

# State Profiles FISCAL YEAR 2016

## RHODE ISLAND

In Fiscal Year 2016,<sup>1</sup> the state of Rhode Island received:

- Division of Adolescent and School Health funds totaling \$415,000
- Personal Responsibility Education Program funds totaling \$250,000

### SEXUALITY EDUCATION LAW AND POLICY

#### STATE LAW

Rhode Island schools are required by [Rhode Island General Laws §§ 16-1-5, 16-22-17, and 16-22-18](#) to provide “accurate information and instruction on [acquired immunodeficiency syndrome] AIDS transmission and prevention”.<sup>2</sup> Schools must also teach “the responsibilities of family membership and adulthood, including issues related to reproduction, abstinence, dating and dating violence, marriage, and parenthood as well as information about sexually transmitted diseases [STDs], sexuality and sexual orientation.”<sup>3</sup> These classes must stress “abstinence from sexual activity as the preferred means of prevention, as a basic education program requirement.”<sup>4</sup>

Parents must be notified of sexuality education classes and may view the curriculum by submitting a written request. Students may be removed from instruction by written notification from the parent to the principal.<sup>5</sup> [This is referred to as an “opt-out” policy.](#)

#### STATE STANDARDS

Rhode Island provides three resources, [Rules and Regulations for School Health Programs](#), [Comprehensive Health Instructional Outcomes](#), and the [Health Education Framework](#), all of which provide curricula development guidance. Sexuality and Family Life represents its own instructional outcome, with components such as “us[ing] strategies that improve or maintain sexual health,” and requires discussion of “public health policies, government regulations, health promotion and disease prevention, [including] issues such as abortion/contraception.”<sup>6</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 [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 Rhode Island. While data can be a powerful tool to demonstrate the sexuality

## RHODE ISLAND

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.

### **RHODE ISLAND YOUTH RISK BEHAVIOR SURVEY (YRBS) DATA<sup>7</sup>**

#### Reported ever having had sexual intercourse

- In 2015, 36.6% of female high school students and 37% of male high school students in Rhode Island 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, 43.5% of lesbian, gay, or bisexual (LGB) high school students, 22% of high school students who were unsure of their sexual orientation, and 36.8% of heterosexual high school students in Rhode Island 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, 21.7% of Asian high school students, 42.3% of black high school students, 41.9% of Hispanic high school students, 34.9% of white high school students, and 38.4% of high school students who identified as multiple races in Rhode Island 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, 39.9% of white high school students, and 49.2% of high school students who identified as multiple races nationwide.

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

- In 2015, 1.3% of female high school students and 4.4% of male high school students in Rhode Island 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, 6.6% of LGB high school students, 9.8% of high school students who were unsure of their sexual orientation, and 2.2% of heterosexual high school students in Rhode Island 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, 1.2% of Asian high school students, 6.1% of black high school students, 4.3% of Hispanic high school students, 1.7% of white high school students, and 4.7% of high school students who identified as multiple races in Rhode Island 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.

## RHODE ISLAND

### Reported being currently sexually active

- In 2015, 28.3% of female high school students and 23% of male high school students in Rhode Island 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, 31.1% of LGB high school students, 13.7% of high school students who were unsure of their sexual orientation, and 25.7% of heterosexual high school students in Rhode Island 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, 16.5% of Asian high school students, 22.2% of black high school students, 30.2% of Hispanic high school students, 25% of white high school students, and 24.3% of high school students who identified as multiple races in Rhode Island 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, 42.3% of female high school students and 33.7% of male high school students in Rhode Island 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, 48.8% of LGB high school students and 36.6% of heterosexual high school students in Rhode Island 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, 43% of Hispanic high school students and 36.1% of white high school students in Rhode Island reported not using a condom during their last sexual intercourse, compared to 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, 13.4% of female high school students and 8.6% of male high school students in Rhode Island 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, 30.9% of LGB high school students and 8.7% of heterosexual high school students in Rhode Island 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, 18.4% of Hispanic high school students and 7.4% of white high school students in Rhode Island reported not using any method to prevent pregnancy during their last sexual

## RHODE ISLAND

intercourse, compared to 20% of Hispanic high school students and 10.4% of white high school students nationwide.

### Reported never having been tested for human immunodeficiency virus (HIV)

- In 2015, 87.8% of female high school students and 85.2% of male high school students in Rhode Island 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, 80.9% of LGB high school students, 87.6% of high school students who were unsure of their sexual orientation, and 86.9% of heterosexual high school students in Rhode Island 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, 86.9% of Asian high school students, 83.2% of black high school students, 80.5% of Hispanic high school students, 89.2% of white high school students, and 82.2% of high school students who identified as multiple races in Rhode Island 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, 9.8% of female high school students and 6.4% of male high school students in Rhode Island 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, 19.7% of LGB high school students, 13.8% of high school students who were unsure of their sexual orientation, and 6.4% of heterosexual high school students in Rhode Island 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, 6.9% of Asian high school students, 8.3% of black high school students, 11.1% of Hispanic high school students, 6.8% of white high school students, and 9.6% of high school students who identified as multiple races in Rhode Island 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, 9.5% of female high school students and 7.9% of male high school students in Rhode Island 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.

## RHODE ISLAND

- In 2015, 23% of LGB high school students, 27.2% of high school students who were unsure of their sexual orientation, and 6.4% of heterosexual high school students in Rhode Island 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, 6.1% of black high school students, 11.1% of Hispanic high school students, 6.5% of white high school students, and 15.8% of high school students who identified as multiple races in Rhode Island reported experiencing physical dating violence in the prior year, compared to 10.5% of black high school students, 9.7% of Hispanic high school students, 9% of white high school students, and 16% of high school students who identified as multiple races nationwide.

### Reported experiencing sexual dating violence

- In 2015, 12.8% of female high school students and 5.9% of male high school students in Rhode Island 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, 22.3% of LGB high school students, 25.7% of high school students who were unsure of their sexual orientation, and 7.5% of heterosexual high school students in Rhode Island 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, 6.4% of black high school students, 11.7% of Hispanic high school students, 8% of white high school students, and 10% of high school students who identified as multiple races in Rhode Island reported experiencing sexual dating violence in the prior year, compared to 10% of black high school students, 10.6% of Hispanic high school students, 10.1% of white high school students, and 14.2% of high school students who identified as multiple races nationwide.

Visit the Centers for Disease Control and Prevention's (CDC) [Youth Online](#) database and [Health Risks Among Sexual Minority Youth](#) report for additional information on sexual behaviors.

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

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

- In 2011, Rhode Island had the 38th highest teen pregnancy rate in the United States, with a rate of 41 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 52 per 1,000.<sup>8</sup> There were a total of 1,610 pregnancies among young women ages 15–19 reported in Rhode Island in 2011.<sup>9</sup>
- In 2015, Rhode Island had the 44th highest teen birth rate in the United States, with a rate of 14.3 births per 1,000 young women ages 15–19, compared to the national rate of 22.3 per 1,000.<sup>10</sup> There were a total of 590 live births to young women ages 15–19 reported in Rhode Island in 2014, the most recent year of available data.<sup>11</sup>

RHODE ISLAND

- In 2011, Rhode Island had the 11th highest teen abortion rate in the United States, with a rate of 14 abortions per 1,000 young women ages 15–19, compared to the national rate of 14 per 1,000.<sup>12</sup> There were a total of 560 abortions among young women ages 15–19 reported in Rhode Island in 2011.<sup>13</sup>

**HIV and AIDS**

- In 2015, the rate of diagnoses of HIV infection among adolescents ages 13–19 in Rhode Island was 3.1 per 100,000, compared to the national rate of 5.8 per 100,000.<sup>14</sup>
- In 2015, the rate of AIDS diagnoses among adolescents ages 13–19 in Rhode Island was 0.0 per 100,000, compared to the national rate of 0.7 per 100,000.<sup>15</sup>
- In 2015, the rate of diagnoses of HIV infection among young adults ages 20–24 in Rhode Island was 6.3 per 100,000, compared to the national rate of 31.1 per 100,000.<sup>16</sup>
- In 2015, the rate of AIDS diagnoses among young adults ages 20–24 in Rhode Island was 3.8 per 100,000, compared to the national rate of 5.6 per 100,000.<sup>17</sup>

**STDs**

- In 2015, Rhode Island had the 42nd highest rate of reported cases of chlamydia among young people ages 15–19 in the United States, with an infection rate of 1,373.2 cases per 100,000, compared to the national rate of 1,857.8 per 100,000. In 2015, there were a total of 1,024 cases of chlamydia among young people ages 15–19 reported in Rhode Island.<sup>18</sup>
- In 2015, Rhode Island had the 45th highest rate of reported cases of gonorrhea among young people ages 15–19 in the United States, with an infection rate of 88.5 cases per 100,000, compared to the national rate of 341.8 per 100,000. In 2015, there were a total of 66 cases of gonorrhea among young people ages 15–19 reported in Rhode Island.<sup>19</sup>
- In 2015, Rhode Island had the 10th 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 6.7 cases per 100,000, compared to the national rate of 5.4 per 100,000. In 2015, there were a total of 5 cases of syphilis reported among young people ages 15–19 in Rhode Island.<sup>20</sup>

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

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

**FISCAL YEAR 2016 FEDERAL FUNDING IN RHODE ISLAND**

Grantee	Award
<b>Division of Adolescent and School Health (DASH)</b>	

RHODE ISLAND

Rhode Island Department of Elementary & Secondary Education	\$415,000
<b>TOTAL</b>	<b>\$415,000</b>
<b>Personal Responsibility Education Program (PREP)</b>	
PREP State-Grant Program	
Rhode Island Department of Health (federal grant)	\$250,000
<b>TOTAL</b>	<b>\$250,000</b>
<b>GRAND TOTAL</b>	
	<b>\$665,000</b>

**Division of Adolescent and School Health**

The Division of Adolescent and School Health (DASH), within the CDC, provides funding to state and local education agencies through several funding streams to better student health, implement HIV/STD prevention programs, collect and report data on young people’s risk behaviors, and expand capacity-building partnerships.

In FY 2016, DASH provided funding to 18 state and 17 local education agencies to help districts and schools strengthen student health through exemplary sexual health education (ESHE) that emphasizes HIV and other STD prevention, increases access to key sexual health services (SHS), and establishes safe and supportive environments (SSE) for students and staff. DASH funded seven national, non-governmental organizations (NGOs) to help state and local education agencies achieve these goals.

- In FY 2016, there was one DASH grantee in Rhode Island funded to strengthen student health through ESHE, SHS, and SSE (1308 Strategy 2): The Rhode Island Department of Elementary and Secondary Education (\$320,000).

RHODE ISLAND DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION, \$320,000 (FY 2016)

The Rhode Island Department of Education (RIDE) assists school districts with selecting or creating curricula that align with the RIDE Comprehensive Instructional Outcomes and the [National Standards for Sexuality Education](#). Additionally, the department provides training to garner support for the implementation of sexual health education. In order to increase access to key sexual health services, the department assists school districts in the development of referral system and developing written guidance to refer youth to sexual health services. To establish safe and supportive environments, the department collaborates with the RIDE Office of Multiple Pathways to increase support for youth service learning and mentoring opportunities as well as providing online tools and resources to increase school connectedness and parent engagement.<sup>21</sup>

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 Rhode Island funded to deliver YMSM programming (1308 Strategy 4).

## RHODE ISLAND

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 Rhode Island funded to collect and report YRBS and School Health Profiles data (1308 Strategy 1): The Rhode Island Department of Elementary and Secondary Education (\$95,000).

### **TEEN PREGNANCY PREVENTION PROGRAM**

The Office of Adolescent Health (OAH), within the U.S. Department of Health and Human Services (HHS), administers the Teen Pregnancy Prevention Program (TPPP), which funds evidence-based (or innovative evidence-informed), medically accurate, and age-appropriate programs to reduce teen pregnancy. OAH provides program support, implementation evaluation, and technical assistance to grantees. In FY 2016, total funding for TPPP was \$101 million, with an additional \$6.8 million authorized for evaluation purposes, supporting a total of 84 states, cities, non-profit organizations, school districts, universities, community-based organizations, and tribal organizations that were in year two of five TPPP funding tiers' five-year cooperative agreements in 33 states and territories, including the District of Columbia and the Marshall Islands. OAH provides program support, implementation evaluation, and technical assistance to grantees and receives an additional \$6.8 million in funding for evaluation purposes. There are five TPPP funding tiers:

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

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 Rhode Island.

### **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



RHODE ISLAND

relationships, positive adolescent development, financial literacy, parent-child communication skills, education and employment skills, and healthy life skills.

- In FY 2016, the Rhode Island Department of Health received \$250,000 in federal PREP funds.<sup>22</sup>
- The department provides sub-grants to five local public and private entities. The sub-grantee information is listed below.<sup>23</sup>

<b>Sub-grantee</b>	<b>Serving</b>	<b>Amount</b>
The Met School	See narrative below	\$25,000
Pawtucket School Department	See narrative below	\$25,000
Sojourner House	See narrative below	\$25,000
South County Community Action	See narrative below	\$25,000
Youth in Action	See narrative below	\$25,000

The Rhode Island Department of Health administers the state’s PREP grant program in collaboration with five local entities. PREP programming takes place in both school- and community-based settings for young people ages 12–19 and in grades 7–12 in cities and towns with the highest teen pregnancy rates in the state. Currently, programming is administered in Providence and Washington counties. All PREP-funded programs are required to implement [Teen Outreach Program \(TOP\)](#) and address healthy relationships, adolescent development, financial literacy, parent-child communication, educational and career success, and healthy life skills.<sup>24</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.

- In FY 2016, there were no PREIS grantees in Rhode Island.

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 Rhode Island.

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, Rhode Island received PREP state-grant funding; therefore, entities in Rhode Island 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, Rhode Island 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 Rhode Island.

## **POINTS OF CONTACT**

### **DASH Contact**

Margaret (Midge) Sabatini, Ed.D.  
Manager, Coordinated School Health Programs  
Rhode Island Department of Elementary and Secondary Education  
255 Westminster Street  
Providence, RI 02903  
Phone: (401) 222-8952  
Fax: (401) 222-4979  
Email: [Margaret.Sabatini@ride.ri.gov](mailto:Margaret.Sabatini@ride.ri.gov)

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

Christina D. Batastini, Ed.M.  
Adolescent School Health Program Manager  
Rhode Island Department of Health  
3 Capitol Hill  
Providence, RI 02908  
Phone: (401) 222-3646  
Email: [Christina.Batastini@health.ri.gov](mailto:Christina.Batastini@health.ri.gov)

<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 2016 began on October 1, 2015, and ended on September 30, 2016.

- <sup>2</sup> R.I. Gen. Laws § 16-22-17(a), [www.rilin.state.ri.us/Statutes/TITLE16/16-22/16-22-17.HTM](http://www.rilin.state.ri.us/Statutes/TITLE16/16-22/16-22-17.HTM).
- <sup>3</sup> *Rules and Regulations for School Health Programs* (Rhode Island: Rhode Island Department of Elementary and Secondary Education and Rhode Island Department of Health, proposed 2008), <http://sos.ri.gov/documents/archives/regdocs/released/pdf/DOH/5471.pdf>, 5.1.7.
- <sup>4</sup> R.I. Gen. Laws § 16-22-17(a), [www.rilin.state.ri.us/Statutes/TITLE16/16-22/16-22-17.HTM](http://www.rilin.state.ri.us/Statutes/TITLE16/16-22/16-22-17.HTM).
- <sup>5</sup> R.I. Gen. Laws §§ 16-22-18(b) and (c), [www.rilin.state.ri.us/Statutes/TITLE16/16-22/16-22-18.HTM](http://www.rilin.state.ri.us/Statutes/TITLE16/16-22/16-22-18.HTM).
- <sup>6</sup> *Comprehensive Health Instructional Outcomes* (Rhode Island: Rhode Island Department of Elementary and Secondary Education, 2015), [http://www.thriveri.org/documents/RI\\_CHI\\_Outcomes.pdf](http://www.thriveri.org/documents/RI_CHI_Outcomes.pdf)
- <sup>7</sup> “High School YRBS,” Centers for Disease Control and Prevention, <https://nccd.cdc.gov/youthonline/App/Default.aspx>.
- <sup>8</sup> 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](http://www.guttmacher.org/sites/default/files/report_pdf/us-teen-pregnancy-state-trends-2011_4.pdf), Table 1.1.
- <sup>9</sup> *Ibid.*, Table 1.2.
- <sup>10</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>11</sup> “Teen Births in Rhode Island, Girls 15-19,” The National Campaign to Prevent Teen and Unplanned Pregnancy, [https://thenationalcampaign.org/data/state/Rhode Island](https://thenationalcampaign.org/data/state/Rhode%20Island).
- <sup>12</sup> 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](http://www.guttmacher.org/sites/default/files/report_pdf/us-teen-pregnancy-state-trends-2011_4.pdf), Table 1.1.
- <sup>13</sup> *Ibid.*, Table 1.2.
- <sup>14</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>15</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>16</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>17</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>18</sup> NCHHSTP Atlas, “STD Surveillance Data” (Atlanta, GA: Centers for Disease Control and Prevention), <http://gis.cdc.gov/GRASP/NCHHSTPAtlas/main.html>.
- <sup>19</sup> *Ibid.*
- <sup>20</sup> *Ibid.*
- <sup>21</sup> Centers for Disease Control and Prevention, Adolescent and School Health, Funded State Agencies, Atlanta, GA, [www.cdc.gov/healthyyouth/partners/funded\\_states.htm#ri](http://www.cdc.gov/healthyyouth/partners/funded_states.htm#ri).
- <sup>22</sup> “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](http://www.acf.hhs.gov/fysb/resource/2016-state-prep-awards).
- <sup>23</sup> Information provided by Leah McPhail, MPA, Family Planning/Teen Outreach Program Coordinator, Division of Community, Health, and Equity, Rhode Island Department of Health, May 31, 2015.
- <sup>24</sup> *Ibid.*