

March 14, 2017

The Honorable Thad Cochran
Chairman
Committee on Appropriations
United States Senate
Washington, DC 20510

The Honorable Patrick Leahy
Vice Chairman
Committee on Appropriations
United States Senate
Washington, DC 20510

The Honorable Rodney Frelinghuysen
Chairman
Committee on Appropriations
United States House of Representatives
Washington, DC 20515

The Honorable Nita Lowey
Ranking Member
Committee on Appropriations
United States House of Representatives
Washington, DC 20515

Dear Chairman Cochran, Vice Chairman Leahy, Chairman Frelinghuysen, and Ranking Member Lowey:

On behalf of the 95 undersigned organizations, dedicated to the health and welfare of our nation's youth, we respectfully request your support for the requests below during the final fiscal year (FY) 2017 and FY 2018 funding deliberations. As organizations committed to supporting adolescent sexual health programs—the Office of Adolescent Health's (OAH) Teen Pregnancy Prevention Program (TPPP) and the Centers for Disease Control and Prevention (CDC) Division of Adolescent School Health (DASH)—we know firsthand the vital role these federal programs play in supporting the health of young people and communities. The current federal investment in research-based adolescent sexual health promotion programs is an important step toward supporting young people, but much remains to be done to strengthen, enhance, and expand these efforts.

Restore Funding for the Teen Pregnancy Prevention Program (TPPP)

Support evidence-based and community approaches to healthy youth development and unintended teen pregnancy prevention by increasing funding for TPPP to \$130 million and support a minimum of \$6.8 million in evaluation transfer authority in final funding for FY 2017 and in FY 2018.

Since FY 2010, TPPP has supported community driven research-based approaches to enhance the healthy development of young people. In its first five-year awards cycle, TPPP served more than half a million young people; trained more than 7,000 professionals; and partnered with over 3,000 community-based organizations. In July 2015, after receiving over 400 applications for the second round of funding, OAH awarded 84 organizations in 33 states, DC, and the Marshall Islands funds for capacity building to support implementation of evidence-based programs; to replicate evidence-based programs in communities with greatest needs; to support early innovation to advance adolescent health; and rigorous evaluation of new approaches to prevent unintended teen pregnancy. These programs, expected to serve nearly 300,000 young people each year, must be medically accurate, age-appropriate, and based on or informed by evidence. In addition, TPPP evaluation funds are used to examine the efficacy of programs to inform new and innovative adolescent health promotion approaches.

Continue Support for the Division of Adolescent and School Health (DASH)

Strengthen education agencies' ability to assist districts and schools' efforts to support student health as well as leading school health research and adolescent health behaviors by bolstering DASH funding to \$50 million in final funding for FY 2017 and in FY 2018.

DASH is a unique source of support for HIV, and other STI prevention efforts in our nation's schools, providing funding and expert guidance to state and local education agencies to assist schools in implementing HIV and other STI and sexual health education, supporting student access to health care, and enabling safe and supportive environments for staff and students. Though previously a nationwide program, DASH is currently only funding 18 state education agencies and 17 school districts for this work. In addition, however, the Division leads research, evaluation, and efforts to expand our knowledge of adolescent health, all of which serve a critical role in our ability to document and respond to public health trends and challenges.

Eliminate Funding for the Abstinence-Only-Until-Marriage “Sexual Risk Avoidance Education” Grant Program

End the more than \$2 billion wasted on ineffective and harmful programs by eliminating “sexual risk avoidance education” in final funding for FY 2017.

Decades of rigorous research has demonstrated that programs with the sole aim of promoting abstinence-until-marriage (AOUM) are ineffective at their sole goal. Federally-funded and independent analyses alike have found that youth participating in such programs were no more likely to abstain from sexual activity than those who did not participate in the program.¹ Moreover, AOUM programs withhold necessary and lifesaving information that allow young people to make informed and responsible decisions about their health. In addition, AOUM programs have been found to include content that reinforces gender stereotypes, ostracizes and often denigrates lesbian, gay, bisexual, transgender, queer and questioning (LGBTQ) youth, stigmatizes sexually active young people, and fails to consider the experiences of youth who have been sexually abused. Rather than protecting and supporting young people, AOUM programs squander opportunities for youth to become empowered to make healthy decisions about their health and well-being.

The availability and quality of sexual health information and sexuality education varies drastically across the country. Less than half of all high schools and only 20% of middle schools in the U.S. provide all 16 of the CDC-identified topics critical to ensuring sexual health. In addition, many young people face systemic barriers to accessing health information and services, resulting in persistent inequity and health disparities.² Health and well-being is about more than just the absence of diseases, or in the case of sexual health, the absence of HIV and other sexually transmitted infections (STIs), unintended pregnancy, or sexual violence.

The data on these points alone, however, remain largely unchanged and alarming in recent years, continuing to highlight the need for additional resources to serve young people most in need of sexual health education.

- Young people under the age of 25 accounted for more than 1 in 5 new HIV infections in 2014 and HIV infection rates are increasing among young people, particularly among young Black and Latino men who have sex with men.³
- Half of the nearly 20 million estimated new STIs each year in the U.S. occur among people ages 15–24 and young people under age 25 accounted for 64% of all chlamydia cases in 2015.⁴
- Pregnancy and birth rates among those ages 15–19 have reached historic lows, yet 75% of pregnancies among these young people are unintended.⁵

- In 2015, 11% of all high school students reported being sexually assaulted by a partner and 10% reported experiencing intimate partner violence within the prior year.⁶
- Lesbian, gay, and bisexual high school students are more than twice as likely than their heterosexual peers to experience partner violence, be sexually assaulted by a partner, or forced to have sex. LGB students are also nearly twice as likely to be bullied at school and online and more than 1 in 10 LGB students report missing school due to safety concerns.⁷

Research has shown that access to medically accurate sex education works to promote robust adolescent health. This helps young people delay having sex, use condoms and contraception when they do become sexually active, and reduces unintended pregnancies.⁸ Programs that are inclusive of LGBTQ youth and LGBTQ-related resources ultimately promote academic achievement and overall health.⁹ Equipping young people with sexual decision-making and relationship skills results in safer sexual behaviors.¹⁰ Additionally, promoting gender equity reduces physical aggression between intimate partners and improves safer sex practices for all genders.¹¹

Given federal budget constraints, strategic investment is essential. Not only do both TPPP and DASH further our nation’s health goals, but the efforts they support are also cost-effective. For instance, for every dollar invested in school-based HIV and other STI prevention programs, \$2.65 is saved in medical costs and lost productivity.¹²

The evidence of need as well as program cost-savings demonstrate that an increase to \$130 million for TPPP, continued support for TPPP evaluation, and increased funding to \$50 million for DASH would be resources well invested toward securing the lifelong health of young people. Conversely, we must put an end to the wasteful spending on harmful programs like those supported by the “sexual risk avoidance education” grant program. Young people deserve the information, education, and resources they need to make healthy decisions about their lives. Significantly more can, and needs, to be done to support the sexual health education of our nation’s youth.

Thank you for your consideration and attention to our request.

Sincerely,

30 for 30 Campaign
 ACRIA (New York)
 Advocates for Youth
 AIDS Alabama (Alabama)
 AIDS Alabama South, LLC (Alabama)
 AIDS Alliance for Women, Infants, Children, Youth & Families
 The AIDS Institute
 American Academy of Pediatrics
 American Psychological Association
 American School Health Association
 American Sexual Health Association

APLA Health (California)
Association of Nurses in AIDS Care
Buddies of New Jersey, Inc. (New Jersey)
Callen-Lorde Community Health Center (New York)
Cascade AIDS Project (Oregon)
Center for Inquiry
Colorado Youth Matter (Colorado)
Community Healthcare Network (New York)
Connecticut Association of Administrators of Health and Physical Education (CAAHPE) (Connecticut)
Drexel Women's Care Center (Pennsylvania)
EngenderHealth (New York, Texas, and the District of Columbia)
EyesOpenIowa (Iowa)
Fresno Barrios Unidos (California)
Georgia Campaign for Adolescent Power & Potential (Georgia)
Girls Inc.
Girls Inc. Chattanooga (Tennessee)
Girls Inc. of Albany, GA (Georgia)
Girls Inc. of Bay County (Florida)
Girls Inc. of Dothan (Alabama)
Girls Inc. of Greater Los Angeles (California)
Girls Inc. of Greater Philadelphia & Southern New Jersey (Pennsylvania)
Girls Inc. of Holyoke (Massachusetts)
Girls Inc. of Long Island (New York)
Girls Inc. of Memphis (Tennessee)
Girls Inc. of NYC (New York)
Girls Inc. of Santa Fe (New Mexico)
Girls Inc. of the Pacific Northwest (Oregon)
Girls Incorporated of Greater Lowell (Massachusetts)
Girls Incorporated of Kingsport (Tennessee)
Girls Incorporated of Sioux City (Iowa)
Gladys Allen Brigham Com. Ctr. & Girls Inc. of the Berkshires (Massachusetts)
Healthy and Free Tennessee (Tennessee)
Healthy Teen Network
HIV Medicine Association
Human Rights Campaign
Illinois Caucus for Adolescent Health (Illinois)
Lambda Legal
Legal Voice (Alaska, Idaho, Montana, Oregon, and Washington)
Lorentson Consulting

Love Heals the Alison Gertz Foundation for AIDS Education (New York)
Mass Alliance on Teen Pregnancy (Massachusetts)
Michigan Organization on Adolescent Sexual Health (Michigan)
Mississippi First/Teen Health Mississippi (Mississippi)
Nashville CARES (Tennessee)
NASTAD
National Association of County and City Health Officials
National Black Women's HIV/AIDS Network, Inc.
National Coalition for LGBT Health
National Coalition of STD Directors
National Council of Jewish Women
National Council of Jewish Women Los Angeles Section (California)
National Council of Jewish Women Sarasota-Manatee Section (Florida)
National Council of Jewish Women Seattle Section (Washington)
National Family Planning & Reproductive Health Association
National Organization for Women
National Partnership for Women & Families
National Women's Law Center
NMAC
Ntarupt - the North Texas Alliance to Reduce Unintended Pregnancy in Teens (Texas)
Oklahoma Coalition for Reproductive Justice (Oklahoma)
Physicians for Reproductive Health
Planned Parenthood Federation of America
Population Connection Action Fund
Population Institute
Prevention Access Campaign (New York)
Project Inform
San Francisco AIDS Foundation (California)
Secular Student Alliance (Ohio)
Sexuality Information and Education Council of the U.S. (SIECUS)
SisterLove, Inc (Georgia)
SisterReach (Tennessee)
Society for Adolescent Health and Medicine
Southern AIDS Coalition
Surge Reproductive Justice (Washington)
Teen Pregnancy & Prevention Partnership (Missouri)
Temple University Institute on Adolescent Sexual Health (Pennsylvania)
Texas Freedom Network (Texas)
Treatment Action Group

Union for Reform Judaism
Unitarian Universalist Humanist Association
URGE: Unite for Reproductive & Gender Equity
Women Organized to Respond to Life-threatening Diseases (California)
Women's City Club of New York (New York)
WV FREE (West Virginia)

Cc:

The Honorable Mitch McConnell
The Honorable Chuck Schumer
The Honorable Roy Blunt
The Honorable Patty Murray
The Honorable Paul Ryan
The Honorable Nancy Pelosi
The Honorable Tom Cole
The Honorable Rosa DeLauro

¹ Christopher Trenholm, et. al., *Impacts of Four Title V, Section 510 Abstinence Education Programs: Final Report*. Trenton, NJ: Mathematica Policy Research, April 2007, available at www.mathematica-mpr.com/publications/PDFs/impactabstinence.pdf. Guide to Community Preventive Services, *HIV/AIDS, other STIs and Teen Pregnancy: Group-Based Abstinence Education Interventions for Adolescents*, June 2009, www.thecommunityguide.org/content/abstinence-education-and-comprehensive-risk-reduction-for-teens.

² Centers for Disease Control and Prevention, *Health Disparities*, Atlanta, GA: U.S. Department of Health and Human Services, September 2015, www.cdc.gov/healthyouth/disparities/.

³ Centers for Disease Control and Prevention, *HIV Among Youth*, Atlanta, GA: U.S. Department of Health and Human Services, April 2016, www.cdc.gov/hiv/group/age/youth/.

⁴ Centers for Disease Control and Prevention, *Sexually Transmitted Disease Surveillance 2015*, Atlanta, GA: U.S. Department of Health and Human Services, October 2016, www.cdc.gov/std/stats15/std-surveillance-2015-print.pdf.

⁵ Katherine Kost and Isaac Maddow-Zimet, U.S. Teenage Pregnancies, Births and Abortions, 2011: National Trends by Age, Race and Ethnicity, Guttmacher Institute, 2016, www.guttmacher.org/sites/default/files/report_pdf/us-teen-pregnancy-trends-2011_0.pdf; Lawrence B. Finer and Mia R. Zolna, Declines in Unintended Pregnancy in the United States, 2008 – 2011, *The New England Journal of Medicine*, 2016, www.nejm.org/doi/pdf/10.1056/NEJMsa1506575.

⁶ Centers for Disease Control and Prevention, *2015 Youth Risk Behavior Survey*, Atlanta, GA: U.S. Department of Health and Human Services, 2016, www.cdc.gov/yrbs.

⁷ Centers for Disease Control and Prevention, *Sexual Identity, Sex of Sexual Contacts, and Health-Related Behaviors Among Students in Grade 9-12 – United States and Selected Sites, 2015*, Atlanta, GA: U.S. Department of Health and Human Services, 2016, www.cdc.gov/healthyouth/data/yrbs/results.htm.

⁸ Secura, Gina M., et al, *Provision of No-Cost, Long-Acting Contraception and Teenage Pregnancy*, *New England Journal of Medicine* 2014; 371:1316-1323, www.nejm.org/doi/full/10.1056/NEJMoa1400506; Guide to Community Preventive Services, Preventing HIV/AIDS, other STIs, and teen pregnancy: group-based comprehensive risk reduction interventions for adolescents, June 2009, www.thecommunityguide.org/hiv/riskreduction.html.

⁹ Schalet, Amy T., et al, "Invited Commentary: Broadening the Evidence for Adolescent Sexual and Reproductive Health and Education in the United States," *Journal of Youth and Adolescence* 2014; 43:1595–1610, <http://link.springer.com/article/10.1007/s10964-014-0178-8>.

¹⁰ Ibid.

¹¹ Ibid.

¹² Wang L, Davis M, Robin L, Collins J, Coyle K. "Economic evaluation of Safer Choices: a school-based HIV/STD and pregnancy prevention program." *Archives of Pediatrics & Adolescent Medicine* 2000;154 (10):1017–1024.