

March 12, 2018

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:

The undersigned 118 organizations committed to supporting the sexual and reproductive health and rights of young people, request your support for fiscal year (FY) 2019 funding that help to ensure the health of our nation's youth. We urge you to protect the integrity of, and provide additional funding for, the Office of Adolescent Health's Teen Pregnancy Prevention Program (TPPP) and increase support for the Centers for Disease Control and Prevention's (CDC) school based HIV prevention efforts. We also encourage the elimination of the abstinence-only "sexual risk avoidance" competitive grant program.

Young people face barriers to accessing health information, education, and services, resulting in persistent inequity and health disparities. While a young person's health and wellbeing is about more than just the absence of disease, or in the case of sexual health, the absence of HIV and other STIs, unintended pregnancy, or sexual violence, the adolescent data on these points alone remain largely unchanged and alarming in recent years.

You've likely seen some of these statistics: young people under the age of 25 account for more than 1 in 5 new HIV infections;<sup>i</sup> half of the nearly 20 million estimated new STI cases each year in the U.S. occur among those ages 15-24;<sup>ii</sup> 75% of pregnancies among young people ages 15-19 are unintended compared to an overall unintended pregnancy rate of 45% across all age groups;<sup>iii</sup> and 1 in 10 high school students have been sexually or physically assaulted, with the same rate of females reporting having been forced to have sex by the end of 12th grade.<sup>iv</sup> Marginalized young people, such as young people of color, LGBTQ young people, and adolescents with differing abilities, face disproportionate indicators of a lack of systemic supports for their sexual health. Lesbian, gay, and bisexual high school students, for example, are more than twice as likely as their heterosexual peers to experience partner violence, be sexually assaulted by a partner, or be forced to have sex.<sup>v</sup> Further, 75% of transgender youth feel unsafe at school, are more likely to have lower grades than their peers, and are more likely to miss school out of concern for their safety.<sup>vi</sup>

These data continue to highlight the importance of additional resources to better meet the needs of young people, particularly as the availability and quality of sexual health information and sexuality education varies drastically across the country. According to the most recent CDC findings, less than 40% of all high schools and only 14% of middle schools in the U.S. provide all of the 19 topics CDC deemed essential to ensuring sexual health.<sup>vii</sup>

Fortunately, research has shown us how we can better assist young people in leading healthy lives. Access to medically accurate programs that include sexual health information beyond abstinence works to promote adolescent health. These programs help young people determine if and when to have sex, teach them how to use condoms and contraception when they do so, and reduce unintended pregnancies.<sup>viii</sup> Programs that are inclusive of LGBTQ youth and LGBTQ-related resources ultimately promote academic achievement and overall health.<sup>ix</sup> Equipping young people with sexual decision-making and relationship skills results in safer sexual behaviors. Additionally, promoting gender equity reduces physical aggression between intimate partners and improves safer sex practices for all genders.<sup>x</sup>

### **Support Funding for TPPP**

*Provide \$130 million in budget authority and \$6.8 million in evaluation transfer authority to support the continuation of a wide-range of evidence-based and informed community approaches to healthy youth development and unintended pregnancy prevention. This additional funding would increase the number of trained educators, community partnerships, young people served, and expand the body of evidence available to best meet their needs.*

TPPP was established in 2010 to support community-driven, evidence-based or informed, medically accurate, and age-appropriate approaches to preventing pregnancy among adolescents, involving parents, educators, researchers, and providers. In the first five years of TPPP alone, more than 7,000 professionals were trained, 3,000 community-based partnerships were developed, eight new innovative programs were identified as contributing to positive health behavior change, and over half a million young people were served. Prior to attacks on future funding and the early termination of 84 projects spanning 33 states, DC, and the Marshall Islands--from five years to three--the second program round was on track to reach 1.2 million young people.<sup>xi</sup>

In addition, TPPP evaluation funds have been used to examine the efficacy of programs to inform new and innovative adolescent health promotion approaches. The findings from evaluations of the first TPPP grant cycle contributed to the body of evidence that guides educators in making program decisions and highlighted the importance of continued investment in new programs and strategies for various settings and audiences.<sup>xii</sup> Learning both what works and what doesn't to support adolescent health is equally important; in building this evidence base and sharing it with communities and educators, TPPP is promoting a science-based approach to the prevention of unintended pregnancy among young people.

### **Support Funding for CDC's School Based HIV Prevention**

*Provide \$50 million for CDC's school-based HIV prevention efforts within the Division of Adolescent and School Health (DASH) to enable robust assistance to states, districts, and*

*schools in their efforts to support student health and to lead research on school health and a range of adolescent health behaviors.*

The CDC provides a unique source of support for adolescent health education in our nation's schools by seeking to promote education, health access, and environments where young people can gain fundamental health knowledge and skills and establish healthy behaviors. Currently, DASH supports capacity building efforts through 18 state education agencies and 17 school districts for HIV and STI prevention in schools that integrates substance use prevention, violence prevention, and other public health approaches. The work within DASH expands the research and evidence base of how to best meet the needs of young people, including LGBTQ youth and other marginalized adolescents.

### **End Abstinence-Only Funding**

*Eliminate funding for the abstinence-only-until-marriage “sexual risk avoidance” competitive grant program, putting an end to harmful programs that, regardless of new packaging, have been proven ineffective at their primary goal of young people delaying sex until marriage.*

Despite more than two decades of rigorous research demonstrating that programs with the sole aim of promoting abstinence until marriage are ineffective at this primary goal, over \$2 billion in federal funding alone has been wasted on this stigmatizing approach. In addition to violating young people’s human rights, federally-funded and independent analyses alike have found that youth participating in such programs were no more likely to abstain from premarital sexual activity than those who did not participate in the program.<sup>xiii</sup> Moreover, regardless of what they are called, abstinence-only programs withhold necessary and lifesaving information that allow young people to make informed and responsible decisions about their own health. These programs have been found to include content that reinforces gender stereotypes, ostracizes and denigrates lesbian, gay, bisexual, transgender, queer and questioning (LGBTQ) youth, stigmatizes sexually active young people and pregnant or parenting youth, and fails to respect the needs of youth who have experienced sexual abuse or assault.<sup>xiv</sup> Rather than supporting the needs of young people, abstinence-only programs undermine opportunities to empower youth to make informed decisions about their health and wellbeing.

Young people deserve access to 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. Supporting these requests in the FY 2019 funding is an essential step in the right direction.

Thank you for your consideration of our request to support the health and wellbeing of young people.

Sincerely,

Adolescent Health Working Group (SF) (CA)  
Advocates for Youth  
AIDS Action Baltimore (MD)

AIDS Alabama (AL)  
AIDS Alliance for Women, Infants, Children, Youth & Families  
American Academy of HIV Medicine  
American Academy of Pediatrics  
American Association of HIV Medicine  
American Atheists  
American Civil Liberties Union  
American College of Obstetricians and Gynecologists  
American Psychological Association  
American Sexual Health Association  
American Society for Reproductive Medicine  
Association of Nurses in AIDS Care (OH)  
Bailey House, Inc. (NY)  
Black Women's Health Imperative  
California Latinas for Reproductive Justice (CA)  
Center on the Developing Adolescent  
Centerstone of Tennessee (TN)  
Central Shenandoah Valley Office on Youth (VA)  
EngenderHealth  
Equality California (CA)  
Equality North Carolina (NC)  
ETR  
EyesOpenIowa (IA)  
Gender Spectrum  
Girls Inc.  
Girls Inc. at the YWCA of Syracuse and Onondaga County (NY)  
Girls Inc. of Bay County (FL)  
Girls Inc. of Carpinteria (CA)  
Girls Inc. of Columbus and Phenix-Russell (GA)  
Girls Inc. of Dothan (AL)  
Girls Inc. of Greater Los Angeles (CA)  
Girls Inc. of Greater Lowell (MA)  
Girls Inc. of Holyoke (MA)  
Girls Inc. of Kingsport (TN)  
Girls Inc. of Long Island (NY)  
Girls Inc. of Lynn (MA)  
Girls Inc. of Metropolitan Dallas (TX)  
Girls Inc. of Monroe County (IN)  
Girls Inc. of New York City (NY)  
Girls Inc. of Omaha (NE)  
Girls Inc. of Orange County (CA)  
Girls Inc. of San Antonio (TX)

Girls Inc. of San Diego County (CA)  
Girls Inc. of Santa Fe (NM)  
Girls Inc. of Sarasota County (FL)  
Girls Inc. of Shelbyville & Shelby County (IN)  
Girls Inc. of Sioux City (IA)  
Girls Inc. of Southeast Wisconsin (WI)  
Girls Inc. of the Central Coast (CA)  
Girls Inc. of the Greater Capital Region (NY)  
Girls Inc. of the Island City (CA)  
Girls Inc. of the Pacific Northwest (OR/WA)  
Girls Inc. of Ulster and Dutchess Counties (NY)  
Girls Inc. of Winter Haven (FL)  
GoBK/WHARR (NY)  
Healthy Teen Network  
Hispanic Health Network (NY)  
HIV Medicine Association  
Human Rights Campaign  
In Our Own Voice: National Black Women's Reproductive Justice Agenda  
Institute of Women and Ethnic Studies (LA)  
Jacobs Institute of Women's Health  
KIMBRITIVE, LLC (NY)  
Latino Commission on AIDS (NY)  
Los Angeles LGBT Center (CA)  
Minnesota AIDS Project (MN)  
Minnkota Health Project (MN)  
NARAL Pro-Choice America  
NASTAD  
National Asian Pacific American Women's Forum (NAPAWF)  
National Association of County and City Health Officials  
National Black Justice Coalition  
National Coalition of STD Directors  
National Council of Jewish Women  
National Equality Action Team (NEAT)  
National Family Planning & Reproductive Health Association  
National Health Law Program  
National Institute for Reproductive Health (NIRH)  
National Organization for Women  
National Partnership for Women & Families  
National Women's Health Network  
National Women's Law Center  
National Working Positive Coalition (NY)  
NMAC

One Iowa (IA)  
People For the American Way  
Physicians for Reproductive Health  
Planned Parenthood Federation of America  
Population Institute  
Prevention Access Campaign (NY)  
Religious Institute  
Reproductive Health Access Project (NY)  
San Francisco AIDS Foundation (CA)  
Secular Coalition for America  
Sexuality Information and Education Council of the United States (SIECUS)  
SisterReach (TN)  
South Carolina Campaign to Prevent Teen Pregnancy (SC)  
SparkAction  
Teen Health Mississippi (MS)  
Teen Pregnancy & Prevention Partnership (MO)  
Texas Campaign to Prevent Teen Pregnancy (TX)  
Texas Freedom Network (TX)  
Texas Rising (TX)  
The AIDS Institute  
The United Methodist Church, General Board of Church and Society  
Thrive Alabama (AL)  
Treatment Action Group  
Tulsa Campaign to Prevent Teen Pregnancy (OK)  
Unite for Reproductive & Gender Equity  
Women Organized to Respond to Life-threatening Diseases (WORLD) (CA)  
Women's Fund of Omaha (NE)  
Women's Rights and Empowerment Network (SC)  
WV FREE (WV)  
Young Women of Color HIV/AIDS Coalition (NY)  
Youth Service of Tulsa (OK)

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

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- <sup>i</sup> Centers for Disease Control and Prevention (CDC), U.S. Department of Health and Human Services (HHS), HIV among youth, 2017, [www.cdc.gov/hiv/group/age/youth/index.html](http://www.cdc.gov/hiv/group/age/youth/index.html).
- <sup>ii</sup> National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Division of Adolescent and School Health, CDC, HHS, *Results from the School Health Policies and Practices Study: 2016*, Atlanta: CDC, 2017, [www.cdc.gov/healthyyouth/data/shpps/results.htm](http://www.cdc.gov/healthyyouth/data/shpps/results.htm).
- <sup>iii</sup> Guttmacher Institute, Adolescent sexual and reproductive health in the United States, *Fact Sheet*, New York: Guttmacher Institute, 2017, [www.guttmacher.org/fact-sheet/american-teens-sexual-and-reproductive-health](http://www.guttmacher.org/fact-sheet/american-teens-sexual-and-reproductive-health). Guttmacher Institute, Unintended pregnancy in the United States, *Fact Sheet*, New York: Guttmacher Institute, 2016, [www.guttmacher.org/fact-sheet/unintended-pregnancy-united-states](http://www.guttmacher.org/fact-sheet/unintended-pregnancy-united-states).
- <sup>iv</sup> Kann L et al., Youth risk behavior surveillance – United States, 2015, *Morbidity and Mortality Weekly Report (MMWR)*, 2016, Vol. 65, No. 6, [www.cdc.gov/mmwr/indss\\_2016.html](http://www.cdc.gov/mmwr/indss_2016.html).
- <sup>v</sup> Kann L, Sexual identity, sex of sexual contacts, and health-related behaviors among students in grades 9–12–United States and selected states, 2015, *MMWR*, 2016, Vol. 65, No. 9, [www.cdc.gov/mmwr/indss\\_2016.html](http://www.cdc.gov/mmwr/indss_2016.html).
- <sup>vi</sup> *Movement Advancement Project (MAP) et al., Separation and Stigma: Transgender Youth and School Facilities*, Boulder, CO: MAP, 2017, [www.glsen.org/article/separation-and-stigma-transgender-youth-and-school-facilities](http://www.glsen.org/article/separation-and-stigma-transgender-youth-and-school-facilities).
- <sup>vii</sup> Brener ND et al., *School Health Profiles 2016: Characteristics of Health Programs Among Secondary Schools*, Atlanta: CDC, 2017, [www.cdc.gov/healthyyouth/data/profiles/results.htm](http://www.cdc.gov/healthyyouth/data/profiles/results.htm).
- <sup>viii</sup> Secura GM et al., Provision of no-cost, long-acting contraception and teenage pregnancy, *New England Journal of Medicine*, 2014, 371(14):1316–1323; Community Preventive Services Task Force, HIV/AIDS, other STIs, and teen pregnancy: group-based comprehensive risk reduction interventions for adolescents, 2012, [www.thecommunityguide.org/hiv/riskreduction.html](http://www.thecommunityguide.org/hiv/riskreduction.html).
- <sup>ix</sup> Schalet AT 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(10):1595–1610, <http://link.springer.com/article/10.1007/s10964-014-0178-8>.
- <sup>x</sup> Ibid.
- <sup>xi</sup> Office of Adolescent Health (OAH), HHS, About the Teen Pregnancy Prevention Program, 2017, [www.hhs.gov/ash/oah/grant-programs/teen-pregnancy-prevention-program-tpp/about/index.html](http://www.hhs.gov/ash/oah/grant-programs/teen-pregnancy-prevention-program-tpp/about/index.html). OAH, HHS, *HHS Office of Adolescent Health Fiscal Year 2016 Annual Report*, Rockville, MD: HHS, 2016, [www.hhs.gov/ash/oah/sites/default/files/2016-annual-report.pdf](http://www.hhs.gov/ash/oah/sites/default/files/2016-annual-report.pdf).
- <sup>xii</sup> Margolis AL and Roper YV, Practical experience from the Office of Adolescent Health’s large scale implementation of an evidence-based Teen Pregnancy Prevention Program, *Journal of Adolescent Health*, 2014, 54(3):S10-S14, [www.jahonline.org/article/S1054-139X\(13\)00791-X/fulltext](http://www.jahonline.org/article/S1054-139X(13)00791-X/fulltext).
- <sup>xiii</sup> Santelli J et al., Abstinence-only-until-marriage: an updated review of U.S. policies and programs and their impact, *Journal of Adolescent Health*, 2017, 61(3):273–280, [www.jahonline.org/article/S1054-139X%2817%2930260-4/fulltext#sec10](http://www.jahonline.org/article/S1054-139X%2817%2930260-4/fulltext#sec10).
- <sup>xiv</sup> The Society for Adolescent Health and Medicine, Abstinence-only-until-marriage policies and programs: an updated position paper of the Society for Adolescent Health and Medicine, *Journal of Adolescent Health*, 2017, 61(3): 400–403, [www.jahonline.org/article/S1054-139X\(17\)30297-5/fulltext](http://www.jahonline.org/article/S1054-139X(17)30297-5/fulltext).