

November 16, 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 116 undersigned organizations, we request your support during the fiscal year (FY) 2018 funding negotiations for investments that help to ensure the health of our nation's youth. As organizations committed to supporting the sexual and reproductive health and rights of young people, we urge you to protect the integrity of, and funding for, the Office of Adolescent Health's Teen Pregnancy Prevention Program (TPPP) and maintain support for the Centers for Disease Control and Prevention's (CDC) adolescent school health efforts. In addition, we propose securing a savings of \$15 million through the elimination of the failed and harmful abstinence-only "sexual risk avoidance" competitive grant program. Finally, recognizing these funding requests are contingent on overall non-defense discretionary (NDD) funding, we urge Congress to pass a budget deal that remediates sequestration, raises the caps on discretionary spending, and maintains parity between the caps on defense and NDD spending. Federal investment in research-based adolescent sexual health promotion programs through NDD funding has contributed to important progress for lifelong health of young people.

Restore Funding for TPPP

Support evidence-based and evidence-informed community approaches to healthy youth development and unintended pregnancy prevention as previously implemented and provide at least level funding of \$101 million in budget authority and \$6.8 million in evaluation transfer authority, as currently proposed in the Senate FY 2018 funding bill.

Since Congress established TPPP in 2010, this unique and innovative program has served more than a million young people, trained more than 7,000 professionals, and supported partnerships among more than 3,000 community-based organizations across the country. Despite the unjustified shortening of the current project cycle, 84 grantees in 33 states, the District of Columbia, and the Marshall Islands continue to build capacity to support implementation of evidence-based programs; replicate evidence-based programs in communities with the greatest needs; support early innovation to advance adolescent health; and conduct rigorous evaluation of new approaches to prevent unintended teen pregnancies.¹ These efforts, which are expected to reach nearly 300,000 young people in 2017 alone, must be medically accurate, age-appropriate, and based on or informed by evidence.²

TPPP evaluation funds are 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.³ 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.

Continue Support for CDC's Adolescent HIV Prevention and School Health Efforts

Maintain education agencies' ability to assist districts' and schools' efforts to support student health and lead research on school health and adolescent health behaviors by supporting continued funding of at least \$33.1 million for CDC's school health efforts, as proposed in both chambers' funding proposals.

The CDC provides a unique source of support for adolescent health education in our nation's schools by providing funding and expert guidance to state and local education agencies to assist schools in implementing HIV prevention, other sexually transmitted infection (STI) prevention, and other related educational efforts; supporting student access to health care; and promoting supportive environments for staff and students. This dedicated funding currently supports young people served by 18 state education agencies and 17 school districts as well as contributing to broader improvements nationwide.⁴ In addition, this funding supports research and evaluation that expands our knowledge of adolescent health, serving a critical role in our nation's ability to document and respond to public health trends and challenges such as substance use and sexual violence among young people.⁵

End Funding for the Abstinence-Only "Sexual Risk Avoidance Education" Grant Program

Put an end to the \$2.05 billion in federal funds that have been wasted on abstinence-only-until-marriage programs since 1982 by eliminating the "sexual risk avoidance education" program, a potential savings of \$15 million in FY 2018.

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, both chambers' funding bills propose increases of up to \$10 million for this failed 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.⁶ 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.⁷ 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.

Supporting the Sexual Health and Wellbeing of Young People

The availability and quality of sexual health information and sexuality education varies drastically across the country. Within CDC's School Health Profiles for 2016, for instance, a range of 0–40% of middle schools and 37–100% of high schools across states covered the 19 topics the CDC identifies as

critical to ensuring sexual health.⁸ This inconsistency across schools is concerning, particularly when combined with findings from the CDC’s 2016 School Health Policies and Practices Study, which determined that the percentage of school districts requiring middle schools to teach HIV prevention decreased in the past sixteen years from 82% in 2000 to 71% in 2016.⁹

In addition, many young people face systemic barriers to health information and services, resulting in persistent inequity and health disparities. 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 data on these points alone, and particularly among marginalized youth, however, remain largely unchanged and alarming in recent years. This continues to highlight the importance of additional resources to better meet the needs of young people.

- Young people under the age of 25 accounted for more than 1 in 5 new HIV infections in 2015, and HIV infection rates are increasing among young people, particularly among young Black/African-American and Hispanic/Latino gay and bisexual men.¹⁰
- Half of the nearly 20 million estimated new STIs cases each year in the U.S. occur among people ages 15–24. Young people under age 25 accounted for nearly half of reported chlamydia cases in 2016.¹¹
- Seventy-five percent of pregnancies among young people ages 15–19 are unintended, compared to an overall unintended pregnancy rate of 45% across all age groups.^{12,13}
- 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.¹⁴
- Lesbian, gay, and bisexual high school students 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. They are also nearly twice as likely to be bullied at school and online, and more than 1 in 10 report missing school due to safety concerns.¹⁵

Research has shown that access to medically accurate sex education works to promote adolescent health. This helps young people determine if and when to have sex, teaches them how to use condoms and contraception when they do so, and reduces unintended pregnancies.^{16,17} Programs that are inclusive of LGBTQ youth and LGBTQ-related resources ultimately promote academic achievement and overall health.¹⁸ 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.

Given federal budget constraints, strategic investment is essential. Not only do both TPPP and CDC’s school health work further our nation’s health goals, but the efforts they support are also cost effective. Every dollar invested in school-based HIV and other STI prevention programs, for instance, saves \$2.65.¹⁹ The evidence of need as well as cost-savings demonstrates that continued support for TPPP and CDC school health funding are strong investments toward improving the health and rights of young people. Conversely, we must put an end to the wasteful spending on harmful programs like those supported by the abstinence-only “sexual risk avoidance” grant program.

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 final FY 2018 funding package is a step in the right direction.

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

Sincerely,

A Better Body US (Florida)
A Better Chance, A Better Community (ABC2) (North Carolina)
AccessMatters (Pennsylvania)
Adolescent Health Initiative
Advocates for Youth
AIDS Alabama (Alabama)
AIDS Alliance for Women, Infants, Children, Youth & Families
The AIDS Institute
American Academy of Pediatrics
American Civil Liberties Union
American Congress of Obstetricians and Gynecologists
American Humanist Association
American School Health Association
American Sexual Health Association
American Society for Reproductive Medicine
APLA Health (California)
Asian & Pacific Islander American Health Forum
Association of Reproductive Health Professionals
Bailey House, Inc. (New York)
Block by Block Consulting
Boston Public Health Commission (Massachusetts)
Boys & Girls Clubs of Portland Metro (Oregon)
Center on the Developing Adolescent UC Berkeley (California)
Cleveland Department of Public Health (Ohio)
Comunidades Latinas Unidas en Servicio (Minnesota)
Dallas County Health and Human Services
Drexel Women's Care Center (Pennsylvania)
Education Plus Health (Pennsylvania)
EngenderHealth (Texas)
Equality California (California)
EyesOpenIowa (Iowa)
Georgia Campaign for Adolescent Power & Potential (Georgia)
Girls Inc.

Girls Inc. of Bay County (Florida)
Girls Inc. of Greater Madison (Wisconsin)
Girls Inc. of Alameda County (California)
Girls Inc. of Greater Lowell (Massachusetts)
Girls Inc. of Greater Philadelphia & Southern New Jersey (Pennsylvania)
Girls Inc. of Long Island (New York)
Girls Inc. of San Antonio (Texas)
Girls Inc. of the Island City (California)
Girls Inc. of the Pacific Northwest (Oregon and Washington)
Girls Inc. of Westchester County (New York)
Girls Inc. of Jacksonville (Florida)
Girls Inc. of Santa Fe (New Mexico)
Gladys Allen Brigham Com. Ctr, Inc. & 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)
Kansas City Health Department (Missouri)
Lambda Legal
Latino Network (Oregon)
Legal Voice (Alaska, Idaho, Montana, Oregon, and Washington)
Lori Roller Consulting (New York)
Los Angeles LGBT Center (California)
Mazzoni Center (Pennsylvania)
Metro Council for Teen Potential (New York)
Michigan Organization on Adolescent Sexual Health (Michigan)
Minneapolis Health Department (Minnesota)
Multnomah County Health Department (Oregon)
NARAL Pro-Choice America
NASTAD
National Asian Pacific American Women's Forum (NAPAWF)
National Association of County and City Health Officials
National Black Women's HIV/AIDS Network
National Coalition of STD Directors
National Council of Jewish Women
National Family Planning & Reproductive Health Association
National Health Law Program
National Institute for Reproductive Health
National Latina Institute for Reproductive Health
National Partnership for Women & Families
National Women's Health Network
National Women's Law Center
New Morning Foundation (South Carolina)
New York City Department of Health and Mental Hygiene (New York)
New York State Council on Adolescent Pregnancy (NYSCAP) (New York)

NMAC

Ntarrupt - The North Texas Alliance to Reduce Unintended Pregnancy in Teens (Texas)

Oklahoma Coalition for Reproductive Justice (Oklahoma)

Outright Vermont (Vermont)

People For the American Way

Physicians for Reproductive Health

Planned Parenthood Federation of America

Population Institute

Positive Women's Network - USA

Project Inform

Promundo-US

Public Health - Seattle & King County (Washington)

San Antonio Metropolitan Health District (Texas)

Secular Coalition for America

Sexuality Information and Education Council of the United States (SIECUS)

SHIFT NC (North Carolina)

Society for Adolescent Health and Medicine

Southern Nevada Health District (Nevada)

Teen Clinic - Variety Care (Oklahoma)

Teen Health Mississippi (Mississippi)

Teen Pregnancy & Prevention Partnership (Missouri)

Texas Freedom Network (Texas)

Texas Rising (Texas)

The Big Cities Health Coalition

The Collaborative for Comprehensive School Age Health (Ohio)

The Partnership for Male Youth

Thrive Alabama (Alabama)

Treatment Action Group

Union for Reform Judaism

URGE: Unite for Reproductive & Gender Equity

UU Humanist Association

Women of Reform Judaism

Women's Fund of Omaha (Nebraska)

Women's Rights and Empowerment Network (WREN) (South Carolina)

WV FREE (West Virginia)

YWCA Minneapolis (Minnesota)

YWCA of Syracuse & Onondaga County Inc. (New York)

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 Office of Adolescent Health (OAH), U.S. Department of Health and Human Services (HHS), About the Teen Pregnancy Prevention Program, 2017, www.hhs.gov/ash/oah/grant-programs/teen-pregnancy-prevention-program-tpp/about/index.html.
- ² OAH, HHS, *Fiscal Year 2016 Annual Report*, Rockville, MD: HHS, 2016, www.hhs.gov/ash/oah/sites/default/files/2016-annual-report.pdf.
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- ⁴ Centers for Disease Control and Prevention (CDC), HHS Funded areas, 2016, www.cdc.gov/healthyouth/partners/index.htm.
- ⁵ CDC, HHS, Sexual risk and behavior resources, 2016, www.cdc.gov/healthyouth/sexualbehaviors/strategies.htm.
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- ⁷ 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).
- ⁸ Brener ND et al., *School Health Profiles 2016: Characteristics of Health Programs Among Secondary Schools*, Atlanta: CDC, 2017, www.cdc.gov/healthyouth/data/profiles/results.htm.
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- ¹¹ NCHHSTP, CDC, HHS Reported STDs in the United States, 2016, *Fact Sheet*, Atlanta: CDC, 2017, www.cdc.gov/nchhstp/newsroom/2017/2016-STD-Surveillance-Report.html.
- ¹² 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.
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