

State Profiles FISCAL YEAR 2016

INDIANA

In Fiscal Year 2016,¹ the state of Indiana received:

- Division of Adolescent and School Health funds totaling \$80,000
- Title V State Abstinence Education Program funds totaling \$1,534,505

In Fiscal Year 2016, local entities in Indiana received:

- Teen Pregnancy Prevention Program funds totaling \$749,999
- Competitive Personal Responsibility Education Program funds totaling \$998,819
- Sexual Risk Avoidance Education Program funds totaling \$828,672

SEXUALITY EDUCATION LAW AND POLICY

STATE LAW

[Indiana Codes 20-30-5-12](#) and [20-34-3-17](#) require that schools provide instruction on acquired immunodeficiency syndrome (AIDS) and “integrate this effort to the extent possible with instruction on other dangerous communicable diseases.”² The law states that the Department of Education must work with the Department of Health to develop AIDS-prevention educational materials and make them available to school districts. These materials must “stress the moral aspects of abstinence from sexual activity” and “state that the best way to avoid AIDS is for young people to refrain from sexual activity until they are ready as adults to establish, in the context of marriage, a mutually faithful monogamous relationship.”³

Indiana Code [20-30-5-13](#) requires that, with respect to instruction on sexuality education and sexually transmitted diseases (STDs), accredited schools meet the following criteria:

- 1) Require a teacher to teach abstinence from sexual activity outside of marriage as the expected standard for all school-age children;
- 2) Include in the instruction that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, STDs, and other associated health problems; and
- 3) Include in the instruction that the best way to avoid STDs and other associated health problems is to establish a mutually faithful monogamous relationship in the context of marriage.⁴

Indiana does not require written parental permission for students to participate in sexuality or AIDS instruction.

STATE STANDARDS

The state department of education provides the [Indiana Academic Standards for Health and Wellness](#) to use as a foundation for schools that choose to provide sexuality education which is consistent with Indiana Code [20-30-5-13](#). These standards only present sexual activity in terms of risk, and promote abstinence as the only positive behavior in regards to sexuality.

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 [SIECUS' 2016 Sex Ed State Legislative Year-End Report: Top Topics and Takeaways](#).

YOUTH SEXUAL HEALTH DATA

The following sexual health behavior and outcome data represent the most recent information available on adolescent sexual health in Indiana. 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 can and often do affect an individual's sexual health and wellbeing. Additionally, there are significant limitations as to how and what data are currently collected. Young people are more than outcomes; for advocates, it is important to utilize the data in a manner that tracks our progress and pushes policies forward in a way that respects and supports the dignity of all young lives.

INDIANA YOUTH RISK BEHAVIOR SURVEY (YRBS) DATA⁵Reported ever having had sexual intercourse

- In 2015, 41.7% of female high school students and 41.6% of male high school students in Indiana reported ever having had sexual intercourse, compared to 39.2% of female high school students and 43.2% of male high school students nationwide.
- In 2015, 63.4% of lesbian, gay, or bisexual (LGB) high school students, 23.3% of high school students who were unsure of their sexual orientation, and 40.3% of heterosexual high school students in Indiana reported ever having had sexual intercourse, compared to 50.8% of LGB high school students, 31.6% of high school students who were unsure of their sexual orientation, and 40.9% of heterosexual high school students nationwide.
- In 2015, 47.2% of black high school students, 42.9% of Hispanic high school students, 41.7% of white high school students, and 38.5% of high school students who identified as multiple races in Indiana reported ever having had sexual intercourse, compared to 48.5% of black high school students, 42.5% of Hispanic high school students, 39.9% of white high school students, and 49.2% of high school students who identified as multiple races nationwide.

Reported having had sexual intercourse before age 13

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- In 2015, 2.5% of female high school students and 3.4% of male high school students in Indiana reported having had sexual intercourse before age 13, compared to 2.2% of female high school students and 5.6% of male high school students nationwide.
- In 2015, 7.7% of LGB high school students, 6.3% of high school students who were unsure of their sexual orientation, and 2.3% of heterosexual high school students in Indiana reported having had sexual intercourse before age 13, compared to 7.3% of LGB high school students, 8.8% of high school students who were unsure of their sexual orientation, and 3.4% of heterosexual high school students nationwide.
- In 2015, 4.5% of black high school students, 2.8% of Hispanic high school students, 2.6% of white high school students, and 4.5% of high school students who identified as multiple races in Indiana reported having had sexual intercourse before age 13, compared to 8.3% of black high school students, 5% of Hispanic high school students, 2.5% of white high school students, and 5.8% of high school students who identified as multiple races nationwide.

Reported being currently sexually active

- In 2015, 32.7% of female high school students and 30.7% of male high school students in Indiana reported being currently sexually active, compared to 29.8% of female high school students and 30.3% of male high school students nationwide.
- In 2015, 48% of LGB high school students, 20.2% of high school students who were unsure of their sexual orientation, and 30.8% of heterosexual high school students in Indiana reported being currently sexually active, compared to 35.1% of LGB high school students, 22.9% of high school students who were unsure of their sexual orientation, and 30.1% of heterosexual high school students nationwide.
- In 2015, 31% of black high school students, 34.2% of Hispanic high school students, 31.6% of white high school students, and 32.3% of high school students who identified as multiple races in Indiana reported being currently sexually active, compared to 33.1% of black high school students, 30.3% of Hispanic high school students, 30.3% of white high school students, and 35.7% of high school students who identified as multiple races nationwide.

Reported not using a condom during last sexual intercourse

- In 2015, 48.7% of female high school students and 44.4% of male high school students in Indiana reported not using a condom during their last sexual intercourse, compared to 48% of female high school students and 38.5% of male high school students nationwide.
- In 2015, 62.9% of LGB high school students and 43.8% of heterosexual high school students in Indiana reported not using a condom during their last sexual intercourse, compared to 52.5% of LGB high school students and 42.2% of heterosexual high school students nationwide.

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- In 2015, 44.9% of white high school students in Indiana reported not using a condom during their last sexual intercourse, compared to 43.2% of white high school students nationwide.

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

- In 2015, 16.3% of female high school students and 14.8% of male high school students in Indiana reported not using any method to prevent pregnancy during their last sexual intercourse, compared to 15.2% of female high school students and 12.2% of male high school students nationwide.
- In 2015, 36.8% of LGB high school students and 12.5% of heterosexual high school students in Indiana reported not using any method to prevent pregnancy during their last sexual intercourse, compared to 26.4% of LGB high school students and 12.4% of heterosexual high school students nationwide.
- In 2015, 12.6% of white high school students in Indiana reported not using any method to prevent pregnancy during their last sexual intercourse, compared to 10.4% of white high school students nationwide.

Reported never having been tested for human immunodeficiency virus (HIV)

- In 2015, 91.1% of female high school students and 91.2% of male high school students in Indiana reported never having been tested for HIV, compared to 88.9% of female high school students and 90.7% of male high school students nationwide.
- In 2015, 80.7% of LGB high school students, 95.9% of high school students who were unsure of their sexual orientation, and 92.2% of heterosexual high school students in Indiana reported never having been tested for HIV, compared to 81.8% of LGB high school students, 87.2% of high school students who were unsure of their sexual orientation, and 90.7% of heterosexual high school students nationwide.
- In 2015, 90.8% of black high school students, 89.4% of Hispanic high school students, 91% of white high school students, and 97% of high school students who identified as multiple races in Indiana reported never having been tested for HIV, compared to 83.4% of black high school students, 88.9% of Hispanic high school students, 92% of white high school students, and 86.6% of high school students who identified as multiple races nationwide.

Reported having been physically forced to have sexual intercourse

- In 2015, 13.4% of female high school students and 6.4% of male high school students in Indiana reported having been physically forced to have sexual intercourse, compared to 10.3% of female high school students and 3.1% of male high school students nationwide.

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- In 2015, 26.7% of LGB high school students, 19.4% of high school students who were unsure of their sexual orientation, and 7.5% of heterosexual high school students in Indiana reported having been physically forced to have sexual intercourse, compared to 17.8% of LGB high school students, 12.6% of high school students who were unsure of their sexual orientation, and 5.4% of heterosexual high school students nationwide.
- In 2015, 10.5% of black high school students, 15% of Hispanic high school students, 9.1% of white high school students, and 11.8% of high school students who identified as multiple races in Indiana reported having been physically forced to have sexual intercourse, compared to 7.3% of black high school students, 7% of Hispanic high school students, 6% of white high school students, and 12.1% of high school students who identified as multiple races nationwide.

Reported experiencing physical dating violence

- In 2015, 11.9% of female high school students and 7.7% of male high school students in Indiana reported experiencing physical dating violence in the prior year, compared to 11.7% of female high school students and 7.4% of male high school students nationwide.
- In 2015, 26.5% of LGB high school students, 17.8% of high school students who were unsure of their sexual orientation, and 7.3% of heterosexual high school students in Indiana reported experiencing physical dating violence in the prior year, compared to 17.5% of LGB high school students, 24.5% of high school students who were unsure of their sexual orientation, and 8.3% of heterosexual high school students nationwide.
- In 2015, 15% of black high school students, 6.9% of Hispanic high school students, and 9.3% of white high school students in Indiana reported experiencing physical dating violence in the prior year, compared to 10.5% of black high school students, 9.7% of Hispanic high school students, and 9% of white high school students nationwide.

Reported experiencing sexual dating violence

- In 2015, 16.4% of female high school students and 8.6% of male high school students in Indiana reported experiencing sexual dating violence in the prior year, compared to 15.6% of female high school students and 5.4% of male high school students nationwide.
- In 2015, 25.9% of LGB high school students, 27.7% of high school students who were unsure of their sexual orientation, and 9.8% of heterosexual high school students in Indiana reported experiencing sexual dating violence in the prior year, compared to 22.7% of LGB high school students, 23.8% of high school students who were unsure of their sexual orientation, and 9.1% of heterosexual high school students nationwide.
- In 2015, 12.7% of black high school students, 13.8% of Hispanic high school students, and 12.2% of white high school students in Indiana reported experiencing sexual dating violence in the prior

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year, compared to 10% of black high school students, 10.6% of Hispanic high school students, and 10.1% of white high school students nationwide.

Visit the Centers for Disease Control and Prevention's (CDC) [Youth Online](#) database and [Health Risks Among Sexual Minority Youth](#) report for additional information on sexual behaviors.

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

Teen Pregnancy, Birth, and Abortion

- In 2011, Indiana had the 26th highest teen pregnancy rate in the United States, with a rate of 49 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 52 per 1,000.⁶ There were a total of 11,050 pregnancies among young women ages 15–19 reported in Indiana in 2011.⁷
- In 2015, Indiana had the 17th highest teen birth rate in the United States, with a rate of 26 births per 1,000 young women ages 15–19, compared to the national rate of 22.3 per 1,000.⁸ There were a total of 6,223 live births to young women ages 15–19 reported in Indiana in 2014, the most recent year of available data.⁹
- In 2011, Indiana had the 42nd highest teen abortion rate in the United States, with a rate of 6 abortions per 1,000 young women ages 15–19, compared to the national rate of 14 per 1,000.¹⁰ There were a total of 1,410 abortions among young women ages 15–19 reported in Indiana in 2011.¹¹

HIV and AIDS

- In 2015, the rate of diagnoses of HIV infection among adolescents ages 13–19 in Indiana was 3.1 per 100,000, compared to the national rate of 5.8 per 100,000.¹²
- In 2015, the rate of AIDS diagnoses among adolescents ages 13–19 in Indiana was 0.2 per 100,000, compared to the national rate of 0.7 per 100,000.¹³
- In 2015, the rate of diagnoses of HIV infection among young adults ages 20–24 in Indiana was 20.5 per 100,000, compared to the national rate of 31.1 per 100,000.¹⁴
- In 2015, the rate of AIDS diagnoses among young adults ages 20–24 in Indiana was 4.8 per 100,000, compared to the national rate of 5.6 per 100,000.¹⁵

STDs

- In 2015, Indiana had the 25th highest rate of reported cases of chlamydia among young people ages 15–19 in the United States, with an infection rate of 1,762.9 cases per 100,000, compared to the national rate of 1,857.8 per 100,000. In 2015, there were a total of 8,027 cases of chlamydia among young people ages 15–19 reported in Indiana.¹⁶

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- In 2015, Indiana had the 16th highest rate of reported cases of gonorrhea among young people ages 15–19 in the United States, with an infection rate of 358 cases per 100,000, compared to the national rate of 341.8 per 100,000. In 2015, there were a total of 1,630 cases of gonorrhea among young people ages 15–19 reported in Indiana.¹⁷
- In 2015, Indiana had the 36th 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 2.4 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 Indiana.¹⁸

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

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

FISCAL YEAR 2016 FEDERAL FUNDING IN INDIANA

Grantee	Award
Division of Adolescent and School Health (DASH)	
Indiana State Department of Health	\$80,000
TOTAL	\$80,000
Teen Pregnancy Prevention Program (TPPP)	
TPPP Tier 1B	
Health Care Education and Training, Inc.	\$749,999
TOTAL	\$749,999
Personal Responsibility Education Program (PREP)	
Competitive Personal Responsibility Education Program (CPREP)	
Health Care Education and Training, Inc.	\$537,214
PATH, Inc.	\$461,605
TOTAL	\$998,819
Title V Abstinence-Only-Until-Marriage Program (Title V AOUM)	
Indiana State Department of Health	\$1,534,505
TOTAL	\$1,534,505
Sexual Risk Avoidance Education (SRAE)	

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Health Education and Training, Inc.	\$442,019
Indiana Family Health Council, Inc.	\$386,653
TOTAL	\$828,672
GRAND TOTAL	\$4,191,995

DIVISION OF ADOLESCENT AND SCHOOL HEALTH

The Division of Adolescent and School Health (DASH), within the CDC, provides funding 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 2016, DASH provided funding to 18 state and 17 local education agencies to help 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 seven national, non-governmental organizations (NGOs) to help state and local education agencies achieve these goals.

- In FY 2016, there were no DASH grantees in Indiana 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/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 2016, there were no DASH grantees in Indiana 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 Youth Risk Behavior Surveillance (YRBS) and School Health Profiles data for policy and program improvements.

- In FY 2016, there was one DASH grantee in Indiana funded to collect and report YRBS and School Health Profiles data (1308 Strategy 1): the Indiana State Department of Health (\$80,000).

TEEN PREGNANCY PREVENTION PROGRAM

The Office of Adolescent Health (OAH), within the U.S. Department of Health and Human Services (HHS), administers the Teen Pregnancy Prevention Program (TPPP), which funds evidence-based (or innovative evidence-informed), medically accurate, and age-appropriate programs to reduce teen pregnancy. OAH provides program support, implementation evaluation, and technical assistance to grantees. In FY 2016, total funding for TPPP was \$101 million, with an additional \$6.8 million authorized for evaluation purposes, supporting a total of 84 states, cities, non-profit organizations, school districts, universities, community-based organizations, and tribal organizations that were in year two of five TPPP funding tiers’

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five-year cooperative agreements in 33 states and territories, including the District of Columbia and the Marshall Islands. OAH provides program support, implementation evaluation, and technical assistance to grantees and receives an additional \$6.8 million in funding for evaluation purposes. There are five TPPP funding tiers:

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

- In FY 2016, there were no TPPP Tier 1A grantees in Indiana.

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

- In FY 2016, there was one TPPP Tier 1B grantee in Indiana: Health Care Education and Training, Inc. (\$749,999).

HEALTH CARE EDUCATION AND TRAINING, INC., \$749,999 (FY 2016)

Health Care Education and Training (HCET) is an organization based in Indiana that works in Indiana, Illinois, Michigan, Minnesota, Ohio, and Wisconsin. Its mission is to “provide comprehensive program development, education, and training to improve reproductive and sexual health outcomes.”¹⁹ The organization strongly believes in the fundamental right to reproductive and sexual care, education, and training based on evidence, scientifically accurate, and rigorously evaluated programs.²⁰ With its TPPP 1B funding, HCET will partner with Clinton County Youth Responsible, Involved, Supported, and Educated (RISE) Project to implement evidence-based and youth-positive programming in Clinton County, Indiana. The program will target youth ages 6–19 in both school- and community-based sites, such as existing and diverse advisory committees and leadership teams. Curricula utilized will include [Raising Healthy Children, Teen Outreach Program \(TOP\)](#), [Reducing the Risk](#), and [Families Talking Together](#). HCET aims to serve more than 1,500 young people per year.²¹

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

- In FY 2016, there were no TPPP Tier 2A grantees in Indiana.

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

- In FY 2016, there were no TPPP Tier 2B grantees in Indiana.

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

- In FY 2016, there were no TPPP Tier 2C grantees in Indiana.

PERSONAL RESPONSIBILITY EDUCATION PROGRAM

The Family and Youth Services Bureau (FYSB), within the Administration for Children and Families (ACF) division of HHS, administers the Personal Responsibility Education Program (PREP), which includes \$75 million 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

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grants to apply for funding. Details on the state grants, PREIS, Tribal PREP, and CPREP are included below.

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/AIDS, and other STDs. In FY 2016, 43 states, the District of Columbia, the Federated States of Micronesia, Guam, Puerto Rico, and the Virgin Islands received PREP state-grant funds. The grant does not require states to provide matching funds. Funded programs must discuss abstinence and contraception and place substantial emphasis on both. Programs must also address at least three of the following adulthood preparation subjects: healthy relationships, positive adolescent development, financial literacy, parent-child communication skills, education and employment skills, and healthy life skills.

- In FY 2016, Indiana chose not to apply for PREP funds.

Personal Responsibility Education Innovative Strategies (PREIS)

PREIS supports research and demonstration programs to develop, replicate, refine, and test innovative models for preventing unintended teen pregnancy.

- In FY 2016, there were no PREIS grantees in Indiana.

Tribal Personal Responsibility Education Program (Tribal PREP)

Tribal PREP supports the development and implementation of teen pregnancy prevention programs within tribes and tribal communities. Tribal PREP programs target young people ages 10–19 who are in or are aging out of foster care, young people experiencing homelessness, young people living with HIV/AIDS, 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 2016, eight tribes and tribal organizations from seven states received a total of \$3,436,621.

- In FY 2016, there were no Tribal PREP grantees in Indiana.

Competitive Personal Responsibility Education Program (CPREP)

CPREP grants support evidence-based programs that provide young people with medically accurate and age-appropriate information for the prevention of unintended pregnancy, HIV/AIDS, and other STDs. Only organizations and institutions in states and territories that did not apply for PREP state grants in either of the first two fiscal years after the call for PREP state-grant applications were eligible to submit competitive applications for CPREP grants. In FY 2016, 21 CPREP grants, totaling \$10.3 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 2016, two local entities in Indiana received a total of \$998,819 in CPREP funds: Health Care Education and Training, Inc., (\$537,214) and PATH, Inc. (\$461,605).²²

HEALTH CARE EDUCATION AND TRAINING, INC., \$537,214 (FY 2016)

Health Care Education and Training, Inc., (HCET) uses the CPREP grant to fund the Indiana Proud and Connected Teens Project. The goal of the project is to implement evidence-based teen pregnancy

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prevention and positive youth development programs. Programming targets young people in foster care, young people involved in the juvenile justice system, and LGB, transgender, and questioning (LGBTQ) young people ages 11-19. HCET sub-grants the funds to community-based providers that implement the programs, while HCET provides administrative, technical, and evaluative support.²³ The programs will address healthy relationships, adolescent development, healthy life skills, and parent-child communication, and curricula includes [Power Through Choices](#), [Teen Outreach Program \(TOP\)](#) and [Be Proud! Be Responsible!](#).²⁴

PATH, INC., \$461,605 (FY 2016)

A Positive Approach to Teen Health, Inc., (PATH) is a non-profit organization whose mission is to “equip, empower, and encourage teens to make healthy choices through life skills, relationships, and character-building education.”²⁵ PATH creates curricula used by educators in school districts nationwide and provides outreach services in northwest Indiana. Its programming and services are made possible by grant funds, including CPREP. The organization uses two programs in school-based settings, *Positive Potential* in rural areas and *Horizon* in urban areas. It also implements an after-school mentoring program, Liv.True, that focuses on positive youth development.²⁶ With CPREP funds, PATH serves an estimated 1,500 middle school students from Hammond, East Chicago, Gary, Griffith, Merrillville, and Crownpoint annually. The programs will address adolescent development, parent-child communication, and education and career success, and uses the [Love Notes](#) and [Promoting Health Among Teens](#) curricula.²⁷

TITLE V STATE ABSTINENCE EDUCATION GRANT PROGRAM

The Title V state abstinence education grant program for abstinence-only-until-marriage (AOUM) programming, or the Title V AOUM program, is administered by FYSB, within ACF of HHS, and was funded at \$75 million in FY 2016. 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. Programs must be medically accurate and age-appropriate and must encourage abstinence as an expected outcome.

- In FY 2016, the Indiana State Department of Health, Maternal and Child Health Division received \$1,534,505 in federal Title V AOUM funding.²⁸
- At the time of publication, additional information on Indiana’s match was unavailable.

HCET receives Title V AOUM grant funds from the Indiana State Department of Health to partly fund the Indiana Parent and Provider Education Project.²⁹ The project targets parents, young workers, health care providers, and professionals and provides them the education and skills to communicate with young people about sex and healthy relationships. The goal of the project is to help teens “delay sexual initiation, develop negotiation and refusal skills, and increase skills for attaining self-sufficiency.”³⁰ The project utilizes two text-based programs, [BrdsNBz-Indy](#) and [Talk2Protect](#), and provides training to select, implement, and evaluate other evidence-based teen pregnancy prevention education programs.³¹ Title V AOUM funds are used to serve an estimated 32,000 young people ages 15-19, especially young people living in poverty, young people in care facilities, and LGBTQ young people. The program will use [Making a Difference!](#) and [Promoting Health Among Teens! Abstinence-Only \(PHAT-AO\)](#) curricula.³² At the time of publication, more information on Indiana’s sub-grantees was unknown.

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“SEXUAL RISK AVOIDANCE EDUCATION” GRANT PROGRAM

Administered by FYSB within ACF of HHS, the “sexual risk avoidance education” (SRAE), i.e., the AOUM grant program, provides competitive funding 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 2016, \$10 million was appropriated for the SRAE grant program and \$8.98 million was awarded to 21 grantees in 12 states through a competitive application process.

- In FY 2016, there were two SRAE grantees in Indiana: Health Education and Training, Inc., (\$442,019) and Indiana Family Health Council, Inc. (\$386,653).³³

HEALTH EDUCATION AND TRAINING, INC., \$442,019 (FY 2016)

As mentioned above, HCET is an organization based in Indiana that works in Indiana, Illinois, Michigan, Minnesota, Ohio, and Wisconsin. Its mission is to “provide comprehensive program development, education, and training to improve reproductive and sexual health outcomes.”³⁴ The organization strongly believes in the “fundamental right to reproductive and sexual care, training, and education for all,” based on evidence, scientifically accurate, and rigorously evaluated programs.³⁵ With its SRAE funds, HCET will serve rural young people ages 10-14 using *Making a Difference!* curriculum.³⁶ At the time of publication, more information on this grantee’s implementation of SRAE grant funds was unknown.

INDIANA FAMILY HEALTH COUNCIL, INC., \$386,653 (FY 2016)

The Indian Family Health Council, Inc., (IFHC) is a private, non-profit organization that receives and administers federal and state funds for family planning services.³⁷ IFHC serves young people ages 13-19 using *Making a Difference!* curriculum for middle school students and *Making Proud Choices!* curriculum for high school students.³⁸ At the time of publication, more information on this grantee’s implementation of SRAE grant funds was unknown.

POINTS OF CONTACT

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¹ This refers to the federal government's fiscal year, which begins on October 1 and ends on September 30. The fiscal year is designated by the calendar year in which it ends; for example, FY 2016 began on October 1, 2015, and ended on September 30, 2016.

² Indiana Code 20-30-5-12, <http://codes.lp.findlaw.com/incode/20/30/5/20-30-5-12>.

³ Indiana Code 20-34-3-17, <http://codes.lp.findlaw.com/incode/20/34/3/20-34-3-17>.

⁴ Indiana Code 20-30-5-13, <http://codes.lp.findlaw.com/incode/20/30/5/20-30-5-13>.

- ⁵ “High School YRBS,” Centers for Disease Control and Prevention, <https://nccd.cdc.gov/youthonline/App/Default.aspx>.
- ⁶ Kost, K., and Maddow-Zimet, I., *U.S. Teenage Pregnancies, Births, and Abortions, 2011: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2014), www.guttmacher.org/sites/default/files/report_pdf/us-teen-pregnancy-state-trends-2011_4.pdf, Table 1.1.
- ⁷ *Ibid.*, Table 1.2.
- ⁸ “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>.
- ⁹ “Teen Births in Indiana, Girls 15-19,” The National Campaign to Prevent Teen and Unplanned Pregnancy, <https://thenationalcampaign.org/data/state/Indiana>.
- ¹⁰ Kost, K., and Maddow-Zimet, I., *U.S. Teenage Pregnancies, Births, and Abortions, 2011: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2014), www.guttmacher.org/sites/default/files/report_pdf/us-teen-pregnancy-state-trends-2011_4.pdf, Table 1.1.
- ¹¹ *Ibid.*, Table 1.2.
- ¹² 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.
- ¹³ 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.
- ¹⁴ 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.
- ¹⁵ 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.
- ¹⁶ NCHHSTP Atlas, “STD Surveillance Data” (Atlanta, GA: Centers for Disease Control and Prevention), <http://gis.cdc.gov/GRASP/NCHHSTPAtlas/main.html>.
- ¹⁷ *Ibid.*
- ¹⁸ *Ibid.*
- ¹⁹ “About Us,” Health Care Education and Training, Inc., 2013, <http://hcet.info/about-us/>.
- ²⁰ *Ibid.*
- ²¹ “Health Care Education and Training, Inc.,” Grantees (IL) – TPP Tier 1B, U.S. Department of Health and Human Services, Office of Adolescent Health, www.hhs.gov/ash/oah/grants/grantees/tp/1b/health-care-education-and-training-inc.html.
- ²² “Competitive Personal Responsibility Education Program Grantee Profiles,” Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, www.acf.hhs.gov/fysb/resource/cprep-profiles.
- ²³ “Adolescent Pregnancy and STD/HIV Prevention,” Health Care Education and Training, Inc., <http://hcet.info/adolescent-pregnancy-and-stdhiv-prevention/>.
- ²⁴ “Competitive Personal Responsibility Education Program Grantee Profiles,” Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, www.acf.hhs.gov/fysb/resource/cprep-profiles.
- ²⁵ “Home,” A Positive Approach to Teen Health, www.positiveteenhealth.org/.
- ²⁶ “Learn More About Us,” A Positive Approach to Teen Health, www.positiveteenhealth.org/about.html.
- ²⁷ “Competitive Personal Responsibility Education Program Grantee Profiles,” Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, www.acf.hhs.gov/fysb/resource/cprep-profiles.
- ²⁸ “2016 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/2016-title-v-grant-awards.
- ²⁹ “Adolescent Pregnancy and STD/HIV Prevention,” Health Care Education and Training, <http://hcet.info/adolescent-pregnancy-and-stdhiv-prevention/>.
- ³⁰ *Ibid.*

³¹ Ibid.

³² “Title V State Abstinence Education Grantee Profiles,” Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, April 16, 2017.

³³ “2016 Sexual Risk Avoidance Education (SRAE) 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/2016-srae-grant-awards.

³⁴ “About Us,” Health Care Education and Training, Inc., 2013, <http://hcet.info/about-us/>.

³⁵ Ibid.

³⁶ “Sexual Risk Avoidance Education Program Grantee Profiles,” Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, April 16, 2017.

³⁷ “About IFHC,” Indiana Family Health Council, <http://ifhc.org/about/about-ifhc/>.

³⁸ “Sexual Risk Avoidance Education Program Grantee Profiles,” Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, April 16, 2017.