March 10, 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 XX undersigned organizations, dedicated to the health and welfare of our nation’s youth, we respectfully request your support for the requests below during the final fiscal year (FY) 2017 and FY 2018 funding deliberations. As organizations committed to supporting adolescent sexual health programs—the Office of Adolescent Health’s (OAH) Teen Pregnancy Prevention Program (TPPP) and the Centers for Disease Control and Prevention (CDC) Division of Adolescent School Health (DASH)—we know firsthand the vital role these federal programs play in supporting the health of young people and communities. The current federal investment in research-based adolescent sexual health promotion programs is an important step toward supporting young people, but much remains to be done to strengthen, enhance, and expand these efforts.

**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 increasing funding for TPPP to $130 million and support a minimum of $6.8 million in evaluation transfer authority in final funding for FY 2017 and in FY 2018.

Since FY 2010, TPPP has supported community driven research-based approaches to enhance the healthy development of young people. In its first five-year awards cycle, TPPP served more than half a million young people; trained more than 7,000 professionals; and partnered with over 3,000 community-based organizations. In July 2015, after receiving over 400 applications for the second round of funding, OAH awarded 84 organizations in 33 states, DC, and the Marshall Islands 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, expected to serve nearly 300,000 young people each year, 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 and innovative adolescent health promotion approaches.

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

Strengthen education agencies’ ability to assist districts and schools’ efforts to support student health as well as leading school health research and adolescent health behaviors by bolstering DASH funding to $50 million in final funding for FY 2017 and in FY 2018.

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 HIV and other STI and sexual health education, supporting student access to health care, and enabling safe and supportive environments for staff and students. Though previously a nationwide program, DASH is currently only funding 18 state education agencies and 17 school districts for this work. In addition, however, the Division leads research, evaluation, and efforts to expand our knowledge of adolescent health, all of which serve a critical role in our ability to document and respond to public health trends and challenges.
Eliminate Funding for the Abstinence-Only-Until-Marriage “Sexual Risk Avoidance Education” Grant Program

End the more than $2 billion wasted on ineffective and harmful programs by eliminating “sexual risk avoidance education” in final funding for FY 2017.

Decades of rigorous research has demonstrated that programs with the sole aim of promoting abstinence-until-marriage (AOUM) are ineffective at their sole goal. Federally-funded and independent analyses alike have found that youth participating in such programs were no more likely to abstain from sexual activity than those who did not participate in the program. 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 lesbian, gay, bisexual, transgender, queer and questioning (LGBTQ) youth, stigmatizes sexually active young people, and fails to consider the experiences 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 decisions about their health and well-being.

The availability and quality of sexual health information and sexuality education varies drastically across the country. Less than half of all high schools and only 20% of middle schools in the U.S. provide all 16 of the CDC-identified topics critical to ensuring sexual health. In addition, many young people face systemic barriers to accessing health information and services, resulting in persistent inequity and health disparities. Health and well-being is about more than just the absence of diseases, or in the case of sexual health, the absence of HIV and other sexually transmitted infections (STIs), unintended pregnancy, or sexual violence.

The data on these points alone, however, remain largely unchanged and alarming in recent years, continuing to 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 more than 1 in 5 new HIV infections in 2014 and HIV infection rates are increasing among young people, particularly among young Black and Latino men who have sex with men.
- Half of the nearly 20 million estimated new STIs each year in the U.S. occur among people ages 15–24 and young people under age 25 accounted for 64% of all chlamydia cases in 2015.
- Pregnancy and birth rates among those ages 15–19 have reached historic lows, yet 75% of pregnancies among these young people are unintended.
- 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.
- Lesbian, gay, and bisexual high school students are more than twice as likely than their heterosexual peers to experience partner violence, be sexually assaulted by a partner, or forced to have sex. LGB students are also nearly twice as likely to be bullied at school and online and more than 1 in 10 LGB students report missing school due to safety concerns.

Research has shown that access to medically accurate sex education 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 unintended pregnancies. Programs that are inclusive of LGBTQ youth and LGBTQ-related resources ultimately promote academic achievement and overall health. 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 DASH further our nation’s health goals, but the efforts they support are also cost-effective. For instance, for every dollar invested in school-based HIV and other STI prevention programs, $2.65 is saved in medical costs and lost productivity.12

The evidence of need as well as program cost-savings demonstrate that an increase to $130 million for TPPP, continued support for TPPP evaluation, and increased funding to $50 million for DASH would be resources well invested toward securing the lifelong health of young people. Conversely, we must put an end to the wasteful spending on harmful programs like those supported by the “sexual risk avoidance education” grant program. Young people deserve 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.

Thank you for your consideration and attention to our request.

Sincerely,

Advocates for Youth
Sexuality Information and Education Council of the U.S. (SIECUS)  
[List in formation]

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


Ibid.
Ibid.