

UTAH

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

- Division of Adolescent and School Health funds totaling \$74,943
- Personal Responsibility Education Program funds totaling \$588,238
- Title V State Abstinence Education Program funds totaling \$583,719

SEXUALITY EDUCATION LAW AND POLICY STATE LAW

Utah Code (§ 53A-13-101 and Administrative Code §§ R277-474 and R277-700) mandates that the state board of education establish curriculum requirements in grades 8–12 for the prevention of communicable diseases. This instruction must stress "the importance of abstinence from all sexual activity before marriage and fidelity after marriage as methods for preventing certain communicable diseases, and [the importance of] personal skills that encourage individual choice of abstinence and fidelity."²

Among other limitations on what can be taught, the code states that "[a]t no time may instruction be provided, including responses to spontaneous questions raised by students, regarding any means or methods that facilitate or encourage the violation of any state or federal criminal law by a minor or adult." In Utah, consensual sexual intercourse outside of marriage is illegal.

Utah Code further requires that materials used for instruction in health not include:

- I. the intricacies of intercourse, sexual stimulation, or erotic behavior;
- II. the advocacy of homosexuality;
- III. the advocacy or encouragement of the use of contraceptive methods or devices; or
- IV. the advocacy of sexual activity outside of marriage.⁵

Utah Code requires that each newly hired or newly assigned educator who teaches or who will be teaching any part of a sexuality education class must attend a state-sponsored course offered annually that outlines the state-designed curriculum and Utah Code regarding the teaching of human sexuality.⁶

Parents or guardians must give written permission in order for a student to participate in any form of sexuality education. In 2015, <u>Utah Code Ann.</u> § 53A-13-101.2 was updated to require parental written consent before providing sexuality education to the student. This is referred to as an "opt-in" policy.

STATE STANDARDS

The <u>Elementary Core Curriculum: Responsible Healthy Lifestyles 3–6</u> and <u>Secondary Health Core Curriculum: The Road to Healthy Behaviors 7-12</u>, suggested education standards produced by the Utah State Office of Education,

provide greater detail regarding grade level and topics to be included. The *Elementary Core Curriculum* states that in grades 3–6, students should receive disease prevention and human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS) education. According to the *Secondary Health Core Curriculum*, students should receive instruction that abstinence is the best way to prevent unintended pregnancy and sexually transmitted infections (STIs) beginning in grade seven. Furthermore, instructors are told that a "strong abstinence message has *always been* and *will continue to be* an expected element" (emphasis in original) of sexuality education. Schools are not required to follow this framework. However, local school districts must establish a curriculum materials review committee. Curricula must be adopted after "an open and regular" school board meeting in which parents and guardians have an opportunity to testify about the curricula.

Utah also provides <u>A Resource Guide for Parents and Teachers on Teaching Human Sexuality—Junior High School</u> and <u>A Resource Guide for Parents and Teachers on Teaching Human Sexuality—High School</u> for parents to educate themselves on the standards and laws regarding sexuality education in the state.

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 <u>SIECUS'</u> 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 Utah. 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.

UTAH YOUTH RISK BEHAVIOR SURVEY (YRBS) DATA¹³

Reported having been physically forced to have sexual intercourse

- In 2013, 8.9% of female high school students and 5.9% of male high school students in Utah 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, 10.8% of Hispanic high school students and 6.5% of white high school students in Utah reported having been physically forced to have sexual intercourse, compared to 8.7% of Hispanic high school students and 6.1% of white high school students nationwide.

Reported experiencing physical dating violence

• In 2013, 7.7% of female high school students and 6.1% of male high school students in Utah reported experiencing physical dating violence in the prior year, compared to 13% of female high school students and 7.4% of male high school students nationwide.

• In 2013, 12.6% of Hispanic high school students and 7.3% of white high school students in Utah reported experiencing physical dating violence in the prior year, compared to 10.4% of Hispanic high school students and 9.7% of white high school students nationwide.

Reported experiencing sexual dating violence

- In 2013, 15.1% of female high school students and 6.4% of male high school students in Utah 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, 15.6% of Hispanic high school students and 9.5% of white high school students in Utah reported experiencing sexual dating violence in the prior year, compared to 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) <u>Youth Online</u> database for additional information on sexual behaviors.

UTAH TEEN PREGNANCY, HIV/AIDS, AND OTHER SEXUALLY TRANSMITTED DISEASE (STD) DATA Teen Pregnancy, Birth, and Abortion

- In 2011, Utah had the 46th highest teen pregnancy rate in the United States, with a rate of 33 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 52 per 1,000.¹⁴ There were a total of 3,530 pregnancies among young women ages 15–19 reported in Utah in 2011.¹⁵
- In 2015, Utah 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. ¹⁶ There were a total of 2,163 live births to young women ages 15–19 reported in Utah in 2014, the most recent year of available data. ¹⁷
- In 2011, Utah had the 50th highest teen abortion rate in the United States, with a rate of 4 abortions per 1,000 young women ages 15–19, compared to the national rate of 14 per 1,000. ¹⁸ There were a total of 440 abortions among young women ages 15–19 reported in Utah in 2011. ¹⁹

HIV and AIDS

- In 2015, the rate of diagnoses of HIV infection among adolescents ages 13–19 in Utah was 0.6 per 100,000, compared to the national rate of 5.8 per 100,000.²⁰
- In 2015, the rate of AIDS diagnoses among adolescents ages 13–19 in Utah was 0.0 per 100,000, compared to the national rate of 0.7 per 100,000.²¹
- In 2015, the rate of diagnoses of HIV infection among young adults ages 20–24 in Utah was 5.2 per 100,000, compared to the national rate of 31.1 per 100,000.²²
- In 2015, the rate of AIDS diagnoses among young adults ages 20–24 in Utah was 0.8 per 100,000, compared to the national rate of 5.6 per 100,000.²³

STDs

- In 2015, Utah had the 49th highest rate of reported cases of chlamydia among young people ages 15–19 in the United States, with an infection rate of 999.0 cases per 100,000, compared to the national rate of 1,857.8 per 100,000. In 2015, there were a total of 2,262 cases of chlamydia among young people ages 15–19 reported in Utah.²⁴
- In 2015, Utah had the 47th highest rate of reported cases of gonorrhea among young people ages 15–19 in the United States, with an infection rate of 60.9 cases per 100,000, compared to the national rate of 341.8 per 100,000. In 2015, there were a total of 138 cases of gonorrhea among young people ages 15–19 reported in Utah.²⁵
- In 2015, Utah had the 41st 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 1.8 cases per 100,000, compared to the national rate of 5.4 per 100,000. In 2015, there were a total of 4 cases of syphilis reported among young people ages 15–19 in Utah.²⁶

Visit the Office of Adolescent Health's (OAH) <u>Utah Adolescent Health Facts</u> 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 LITAH

Grantee	Award
Division of Adolescent and School Health (DASH)	
Utah Department of Health	\$74,943
TOTAL	\$74,943
Personal Responsibility Education Program (PREP)	
PREP State-Grant Program	
Utah Department of Health (federal grant)	\$588,238
TOTAL	\$588,238
Title V Abstinence-Only-Until-Marriage Program (Title V AC	DUM)
Utah Department of Health (federal grant)	\$583,719
TOTAL	\$583,719
GRAND TOTAL	\$1,246,900

Division of Adolescent and Sexual 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 Utah 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 Utah 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 Utah funded to collect and report YRBS and School Health Profiles data (1308 Strategy 1): The Utah Department of Health (\$74,943).

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:

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

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

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

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

<u>Tier 2C</u>: Effectiveness of TPP programs designed specifically for young males.

• In FY 2016, there were no TPPP grantees in Utah.

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 Utah Department of Health, received \$588,238 in federal PREP funds.²⁷
- The agency provides sub-grants to five local public and private entities. The sub-grantee information is listed below. 28

Sub-grantee	Serving	Amount
Bear River Health Department	Box Elder and Cache Counties	\$72,000
Salt Lake County Health Department	Salt Lake County	\$324,571
Tooele County Health Department	Tooele County	\$76,403
Urban Indian Center	Statewide	\$60,000
Weber-Morgan Health Department	Morgan and Weber Counties	\$80,000

The Utah Department of Health, Division of Family Health and Preparedness, implements the state's PREP grant, which provides funding to only community-based public and private entities. Funded programs serve young people ages 14–19 with a specific focus on young people in the Utah juvenile justice system, young Latinos, current teen mothers, and young people residing in areas with birth rates higher than Utah's state birth rate. The Department of Health has identified five curricula that sub-grantees may use: <u>All4Youl</u>, <u>Be Proud! Be Responsible! Be Protective!</u>, <u>Get Real</u>, and <u>Families Talking Together(TOP)</u>. The sub-grantees address all six adulthood preparation subjects: healthy relationships, healthy life skills, parent-child communication, financial literacy, adolescent development, and educational and career success.²⁹

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 Utah.

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 Utah.

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, Utah received PREP state-grant funding; therefore, entities in Utah 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 Utah Department of Health received \$583,719 in federal Title V AOUM funding.³⁰
- The agency provides sub-grants to five local public and private entities. The sub-grantee information is listed below.³¹
- In Utah, sub-grantees provide the match through a combination of in-kind funds and local dollars.

Sub-grantee	Serving	Amount
Salt Lake County Health Department	Salt Lake County	\$199,429
TriCounty Health Department	Duchesne and Uintah Counties	\$70,000
Tooele County Health Department	Tooele County	\$54,085
Utah County Health Department	Utah County	\$172,989
Weber-Morgan Health Department	Morgan and Weber Counties	\$120,000

The Utah Department of Health implements the state's Title V AOUM program. Funded programs serve young people ages 10-16 with a specific focus on young people residing in areas of Utah with teen birth rates higher than the Utah state rate, young Latinos, and young people in the Utah juvenile justice system. Sub-grantees provide programming in both school- and community-based settings, and are using the

following four curricula: <u>Choosing the Best</u>, <u>Making a Difference!</u>, <u>Teen Outreach Program (TOP)</u>, and <u>Heritage Keepers</u>. ³²

"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 Utah.

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 Utah Code §§ 53A-13-101(1)(b)(i)(A) and (B), <a href="http://le.utah.gov/xcode/Title53A/Chapter13/53A-13-S101.html?v=C53A-

³ Utah Code § 53A-13-101(1)(b)(ii), http://le.utah.gov/xcode/Title53A/Chapter13/53A-13-S101.html?v=C53A-13-S101 1800010118000101.

⁴ Utah Code § 76-7-104(1), http://le.utah.gov/xcode/Title76/Chapter7/76-7-S104.html.

⁵ Utah Code §§ 53A-13-101(1)(c)(iii)(A)(I)–(IV), <a href="http://le.utah.gov/xcode/Title53A/Chapter13/53A-13-S101.html?v=C53

⁶ Utah Admin. Code § R277-474-5(A), http://rules.utah.gov/publicat/code/r277/r277-474.htm.

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- ⁷ Utah Admin. Code § R277-474-1(H).
- ⁸ Elementary Core Curriculum: Responsible Healthy Lifestyles 3–6 (Salt Lake City, UT: Utah State Office of Education, 1997), http://schools.utah.gov/CURR/healthpe/Core-Curriculum/3-6HealthCore.aspx, 6.
- ⁹ Secondary Health Core Curriculum (Salt Lake City, UT: Utah State Office of Education, 1997), http://schools.utah.gov/CURR/healthpe/Core/Health712.aspx, 11. ¹⁰ Ibid., 2.
- ¹¹ Utah Admin. Code § R277-474-5(C).
- ¹² Utah Code § 53A-13-101(1)(c)(iii)(B).
- ¹³ "High School YRBS," Centers for Disease Control and Prevention, http://nccd.cdc.gov/youthonline/App/Default.aspx.
- ¹⁴ 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.
- ¹⁵ Ibid., Table 1.2.
- ¹⁶ "Teen Birth Rate Comparison, 2015 Among Girls Age 15-19," The National Campaign to Prevent Teen and Unplanned Pregnancy, <u>www.thenationalcampaign.org/data/compare/1701</u>.
- ¹⁷ "Teen Births in Utah, Girls 15-19," The National Campaign to Prevent Teen and Unplanned Pregnancy, www.thenationalcampaign.org/data/state/Utah.
- ¹⁸ 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.
- ¹⁹ Ibid., Table 1.2.
- ²⁰ 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.
- ²¹ 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), https://www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2015.pdf.
- ²² 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.
- ²³ 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.
- ²⁴ NCHHSTP Atlas, "STD Surveillance Data" (Atlanta, GA: Centers for Disease Control and Prevention), http://gis.cdc.gov/GRASP/NCHHSTPAtlas/main.html.
- ²⁵ Ibid.
- ²⁶ Ibid.
- ²⁷ "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.
- ²⁸ Information provided by Elizabeth Gerke, PREP and Abstinence Education Coordinator, Maternal and Infant Health Program, Utah Department of Health, April 18, 2017.
 ²⁹ Ibid.
- ³⁰ "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. ³¹ Information provided by Elizabeth Gerke, PREP and Abstinence Education Coordinator, Maternal and Infant Health Program, Utah Department of Health, April 18, 2017.