

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 [the U.S. Outer Territories and Associated States' federal funding](#)
- [Sex/Sexuality and HIV and other STIs Education Laws by State](#) – compared to [the U.S. Outer Territories and Associated States' education laws](#)
- [Descriptions of Curricula and Programs across the United States](#)

U.S. OUTER TERRITORIES AND ASSOCIATED STATES

In Fiscal Year 2017,¹

AMERICAN SAMOA received:

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

GUAM received:

- **Division of Adolescent and School Health funds totaling \$12,000**
- **Personal Responsibility Education Program funds totaling \$250,000**
- **Competitive Personal Responsibility Education Program funds totaling \$500,000**

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS received:

- **Division of Adolescent and School Health funds totaling \$10,000**
- **Competitive Personal Responsibility Education Program funds totaling \$250,000**

U.S. VIRGIN ISLANDS received:

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

REPUBLIC OF PALAU received:

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

REPUBLIC OF THE MARSHALL ISLANDS received:

- Teen Pregnancy Prevention Program funds totaling \$583,000

FEDERATED STATES OF MICRONESIA received:

- Personal Responsibility Education Program funds totaling \$250,000
- Title V State Abstinence Education Program funds totaling \$47,492

SEXUALITY EDUCATION LAW AND POLICY

AMERICAN SAMOA

The American Samoa Department of Education health education program includes a human immunodeficiency virus (HIV) School Health Project, which provides education about HIV infection and acquired immunodeficiency syndrome (AIDS) to students. Students in grades 7-12 also receive information on sexually transmitted diseases (STDs), HIV/AIDS, and teen pregnancy through the Teenage Health Teaching Modules, which address issues affecting adolescents.² This program teaches students interpersonal communication, “refusal skills, self-esteem, decision-making, and role playing.”³

With the goal of reducing HIV infection, schools encourage students “to abstain from sexual intercourse, to not inject drugs, and, when deemed appropriate, to consistently and correctly use latex condoms to prevent HIV infection, if they become sexually active.”⁴

GUAM

Beginning in 9th grade, students in Guam learn about “Family Life and Human Sexuality.”⁵ The School Health Education Program of Guam addresses the “prevention of risk behaviors,” including “sexual behaviors that contribute to unintended pregnancy, HIV infection, and other [STDs].” The program’s goal is to “improve educational outcomes in Guam’s schools.”⁶ In the [Guam Department of Education K-12 Content Standards and Performance Indicators](#), pregnancy, sexually transmitted infections (STIs), and HIV are mentioned in Content Standard 1: Health Promotion and Disease Prevention.⁷

U.S. VIRGIN ISLANDS

[U.S. Virgin Islands Code, Title XVII Ch.5, § 41](#), requires sex education, including AIDS prevention education, to be a component of the health curriculum taught to students in grades K–12.⁸

REPUBLIC OF THE MARSHALL ISLANDS

Sex education is a requirement for all schools in the Republic of the Marshall Islands. Following Marshallese custom, students are separated by gender for sexuality education classes; male students are taught by a male teacher, and female students are taught by a female teacher.⁹ Sex education begins in the 6th grade. School curriculum includes HIV education, which is taught to both primary and secondary school students.¹⁰

REPUBLIC OF PALAU

In Palau's *Education Plan for All*, "providing more effective training on HIV/AIDS issues and policies" is a suggested activity.¹¹ One credit of health is required for graduation.¹²

OTHER U.S. OUTER TERRITORIES AND ASSOCIATED STATES

Sex education laws or related policies for the Commonwealth of the Northern Mariana Islands (CMNI) or the Federated States of Micronesia is unknown at the time of publication.

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](#).

U.S. OUTER TERRITORIES AND ASSOCIATED STATES YOUTH RISK BEHAVIOR SURVEY (YRBS) DATA¹³

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 the U.S. Outer Territories and Associated States. 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."¹⁴

AMERICAN SAMOA YRBS DATA

American Samoa did not participate in the 2013 or 2015 YRBS.

U.S. VIRGIN ISLANDS YRBS DATA

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

GUAM YRBS DATA¹⁵

Reported ever having had sexual intercourse

- In 2015, 40.6% of female high school students and 41.1% of male high school students in Guam 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, 56.6% of lesbian, gay, or bisexual (LGB) high school students, 24.6% of high school students who were unsure of their sexual orientation, and 39.2% of heterosexual high school students in Guam 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, 26.5% of Asian high school students, 45.1% of Native Hawaiian or Other Pacific Islander (NHOPI) high school students, and 30.7% of high school students who identified as multiple races in Guam reported ever having had sexual intercourse, compared to 19.3% of Asian 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, 5.1% of female high school students and 8.2% of male high school students in Guam 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, 12.0% of LGB high school students, 5.4% of high school students who were unsure of their sexual orientation, and 5.8% of heterosexual high school students in Guam 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, 4.5% of Asian high school students, 7.5% of NHOPI high school students, and 1.7% of high school students who identified as multiple races in Guam reported having had sexual intercourse before age 13, compared to 0.7% of Asian high school students and 5.8% of high school students who identified as multiple races nationwide.

Reported being currently sexually active

- In 2015, 30.5% of female high school students and 27.8% of male high school students in Guam 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, 41.0% of LGB high school students, 14.4% of high school students who were unsure of their sexual orientation, and 27.8% of heterosexual high school students in Guam 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, 32.5% of NHOPI high school students, and 20.5% of high school students who identified as multiple races in Guam reported being currently sexually active, compared to 12.2% of Asian 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, 68.4% of female high school students and 63.2% of male high school students in Guam 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, 75.4% of LGB high school students and 64.2 % of heterosexual high school students in Guam 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, 69.8% of NHOPI high school students in Guam reported not using a condom during their last sexual intercourse.

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

- In 2015, 35.0% of female high school students and 32.3% of male high school students in Guam 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, 52.4% of LGB high school students and 27.4% of heterosexual high school students in Guam 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, 36% of NHOPI high school students in Guam reported not using any method to prevent pregnancy during their last sexual intercourse.

Reported having had drunk alcohol or used drugs during last sexual intercourse¹⁶

- In 2015, 16% of female high school students and 26.3% of male high school students in Guam 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, 25.5% of LGB high school students and 20% of heterosexual high school students in Guam 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, 22.2% of NHOPI high school students in Guam reported having had drunk alcohol or used drugs during their last sexual intercourse.

Reported never having been tested for HIV

- In 2015, 83.0% of female high school students and 86.1% of male high school students in Guam 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, 75.6% of LGB high school students, 79.9% of high school students who were unsure of their sexual orientation, and 86.6% of heterosexual high school students in Guam 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, 85.4% of Asian high school students, 85.2% of NHOPI high school students, and 86.2% of high school students who identified as multiple races in Guam reported never having been tested for HIV, compared to 90.4% of Asian 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, 16.4% of female high school students and 9.9% of male high school students in Guam 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, 19.0% of LGB high school students, 10.3% of high school students who were unsure of their sexual orientation, and 12.4% of heterosexual high school students in Guam 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, 11.8% of Asian high school students, 12.6% of Hispanic high school students, 12.8% of NHOPI high school students, and 13.1% of high school students who identified as multiple races in Guam reported having been physically forced to have sexual intercourse, compared to 4.2% of Asian high school students, 7.0% of Hispanic 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 10.9% of male high school students in Guam 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, 15.0% of LGB high school students and 9.4% of heterosexual high school students in Guam reported experiencing physical dating violence in the prior year, compared to 17.5% of LGB high school students and 8.3% of heterosexual high school students nationwide.
- In 2015, 9.5% of Asian high school students and 10.9% of NHOPI high school students in Guam reported experiencing physical dating violence in the prior year, compared to 4.6% of Asian high school students nationwide.

Reported experiencing sexual dating violence

- In 2015, 17.7% of female high school students and 14.7% of male high school students in Guam 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, 23.8% of LGB high school students and 14.7% of heterosexual high school students in Guam reported experiencing sexual dating violence in the prior year, compared to 22.7% of LGB high school students and 9.1% of heterosexual high school students nationwide.
- In 2015, 20.4% of Asian high school students and 14.3% of NHOPI high school students in Guam reported experiencing sexual dating violence in the prior year, compared to 10.5% of Asian high school students nationwide.

NORTHERN MARIANA ISLANDS YRBS DATA¹⁷

Reported ever having had sexual intercourse

- In 2015, 39.6% of female high school students and 44.6% of male high school students in Northern Mariana Islands 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, 44.2% of LGB high school students, 23.2% of high school students who were unsure of their sexual orientation, and 43.0% of heterosexual high school students in Northern Mariana Islands 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, 25.3% of Asian high school students, 42.1% of Hispanic high school students, 52.9% of NHOPI high school students, and 32.1% of high school students who identified as multiple races in Northern Mariana Islands reported ever having had sexual intercourse, compared to 19.3% of Asian high school students, 42.5% of Hispanic 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, 3.7% of female high school students and 9.4% of male high school students in Northern Mariana Islands 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, 10.0% of LGB high school students, 9.6% of high school students who were unsure of their sexual orientation, and 6.3% of heterosexual high school students in Northern Mariana Islands 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, 2.2% of Asian high school students, 9.5% of Hispanic high school students, 9.0% of NHOPI high school students, and 5.7% of high school students who identified as multiple races in Northern Mariana Islands reported having had sexual intercourse before age 13, compared to 0.7% of Asian high school students, 5% of Hispanic high school students, and 5.8% of high school students who identified as multiple races nationwide.

Reported being currently sexually active

- In 2015, 30.3% of female high school students and 27.9% of male high school students in Northern Mariana Islands 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, 30.3% of LGB high school students, 16.9% of high school students who were unsure of their sexual orientation, and 29.6% of heterosexual high school students in Northern Mariana Islands 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, 16.6% of Asian high school students, 30.9% of Hispanic high school students, 36.9% of NHOPI high school students, and 21.1% of high school students who identified as multiple races in Northern Mariana Islands reported being currently sexually active, compared to 12.2% of Asian high school students, 30.3% of Hispanic 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, 59.7% of female high school students and 49.0% of male high school students in Northern Mariana Islands 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, 68.7% of LGB high school students and 53.0% of heterosexual high school students in Northern Mariana Islands 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, 47.7% of Asian high school students and 56.2% of NHOPI high school students in Northern Mariana Islands reported not using a condom during their last sexual intercourse.

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

- In 2015, 27.1% of female high school students and 22.1% of male high school students in Northern Mariana Islands 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, 42.1% of LGB high school students and 23.4% of heterosexual high school students in Northern Mariana Islands 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, 20.9% of Asian high school students and 26.8% of NHOPI high school students in Northern Mariana Islands reported not using any method to prevent pregnancy during their last sexual intercourse.

Reported having had drunk alcohol or used drugs during last sexual intercourse¹⁸

- In 2015, 18.9% of female high school students and 29.3% of male high school students in Northern Mariana Islands 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, 25% of LGB high school students and 23.2% of heterosexual high school students in Northern Mariana Islands 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, 17.5% of Asian high school students and 24.4% of NHOPI high school students in Northern Mariana Islands reported having had drunk alcohol or used drugs during their last sexual intercourse.

Reported never having been tested for HIV

- In 2015, 88.6% of female high school students and 90.2% of male high school students in Northern Mariana Islands 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, 83.7% of LGB high school students, 86.0% of high school students who were unsure of their sexual orientation, and 89.0% of heterosexual high school students in Northern Mariana Islands 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, 92.2% of Asian high school students, 84.6% of Hispanic high school students, 85.8% of NHOPI high school students, and 93.5% of high school students who identified as multiple races in Northern Mariana Islands reported never having been tested for HIV, compared to 90.4% of Asian high school students, 88.9% of Hispanic 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, 16.9% of female high school students and 5.8% of male high school students in Northern Mariana Islands 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, 24.7% of LGB high school students, 16.4% of high school students who were unsure of their sexual orientation, and 9.8% of heterosexual high school students in Northern Mariana Islands 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, 8.4% of Asian high school students, 9.2% of Hispanic high school students, 12.7% of NHOPI high school students, and 7.4% of high school students who identified as multiple races in Northern Mariana Islands reported having been physically forced to have sexual intercourse, compared to 4.2% of Asian high school students, 7.0% of Hispanic high school students, and 12.1% of high school students who identified as multiple races nationwide.

Reported experiencing physical dating violence

- In 2015, 15.2% of female high school students and 8.7% of male high school students in Northern Mariana Islands 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, 21.7% of LGB high school students, 17.4% of high school students who were unsure of their sexual orientation, and 10.9% of heterosexual high school students in Northern Mariana Islands 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, 11.6% of Asian high school students and 11.3% of NHOPI high school students in Northern Mariana Islands reported experiencing physical dating violence in the prior year, compared to 4.6% of Asian high school students nationwide.

Reported experiencing sexual dating violence

- In 2015, 22.5% of female high school students and 8.7% of male high school students in Northern Mariana Islands 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, 24.0% of LGB high school students, 31.9% of high school students who were unsure of their sexual orientation, and 14.0% of heterosexual high school students in Northern Mariana Islands 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, 13.0% of Asian high school students and 15.3% of NHOPI high school students in Northern Mariana Islands reported experiencing sexual dating violence in the prior year, compared to 10.5% of Asian high school students nationwide.

REPUBLIC OF THE MARSHALL ISLANDS YRBS DATA

The Republic of the Marshall Islands did not participate in the 2013 or 2015 YRBS.

FEDERATED STATES OF MICRONESIA YRBS DATA

The Federated States of Micronesia did not participate in the 2013 or 2015 YRBS.

REPUBLIC OF PALAU YRBS DATA¹⁹

Reported ever having had sexual intercourse

- In 2015, 28.0% of female high school students and 51.3% of male high school students in Republic of Palau 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, 39.8% of heterosexual high school students in Republic of Palau reported ever having had sexual intercourse, compared to 40.9% of heterosexual high school students nationwide.
- In 2015, 39.7% of NHOPI high school students in Republic of Palau reported ever having had sexual intercourse.

Reported having had sexual intercourse before age 13

- In 2015, 0.8% of female high school students and 11.1% of male high school students in Republic of Palau 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, 5.5% of heterosexual high school students in Republic of Palau reported having had sexual intercourse before age 13, compared to 3.4% of heterosexual high school students nationwide.
- In 2015, 6.2% of NHOPI high school students in Republic of Palau reported having had sexual intercourse before age 13.

Reported being currently sexually active

- In 2015, 22.6% of female high school students and 35.5% of male high school students in Republic of Palau 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, 29.4% of heterosexual high school students in Republic of Palau reported being currently sexually active, compared to 30.1% of heterosexual high school students nationwide.
- In 2015, 29.8% of NHOPI high school students in Republic of Palau reported being currently sexually active.

Reported not using a condom during last sexual intercourse

- In 2015, 58.8% of female high school students and 49.1% of male high school students in Republic of Palau 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, 52.9% of heterosexual high school students in Republic of Palau reported not using a condom during their last sexual intercourse, compared to 42.2% of heterosexual high school students nationwide.
- In 2015, 55.7% of NHOPI high school students in Republic of Palau reported not using a condom during their last sexual intercourse.

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

- In 2015, 17.6% of female high school students and 33.4% of male high school students in Republic of Palau 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, 23.5% of heterosexual high school students in Republic of Palau reported not using any method to prevent pregnancy during their last sexual intercourse, compared to 12.4% of heterosexual high school students nationwide.
- In 2015, 28.9% of NHOPI high school students in Republic of Palau reported not using any method to prevent pregnancy during their last sexual intercourse.

Reported having had drunk alcohol or used drugs during last sexual intercourse²⁰

- In 2015, 30.8% of female high school students and 59.4% of male high school students in Republic of Palau 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, 45.7% of heterosexual high school students in Republic of Palau reported having had drunk alcohol or used drugs during their last sexual intercourse, compared to 20% of heterosexual high school students nationwide.
- In 2015, 47.6% of NHOPI high school students in Republic of Palau reported having had drunk alcohol or used drugs during their last sexual intercourse.

Reported never having been tested for HIV

- In 2015, 89.4% of female high school students and 76.0% of male high school students in Republic of Palau 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, 83.8% of heterosexual high school students in Republic of Palau reported never having been tested for HIV, compared to 90.7% of heterosexual high school students nationwide.
- In 2015, 83.1% of NHOPI high school students in Republic of Palau reported never having been tested for HIV.

Reported having been physically forced to have sexual intercourse

- In 2015, 7.0% of female high school students and 7.1% of male high school students in Republic of Palau 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, 13.1% of high school students who were unsure of their sexual orientation and 5.2% of heterosexual high school students in Republic of Palau reported having been physically forced to have sexual intercourse, compared to 12.6% of high school students who were unsure of their sexual orientation and 5.4% of heterosexual high school students nationwide.
- In 2015, 7.6% of NHOPI high school students in Republic of Palau reported having been physically forced to have sexual intercourse.

Reported experiencing physical dating violence

- In 2015, 9.8% of female high school students and 11.3% of male high school students in Republic of Palau 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, 8.1% of heterosexual high school students in Republic of Palau reported experiencing physical dating violence in the prior year, compared to 8.3% of heterosexual high school students nationwide.
- In 2015, 10.5% of NHOPI high school students in Republic of Palau reported experiencing physical dating violence in the prior year.

Reported experiencing sexual dating violence

- In 2015, 7.9% of female high school students and 18.2% of male high school students in Republic of Palau 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, 10.1% of heterosexual high school students in Republic of Palau reported experiencing sexual dating violence in the prior year, compared to 9.1% of heterosexual high school students nationwide.
- In 2015, 10.7% of NHOPI high school students in Republic of Palau reported experiencing sexual dating violence in the prior year.

Visit the CDC [Youth Online](#) database for additional information on youth risk behaviors.

U.S. OUTER TERRITORIES AND ASSOCIATED STATES SCHOOL HEALTH PROFILES DATA²¹

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.²² 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 Northern Mariana Islands and Guam as reported for the 2013–2014 school year. The CDC did not collect information as to instruction on the 16 critical sexual education topics in the other U.S. Outer Territories and Associated States.

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

NORTHERN MARIANA ISLANDS SCHOOL HEALTH PROFILES DATA

Reported teaching all 16 critical sexual health education topics

- 50% of Northern Mariana Islands secondary schools taught students all 16 critical sexual health education topics in a required course in any of grades 6, 7, or 8.²³

- 80% of Northern Mariana Islands secondary schools taught students all 16 critical sexual health education topics in a required course in any of grades 9, 10, 11, or 12.²⁴

Reported teaching about the benefits of being sexually abstinent

- 75% of Northern Mariana Islands secondary schools taught students about the benefits of being sexually abstinent in a required course in any of grades 6, 7, or 8.²⁵
- 100% of Northern Mariana Islands secondary schools taught students about the benefits of being sexually abstinent in a required course in any of grades 9, 10, 11, or 12.²⁶

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

- 75% of Northern Mariana Islands 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 8.²⁷
- 100% of Northern Mariana Islands 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 12.²⁸

Reported teaching how to create and sustain healthy and respectful relationships

- 75% of Northern Mariana Islands secondary schools taught students how to create and sustain healthy and respectful relationships in a required course in any of grades 6, 7, or 8.²⁹
- 100% of Northern Mariana Islands 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 12.³⁰

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

- 50% of Northern Mariana Islands 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 8.³¹
- 80% of Northern Mariana Islands 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 12.³²

Reported teaching how to correctly use a condom

- 50% of Northern Mariana Islands secondary schools taught students how to correctly use a condom in a required course in any of grades 6, 7, or 8.³³

- 100% of Northern Mariana Islands secondary schools taught students how to correctly use a condom in a required course in any of grades 9, 10, 11, or 12.³⁴

Reported teaching about all seven contraceptives

- 80% of Northern Mariana Islands 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 12.³⁵

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

- 57.1% of Northern Mariana Islands secondary schools provided students with curricula or supplementary materials that included HIV, STD, or pregnancy prevention information relevant to LGBTQ youth.³⁶

GUAM SCHOOL HEALTH PROFILES DATA

Reported teaching all 16 critical sexual health education topics

- 16.7% of Guam secondary schools taught students all 16 critical sexual health education topics in a required course in any of grades 6, 7, or 8.³⁷
- 50% of Guam secondary schools taught students all 16 critical sexual health education topics in a required course in any of grades 9, 10, 11, or 12.³⁸

Reported teaching about the benefits of being sexually abstinent

- 71.4% of Guam secondary schools taught students about the benefits of being sexually abstinent in a required course in any of grades 6, 7, or 8.³⁹
- 100% of Guam secondary schools taught students about the benefits of being sexually abstinent in a required course in any of grades 9, 10, 11, or 12.⁴⁰

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

- 57.1% of Guam 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 8.⁴¹
- 80% of Guam 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 12.⁴²

Reported teaching how to create and sustain healthy and respectful relationships

- 75% of Guam secondary schools taught students how to create and sustain healthy and respectful relationships in a required course in any of grades 6, 7, or 8.⁴³

- 100% of Guam 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 12.⁴⁴

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

- 28.6% of Guam 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 8.⁴⁵
- 80% of Guam 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 12.⁴⁶

Reported teaching how to correctly use a condom

- 16.7% of Guam secondary schools taught students how to correctly use a condom in a required course in any of grades 6, 7, or 8.⁴⁷
- 50% of Guam secondary schools taught students how to correctly use a condom in a required course in any of grades 9, 10, 11, or 12.⁴⁸

Reported teaching about all seven contraceptives

- 20% of Guam 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 12.⁴⁹

Reported providing curricula or supplementary materials relevant to LGBTQ youth

- 30.8% of Guam secondary schools provided students with curricula or supplementary materials that included HIV, STD, or pregnancy prevention information relevant to LGBTQ youth.⁵⁰

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

U.S. OUTER TERRITORIES AND ASSOCIATED STATES 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.

AMERICAN SAMOA TEEN PREGNANCY AND HIV/AIDS DATA

Teen Pregnancy, Birth, and Abortion

- In 2015, American Samoa's reported teen birth rate was 46.9 births per 1,000 young women ages 15–19, compared to the U.S. national rate of 22.3 per 1,000.⁵¹

HIV and AIDS

- In 2015, the reported rate of diagnoses of HIV infection among adolescents ages 13–19 in American Samoa was 0.0 per 100,000, compared to the U.S. national rate of 5.8 per 100,000.⁵²
- In 2015, the reported rate of AIDS diagnoses among adolescents ages 13–19 in American Samoa was 0.0 per 100,000, compared to the U.S. national rate of 0.7 per 100,000.⁵³
- In 2015, the reported rate of diagnoses of HIV infection among young adults ages 20–24 in American Samoa was 0.0 per 100,000, compared to the U.S. national rate of 31.1 per 100,000.⁵⁴
- In 2015, the reported rate of AIDS diagnoses among young adults ages 20–24 in American Samoa was 0.0 per 100,000, compared to the U.S. national rate of 5.6 per 100,000.⁵⁵

GUAM TEEN PREGNANCY, HIV/AIDS, AND OTHER STD DATA

Teen Pregnancy, Birth, and Abortion

- In 2015, Guam's reported teen birth rate was 38.3 births per 1,000 young women ages 15–19, compared to the U.S. national rate of 22.3 per 1,000.⁵⁶

HIV and AIDS

- In 2015, the reported rate of diagnoses of HIV infection among adolescents ages 13–19 in Guam was 0.0 per 100,000, compared to the U.S. national rate of 5.8 per 100,000.⁵⁷
- In 2015, the reported rate of AIDS diagnoses among adolescents ages 13–19 in Guam was 0.6 per 100,000, compared to the U.S. national rate of 0.7 per 100,000.⁵⁸
- In 2015, the reported rate of diagnoses of HIV infection among young adults ages 20–24 in Guam was 0.0 per 100,000, compared to the U.S. national rate of 31.1 per 100,000.⁵⁹
- In 2015, the reported rate of AIDS diagnoses among young adults ages 20–24 in Guam was 0.0 per 100,000, compared to the U.S. national rate of 5.6 per 100,000.⁶⁰

STDs

- In 2015, the infection rate of chlamydia reported among young people ages 15–19 in Guam was 637.6 cases per 100,000, compared to the U.S. national rate of 1,857.8 per 100,000. In 2015, there were a total of 89 cases of chlamydia among young people ages 15–19 reported in Guam.⁶¹

- In 2015, the infection rate of gonorrhea reported among young people ages 15-19 in Guam was 64.5 cases per 100,000, compared to the U.S. national rate of 341.8 per 100,000. In 2015, there were a total of 9 cases of gonorrhea among young people ages 15–19 reported in Guam.⁶²
- In 2015, the infection rate of primary and secondary syphilis reported among young people ages 15–19 in Guam was 0.0 cases per 100,000, compared to the national rate of 5.4 per 100,000. In 2015, there were a total of 0 cases of syphilis reported among young people ages 15–19 in Guam.⁶³

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

NORTHERN MARIANA ISLANDS TEEN PREGNANCY AND HIV/AIDS DATA

Teen Pregnancy, Birth, and Abortion

- In 2015, the Northern Mariana Islands’ reported teen birth rate was 36.9 births per 1,000 young women ages 15–19, compared to the U.S. national rate of 22.3 per 1,000.⁶⁴

HIV and AIDS

- In 2015, the reported rate of diagnoses of HIV infection among adolescents ages 13–19 in Northern Mariana Islands was 0.0 per 100,000, compared to the U.S. national rate of 5.8 per 100,000.⁶⁵
- In 2015, the reported rate of AIDS diagnoses among adolescents ages 13–19 in Northern Mariana Islands was 0.0 per 100,000, compared to the U.S. national rate of 0.7 per 100,000.⁶⁶
- In 2015, the reported rate of diagnoses of HIV infection among young adults ages 20–24 in Northern Mariana Islands was 0.0 per 100,000, compared to the U.S. national rate of 31.1 per 100,000.⁶⁷
- In 2015, the reported rate of AIDS diagnoses among young adults ages 20–24 in Northern Mariana Islands was 0.0 per 100,000, compared to the U.S. national rate of 5.6 per 100,000.⁶⁸

Visit OAH’s [Northern Mariana Islands Adolescent Health Facts](#) for additional information.

U.S. VIRGIN ISLANDS HIV/AIDS AND STD DATA

HIV and AIDS

- In 2015, the reported rate of diagnoses of HIV infection among adolescents ages 13–19 in the U.S. Virgin Islands was 0.0 per 100,000, compared to the U.S. national rate of 5.8 per 100,000.⁶⁹
- In 2015, the reported rate of AIDS diagnoses among adolescents ages 13–19 in U.S. Virgin Islands was 0.0 per 100,000, compared to the U.S. national rate of 0.7 per 100,000.⁷⁰

- In 2015, the reported rate of diagnoses of HIV infection among young adults ages 20–24 in U.S. Virgin Islands was 0.0 per 100,000, compared to the U.S. national rate of 31.1 per 100,000.⁷¹
- In 2015, the reported rate of AIDS diagnoses among young adults aged 20–24 years in U.S. Virgin Islands was 0.0 per 100,000, compared to the U.S. national rate of 5.6 per 100,000.⁷²

STDs

- In 2015, the reported infection rate of chlamydia among young people ages 15–19 in the U.S. Virgin Islands was 3,250.5 cases per 100,000, compared to the national rate of 1,857.8 per 100,000. In 2014, there were a total of 178 cases of chlamydia among young people ages 15–19 reported in the U.S. Virgin Islands.⁷³
- In 2015, the reported infection rate of gonorrhea among young people ages 15–19 in the U.S. Virgin Islands was 127.8 cases per 100,000, compared to the national rate of 341.8 per 100,000. In 2015, there were a total of 7 cases of gonorrhea among young people ages 15–19 reported in the U.S. Virgin Islands.⁷⁴
- In 2015, the reported infection rate of primary and secondary syphilis among young people ages 15–19 in the U.S. Virgin Islands was 0.0 cases per 100,000, compared to the national rate of 5.4 per 100,000. In 2015, there were 0 cases of syphilis among young people ages 15–19 reported in the U.S. Virgin Islands.⁷⁵

REPUBLIC OF PALAU HIV/AIDS DATA

HIV and AIDS

- In 2015, the reported rate of diagnoses of HIV infection among adolescents ages 13–19 in Republic of Palau was 0.0 per 100,000, compared to the U.S. national rate of 5.8 per 100,000.⁷⁶
- In 2015, the reported rate of AIDS diagnoses among adolescents ages 13–19 in Republic of Palau was 0.0 per 100,000, compared to the U.S. national rate of 0.7 per 100,000.⁷⁷
- In 2015, the reported rate of diagnoses of HIV infection among young adults ages 20–24 in Republic of Palau was 0.0 per 100,000, compared to the U.S. national rate of 31.1 per 100,000.⁷⁸
- In 2015, the reported rate of AIDS diagnoses among young adults ages 20–24 in Republic of Palau was 0.0 per 100,000, compared to the U.S. national rate of 5.6 per 100,000.⁷⁹

Visit OAH's [Palau Adolescent Health Facts](#) for additional information.

OTHER U.S. OUTER TERRITORIES AND ASSOCIATED STATES

There is no youth sexual health data available for the Federated States of Micronesia or the Republic of the Marshall Islands.

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 THE U.S. OUTER TERRITORIES AND ASSOCIATED STATES

| Grantee | Award |
|--|--------------------|
| Division of Adolescent and School Health (DASH) | |
| The Commonwealth of the Northern Marianas Public School System | \$10,000 |
| Guam Department of Education | \$12,000 |
| TOTAL | \$22,000 |
| Teen Pregnancy Prevention Program (TPPP) | |
| TPPP Tier 1B | |
| Youth to Youth in Health (Marshall Islands) | \$583,000 |
| TOTAL | \$583,000 |
| Personal Responsibility Education Program (PREP) | |
| PREP State-Grant Program | |
| Republic of Palau (federal grant) | \$250,000 |
| Virgin Islands Department of Human Services | \$250,000 |
| The Federated States of Micronesia Department of Health and Social Affairs | \$250,000 |
| Guam Department of Education (federal grant) | \$250,000 |
| TOTAL | \$1,000,000 |
| Competitive Personal Responsibility Education Program (CPREP) | |
| CNMI Public School System | \$250,000 |
| Intersections, Inc. (American Samoa) | \$250,000 |
| WestCare Pacific Islands, Inc. (Guam) | \$500,000 |
| TOTAL | \$1,000,000 |
| Title V Abstinence-Only-Until-Marriage Program (Title V AOUM) | |
| Federated States of Micronesia Department of Health and Social Affairs | \$47,492 |
| TOTAL | \$47,492 |
| GRAND TOTAL | \$2,652,492 |

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 no DASH grantees in the U.S. Outer Territories and Associated States funded to strengthen student health through ESHE, SHS, and SSE (1308 Strategy 2).

In addition, DASH funds local education agencies and NGOs to implement multiple program activities to meet the HIV- 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 the U.S. Outer Territories and Associated States 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 the U.S. Outer Territories and Associated States funded to collect and report YRBS and School Health Profiles data (1308 Strategy 1): Guam Department of Education (\$12,000) and the Commonwealth of the Northern Marianas Public School System (\$10,000).

TEEN PREGNANCY PREVENTION PROGRAM (TPPP)

The 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 the U.S. Outer Territories and Associated States.

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 the U.S. Outer Territories and Associated States: Youth to Youth in Health (\$583,000).

YOUTH TO YOUTH IN HEALTH, \$583,000 (FY 2017)

Youth to Youth in Health is a NGO located in the Marshall Islands that provides services to young people. The organization offers training and community activities to empower young people to participate in the development of their communities and nation and provide a safe and supportive space for young people to discuss issues that affect their lives.⁸⁰ With its TPPP funding, Youth to Youth in Health will implement the RMI Urban Teenage Pregnancy Prevention Project. The project will provide the following programming in three urban communities in the Marshall Islands: *Draw the Line/Respect the Line*, *Reducing the Risk*, and *Safer Sex Intervention*. The project will also reach its targeted communities by using partners to form advisory groups and youth leadership councils and providing a referral system to connect services with family planning clinics. Youth to Youth in Health aims to reach between 2,000 young people per year.⁸¹

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 the U.S. Outer Territories and Associated States.

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

- In FY 2017, there were no TPPP Tier 2B grantees in the U.S. Outer Territories and Associated States.

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

- In FY 2017, there were no TPPP Tier 2C grantees in the U.S. Outer Territories and Associated States.

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.

Guam PREP Program

- In FY 2017, the Guam Department of Education received \$250,000 in federal PREP funds.⁸²
- At the time of publication, information as to Guam’s use of FY 2017 PREP state-grant funds was unknown. The following information reflects implementation of FY 2016 funds during FY 2017.

The Guam Department of Education implements the [*Be Proud! Be Responsible!*](#) curriculum in all Guam public high schools with the PREP state-grant funds. The Department plans to serve approximately 3,000 students, primarily in 9th and 10th grades, each year. The program will address adolescent development, financial literacy, and education and career success.⁸³

U.S. Virgin Islands PREP Program

- In FY 2017, the U.S. Virgin Islands Department of Human Services received \$250,000 in federal PREP funds.⁸⁴
- The Department does not sub-grant any of the U.S. Virgin Islands PREP funds.⁸⁵

The Department of Human Services administers and maintains full operation of the PREP state-grant program for the Virgin Islands. Funding is used to provide school- and community-based programming, targeting young people in grades 7-12. Programming is offered in schools on the islands of St. Croix, St. John, and St. Thomas. The Virgin Islands PREP program addresses the following adulthood preparation subjects: healthy relationships, adolescent development, and parent-child communication. The curriculum approved for use under the grant program is [*Reducing the Risk*](#).⁸⁶

The Federated States of Micronesia PREP Program

- In FY 2017, the Federates States of Micronesia (FSM) received \$250,000 in federal PREP funds.⁸⁷
- The FSM Department of Health and Social Affairs disburses sub-grant funds to the Department of Health Services for the four states in the Federation. The sub-grantee information is listed below.⁸⁸

| Sub-grantee | Serving | Amount |
|-------------------------------------|--|---------------|
| Chuuk Department of Health Services | Berea Christian School, Logan Memorial School, and P&P, and Fonoton, Iras Demos, Mechitiw, Mwan, and St. Ceceilia Elementary Schools | \$30,000 |

| | | |
|---------------------------------------|--|----------|
| Kosrae Department of Health Services | Malem, Lelu, Tafunsak, and Utwe Municipalities | \$30,000 |
| Pohnpei Department of Health Services | Kolonia Town and Kitti, Madolenihmw, Nett, Sokehs, and U Municipalities | \$30,000 |
| Yap Department of Health Services | Dalipebenau, Fanif, Gagil, Gillman, Kanifay, Maap, Rull, Rumung, Tamil, and Weloy Municipalities | \$30,000 |

The FSM Department of Health and Social Affairs disburses sub-grant funds to the Department of Health Services for the four states of the Federation to implement school-based programming for young people ages 10–14 in grades 6–8. The sub-grantees implement the [Draw the Line/Respect the Line](#) curriculum, which addresses healthy relationships, parent-child communication, and healthy life skills. The PREP funds are also used for a media campaign that addresses teen risky behavior issues.⁸⁹

Republic of Palau PREP Program

- In FY 2017, the Ministry of Education of the Republic of Palau received \$250,000 in federal PREP funds.⁹⁰
- The Ministry of Education does not provide sub-grants.⁹¹

The Ministry of Education of the Republic of Palau uses its federal PREP funds to implement programming in school-based settings throughout the entire country to serve young people ages 12-16. The Ministry of Education uses the [Draw the Line/Respect the Line](#) curriculum to address healthy relationships, healthy life skills, and financial literacy.⁹²

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 the U.S. Outer Territories and Associated States.

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 the U.S. Outer Territories and Associated States.

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, three local entities in the U.S. Outer Territories and Associated States received a total of \$1,000,000 in CPREP funds: the CNMI Public School System (\$250,000); Intersections, Inc. (\$250,000); and WestCare Pacific Islands, Inc. (\$500,000).⁹³

THE COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS PUBLIC SCHOOL SYSTEM (CNMI PSS), \$250,000 (FY 2017)

CNMI PSS is the state education agency for preschool, elementary, and secondary education programs for students ages 6-16, including special programs in early interventions for birth to 3 years old and children ages 3-4 in Head Start. CNMI PSS serves 550 young people in grades 6-8 annually. It uses [Making a Difference!](#) curriculum in grade 6, [Making Proud Choices!](#) curriculum in grade 7, and [Be Proud! Be Responsible!](#) curriculum in grade 9. The programs will address healthy relationships, parent-child communication, healthy life skills, adolescent development, and educational and career success. CNMI PSS sub-grants \$82,000 to Hawaii Youth Services Network (HYSN), which provides training technical assistance and evaluation in every school across the entire commonwealth. HYSN seeks to implement sex education in every public school in CMNI.⁹⁴

INTERSECTIONS, INC., \$250,000 (FY 2017)

Intersections, Inc., is a faith-based, non-profit organization that was started in American Samoa in 2002. Their mission is "to make lasting, positive differences in the lives of families and children empowering them to break the mindset of poverty in order to improve the physical, social, and spiritual aspects of family life."⁹⁵ Intersections, Inc., utilizes the [Heritage Keepers](#) curriculum for their project Y.I.E.L.D. (Youth's Individual Expressions of Life's Dilemmas) with the goal of "reduc[ing] teenage pregnancy and delay[ing] sexual activities among the youth in our community."⁹⁶ Intersections, Inc., serves 500 young people ages 12-19 annually. The program addresses healthy life skills, healthy relationships, and parent-child communication.⁹⁷

WESTCARE PACIFIC ISLANDS, INC., \$500,000 (FY 2017)

WestCare Foundation, Inc., is family of non-profit affiliates that began in Las Vegas, Nevada, in 1973 as a small organization called Fitzsimmons House, later renamed WestCare in 1988. WestCare Pacific Islands serves Guam and the greater Pacific communities, and its programming targets services for veterans; persons with mental illness; people experiencing homelessness; youth-at-risk; and those who may be living with HIV/AIDS, including reducing the stigma associated with HIV/AIDS and STD-testing and awareness.⁹⁸ West Care Pacific Islands serves 650 young people ages 10-19 annually, using [Draw the Line/Respect the Line](#) and [Teen Health Project](#) curricula to address healthy relationships, parent-child communication, and educational and career success.⁹⁹

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.¹⁰⁰

Federated States of Micronesia Title V “Abstinence Education” Grant Program

- In FY 2017, the Department of Health and Social Affairs of the Federated States of Micronesia received \$47,492 in federal Title V AOUM funding.¹⁰¹
- The FSM Department of Health and Social Affairs disburses sub-grant funds to the Pohnpei State Department of Health Services (\$30,000).¹⁰²
- In the Federated States of Micronesia, the match is provided by in-kind contributions.

The FSM Department of Health and Social Services administers the territory’s Title V AOUM grant. Pohnpei Department of Health Services provides community-based programming and implements the [*Draw the Line/Respect the Line*](#) curriculum. Additionally, “each state or county develop[s] their own radio programs [in] their own language and [in] English to convey the important information surrounding teen pregnancy.”¹⁰³ FSM will serve 500 young people ages 11-17 each year.¹⁰⁴

“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 were no SRAE grantees in the U.S. Outer Territories and Associated States.

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¹ This refers to the federal government's fiscal year, which begins on October 1 and ends on September 30. The fiscal year is designated by the calendar year in which it ends; for example, FY 2017 began on October 1, 2016, and ended on September 30, 2017.

² Information provided by Netini Sene, Assistant Director of the Office of Curriculum and Instruction on August 31, 2016.

³ American Samoa *Office of Curriculum, Instruction, and Accountability Health Program Overview*.

⁴ Ibid.

⁵ Guam Department of Education, [www.web.archive.org/web/20060519221149/http://www.gdoe.net/ci/high_sch_crse_desc/hlth_phys_desc.pdf](http://www.gdoe.net/ci/high_sch_crse_desc/hlth_phys_desc.pdf).

⁶ Guam Public School System Health Education Program, [www.web.archive.org/web/20060509081945/http://www.gdoe.net/ci/curr_desc/hlth_ed_curr.htm](http://www.gdoe.net/ci/curr_desc/hlth_ed_curr.htm).

⁷ Guam Department of Education K-12 Content Standards and Performance Indicators, www.arkansased.gov/public/userfiles/Learning_Services/Curriculum%20and%20Instruction/Resource%20Mat/Foreign%20Lang/FW%20Com%20Files/U.S.%20States%20and%20Territories/Guam%20ContentStandardsfinalJune15,2010.pdf.

⁸ U.S. Virgin Islands Title XVII. Ch.5, § 41, www.lexisnexis.com/hottopics/vicode/.

⁹ Yokwe Online, "Majuro Chamber of Commerce Holds Forum on Education in the RMI," www.yokwe.net/index.php?module=News&func=display&sid=1399.

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- ¹⁰ Marshall Islands National Composite Policy Index 2007, http://data.unaids.org/pub/Report/2008/marshallislands_2008_ncpi_en.pdf.
- ¹¹ Republic of Palau Ministry of Education, “Education Master Plan,” www.palaumoe.net/phs/documents/Palau%20Education%20Master%20Plan%202006-2016.pdf.
- ¹² Palau High School Graduation Requirements, www.palaumoe.net/phs/Graduation_Requirements.php.
- ¹³ “Youth Online,” Centers for Disease Control and Prevention, <https://nccd.cdc.gov/youthonline/App/Default.aspx>.
- ¹⁴ “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.
- ¹⁵ “High School YRBS,” Centers for Disease Control and Prevention, <http://nccd.cdc.gov/youthonline/App/Default.aspx>.
- ¹⁶ 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.
- ¹⁷ “High School YRBS,” Centers for Disease Control and Prevention, <http://nccd.cdc.gov/youthonline/App/Default.aspx>.
- ¹⁸ 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.
- ¹⁹ “High School YRBS,” Centers for Disease Control and Prevention, <http://nccd.cdc.gov/youthonline/App/Default.aspx>.
- ²⁰ 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.
- ²¹ “School Health Profiles 2014,” Centers for Disease Control and Prevention, <https://nccd.cdc.gov/youthonline/App/Default.aspx>.
- ²² Ibid., pg. 51.
- ²³ Ibid., Table 9c.
- ²⁴ Ibid., Table 11c.
- ²⁵ Ibid., Table 9a.
- ²⁶ Ibid., Table 11a.
- ²⁷ Ibid., Table 9a.
- ²⁸ Ibid., Table 11a.
- ²⁹ Ibid., Table 9b.
- ³⁰ Ibid., Table 11b.
- ³¹ Ibid., Table 9b.
- ³² Ibid., Table 11b.
- ³³ Ibid., Table 9c.
- ³⁴ Ibid., Table 11c.
- ³⁵ Ibid., Table 13.
- ³⁶ Ibid., Table 39.
- ³⁷ Ibid., Table 9c.
- ³⁸ Ibid., Table 11c.
- ³⁹ Ibid., Table 9a.
- ⁴⁰ Ibid., Table 11a.
- ⁴¹ Ibid., Table 9a.
- ⁴² Ibid., Table 11a.
- ⁴³ Ibid., Table 9b.
- ⁴⁴ Ibid., Table 11b.
- ⁴⁵ Ibid., Table 9b.
- ⁴⁶ Ibid., Table 11b.

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- ⁴⁷ Ibid., Table 9c.
- ⁴⁸ Ibid., Table 11c.
- ⁴⁹ Ibid., Table 13.
- ⁵⁰ Ibid., Table 39.
- ⁵¹ Hamilton, B.E., et al., *Births: Final Data for 2015*. National Vital Statistics Reports, Vol. 66, No. 1 (January 5, 2017), www.cdc.gov/nchs/data/nvsr/nvsr66/nvsr66_01.pdf, Table 12.
- ⁵² 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.
- ⁵³ 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.
- ⁵⁴ 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.
- ⁵⁵ 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.
- ⁵⁶ Hamilton, B.E., et al., *Births: Final Data for 2015*. National Vital Statistics Reports, Vol. 66, No. 1 (January 5, 2017), www.cdc.gov/nchs/data/nvsr/nvsr66/nvsr66_01.pdf, Table 12.
- ⁵⁷ 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.
- ⁵⁸ 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.
- ⁵⁹ 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.
- ⁶⁰ 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.
- ⁶¹ NCHHSTP Atlas, “STD Surveillance Data” (Atlanta, GA: Centers for Disease Control and Prevention), <http://gis.cdc.gov/GRASP/NCHHSTPAtlas/main.html>.
- ⁶² Ibid.
- ⁶³ Ibid.
- ⁶⁴ Hamilton, B.E., et al., *Births: Final Data for 2015*. National Vital Statistics Reports, Vol. 66, No. 1 (January 5, 2017), www.cdc.gov/nchs/data/nvsr/nvsr66/nvsr66_01.pdf, Table 12.
- ⁶⁵ 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.
- ⁶⁶ 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.
- ⁶⁷ 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.
- ⁶⁸ 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.
- ⁶⁹ 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.

- ⁷⁰ 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.
- ⁷¹ 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.
- ⁷² 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.
- ⁷³ NCHHSTP Atlas, “STD Surveillance Data” (Atlanta, GA: Centers for Disease Control and Prevention), <http://gis.cdc.gov/GRASP/NCHHSTPAtlas/main.html>.
- ⁷⁴ Ibid.
- ⁷⁵ Ibid.
- ⁷⁶ 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.
- ⁷⁷ 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.
- ⁷⁸ 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.
- ⁷⁹ 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.
- ⁸⁰ “About Us – Youth to Youth in Health,” Idealist, www.idealists.org/view/nonprofit/49Hwp78Tz3xd/.
- ⁸¹ “Youth to Youth in Health,” Grantees (MH) – TPP Tier 1B, U.S. Department of Health and Human Services, Office of Adolescent Health, www.hhs.gov/ash/oah/grants/grantees/tpp/1b/youth-to-youth-in-health.html.
- ⁸² “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.
- ⁸³ “2017 State Personal Responsibility Education Program (PREP) Grantee Profiles,” Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, <https://www.acf.hhs.gov/fysb/resource/prep-grantee-profiles>.
- ⁸⁴ “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.
- ⁸⁵ Information provided by Aja Barretto, STX-PREP Coordinator, U.S. Virgin Islands Department of Human Services, June 22, 2017.
- ⁸⁶ Ibid.
- ⁸⁷ “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.
- ⁸⁸ Information provided by Augustine Sue, Data Specialist, Federated States of Micronesia Department of Health and Social Affairs, May 15, 2016; Information provided by Stuard H. Penias, Program Manager, Federated States of Micronesia Department of Health and Social Affairs, June 22, 2017.
- ⁸⁹ Ibid.
- ⁹⁰ “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.
- ⁹¹ Information provided by Cathryn Evanoff-Marino, Evaluator, Ministry of Education, June 18, 2017.
- ⁹² Ibid.

⁹³ “Competitive Personal Responsibility Education Program (PREP) Awards FY2017,” Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, <https://www.acf.hhs.gov/fysb/competitive-prep-awards-fy2017>.

⁹⁴ “Competitive Personal Responsibility 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/cprep-profiles; Information provided by Judith Clark, Hawaii Youth Service Network, June 29, 2017.

⁹⁵ “About Intersections, Inc.,” Intersections, www.intersectionsweb.com/index.php?option=com_content&view=article&id=118&Itemid=99.

⁹⁶ “Project Y.I.E.L.D.,” Intersections, www.intersectionsweb.com/index.php?option=com_content&view=article&id=112&Itemid=94.

⁹⁷ “Competitive Personal Responsibility 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/cprep-profiles.

⁹⁸ “Where We Serve – Pacific Islands,” WestCare, www.westcare.com/page/where-we-serve_PI.

⁹⁹ “Competitive Personal Responsibility 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/cprep-profiles.

¹⁰⁰ 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.

¹⁰¹ “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.

¹⁰² Information provided by Stuard H. Penias, Program Manager, Federated States of Micronesia Department of Health and Social Affairs, June 22, 2017.

¹⁰³ Ibid.

¹⁰⁴ “Title V State Abstinence Education Program Grantee Profiles,” Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, <https://www.acf.hhs.gov/fysb/resource/aegp-profiles>.