September 21, 2015

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

The Honorable Barbara Mikulski
Ranking Member
Committee on Appropriations
United States Senate
Washington, DC 20510

The Honorable Harold Rogers
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 Chairmen Cochran and Rogers and Ranking Members Mikulski and Lowey:

With the opportunity and necessity in the coming months to address the country's fiscal future, the undersigned 106 organizations urge the development of an overarching budget deal that provides sequestration relief and increases budget caps to adequately fund investments that ensure the health and well-being of our nation's youth. As organizations committed to supporting adolescent sexual health programs—the Office of Adolescent Health's (OAH) Teen Pregnancy Prevention Program (TPPP) and the Division of Adolescent School Health (DASH) within the Centers for Disease Control and Prevention (CDC)—we know firsthand the vital role these federal programs play in supporting the health of young people and communities.

We respectfully request your support for the restoration of TPPP funding to at least the current level of $101 million and $6.8 million for evaluation, continued support for DASH at its current level of $32 million, and the elimination of abstinence-only-until-marriage (AOUM) funding in the final fiscal year (FY) 2016 funding deliberations.

The current federal investment in adolescent sexual health promotion programs is an important step in the right direction, but much remains to be done to strengthen, enhance, and expand these efforts. The availability and quality of sexual health information and sexuality education varies drastically across the country. Unfortunately, many young people face systemic barriers to accessing health information and services, resulting in persistent inequity and disparities.[1]

While the measure of sexual health and well-being is about more than just the absence of HIV and other sexually transmitted infections (STIs), unintended pregnancy, or sexual violence, the data on these points alone 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 1 in 5 new HIV infections in 2012 and HIV infection rates are increasing among young people, particularly among young men who have sex with men.[2]
- Half of the nearly 20 million estimated new STIs each year in the U.S. occur among people ages 15–24[3] and young people under age 25 accounted for 68% of all chlamydia cases in 2013.[4]
- Despite historically low unintended teen pregnancy and birth rates in the U.S., the country continues to have the highest rate of teen births among comparable countries.[5]
- In 2013, 10% of high school students reported experiencing partner violence and/or sexual assault.[6]

Research has shown that access to medically accurate and complete sexuality education and contraception 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 teen pregnancy, birth, and abortion.[7] Programs that are inclusive of lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth and LBGTQ-related resources ultimately promote academic achievement and overall health.[8] Equipping young people with sexual decision-making and relationship skills results in safer sexual behaviors.[9] Additionally, promoting gender equity reduces physical aggression between intimate partners and improves safer sex practices for all genders.[10]

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 restoring TPPP funding to at least its current level of $101 million and support a minimum of $6.8 million in additional evaluation resources for FY 2016.

Since FY 2010, TPPP has enabled an evidence-based and local approach that involves parents and the community in supporting the healthy development of its youth: in the last four years, TPPP has served more than half a million young people; trained more than 7,000 professionals; and partnered with over 3,000 community-based organizations. Earlier this year, OAH received over 400 applications for the second round of five-year cooperative agreements. In July 2015, 81 organizations in 33 states, DC, and the Marshall Islands were awarded 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 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 TPP and adolescent health promotion approaches.

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

Strengthen education agencies' ability to assist districts and schools' ability to support student health as well as leading school health surveillance by continuing DASH funding at least at its current level of $31 million in FY 2016.

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 sexual health education, supporting student access to health care, and enabling safe and supportive environments for staff and students. In addition, the Division leads adolescent and school health surveillance efforts, which serve as a resource for adolescent health information and play a critical role in documenting public health trends and challenges. As a result of reduced funding since FY 2012, the formerly nationwide program that had funded more than 80 states, territories, tribes, and local education agencies reduced the scope of its funding to only 17 local education agencies and 19 state education agencies.

Eliminate Funding for AOUM programs—the Competitive Abstinence Education (CAE) Grant Program

Eliminate ineffective and harmful CAE funding in FY 2016.

An overwhelming body of evidence has found "Abstinence Education" programs as defined by Title V Sec. 510 of the Social Security Act to be ineffective. A federal evaluation found that those who participated in the programs were no more likely to abstain from sexual activity than those who did not.[11] More recent analyses continue to support these findings.[12] 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 LGBTQ youth, stigmatizes sexually active young people, and fails to consider the perspectives 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 and responsible decisions about their sexual health.

Despite responding to the important needs of young people, funding for TPPP and DASH has continually decreased. Similar to many other non-defense discretionary (NDD) programs, TPPP and DASH have been burdened by both annual appropriations losses and funding cuts due to sequestration. Combining both pre- and post-sequester cuts, DASH has suffered a 30% funding loss since FY 2011. TPPP funding has been cut by 12% since its first funding allocation of $110 million in FY 2010 and the FY 2016 funding proposals would effectively eliminate the program and any related evaluation resources.

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. According to the Guttmacher Institute, the total savings from preventing all unintended pregnancies in 2010 would have been $15.5 billion.[13] Were we to successfully prevent all of the nearly 20,000 annual new HIV infections among those under the age of 29, an astounding $6.8 billion would be saved in lifetime medical costs.[14] Furthermore, for every dollar invested in school-based HIV and other STD prevention programs, $2.65 is saved in medical costs and lost productivity.[15]

The evidence of need and cost-savings demonstrate that the elimination of TPPP or wavering support for DASH would be devastating. It is not appropriate to continue wasteful spending on ineffective programs like those supported by the CAE grant program. Significantly more needs to be done to support the sexual health education of our nation's young people.

We call upon Congress to replace sequestration with budget caps that better reflect the need for continued investments in programs that advance the lifelong health of our nation's youth. Thank you for your consideration and attention to our request.

Sincerely,

AccessMatters (Pennsylvania)
Advocates for Youth
AIDS Alabama (Alabama)
AIDS Alabama South (Alabama)
AIDS Alliance for Women, Infants, Children, Youth, & Families
AIDS Foundation of Chicago (Illinois)
AIDS Project Los Angeles (California)
AIDS United
Alabama Alliance for Healthy Youth (Alabama)
American Association of University Women (AAUW)
American Civil Liberties Union
American Congress of Obstetricians and Gynecologists
American Humanist Association
American Medical Student Association
American School Health Association
American Society for Reproductive Medicine
APLA Health & Wellness (California)
Asian & Pacific Islander Wellness Center
Association of Nurses in AIDS Care
Bethany for Children & Families (Illinois & Iowa)

Brevard NOW (Florida)
Cardea
Cascade AIDS Project (Oregon)
Catholics for Choice
Center for Inquiry
Center on the Developing Adolescent (California)
CenterLink: The Community of LGBT Centers
Deep South Project (Latino Commission on AIDS)
EyesOpenIowa (Iowa)
Fresno Barrios Unidos (California)
Georgia Campaign for Adolescent Power and Potential (Georgia)
Girls Incorporated of Sioux City (Iowa)
Global Justice Institute
GLSEN
Greater Orlando NOW (Florida)
Hawaii Youth Services Network (Hawaii)
Healthy Teen Network
Hispanic Health Network
HiTOPS, Inc. (New Jersey)
HIV Medicine Association
HIV Prevention Justice Alliance
Housing Assistance Payments Initiative (H.A.P.I) Program (Michigan)
Howard Brown Health Center (Illinois)
Human Rights Campaign
Hunnebee Consulting (Georgia)
Hyacinth AIDS Foundation (New Jersey)
Institute for Science and Human Values, Inc.
Jane Fonda Center
JWI
Latino Commission on AIDS (New York)
LLHC (Louisiana)
Marriage Equality USA
Massachusetts Alliance on Teen Pregnancy (Massachusetts)
Methodist Federation for Social Action
Metropolitan Community Churches
Michigan Organization On Adolescent Sexual Health (Michigan)
Michigan Positive Action Coalition (MI-POZ) (Michigan)
Minnesota Coalition Against Sexual Assault (MNCASA) (Minnesota)
Multi-Agency Alliance for Children-Teen Parent Connection (Georgia)
NARAL Pro-Choice America
National Abortion Federation
National Alliance of State & Territorial AIDS Directors
National Asian Pacific American Women's Forum

National Association of County and City Health Officials
National Black Women's HIV/AIDS Network, Inc.
National Center for Lesbian Rights
National Center for Transgender Equality
National Coalition for LGBT Health
National Coalition of STD Directors
National Council of Jewish Women
National Council of Jewish Women, St. Louis Section (Missouri)
National Family Planning & Reproductive Health Association
National Health Law Program
National Latina Institute for Reproductive Health
National LGBTQ Task Force Action Fund
National Network of Abortion Funds
National Organization for Women
National Partnership for Women & Families
National Women's Law Center
NO/AIDS Task Force (d.b.a CrescentCare) (Louisiana)
North Central Health District's Adolescent Health & Youth Development (Georgia)
OutFront Minnesota (Minnesota)
Phoebe Putney Memorial Hospital Network of Trust School Health Program (Georgia)
Physicians for Reproductive Health
Planned Parenthood Federation of America
Population Institute
Project SAFE (Pennsylvania)
Public Health Students for Choice (Maryland)
Religious Institute
San Francisco AIDS Foundation (California)
Secular Coalition for America
Secular Student Alliance
Sexuality Information and Education Council of the U.S. (SIECUS)
SisterReach (Tennessee)
SOSECS Southern Ohio Sexuality Education and Consultation Services (Ohio)
Southern AIDS Coalition
Teen Pregnancy & Prevention Partnership (Missouri)
The AIDS Institute
The Religious Coalition for Reproductive Choice
Thrive Alabama (formally the AIDS Action Coalition of Huntsville) (Alabama)
Unitarian Universalist Association
Unitarian Universalist Women's Federation (Georgia)
URGE: Unite for Reproductive & Gender Equity
WE ARE ONE GROUP HOME (Georgia)
Women's Fund of Omaha (Nebraska)
WV FREE (West Virginia)

Cc:
The Honorable Mitch McConnell
The Honorable Harry Reid
The Honorable Roy Blunt
The Honorable Patty Murray
The Honorable John Boehner
The Honorable Nancy Pelosi
The Honorable Tom Cole
The Honorable Rosa DeLauro

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3 Centers for Disease Control and Prevention, Reported STDs in the United States, Atlanta, GA: U.S. Department of Health and Human Services, January 2014, www.cdc.gov/nchhstp/newsroom/docs/STD-Trends-508.pdf.

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[10] Ibid.

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