

September 12, 2022

Shalanda Young
Director
Office of Management and Budget
Executive Office of the President
725 17th Street, NW
Washington, DC 20503

Dear Director Young,

As work proceeds on the President's FY 2024 budget proposal, the undersigned organizations dedicated to the health and success of young people in this country, respectfully submit the following budget requests. In this moment, we urge you to build on the FY 2023 budget and take these important steps to increase access to sexual and reproductive health information. Specifically, we request:

- \$150 million to continue OPA's Teen Pregnancy Prevention (TPP) Program,
- \$100 million for the CDC's Division of Adolescent and School Health (DASH), and
- Continue to eliminate funding for the discretionary Sexual Risk Avoidance (SRA) Program.

All young people—no matter who they are and where they live—have a deep need to have access to information so they can make informed decisions about their lives both today and when they are adults. Programs such as the TPP Program and DASH (outlined in more detail below) contribute to supporting young people in an inclusive and foundational way. These high-quality programs have contributed to reductions in behaviors that put young people at increased risk for unintended pregnancy, HIV, and other STIs now and into the future. The TPP Program and DASH are also notable for their robust investments in research and evaluation.

In contrast, the discretionary abstinence-only program, so-called "Sexual Risk Avoidance"—is based on forced ideology, is discriminatory and lacks the same rigors when it comes to preparing young people for healthy futures. Current funding levels for the TPP Program and DASH leave many young people and communities without the critical sexual health information and education they need. Redirecting federal funding from the SRA Program to DASH and the TPP Program will ensure more young people are able to access the sexual health information and education needed to sustain positive social and emotional well-being as well as academic achievement.¹ It is also consistent with this administration's policy to make evidence-based decisions guided by the best available science and data,² as well as this administration's commitment to advancing equity for all.³ Given the crisis in reproductive health care access and the ongoing public health pandemic, these modest investments are more important than ever.

¹ Goldfarb, G. S., Lieberman, L. D. (2021). Three Decades of Research: The Case for Comprehensive Sex Education. *Journal of Adolescent Health*, 68(1), 13-27. [https://www.jahonline.org/article/S1054-139X\(20\)30456-0/fulltext](https://www.jahonline.org/article/S1054-139X(20)30456-0/fulltext)

² Memorandum on Restoring Trust in Government Through Scientific Integrity and Evidence-Based Policymaking (Jan. 27, 2021), <https://www.whitehouse.gov/briefing-room/presidential-actions/2021/01/27/memorandum-on-restoring-trust-in-government-through-scientific-integrity-and-evidence-based-policymaking/>

³ Exec. Order No. 13985 on Advancing Racial Equity and Support for Underserved Communities Throughout the Federal Government (Jan. 20, 2021), <https://www.whitehouse.gov/briefing-room/presidential-actions/2021/01/20/executive-order-advancing-racial-equity-and-support-for-underserved-communities-through-the-federal-government/>

Increasing funding for the Teen Pregnancy Prevention (TPP) Program

We request that the TPP Program be funded at \$150 million for FY 2024. We also request that TPP continue in its current tiered evidence-based structure that supports a variety of evidence-based programs.

The first two five-year cycles of grants and associated evaluations have made a vital contribution to building a body of knowledge of what works for whom and under what circumstance to prevent teen pregnancy. This has historically meant high-quality implementation, rigorous evaluation (primarily randomized control trials), innovation, and learning from results. The TPP Program exemplifies evidence-based policymaking, a results-oriented approach that has bi-partisan support and recognition from a wide range of experts. In fact, the September 2017 unanimously-agreed-to-report from the bipartisan Commission on Evidence-Based Policymaking established by former House Speaker Paul Ryan and Senator Patty Murray highlighted the TPP Program as an example of a federal program developing increasingly rigorous portfolios of evidence.⁴

From 2017-2020, there were numerous efforts to end and undermine the TPP Program. This included attempting to terminate grants, weakening evidence standards in grant announcements, and diverting funds supporting high-quality evaluation and technical assistance. While courts blocked most of this, ongoing research was harmed. Current grants from the TPP Program will end after FY 2022 funding and new grantees are expected to be awarded with FY 2023 funds. As such, FY 2024 is a critical opportunity to ensure the next cycle of TPP Program grantees have sufficient resources, including adequate technical assistance and high-quality evaluation.

The teen pregnancy and teen birth rates have declined by 63 percent and 72 percent respectively since the early 1990s. There have been declines across all racial and ethnic groups, and in all 50 states. Yet disparities persist by race, ethnicity, age, and geography. The TPP Program has addressed these disparities by focusing funds on young people and communities with the greatest needs. Youth who participate in programs funded by the TPP Program can also benefit by building skills, such as leadership and positive communication, that help them reach their full potential. In addition, the most recent research OPA disseminated from TPP Program Tier 2 grantees “provide[s] new research on specific types of innovative practices, populations, and/or settings, which can support greater equity in TPP programming.” Due to limited resources, the critical sexual health information and education provided by the TPP Program is still out of reach for many communities. Increased funding for the TPP Program would also ensure more young people receive the information they need.

While we appreciate the \$10 million increase in funding for the TPP Program in the President’s FY 2023 budget request, we urge the President to increase this request to \$150 million for FY 2024. After years of sustained attacks, doing so will ensure the continued investments needed—particularly in this moment—in sexual health information and education.

Increasing Funding for the CDC’s Division of Adolescent and School Health (DASH)

We request that the CDC’s school-based HIV prevention efforts within DASH be funded at \$100 million for FY2024. Evaluation data on the impacts of DASH programming shows significant benefits to young people. DASH’s prevention programming “What Works in Schools”

⁴ Hart, N. & Yohannes, M. (eds.) Evidence Works: Cases Where Evidence Meaningfully Informed Policy. Bipartisan Policy Center (2019). <https://bipartisanpolicy.org/wp-content/uploads/2019/06/Evidence-Works-Cases-Where-Evidence-Meaningfully-Informed-Policy.pdf>

demonstrate that providing quality health education, access to health services, and a safe and supportive school environment decreased sexual activity, decreased school absences due to feeling unsafe, reduced sexual violence and reduced marijuana use—some of the most significant risks to the health and well-being of young people.

Currently, DASH provides funding to 28 local education agencies across the country to implement school-based programs and practices designed to reduce HIV and other STIs among young people. These efforts support a holistic model of student health increasing positive health outcomes and school connectedness. The work within DASH expands the research and evidence base to better meet the needs of young people, including LGBTQ+ youth, youth of color, and other marginalized adolescents.

This increase over the FY 2022 appropriated level would help expand the number of students served through DASH with science-based approaches. With \$100 million, DASH would fund the 100 largest local education agencies in the country, reaching 20 percent of all middle and high school students directly through their programs.⁵ Additionally, that money would support DASH funding for 57 state and territorial education agencies, allowing DASH to reach the remaining 80 percent of students through statewide implementation of safe and supportive school environments for young people.

DASH recently released its strategic goals for 2020 through 2025. Those goals include: Improve the capacity of schools, families, and communities to help youth become healthy, successful adults; Decrease the prevalence of behaviors and experiences that contribute to HIV, STIs, and unintended pregnancy, including priority health issues (i.e. sexual risk behaviors, high-risk substance use, violence victimization, poor mental health, and suicidality); Advance health equity through the reduction of disparities in behaviors and experiences that contribute to HIV, STIs, and unintended pregnancy; and Increase the implementation of strategies that promote protective factors that contribute to healthy youth development. Given the importance of this program, the requested \$100 million for CDC's school-based sexual health efforts within DASH is needed now more than ever.

Eliminating Funding for the Discretionary Sexual Risk Avoidance Program

We request that the discretionary funded Sexual Risk Avoidance Program—which exclusively funds abstinence-only until marriage programs—continue to be eliminated for FY 2024.

“[Abstinence-only] programs simply do not prepare young people to avoid unwanted pregnancies or sexually transmitted diseases.”⁶ Federal funding should be used to support quality programs that meet the needs of all young people, not programs that are based on ideology and with strong evidence of their inefficacy and harm.

The SRA Program does not have the same commitment to rigorous scientific inquiry as DASH and the TPP Program—in fact, the criteria regarding evidence are extremely weak. We appreciate the elimination of SRA funds in the President's FY 2023 budget request and hope that the FY 2024 budget request will reflect the same commitment to prioritizing evidence-based programs that promote equity over programs that harm young people.

⁵ See Centers for Disease Control and Prevention (CDC), U.S. Department of Health and Human Services (HHS), Adolescent and School Health: Youth HIV, STD & Pregnancy Prevention Program Impact 2019, <https://www.cdc.gov/healthyouth/about/cdc-dash-health-program-impact.htm>

⁶ Columbia University Mailman School of Public Health. *Abstinence-Only Education Is a Failure*. (2017) <https://www.publichealth.columbia.edu/public-health-now/news/abstinence-only-education-failure>

In closing, federal funding for the TPP Program and DASH has helped ensure that hundreds of thousands of young people have the information they need to be healthy and achieve their goals. We urge you to continue these modest but strategic investments and increase their funding for 2024.

Thank you for your consideration.

Sincerely,

Advocates for Youth

AIDS United

American Academy of Pediatrics

American Atheists

American College of Obstetricians and Gynecologists

American Humanist Association

Center for Biological Diversity

Catholics For Choice

Center for Reproductive Rights

Healthy Teen Network

HIV + Hepatitis Policy Institute

Ipas

NARAL Pro-Choice America

NASTAD

National Coalition of STD Directors

National Council of Jewish Women

National Family Planning & Reproductive Health Association

National Latina Institute for Reproductive Justice

National Organization for Women

Physicians for Reproductive Health

Planned Parenthood Federation of America (PPFA)

Power to Decide

SIECUS: Sex Ed for Social Change

URGE: Unite for Reproductive & Gender Equity