

From: Valentine, Steven (HHS/IOS)
Sent: 8 Feb 2017 23:52:42 +0000
To: Stirrup, Heidi (HHS/IOS); Wynne, Maggie (HHS/IOS)
Subject: RE: For Heidi

Received, thank you.

From: Stirrup, Heidi (HHS/IOS)
Sent: Wednesday, February 08, 2017 3:48 PM
To: Wynne, Maggie (HHS/IOS); Valentine, Steven (HHS/IOS)
Subject: FW: For Heidi

(b) (5)

Thank you.

From: Neville, Gabe [mailto:GNEville@cov.com]
Sent: Wednesday, February 08, 2017 3:29 PM
To: Stirrup, Heidi (HHS/IOS)
Subject: FW: For Heidi

Forwarding this to you from Valerie Huber. Does the new email address mean you have a permanent position?

Gabe

From: Valerie Huber [mailto:vjh@weascend.org]
Sent: Wednesday, February 08, 2017 12:10 PM
To: Neville, Gabe
Cc: Wichterman, Bill
Subject: For Heidi

Gabe,

Thanks for passing along some information to Heidi. I'm SO glad she is there at HHS!
As you know, we've recently uncovered some 11th-hour deeds by the Obama Administration that could be game-changers for sex education and terrible for SRA education.

Chief among them is the reorganization of the Office of Adolescent Health (OAH), an office created by Obama at the beginning of his term - and now elevated to become THE voice and curator of all "adolescent health" issues.

And, right behind that, is the current cooperative agreement competition that is set to expand the reach of OAH to targeted infrastructure-building across the nation.

Both of these things can be stopped by HHS, as I understand it. However, it must be done before things that will be difficult to reverse. are set in motion within OAH.

I've attached 3 documents:

1. Policy recommendations for HHS, in general.

2. 1-pager on why OAH and the Teen Pregnancy Prevention (TPP) Program need to be immediately eliminated
3. infographic on SHIFT NC - a case study of a TPP grantee to illustrate the harmful messaging coming out of the OAH/TPP program.

Please let Heidi know that I'm very happy to fill in any details that would be helpful.

Thanks, Gabe.

Best,

Valerie

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Sex Education Policy Recommendations

For HHS & Congress

Introduction: 2017 represents an opportunity to replace extreme Obama Administration policy regarding sex education with policy that will help youth achieve optimal sexual health. As one of his signature issues, Barack Obama made a dramatic change in sex education evidenced by convening White House meetings very early in his administration for this purpose. Mostly unnoticed, he became the first President (Republican or Democrat) to successfully place 100% of federal funding and emphasis on a sex education approach that normalizes teen sex. This radical approach, receiving almost a billion taxpayer dollars, became another funding stream for groups like Planned Parenthood and other pro-teen-sex groups. However, recent HHS research reveals this mammoth expenditure left more than 80% of youth with either worse or no better health, with some programs actually increasing sexual initiation, pregnancy and oral sex among teens. Though Congress restored some funding for Sexual Risk Avoidance (SRA – “abstinence education”), the disparity remains 90%:10%. We can do better. 2017 represents an opportunity to replace these harmful programs with programs that focus on empowering youth to wait for sex, through building self-regulation and a focus on future goals. Since most teens have not had sex - far fewer today than in 1991, (the first year the CDC monitored youth sexual risk) we have an opportunity to support, rather than deter, the positive choices teens are making. Federal policy should always prioritize an approach that helps more youth avoid all the risks associated with risk behavior, whether it be alcohol, drugs, tobacco, sex, or violence. Unfortunately, current federal sex education emphasis is placed on “harm reduction,” which normalizes risky behavior and sets very low expectations. HHS has a clear public health mandate to promote optimal health, but significant changes are necessary before that mandate becomes a reality:

Recommendation	Rationale	Timetable
<p>Make “risk avoidance” the primary approach in every youth-serving program in any applicable federal program.</p>	<p>Promoting skills and education surrounding risk avoidance is vital for all negative risk behaviors such as alcohol, drugs, teen sex, tobacco, and violence. Harm reduction programs still place youth at risk and should be replaced with programs that seek to either: + help youth avoid all risk by reinforcing skills for optimal health. + help youth move from risky behaviors to risk-free behaviors.</p>	<p>Congress: Add a provision in FY 2018 or 2019 that includes all youth-serving programs</p> <p>Departments: Construct an assessment that creates qualitative and quantitative measures for risk avoidance in each program.</p>
<p>Initiate a “family impact” and “health impact” rubric for every program.</p>	<p>These rubrics will require the federal government to consider the negative and positive impact that regulations and programs might have on the family and on achieving health outcomes. The sensitivity to <i>family</i> and <i>health</i> may necessitate a change in regulations and program messaging & focus.</p>	<p>2017: begin the process</p> <p>2018: Implement throughout the Department.</p>

Move focused priority from “teen pregnancy prevention” to “sexual risk avoidance”	While avoiding teen pregnancy is an important goal for teens, it is not enough. Teen sex is a risk behavior, even if pregnancy does not occur. Making teen pregnancy prevention <u>the</u> measure for success in sex education programs is troubling because it: <ul style="list-style-type: none"> • Normalizes teen sex, so long as contraception is used • Escalates STD rates, and other negative consequences • Ignores important life skills, like self-regulation and personal responsibility. 	2017
Eliminate the Office of Adolescent Health (OAH) at HHS	This Office was funded to provide a location for the <i>Teen Pregnancy Prevention (TPP) Program</i> and to promote a radical sex education agenda under the guise of “science” and “effectiveness.” <ul style="list-style-type: none"> • OAH is duplicative in many respects with the long-established Family & Youth Services Bureau (FYSB) at ACF/HHS. 	Defund in early 2017 and <u>do not fill positions prior to that time.</u>
Eliminate the OAH “ <i>Teen Pregnancy Evidence-based List</i> ”	The list is ineffective, as reported by HHS research; it often ignores accepted research protocols, and the list is used to promote messaging and instruction that increases risk to adolescents. <ul style="list-style-type: none"> • It is especially important that these programs are not promoted as “models” since the findings regarding replication have proved dismal. 	Early 2017
Consolidate all discrete sex education programs under the Family & Youth Services Bureau (FYSB) at ACF/HHS.	Uniform health messaging is key to amplifying impact and gaining results. Segmented sex education services under the Obama Administration have compromised health, complicated service delivery, and fostered confusion within HHS. <ul style="list-style-type: none"> • FYSB is a long-standing bureau which is designed to include both teens and their families in the education and skills necessary for health. Stronger parent-child communication helps both family and teen. 	Accomplish at the same time that OAH is dissolved.
Make it possible and plausible for topic expert organizations to receive federal contracts.	<ul style="list-style-type: none"> • Currently, the same federal contractors receive evaluation and technical assistance contracts, regardless of the topic. Because of their not understanding specific nuances of the field, the helpfulness to the field is often minimal at best. • Create contracting criteria that gives smaller topic expert applicants the ability to win contracts so they may serve the fields they know best, in practical and meaningful ways. 	2017
Defund the <i>Teen Pregnancy Prevention (TPP) Program</i> and restore this funding to SRA programs.	The TPP Program was begun at the beginning of the Obama Administration by defunding 169 SRA programs mid-grant. The \$100 million TPP program diverted funds away from the SRA program. The TPP program should be ended, restoring the funds to SRA programs. <ul style="list-style-type: none"> • TPP program evaluation showed that more than 80% of all students served were either harmed or not helped from the nearly \$1 billion in total funding. • Currently 90% of all indiscrete sex education funds already go toward an approach that normalizes teen sex, as originally documented by the Bush HHS Administration, and which has remained consistent throughout the Obama Administration. Therefore, it is inaccurate to argue that eliminating the <i>TPP Program</i> would provide a monolithic strategy for sex education. 	Defund with the FY 2018 budget. Divert TPP program funds back to the SRAE program in the FY 2018 budget.
Reauthorize Title V <i>Abstinence Education Program</i> .	Begun with the 1996 Welfare Reform Act, this program successfully helps those most at risk for poverty and negative life impact. Since 1996, however, we have learned a lot about how to successfully provide the approach. Therefore, make the following changes during the reauthorization: <ul style="list-style-type: none"> • Name program “Sexual Risk Avoidance” rather than “abstinence ed.” • Remove the state match requirement, since the companion block grant for “comprehensive” sex education (PREP) has no match requirement. • Retain the freedom for unused funds to be distributed to other states. • Replace “A-H” language in the program with elements from the Hultgren/Graham <i>Healthy Relationships Act</i>. 	Before 9-30-2017

Make SRA a meaningful part of TANF and poverty prevention programs.	<p>Waiting for sex until marriage is one of the key preventers of poverty. The <i>success sequence</i> and other data shows SRA to be critical to human flourishing.</p> <ul style="list-style-type: none"> TANF is not being followed regarding family formation, reduction of non-marital childbearing and increasing the number of healthy two parent families. An additional TANF priority should include reducing the number of teens who initiate sex, since teen sex sets the stage for poverty and the need for government assistance. 	HHS: 2017 Congress: when poverty prevention measures are drafted.
Weave SRA provisions into every youth-serving HHS program	Vulnerable youth are at great danger for participating in risky activities like teen sex. Optimal health outcomes that give practical skills for waiting for sex are essential and should be meaningfully applied as a requirement for all youth programs. Teen sex impacts nearly every measure for future success.	Congress: Add a provision in FY 2018 that includes for all youth-serving HHS programs HHS: Construct a rubric that creates qualitative and quantitative measures for SRA implementation in each youth-serving program.
Create an interagency council to coordinate uniform SRA messaging and effectiveness among the various departments, including (but not limited to) HHS, DOE, HUD, DOJ, and USAID.	Currently, sex education funding is available through a variety of agencies and programs. The funds are not discretely marked for sex education, but are used for sex education, nonetheless. Teens receive mixed and often confusing messages as a result. The federal government must promote health and flourishing for youth in all its various programs. This council, similar in construction to the US Interagency Council on Homelessness, will give voice to the relevancy of the SRA message, and equip leaders to successfully implement meaningful and successful help to the 15 million 9-12 grade students throughout the US.	FY 2018 budget
<i>Healthy People 2020/2030</i> should include teen sexual activity as a youth risk and devise goals for optimal sexual health for youth.	<p>This national plan does not currently include health strategies that follow the “risk avoidance” model for public health goals around teen sex. For example, statements should be included, such as:</p> <ul style="list-style-type: none"> Teen sexual activity is a risk behavior. Delaying sexual activity, preferably until marriage, offers improved outcomes for both parent and child. Reducing lifetime sexual partners is vital to reducing the many consequences of sexual activity. 	Whenever this discussion is commenced.
<i>National Prevention Strategy</i> must include “forming and strengthening families”	<p>Healthy family formation is an intrinsic dimension for promoting and improving health, yet this is not included in the current document.</p> <ul style="list-style-type: none"> SRA is a primary prevention subset of this goal, as sexual attitudes and behaviors related to sex, relationships, and integrity are all developed during adolescence, for long-term effects throughout life. 	Whenever this discussion is reopened.
Ensure that all Funding Announcements (FOA) and grant awards are objective and offer the best opportunity for successful outcomes	<p>Funding Announcements (FOA) often disadvantage qualified applicants. Therefore, we must use this lens when evaluating FOAs for approval:</p> <ul style="list-style-type: none"> Ensure FOAs are not biased against those of faith and/or those who hold conservative values. Bonus points should be given to those with successful experience in the field. Ensure that “objective” grant review teams are truly “objective” and not philosophically opposed to traditional values and faith ideals. 	Immediately

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Eliminate the Office of Adolescent Health (OAH)
 And the
 Teen Pregnancy Prevention Program (TPP)
 Unnecessary, Unhealthy, & Duplicative

Background: In 2010, President Barack Obama eliminated 169 Sexual Risk Avoidance (SRA – aka “abstinence education”) programs that were serving one million students across American. Halted midstream in a 5-year grant, the funds were then “repurposed” for a new program, entitled the *Teen Pregnancy Prevention Program (TPP)*. In addition, he created the Office of Adolescent Health within the US Dept. of Health and Human Services to house TPP and to coordinate its “teen sex promotion” agenda.¹

Proposed Action:

- (1) Consistent with the precedent set by President Obama, immediately halt the TPP program and redirect funds back to the risk avoidance message, from whence they came. The TPP program should be ended, restoring the funds to SRA programs.
- (2) Unnecessary from the start, except to drive a harmful agenda that normalizes teen sex and a false “evidence based” narrative, OAH should be immediately abolished, moving any remaining authority to the Administration for Children & Families at HHS, a long-standing and natural repository for youth health information and sex education programming.

Why Abolish the Office of Adolescent Health (OAH) & Teen Pregnancy Prevention Program (TPP)?	
Normalizes teen sex	<p>OAH and TPP normalize teen sex and focus on easy, free access to contraception to minimize the effects of sex, a goal that compromises the health and future prospects of youth.</p> <p><i>“The goal cannot be keeping adolescents from having sex”²</i> Debra Hauser, president of Advocates for Youth, a strong proponent of TPP education and recipient of millions in federal contracts to expand this goal.</p> <p><i>[She] “starts with the premise that kids are going to have sex. ‘And we want them to do it safely, and we want them to know where to go so that they can do it safely,’ she said.”³</i> Emmy Stup, grant recipient of millions of dollars under Obama’s Teen Pregnancy Prevention Program</p> <p><i>40% of 18 & 19 yr. olds say they felt pressured to have sex from programs like TPP – even more than from their dating partners⁴</i></p>
Another location for Planned Parenthood funding & staffing	<p>Millions in TPP funding goes directly to Planned Parenthood, prompting their national education director, Leslie Kantor, to remark: <i>“We are thrilled to have this opportunity to work with the Office of Adolescent Health, states, health departments and community based organizations to make sure young people get high-quality programs that work.”⁵</i></p> <p>Some OAH staff left their jobs at Planned Parenthood to join the TPP efforts inside HHS.⁶</p> <p>OAH director, Evelyn Kappeler, donated to the Guttmacher Institute and previously oversaw Title X, the large family planning grant that gives a substantial amount of its funds to Planned Parenthood.⁷</p>
Myth of	Purportedly created to implement “evidence-based” sex education with the <i>Teen Pregnancy Prevention Program</i> , the Office

"evidence based programs."	created an "approved list" of sex education programs that were required to be used for funding. Held up as model programs that HHS promised would be effective when implemented, ⁸ the entire effort was a sham. Replications of programs on the list were usually met with poor results and multiple research protocols were ignored for the sake of promoting a harmful agenda.
Ineffective & harmful	Far from achieving their promised goals, OAH warned grantees <u>not to share</u> the results of their own research that showed >80% of students either fared worse or no better as a result of the program. Those who fared worse were more likely to have sex, more likely to have sex more often, more likely to get pregnant, and more likely to have oral sex. ⁹
Power grab inside HHS	Fifteen days before Pres. Trump was inaugurated, the Obama Administration dramatically expanded the voice, influence, and role of OAH by reorganizing it to become the "Department-wide" leader for everything related to adolescent health. ¹⁰ Under this huge expansion, rather than supporting optimal health for youth, HHS is now subjugated to the <i>teen sex promotion agenda</i> of OAH.
Power grab outside HHS	11 days after Pres. Trump was inaugurated, OAH established a new \$1.5 million funding announcement to establish up to 5 "Centers" for advocacy, building alliances and developing infrastructure to "solidify the agenda of work and specific activities that will be implemented by the Center" (p14) and to "disseminate[e] products strategically and broadly" (p16). OAH will be "substantially involved in the administration and management" of each Center (p20). Proposals are due in March with an anticipated start date of July 1, 2017 (p21). ¹¹
Duplicative	The Administration for Children & Families (ACF) is the human services division of HHS that houses such programs as marriage strengthening, fatherhood programs, sexual risk avoidance programs, and sexual risk reduction programs. OAH was created to centralize all "sex education" efforts. This is unnecessary. It is natural that ACF should coordinate such efforts at a significant cost-savings to taxpayers.
Wasteful	Nearly \$1 billion has been spent on the TPP program, with millions more for other projects and operation of the Office of Adolescent Health.
Overwhelming federal funding for "risk reduction" programs	Currently 90% of all discrete and indiscrete sex education funds already go toward an approach that normalizes teen sex, as originally documented by the Bush HHS Administration, ¹² and which has remained consistent throughout the Obama Administration. Therefore, it is inaccurate to argue that eliminating the <i>TPP Program</i> would provide a monolithic strategy for sex education. Even with the elimination of TPP, 75% of sex ed funding would still be devoted to the "risk reduction" approach.

Citations:

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Kappeler, E., Farb, A. (2014). Historical context for the creation of the Office of Adolescent Health and the Teen Pregnancy Prevention Program. *Journal of Adolescent Health*. 54:53-59. Retrieved Feb. 2, 2017 at [http://www.jahonline.org/article/S1054-139X\(13\)00778-7/pdf](http://www.jahonline.org/article/S1054-139X(13)00778-7/pdf)

² Alvarado, B. . (2017). Mother speaks out against sex-ed at CCISD schools. Accessed at <http://www.caller.com/story/news/education/2017/01/17/mother-speaks-out-against-sex-ed-ccisd-schools/96535006/>

³ Gordon, E. (2016) *How sex education changed under the Obama administration*. The Pulse. Retrieved at <http://www.newsworks.org/index.php/local/the-pulse/100568-how-sex-education-changed-under-the-obama-administration->

⁴ Barna Research. (2015). *Teens Speak Out Survey*. Ventura: Author.

⁵ Planned Parenthood. (2015) Press release: *Federal funding for evidence-based teen pregnancy prevention programs announced in midst of elimination threats*. Retrieved Feb. 2 2017 at <https://www.plannedparenthood.org/about-us/newsroom/press-releases/federal-funding-for-evidence-based-teen-pregnancy-prevention-programs-announced-in-midst-of-elimination-threats>

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⁶Novielli, C. (2014, Apr 22). Obama's Teen Pregnancy Prevention Program gives millions to Planned Parenthood. *LifeNews.com* Retrieved Feb. 2, 2017 at <http://www.lifenews.com/2014/04/22/obamas-teen-pregnancy-prevention-program-gives-millions-to-planned-parenthood/>

⁷Novielli, C. (2014, Apr 22). Obama's Teen Pregnancy Prevention Program gives millions to Planned Parenthood. *LifeNews.com* Retrieved Feb. 2, 2017 at <http://www.lifenews.com/2014/04/22/obamas-teen-pregnancy-prevention-program-gives-millions-to-planned-parenthood/>

⁸ HHS. (2015, February 25). Choosing an Evidence-Based Program and Curriculum. Retrieved Feb. 2, 2017, from http://www.hhs.gov/ash/oah/oahinitiatives/teen_pregnancy/training/curriculum.html#selecting

⁹ Office of Adolescent Health (2016) *Summary of findings from the TPP program Grantees (FY2010-2014)*. Washington, DC: HHS. (2016). Special issue of American Journal of Public Health explores impacts of Teen Pregnancy Prevention Program. *American Journal of Public Health*: September 2016. 106 (S1):S9-S15.

¹⁰HHS (2017, Jan. 10) Statement of Organization, functions and delegations of authority. *Federal Register*. Retrieved Feb. 2, 2017 at <https://s3.amazonaws.com/public-inspection.federalregister.gov/2017-00312.pdf> p.9.

¹¹ Office of Adolescent Health (2017). Centers for teen pregnancy prevention and adolescent health promotion research: funding opportunity announcement & application Instructions. Overview available here, as of Feb 2, 2017: <http://open-grants.insidegov.com/l/47712/FY17-Announcement-of-Anticipated-Availability-of-Funds-for-Centers-for-Teen-Pregnancy-Prevention-and-Adolescent-Health-Promotion-Research-AH-TPE-17-001>

¹² US Department of Health and Human Services (2008, Dec. 16) Funding for Abstinence Education, Education for Teen Pregnancy and HIV/STD Prevention, and Other Programs that Address Adolescent Sexual Activity. Washington, DC: Author. (This report calculates annual spending for contraceptive-centered education at \$960 million. Additional spending in FY2017 has increased this total. Presently, about \$100 million is designated for Teen Pregnancy Prevention funding and \$75 million for PREP state block grant funding. Neither of these funding sources mandates any priority to SRA education. The two funding streams available for SRA education is \$75 million in Title V state block grant funding (which increased to from \$50 million to \$75 million for FY 2016) and \$10 million for the Sexual Risk Avoidance Education Program. Therefore, the comparison is \$960 million for contraceptive-centered education vs. an allocation of \$85 million for SRA education. The 2007-2014 cumulative comparison demonstrates the shocking disparity between the two approaches: Almost \$7 billion for contraceptive-focused programs as compared to \$750 million for SRA programs.



TPP grant serves 11-19 year olds in North Carolina (2)



BEDSIDER

Sends youth to this site (3)

Let's make some love this Valentine's Day.

GIMME SOME SUGAR

When sex "JUST HAPPENED" & how to make it happen instead. Because it's so much better that way. So much.

this site (4)

I am 13 years old, and I really want to have sex. Is it normal that a 13-year-old wants to have sex already?

And here. (5)

The answer:"if you take time to make sure you are ready for sex, then it will feel good and you won't regret it later. And isn't that the point?"

What part of this is about "Adolescent Health" & What part is about "Teen Sex Promotion?"



Citations

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4. Scarleteen (2017). Sex ed for the real world. Retrieved 2-8-2017 at <http://www.scarleteen.com>
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Formerly, National Abstinence Education Association (NAEA)