

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

## WASHINGTON

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

- **Division of Adolescent and School Health funds totaling \$340,000**
- **Personal Responsibility Education Program funds totaling \$1,007,171**

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

- **Teen Pregnancy Prevention Program funds totaling \$5,713,669**

### SEXUALITY EDUCATION LAW AND POLICY

#### STATE LAW

The Revised Code of Washington, [§§ 28A.230.070](#), requires schools to teach human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS) “stress[ing] that abstinence from sexual activity is the only certain means for the prevention of the spread or contraction of the AIDS virus through sexual contact.”<sup>2</sup> HIV/AIDS-prevention instruction must be given at least once each school year beginning in fifth grade and must “teach that condoms and other artificial means of birth control are not a certain means of preventing the spread of [AIDS], and reliance on condoms puts a person at risk for exposure to the disease.”<sup>3</sup> Information must be medically accurate. In order to verify medical accuracy, the Washington Department of Health Office on HIV/AIDS must review and approve all HIV/AIDS curricula and supporting materials.<sup>4</sup> Health education that includes instruction on “methods to prevent exposure to and transmission of sexually transmitted diseases (STDs)” is also required by Revised Code of Washington [§§ 28A.230.020](#).

Schools are not required to implement a comprehensive sexuality education program outside of what is listed above. The decision to do so is made by the local school board.<sup>5</sup> The law requires every Washington public school that offers sexual health education to assure that instruction is medically and scientifically accurate, age-appropriate, “appropriate for students regardless of race, gender, disability status, or sexual orientation,” and includes information about abstinence and other methods of preventing unintended

pregnancy.<sup>6</sup> It also states that “abstinence may not be taught to the exclusion of other materials and instruction on contraceptives and disease prevention.”<sup>7</sup>

Parents or guardians may remove their children from HIV/AIDS-prevention education if they have attended an information session about the HIV/AIDS curriculum and its presentation.<sup>8</sup> If a school district chooses to provide sexuality education, parents may also remove their children from the class with written notification. [This is referred to as an “opt-out” policy.](#)

### **STATE STANDARDS**

The Washington Office of Superintendent of Public Instruction and the Department of Health developed guidelines titled [Guidelines for Sexual Health and Disease Prevention](#). Any sexuality education program implemented in schools must be consistent with these guidelines. Washington also provides a voluntary curriculum, [KNOW HIV/STD Prevention Curriculum](#), for use in grades 5–12, as well as a thorough list of other curricula that have been reviewed and approved by the Department of Health. Furthermore, Washington provides [health education standards](#) as guidance for curriculum development. Understanding “how to maintain sexual health throughout life,” and “that some diseases can be transmitted when people have sexual contact,” as well as discussion on harassment and bullying due to sexual orientation, are included.

### **STATE LEGISLATIVE SESSION 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](#).

## **WASHINGTON YOUTH RISK BEHAVIOR SURVEY (YRBS) DATA<sup>9</sup>**

The Centers for Disease Control and Prevention (CDC) monitors several behavioral health risks among young people through administration of the YRBS. 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 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.”<sup>10</sup>

Washington does not collect nor report YRBS data to the CDC. Instead, Washington conducts its own student survey about sexual health behavior. The following sexual health behavior and outcome data represent some of the most recent information available on the health of young people who attend middle and high schools in Washington.

- In 2016, 8% of 8th grade students, 25% of 10th grade students, and 50% of 12th grade students in Washington reported ever having had sex.
- In 2016, 4% of 8th grade students, 4% of 10th grade students, and 4% of 12th grade students in Washington reported having had sex by age 13.
- In 2016, 3% of 8th grade students, 10% of 10th grade students, and 23% of 12th grade students in Washington reported not using a condom during their last sexual intercourse.
- In 2016, 2.5% of 8th grade students, 5.7% of 10th grade students, and 4.6% of 12th grade students in Washington reported having been injured in the prior year (such as bruises, cuts, black eyes, or broken bones) as a result of being hurt by a boyfriend or girlfriend.
- In 2016, 12.8% of 8th grade students, 17.7% of 10th grade students, and 21.7% of 12th grade students in Washington reported having been in a situation where someone made them engage in kissing, sexual touch, or intercourse when they did not want to.

Visit Washington’s [Healthy Youth Survey](#) database for additional information on youth risk behaviors.

## **WASHINGTON SCHOOL HEALTH PROFILES DATA<sup>11</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>12</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 Washington 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

- 15.7% of Washington secondary schools taught students all 16 critical sexual health education topics in a required course in any of grades 6, 7, or 8.<sup>13</sup>
- 55.6% of Washington 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>14</sup>

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

- 82.6% of Washington secondary schools taught students about the benefits of being sexually abstinent in a required course in any of grades 6, 7, or 8.<sup>15</sup>
- 95.4% of Washington 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>16</sup>

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

- 69.3% of Washington 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>17</sup>
- 94% of Washington 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>18</sup>

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

- 67.4% of Washington 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>19</sup>
- 89.3% of Washington 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>20</sup>

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

- 59.1% of Washington 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>21</sup>
- 89% of Washington 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>22</sup>

#### Reported teaching how to correctly use a condom

- 25.3% of Washington secondary schools taught students how to correctly use a condom in a required course in any of grades 6, 7, or 8.<sup>23</sup>
- 66.7% of Washington secondary schools taught students how to correctly use a condom in a required course in any of grades 9, 10, 11, or 12.<sup>24</sup>

#### Reported teaching about all seven contraceptives

- 61.3% of Washington 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>25</sup>

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

- 43.7% of Washington secondary schools provided students with curricula or supplementary materials that included HIV, STD, or pregnancy prevention information relevant to LGBTQ youth.<sup>26</sup>

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

#### **WASHINGTON TEEN PREGNANCY, HIV/AIDS, AND 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, Washington had the 32nd highest teen pregnancy rate in the United States, with a rate of 37 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 43 per 1,000.<sup>27</sup> There were a total of 7,910 pregnancies among young women ages 15–19 reported in Washington in 2013.<sup>28</sup>
- In 2015, Washington had the 37th highest teen birth rate in the United States, with a rate of 17.6 births per 1,000 young women ages 15–19, compared to the national rate of 22.3 per 1,000.<sup>29</sup> There were a total of 3,773 live births to young women ages 15–19 reported in Washington in 2015.<sup>30</sup>
- In 2013, Washington had the 10th highest teen abortion rate<sup>31</sup> in the United States, with a rate of 11 abortions per 1,000 young women ages 15–19, compared to the national rate of 11 per 1,000.<sup>32</sup> There were a total of 2,400 abortions among young women ages 15–19 reported in Washington in 2013.<sup>33</sup>

### **HIV and AIDS**

- In 2015, the reported rate of diagnoses of HIV infection among adolescents ages 13–19 in Washington was 2.1 per 100,000, compared to the national rate of 5.8 per 100,000.<sup>34</sup>
- In 2015, the reported rate of AIDS diagnoses among adolescents ages 13–19 in Washington was 0.0 per 100,000, compared to the national rate of 0.7 per 100,000.<sup>35</sup>
- In 2015, the reported rate of diagnoses of HIV infection among young adults ages 20–24 in Washington was 11.7 per 100,000, compared to the national rate of 31.1 per 100,000.<sup>36</sup>
- In 2015, the reported rate of AIDS diagnoses among young adults ages 20–24 in Washington was 1.6 per 100,000, compared to the national rate of 5.6 per 100,000.<sup>37</sup>

### **STDs**

- In 2015, Washington had the 40th highest rate of reported cases of chlamydia among young people ages 15–19 in the United States, with an infection rate of 1,431.9 cases per 100,000, compared to the national rate of 1,857.8 per 100,000. In 2015, there were a total of 6,304 cases of chlamydia among young people ages 15–19 reported in Washington.<sup>38</sup>
- In 2015, Washington had the 40th highest rate of reported cases of gonorrhea among young people ages 15–19 in the United States, with an infection rate of 171.3 cases per 100,000, compared to the national rate of 341.8 per 100,000. In 2015, there were a total of 754 cases of gonorrhea among young people ages 15–19 reported in Washington.<sup>39</sup>

- In 2015, Washington had the 34th 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 2.5 cases per 100,000, compared to the national rate of 5.4 per 100,000. In 2015, there were a total of 11 cases of syphilis reported among young people ages 15–19 in Washington.<sup>40</sup>

Visit the Office of Adolescent Health’s (OAH) [Washington 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 WASHINGTON**

<b>Grantee</b>	<b>Award</b>
<b>Division of Adolescent and School Health</b>	
Washington Office of the Superintendent of Public Instruction	\$340,000
<b>TOTAL</b>	<b>\$340,000</b>
<b>Teen Pregnancy Prevention Program(TPPP)</b>	
TPPP Tier 1A	
Planned Parenthood of the Great Northwest and Hawaiian Islands	\$750,000
<b>TOTAL</b>	<b>\$750,000</b>
TPPP Tier 1B	
Planned Parenthood of the Great Northwest and Hawaiian Islands	\$999,999
Planned Parenthood of Greater Washington and North Idaho	\$963,670
<b>TOTAL</b>	<b>\$1,963,669</b>
TPPP Tier 2B	
Planned Parenthood of the Great Northwest and Hawaiian Islands – Rural	\$1,000,000
Planned Parenthood of the Great Northwest and Hawaiian Islands – Urban	\$1,000,000
Public Health – Seattle and King County	\$1,000,000
<b>TOTAL</b>	<b>\$3,000,000</b>
<b>Personal Responsibility Education Program (PREP)</b>	
PREP State-Grant Program	
Washington State Department of Health (federal grant)	\$1,007,171
<b>TOTAL</b>	<b>\$1,007,171</b>
<b>GRAND TOTAL</b>	<b>\$7,060,840</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 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 was one DASH grantee in Washington funded to strengthen student health through ESHE, SHS, and SSE (1308 Strategy 2): The Washington Office of the Superintendent of Public Instruction (\$320,000).

### **WASHINGTON OFFICE OF THE SUPERINTENDENT OF PUBLIC INSTRUCTION, \$320,000 (FY 2017)**

The Washington Office of the Superintendent of Public Instruction is updating statewide student learning standards to incorporate guidance on sexual health education, including training teams of school staff to be comfortable, confident, and competent in providing exemplary sexuality health education. Additionally, the office works with partners to provide school staff training on safe environments and to identify community resources that provide youth-friendly sexual health services, so that schools can make referrals that meet students' needs.<sup>41</sup>

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 Washington 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 was one DASH grantee in Washington funded to collect and report School Health Profiles data (1308 Strategy 1): The Washington State Office of Superintendent (\$20,000). The state of Washington does not collect nor report YRBS data.

## **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 was one TPPP Tier 1A grantee in Washington: Planned Parenthood of the Great Northwest and Hawaiian Islands (\$750,000).

PLANNED PARENTHOOD OF THE GREAT NORTHWEST AND HAWAIIAN ISLANDS, \$750,000 (FY 2017)  
Planned Parenthood of the Great Northwest and Hawaiian Islands provides “high-quality, affordable reproductive health care” through 28 health centers in communities in Alaska, Hawaii, Idaho, and western Washington. The organization is an affiliate of Planned Parenthood Federation of America, a leading national provider of and advocate for sexual and reproductive health care. The organization accomplishes its mission of supporting sexual health of women and men through services, advocacy, and “[m]edically accurate, age appropriate, comprehensive sex education that furthers understanding of human sexuality and promotes healthy behavior.”<sup>42</sup> With its TPPP Tier 1A funding, Planned Parenthood of the Great Northwest and the Hawaiian Islands will implement *Stronger Together* to “assist organizations in implementing sexual health education to adolescents at high risk for unintended pregnancy; to increase organizational capacity to provide evidence-based sex education; and to reduce unintended teen pregnancy and improve health outcomes in areas of demonstrated need.”<sup>43</sup> The programs will target vulnerable young people, including young people in foster care and young people experiencing homelessness in Oregon and in Washington. The project will initially target three communities: Medford and Grants Pass in Oregon and Tacoma in Washington. Planned Parenthood aims to serve around 700 young people a year.<sup>44</sup>

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

- In FY 2017, there were two TPPP Tier 1B grantees in Washington: Planned Parenthood of the Great Northwest and Hawaiian Islands (\$999,999) and Planned Parenthood of Greater Washington and North Idaho (\$963,670).
- These local organizations in Washington received a total of \$1,963,669 in TPPP Tier 1B funding.

PLANNED PARENTHOOD OF THE GREAT NORTHWEST AND HAWAIIAN ISLANDS, \$999,999 (FY 2017)  
Planned Parenthood of the Great Northwest and Hawaiian Islands is one of the seven affiliates of Planned Parenthood that will implement the Tier 1B grant. The goal of the project is to bring evidence-based teen pregnancy programs to scale at schools, after-school sites, community-based sites, and clinics in the following six high-need communities: Caldwell, Idaho; Salem, Oregon; South Salt Lake City, Utah; Centralia, Washington; East Tacoma, Washington; and Mount Vernon, Washington. Planned Parenthood aims to serve 2,500 young people per year using [Love Notes](#), [Families Talking Together \(FTT\)](#), [Get Real](#), [Sisters Saving Sisters](#), [Positive Prevention PLUS](#), [Safer Sex](#), and [All4You!](#) curricula.<sup>45</sup>

PLANNED PARENTHOOD OF GREATER WASHINGTON AND NORTH IDAHO, \$963,670 (FY 2017)  
Planned Parenthood of Greater Washington and North Idaho is dedicated to providing “exceptional reproductive and complementary health care services, honest education, and fearless advocacy for all.”<sup>46</sup> The organization is an affiliate of Planned Parenthood Federation of America, a leading national provider of and

advocate for sexual and reproductive health care. The organization accomplishes its mission of delivering the highest quality reproductive health care services through services including “responsible, age-appropriate sexuality education.”<sup>47</sup> Planned Parenthood of Greater Washington and North Idaho will collaborate with 40 partners in the Healthy Youth Collaborative to implement the Tier 1B grant. The goal of the project is to implement evidence-based teen pregnancy prevention programs to scale in the following four high-need communities in Washington: Yakima County, Franklin County, Okanogan County, and the City of Spokane. Funded programs will use [Project AIM](#), [Get Real](#), [Making Proud Choices!](#), [Sexual Health and Adolescent Risk Prevention \(SHARP\)](#), [Seventeen Days](#), and [All4You](#). The project will serve 2,000 young people a year.<sup>48</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 Washington.

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

- In FY 2017, there were three TPPP Tier 2B grantees in Washington: Planned Parenthood of the Great Northwest and Hawaiian Islands – Rural (\$1,000,000); Planned Parenthood of the Great Northwest and Hawaiian Islands – Urban (\$1,000,000); and Public Health – Seattle and King County (\$1,000,000).
- These local organizations in Washington received a total of \$3,000,000 in TPPP Tier 2B funding.

PLANNED PARENTHOOD OF THE GREAT NORTHWEST AND HAWAIIAN ISLANDS – RURAL, \$1,000,000 (FY 2017)

With its TPPP Tier 2B funding, Planned Parenthood of the Great Northwest and Hawaiian Islands will help to implement and evaluate *Linking Families and Teens*, an intervention that includes a separate programming session for parents/caregivers and their children, as well as a joint community service component. The intervention targets young people in grades 9-12 and their parent/caregiver(s) living in rural communities in Alaska, Hawaii, Idaho, Oregon, Utah, and Washington. The goal of the program is to “reduce teen pregnancy rates, increase use of contraceptives, and delay initiation of sexual activity by increasing parent/caregiver-youth connectedness, and increasing youth’s self-efficacy, knowledge, and skill related to sexual health and pregnancy prevention.”<sup>49</sup> The intervention will be evaluated through a randomized control trial, and its impact will be measured through changes in knowledge, communication and self-efficacy, sexual initiation, contraceptive use, and pregnancy. Planned Parenthood hopes to reach 500 young people per year with this intervention.<sup>50</sup>

PLANNED PARENTHOOD OF THE GREAT NORTHWEST AND HAWAIIAN ISLANDS – URBAN, \$1,000,000 (FY 2017)

With its TPPP Tier 2B funding, Planned Parenthood of the Great Northwest and Hawaiian Islands will help to implement and evaluate *IN.cluded: Inclusive Healthcare-Youth and Providers Empowered*, an innovative intervention designed for young LGBTQ people. Young people who receive the intervention are from urban communities in Alaska, Massachusetts, Minnesota, Oregon, Utah, and Washington. The intervention includes a three-hour workshop for health care staff and providers that addresses best practices with young LGBTQ people and a three-hour interactive workshop for young LGBTQ people that includes “education related to sexual risk prevention and healthy relationships, and information about how to access sexual health services,” delivered by trained peer health educators. The intervention will be evaluated through a randomized control trial with 500 young LGBTQ people per year.<sup>51</sup>

PUBLIC HEALTH – SEATTLE AND KING COUNTY, \$1,000,000 (FY 2017)

Public Health is the health department for the city of Seattle and King County in Washington. The department serves 1.9 million people, 19 acute-care hospitals, and more than 7,000 medical professionals and “protects the public from threats to their health, promotes better health, and helps to assure that people are provided with accessible, quality health care” in King County.<sup>52</sup> With its TPPP Tier 2B funding, Public Health will partner with ETR Associates to evaluate [High School FLASH](#) (FLASH), a school-based sexual health education program that aims to prevent teen pregnancy, HIV and other STDs, and sexual violence, as well as improve parent-child communication and sexual health. FLASH originated in King County and has been used widely in school classrooms nationwide since the mid-1980s. The goal of the project is to expand FLASH implementation to 20 schools in southern West Virginia and Georgia. The curriculum will be evaluated through a randomized control trial with 500 young people per year, and its impact will be measured through rates of initiation of vaginal sex and rates of vaginal sex without a condom or other birth control in the past three months.<sup>53</sup>

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

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

### **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 Washington State Department of Health received \$1,007,171 in federal PREP funds.<sup>54</sup>

The Washington State Department of Health administers its PREP funds to Cardea, who implements evidence-based interventions in Washington State communities. Cardea distributes funds to all sub-awardees, who provide programming to young people ages 11-18 in schools, community organizations, juvenile rehabilitation facilities, a residential behavioral health treatment facility, a residential mental health facility, and an adult living skills program. Specifically, programming will be implemented in the following school districts: Woodland, Manson, Wellpinit, Mount Adams, Darrington, Quincy, Mount Vernon, Moses Lake, Granger, Vancouver, Selah, Shelton, Yakima, Wenatchee, Othello, Nespeem, and Grand Coulee. The following curricula are used: *Be Proud! Be Responsible!*, *Cuidate!*, *Draw the Line/Respect the Line*, *Sexual Health and Adolescent Risk Prevention (SHARP)*, *SiHLE (Sistas, Informing, Healing, Living, Empowering)*, *Positive Prevention PLUS*, *Reducing the Risk, Making Proud Choices!*, *Native STAND*, *Native VOICES*, *Native It's Your Game*, and *Family Life and Sexual Health (FLASH) High School*. The curricula will address healthy relationships, parent-child communication, and healthy life skills.<sup>55</sup> For more information on Washington's sub-grantees, visit <http://www.waprepforhealthyyouth.org/about/grantees.html>.

#### 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 were no PREIS grantees in Washington.

#### 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 Washington.

#### 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, Washington received PREP state-grant funding; therefore, entities in Washington 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>56</sup>

- In FY 2017, Washington chose not to apply for Title V AOUM funds.

### **“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 no SRAE grantees in Washington.

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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> Wash. Rev. Code § 28A.230.070(7), <http://apps.leg.wa.gov/RCW/default.aspx?cite=28A.230.070>.

<sup>3</sup> Ibid.

<sup>4</sup> Wash. Rev. Code § 28A.230.070(3), <http://apps.leg.wa.gov/RCW/default.aspx?cite=28A.230.070>.

<sup>5</sup> Wash. Admin. Code § 392-410-140.

<sup>6</sup> Wash. Rev. Code § 28A.300.475(1).

<sup>7</sup> Ibid.

<sup>8</sup> Wash. Rev. Code § 28A.230.070(4), <http://apps.leg.wa.gov/RCW/default.aspx?cite=28A.230.070>.

<sup>9</sup> “Youth Online,” Centers for Disease Control and Prevention, <https://nccd.cdc.gov/youthonline/App/Default.aspx>.

<sup>10</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>11</sup> “School Health Profiles 2014,” Centers for Disease Control and Prevention, <https://nccd.cdc.gov/youthonline/App/Default.aspx>.

<sup>12</sup> Ibid., pg. 51.

<sup>13</sup> Ibid., Table 9c.

<sup>14</sup> Ibid., Table 11c.

<sup>15</sup> Ibid., Table 9a.

<sup>16</sup> Ibid., Table 11a.

<sup>17</sup> Ibid., Table 9a.

<sup>18</sup> Ibid., Table 11a.

<sup>19</sup> Ibid., Table 9b.

<sup>20</sup> Ibid., Table 11b.

<sup>21</sup> Ibid., Table 9b.

<sup>22</sup> Ibid., Table 11b.

<sup>23</sup> Ibid., Table 9c.

<sup>24</sup> Ibid., Table 11c.

<sup>25</sup> Ibid., Table 13.

<sup>26</sup> Ibid., Table 39.

<sup>27</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>28</sup> Ibid., Table 2.6.

- <sup>29</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>30</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/natality-current.html>.
- <sup>31</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>32</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>33</sup> Ibid., Table 2.6.
- <sup>34</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>35</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>36</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>37</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>38</sup> NCHHSTP Atlas, “STD Surveillance Data” (Atlanta, GA: Centers for Disease Control and Prevention), <http://gis.cdc.gov/GRASP/NCHHSTPAtlas/main.html>.
- <sup>39</sup> Ibid.
- <sup>40</sup> Ibid.
- <sup>41</sup> Centers for Disease Control and Prevention, Adolescent and School Health, Funded State Agencies, (Atlanta, GA, [www.cdc.gov/healthyyouth/partners/funded\\_states.htm#wa](http://www.cdc.gov/healthyyouth/partners/funded_states.htm#wa).
- <sup>42</sup> “Our Mission,” Planned Parenthood of the Great Northwest and the Hawaiian Islands, [www.plannedparenthood.org/planned-parenthood-great-northwest-hawaiian-islands/who-we-are](http://www.plannedparenthood.org/planned-parenthood-great-northwest-hawaiian-islands/who-we-are).
- <sup>43</sup> “Planned Parenthood of the Great Northwest and the Hawaiian Islands,” Grantees (WA) – TPP Tier 1A, U.S. Department of Health and Human Services, Office of Adolescent Health, [www.hhs.gov/ash/org/grants/grantees/tpp/1a/planned-parenthood-of-the-great-northwest.html#](http://www.hhs.gov/ash/org/grants/grantees/tpp/1a/planned-parenthood-of-the-great-northwest.html#).
- <sup>44</sup> Ibid.
- <sup>45</sup> “Planned Parenthood of the Great Northwest and the Hawaiian Islands,” Grantees (WA) – TPP Tier 1B, U.S. Department of Health and Human Services, Office of Adolescent Health, [www.hhs.gov/ash/oah/grants/grantees/tpp/1b/planned-parenthood-of-the-great-northwest-and-hawaiian-islands.html](http://www.hhs.gov/ash/oah/grants/grantees/tpp/1b/planned-parenthood-of-the-great-northwest-and-hawaiian-islands.html).
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<sup>52</sup> “About Us,” Public Health-Seattle & King County, [www.kingcounty.gov/depts/health/about-us.aspx](http://www.kingcounty.gov/depts/health/about-us.aspx).

<sup>53</sup> “Public Health-Seattle & King County,” Grantees (WA) – TPP Tier 2B, U.S. Department of Health and Human Services, Office of Adolescent Health, [www.hhs.gov/ash/grants/grantees/tpp/2b/public-health-seattle-king-county.html](http://www.hhs.gov/ash/grants/grantees/tpp/2b/public-health-seattle-king-county.html).

<sup>54</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>55</sup> Information provided by Lauri Turkovsky, PREP Grant Coordinator, Washington Department of Health, June 15, 2017.

<sup>56</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;

(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).