

Apr 27, 2022

The Honorable Patty Murray  
Chairwoman  
Subcommittee on Labor, Health, and Human  
Services, Education, and Related Agencies  
U.S. Senate Appropriations Committee  
Washington, DC 20510

The Honorable Roy Blunt  
Ranking Member  
Subcommittee on Labor, Health, and Human  
Services, Education, and Related Agencies  
U.S. Senate Appropriations Committee  
Washington, DC 20510

The Honorable Rosa DeLauro  
Chairwoman  
Subcommittee on Labor, Health, and Human  
Services, Education, and Related Agencies  
U.S. House Appropriations Committee  
Washington, DC 20515

The Honorable Tom Cole  
Ranking Member  
Subcommittee on Labor, Health, and Human  
Services, Education, and Related Agencies  
U.S. House Appropriations Committee  
Washington, DC 20515

Dear Chairwoman Murray, Ranking Member Blunt, Chairwoman DeLauro, and Ranking Member Cole:

As we honor Sex Education for All month this May, the undersigned 42 organizations, committed to supporting the sexual and reproductive health and rights of young people, request your support for fiscal year (FY) 2023 funding that helps to ensure the health of our nation's youth. We urge you to protect the integrity of the Teen Pregnancy Prevention Program (TPPP) and increase support for the Centers for Disease Control and Prevention's (CDC) school-based HIV and STI prevention efforts. We also encourage the elimination of the abstinence-only "sexual risk avoidance" competitive grant program.

In the wake of numerous attacks on a young person's right to evidence-based, accurate information and services, young people face increased barriers, it is all the more critical that Congress address the resulting 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 have likely seen some of these statistics: young people under the age of 25 account for more than 1 in 5 new HIV infections<sup>1</sup>; half of the nearly 20 million estimated new STI cases each year in the U.S. occur among those aged 15-24;<sup>2</sup> 75% of pregnancies among young people ages 15-19

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<sup>1</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>2</sup> National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, CDC, HHS, Sexually Transmitted Disease Surveillance 2017: STDs in Adolescents and Young Adults, Atlanta: CDC, 2018, <https://www.cdc.gov/std/stats17/adolescents.htm#ref1>.

are unintended compared to an overall unintended pregnancy rate of 45% across all age groups;<sup>3</sup> and 7% of high school students reported being sexually assaulted by a partner.<sup>4</sup>

Marginalized young people, such as young people of color, lesbian, gay, bisexual, transgender, and queer (LGBTQ+) young people, and young people with differing abilities, face disproportionate indicators of a lack of systemic support 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>5</sup> Further, 35% of transgender students report experiencing bullying at school, and the same percentage have attempted suicide.<sup>6</sup>

This data continues 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. Less than 43% of all high schools and only 18% of middle schools in the U.S. provide education on all of the 20 topics the CDC has deemed essential to ensuring sexual health.<sup>7</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>8</sup> Programs that are inclusive of LGBTQ+ youth and LGBTQ+-related resources ultimately promote academic achievement and overall health.<sup>9</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>10</sup>

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<sup>3</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).

<sup>4</sup> Kann L et al., Youth risk behavior surveillance – United States, 2017, Morbidity and Mortality Weekly Report (MMWR), 2018, Vol. 67, No. 8, <https://www.cdc.gov/healthyyouth/data/yrbs/pdf/2017/ss6708.pdf>.

<sup>5</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>6</sup> Johns MM et al., Transgender Identity and Experiences of Violence Victimization, Substance Use, Suicide Risk, and Sexual Risk Behaviors Among High School Students — 19 States and Large Urban School Districts, 2017, <https://www.cdc.gov/mmwr/volumes/68/wr/mm6803a3.htm>.

<sup>6</sup> Johns MM et al., Transgender Identity and Experiences of Violence Victimization, Substance Use, Suicide Risk, and Sexual Risk Behaviors Among High School Students - 19 States and Large Urban School Districts, 2017, <https://www.cdc.gov/mmwr/volumes/68/wr/mm6803a3.htm>.

<sup>7</sup> Centers for Disease Control and Prevention. School Health Profiles 2018: Characteristics of Health Programs Among Secondary Schools. Atlanta: Centers for Disease Control and Prevention; 2019.

Secura GM et al., Provision of no-cost, long-acting contraception and teenage pregnancy, *New England Journal of Medicine*, 2014,

<sup>8</sup> 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>9</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>10</sup> *Ibid.*

## **Support Congressional Intent and Funding for TPPP**

*Provide \$150 million in programmatic funding 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. Support bill and report language that protects the integrity of the program, which has been subject to unlawful attacks by the Trump administration.*

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 program's first round of grants, TPPP served over 500,000 young people, trained more than 7,000 professionals, and partnered with more than 3,000 community-based organizations. In the second round of grants, 84 organizations in 33 states, the District of Columbia, and the Marshall Islands were awarded funds to replicate evidence-based programs in communities with the most need; conduct rigorous evaluation of new and innovative approaches to prevent unintended pregnancy among teens; or build capacity to support implementation of evidence-based programs.<sup>11</sup>

Beginning in 2017, The Trump Administration sought to eliminate and undermine the integrity of the TPPP Program, including by proposing the elimination of the program in the annual President's budget, attempting early termination of ongoing projects, and awarding Tier 1 funding to organizations implementing abstinence-only "sexual risk avoidance" programs. Prior to the Trump Administration's attacks, the second program round was on track to reach 1.2 million young people. Courts have ruled that these attacks were unlawful, as was the April 20, 2018, Tier 1 Funding Opportunity Announcement, which violated TPPP's appropriations language.

This funding would support the work of trained educators and community partnerships, serve young people, and expand the body of evidence available to best meet their needs in alignment with the program's original intent. Further, funding for the Teen Pregnancy Prevention Program and related evidence review and evaluation funding will help to restore evidence-based implementation of grants by supporting adequate technical assistance and high-quality evaluation, reviving the evidence review, allowing grantees to meet the needs of young people in the wake of COVID-19, and serving approximately 125,000 more young people.

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>12</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

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<sup>11</sup> 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>12</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).

communities and educators, TPPP uses a science-based approach to the prevention of unintended pregnancy among young people.

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

*Provide \$100 million for CDC's school-based HIV and STI prevention efforts within the Division of Adolescent and School Health (DASH) to enable robust assistance and 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 provides funding to 28 school districts across the country to implement school-based HIV and STI prevention programs in schools, integrating 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, youth of color and disabled youth. Currently, DASH reaches 2 million young people at less than \$10 per student<sup>13</sup>. With \$100 million in appropriations, DASH could *directly* reach 20% of all 56 million middle and high school students in the nation, and reach the other 80% of young people indirectly through widespread implementation of safe and supportive environments in schools. This funding increase would allow DASH to fund the 100 largest local education agencies in the country, as well as all 57 state and territorial education agencies.

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

*Eliminate funding for the abstinence-only-until-marriage "sexual risk avoidance" competitive grant program, putting an end to harmful programs, regardless of new packaging, that 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>14</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 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>15</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.

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<sup>13</sup> DASH, Centers for Disease Control and Prevention  
<https://www.cdc.gov/healthyyouth/about/cdc-dash-health-program-impact.htm>

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 2023 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,

Advocates for Youth

AIDS Alliance for Women, Infants, Children, Youth & Families

AIDS Foundation Chicago

AIDS United

American Academy of HIV Medicine

American Sexual Health Association

APLA Health

Caracole

Catholics for Choice

Center for Reproductive Rights

CHLP

EducateUS

Equality California

ETR

EyesOpenIowa

Families USA

Girls Inc.

Healthy Teen Network

HIV+Hepatitis Policy Institute

If/When/How: Lawyering for Reproductive Justice

Ipas Partners for Reproductive Justice

Jacobs Institute of Women's Health

Michigan Organization on Adolescent Sexual Health (MOASH)

NARAL Pro-Choice America

NASTAD

National Family Planning & Reproductive Health Association

National Health Law Program

National Institute for Reproductive Health

National Partnership for Women & Families

National Women's Law Center

North Carolina AIDS Action Network

Planned Parenthood Federation of America

Positive Women's Network-USA

Power to Decide

Reproductive Health Access Project

SIECUS: Sex Ed for Social Change

Silver State Equality

The AIDS Institute

Treatment Action Group

Union for Reform Judaism

URGE: Unite for Reproductive & Gender Equity

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