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1ST SESSION

S. 1790

To make grants to carry out activities to prevent the incidence of unintended pregnancies and sexually transmitted infections among teens in racial or ethnic minority or immigrant communities, and for other purposes.

IN THE SENATE OF THE UNITED STATES

JULY 16, 2007

Mr. OBAMA introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To make grants to carry out activities to prevent the incidence of unintended pregnancies and sexually transmitted infections among teens in racial or ethnic minority or immigrant communities, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Communities of Color
5 Teen Pregnancy Prevention Act of 2007”.

6 **SEC. 2. FINDINGS.**

7 Congress makes the following findings:

1 (1) Each year, nearly 750,000 American teens
2 ages 15 through 19 become pregnant.

3 (2) In 2002, the pregnancy rate for African
4 American and Latino teens ages 15 through 19 was
5 double the rate for white teens (134.2 and 131.5
6 compared to 65.0).

7 (3) An estimated 4,883 youth ages 13 through
8 24 were diagnosed with HIV or AIDS in 2004, rep-
9 resenting approximately 13 percent of all individuals
10 given a diagnosis during that year.

11 (4) African American youth comprised the larg-
12 est single group of young people affected by HIV,
13 accounting for 55 percent of all HIV infections
14 among youth ages 13 through 24 in 2004.

15 (5) Although African American teens (ages 13
16 through 19) represent only 16 percent of United
17 States teens, they accounted for 69 percent of new
18 AIDS cases reported among teens in 2005.

19 (6) In 2005, Latino teens, ages 13 through 19,
20 accounted for 17 percent of AIDS cases among
21 teens, the same as their proportion of the United
22 States teenage population that year. Latinos ages 20
23 through 24 accounted for 22 percent of new AIDS
24 reported among young adults, but represented 18
25 percent of United States young adults.

1 (7) Recent estimates suggest that while 15- to
2 24-year olds represent 25 percent of the ever sexu-
3 ally active population, they acquire nearly one-half of
4 all new sexually transmitted infections.

5 (8) In 2005, the gonorrhea rate among African
6 American teens ages 15 through 19 was 17 times
7 higher than among white teens of the same age. The
8 rates of primary and secondary syphilis were 19
9 times higher among black teens ages 15 through 19
10 than among their white peers.

11 (9) In 2005, nearly three-fourths of all reported
12 cases of gonorrhea occurred among African Amer-
13 ican teens, for whom the gonorrhea rate was 2,106
14 per 100,000 population.

15 **SEC. 3. COMMUNITY-BASED AND SCHOOL-BASED INTER-**
16 **VENTION PROGRAMS.**

17 (a) COMMUNITY-BASED INTERVENTION PRO-
18 GRAMS.—

19 (1) IN GENERAL.—The Secretary of Health and
20 Human Services (referred to in this Act as the “Sec-
21 retary”) shall make grants to public and nonprofit
22 private entities for the purpose of carrying out
23 projects to prevent teen pregnancies in racial or eth-
24 nic minority or immigrant communities with a sub-
25 stantial incidence or prevalence of cases of teen

1 pregnancy as compared to the average number of
2 such cases in communities in the State involved (re-
3 ferred to in this Act as “eligible communities”).

4 (2) REQUIREMENTS REGARDING PURPOSE OF
5 GRANTS.—A grant may be made under paragraph
6 (1) only if, with respect to the expenditure of the
7 grant to carry out the purpose described in such
8 paragraph, the applicant involved agrees to use one
9 or more of the following strategies:

10 (A) Promote effective communication
11 among families about preventing teen preg-
12 nancy, particularly communication among par-
13 ents or guardians and their children.

14 (B) Educate community members about
15 the consequences of teen pregnancy.

16 (C) Encourage young people to postpone
17 sexual activity and prepare for a healthy, suc-
18 cessful adulthood, including by teaching them
19 skills to avoid making or receiving unwanted
20 verbal, physical, and sexual advances.

21 (D) Provide information about the health
22 benefits and side effects of all contraceptives
23 and barrier methods as a means to prevent
24 pregnancy and reduce the risk of contracting

1 sexually transmitted infections, including HIV/
2 AIDS.

3 (E) Provide educational information, in-
4 cluding medically accurate information about
5 the health benefits and side effects of all con-
6 traceptives and barrier methods, for young peo-
7 ple in such communities who are already sexu-
8 ally active or are at risk of becoming sexually
9 active and inform young people in such commu-
10 nities about the responsibilities and con-
11 sequences of being a parent, and how early
12 pregnancy and parenthood can interfere with
13 educational and other goals.

14 (3) UTILIZING EFFECTIVE STRATEGIES.—A
15 grant may be made under paragraph (1) only if the
16 applicant involved agrees that, in carrying out the
17 purpose described in such paragraph, the applicant
18 will, whenever possible, use strategies that have been
19 demonstrated to be effective (on the basis of rig-
20 orous scientific research), or that incorporate char-
21 acteristics of effective programs.

22 (b) SCHOOL-BASED PROJECTS.—

23 (1) IN GENERAL.—The Secretary may make
24 grants to public and nonprofit private entities for
25 the purpose of establishing and operating for eligible

1 communities, in association with public secondary
2 schools for such communities, projects for one or
3 more of the following:

4 (A) To carry out activities, including coun-
5 seling, to prevent unintended pregnancy and
6 sexually transmitted infections, including HIV/
7 AIDS, among teens.

8 (B) To provide necessary social and cul-
9 tural support services regarding teen preg-
10 nancy.

11 (C) To provide health and educational
12 services related to the prevention of unintended
13 pregnancy and sexually transmitted infections,
14 including HIV/AIDS, among teens.

15 (D) To promote better health and edu-
16 cational outcomes among pregnant teens.

17 (E) To provide training for individuals who
18 plan to work in school-based support programs
19 regarding the prevention of unintended preg-
20 nancy and sexually transmitted infections, in-
21 cluding HIV/AIDS, among teens.

22 (2) PRIORITY.—In making grants under para-
23 graph (1), the Secretary shall give priority to pro-
24 viding for projects under such paragraph in eligible
25 communities.

1 (3) REQUIRED COALITION.—A grant may be
2 made under paragraph (1) only if the applicant in-
3 volved has formed an appropriate coalition of enti-
4 ties for purposes of carrying out a project under
5 such paragraph, including—

6 (A) one or more public secondary schools
7 for the eligible community involved; and

8 (B) entities to provide the services of the
9 project.

10 (4) TRAINING.—A grant under paragraph (1)
11 may be expended to train individuals to provide the
12 services described in subparagraphs (A) and (B) of
13 such paragraph for the project involved.

14 (c) REPORTING AND EVALUATION.—

15 (1) REPORT.—A grant may be made under sub-
16 section (a) or (b) only if the applicant involved
17 agrees to submit to the Secretary, in accordance
18 with the criteria of the Secretary, a report that pro-
19 vides information on the project under such sub-
20 section, including project outcomes and increased
21 education and awareness about the prevention of un-
22 intended pregnancy and sexually transmitted infec-
23 tions, including HIV/AIDS, among teens. The Sec-
24 retary shall make such reports available to the pub-
25 lic.

1 (2) EVALUATIONS.—Not later than 12 months
 2 after the date of the enactment of this Act, the Sec-
 3 retary shall, directly or through contract, provide for
 4 evaluations of at least 10 percent or not less than
 5 6 projects carried out with grants under each of sub-
 6 sections (a) and (b). Each such evaluation shall de-
 7 scribe—

8 (A) the activities carried out with the
 9 grant; and

10 (B) the extent to which the activities were
 11 effective in changing attitudes and behavior to
 12 achieve the project strategies consistent with—

13 (i) subsection (a)(2) for grants under
 14 subsection (a); or

15 (ii) subsection (b)(1) for grants under
 16 subsection (b).

17 (d) AUTHORIZATION OF APPROPRIATIONS.—

18 (1) COMMUNITY-BASED INTERVENTION PRO-
 19 GRAMS.—For the purpose of carrying out subsection
 20 (a), there is authorized to be appropriated
 21 \$40,000,000 for each of the fiscal years 2008
 22 through 2012.

23 (2) SCHOOL-BASED PROJECTS.—For the pur-
 24 pose of carrying out subsection (b), there is author-

1 ized to be appropriated \$10,000,000 for each of the
2 fiscal years 2008 through 2012.

3 (3) EVALUATIONS.—Of the total amount appro-
4 priated to carry out this section for a fiscal year, the
5 Secretary shall reserve 10 percent of such amount to
6 carry out subsection (c)(2).

7 **SEC. 4. MULTIMEDIA CAMPAIGNS.**

8 (a) IN GENERAL.—The Secretary shall make grants
9 to public and nonprofit private entities for the purpose of
10 carrying out multimedia campaigns to provide public edu-
11 cation and increase awareness with respect to the issue
12 of reducing the rates of unintended pregnancy and sexu-
13 ally transmitted infections, including HIV/AIDS, among
14 teens, and related social, physical, and emotional issues.

15 (b) PRIORITY.—In making grants under subsection
16 (a), the Secretary shall give priority to campaigns de-
17 scribed in such subsection that are directed toward eligible
18 communities.

19 (c) REQUIREMENTS.—A grant may be made under
20 subsection (a) only if the applicant involved agrees that
21 the multimedia campaign under such subsection will—

22 (1) provide information on the prevention of
23 unintended pregnancy and sexually transmitted in-
24 fections, including HIV/AIDS, among teens;

1 (2) provide information that identifies organiza-
2 tions in the communities involved that—

3 (A) provide health and educational services
4 related to the prevention of unintended preg-
5 nancy and sexually transmitted infections, in-
6 cluding HIV/AIDS, for teens; and

7 (B) provide necessary social and cultural
8 support services; and

9 (3) coincide with efforts of the National Clear-
10 inghouse for Teen Pregnancy Prevention that are
11 made under section 5(b)(1).

12 (d) AUTHORIZATION OF APPROPRIATIONS.—For the
13 purpose of carrying out this section, there is authorized
14 to be appropriated \$6,000,000 for each of the fiscal years
15 2008 through 2012.

16 **SEC. 5. NATIONAL CLEARINGHOUSE.**

17 (a) IN GENERAL.—The Secretary shall make grants
18 to a nonprofit private entity to establish and operate a
19 National Clearinghouse for Teen Pregnancy Prevention
20 (referred to in this section as the “Clearinghouse”) for the
21 purposes described in subsection (b).

22 (b) PURPOSES OF CLEARINGHOUSE.—The purposes
23 referred to in subsection (a) regarding the Clearinghouse
24 are as follows:

1 (1) To provide information and technical assist-
2 ance to States, Indian tribes, local communities, and
3 other public or private entities to develop content
4 and messages for teens and adults that address and
5 seek to reduce the rate of unintended pregnancy and
6 sexually transmitted infections, including HIV/
7 AIDS, among teens.

8 (2) To support parents in their essential role in
9 preventing unintended pregnancy and sexually trans-
10 mitted infections, including HIV/AIDS, among teens
11 by equipping parents with information and resources
12 to promote and strengthen communication with their
13 children about sex, values, and positive relationships,
14 including healthy relationships.

15 (c) REQUIREMENTS FOR GRANTEE.—A grant may be
16 made under subsection (a) only if the applicant involved
17 is an organization that meets the following conditions:

18 (1) The organization is a nationally recognized,
19 nonpartisan organization that has at least 10 years
20 of experience focusing on preventing teen pregnancy
21 and working with diverse groups to reduce the rate
22 of teen pregnancy.

23 (2) The organization has a demonstrated ability
24 to work with and provide assistance to a broad
25 range of individuals and entities, including teens;

1 parents; the entertainment and news media; State,
2 tribal, and local organizations; networks of teen
3 pregnancy prevention practitioners; reproductive
4 health providers; businesses; faith and community
5 leaders; and researchers.

6 (3) The organization has experience in the use
7 of culturally competent and linguistically appropriate
8 methods to address teen pregnancy in eligible com-
9 munities.

10 (4) The organization conducts or supports re-
11 search and has experience with scientific analyses
12 and evaluations.

13 (5) The organization has comprehensive knowl-
14 edge and data about strategies for the prevention of
15 teen pregnancy.

16 (6) The organization has experience in carrying
17 out functions similar to the functions described in
18 subsection (b).

19 (d) AUTHORIZATION OF APPROPRIATIONS.—For the
20 purpose of carrying out this section, there is authorized
21 to be appropriated \$1,500,000 for each of the fiscal years
22 2008 through 2012.

23 **SEC. 6. RESEARCH.**

24 (a) IN GENERAL.—The Secretary, acting through the
25 Director of the Centers for Disease Control and Preven-

tion, shall make grants to public or nonprofit private entities to conduct, support, and coordinate research on the prevention of unintended pregnancy and sexually transmitted infections, including HIV/AIDS, among teens in eligible communities, including research on the factors contributing to the disproportionate rates of teen pregnancy and sexually transmitted infections in such communities and research-based strategies for addressing such disparities.

(b) RESEARCH.—In carrying out subsection (a), the Secretary shall support research that—

(1) investigates the incidence and prevalence of teen pregnancy and sexually transmitted infections, including HIV/AIDS, among teens in communities described in such subsection;

(2) examines—

(A) the relationships between teen pregnancy and one or more of—

(i) the mental and physical health and well-being of teens in the communities;

(ii) teen access to a full range of family planning services;

(iii) the scholastic achievement of such teens;

1 (iv) family structure and communica-
2 tion; and

3 (v) other factors contributing to dis-
4 proportionate rates of teen pregnancy and
5 sexually transmitted infections among
6 teens in such communities;

7 (B) the variance in the rates of teen preg-
8 nancy and by—

9 (i) location (such as inner cities, inner
10 suburbs, outer suburbs, and rural areas);

11 (ii) population subgroup (such as His-
12 panic, Asian-Pacific Islander, African-
13 American, and Native American);

14 (iii) level of acculturation; and

15 (iv) socioeconomic status (such as in-
16 come, educational attainment of the par-
17 ents of the teen, and school attendance of
18 the teen);

19 (C) the importance of the physical and so-
20 cial environment as a factor in placing commu-
21 nities at risk of increased rates of pregnancy
22 and sexually transmitted infections; and

23 (D) the importance of aspirations and mo-
24 tivations as factors affecting young people's risk
25 of teen pregnancy;

1 (3) is used to propose or identify additional
2 strategies that will address the disproportionate
3 rates of teen pregnancy and sexually transmitted in-
4 fections in such communities; and

5 (4) wherever possible, includes efforts to link
6 the measures to relevant databases, including health
7 databases.

8 (c) PRIORITY.—In making grants under subsection
9 (a), the Secretary shall give priority to research that incor-
10 porates—

11 (1) interdisciplinary approaches; or

12 (2) a strong emphasis on community-based
13 participatory research.

14 (d) AUTHORIZATION OF APPROPRIATIONS.—For the
15 purpose of carrying out this section, there is authorized
16 to be appropriated \$7,500,000 for each of the fiscal years
17 2008 through 2012.

18 **SEC. 7. GENERAL REQUIREMENTS.**

19 (a) MEDICALLY ACCURATE INFORMATION.—A grant
20 may be made under this Act only if the applicant involved
21 agrees that all information provided pursuant to the grant
22 will be age-appropriate, factually and medically accurate
23 and complete, and scientifically based.

24 (b) CULTURAL CONTEXT OF SERVICES.—A grant
25 may be made under this Act only if the applicant involved

1 agrees that information, activities, and services under the
2 grant that are directed toward a particular population
3 group will be provided in the language and cultural context
4 that is most appropriate for individuals in such group.

5 (c) APPLICATION FOR GRANT.—A grant may be
6 made under this Act only if an application for the grant
7 is submitted to the Secretary and the application is in
8 such form, is made in such manner, and contains such
9 agreements, assurances, and information as the Secretary
10 determines to be necessary to carry out the program in-
11 volved.

12 **SEC. 8. DEFINITIONS.**

13 For purposes of this Act:

14 (1) The term “eligible community” has the
15 meaning indicated for such term in section 3(a)(1).

16 (2) The term “HIV/AIDS” means the human
17 immunodeficiency virus, and includes the acquired
18 immune deficiency syndrome.

19 (3) The term “medically accurate” with respect
20 to information, means information that is supported
21 by research, recognized as accurate and objective by
22 leading medical, psychological, psychiatric, and pub-
23 lic health organizations and agencies, and where rel-
24 evant, published in peer review journals.

1 (4) The term “racial or ethnic minority or im-
2 migrant communities” means communities with a
3 substantial number of residents who are members of
4 racial or ethnic minority groups or who are immi-
5 grants.

6 (5) The term “Secretary” has the meaning in-
7 dicated for such term in section 3(a)(1).

○