March 14, 2016

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:

On behalf of the 80 undersigned organizations, dedicated to the health and welfare of our nation's youth, we respectfully request your support for the requests below during the fiscal year (FY) 2017 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 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. 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 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 remain largely unchanged 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 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 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 increasing funding for TPPP funding to $130 million and support a minimum of $6.8 million in additional evaluation resources for FY 2017.

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. Last 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, 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 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 bolstering DASH funding to $50 million in FY 2017.

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 "Sexual Risk Avoidance" Grant Program
End the nearly $2 billion wasted on ineffective and harmful programs and eliminate AOUM funding in FY 2017.

Decades of rigorous research has demonstrated that programs with the sole aim of promoting abstinence-until-marriage to be ineffective. A federal evaluation 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.[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.

Given current 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. Were we to successfully prevent all of the nearly 20,000 annual new HIV infections among those under the age of 29, for example, $6.8 billion would be saved in lifetime medical costs.[13] Furthermore, for every dollar invested in school-based HIV and other STD prevention programs, $2.65 is saved in medical costs and lost productivity.[14]

The evidence of need as well as public 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 AOUM grant program. Our young people deserve information and 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,

30 for 30 Campaign
AccessMatters (Pennsylvania)
ActionAIDS (Pennsylvania)
Advocates for Youth
AIDS Alabama (Alabama)
AIDS Alliance for Women, Infants, Children, Youth & Families
AIDS Foundation of Chicago (Illinois)
The AIDS Institute
AIDS Project Los Angeles (California)
American Congress of Obstetricians and Gynecologists
American Humanist Association
American Psychological Association
American School Health Association (Virginia)
APLA Health & Wellness (California)
Association of Nurses in AIDS Care
Atheist Alliance of America (California)
Bucks County Women's Advocacy Coalition (Pennsylvania)
Buddies of NJ, Inc. (New Jersey)
Camp Quest
Cascade AIDS Project (Oregon)
Catholics for Choice
Center for Inquiry
Chester County Fund for Women & Girls (Pennsylvania)
Colorado Youth Matter (Colorado)
ETR
Eyes Open Iowa (Iowa)
Feminist Majority Foundation
Freethought Society (Pennsylvania)
Fresno Barrios Unidos (California)
Girls Inc.
Healthy Teen Network
Hispanic Health Network (New York)
HIV Medicine Association (Virginia)

HIV Prevention Justice Alliance
Human Rights Campaign
Illinois Caucus for Adolescent Health (Illinois)
Institute for Humanist Studies
Institute for Science and Human Values
Keystone Progress (Pennsylvania)
Latino Commission on AIDS (New York)
Latinos in the Deep South (North Carolina)
LLHC (Louisiana)
Massachusetts Alliance on Teen Pregnancy (Massachusetts)
Methodist Federation for Social Action
NARAL Pro-Choice America
Nashville CARES (Tennessee)
National Alliance of State and Territorial AIDS Directors (NASTAD)
National Association of County and City Health Officials
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 LGBTQ Task Force Action Fund
National Organization for Women
National Partnership for Women & Families
National Women's Law Center
NMAC
OASIS: Latino LGBT Wellness Center (New York)
Pennsylvania National Organization for Women (Pennsylvania)
Philadelphia Women's Center (Pennsylvania)
Physicians for Reproductive Health
Planned Parenthood Federation of America
Population Connection Action Fund
Secular Coalition for America
Secular Student Alliance (Ohio)
Sexuality Information and Education Council of the U.S. (SIECUS)
SHIFT NC (North Carolina)
SisterReach (Tennessee)
Teen Pregnancy & Prevention Partnership (Missouri)
Tell Them (South Carolina)
Texas Freedom Network (Texas)
The United Methodist Church, General Board of Church and Society
Union for Reform Judaism
Unitarian Universalist Humanist Association

Unitarian Universalist Pennsylvania Legislative Advocacy Network (Pennsylvania)
URGE: Unite for Reproductive & Gender Equity
Women of Reform Judaism
Women's Care Center of Drexel Medicine (Pennsylvania)

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

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