

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

## UTAH

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

- **Division of Adolescent and School Health funds totaling \$80,658**
- **Personal Responsibility Education Program funds totaling \$557,169**
- **Title V State Abstinence Education Program funds totaling \$511,743**

### SEXUALITY EDUCATION LAW AND POLICY

#### STATE LAW

Utah Code ([§ 53A-13-101](#) and [Administrative Code §§ R277-474](#) and [R277-700](#)) mandates the State Board of Education to establish curriculum requirements for grades 8–12 on the prevention of communicable diseases. This instruction must stress “the importance of abstinence from all sexual activity before marriage and fidelity after marriage as methods for preventing certain communicable diseases, and [the importance of] personal skills that encourage individual choice of abstinence and fidelity.”<sup>2</sup>

Among other limitations on what can be taught, the Utah Code states that “[a]t no time may instruction be provided, including responses to spontaneous questions raised by students, regarding any means or methods that facilitate or encourage the violation of any state or federal criminal law by a minor or adult.”<sup>3</sup> In Utah, consensual sexual intercourse outside of marriage is illegal.<sup>4</sup>

Utah Code, effectively amended in May 2017 to remove language that prohibited “advocacy of homosexuality,” further requires that materials used for instruction in health not include:

- I. the intricacies of intercourse, sexual stimulation, or erotic behavior;
- II. the advocacy of premarital or extra marital sexual activity; or
- III. the advocacy or encouragement of the use of contraceptive methods or devices;
- IV. the advocacy of sexual activity outside of marriage.<sup>5</sup>

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

Parents or guardians must give written permission in order for a student to participate in any form of sexuality education.<sup>7</sup> In 2015, [Utah Code Ann. § 53A-13-101.2](#) was updated to require parental written consent before providing sexuality education to the student. [This is referred to as an “opt-in” policy.](#)

### STATE STANDARDS

The [Elementary Core Curriculum: Responsible Healthy Lifestyles 3–6](#) and [Secondary Health Core Curriculum: The Road to Healthy Behaviors 7-12](#), which are suggested education standards produced by the Utah State Office of Education, provide greater detail regarding topics to be included based on grade levels. The *Elementary Core Curriculum* states that in grades 3–6, students should receive disease prevention and human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS) education.<sup>8</sup> According to the *Secondary Health Core Curriculum*, students should receive instruction that abstinence is the best way to prevent unintended pregnancy and sexually transmitted infections (STIs) beginning in grade 7.<sup>9</sup> Furthermore, instructors are told that a “strong abstinence message has *always been* and *will continue to be* an expected element” (emphasis in original) of sexuality education.<sup>10</sup> Schools are not required to follow this framework. However, local school districts must establish a curriculum materials review committee.<sup>11</sup> Curricula must be adopted after “an open and regular” school board meeting in which parents and guardians have an opportunity to testify about the curricula.<sup>12</sup>

Utah also provides [A Resource Guide for Parents and Teachers on Teaching Human Sexuality—Junior High School](#) and [A Resource Guide for Parents and Teachers on Teaching Human Sexuality—High School](#) for parents to educate themselves on the standards and laws regarding sexuality education in the state.

### STATE LEGISLATIVE SESSION ACTIVITY

SIECUS tracks all state legislative session activity in our state legislative reports. For more information on bills related to school-based sexuality education that were introduced or passed in 2016, please see 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\*](#).

### **UTAH YOUTH RISK BEHAVIOR SURVEY (YRBS) DATA**<sup>13</sup>

The following sexual health behavior and outcome data represent some of the most recent information available on the health of young people who attend high schools in Utah. Though not perfect—for instance, using broad race and ethnicity categories can often distort and aggregate the experiences of a diverse group of respondents—the YRBS is a critical resource for understanding the health behaviors of young people when used carefully and with an awareness of its limitations. Any missing data points indicate either a lack of enough respondents for a subcategory or the state's decision not to administer a question on the survey. SIECUS commends the Centers for Disease Control and Prevention (CDC) for conducting decades' worth of field studies to improve the accuracy and relevancy of the YRBS. Like the CDC, SIECUS underlines that “school and community interventions should focus not only on behaviors but also on the determinants of those behaviors.”<sup>14</sup>

#### Reported having been physically forced to have sexual intercourse

- In 2013, 8.9% of female high school students and 5.9% of male high school students in Utah reported having been physically forced to have sexual intercourse, compared to 10.5% of female high school students and 4.2% of male high school students nationwide.
- In 2013, 10.8% of Hispanic high school students and 6.5% of white high school students in Utah reported having been physically forced to have sexual intercourse, compared to 8.7% of Hispanic high school students and 6.1% of white high school students nationwide.

#### Reported experiencing physical dating violence

- In 2013, 7.7% of female high school students and 6.1% of male high school students in Utah reported experiencing physical dating violence in the prior year, compared to 13% of female high school students and 7.4% of male high school students nationwide.
- In 2013, 12.6% of Hispanic high school students and 7.3% of white high school students in Utah reported experiencing physical dating violence in the prior year, compared to 10.4% of Hispanic high school students and 9.7% of white high school students nationwide.

#### Reported experiencing sexual dating violence

- In 2013, 15.1% of female high school students and 6.4% of male high school students in Utah reported experiencing sexual dating violence in the prior year, compared to 14.4% of female high school students and 6.2% of male high school students nationwide.

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- In 2013, 15.6% of Hispanic high school students and 9.5% of white high school students in Utah reported experiencing sexual dating violence in the prior year, compared to 11.5% of Hispanic high school students and 9.8% of white high school students nationwide.

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

### **UTAH SCHOOL HEALTH PROFILES DATA**<sup>15</sup>

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

Utah did not report information as to instruction on the 16 sexual education topics in secondary schools for the 2013–2014 school year.

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

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

*Source: School Health Profiles, 2014*

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

### **UTAH TEEN PREGNANCY, HIV/AIDS, AND OTHER SEXUALLY TRANSMITTED DISEASE (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

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to support the sexual health and wellbeing of young people, it is important to use the data to advance their access to comprehensive education, resources, and services. However, the data is not intended to be used in a manner that is stigmatizing or shaming: Young people have the right to make informed decisions about their health and wellbeing, but this right must be accompanied by the ability to access and understand all available choices. Therefore, the following data should be used to advance a young person's right to make informed decisions about their body and health.

### Teen Pregnancy, Birth, and Abortion

- In 2013, Utah had the 45th highest reported teen pregnancy rate in the United States, with a rate of 28 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 43 per 1,000.<sup>17</sup> There were a total of 3,120 pregnancies among young women ages 15–19 reported in Utah in 2013.<sup>18</sup>
- In 2015, Utah had the 37th highest reported teen birth rate in the United States, with a rate of 17.6 births per 1,000 young women ages 15–19, compared to the national rate of 22.3 per 1,000.<sup>19</sup> There were a total of 2,021 live births to young women ages 15–19 reported in Utah in 2015.<sup>20</sup>
- In 2011, Utah had the 49th highest reported teen abortion rate<sup>21</sup> in the United States, with a rate of 3 abortions per 1,000 young women ages 15–19, compared to the national rate of 11 per 1,000.<sup>22</sup> There were a total of 380 abortions among young women ages 15–19 reported in Utah in 2013.<sup>23</sup>

### HIV and AIDS

- In 2015, the reported rate of diagnoses of HIV infection among adolescents ages 13–19 in Utah was 0.6 per 100,000, compared to the national rate of 5.8 per 100,000.<sup>24</sup>
- In 2015, the reported rate of AIDS diagnoses among adolescents ages 13–19 in Utah was 0.0 per 100,000, compared to the national rate of 0.7 per 100,000.<sup>25</sup>
- In 2015, the reported rate of diagnoses of HIV infection among young adults ages 20–24 in Utah was 5.2 per 100,000, compared to the national rate of 31.1 per 100,000.<sup>26</sup>
- In 2015, the reported rate of AIDS diagnoses among young adults ages 20–24 in Utah was 0.8 per 100,000, compared to the national rate of 5.6 per 100,000.<sup>27</sup>

### STDs

- In 2015, Utah had the 49th highest rate of reported cases of chlamydia among young people ages 15–19 in the United States, with an infection rate of 999.0 cases per 100,000, compared to the national rate of 1,857.8 per 100,000. In 2015, there were a total of 2,262 cases of chlamydia among young people ages 15–19 reported in Utah.<sup>28</sup>

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- In 2015, Utah had the 47th highest rate of reported cases of gonorrhea among young people ages 15–19 in the United States, with an infection rate of 60.9 cases per 100,000, compared to the national rate of 341.8 per 100,000. In 2015, there were a total of 138 cases of gonorrhea among young people ages 15–19 reported in Utah.<sup>29</sup>
- In 2015, Utah had the 41st highest rate of reported cases of primary and secondary syphilis among young people ages 15–19 in the United States, with an infection rate of 1.8 cases per 100,000, compared to the national rate of 5.4 per 100,000. In 2015, there were a total of 4 cases of syphilis reported among young people ages 15–19 in Utah.<sup>30</sup>

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

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

**FISCAL YEAR 2017 FEDERAL FUNDING IN UTAH**

<b>Grantee</b>	<b>Award</b>
<b>Division of Adolescent and School Health (DASH)</b>	
Utah Department of Health	\$80,658
<b>TOTAL</b>	<b>\$80,658</b>
<b>Personal Responsibility Education Program (PREP)</b>	
PREP State-Grant Program	
Utah Department of Health (federal grant)	\$557,169
<b>TOTAL</b>	<b>\$557,169</b>
<b>Title V Abstinence-Only-Until-Marriage Program (Title V AOUM)</b>	
Utah Department of Health (federal grant)	\$511,743
<b>TOTAL</b>	<b>\$511,743</b>
<b>GRAND TOTAL</b>	
	<b>\$1,149,570</b>

**Division of Adolescent and Sexual 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

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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 Utah funded to strengthen student health through ESHE, SHS, and SSE (1308 Strategy 2).

In addition, DASH funds local education agencies and NGOs to implement multiple program activities to meet the HIV- 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 Utah funded to deliver YMSM programming (1308 Strategy 4).

DASH also provides funding for state, territorial, and local education agencies and state health agencies to establish and strengthen systematic procedures to collect and report YRBS and School Health Profiles data for policy and program improvements.

- In FY 2017, there was one DASH grantee in Utah funded to collect and report YRBS and School Health Profiles data (1308 Strategy 1): The Utah Department of Health (\$80,658).

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

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

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

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 2017, there were no TPPP grantees in Utah.

**PERSONAL RESPONSIBILITY EDUCATION PROGRAM (PREP)**

The Family and Youth Services Bureau (FYSB), within the Administration for Children and Families (ACF) division of HHS, administers PREP, which was authorized for a total of \$75 million in FY 2017 for the state-grant program; local entities through the competitively awarded Personal Responsibility Education Innovative Strategies (PREIS) program; and the Tribal PREP, which funds tribes and tribal organizations. In addition, provisions within the PREP statute enable a competitive application process for community- and faith-based organizations within states and territories that do not directly seek PREP state grants to apply for funding through the Competitive Personal Responsibility Education Program (CPREP).

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

PREP State-Grant Program

State-grant PREP supports evidence-based programs that provide young people with medically accurate and age-appropriate information for the prevention of unintended pregnancy, HIV, and other STDs. In FY 2017, 44 states, the District of Columbia, the Federated States of Micronesia, Guam, Puerto Rico, the Republic of Palau, and the Virgin Islands received PREP state-grant funds. Funded programs must discuss abstinence and contraception and place substantial emphasis on both. Programs must also address at least three of the following adulthood preparation subjects: healthy relationships, positive adolescent development, financial literacy, parent-child communication skills, education and employment skills, and healthy life skills.

- In FY 2017, the Utah Department of Health, received \$557,169 in federal PREP funds.<sup>31</sup>
- The agency provides sub-grants to five local public and private entities. The sub-grantee information is listed below.<sup>32</sup>

<b>Sub-grantee</b>	<b>Serving</b>	<b>Amount</b>
Bear River Health Department	Box Elder and Cache Counties	\$112,000
Salt Lake County Health Department	Salt Lake County	\$362,000
Tooele County Health Department	Tooele County	\$106,520
Urban Indian Center	Statewide	\$103,949
Weber-Morgan Health Department	Morgan and Weber Counties	\$120,000

The Utah Department of Health, Division of Family Health and Preparedness, implements the state’s PREP grant, which provides funding to community-based public and private entities. Funded programs serve young people ages 14–19 with a specific focus on young people in the Utah juvenile justice system, young Latinos, teen mothers, and young people residing in areas with birth rates higher than Utah’s state birth rate. Urban Indian Center will target young American Indian people statewide. The Department of Health has



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identified five curricula that sub-grantees may use: *All4You!, Be Proud! Be Responsible!, Be Proud! Be Responsible! Be Protective!, Get Real, and Families Talking Together*. Programming is implemented in the following counties: Box Elder, Cache, Weber, Morgan, Tooele, Salt Lake.<sup>33</sup>

### Personal Responsibility Education Innovative Strategies (PREIS)

PREIS supports research and demonstration programs to develop, replicate, refine, and test innovative models for preventing unintended teen pregnancy, HIV, and other STDs.

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

### 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 Utah.

### Competitive Personal Responsibility Education Program (CPREP)

CPREP grants support evidence-based programs that provide young people with medically accurate and age-appropriate information for the prevention of unintended pregnancy, HIV, 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, Utah received PREP state-grant funding; therefore, entities in Utah were not eligible for CPREP.

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

The Title V “abstinence education” state grant program for AOUM programming, or the Title V AOUM program, is administered by FYSB, within ACF of HHS, and was authorized at \$75 million for FY 2017. The Title V AOUM program requires states to provide three state-raised dollars, or the equivalent in services, for every four federal dollars received. The state match may be provided in part or in full by local groups. All programs funded by Title V AOUM must exclusively promote abstinence from sexual activity and may provide mentoring, counseling, and adult supervision toward this end.<sup>34</sup>

- In FY 2017, the Utah Department of Health received \$511,743 in federal Title V AOUM funding.<sup>35</sup>
- The agency provides sub-grants to five local public and private entities. The sub-grantee information is listed below.<sup>36</sup>
- In Utah, sub-grantees provide the match through a combination of in-kind funds and local dollars.

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

The Utah Department of Health implements the state’s Title V AOUM program. Funded programs serve young people ages 10-16 with a specific focus on young people residing in areas of Utah with teen birth rates higher than the Utah state rate, young Latinos, and young people in the Utah juvenile justice system. Sub-grantees provide programming in both school- and community-based settings across Salt Lake, Tooele, Utah, Weber, Morgan, Uintah, and Duchesne counties, and are using the following four curricula: *Choosing the Best, Making a Difference!*, *Teen Outreach Program (TOP)*, and *Heritage Keepers*.<sup>37</sup>

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

Administered by FYSB within ACF of HHS, the SRAE program—a rebranding of the competitive AOUM grant program—provides funding for public and private entities for programs that “teach young people to voluntarily refrain from non-marital sexual activity and prevent other youth risk behaviors.” These programs are also required by statute to “teach the benefits associated with self-regulation; success sequencing for poverty prevention; healthy relationships; goal setting and resisting sexual coercion; dating violence; and other youth risk behaviors, such as underage drinking or illicit drug use, without normalizing teen sexual activity.” In FY 2017, \$15 million was appropriated for the SRAE grant program, and \$13.5 million was awarded to 27 grantees in 14 states through a competitive application process.

- In FY 2017, there were no SRAE grantees in Utah.

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- <sup>1</sup> This refers to the federal government’s fiscal year, which begins on October 1 and ends on September 30. The fiscal year is designated by the calendar year in which it ends; for example, FY 2017 began on October 1, 2016, and ended on September 30, 2017.
- <sup>2</sup> Utah Code §§ 53A-13-101(1)(b)(i)(A) and (B), [http://le.utah.gov/xcode/Title53A/Chapter13/53A-13-S101.html?v=C53A-13-S101\\_1800010118000101](http://le.utah.gov/xcode/Title53A/Chapter13/53A-13-S101.html?v=C53A-13-S101_1800010118000101).
- <sup>3</sup> Utah Code § 53A-13-101(1)(b)(ii), [http://le.utah.gov/xcode/Title53A/Chapter13/53A-13-S101.html?v=C53A-13-S101\\_1800010118000101](http://le.utah.gov/xcode/Title53A/Chapter13/53A-13-S101.html?v=C53A-13-S101_1800010118000101).
- <sup>4</sup> Utah Code § 76-7-104(1), <http://le.utah.gov/xcode/Title76/Chapter7/76-7-S104.html>.
- <sup>5</sup> Utah Code §§ 53A-13-101(1)(c)(iii)(A)(I)–(IV), [http://le.utah.gov/xcode/Title53A/Chapter13/53A-13-S101.html?v=C53A-13-S101\\_1800010118000101](http://le.utah.gov/xcode/Title53A/Chapter13/53A-13-S101.html?v=C53A-13-S101_1800010118000101).
- <sup>6</sup> Utah Admin. Code § R277-474-5(A), <http://rules.utah.gov/publicat/code/r277/r277-474.htm>.
- <sup>7</sup> Utah Admin. Code § R277-474-1(H).
- <sup>8</sup> *Elementary Core Curriculum: Responsible Healthy Lifestyles 3–6* (Salt Lake City, UT: Utah State Office of Education, 1997), <http://schools.utah.gov/CURR/healthpe/Core-Curriculum/3-6HealthCore.aspx>, 6.
- <sup>9</sup> *Secondary Health Core Curriculum* (Salt Lake City, UT: Utah State Office of Education, 1997), <http://schools.utah.gov/CURR/healthpe/Core/Health712.aspx>, 11.
- <sup>10</sup> *Ibid.*, 2.
- <sup>11</sup> Utah Admin. Code § R277-474-5(C).
- <sup>12</sup> Utah Code § 53A-13-101(1)(c)(iii)(B).
- <sup>13</sup> “Youth Online,” Centers for Disease Control and Prevention, <https://nccd.cdc.gov/youthonline/App/Default.aspx>.
- <sup>14</sup> “Methodology of the Youth Risk Behavior Surveillance System – 2013,” pg. 17, Centers for Disease Control and Prevention, [www.cdc.gov/mmwr/pdf/rr/rr6201.pdf](http://www.cdc.gov/mmwr/pdf/rr/rr6201.pdf).
- <sup>15</sup> “School Health Profiles 2014,” Centers for Disease Control and Prevention, <https://nccd.cdc.gov/youthonline/App/Default.aspx>.
- <sup>16</sup> *Ibid.*, pg. 51.
- <sup>17</sup> Arpaia, A., Kost, K., and Maddow-Zimet, I., *Pregnancies, Births and Abortions Among Adolescents and Young Women in the United States, 2013: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2017), [https://www.guttmacher.org/sites/default/files/report\\_downloads/us-adolescent-pregnancy-trends-2013\\_tables.pdf](https://www.guttmacher.org/sites/default/files/report_downloads/us-adolescent-pregnancy-trends-2013_tables.pdf), Table 2.5.
- <sup>18</sup> *Ibid.*, Table 2.6.
- <sup>19</sup> “Teen Birth Rate Comparison, 2015 Among Girls Age 15-19,” The National Campaign to Prevent Teen and Unplanned Pregnancy, [www.thenationalcampaign.org/data/compare/1701](http://www.thenationalcampaign.org/data/compare/1701).
- <sup>20</sup> United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2007-2015, on CDC WONDER Online Database, February 2017. Accessed at <http://wonder.cdc.gov/nativity-current.html>.
- <sup>21</sup> “Abortion” used in this context refers to legally induced abortions. This rate does not include abortions that occur outside of health care facilities or are unreported. Unfortunately, there is no reliable source of information for actual rates of abortion.
- <sup>22</sup> Arpaia, A., Kost, K., and Maddow-Zimet, I., *Pregnancies, Births and Abortions Among Adolescents and Young Women in the United States, 2013: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2017), [https://www.guttmacher.org/sites/default/files/report\\_downloads/us-adolescent-pregnancy-trends-2013\\_tables.pdf](https://www.guttmacher.org/sites/default/files/report_downloads/us-adolescent-pregnancy-trends-2013_tables.pdf), Table 2.5.

<sup>23</sup> Ibid., Table 2.6.

<sup>24</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>25</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>26</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>27</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>28</sup> NCHHSTP Atlas, “STD Surveillance Data” (Atlanta, GA: Centers for Disease Control and Prevention), <http://gis.cdc.gov/GRASP/NCHHSTPAtlas/main.html>.

<sup>29</sup> Ibid.

<sup>30</sup> Ibid.

<sup>31</sup> “2017 State Personal Responsibility Education Program (PREP) Awards,” Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, [www.acf.hhs.gov/fysb/resource/2017-state-prep-awards](http://www.acf.hhs.gov/fysb/resource/2017-state-prep-awards).

<sup>32</sup> Information provided by Elizabeth Gerke, PREP and Abstinence Education Coordinator, Maternal and Infant Health Program, Utah Department of Health, June 15, 2017.

<sup>33</sup> Ibid.

<sup>34</sup> 42 U.S.C. 710, Title V, Section 510 of the Social Security Act, the authorization for the Title V AOUM grant program, defines “abstinence education” as “an educational or motivational program which:

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

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

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

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

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

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

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

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

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

<sup>35</sup> “2017 Title V State Abstinence Education Program Grant Awards,” Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, [www.acf.hhs.gov/fysb/resource/2017-aeep-awards](http://www.acf.hhs.gov/fysb/resource/2017-aeep-awards).

<sup>36</sup> Information provided by Elizabeth Gerke, PREP and Abstinence Education Coordinator, Maternal and Infant Health Program, Utah Department of Health, June 15, 2017.

<sup>37</sup> Ibid.