moss, PREP Director, Georgia Division of Family and Children Services, April 12, 2017.

<sup>48</sup> “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>.

<sup>49</sup> “About,” Future Foundations, <http://future-foundation.com/about/>.

<sup>50</sup> Information provided by Rachel V. Smith, Curriculum & Training Specialist, Future Foundations, Inc., June 15, 2017.

<sup>51</sup> 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;



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(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](http://www.ssa.gov/OP_Home/ssact/title05/0510.htm).

<sup>52</sup> “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](http://www.acf.hhs.gov/fysb/resource/2017-aegp-awards).

<sup>53</sup> “Title V State Abstinence Education 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/aegp-profiles>.

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<sup>56</sup> “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>.

<sup>57</sup> “Our Programs,” Wholistic Stress Control Institute, Inc., <http://www.wholistic1.com/>.