

## SUPPORT FEDERAL ADOLESCENT SEXUAL HEALTH EDUCATION & PROMOTION PROGRAMS

*Help ensure young people have the right to the sexual health education they need to lead healthy lives.*

Program	Grantees & Purpose	FY16 Final	FY17 Final	FY18 Final	FY19 Final	FY19 President's Budget	FY19 Coalition Request
<p style="text-align: center;"><b><u>TPPP</u></b> <b><u>Teen Pregnancy Prevention Program</u></b></p> <p style="text-align: center;"><i>Administered by</i> Office of Adolescent Health (OAH)</p>	<p>TPPP has funded 84 five-year cooperative agreements with public and private entities in 33 states. Programs must be based on or informed by evidence. Awards included: capacity building to support implementation of evidence-based TPP programs (8); replication of evidence-based TPP programs in communities with greatest needs (50); support of early innovation to advance adolescent health (2); rigorous evaluation of new approaches to prevent unintended teen pregnancy (21); and programs designed specifically for young males (3). <a href="#">HHS violated congressional intent</a> for TPPP with its 2018 Tier 1 funding opportunity announcement (FOA), and has yet to inform grantees how it will allocate funding.</p> <p>TPPP evaluation funds have been used to examine the efficacy of the demonstration programs to inform new TPP and adolescent health promotion programs.</p>	\$101m	\$101m	\$101m	\$101m	\$0	\$130m
		\$6.8m (PHSA evaluation transfer)	\$6.8m (PHSA evaluation transfer)	\$6.8m (PHSA evaluation transfer)	\$6.8m (PHSA evaluation transfer)	\$0	\$6.8m (PHSA evaluation transfer)
<p style="text-align: center;"><b>HIV School Health</b></p> <p style="text-align: center;"><i>Within the</i> Division of Adolescent and School Health, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC)</p>	<p>DASH funds 28 local education agencies (LEAs) to build school capacity to provide students with exemplary sexual health education, increased access to sexual health services, and safe and supportive environments. Six national organizations are funded to assist LEAs and four organizations are funded to build capacity for LEAs to provide HIV/STD and unintended pregnancy prevention efforts. DASH also supports adolescent health research and evaluation, including the Youth Risk Behavior Surveillance System and the School Health Policies and Practices Study.</p>	\$33.1m +\$2m	\$33.1m	\$33.1m	\$33.1m	\$33.1m	\$50m
<p style="text-align: center;"><b>PREP</b> Personal Responsibility Education Program</p> <p style="text-align: center;"><i>Administered by</i> Family and Youth Services Bureau (FYSB), the Administration for Children and Families (ACF)</p>	<p>PREP provides grants to implement programs that provide complete, medically accurate, and age-appropriate sex education in order to help reduce risk of unintended pregnancy, HIV/AIDS, and other STDs. Funded programs must be evidence-informed or innovative approaches and include other adulthood preparation topics. In FY17:</p> <ul style="list-style-type: none"> <li>• PREP funded state/territory health departments or other state agencies in 44 states, the District of Columbia, Puerto Rico, and five other territories.</li> <li>• The Personal Responsibility Education Innovative Strategies (PREIS) funded 13 grantees in 10 states and the District of Columbia.</li> <li>• The Tribal Personal Responsibility Education Program (TPREP) funded eight grantees in seven states.</li> <li>• The Competitive Personal Responsibility Education Program (CPREP) funded 21 community/faith-based organizations in the five states and three territories that did not apply for PREP funds.</li> </ul>	\$75m authorized	\$75m authorized	\$75m authorized	\$75m authorized through FY19	\$75m (proposed as discretionary funding)	\$75m (authorized through FY24)

## ELIMINATE ABSTINENCE-ONLY-UNTIL-MARRIAGE (AOUM) PROGRAMS

For over 35 years, the federal government has spent more than \$2.1 billion on incomplete, ineffective, and shaming abstinence-only programs.

Help eliminate federal spending on wasteful, exclusionary, and harmful efforts.

Program	Grantees & Purpose	FY16 Final	FY17 Final	FY18 Final	FY19 Final	FY19 President's Budget	FY19 Coalition Request
<p><b>Sexual Risk Avoidance Education (SRAE)</b></p> <p>Abstinence-only-until-marriage competitive grant program</p> <p><i>Administered by FYSB, ACF</i></p>	<p>SRAE funds 27 projects in 15 states. The program defines SRA as “voluntarily refraining from non-marital sexual activity.” Programs must 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.” SRAE grantees must use “an evidenced based approach and/or effective strategies to educate youth on how to avoid risks that could lead to non-marital sexual activity.”</p> <p>SRAE replaced the “Competitive Abstinence Education” (CAE) grant program, which was funded at \$5 million per year for FYs 2012–2015. CAE provided two-year grants to community and faith-based organizations.</p>	\$10m +10m	\$15m +\$5m	\$25m +\$10m	\$35m +\$10m	\$0**	\$0
<p><b>Title V Sexual Risk Avoidance Education (Title V SRAE) Program</b></p> <p>Abstinence-only-until-marriage state-grant program</p> <p><i>Administered by FYSB, ACF</i></p>	<p>The Title V AOUM program was established in 1996 along with an eight-point federal definition of “abstinence education.” Renamed the Title V Sexual Risk Avoidance Education program in FY 2018, the program adopted a new A–F definition (below). While grantees were required to provide \$3 (or in-kind match) for every \$4 of federal funds from FYs 1998–2017, the state-match provision is no longer required. The Title V SRAE program funds 35 states and two territories. **Unused funds will now be available for competitive grants.</p> <p>Funded programs must address each of the following topics:</p> <ul style="list-style-type: none"> <li>A. the holistic individual and societal benefits associated with personal responsibility, self-regulation, goal setting, healthy decision-making, and a focus on the future;</li> <li>B. the advantage of refraining from nonmarital sexual activity in order to improve the future prospects and physical and emotional health of youth;</li> <li>C. the increased likelihood of avoiding poverty when youth attain self-sufficiency and emotional maturity before engaging in sexual activity;</li> <li>D. the foundational components of healthy relationships and their impact on the formation of healthy marriages and safe and stable families;</li> <li>E. how other youth risk behaviors, such as drug and alcohol usage, increase the risk for teen sex; and</li> <li>F. how to resist and avoid, and receive help regarding, sexual coercion and dating violence, recognizing that, even with consent, teen sex remains a youth risk behavior.</li> </ul> <p>Regarding contraception, Title V SRAE programs must also ensure that “students understand that contraception offers physical risk reduction, but not risk elimination” and that “the education does not include demonstrations, simulations, or distribution of contraceptive devices.”</p>	\$75m authorized	\$75m authorized	\$75m authorized	\$75m authorized through FY19	\$75m	Elimination of the program