

September 14, 2021

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

Dear Acting Director Young,

As work proceeds on the FY 2023 budget proposal, the 43 undersigned organizations dedicated to the health and success of young people in this country, respectfully submit the following budget requests. Specifically, we request:

- \$150 million to continue OPA's Teen Pregnancy Prevention (TPP) Program
- \$100 for the CDC Division of Adolescent and School Health (DASH)
- Elimination of the \$35 million in funding for the discretionary Sexual Risk Avoidance (SRA) Program

All young people—no matter who they are and where they live—deserve the information they need to achieve healthy lives and their own goals for themselves. As outlined in more detail below, the TPP Program and DASH contribute to these goals by ensuring more young people receive the high-quality evidence-based sexual health education and information they need in safe and supportive environments. These high-quality programs have contributed to reductions in behaviors that put young people at increased risk for unintended pregnancy, HIV, and other STIs. 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 ideology and lacks the same rigors when it comes to research, evaluation, and program effectiveness. 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 equip more young people with the sexual health information and education needed to achieve their goals. It is also consistent with this administration's policy to make evidence-based decisions guided by the best available science and data,¹ as well as this administration's commitment to advancing equity for all.² Given the public health pandemic, these modest investments are more important than ever.

Increasing funding for the Teen Pregnancy Prevention (TPP) Program

We request that the TPP Program be funded at \$150 million for FY 2023. We also request that TPP continue in its current tiered evidence-based structure that supports a variety of evidence-based programs, with most of the funding replicating rigorously-evaluated programs that have

¹ 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/>.

² 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/>.

proven to change behavior and a smaller portion dedicated to testing and rigorously evaluating innovative approaches.

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 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.³

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. Increased funding for the TPP Program will restore adequate technical assistance and high-quality evaluation.

The teen pregnancy and teen birth rates have declined by an impressive 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. 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.

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 FY2023. The CDC's DASH efforts provide a unique source of support for HIV and STI prevention in our nation's schools, as the program seeks to promote environments where young people can gain fundamental health knowledge and establish healthy behaviors. 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—integrating substance use prevention, violence prevention, and other critical public health prevention approaches to increase 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 2021 appropriated level would help expand the number of students served through DASH with science-based approaches that have been shown to support and improve not just their sexual health, but their overall health and well-being. 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.⁴ Additionally, that money would

³ Nick Hart and Meron Yohannes (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>

⁴ 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>

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—be eliminated for FY 2023. Over the last five fiscal years funding for the TPP Program and DASH has remained flat, despite a growing need for these programs. During the same time, there was a marked increase in funding for the Sexual Risk Avoidance Program. The most recent (FY 2020) funding level for discretionary SRA reflects an increase of \$30 million over FY 2015 levels. 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. In addition, two peer-reviewed studies published in 2017 in the *Journal of Adolescent Health* suggest “[abstinence-only] programs simply do not prepare young people to avoid unwanted pregnancies or sexually transmitted diseases.”⁵ 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.

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.

Thank you for your consideration.

Sincerely,

Advocates for Youth
AIDS Alliance for Women, Infants, Children, Youth & Families
AIDS United
American Academy of Pediatrics
American Atheists
American College of Obstetricians and Gynecologists
American Humanist Association
American Medical Student Association
American Public Health Association
American Sexual Health Association
American Society for Reproductive Medicine (ASRM)

⁵ 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>.

Big Cities Health Coalition
Catholics for Choice
Center for Biological Diversity
Center for Reproductive Rights
Girls Inc.
Guttmacher Institute
Healthy Teen Network
HIV + Hepatitis Policy Institute
International Association of Providers of AIDS Care
In Our Own Voice: National Black Women's Reproductive Justice Agenda
Jacobs Institute of Women's Health
Medical Students for Choice
NARAL Pro-Choice America
NASTAD
National Association for Nurse Practitioners in Women's Health
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 Organization for Women
National Women's Health Network
National Women's Law Center
Physicians for Reproductive Health
Planned Parenthood Federation of America
Population Connection Action Fund
Population Institute
Power to Decide
Religious Coalition for Reproductive Choice
Reproductive Health Access Project
SIECUS: Sex Ed for Social Change
URGE: Unite for Reproductive & Gender Equity