

State Profiles FISCAL YEAR 2016

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

- Division of Adolescent and School Health funds totaling \$75,000
- Personal Responsibility Education Program funds totaling \$1,041,136
- Title V State Abstinence Education Program funds totaling \$1,752,772

In Fiscal Year 2016, local entities in Tennessee received:

- Division of Adolescent and School Health funds totaling \$378,750
- Teen Pregnancy Prevention Program funds totaling \$4,229,999

SEXUALITY EDUCATION LAW AND POLICY

STATE LAW

Tennessee law ([§ 49-6-1302](#), [49-6-1304](#), and [49-6-1305](#)) requires local education agencies in counties whose pregnancy rate exceeds 19.5 pregnancies per 1,000 females ages 15–17 to develop and implement a family life education program.² These programs must promote “sexual risk avoidance” as their primary goal, and instruction that promotes “gateway sexual activity” is prohibited. [Statute § 49-6-1304](#) was recently amended to include “the benefits of adoption as a positive choice in the event of an unwanted pregnancy” as required learning material for grades 7–12.

If such family life education programs are provided, they must:

1. Emphatically promote sexual risk avoidance through abstinence, regardless of a student’s current or prior sexual experience;
2. Encourage sexual health by helping students understand how sexual activity affects the whole person including the physical, social, emotional, psychological, economic and educational consequences of non-marital sexual activity;
3. Teach the positive results of avoiding sexual activity, the skills needed to make healthy decisions, the advantages of and skills for student success in pursuing educational and life goals, the components of healthy relationships, and the social science research supporting the benefits of reserving the expression of human sexual activity for marriage;
4. Provide factually and medically accurate information;
5. Teach students how to form pro-social habits that enable students to develop healthy relationships, create strong marriages, and form safe and stable future families;

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6. Encourage students to communicate with a parent, guardian, or other trusted adult about sex or other risk behaviors;
7. Assist students in learning and practicing refusal skills that will help them resist sexual activity;
8. Address the benefits of raising children within the context of a marital relationship and the unique challenges that single teen parents encounter in relation to educational, psychological, physical, social, legal, and financial factors;
9. Discuss the interrelationship between teen sexual activity and exposure to other risk behaviors such as smoking, underage drinking, drug use, criminal activity, dating violence, and sexual aggression;
10. Educate students on the age of consent, puberty, pregnancy, childbirth, sexually transmitted diseases, including but not limited to [human immunodeficiency virus [HIV]/acquired immunodeficiency syndrome [AIDS], and the financial and emotional responsibility of raising a child; and
11. Teach students how to identify and form healthy relationships, and how to identify and avoid unhealthy relationships.”³

Tennessee Code allows students to be removed from sexuality education classes upon written request from their parent or guardian.⁴ [This is referred to as an “opt-out” policy.](#)

STATE STANDARDS

The [Tennessee Health Education Standards](#) include instruction on sexually transmitted diseases (STDs), including HIV/AIDS, beginning in third grade.⁵ Beginning in sixth grade, the standards include the expectation that students will learn to “identify abstinence from sexual activity as the responsible and preferred choice for adolescents.”⁶ The [Tennessee Lifetime Wellness Curriculum Standards Grades 9–12](#), which students must complete in order to graduate high school, mandate a section on sexuality and family life. The standards describe abstinence as a “positive choice,” but also include instruction on contraception and alternatives for an unplanned pregnancy, including abortion.⁷

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 Tennessee. 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

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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.

TENNESSEE YOUTH RISK BEHAVIOR SURVEY (YRBS) DATA⁸

Reported ever having had sexual intercourse

- In 2013, 44.4% of female high school students and 50.7% of male high school students in Tennessee reported ever having had sexual intercourse, compared to 46% of female high school students and 47.5% of male high school students nationwide.
- In 2013, 62.1% of black high school students, 54.8% of Hispanic high school students, and 40.8% of white high school students in Tennessee reported ever having had sexual intercourse, compared to 60.6% of black high school students, 49.2% of Hispanic high school students, and 43.7% of white high school students nationwide.

Reported having had sexual intercourse before age 13

- In 2013, 4.3% of female high school students and 13.6% of male high school students in Tennessee reported having had sexual intercourse before age 13, compared to 3.1% of female high school students and 8.3% of male high school students nationwide.
- In 2013, 15.1% of black high school students, 23.2% of Hispanic high school students, and 4.9% of white high school students in Tennessee reported having had sexual intercourse before age 13, compared to 14.0% of black high school students, 6.4% of Hispanic high school students, and 3.3% of white high school students nationwide.

Reported being currently sexually active

- In 2013, 32.1% of female high school students and 32.5% of male high school students in Tennessee reported being currently sexually active, compared to 35.2% of female high school students and 32.7% of male high school students nationwide.
- In 2013, 40.3% of black high school students, 36.9% of Hispanic high school students, and 28.4% of white high school students in Tennessee reported being currently sexually active, compared to 42.1% of black high school students, 34.7% of Hispanic high school students, and 32.8% of white high school students nationwide.

Reported not using a condom during last sexual intercourse

- In 2013, 46.2% of female high school students and 35.8% of male high school students in Tennessee reported not using a condom during their last sexual intercourse, compared to 46.9% of female high school students and 34.2% of male high school students nationwide.
- In 2013, 39.9% of black high school students and 40.4% of white high school students in Tennessee reported not using a condom during their last sexual intercourse, compared to 35.3% of black high school students and 42.9% of white high school students nationwide.

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

- In 2013, 20.6% of female high school students and 16.1% of male high school students in Tennessee reported not using any method to prevent pregnancy during their last sexual intercourse, compared to 15.7% of female high school students and 11.5% of male high school students nationwide.
- In 2013, 27.7% of black high school students and 13.7% of white high school students in Tennessee reported not using any method to prevent pregnancy during their last sexual intercourse, compared to 15.9% of black high school students and 11.1% of white high school students nationwide.

Reported having been physically forced to have sexual intercourse

- In 2013, 14.2% of female high school students and 6.7% of male high school students in Tennessee reported having been physically forced to have sexual intercourse, compared to 10.5% of female high school students and 4.2% of male high school students nationwide.
- In 2013, 10% of black high school students, 23.3% of Hispanic high school students, and 9% of white high school students in Tennessee reported having been physically forced to have sexual intercourse, compared to 8.4% of black high school students, 8.7% of Hispanic high school students, and 6.1% of white high school students nationwide.

Reported experiencing physical dating violence

- In 2013, 10.8% of female high school students and 8.4% of male high school students in Tennessee 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 2015, 12.9% of female high school students and 9.5% of male high school students in Tennessee 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 2013, 7.1% of black high school students, 19.4% of Hispanic high school students, and 9.4% of white high school students in Tennessee 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.
- In 2015, 12.1% of black high school students, 12.8% of Hispanic high school students, 10.1% of white high school students and 11.7% of high school students who identified as multiple races in Tennessee reported experiencing physical dating violence in the prior year, compared to 10.5% of black high school students, 9.7% of Hispanic high school students, 9% of white high school students, and 16% of high school students who identified as multiple races nationwide.

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Reported experiencing sexual dating violence

- In 2013, 14.4% of female high school students and 6.9% of male high school students in Tennessee reported experiencing sexual dating violence in the prior year, compared to 14.4% of female high school students and 6.2% of male high school students nationwide.
- In 2013, 7.7% of black high school students, 29.5% of Hispanic high school students, and 10.1% of white high school students in Tennessee reported experiencing sexual dating violence in the prior year, compared to 8.9% of black high school students, 11.5% of Hispanic high school students, and 9.8% of white high school students nationwide.

Visit the Centers for Disease Control and Prevention's (CDC) [Youth Online](#) database for additional information on sexual behaviors in Tennessee and in the city of Memphis.

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

Teen Pregnancy, Birth, and Abortion

- In 2011, Tennessee had the 16th highest teen pregnancy rate in the United States, with a rate of 58 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 52 per 1,000.⁹ There were a total of 12,120 pregnancies among young women ages 15–19 reported in Tennessee in 2011.¹⁰
- In 2015, Tennessee had the 9th highest teen birth rate in the United States, with a rate of 30.5 births per 1,000 young women ages 15–19, compared to the national rate of 22.3 per 1,000.¹¹ There were a total of 6,756 live births to young women ages 15–19 reported in Tennessee in 2014, the most recent year of available data.¹²
- In 2011, Tennessee had the 33rd highest teen abortion rate in the United States, with a rate of 8 abortions per 1,000 young women ages 15–19, compared to the national rate of 14 per 1,000.¹³ There were a total of 1,750 abortions among young women ages 15–19 reported in Tennessee in 2011.¹⁴

HIV and AIDS

- In 2015, the rate of diagnoses of HIV infection among adolescents ages 13–19 in Tennessee was 4.2 per 100,000, compared to the national rate of 5.8 per 100,000.¹⁵
- In 2015, the rate of AIDS diagnoses among adolescents ages 13–19 in Tennessee was 0.8 per 100,000, compared to the national rate of 0.7 per 100,000.¹⁶
- In 2015, the rate of diagnoses of HIV infection among young adults ages 20–24 in Tennessee was 34.3 per 100,000, compared to the national rate of 31.1 per 100,000.¹⁷

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- In 2015, the rate of AIDS diagnoses among young adults ages 20–24 in Tennessee was 5 per 100,000, compared to the national rate of 5.6 per 100,000.¹⁸

STDs

- In 2015, Tennessee had the 15th highest rate of reported cases of chlamydia among young people ages 15–19 in the United States, with an infection rate of 2,104.1 cases per 100,000, compared to the national rate of 1,857.8 per 100,000. In 2015, there were a total of 8,829 cases of chlamydia among young people ages 15–19 reported in Tennessee.¹⁹
- In 2015, Tennessee had the 14th highest rate of reported cases of gonorrhea among young people ages 15–19 in the United States, with an infection rate of 404.7 cases per 100,000, compared to the national rate of 341.8 per 100,000. In 2015, there were a total of 1,698 cases of gonorrhea among young people ages 15–19 reported in Tennessee.²⁰
- In 2015, Tennessee had the 15th 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 5.7 cases per 100,000, compared to the national rate of 5.4 per 100,000. In 2015, there were a total of 24 cases of syphilis reported among young people ages 15–19 in Tennessee.²¹

Visit the Office of Adolescent Health’s (OAH) [Tennessee 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 TENNESSEE

Grantee	Award
Division of Adolescent and School Health	
Shelby County Board of Education	\$378,750
Tennessee Department of Education	\$75,000
TOTAL	\$453,750
Teen Pregnancy Prevention Program (TPPP)	
TPPP Tier 1B	
Centerstone of Tennessee, Inc.	\$2,000,000
Douglas-Cherokee Economic Authority, Inc.	\$999,999
Le Bonheur Community Health and Well-Being	\$1,230,000
TOTAL	\$4,229,999

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Personal Responsibility Education Program (PREP)	
PREP State-Grant Program	
Tennessee Department of Children’s Services	\$1,041,136
TOTAL	\$1,041,136
Title V Abstinence-Only-Until-Marriage Program (Title V AOUM)	
Tennessee Department of Health (federal grant)	\$1,752,772
TOTAL	\$1,752,772
GRAND TOTAL	\$7,477,657

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 was one DASH grantee in Tennessee funded to strengthen student health through ESHE, SHS, and SSE (1308 Strategy 2): The Shelby County Board of Education (\$320,000).

SHELBY COUNTY BOARD OF EDUCATION, \$320,000 (FY 2016)

Shelby County Schools is reviewing and revising its sexual health education curriculum using CDC’s [Health Education Curriculum Analysis Tool](#) in order to strengthen sexual health education. The district also provides curriculum training to school staff. To help schools and community health care providers improve student access to needed services, Shelby County Schools is compiling a list of school-based health centers, community-based clinics, and Shelby County Health Department clinics that provide sexual healthcare services to distribute to adolescents and developing a referral system. To address bullying, sexual harassment, and electronic aggression, the district works with school staff and alternative schools to link students to service learning and mentoring.²²

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.

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- In FY 2016, there were no DASH grantees in Tennessee 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 were two DASH grantees in Tennessee funded to collect and report YRBS and School Health Profiles data (1308 Strategy 1): the Shelby County Board of Education (\$58,750) and the Tennessee Department of Education (\$75,000).

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' 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 Tennessee.

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

- In FY 2016, there were three TPPP Tier 1B grantees in Tennessee: Centerstone of Tennessee, Inc. (\$2,000,000); Douglas-Cherokee Economic Authority, Inc. (\$999,999); and Le Bonheur Community Health and Well-Being (\$1,230,000).
- These local organizations in Tennessee received a total of \$4,229,999 in TPPP Tier 1B funding.

CENTERSTONE OF TENNESSEE, INC., \$2,000,000 (FY 2016)

Centerstone of Tennessee, Inc., located in Nashville, provides professional behavioral health services and advanced programs to treat mental illness and substance abuse problems to children, adolescents, adults, seniors, and their families. The Centerstone network includes more than 50 facilities and 160 schools and community partnership locations throughout Middle Tennessee.²³ The organization previously received federal abstinence-only-until-marriage (AOUM) funding through the now-defunct Community-Based Abstinence Education (CBAE) grant. In FY 2001, Centerstone received CBAE funds totaling \$74,067. It received a second CBAE grant for FYs 2004–2006 totaling \$2.3 million. Centerstone will implement the Be in Charge 2 program for young people ages 10–19 with its TPPP funding. The program will serve middle schools, high schools, community-based organizations, juvenile detention centers, foster care, and

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outpatient clinic settings in 60 counties in Tennessee, 14 counties in Kentucky, and 11 counties in Indiana with high teen birth rates. Curricula used include: [Be Proud! Be Responsible!](#), [Making a Difference!](#), and [Sexual Health and Adolescent Risk Prevention \(SHARP\)](#). Centerstone aims to reach 15,000 young people per year.²⁴

DOUGLAS CHEROKEE ECONOMIC AUTHORITY, \$999,999 (FY 2016)

The Douglas Cherokee Economic Authority (DCEA) is a non-profit located in Morristown, Tennessee. The organization serves low-income families residing in six rural Appalachian counties in East Tennessee: Cooke, Grainger, Hamblen, Jefferson, Monroe, and Sevier. DCEA has Community Action Agency status, meaning that its structure is designed to promote the participation of the entire community in its poverty reduction and elimination measures.

In addition to providing direct service, Community Action Agencies develop comprehensive antipoverty plans, conduct community-wide needs assessments, advocate on behalf of low-income populations, and involve the low-income populations they serve in the planning, implementation, and evaluation of their programs.²⁵ The organization previously received federal AOUM funding through the now-defunct CBAE grant. Between FYs 2008 and 2009, DCEA received a total of \$1,137,468 in CBAE funds. DCEA's Tier 1B program targets students in grades 6-9 in two small, rural Appalachian counties, Hamblen and Hancock, located in east and northeast Tennessee. The goal of the program is to use a positive youth development approach to teenage pregnancy prevention and deliver a comprehensive initiative that combines interactive, classroom-based curriculum with community service learning and counseling/referral services. Middle, high, and alternative schools use [Teen Outreach Program \(TOP\)](#) curriculum. DCEA aims to serve more than 1,550 students per year.²⁶

LE BONHEUR COMMUNITY HEALTH AND WELL-BEING, \$1,230,000 (FY 2016)

Le Bonheur Community Health and Well-Being is a community service initiative of Le Bonheur Children's Hospital, located in Memphis. The initiative engages in community outreach that addresses the social, economic, and environmental factors threatening children's health and wellbeing.²⁷ Le Bonheur's Tier 1B program targets youth ages 13–18 in Memphis and Shelby counties. The organization will implement [Be Proud! Be Responsible!](#) in middle schools, high schools, alternative schools, and community-based sites. The organization—along with Memphis Teen Vision, a coalition of youth serving agencies and providers—will start a community-wide TPP planning process to enhance the program and develop a referral process to increase youth access to health care services. Le Bonheur aims to serve 4,000 young people per year and a total of 20,000 young people over the five-year grant period.²⁸

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 Tennessee.

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

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

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

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

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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 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, the Tennessee Department of Children's Services received \$1,041,136 in federal PREP funds.²⁹

The Tennessee Department of Children's Services manages the PREP state-grant program in collaboration with the University of Tennessee Health Science Center. Programs serve young people ages 15-18 in state custody who are living in foster care group homes.³⁰ Sub-grantees will use [Teen Outreach Program \(TOP\)](#), [Sisters Saving Sisters](#), and [Sexual Health and Adolescent Risk Prevention \(SHARP\)](#) curricula.³¹ At the time of publication, additional information on sub-grantees and programming was unknown.

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 Tennessee.

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 Tennessee.

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

TITLE V STATE ABSTINENCE EDUCATION GRANT PROGRAM

The Title V state abstinence education grant program for 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 Tennessee Department of Health received \$1,752,772 in federal Title V AOUM funding.³²
- The agency provides sub-grants to 13 local public and private entities. The sub-grantee information is listed below.³³
- In Tennessee, the match is provided through in-kind services and matching funds from contracted sub-grantees.

Sub-grantee	Serving	Amount
Boys and Girls Club of the Monroe Area	See narrative below	\$92,200
Boys and Girls Club of the Tennessee Valley	See narrative below	\$62,900
Douglas-Cherokee Economic Authority, Inc.	See narrative below	\$92,200
Fashioned in His Image	See narrative below	\$47,000
Full Circle Medical Center for Women	See narrative below	\$44,300
Gibson County Special School District	See narrative below	\$82,800
Lake County Schools	See narrative below	\$38,500
Life Choices	See narrative below	\$92,200
New Vision	See narrative below	\$92,200
On Point	See narrative below	\$92,200
Rise Up!	See narrative below	\$82,800
Women's Care Center	See narrative below	\$59,600
YMCA of Middle Tennessee	See narrative below	\$91,000

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The Tennessee Department of Health, along with its 13 sub-grantees, implements and monitors the Title V AOUM program. The program targets young people ages 10–14 and in grades 6–8, but it may expand to young people up to 17 years and high school students who live in both rural and urban areas. Sub-grantees provide programming in both school- and community-based settings in the following counties: Bledsoe, Davidson, Dyer, Gibson, Hamilton, Haywood, Knox, Lake, Lauderdale, McMinn, Meigs, Monroe, Polk, Rhea, Rutherford, Sequatchie, Tipton, and Washington. Sub-grantees are required to use evidence-based, age-appropriate, and medically accurate curricula as designated by the grant guidelines. Certain programs that are research- and theory-based, such as *Think on Point*, are considered if there is a strong justification for use and have proven program effectiveness. Curricula used by funded programs include [Teen Outreach Program \(TOP\)](#), [Think on Point](#), and [Making a Difference!](#)³⁴

“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 no SRAE grantees in Tennessee.

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 Tenn. Code Ann. § 49-6-1302, www.lexisnexis.com/hottopics/tncode.

³ Tenn. Code Ann. § 49-6-1304, www.lexisnexis.com/hottopics/tncode.

⁴ Tenn. Code Ann. § 49-6-1305(b), www.lexisnexis.com/hottopics/tncode.

⁵ *Tennessee Health Education Standards 3–5* (Tennessee: Tennessee State Board of Education), www.tennessee.gov/education/standards/health/health_3_5.pdf, 12.

⁶ *Ibid.*, 9.

⁷ *Tennessee Lifetime Wellness Curriculum Standards Grades 9–12* (Tennessee: Tennessee State Board of Education), www.tennessee.gov/education/standards/health/LifetimeWellnessStandards2009.pdf, 19.

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

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