

State Profiles FISCAL YEAR 2016

U.S. VIRGIN ISLANDS

In Fiscal Year 2016,¹ the U.S. Virgin Islands received:

- **Personal Responsibility Education Program funds totaling \$250,000**

SEXUALITY EDUCATION LAW AND POLICY

STATE LAW

[U.S. Virgin Islands Code, Title XVII Ch.5, § 41](#), requires sex education, including acquired immunodeficiency syndrome (AIDS) prevention education, to be a component of the health curriculum taught to students in grades K–12.²

STATE STANDARDS

At the time of publication, additional guidance on the K–12 health curriculum provided by the U.S. Virgin Islands was unknown.

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 U.S. Virgin Islands. 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.

U.S. VIRGIN ISLANDS YOUTH RISK BEHAVIOR SURVEY (YRBS) DATA

The U.S. Virgin Islands did not participate in the 2015 YRBS.

U.S. VIRGIN ISLANDS HUMAN IMMUNODEFICIENCY VIRUS (HIV)/AIDS AND OTHER SEXUALLY TRANSMITTED DISEASE (STD) DATA

HIV and AIDS

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- In 2015, the rate of diagnoses of HIV infection among adolescents ages 13–19 in the U.S. Virgin Islands was 0.0 per 100,000, compared to the U.S. national rate of 5.8 per 100,000.³
- In 2015, the rate of AIDS diagnoses among adolescents ages 13–19 in U.S. Virgin Islands was 0.0 per 100,000, compared to the U.S. national rate of 0.7 per 100,000.⁴
- In 2015, the rate of diagnoses of HIV infection among young adults ages 20–24 in U.S. Virgin Islands was 0.0 per 100,000, compared to the U.S. national rate of 31.1 per 100,000.⁵
- In 2015, the rate of AIDS diagnoses among young adults aged 20–24 years in U.S. Virgin Islands was 0.0 per 100,000, compared to the U.S. national rate of 5.6 per 100,000.⁶

STDs

- In 2015, the infection rate of chlamydia among young people ages 15–19 in the U.S. Virgin Islands was 3,250.5 cases per 100,000, compared to the national rate of 1,857.8 per 100,000. In 2014, there were a total of 178 cases of chlamydia among young people ages 15–19 reported in the U.S. Virgin Islands.⁷
- In 2015, the infection rate of gonorrhea among young people ages 15–19 in the U.S. Virgin Islands was 127.8 cases per 100,000, compared to the national rate of 341.8 per 100,000. In 2015, there were a total of 7 cases of gonorrhea among young people ages 15–19 reported in the U.S. Virgin Islands.⁸
- In 2015, the infection rate of primary and secondary syphilis among young people ages 15–19 in the U.S. Virgin Islands was 0.0 cases per 100,000, compared to the national rate of 5.4 per 100,000. In 2015, there were 0 cases of syphilis among young people ages 15-19 reported in the U.S. Virgin Islands.⁹

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 THE U.S. VIRGIN ISLANDS

Grantee	Award
Personal Responsibility Education Program (PREP)	
PREP State-Grant Program	
Virgin Islands Department of Human Services	\$250,000
TOTAL	\$250,000
GRAND TOTAL	\$250,000

DIVISION OF ADOLESCENT AND SCHOOL HEALTH

The Division of Adolescent and School Health (DASH), within the Centers for Disease Control and Prevention (CDC), provides funding to state and local education agencies through several funding streams

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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 the U.S. Virgin Islands 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 the U.S. Virgin Islands 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 no DASH grantees in the U.S. Virgin Islands funded to collect and report YRBS and School Health Profiles data (1308 Strategy 1).

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.

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

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

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

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

- In FY 2016, there were no TPPP grantees in the U.S. Virgin Islands.

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 U.S. Virgin Islands Department of Human Services received \$250,000 in federal PREP funds.¹⁰
- The agency does not sub-grant any of the U.S. Virgin Islands PREP funds.¹¹

The Department of Human Services administers and maintains full operation of the PREP state-grant program for the Virgin Islands. The department collaborates with the Department of Education to pay educators who are trained facilitators to implement the grant within their respective schools. Funding is used to provide school-based programming, targeting young people ages 10–19 (and up to age 21) and in grades 6–12, including pregnant young people and young people in foster care. Programming is offered in schools on the islands of St. Croix, St. John, St. Thomas, and Water Islands, and the major school districts served are St. Thomas-St. John and St. Croix. The Virgin Islands PREP program addresses the following adulthood preparation subjects: healthy relationships, adolescent development, and parent-child communication. The curriculum approved for use under the grant program is [Reducing the Risk](#).¹²

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 the U.S. Virgin Islands.

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 the U.S. Virgin Islands.

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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, the U.S. Virgin Islands received PREP state-grant funding; therefore, entities in the U.S. Virgin Islands were not eligible for CPREP.

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 U.S. Virgin Islands chose not to apply for Title V AOUM funds.

“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 the U.S. Virgin Islands.

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 U.S. Virgin Islands Title XVII. Ch.5, § 41, www.lexisnexis.com/hottopics/vicode/.

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³ 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.

⁴ 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.

⁵ 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.

⁶ 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.

⁷ NCHHSTP Atlas, “STD Surveillance Data” (Atlanta, GA: Centers for Disease Control and Prevention), <http://gis.cdc.gov/GRASP/NCHHSTPAtlas/main.html>.

⁸ Ibid.

⁹ Ibid.

¹⁰ “2016 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/2016-state-prep-awards.

¹¹ Information provided by Syida Huggins-Richards, PREP Coordinator, U.S. Virgin Islands Department of Human Services, May 23, 2016.

¹² Ibid.