Introduction

The Patient Protection and Affordable Care Act of 2010 designated $75 million per year in mandatory funding from 2010 to 2014 for the Personal Responsibility Education Program (PREP). The goal of PREP is to educate “young people with medically accurate and age-appropriate sex education in order to help them reduce their risk of unintended pregnancy, HIV/AIDS, and other STDs through evidence-based and innovative programs.”¹

PREP is administered by the U.S. Department of Health and Human Services Administration for Children and Families (ACF).¹ Of the $75 million allocated for 2010, $55 million was directed to state grants to replicate programs with an evidence base. Of the remaining funds, $10 million was allocated for Personal Responsibility Education Innovative Strategies (PREIS), which represent innovative approaches and promising models to prevent teen pregnancy. In addition, $3.5 was designated for Indian tribes and tribal organizations, and $6.5 was allocated for research, training and technical assistance.¹⁻³

Facts on State Grants

Unlike the Title V funding for abstinence-only curriculum, states are not required to match PREP funds.⁴ A minimum of $250,000 was set aside for each state, with additional funding determined by a federal formula related to the number of low-income individuals in the state. States can determine if the state agency receiving the funds will use the money or if they will sub-grant the funding to other entities, or both.¹

A number of states received the minimum $250,000, but 14 states were awarded $1 million or more, with funding as high as $6.5 million for California. Factoring in additional PREIS funding, 18 states received more than $1 million in funding.⁵ The $3.5 million in funding set aside for Indian tribes and tribal organizations allows Native American and Indian communities to address their specific prevention needs. No grants were awarded to tribes or tribal organizations in 2010, but in 2011, $6.5 million total was allocated to 16 grantees in nine states, with grants ranging from $230,000 to $723,000.¹⁻⁶

If a state did not apply for funding in fiscal year 2010 or fiscal year 2011, it could become ineligible, with money then allocated via 3-year grants to community-based and faith-based organizations in that state. In 2010, 43 states sought funding and in 2011, two states (NE and HI) applied and were retroactively provided 2010 funding.¹⁻⁶
Evidence-based Programs
Funded programs must include a core sexual education component that provides information on both abstinence and contraception for the prevention of unintended pregnancy and STIs, including HIV, and place a substantial emphasis on both. Programs must also include at least three “adult preparation subjects”, which include: healthy relationships, adolescent development, financial literacy, educational and career success, healthy life skills. Programs must discuss abstinence as well as contraception; they must also be “medically accurate and complete,” provide age-appropriate information, and be implemented in a culturally competent manner.1

Programs must use or substantially incorporate components of evidence-based programs. An evidence-based program is one that has been rigorously evaluated and shown to change behavior among youth who participated in the program compared to teens who did not go through the program. States have a range of programs from which to choose when determining what curricula to use. Several organizations identify and publish lists of programs that have evidence of success. The most-referenced list is the one put together by the Office of Adolescent Health (OAH) which published information about 31 programs deemed “Tier 1” evidence-based programs. These “Tier 1” programs must be replicated by grantees of the Teen Pregnancy Prevention Initiative (TPPI).

Personal Responsibility Education Innovative Strategies (PREIS)
Thirteen grantees in 13 states received funds in 2010, with awards ranging from $400,000 to $933,907.6 The programs funded must employ innovative approaches and promising models to prevent teen pregnancy.4 The target populations are youth (10-19) who are homeless, in foster care, in areas with high teen birth rates, come from ethnic or racial minority groups, have HIV/AIDS, pregnant women and mothers under 21 and their partners.7 The target aim is pregnancy prevention, with an emphasis on measuring effectiveness.7

Research, Training, and Technical Assistance
Approximately $6.5 million in funding is reserved for research, training and technical assistance, which includes disseminating research regarding evidence based programs, providing consultation, and developing resources to support funding recipients. All funded programs carried out by states are must agree to federal evaluation.1

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References