

# State Profiles FISCAL YEAR 2017

The complete FY 2017 State Profiles comprise individual state-specific documents along with four other accompanying documents. The Executive Summary details the current state of sexuality education across the country, highlighting trends observed over the past few decades. Additionally, it is critical to examine the information from each state within the larger context of the laws and federal funding streams across the country. Please reference the following documents to inform and contextualize broader sexuality education trends:

- [Executive Summary](#)
- [Federal Funding Overview](#) – compared to [Illinois' federal funding](#)
- [Sex/Sexuality and HIV and other STIs Education Laws by State](#) – compared to [Illinois' education laws](#)
- [Descriptions of Curricula and Programs across the United States](#)

## ILLINOIS

**In Fiscal Year 2017,<sup>1</sup> the state of Illinois received:**

- **Division of Adolescent and School Health funds totaling \$366,763**
- **Title V State Abstinence Education Program funds totaling \$2,555,444**
- **Teen Pregnancy Prevention Program funds totaling \$2,000,000**
- **Personal Responsibility Education Program funds totaling \$1,937,467**

**In Fiscal Year 2017, local entities in Illinois received:**

- **Division of Adolescent and School Health funds totaling \$381,250**
- **Teen Pregnancy Prevention Program funds totaling \$1,000,000**
- **Sexual Risk Avoidance Education Program funds totaling \$368,572**

### SEXUALITY EDUCATION LAW AND POLICY

#### STATE LAW

The [Illinois Critical Health Problems and Comprehensive Health Education Act](#) states that the following topics must be addressed in all elementary and secondary schools:

[H]uman ecology and health, human growth and development; the emotional, psychological, physiological, hygienic, and social responsibilities of family life, including sexual abstinence until marriage; [and] the prevention and control of disease, including instruction in grades 6 through 12 on the prevention, transmission, and spread of [acquired immunodeficiency syndrome] AIDS.<sup>2</sup>

As of 2013, schools that teach sex education are no longer required to emphasize that “abstinence is the expected norm” and are instead expected to teach both abstinence and contraception.<sup>3</sup> All courses that discuss sexual intercourse are to address “the hazards of sexual intercourse . . . [and] the latest medical information citing the failure and success rates of condoms,” and include “explanations of when it is unlawful for males to have sexual relations with females under the age of 18.”<sup>4</sup> Course material must also include information regarding responsible parenting.

Illinois law also provides guidelines for family life education courses. These courses are “designed to promote wholesome and comprehensive understanding of the emotional, psychological, physiological, hygienic, and social responsibility aspects of family life,” and therefore must “include teaching alternatives to abortion, appropriate to the various grade levels.”<sup>5</sup>

The Illinois Superintendent of Education must prepare the course of instruction for family life education, make it available to school districts, and “develop a procedure for evaluating and measuring the effectiveness of the family life courses of instruction in each local school district, including the setting of reasonable goals for reduced sexual activity, sexually transmitted diseases (STDs) and premarital pregnancy.”<sup>6</sup>

Parents or guardians may remove their children from any or all sexuality education, family life programs, and/or STD/human immunodeficiency virus (HIV) prevention programs. [This is referred to as an “opt-out” policy.](#)

#### **STATE STANDARDS**

The [Illinois Learning Standards for Physical Development and Health](#) was updated in 2014 but does not provide curriculum guidance for sex education, and only briefly mentions that students should be able to “explain the basic functions of the reproductive system” by grade eight and “demonstrate basic knowledge of HIV and AIDS.” The Standards also address effective communication and decision-making skills.<sup>7</sup>

#### **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 the most recent analysis of state legislative activity, [SIECUS’ 2016 Sex Ed State Legislative Year-End Report: Top Topics and Takeaways.](#)

#### **YOUTH SEXUAL HEALTH DATA**

Young people are more than their health behaviors and outcomes. For those wishing to support the sexual health and wellbeing of young people, it is important to utilize available data in a manner that tracks our progress and pushes policies forward while respecting and supporting the dignity of all young lives.

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 affect an individual’s sexual health and wellbeing. That is, the context in which a young person’s health behavior and decision-making happens is not reflected in individual data

points. Notably, one example demonstrating such inequities are the limitations as to how and what data are currently collected; please be mindful of populations who may not be included in surveys or who may be misrepresented by the data. The data categories and any associated language are taken directly from the respective surveys and are not a representation of SIECUS' positions or values. For more information regarding SIECUS' use of data, please read the FY 2017 Executive Summary, [\*A Portrait of Sexuality Education in the States\*](#).

### **ILLINOIS YOUTH RISK BEHAVIOR SURVEY (YRBS) DATA<sup>8</sup>**

The following sexual health behavior and outcome data represent some of the most recent information available on the health of young people who attend high schools in Illinois. Though not perfect—for instance, using broad race and ethnicity categories can often distort and aggregate the experiences of a diverse group of respondents—the YRBS is a critical resource for understanding the health behaviors of young people when used carefully and with an awareness of its limitations. Any missing data points indicate either a lack of enough respondents for a subcategory or the state's decision not to administer a question on the survey. SIECUS commends the Centers for Disease Control and Prevention (CDC) for conducting decades' worth of field studies to improve the accuracy and relevancy of the YRBS. Like the CDC, SIECUS underlines that “school and community interventions should focus not only on behaviors but also on the determinants of those behaviors.”<sup>9</sup>

#### Reported ever having had sexual intercourse

- In 2015, 35.8% of female high school students and 41.6% of male high school students in Illinois 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, 61.7% of lesbian, gay, or bisexual (LGB) high school students, 28.6% of high school students who were unsure of their sexual orientation, and 37.1% of heterosexual high school students in Illinois 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, 8.8% of Asian high school students, 52.5% of black high school students, 42.6% of Hispanic high school students, and 35.7% of white high school students in Illinois reported ever having had sexual intercourse, compared to 19.3% of Asian high school students, 48.5% of black high school students, 42.5% of Hispanic high school students, and 39.9% of white high school students nationwide.

#### Reported having had sexual intercourse before age 13

- In 2015, 1.4% of female high school students and 5.2% of male high school students in Illinois 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, 6.3% of LGB high school students, 13.7% of high school students who were unsure of their sexual orientation, and 2.4% of heterosexual high school students in Illinois

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, 0% of Asian high school students, 8.1% of black high school students, 4.2% of Hispanic high school students, 1.4% of white high school students, and 5.4% of high school students who identified as multiple races in Illinois reported having had sexual intercourse before age 13, compared to 0.7% of Asian high school students, 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, 28.7% of female high school students and 30.6% of male high school students in Illinois 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, 44.2% of LGB high school students, 25.6% of high school students who were unsure of their sexual orientation, and 28.5% of heterosexual high school students in Illinois 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, 6.2% of Asian high school students, 36.1% of black high school students, 32.4% of Hispanic high school students, 28.3% of white high school students, and 27.3% of high school students who identified as multiple races in Illinois reported being currently sexually active, compared to 12.2% of Asian high school students, 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, 42.1% of female high school students and 45.3% of male high school students in Illinois 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, 66.7% of LGB high school students and 40.8% of heterosexual high school students in Illinois 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.
- In 2015, 36.7% of black high school students, 50% of Hispanic high school students, and 43.3% of white high school students in Illinois reported not using a condom during their last sexual intercourse, compared to 36.3% of black high school students, 44.4% of Hispanic high school students, and 43.2% of white high school students nationwide.

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

- In 2015, 11.8% of female high school students and 17.2% of male high school students in Illinois 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, 40.7% of LGB high school students and 10.5% of heterosexual high school students in Illinois 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, 16.1% of black high school students, 23.1% of Hispanic high school students, and 9.5% of white high school students in Illinois reported not using any method to prevent pregnancy during their last sexual intercourse, compared to 15.9% of black high school students, 20% of Hispanic high school students, and 10.4% of white high school students nationwide.

#### Reported having had drunk alcohol or used drugs during last sexual intercourse<sup>10</sup>

- In 2015, 15.9% of female high school students and 23.8% of male high school students in Illinois reported having had drunk alcohol or used drugs during their last sexual intercourse, compared to 16.4% of female high school students and 24.6% of male high school students nationwide.
- In 2015, 20.5% of LGB high school students and 15.2% of heterosexual high school students in Illinois reported having had drunk alcohol or used drugs during their last sexual intercourse, compared to 22.4% of LGB high school students and 20% of heterosexual high school students nationwide.
- In 2015, 18.3% of black high school students, 18.6% of Hispanic high school students, and 20.1% of white high school students in Illinois reported having had drunk alcohol or used drugs during their last sexual intercourse, compared to 21.8% of black high school students, 22.8% of Hispanic high school students, and 19.3% of white high school students nationwide.

#### Reported never having been tested for HIV

- In 2015, 86.4% of female high school students and 83.4% of male high school students in Illinois 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, 73.4% of LGB high school students, 76.6% of high school students who were unsure of their sexual orientation, and 86.6% of heterosexual high school students in Illinois 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, 88.7% of Asian high school students, 74.5% of black high school students, 80.5% of Hispanic high school students, 89.4% of white high school students, and 85.3% of high school students who identified as multiple races in Illinois reported never having been tested for HIV, compared to 90.4% of Asian high school students, 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, 11.5% of female high school students and 6.4% of male high school students in Illinois 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.
- In 2015, 18.9% of LGB high school students, 19.8% of high school students who were unsure of their sexual orientation, and 7.1% of heterosexual high school students in Illinois 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, 9.9% of Asian high school students, 12% of black high school students, 10.2% of Hispanic high school students, 6.9% of white high school students, and 6.2% of high school students who identified as multiple races in Illinois reported having been physically forced to have sexual intercourse, compared to 4.2% of Asian high school students, 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, 12.7% of female high school students and 9.7% of male high school students in Illinois 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, 25.7% of LGB high school students, 32.2% of high school students who were unsure of their sexual orientation, and 8.3% of heterosexual high school students in Illinois 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, 13.1% of black high school students, 12.7% of Hispanic high school students, and 9.5% of white high school students in Illinois 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, 15% of female high school students and 6.9% of male high school students in Illinois 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, 20.6% of LGB high school students, 39.3% of high school students who were unsure of their sexual orientation, and 8.8% of heterosexual high school students in Illinois 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, 9.7% of black high school students, 10.4% of Hispanic high school students and 10.7% of white high school students in Illinois reported experiencing sexual dating violence in the prior 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 CDC [Youth Online](#) database and [Health Risks Among Sexual Minority Youth](#) report for additional information on sexual behaviors.

#### **ILLINOIS SCHOOL HEALTH PROFILES DATA**<sup>11</sup>

In 2015, the CDC released the School Health Profiles, which measures school health policies and practices and highlights which health topics were taught in schools across the country. Since the data was collected from self-administered questionnaires completed by schools' principals and lead health education teachers, the CDC notes that one limitation of the School Health Profiles is bias toward the reporting of more positive policies and practices.<sup>12</sup> In the School Health Profiles, the CDC identifies 16 sexual education topics that it believes are critical to a young person's sexual health. Below are key instruction highlights for secondary schools in Illinois as reported for the 2013–2014 school year.

### 16 CRITICAL SEXUAL EDUCATION TOPICS IDENTIFIED BY THE CDC

- 1) How to create and sustain healthy and respectful relationships
- 2) Influences of family, peers, media, technology, and other factors on sexual risk behavior
- 3) Benefits of being sexually abstinent
- 4) Efficacy of condoms
- 5) Importance of using condoms consistently and correctly
- 6) Importance of using a condom at the same time as another form of contraception to prevent both STDs and pregnancy
- 7) How to obtain condoms
- 8) How to correctly use a condom
- 9) Communication and negotiation skills
- 10) Goal-setting and decision-making skills
- 11) How HIV and other STDs are transmitted
- 12) Health consequences of HIV, other STDs, and pregnancy
- 13) Influencing and supporting others to avoid or reduce sexual risk behaviors
- 14) Importance of limiting the number of sexual partners
- 15) How to access valid and reliable information, products, and services related to HIV, STDs, and pregnancy
- 16) Preventive care that is necessary to maintain reproductive and sexual health.

*Source: School Health Profiles, 2014*

#### Reported teaching all 16 critical sexual health education topics

- 12.9% of Illinois secondary schools taught students all 16 critical sexual health education topics in a required course in any of grades 6, 7, or 8.<sup>13</sup>
- 43.3% of Illinois secondary schools taught students all 16 critical sexual health education topics in a required course in any of grades 9, 10, 11, or 12.<sup>14</sup>

#### Reported teaching about the benefits of being sexually abstinent

- 84.4% of Illinois secondary schools taught students about the benefits of being sexually abstinent in a required course in any of grades 6, 7, or 8.<sup>15</sup>
- 99.2% of Illinois secondary schools taught students about the benefits of being sexually abstinent in a required course in any of grades 9, 10, 11, or 12.<sup>16</sup>

#### Reported teaching how to access valid and reliable information, products, and services related to HIV, other sexually transmitted diseases (STDs), and pregnancy

- 61.4% of Illinois secondary schools taught students how to access valid and reliable information, products, and services related to HIV, other STDs, and pregnancy in a required course in any of grades 6, 7, or 8.<sup>17</sup>
- 96.2% of Illinois secondary schools taught students how to access valid and reliable information, products, and services related to HIV, other STDs, and pregnancy in a required course in any of grades 9, 10, 11, or 12.<sup>18</sup>



#### Reported teaching how to create and sustain healthy and respectful relationships

- 79.4% of Illinois secondary schools taught students how to create and sustain healthy and respectful relationships in a required course in any of grades 6, 7, or 8.<sup>19</sup>
- 93.8% of Illinois secondary schools taught students how to create and sustain healthy and respectful relationships in a required course in any of grades 9, 10, 11, or 12.<sup>20</sup>

#### Reported teaching about preventive care that is necessary to maintain reproductive and sexual health

- 60% of Illinois secondary schools taught students about preventive care that is necessary to maintain reproductive and sexual health in a required course in any of grades 6, 7, or 8.<sup>21</sup>
- 90.6% of Illinois secondary schools taught students about preventive care that is necessary to maintain reproductive and sexual health in a required course in any of grades 9, 10, 11, or 12.<sup>22</sup>

#### Reported teaching how to correctly use a condom

- 54% of Illinois secondary schools taught students how to correctly use a condom in a required course in any of grades 6, 7, or 8.<sup>23</sup>
- 45.1% of Illinois secondary schools taught students how to correctly use a condom in a required course in any of grades 9, 10, 11, or 12.<sup>24</sup>

#### Reported teaching about all seven contraceptives

- 43.6% of Illinois secondary schools taught students about all seven contraceptives—birth control pill, patch, ring, and shot; implants; intrauterine device; and emergency contraception—in a required course in any of grades 9, 10, 11, or 12.<sup>25</sup>

#### Reported providing curricula or supplementary materials relevant to LGB, transgender, and questioning (LGBTQ) youth

- 22.3% of Illinois secondary schools provided students with curricula or supplementary materials that included HIV, STD, or pregnancy prevention information relevant to LGBTQ youth.<sup>26</sup>

Visit the CDC's [School Health Profiles](#) report for additional information on school health policies and practices.

#### **ILLINOIS TEEN PREGNANCY, HIV/AIDS, AND OTHER STD DATA**

The following data from the CDC and the Guttmacher Institute represent the most recent state-specific statistics documenting teen pregnancy, birth, abortion, HIV/AIDS, and other STDs. For those wishing to support the sexual health and wellbeing of young people, it is important to use the data to advance their access to comprehensive education, resources, and services. However, the data is not intended to be used in a manner that is stigmatizing or shaming: Young people have the right to make informed decisions about their health and wellbeing, but this right must be accompanied by the ability to access

and understand all available choices. Therefore, the following data should be used to advance a young person's right to make informed decisions about their body and health.

### **Teen Pregnancy, Birth, and Abortion**

- In 2013, Illinois had the 22nd highest reported teen pregnancy rate in the United States, with a rate of 43 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 43 per 1,000.<sup>27</sup> There were a total of 18,420 pregnancies among young women ages 15–19 reported in Illinois in 2013.<sup>28</sup>
- In 2015, Illinois had the 27th highest reported teen birth rate in the United States, with a rate of 21.1 births per 1,000 young women ages 15–19, compared to the national rate of 22.3 per 1,000.<sup>29</sup> There were a total of 8,764 live births to young women ages 15–19 reported in Illinois in 2015.<sup>30</sup>
- In 2013, Illinois had the 12th highest reported teen abortion rate<sup>31</sup> in the United States, with a rate of 11 abortions per 1,000 young women ages 15–19, compared to the national rate of 14 per 1,000.<sup>32</sup> There were a total of 5,260 abortions among young women ages 15–19 reported in Illinois in 2013.<sup>33</sup>

### **HIV and AIDS**

- In 2015, the reported rate of diagnoses of HIV infection among adolescents ages 13–19 in Illinois was 6.7 per 100,000, compared to the national rate of 5.8 per 100,000.<sup>34</sup>
- In 2015, the reported rate of AIDS diagnoses among adolescents ages 13–19 in Illinois was 0.3 per 100,000, compared to the national rate of 0.7 per 100,000.<sup>35</sup>
- In 2015, the reported rate of diagnoses of HIV infection among young adults ages 20–24 in Illinois was 37.6 per 100,000, compared to the national rate of 31.1 per 100,000.<sup>36</sup>
- In 2015, the reported rate of AIDS diagnoses among young adults ages 20–24 in Illinois was 6.2 per 100,000, compared to the national rate of 5.6 per 100,000.<sup>37</sup>

### **STDs**

- In 2015, Illinois had the 12th highest rate of reported cases of chlamydia among young people ages 15–19 in the United States, with an infection rate of 2,235.1 cases per 100,000, compared to the national rate of 1,857.8 per 100,000. In 2015, there were a total of 19,260 cases of chlamydia among young people ages 15–19 reported in Illinois.<sup>38</sup>
- In 2015, Illinois had the 11th highest rate of reported cases of gonorrhea among young people ages 15–19 in the United States, with an infection rate of 465.7 cases per 100,000, compared to the national rate of 341.8 per 100,000. In 2015, there were a total of 4,013 cases of gonorrhea among young people ages 15–19 reported in Illinois.<sup>39</sup>

- In 2015, Illinois had the 17th 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 5.6 cases per 100,000, compared to the national rate of 5.4 per 100,000. In 2015, there were a total of 48 cases of syphilis reported among young people ages 15–19 in Illinois.<sup>40</sup>

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

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

**FISCAL YEAR 2017 FEDERAL FUNDING IN ILLINOIS**

<b>Grantee</b>	<b>Award</b>
<b>Division of Adolescent and School Health (DASH)</b>	
Illinois State Board of Education	\$366,763
Chicago Public Schools	\$381,250
<b>TOTAL</b>	<b>\$748,013</b>
<b>Teen Pregnancy Prevention Program (TPPP)</b>	
TPPP Tier 1B	
Illinois Department of Human Services	\$2,000,000
<b>TOTAL</b>	<b>\$2,000,000</b>
TPPP Tier 2B	
Chicago Public Schools	\$1,000,000
<b>TOTAL</b>	<b>\$1,000,000</b>
<b>Personal Responsibility Education Program (PREP)</b>	
PREP State-Grant Program	
Illinois Department of Human Services (federal grant)	\$1,937,467
<b>TOTAL</b>	<b>\$1,937,467</b>
<b>Title V Abstinence-Only-Until-Marriage Program (Title V AOUM)</b>	
Illinois Department of Human Services (federal grant)	\$2,555,444
<b>TOTAL</b>	<b>\$2,555,444</b>
<b>Sexual Risk Avoidance Education (SRAE) Program</b>	
Mayberry Consulting and Evaluation Services, LLC	\$368,572
<b>TOTAL</b>	<b>\$368,572</b>
<b>GRAND TOTAL</b>	<b>\$8,609,496</b>

## **DIVISION OF ADOLESCENT AND SCHOOL HEALTH**

The CDC's school-based HIV prevention efforts include funding and technical assistance 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 2017, through the CDC's Division of Adolescent and School Health (DASH), 18 state education agencies and 17 school districts received funding to help the 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 six national, non-governmental organizations (NGOs) to help state and local education agencies achieve these goals.

- In FY 2017, there were two DASH grantees in Illinois funded to strengthen student health through ESHE, SHS, and SSE (1308 Strategy 2): The Illinois State Board of Education (\$319,391) and Chicago Public Schools (\$320,000).

### **ILLINOIS STATE BOARD OF EDUCATION, \$319,391 (FY 2017)**

With its 1308 Strategy 2 funds, the Illinois State Board of Education works with its School Health Advisory Council and HIV Materials Review Panel to select sexual health education curriculum and train Illinois districts on these resources. The State Board aims to create safe and supportive environments in which students, staff, and the community feel supported and respected. To garner statewide support and adoption of ESHE, the state board provides curriculum trainings and professional development support to the state and selected priority districts. Additionally, the State Board promotes school health services for young people in alternative schools to assist them in accessing necessary health services and reduce stigma about receiving health care.<sup>41</sup>

### **CHICAGO PUBLIC SCHOOLS, \$320,000 (FY 2017)**

With its 1308 Strategy 2 funds, Chicago Public Schools trains sexual health education instructors to teach age-appropriate, medically accurate, and unbiased curricula and provides instructor training support and parent resources, tools, and information sessions. To ensure its students have access to sexual health services, the school district partners with multiple organizations, school-based health centers, and mobile providers. The school district also works with the state health department to provide STD-related resources and develop a youth-friendly list of health services providers. Additionally, the school district promotes a safe and supportive environment for all students through school-based Youth Wellness Teams and participates in the "OUT for Safe Schools" campaign to help staff create a welcoming environment.<sup>42</sup>

In addition, DASH funds local education agencies and NGOs to implement multiple program activities to meet the HIV- and other 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 2017, there were no DASH grantees in Illinois 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 YRBS and School Health Profiles data for policy and program improvements.

- In FY 2017, there were two DASH grantees in Illinois funded to collect and report YRBS and School Health Profiles data (1308 Strategy 1): The Illinois State Department of Education (\$47,372) and Chicago Public Schools (\$61,250).

### **TEEN PREGNANCY PREVENTION PROGRAM (TPPP)**

OAH, within the U.S. Department of Health and Human Services (HHS), administers TPPP, which funds evidence-based or innovative evidence-informed, medically accurate, and age-appropriate programs to reduce teen pregnancy. In FY 2017, total funding for TPPP was \$101 million, supporting 84 states, cities, non-profit organizations, school districts, universities, community-based organizations, and tribal organizations. These grantees were in year three of five TPPP funding tiers' five-year cooperative agreements in 33 states, the District of Columbia, and the Marshall Islands. In June 2017, however, 81 of the 84 grantees were notified, without cause or explanation, that their project periods were shortened to just three years, to end on June 30, 2018. Since the other three grantees are on a different grant cycle, they had not yet received notice on the status of their funding at the time of publication. OAH provides program support, implementation evaluation, and technical assistance to grantees and receives an additional \$6.8 million in funding for evaluation purposes. Below is information on the five TPPP funding tiers:

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

- In FY 2017, there were no TPPP Tier 1A grantees in Illinois.

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

- In FY 2017, there was one TPPP Tier 1B grantee in Illinois: The Illinois Department of Human Services (\$2,000,000).

ILLINOIS DEPARTMENT OF HUMAN SERVICES (IDHS), \$2,000,000 (FY 2017)

IDHS coordinates the TPPP Tier 1B grant to serve young people in 10 communities outside of Chicago. IDHS will implement evidence-based programming in both school- and community-based settings in partnership with seven community-based organizations. The project aims to reduce teen birth rates through six major components: “1) Executing the 10-Step Getting to Outcomes process including a resource assessment; 2) Delivering teen pregnancy prevention evidence-based curriculum in three settings; 3) Establishing linkages and making referrals to youth-friendly health care services; 4) Working with Community Advisory Groups; 5) Working with Youth Leadership Councils; and 6) Coordinating communication activities and strategic dissemination.”<sup>43</sup> The curricula utilized include [\*Love Notes, Be Proud! Be Responsible!, Making a Difference!, Draw the Line/Respect the Line, and Positive Prevention PLUS\*](#). IDHS aims to serve at least 16,400 young people per year.<sup>44</sup>

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

- In FY 2017, there were no TPPP Tier 2A grantees in Illinois.

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

- In FY 2017, there was one TPPP Tier 2B grantee in Illinois: City of Chicago Department of Public Health (\$1,000,000).

CITY OF CHICAGO DEPARTMENT OF PUBLIC HEALTH (CDPH), \$1,000,000 (FY 2017)

CDPH is responsible for coordinating the TPPP Tier 2B grant in the city of Chicago. CDPH will evaluate a school-based sexual education program, which includes screening for sexually transmitted infections (STIs), for its effect on student sexual health outcomes. Through the STI Education and Screening Program, CDPH will provide onsite services to high school students in Chicago, including parenting teens, LGBTQ students, and minority students.<sup>45</sup>

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

- In FY 2017, there were no TPPP Tier 2C grantees in Illinois.

### **PERSONAL RESPONSIBILITY EDUCATION PROGRAM (PREP)**

The Family and Youth Services Bureau (FYSB), within the Administration for Children and Families (ACF) division of HHS, administers PREP, which was authorized for a total of \$75 million in FY 2017 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 through the Competitive Personal Responsibility Education Program (CPREP).

Similar to other programs highlighted in the State Profiles, the grants for the various PREP programs are awarded throughout the year, with several awarded in the final month of the fiscal year for use and implementation throughout the following year. SIECUS reports on funding amounts appropriated in FY 2017 and any programmatic activities that occurred during FY 2017, or October 1, 2016–September 30, 2017. It is important to remember, however, that reported programmatic activities for this period may have utilized FY 2016 funds. Details on the state grants, PREIS, Tribal PREP, and CPREP are included below. More information and clarification surrounding funding announcements are also included below, as well as in the FY 2017 Executive Summary, [\*A Portrait of Sexuality Education in the States\*](#).

#### 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, and other STDs. In FY 2017, 44 states, the District of Columbia, the Federated States of Micronesia, Guam, Puerto Rico, the Republic of Palau, and the Virgin Islands received PREP state-grant 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 2017, the Illinois Department of Human Services received \$1,937,467 in federal PREP funds.<sup>46</sup>
- At the time of publication, information as to Illinois' use of FY 2017 PREP state-grant funds was unknown. The following information reflects implementation of FY 2015 funds during FY 2016.

- The Department provides sub-grants to 15 local entities. The sub-grantee information is listed below.<sup>47</sup>

Sub-grantee	Serving	Amount
Aunt Martha's Youth Service Center	Chicago Heights SD 170, Bloom Trail HSD 206, and Thornton Fractional TWP HSD 215	\$217,556
Bremen Youth Services	Country Club Hills SD 160, Posen-Robbins ESD143-5, and Prairie-Hills ESD 144	\$76,733
Champaign-Urbana Public Health District	Champaign CUSD 4, Ludlow CCSD 142, and Rantoul City SD 137	\$123,059
Chestnut Health Systems	Brooklyn UD 188, Cahokia CUSD 187, Madison CUSD 12, and Venice CUSD 3	\$74,078
Corazon Community Services	Berwyn South SD 100 and J S Morton HSD 201	\$96,750
Danville Housing Authority	Danville CCSD 118	\$131,996
Future Foundation	CHSD 218	\$85,985
Hoyleton Youth	Private schools/agencies	\$100,016
Lake County Health Department	North Chicago SD 187, Round Lake CUSD 116, Waukegan CUSD 60, and Zion ESD 6	\$133,500
Macon County Health Department	Decatur SD 61	\$255,541
Martin Luther King Jr.	Rock Island SD 41	\$76,950
Pioneer Center	Harvard CUSD 50	\$77,500
Prevention Partnership	Rich TWP HSD 227	\$182,580
Southern Seven Health Department	Cairo USD 1, Century CUSD 100, Egyptian CUSD 5, and Meridian CUSD 101	\$89,275
Youth Outreach Services	Bellwood SD 88, City of Chicago SD 299, and Proviso TWP HSD 209	\$300,375

The Illinois PREP state-grant program is administered by the Illinois Department of Human Services, and funds are sub-granted to provide school- and community-based programming to young people ages 11–18 living in geographical areas with high African American, Hispanic, and/or multi-racial youth populations, including Alexander, Cook, Champaign, Lake, Macon, Pulaski, and Vermillion counties. Sub-grantees will address the following adulthood preparation subjects: adolescent development, healthy relationships, healthy life skills, financial literacy, and educational and career success. Sub-grantees must choose to implement one of the following evidence-based curricula approved by the Illinois Department of Human Services: [\*Becoming a Responsible Teen \(BART\)\*](#), [\*Be Proud! Be Responsible!\*](#), [\*¡Cuidate!\*](#), [\*Draw the Line/Respect the Line, Making a Difference!\*](#), [\*All4You!\*](#), and [\*Making Proud Choices!\*](#).<sup>48</sup>

#### 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, HIV, and other STDs.

- In FY 2017, there were no PREIS grantees in Illinois.

### Tribal Personal Responsibility Education Program (Tribal PREP)

Tribal PREP supports the development and implementation of pregnancy-, HIV-, and other STD-prevention programs among young people 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, 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 2017, eight tribes and tribal organizations from seven states received a total of \$3,271,693.

- In FY 2017, there were no Tribal PREP grantees in Illinois.

### 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, and other STDs. Only organizations and institutions in states and territories that did not apply for PREP state grants are eligible to submit competitive applications for CPREP grants. In FY 2017, 21 CPREP grants, totaling \$10.2 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 2017, Illinois received PREP state-grant funding; therefore, entities in Illinois were not eligible for CPREP.

### **TITLE V “ABSTINENCE EDUCATION” STATE GRANT PROGRAM**

The Title V “abstinence education” state grant program for AOUM programming, or the Title V AOUM program, is administered by FYSB, within ACF of HHS, and was authorized at \$75 million for FY 2017. 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.<sup>49</sup>

- In FY 2017, the Illinois Department of Human Services received \$2,555,444 in Title V AOUM funds.<sup>50</sup>
- At the time of publication, additional information on sub-grantees and use of Title V AOUM funds in Illinois was unavailable.

The Illinois Department of Human Services serves young people ages 10-19 in school- and community-based settings and proposes to “implement an evidence-based model of abstinence education that meets Illinois guidelines.”<sup>51</sup>

### **“SEXUAL RISK AVOIDANCE EDUCATION” (SRAE) GRANT PROGRAM**

Administered by FYSB within ACF of HHS, the SRAE program—a rebranding of the competitive AOUM grant program—provides funding for public and private entities 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 2017, \$15 million was appropriated for the SRAE grant program, and \$13.5 million was awarded to 27 grantees in 14 states through a competitive application process.

- In FY 2017, there was one SRAE grantees in Illinois: Mayberry Consulting and Evaluation Services, LLC (\$368,572).<sup>52</sup>
- At the time of publication, no information as to Mayberry Consulting and Evaluation Services, LLC’s use of SRAE funds was available.

## POINTS OF CONTACT

### DASH Contacts

Tarrah DeClemente  
Acting Principal Investigator  
Chicago Public Schools  
42 W. Madison Street  
Chicago, IL 60602  
Phone: (773) 553-1000  
Email: [tkdeclemente@cps.edu](mailto:tkdeclemente@cps.edu)

Jessica Gerdes, MS, RN, NCSN  
Illinois Licensed Professional Educator  
Principal Consultant, Health Issues/School Nursing/Physical and Health Education  
Principal Investigator, CDC Adolescent Health Project  
Illinois State Board of Education  
100 W. Randolph Street, Suite 4-800  
Chicago, IL 60601  
Phone: (312) 814-8252  
Email: [JGerdes@isbe.net](mailto:JGerdes@isbe.net)

Bianca Reid  
Acting Program Manager  
Chicago Public Schools  
42 W. Madison Street  
Chicago, IL 60602  
Phone: (773) 553-1000  
Email: [breid3@cps.edu](mailto:breid3@cps.edu)

### TPPP Contacts

Kimberly Fornero  
Illinois Department of Human Services  
Phone: (312) 793-1628  
Email: [Kim.Fornero@illinois.gov](mailto:Kim.Fornero@illinois.gov)

Lisa Masinter  
City of Chicago Department of Public Health  
Phone: (312) 747-9430  
Email: [Lisa.Masinter@cityofchicago.org](mailto:Lisa.Masinter@cityofchicago.org)

### **PREP State-Grant Program Contact**

Kimberly Fornero  
Project Director  
Illinois Department of Human Services  
823 East Monroe Street  
Springfield, IL 62701  
Phone: (312) 793-1628  
Email: [kim.fornero@illinois.gov](mailto:kim.fornero@illinois.gov)

### **Title V AOUM Program Contact**

Michele A. Carmichael  
Supervisor  
Overall Health & Wellness, IL-AWARE Director  
Illinois State Board of Education  
Phone: (217) 782-2491  
Email: [mcarmich@isbe.net](mailto:mcarmich@isbe.net)

---

<sup>1</sup> 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 2017 began on October 1, 2016, and ended on September 30, 2017.

<sup>2</sup> Illinois Code 105 ILCS 110/3, [www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=1015&ChapterID=17](http://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=1015&ChapterID=17).

<sup>3</sup> Illinois Code 105 ILCS 5/27-9.1, [www.ilga.gov/legislation/ilcs/fulltext.asp?DocName=010500050K27-9.1](http://www.ilga.gov/legislation/ilcs/fulltext.asp?DocName=010500050K27-9.1).

<sup>4</sup> 105 Ill. Comp. Stat. §§ 5/27-9.1(c)(5) and (7).

<sup>5</sup> 105 Ill. Comp. Stat. § 5/27-9.2, [www.ilga.gov/legislation/ilcs/fulltext.asp?DocName=010500050K27-9.2](http://www.ilga.gov/legislation/ilcs/fulltext.asp?DocName=010500050K27-9.2).

<sup>6</sup> Ibid.

<sup>7</sup> *Physical Development & Health Performance Descriptors: K-12* (Illinois State Board of Education, 2014), [www.isbe.net/ils/pdh/pdf/perf-descriptors-goals19-24.pdf](http://www.isbe.net/ils/pdh/pdf/perf-descriptors-goals19-24.pdf).

<sup>8</sup> “Youth Online,” Centers for Disease Control and Prevention, <https://nccd.cdc.gov/youthonline/App/Default.aspx>.

<sup>9</sup> “Methodology of the Youth Risk Behavior Surveillance System – 2013,” pg. 17, Centers for Disease Control and Prevention, [www.cdc.gov/mmwr/pdf/rr/rr6201.pdf](http://www.cdc.gov/mmwr/pdf/rr/rr6201.pdf).

<sup>10</sup> It is critical to examine social determinants when analyzing potentially stigmatizing data. Accounting for differences in people’s lived experiences based on race, ethnicity, sexual orientation, socioeconomic status, etc., is a vital part of understanding the context in which the data exist. We encourage readers to exercise caution when using the data and warn readers against using the data in a manner that conflates correlation with causation. Please visit the FY 2017 Executive Summary, [A Portrait of Sexuality Education in the States](#), for more context.

<sup>11</sup> “School Health Profiles 2014,” Centers for Disease Control and Prevention, <https://nccd.cdc.gov/youthonline/App/Default.aspx>.

<sup>12</sup> Ibid., pg. 51.

<sup>13</sup> Ibid., Table 9c.

<sup>14</sup> Ibid., Table 11c.

<sup>15</sup> Ibid., Table 9a.

<sup>16</sup> Ibid., Table 11a.

- 
- <sup>17</sup> Ibid., Table 9a.
- <sup>18</sup> Ibid., Table 11a.
- <sup>19</sup> Ibid., Table 9b.
- <sup>20</sup> Ibid., Table 11b.
- <sup>21</sup> Ibid., Table 9b.
- <sup>22</sup> Ibid., Table 11b.
- <sup>23</sup> Ibid., Table 9c.
- <sup>24</sup> Ibid., Table 11c.
- <sup>25</sup> Ibid., Table 13.
- <sup>26</sup> Ibid., Table 39.
- <sup>27</sup> Arpaia, A., Kost, K., and Maddow-Zimet, I., *Pregnancies, Births and Abortions Among Adolescents and Young Women in the United States, 2013: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2017), [https://www.guttmacher.org/sites/default/files/report\\_downloads/us-adolescent-pregnancy-trends-2013\\_tables.pdf](https://www.guttmacher.org/sites/default/files/report_downloads/us-adolescent-pregnancy-trends-2013_tables.pdf), Table 2.5.
- <sup>28</sup> Ibid., Table 2.6.
- <sup>29</sup> “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>.
- <sup>30</sup> United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2007-2015, on CDC WONDER Online Database, February 2017. Accessed at <http://wonder.cdc.gov/natality-current.html>.
- <sup>31</sup> “Abortion” used in this context refers to legally induced abortions. This rate does not include abortions that occur outside of health care facilities or are unreported. Unfortunately, there is no reliable source of information for actual rates of abortion.
- <sup>32</sup> Arpaia, A., Kost, K., and Maddow-Zimet, I., *Pregnancies, Births and Abortions Among Adolescents and Young Women in the United States, 2013: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2017), [https://www.guttmacher.org/sites/default/files/report\\_downloads/us-adolescent-pregnancy-trends-2013\\_tables.pdf](https://www.guttmacher.org/sites/default/files/report_downloads/us-adolescent-pregnancy-trends-2013_tables.pdf), Table 2.5.
- <sup>33</sup> Ibid., Table 2.6.
- <sup>34</sup> 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](http://www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2015.pdf).
- <sup>35</sup> 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](http://www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2015.pdf).
- <sup>36</sup> 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](http://www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2015.pdf).
- <sup>37</sup> 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](http://www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2015.pdf).
- <sup>38</sup> NCHHSTP Atlas, “STD Surveillance Data” (Atlanta, GA: Centers for Disease Control and Prevention), <http://gis.cdc.gov/GRASP/NCHHSTPAtlas/main.html>.
- <sup>39</sup> Ibid.
- <sup>40</sup> Ibid.
- <sup>41</sup> Centers for Disease Control and Prevention, Adolescent and School Health, Funded State Agencies, Atlanta, GA, [www.cdc.gov/healthyyouth/partners/funded\\_states.htm#il](http://www.cdc.gov/healthyyouth/partners/funded_states.htm#il).
- <sup>42</sup> Centers for Disease Control and Prevention, Adolescent and School Health, Funded Local Agencies, Atlanta, GA, [www.cdc.gov/healthyyouth/partners/funded\\_locals.htm#chicago](http://www.cdc.gov/healthyyouth/partners/funded_locals.htm#chicago).
- <sup>43</sup> “Illinois Department of Human Services,” Grantees (IL) – TPP Tier 1B, U.S. Department of Health and Human Services, Office of Adolescent Health, [www.hhs.gov/ash/oah/grants/grantees/tpp/1b/illinois-department-of-human-services.html](http://www.hhs.gov/ash/oah/grants/grantees/tpp/1b/illinois-department-of-human-services.html).
- <sup>44</sup> Ibid.
- <sup>45</sup> “City of Chicago Department of Public Health,” Grantees (IL) – TPP Tier 1B, U.S. Department of Health and Human Services, Office of Adolescent Health, [www.hhs.gov/ash/oah/grants/grantees/tpp/2b/city-of-chicago-department-of-public-health.html](http://www.hhs.gov/ash/oah/grants/grantees/tpp/2b/city-of-chicago-department-of-public-health.html).

---

<sup>46</sup> “2017 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/2017-state-prep-awards](http://www.acf.hhs.gov/fysb/resource/2017-state-prep-awards).

<sup>47</sup> Information provided by Emily Chasco, Research Program Specialist, Center for Prevention Research and Development, May 13, 2016.

<sup>48</sup> Ibid; “Personal Responsibility Education Program Profiles,” Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, April 26, 2017.

<sup>49</sup> 42 U.S.C. 710, Title V, Section 510 of the Social Security Act, the authorization for the Title V AOUM grant program, defines “abstinence education” as “an educational or motivational program which:

(A) has as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;

(B) teaches abstinence from sexual activity outside marriage as the expected standard for all school-age children;

(C) teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems;

(D) teaches that a mutually faithful monogamous relationship in context of marriage is the expected standard of human sexual activity;

(E) teaches that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects;

(F) teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child’s parents, and society;

(G) teaches young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances; and

(H) teaches the importance of attaining self-sufficiency before engaging in sexual activity.”

[www.ssa.gov/OP\\_Home/ssact/title05/0510.htm](http://www.ssa.gov/OP_Home/ssact/title05/0510.htm).

<sup>50</sup> “2017 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/2017-aegp-awards](http://www.acf.hhs.gov/fysb/resource/2017-aegp-awards).

<sup>51</sup> “Title V State Abstinence 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/aegp-profiles](http://www.acf.hhs.gov/fysb/resource/aegp-profiles).