

State Profiles **FISCAL YEAR 2017**

The complete FY 2017 State Profiles comprise individual state-specific documents along with four other accompanying documents. The Executive Summary details the current state of sexuality education across the country, highlighting trends observed over the past few decades. Additionally, it is critical to examine the information from each state within the larger context of the laws and federal funding streams across the country. Please reference the following documents to inform and contextualize broader sexuality education trends:

- [Executive Summary](#)
- [Federal Funding Overview](#) – compared to [New York's federal funding](#)
- [Sex/Sexuality and HIV and other STIs Education Laws by State](#) – compared to [New York's education laws](#)
- [Descriptions of Curricula and Programs across the United States](#)

NEW YORK

In Fiscal Year 2017,¹ the state of New York received:

- **Division of Adolescent and School Health funds totaling \$80,000**
- **Personal Responsibility Education Program funds totaling \$2,756,926**
- **Title V State Abstinence Education Program funds totaling \$4,036,326**

In Fiscal Year 2017, local entities in New York received:

- **Division of Adolescent and School Health funds totaling \$408,694**
- **Teen Pregnancy Prevention Program funds totaling \$9,786,308**

SEXUALITY EDUCATION LAW AND POLICY

STATE LAW

In New York, Regulations of the Commissioner of Education ([§ 135.3](#)) dictate that health education is required for all students in grades K–12. This instruction must provide information about human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS). HIV/AIDS instruction must be taught by teachers who have been given appropriate training and curriculum materials by the board of education or trustees.²

All HIV/AIDS education must “provide accurate information to pupils concerning the nature of the disease, methods of transmission, and methods of prevention.”³ This instruction must be age-appropriate and consistent with community values and “shall stress abstinence as the most appropriate and effective premarital protection against AIDS.”⁴ Each local school board must establish an advisory council to make recommendations on HIV/AIDS instruction.⁵ Local boards of education may provide for the distribution of condoms in schools. They must ensure that all students who have access to the condoms have taken part in an HIV/AIDS education program.⁶

Parents may exempt their children from HIV/AIDS classes as long as the school is given “assurance that the pupil will receive such instruction at home.”⁷ [This is referred to as an “opt-out” policy.](#)

STATE STANDARDS

New York state does not require or suggest a specific curriculum, but it does provide a curriculum framework, the [Learning Standards for Health, Physical Education, and Family and Consumer Sciences at Three Levels](#). The framework does not specifically mention sexuality education, though certain topics within sexuality education are included, such as “understanding of the changes that accompany puberty.”⁸

STATE LEGISLATIVE SESSION ACTIVITY

SIECUS tracks all state legislative session activity in our state legislative reports. For more information on bills related to school-based sexuality education that were introduced or passed in 2016, please see the most recent analysis of state legislative activity, [SIECUS’ 2016 Sex Ed State Legislative Year-End Report: Top Topics and Takeaways](#).

YOUTH SEXUAL HEALTH DATA

Young people are more than their health behaviors and outcomes. For those wishing to support the sexual health and wellbeing of young people, it is important to utilize available data in a manner that tracks our progress and pushes policies forward while respecting and supporting the dignity of all young lives.

While data can be a powerful tool to demonstrate the sexuality education and sexual health care needs of young people, it is important to be mindful that these behaviors and outcomes are impacted by systemic inequities present in our society that affect an individual’s sexual health and wellbeing. That is, the context in which a young person’s health behavior and decision-making happens is not reflected in individual data points. Notably, one example demonstrating such inequities are the limitations as to how and what data are currently collected; please be mindful of populations who may not be included in surveys or who may be misrepresented by the data. The data categories and any associated language are taken directly from the respective surveys and are not a representation of SIECUS’ positions or values. For more information regarding SIECUS’ use of data, please read the FY 2017 Executive Summary, [A Portrait of Sexuality Education in the States](#).

NEW YORK YOUTH RISK BEHAVIOR SURVEY (YRBS) DATA⁹

The following sexual health behavior and outcome data represent some of the most recent information available on the health of young people who attend high schools in New York. Though not perfect—for instance, using broad race and ethnicity categories can often distort and aggregate the experiences of a diverse group of respondents—the YRBS is a critical resource for understanding the health behaviors of young people when used carefully and with an awareness of its limitations. Any missing data points indicate either a lack of enough respondents for a subcategory or the state’s decision not to administer a question on the survey. SIECUS commends the Centers for Disease Control and Prevention (CDC) for conducting decades’ worth of field studies to improve the accuracy and relevancy of the YRBS. Like the CDC, SIECUS underlines that “school and community interventions should focus not only on behaviors but also on the determinants of those behaviors.”¹⁰

Reported ever having had sexual intercourse

- In 2015, 29.6% of female high school students and 31.5% of male high school students in New York reported ever having had sexual intercourse, compared to 39.2% of female high school students and 43.2% of male high school students nationwide.
- In 2015, 48.7% of lesbian, gay, or bisexual (LGB) high school students, 29.2% of high school students who were unsure of their sexual orientation, and 28.9% of heterosexual high school students in New York reported ever having had sexual intercourse, compared to 50.8% of LGB high school students, 31.6% of high school students who were unsure of their sexual orientation, and 40.9% of heterosexual high school students nationwide.
- In 2015, 22.1% of American Indian/Alaska Native (AI/AN) high school students, 10.1% of Asian high school students, 33.3% of black high school students, 34.5% of Hispanic high school students, 28.5% of Native Hawaiian or Other Pacific Islander (NHOPI) high school students, 31.4% of white high school students, and 28.5% of high school students who identified as multiple races in New York reported ever having had sexual intercourse, compared to 39.1% of AI/AN high school students, 19.3% of Asian high school students, 48.5% of black high school students, 42.5% of Hispanic high school students, 39.9% of white high school students, and 49.2% of high school students who identified as multiple races nationwide.

Reported having had sexual intercourse before age 13

- In 2015, 1.5% of female high school students and 6% of male high school students in New York reported having had sexual intercourse before age 13, compared to 2.2% of female high school students and 5.6% of male high school students nationwide.
- In 2015, 8.4% of LGB high school students, 10.8% of high school students who were unsure of their sexual orientation, and 2.7% of heterosexual high school students in New York reported having had sexual intercourse before age 13, compared to 7.3% of LGB high school students, 8.8% of high school students who were unsure of their sexual orientation, and 3.4% of heterosexual high school students nationwide.
- In 2015, 1% of AI/AN high school students, 1.1% of Asian high school students, 6.5% of black high school students, 4.7% of Hispanic high school students, 4% of NHOPI high school students, 2.6% of white high school students, and 3.3% of high school students who identified as multiple races in New York reported having had sexual intercourse before age 13, compared to 1.8% of AI/AN high school students, 0.7% of Asian high school students, 8.3% of black high school students, 5% of Hispanic high school students, 2.5% of white high school students, and 5.8% of high school students who identified as multiple races nationwide.

Reported being currently sexually active

- In 2015, 24.3% of female high school students and 22.8% of male high school students in New York reported being currently sexually active, compared to 29.8% of female high school students and 30.3% of male high school students nationwide.
- In 2015, 37.1% of LGB high school students, 24.2% of high school students who were unsure of their sexual orientation, and 22.1% of heterosexual high school students in New York reported being currently sexually active, compared to 35.1% of LGB high school students, 22.9% of high school students who were unsure of their sexual orientation, and 30.1% of heterosexual high school students nationwide.
- In 2015, 20% of AI/AN high school students, 7.1% of Asian high school students, 22.9% of black high school students, 25.8% of Hispanic high school students, 27.5% of NHOPI high school students, 25.7% of white high school students, and 19.1% of high school students who identified as multiple races in New York reported being currently sexually active, compared to 31.5% of AI/AN high school students, 12.2% of Asian high school students, 33.1% of black high school students, 30.3% of Hispanic high school students, 30.3% of white high school students, and 35.7% of high school students who identified as multiple races nationwide.

Reported not using a condom during last sexual intercourse

- In 2015, 44.4% of female high school students and 38.8% of male high school students in New York reported not using a condom during their last sexual intercourse, compared to 48% of female high school students and 38.5% of male high school students nationwide.
- In 2015, 64% of LGB high school students, 67.8% of high school students who were unsure of their sexual orientation, and 37.2% of heterosexual high school students in New York reported not using a condom during their last sexual intercourse, compared to 52.5% of LGB high school students, 47.8% of high school students who were unsure of their sexual orientation, and 42.2% of heterosexual high school students nationwide.
- In 2015, 41.1% of black high school students, 42.4% of Hispanic high school students, and 42.4% of white high school students in New York reported not using a condom during their last sexual intercourse, compared to 36.3% of black high school students, 44.4% of Hispanic high school students, and 43.2% of white high school students nationwide.

Reported not using any method to prevent pregnancy during last sexual intercourse

- In 2015, 13.6% of female high school students and 16.9% of male high school students in New York reported not using any method to prevent pregnancy during their last sexual intercourse, compared to 15.2% of female high school students and 12.2% of male high school students nationwide.
- In 2015, 30.9% of LGB high school students, 40.8% of high school students who were unsure of their sexual orientation, and 11.5% of heterosexual high school students in New

York reported not using any method to prevent pregnancy during their last sexual intercourse, compared to 26.4% of LGB high school students, 19.4% of high school students who were unsure of their sexual orientation, and 12.4% of heterosexual high school students nationwide.

- In 2015, 16.8% of black high school students, 20.2% of Hispanic high school students, and 12.4% of white high school students in New York reported not using any method to prevent pregnancy during their last sexual intercourse, compared to 15.9% of black high school students, 20% of Hispanic high school students, and 10.4% of white high school students nationwide.

Reported having had drunk alcohol or used drugs during last sexual intercourse¹¹

- In 2015, 21.1% of female high school students and 29% of male high school students in New York reported having had drunk alcohol or used drugs during their last sexual intercourse, compared to 16.4% of female high school students and 24.6% of male high school students nationwide.
- In 2015, 35.6% of LGB high school students, 49.6% of high school students who were unsure of their sexual orientation, and 21.1% of heterosexual high school students in New York reported having had drunk alcohol or used drugs during their last sexual intercourse, compared to 22.4% of LGB high school students, 44.5% of high school students who were unsure of their sexual orientation, and 20% of heterosexual high school students nationwide.
- In 2015, 24.5% of black high school students, 16.2% of Hispanic high school students, and 27.9% of white high school students in New York reported having had drunk alcohol or used drugs during their last sexual intercourse, compared to 21.8% of black high school students, 22.8% of Hispanic high school students, and 19.3% of white high school students nationwide.

Reported never having been tested for HIV

- In 2015, 84.2% of female high school students and 80.1% of male high school students in New York reported never having been tested for HIV, compared to 88.9% of female high school students and 90.7% of male high school students nationwide.
- In 2015, 69% of LGB high school students, 85.2% of high school students who were unsure of their sexual orientation, and 83.3% of heterosexual high school students in New York reported never having been tested for HIV, compared to 81.8% of LGB high school students, 87.2% of high school students who were unsure of their sexual orientation, and 90.7% of heterosexual high school students nationwide.
- In 2015, 64% of AI/AN high school students, 85.1% of Asian high school students, 76.6% of black high school students, 75.9% of Hispanic high school students, 84.5% of NHOPI high school students, 86.1% of white high school students, and 80.5% of high school

students who identified as multiple races in New York reported never having been tested for HIV, compared to 88.6% of AI/AN high school students, 90.4% of Asian high school students, 83.4% of black high school students, 88.9% of Hispanic high school students, 92% of white high school students, and 86.6% of high school students who identified as multiple races nationwide.

Reported experiencing physical dating violence

- In 2015, 11.9% of female high school students and 10.3% of male high school students in New York reported experiencing physical dating violence in the prior year, compared to 11.7% of female high school students and 7.4% of male high school students nationwide.
- In 2015, 25.9% of LGB high school students, 31.7% of high school students who were unsure of their sexual orientation, and 8.1% of heterosexual high school students in New York reported experiencing physical dating violence in the prior year, compared to 17.5% of LGB high school students, 24.5% of high school students who were unsure of their sexual orientation, and 8.3% of heterosexual high school students nationwide.
- In 2015, 12.8% of Asian high school students, 10.9% of black high school students, 15.1% of Hispanic high school students, 9% of white high school students, and 20% of high school students who identified as multiple races in New York reported experiencing physical dating violence in the prior year, compared to 4.6% of Asian high school students, 10.5% of black high school students, 9.7% of Hispanic high school students, 9% of white high school students, and 16% of high school students who identified as multiple races nationwide.

Reported experiencing sexual dating violence

- In 2015, 16.6% of female high school students and 11.9% of male high school students in New York reported experiencing sexual dating violence in the prior year, compared to 15.6% of female high school students and 5.4% of male high school students nationwide.
- In 2015, 31.8% of LGB high school students, 28.6% of high school students who were unsure of their sexual orientation, and 11.3% of heterosexual high school students in New York reported experiencing sexual dating violence in the prior year, compared to 22.7% of LGB high school students, 23.8% of high school students who were unsure of their sexual orientation, and 9.1% of heterosexual high school students nationwide.
- In 2015, 11.3% of Asian high school students, 11.3% of black high school students, 15.1% of Hispanic high school students, 13.7% of white high school students, and 19.9% of high school students who identified as multiple races in New York reported experiencing sexual dating violence in the prior year, compared to 10.5% of Asian high school students, 10% of black high school students, 10.6% of Hispanic high school students, 10.1% of white high school students, and 14.2% of high school who identified as multiple races nationwide.

Visit the CDC [Youth Online](#) database and the [Health Risks Among Sexual Minority Youth](#) report for additional information on sexual behaviors.

NEW YORK SCHOOL HEALTH PROFILES DATA¹²

In 2015, the CDC released the School Health Profiles, which measures school health policies and practices and highlights which health topics were taught in schools across the country. Since the data was collected from self-administered questionnaires completed by schools' principals and lead health education teachers, the CDC notes that one limitation of the School Health Profiles is bias toward the reporting of more positive policies and practices.¹³ In the School Health Profiles, the CDC identifies 16 sexual education topics that it believes are critical to a young person's sexual health. Below are key instruction highlights for secondary schools in New York as reported for the 2013–2014 school year.

Reported teaching all 16 critical sexual health education topics

- 37.9% of New York secondary schools taught students all 16 critical sexual health education topics in a required course in any of grades 6, 7, or 8.¹⁴

16 CRITICAL SEXUAL EDUCATION TOPICS IDENTIFIED BY THE CDC

- 1) How to create and sustain healthy and respectful relationships
- 2) Influences of family, peers, media, technology, and other factors on sexual risk behavior
- 3) Benefits of being sexually abstinent
- 4) Efficacy of condoms
- 5) Importance of using condoms consistently and correctly
- 6) Importance of using a condom at the same time as another form of contraception to prevent both STDs and pregnancy
- 7) How to obtain condoms
- 8) How to correctly use a condom
- 9) Communication and negotiation skills
- 10) Goal-setting and decision-making skills
- 11) How HIV and other STDs are transmitted
- 12) Health consequences of HIV, other STDs, and pregnancy
- 13) Influencing and supporting others to avoid or reduce sexual risk behaviors
- 14) Importance of limiting the number of sexual partners
- 15) How to access valid and reliable information, products, and services related to HIV, STDs, and pregnancy
- 16) Preventive care that is necessary to maintain reproductive and sexual health.

Source: School Health Profiles, 2014

- 80.1% of New York secondary schools taught students all 16 critical sexual health education topics in a required course in any of grades 9, 10, 11, or 12.¹⁵

Reported teaching about the benefits of being sexually abstinent

- 96.5% of New York secondary schools taught students about the benefits of being sexually abstinent in a required course in any of grades 6, 7, or 8.¹⁶

- 99.5% of New York secondary schools taught students about the benefits of being sexually abstinent in a required course in any of grades 9, 10, 11, or 12.¹⁷

Reported teaching how to access valid and reliable information, products, and services related to HIV, other sexually transmitted diseases (STDs), and pregnancy

- 85.2% of New York secondary schools taught students how to access valid and reliable information, products, and services related to HIV, other STDs, and pregnancy in a required course in any of grades 6, 7, or 8.¹⁸
- 98.8% of New York secondary schools taught students how to access valid and reliable information, products, and services related to HIV, other STDs, and pregnancy in a required course in any of grades 9, 10, 11, or 12.¹⁹

Reported teaching how to create and sustain healthy and respectful relationships

- 94.7% of New York secondary schools taught students how to create and sustain healthy and respectful relationships in a required course in any of grades 6, 7, or 8.²⁰
- 96.6% of New York secondary schools taught students how to create and sustain healthy and respectful relationships in a required course in any of grades 9, 10, 11, or 12.²¹

Reported teaching about preventive care that is necessary to maintain reproductive and sexual health

- 81.7% of New York secondary schools taught students about preventive care that is necessary to maintain reproductive and sexual health in a required course in any of grades 6, 7, or 8.²²
- 97.2% of New York secondary schools taught students about preventive care that is necessary to maintain reproductive and sexual health in a required course in any of grades 9, 10, 11, or 12.²³

Reported teaching how to correctly use a condom

- 43.5% of New York secondary schools taught students how to correctly use a condom in a required course in any of grades 6, 7, or 8.²⁴
- 87% of New York secondary schools taught students how to correctly use a condom in a required course in any of grades 9, 10, 11, or 12.²⁵

Reported teaching about all seven contraceptives

- 77.1% of New York secondary schools taught students about all seven contraceptives—birth control pill, patch, ring, and shot; implants; intrauterine device; and emergency contraception—in a required course in any of grades 9, 10, 11, or 12.²⁶

Reported providing curricula or supplementary materials relevant to LGB, transgender, and questioning (LGBTQ) youth

- 56.4% of New York secondary schools provided students with curricula or supplementary materials that included HIV, STD, or pregnancy prevention information relevant to LGBTQ youth.²⁷

Visit the CDC's [*School Health Profiles*](#) report for additional information on school health policies and practices.

NEW YORK TEEN PREGNANCY, HIV/AIDS, AND OTHER STD DATA

The following data from the CDC and the Guttmacher Institute represent the most recent state-specific statistics documenting teen pregnancy, birth, abortion, HIV/AIDS, and other STDs. For those wishing to support the sexual health and wellbeing of young people, it is important to use the data to advance their access to comprehensive education, resources, and services. However, the data is not intended to be used in a manner that is stigmatizing or shaming: Young people have the right to make informed decisions about their health and wellbeing, but this right must be accompanied by the ability to access and understand all available choices. Therefore, the following data should be used to advance a young person's right to make informed decisions about their body and health.

Teen Pregnancy, Birth, and Abortion

- In 2013, New York had the 18th highest reported teen pregnancy rate in the United States, with a rate of 45 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 43 per 1,000.²⁸ There were a total of 28,700 pregnancies among young women ages 15–19 reported in New York in 2013.²⁹
- In 2015, New York had the 43rd highest reported teen birth rate in the United States, with a rate of 14.6 births per 1,000 young women ages 15–19, compared to the national rate of 22.3 per 1,000.³⁰ There were a total of 8,961 live births to young women ages 15–19 reported in New York in 2015.³¹
- In 2013, New York had the highest reported teen abortion rate³² in the United States, with a rate of 22 abortions per 1,000 young women ages 15–19, compared to the national rate of 11 per 1,000.³³ There were a total of 13,950 abortions among young women ages 15–19 reported in New York in 2013.³⁴

HIV and AIDS

- In 2015, the reported rate of diagnoses of HIV infection among adolescents ages 13–19 in New York was 6.1 per 100,000, compared to the national rate of 5.8 per 100,000.³⁵

- In 2015, the reported rate of AIDS diagnoses among adolescents ages 13–19 in New York was 1.5 per 100,000, compared to the national rate of 0.7 per 100,000.³⁶
- In 2015, the reported rate of diagnoses of HIV infection among young adults ages 20–24 in New York was 33.1 per 100,000, compared to the national rate of 31.1 per 100,000.³⁷
- In 2015, the reported rate of AIDS diagnoses among young adults ages 20–24 in New York was 6.1 per 100,000, compared to the national rate of 5.6 per 100,000.³⁸

STDs

- In 2015, New York had the 18th highest rate of reported cases of chlamydia among young people ages 15–19 in the United States, with an infection rate of 1,987.7 cases per 100,000, compared to the national rate of 1,857.8 per 100,000. In 2015, there were a total of 25,102 cases of chlamydia among young people ages 15–19 reported in New York.³⁹
- In 2015, New York had the 24th highest rate of reported cases of gonorrhea among young people ages 15–19 in the United States, with an infection rate of 309.3 cases per 100,000, compared to the national rate of 341.8 per 100,000. In 2015, there were a total of 3,906 cases of gonorrhea among young people ages 15–19 reported in New York.⁴⁰
- In 2015, New York had the 14th highest rate of reported cases of primary and secondary syphilis among young people ages 15–19 in the United States, with an infection rate of 5.8 cases per 100,000, compared to the national rate of 5.4 per 100,000. In 2015, there were a total of 73 cases of syphilis reported among young people ages 15–19 in New York.⁴¹

Visit the Office of Adolescent Health’s (OAH) [New York Adolescent Health Facts](#) for additional information.

FEDERAL FUNDING FOR SEXUALITY EDUCATION, UNINTENDED TEEN PREGNANCY, HIV AND OTHER STD PREVENTION, AND ABSTINENCE-ONLY-UNTIL-MARRIAGE (AOUM) PROGRAMS

FISCAL YEAR 2017 FEDERAL FUNDING IN NEW YORK

Grantee	Award
Division of Adolescent and School Health (DASH)	
New York State Education Department	\$80,000
New York City Board of Education	\$408,694
TOTAL	\$488,694
Teen Pregnancy Prevention Program (TPPP)	
TPPP Tier 1B	
The Children's Aid Society	\$749,999
Cicatelli Associates, Inc.	\$2,000,000
City of Rochester	\$999,999
Fund for Public Health in New York, Inc.	\$2,000,000
Oswego County Opportunities, Inc.	\$586,311
TOTAL	\$6,336,309
TPPP Tier 2B	
Cicatelli Associates, Inc.	\$950,000
EngenderHealth, Inc.	\$999,999
TOTAL	\$1,949,999
TPPP Tier 2C	
Columbia University	\$726,660
New York University	\$773,340
TOTAL	\$1,500,000
Personal Responsibility Education Program (PREP)	
PREP State-Grant Program	
New York State Department of Health (federal grant)	\$2,756,926
TOTAL	\$2,756,926
Title V Abstinence-Only-Until-Marriage Program (Title V AOUM)	
New York State Department of Health (federal grant)	\$4,036,326
TOTAL	\$4,036,326
GRAND TOTAL	\$17,068,254

DIVISION OF ADOLESCENT AND SCHOOL HEALTH

The CDC's school-based HIV prevention efforts include funding and technical assistance to state and local education agencies through several funding streams to better student health, implement HIV/STD prevention programs, collect and report data on young people's risk behaviors, and expand capacity-building partnerships. In FY 2017, through the CDC's Division of Adolescent and School Health (DASH), 18 state education agencies and 17 school districts received funding to help the districts and schools strengthen student health through exemplary sexual health education (ESHE) that emphasizes HIV and other STD prevention, increases access to key sexual health services (SHS), and establishes safe and supportive environments (SSE) for students and staff. DASH funded six national, non-governmental organizations (NGOs) to help state and local education agencies achieve these goals.

- In FY 2017, there was one DASH grantee in New York funded to strengthen student health through ESHE, SHS, and SSE (1308 Strategy 2): The New York City Board of Education (\$320,000).

NEW YORK CITY BOARD OF EDUCATION, \$320,000 (FY 2017)

With its 1308 Strategy 2 funds, the New York City Board of Education trains staff to teach the district's recommended high school sexual health education curriculum. The district also develops sexual health-focused School Wellness Councils in selected schools and collaborating with the local department of health to ensure that each high school has a condom availability program. Schools are encouraged to refer students to teen-friendly health service providers. Additionally, the district provides support to establish gay-straight alliances, training on bullying, sexual harassment and transgender district guidelines, and guidance to School Wellness Councils.⁴²

In addition, DASH funds local education agencies and NGOs to implement multiple program activities to meet the HIV- and other STD-prevention needs of young men who have sex with men (YMSM) and to develop strategic partnerships and collaborations between schools and community-based, mental health, and social services organizations to accomplish this work.

- In FY 2017, there were no DASH grantees in New York funded to deliver YMSM programming (1308 Strategy 4).

DASH also provides funding for state, territorial, and local education agencies and state health agencies to establish and strengthen systematic procedures to collect and report YRBS and School Health Profiles data for policy and program improvements.

- In FY 2017, there were two DASH grantees in New York funded to collect and report YRBS and School Health Profiles data (1308 Strategy 1): The New York State Department of Education (\$80,000) and the New York City Board of Education (\$88,694).

TEEN PREGNANCY PREVENTION PROGRAM (TPPP)

The OAH, within the U.S. Department of Health and Human Services (HHS), administers TPPP, which funds evidence-based or innovative evidence-informed, medically accurate, and age-appropriate programs to reduce teen pregnancy. In FY 2017, total funding for TPPP was \$101 million, supporting 84 states, cities, non-profit organizations, school districts, universities, community-based organizations, and tribal organizations. These grantees were in year three of five TPPP funding tiers' five-year cooperative agreements in 33 states, the District of Columbia, and the Marshall Islands. In June 2017, however, 81 of the 84 grantees were notified, without cause or explanation, that their project periods were shortened to just

three years, to end on June 30, 2018. Since the other three grantees are on a different grant cycle, they had not yet received notice on the status of their funding at the time of publication. OAH provides program support, implementation evaluation, and technical assistance to grantees and receives an additional \$6.8 million in funding for evaluation purposes. Below is information on the five TPPP funding tiers:

Tier 1A: Capacity building to support replication of evidence-based TPP programs.

- In FY 2017, there were no TPPP Tier 1A grantees in New York.

Tier 1B: Replicating evidence-based TPP programs to scale in communities with the greatest need.

- In FY 2017, there are six TPPP Tier 1A grantees in New York: The Children's Aid Society (\$749,999); Cicatelli Associates, Inc. (\$2,000,000); City of Rochester (\$999,999); Fund for Public Health in New York, Inc. (\$2,000,000); and Oswego County Opportunities, Inc. (\$586,311).
- These local organizations in New York received a total of \$6,336,309 in TPPP Tier 1A funding.

THE CHILDREN'S AID SOCIETY, \$749,999 (FY 2017)

The Children's Aid Society (CAS) is a charitable, non-profit organization whose mission is to help "children in poverty to succeed and thrive."⁴³ The organization provides comprehensive aid and support to children and families in high-need New York neighborhoods. With its TPPP Tier 1B funding, CAS will take advantage of systems already used by young people, such as schools, community centers, and foster care settings, to implement two programs, [*Children's Aid Society – Carrera Adolescent Pregnancy Prevention Program*](#) and [*Making Proud Choices! An Adaptation for Youth in Out-of-Home Care*](#), in the South Bronx, targeting Community District 3 of the Bronx. CAS aims to reach approximately 1,360 young people per year during the grant period.⁴⁴

CICATELLI ASSOCIATES, INC., \$2,000,000 (FY 2017)

Cicatelli Associates, Inc., (CAI) is a non-profit organization that "uses the transformative power of education and research to foster a more aware, healthy, compassionate and equitable world" and strives to improve the quality of health care and social services available to vulnerable populations.⁴⁵ With its TPPP Tier 1B funding, CAI, the lead agency in the Buffalo Collaborative Community, implements evidence-based programs in nine zip codes in Erie County. The curricula used are [*Raising Healthy Children*](#), [*Be Proud! Be Responsible!*](#), [*Seventeen Days*](#), [*Families Talking Together*](#), and [*Reducing the Risk*](#). CAI activities include "mobilizing and engaging the community to develop a plan to prevent teen pregnancy and promote positive youth development, establishing and maintaining linkages and referrals to youth-friendly health care services, ...ensuring continuation of program efforts beyond the grant, ... and evaluating the implementation and outcomes of program activities."⁴⁶ CAI aims to reach at least 15,000 young people per year.⁴⁷

CITY OF ROCHESTER DEPARTMENT OF RECREATION AND YOUTH SERVICES, \$999,999 (FY 2017)

The City of Rochester Department of Recreation and Youth Services works to "enhance the City of Rochester with youth initiatives such as recreation, youth development programs, and a premier park system."⁴⁸ It promotes asset development and diversity through services that include youth employment opportunities, environmental education, and outreach such as anti-gang intervention. With its TPPP Tier 1B funding, the Department partners with Rochester City School District, City Recreation Sites, the Summer Youth Employment Program, youth residential and juvenile justice programs, youth-friendly health care

providers, and homeless shelters to provide programming to young people ages 11–19. The Department aims to reach 1,850 young people per year during the grant period.⁴⁹

FUND FOR PUBLIC HEALTH IN NEW YORK, INC., \$2,000,000 (FY 2017)

The Fund for Public Health in New York, Inc., (FPHNY) is a non-profit “dedicated to the advancement of the health and wellbeing of all New York City residents.”⁵⁰ Developed by the New York City Department Health and Mental Hygiene, FPHNY provides young people with “evidence-based programs in order to reduce the teen birth rate in the program’s catchment area by 10% by 2020.”⁵¹ With its TPPP Tier 1B funding, FPHNY will implement the New York City Teens Connection (NYCTC) program, which takes advantage of existing partnerships and systems to provide programming to young people ages 14–19 in Central Brooklyn, Port Richmond, the South Bronx, and Staten Island. NYCTC uses [Reducing the Risk](#), [Teen Health Project](#), and [Seventeen Days](#). Teen-friendly clinics will also be linked to high schools and foster care agencies to provide quality health care services through the program. FPHNY aims to reach 15,000 young people per year during the grant period.⁵²

OSWEGO COUNTY OPPORTUNITIES, INC., \$586,311 (FY 2017)

Oswego County Opportunities, Inc., (OCO) is a private, non-profit human service agency that “inspires partnerships and provides services that empower people, support communities, and change lives.”⁵³ The organization coordinates more than 50 programs and serves 30,000 people each year. With its TPPP Tier 1B funding, OCO will implement [Be Proud! Be Responsible!](#) and [Making Proud Choices!](#) in the school districts in Oswego County: Altmar-Parish-Williamston Central School District, Fulton City School District, and Mexico Academy & Central School District, as well as in after-school settings. OCO aims to reach 1,205 young people per year.⁵⁴

Tier 2A: Supporting and enabling early innovation to advance adolescent health and prevent teen pregnancy.

- In FY 2017, there were no TPPP Tier 2A grantees in New York.

Tier 2B: Rigorous evaluation of new or innovative approaches to prevent teen pregnancy.

- In FY 2017, there were two TPPP Tier 2B grantees in New York: Cicatelli Associates, Inc., (\$950,000) and EngenderHealth, Inc. (\$999,999).
- These local organizations in New York received a total of \$1,949,999 in TPPP Tier 2B funding.

CICATELLI ASSOCIATES, INC., \$950,000 (FY 2017)

With its TPPP Tier 2B funding, Cicatelli Associates, Inc., (CAI) “coordinates the design, delivery and rigorous evaluation of *MY PLAN*, a teen pregnancy prevention intervention designed to increase effective and consistent condom use among young men, knowledge of dual contraceptive methods, and ability to discuss contraceptive methods with their partners.”⁵⁵ *MY PLAN* also evaluates the intervention, [Achieving Condom Empowerment \(ACE\)-Plus](#). Through this intervention, CAI intends to promote correct and consistent use of condoms, while promoting male engagement, positive communication, and effective decision-making skills. CAI aims to serve 250 young people per year during the grant period.⁵⁶

ENGENDERHEALTH, INC., \$999,999 (FY 2017)

EngenderHealth, Inc., is an international reproductive health organization that works to “improve the quality of health care in the world’s poorest communities.”⁵⁷ The organization partners with local organizations to “promote gender equity, advocate for sound practices and policies, and inspire people to assert their rights to better, healthier lives.”⁵⁸ It provides services in more than 20 countries across the globe and operates offices internationally and domestically. With its Tier 2B grant, EngenderHealth will implement *RE:MIX*, a three-component sexual health program aimed at reducing rates of unplanned pregnancy and sexually transmitted infections (STIs) among young people ages 13-17 in Travis County, Texas. The intervention also “includes a leadership training and coaching/mentoring program for the parenting peer educators and a system that connects both community youth and parenting peer educators with community resources and services.”⁵⁹ The evaluation projects to serve 250 young people per year.⁶⁰

Tier 2C: Effectiveness of TPP programs designed specifically for young males.

- In FY 2017, there were two TPP Tier 2C grantees in New York: Columbia University (\$726,660) and New York University (\$773,340).
- These local organizations in New York received a total of \$1,500,000 in TPP Tier 2C funding.

COLUMBIA UNIVERSITY, \$726,660 (FY 2017)

Columbia University is a private research institution located in New York City. With its TPP Tier 2C grant, the University will evaluate a computer-assisted motivational interviewing intervention. The intervention was originally designed to target young men ages 15-24 “to reduce their risk of fathering a teen pregnancy.”⁶¹ The intervention consists of four 30-minute motivational interviewing coaching sessions with one 30-minute booster coaching session after six months that involve computer-generated feedback. The sessions promote “increasing condom use, supporting female partners’ contraceptive use, and completing a reproductive health visit with [STD] testing.”⁶² Evaluation of the program will be done with approximately 756 young men from two high schools in the Bronx, a young men’s clinic, and community agencies. The participants will be randomly split into intervention and control groups for 12 months, and their changes in sexual and contraceptive behaviors will be measured.⁶³

NEW YORK UNIVERSITY, \$773,340 (FY 2017)

New York University is a private, non-sectarian American research institution located in New York City. With its TPP Tier 2C grant, the University will evaluate [*Fathers Raising Responsible Men*](#), a program that uses a theoretical-based intervention to highlight the important and influential role that fathers have on the development of adolescent males. The program is designed for adolescent males and targets young black and Latino men ages 15–19 and their fathers residing in South Bronx. The goal of the program is to “enhance father-son communication about sexual decision-making, parental monitoring and supervision, father-son understanding of masculinity and its influence on risk behavior, and father-son participation in shared activities.”⁶⁴ The program runs for three 90-minute sessions, two with the father and one with the father-son dyad, over a one-month period and provides fathers with a workbook. Evaluation of the program will be done as a randomized controlled trial with 800 families and will be followed up with a study to improve program materials.⁶⁵

PERSONAL RESPONSIBILITY EDUCATION PROGRAM (PREP)

The Family and Youth Services Bureau (FYSB), within the Administration for Children and Families (ACF) division of HHS, administers PREP, which was authorized for a total of \$75 million in FY 2017 for the state-grant program; local entities through the competitively awarded Personal Responsibility Education Innovative Strategies (PREIS) program; and the Tribal PREP, which funds tribes and tribal organizations. In addition, provisions within the PREP statute enable a competitive application process for community- and faith-based organizations within states and territories that do not directly seek PREP state grants to apply for funding through the Competitive Personal Responsibility Education Program (CPREP).

Similar to other programs highlighted in the State Profiles, the grants for the various PREP programs are awarded throughout the year, with several awarded in the final month of the fiscal year for use and implementation throughout the following year. SIECUS reports on funding amounts appropriated in FY 2017 and any programmatic activities that occurred during FY 2017, or October 1, 2016–September 30, 2017. It is important to remember, however, that reported programmatic activities for this period may have utilized FY 2016 funds. Details on the state grants, PREIS, Tribal PREP, and CPREP are included below. More information and clarification surrounding funding announcements are also included below, as well as in the FY 2017 Executive Summary, [*A Portrait of Sexuality Education in the States*](#).

PREP State-Grant Program

State-grant PREP supports evidence-based programs that provide young people with medically accurate and age-appropriate information for the prevention of unintended pregnancy, HIV, and other STDs. In FY 2017, 44 states, the District of Columbia, the Federated States of Micronesia, Guam, Puerto Rico, the Republic of Palau, and the Virgin Islands received PREP state-grant funds. Funded programs must discuss abstinence and contraception and place substantial emphasis on both. Programs must also address at least three of the following adulthood preparation subjects: healthy relationships, positive adolescent development, financial literacy, parent-child communication skills, education and employment skills, and healthy life skills.

- In FY 2017, the New York State Department of Health received \$2,756,926 in federal PREP funds.⁶⁶
- The agency provides sub-grants to nine local community-based organizations. The sub-grantee information is listed below.⁶⁷

Sub-grantee	Serving	Amount
Community Counseling and Mediation Services	Brooklyn	Not reported
Center for Community Alternatives	Young people in the juvenile justice system in New York City (Brooklyn, Bronx, Manhattan, and Queens)	Not reported
Claremont Neighborhood Center	Bronx	Not reported
Children's Village (Previously Inwood House)	Young people in foster care and at greater risk of foster-care placement in Brooklyn, Queens, and Westchester County	Not reported
Mothers and Babies Perinatal Network	Broome and Tioga Counties	Not reported
NYCHHC Woodhull Medical/Mental Health Center	Brooklyn	Not reported
Research Foundation of SUNY/Downstate Medical Center	Brooklyn	Not reported
YWCA of the City of New York	Brooklyn	Not reported
YWCA of Jamestown	Chautauqua County	Not reported

The New York PREP state-grant program is administered by the New York State Department of Health in collaboration with nine community-based organizations in high-need areas in the state. The Department also funds the Assets Coming Together (ACT) for Youth Center of Excellence at Cornell University and their partners—Cornell Cooperative Extension, New York Center for School Safety, and the University of Rochester—to provide training and technical assistance to all PREP sub-grantees on the implementation of evidence-based programs with fidelity and related topics.⁶⁸

The sub-grantees serve young people ages 10-19 to “provide comprehensive, age-appropriate, evidence-based, and medically accurate sexuality education to promote healthy sexual behaviors including abstinence, delay the onset of sexual activity, and reduce high-risk sexual behaviors among youth; ensure access to comprehensive reproductive health care and family planning services for adolescents; expand opportunities and provide support and alternatives to sexual activity to adolescents, including pregnant and parenting teens, to promote optimal transition through developmental milestones into a healthy young adulthood; and advance a comprehensive and sustainable local community effort to improve the community environment through the development of a coordinated community plan.” The programming is implemented in the following counties: New York City, Chautauqua, Broome, Tioga, Westchester, Suffolk, Rockland, Delaware, and Otsego.⁶⁹

Sub-grantees are implementing one or more of the following evidence-based curricula: [Be Proud! Be Responsible!](#), [Making Proud Choices!](#), and [Project AIM](#). One of the sub-grantees, Inwood House, has been chosen as a participant in the Federal Impact Evaluation to evaluate the effectiveness of Inwood House's *Teen Choice* curriculum as an evidence-based program focusing on young people in foster care and young people with emotional and behavioral problems. This project will be funded until September 30, 2017.⁷⁰

The following adulthood preparation subjects are addressed by each of the grantees: Community Counseling & Mediation Services – healthy relationships, healthy life skills, and educational and career success; Center for Community Alternatives – adolescent development, healthy relationships, parent-child communication, healthy life skills, and educational and career success; Claremont Neighborhood Center – adolescent development, healthy relationships, and financial literacy; Mothers & Babies Perinatal Network – adolescent development, healthy relationships, financial literacy healthy life skills, and educational and career success; NYCHHC Woodhull Medical/Mental Health Center – financial literacy, healthy life skills, and educational and career success; Research Foundation of SUNY Downstate Medical Center – financial literacy, healthy life skills, and educational and career success; YWCA of the City of NY – adolescent development, healthy relationships, healthy life skills, and educational and career success; and YWCA of Jamestown – adolescent development, financial literacy, healthy life skills, and educational and career success.⁷¹

Personal Responsibility Education Innovative Strategies (PREIS)

PREIS supports research and demonstration programs to develop, replicate, refine, and test innovative models for preventing unintended teen pregnancy, HIV, and other STDs.

- In FY 2017, there were no PREIS grantees in New York.

Tribal Personal Responsibility Education Program (Tribal PREP)

Tribal PREP supports the development and implementation of pregnancy-, HIV-, and other STD-prevention programs among young people within tribes and tribal communities. Tribal PREP programs target young people ages 10–19 who are in or are aging out of foster care, young people experiencing homelessness, young people living with HIV, young people who live in areas with high rates of adolescent births, and young people under age 21 who are pregnant and/or parenting. In FY 2017, eight tribes and tribal organizations from seven states received a total of \$3,271,693.

- In FY 2017, there were no Tribal PREP grantees in New York.

Competitive Personal Responsibility Education Program (CPREP)

CPREP grants support evidence-based programs that provide young people with medically accurate and age-appropriate information for the prevention of unintended pregnancy, HIV, and other STDs. Only organizations and institutions in states and territories that did not apply for PREP state grants are eligible to submit competitive applications for CPREP grants. In FY 2017, 21 CPREP grants, totaling \$10.2 million, were awarded to 21 organizations in Florida, Indiana, North Dakota, Texas, and Virginia, as well as in American Samoa, Guam, and the Northern Mariana Islands.

- In FY 2017, New York received PREP state-grant funding; therefore, entities in New York were not eligible for CPREP.

TITLE V “ABSTINENCE EDUCATION” STATE GRANT PROGRAM

The Title V “abstinence education” state grant program for AOUM programming, or the Title V AOUM program, is administered by FYSB, within ACF of HHS, and was authorized at \$75 million for FY 2017. The Title V AOUM program requires states to provide three state-raised dollars, or the equivalent in services, for every four federal dollars received. The state match may be provided in part or in full by local groups. All programs funded by Title V AOUM must exclusively promote abstinence from sexual activity and may provide mentoring, counseling, and adult supervision toward this end.⁷²

- In FY 2017, the New York State Department of Health received \$4,036,326 in federal Title V AOUM funding.⁷³
- The agency provides sub-grants to 16 community-based organizations. The sub-grantee information is listed below.⁷⁴
- In New York, sub-grantees contribute to the match through in-kind funds.

Sub-grantee	Serving	Amount
The Children's Aid Society	Bronx County	\$151,608
Big Brothers Big Sisters of NYC	Kings County	\$61,765
Boys and Girls Club of Buffalo	Erie County	\$145,453
Bronx Lebanon Hospital Center	Bronx County	\$170,509
Bellport Area Community Action Boys & Girls Clubs	Suffolk County	\$169,352
Central Queens YM and YMHA	Queens County	\$114,090
City of Mount Vernon Youth Bureau	Westchester County	\$170,000
Committee for Hispanic Children and Families, Inc.	Bronx County	\$170,509
Forestdale, Inc.	Queens County	\$85,500
Harlem RBI	New York City County	\$71,190
Leadership Training Institute	Nassau County	\$170,509
New Alternatives for Children	New York City County	\$170,509
Niagara Falls Housing Authority	Niagara County	\$170,480
Orange County Youth Bureau	Orange County	\$166,631
University of Rochester	Monroe County	\$170,509
YMCA of Syracuse and Onondaga County, Inc.	Onondaga County	\$170,000

The New York State Department of Health administers the New York Title V AOUM program in collaboration with 16 local community-based organizations to serve “young people ages 9–12 in resource-dependent communities.”⁷⁵ Sub-grantees support a new initiative that will fund community-based mentoring, counseling, and adult supervision programs designed to delay the initiation of sexual behavior among young people. The state’s Title V program does not require the implementation of specific curricula; however, all information and materials used by sub-grantees cannot contradict federal Title V AOUM funding requirements.⁷⁶ Sub-grantees implement the [*Successfully Transitioning Youth to Adolescents \(STYA\) program*](#).⁷⁷

“SEXUAL RISK AVOIDANCE EDUCATION” (SRAE) GRANT PROGRAM

Administered by FYSB within ACF of HHS, the SRAE program—a rebranding of the competitive AOUM grant program—provides funding for public and private entities for programs that “teach young people to voluntarily refrain from non-marital sexual activity and prevent other youth risk behaviors.” These programs are also required by statute to “teach the benefits associated with self-regulation; success sequencing for poverty prevention; healthy relationships; goal setting and resisting sexual coercion; dating violence; and other youth risk behaviors, such as underage drinking or illicit drug use, without normalizing teen sexual activity.” In FY 2017, \$15 million was appropriated for the SRAE grant program, and \$13.5 million was awarded to 27 grantees in 14 states through a competitive application process.

- In FY 2017, there were no SRAE grantees in New York.

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- ¹ This refers to the federal government’s fiscal year, which begins on October 1 and ends on September 30. The fiscal year is designated by the calendar year in which it ends; for example, FY 2017 began on October 1, 2016, and ended on September 30, 2017.
- ² N.Y. Regs. of the Comr. Of Ed. §§ 135.3(b)(2) and (c)(2)(i), www.p12.nysed.gov/sss/schoolhealth/schoolhealtheducation/CR135.pdf.
- ³ Ibid.
- ⁴ Ibid.
- ⁵ Ibid.
- ⁶ N.Y. Regs. of the Comr. Of Ed. § 135.3(c)(2)(ii).
- ⁷ N.Y. Regs. of the Comr. Of Ed. §§ 135.3(b)(2) and (c)(2)(i).
- ⁸ *Learning Standards for Health, Physical Education, and Family and Consumer Sciences at Three Levels* (New York: New York State Department of Education), www.p12.nysed.gov/sss/schoolhealth/schoolhealtheducation/healthPEFACSLearningStandards.pdf.
- ⁹ “Youth Online,” Centers for Disease Control and Prevention, <https://nccd.cdc.gov/youthonline/App/Default.aspx>.
- ¹⁰ “Methodology of the Youth Risk Behavior Surveillance System – 2013,” pg. 17, Centers for Disease Control and Prevention, www.cdc.gov/mmwr/pdf/rr/rr6201.pdf.
- ¹¹ It is critical to examine social determinants when analyzing potentially stigmatizing data. Accounting for differences in people’s lived experiences based on race, ethnicity, sexual orientation, socioeconomic status, etc., is a vital part of understanding the context in which the data exist. We encourage readers to exercise caution when using the data and warn readers against using the data in a manner that conflates correlation with causation. Please visit the FY 2017 Executive Summary, [A Portrait of Sexuality Education in the States](#), for more context.
- ¹² “School Health Profiles 2014,” Centers for Disease Control and Prevention, <https://nccd.cdc.gov/youthonline/App/Default.aspx>.
- ¹³ Ibid., pg. 51.
- ¹⁴ Ibid., Table 9c.
- ¹⁵ Ibid., Table 11c.
- ¹⁶ Ibid., Table 9a.
- ¹⁷ Ibid., Table 11a.
- ¹⁸ Ibid., Table 9a.
- ¹⁹ Ibid., Table 11a.
- ²⁰ Ibid., Table 9b.
- ²¹ Ibid., Table 11b.
- ²² Ibid., Table 9b.
- ²³ Ibid., Table 11b.
- ²⁴ Ibid., Table 9c.
- ²⁵ Ibid., Table 11c.
- ²⁶ Ibid., Table 13.
- ²⁷ Ibid., Table 39.
- ²⁸ Arpaia, A., Kost, K., and Maddow-Zimet, I., *Pregnancies, Births and Abortions Among Adolescents and Young Women in the United States, 2013: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2017), https://www.guttmacher.org/sites/default/files/report_downloads/us-adolescent-pregnancy-trends-2013_tables.pdf, Table 2.5.
- ²⁹ Ibid., Table 2.6.
- ³⁰ “Teen Birth Rate Comparison, 2015 Among Girls Age 15-19,” The National Campaign to Prevent Teen and Unplanned Pregnancy, <https://thenationalcampaign.org/data/compare/1701>.
- ³¹ United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2007-2015, on CDC WONDER Online Database, February 2017. Accessed at <http://wonder.cdc.gov/nativity-current.html>.
- ³² “Abortion” used in this context refers to legally induced abortions. This rate does not include abortions that occur outside of health care facilities or are unreported. Unfortunately, there is no reliable source of information for actual rates of abortion.
- ³³ Arpaia, A., Kost, K., and Maddow-Zimet, I., *Pregnancies, Births and Abortions Among Adolescents and Young Women in the United States, 2013: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2017), https://www.guttmacher.org/sites/default/files/report_downloads/us-adolescent-pregnancy-trends-2013_tables.pdf, Table 2.5.

³⁴ Ibid., Table 2.6.

³⁵ Slide 17: “Rates of Diagnoses of HIV Infection among Adolescents Aged 13–19 Years 2015—United States and 6 Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2015.pdf.

³⁶ Slide 20: “Rates of Diagnosed HIV Infection Classified as Stage 3 (AIDS) among Adolescents Aged 13–19 Years, 2015—United States and 6 Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2015.pdf.

³⁷ Slide 18: “Rates of Diagnoses of HIV Infection among Young Adults Aged 20–24 Years 2015—United States and 6 Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2015.pdf.

³⁸ Slide 21: “Rates of Diagnosed HIV Infection Classified as Stage 3 (AIDS) among Young Adults Aged 20–24 Years, 2015—United States and 6 Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2015.pdf.

³⁹ NCHHSTP Atlas, “STD Surveillance Data” (Atlanta, GA: Centers for Disease Control and Prevention), <http://gis.cdc.gov/GRASP/NCHHSTPAtlas/main.html>.

⁴⁰ Ibid.

⁴¹ Ibid.

⁴² Centers for Disease Control and Prevention, Adolescent and School Health, Funded Local Agencies, Atlanta, GA, www.cdc.gov/healthyyouth/partners/funded_locals.htm#newyorkcity.

⁴³ “About,” The Children’s Aid Society, www.childrensaidsociety.org/about.

⁴⁴ “The Children’s Aid Society,” Grantees (NY) – TPP Tier 1B, U.S. Department of Health and Human Services, Office of Adolescent Health, www.hhs.gov/ash/oah/grants/grantees/tpp/1b/the-childrens-aid-society.html.

⁴⁵ “Mission,” Cicatelli Associates, Inc., www.caiglobal.org/caistage/index.php?option=com_content&view=article&id=59&Itemid=165.

⁴⁶ “Cicatelli Associates, Inc.,” Grantees (NY) – TPP Tier 1B, U.S. Department of Health and Human Services, Office of Adolescent Health, www.hhs.gov/ash/oah/grants/grantees/tpp/1b/cicatelli-associates-inc.html.

⁴⁷ Ibid.

⁴⁸ City of Rochester, “Department of Recreation and Youth Services,” www.cityofrochester.gov/article.aspx?id=8589934833.

⁴⁹ “City of Rochester,” Grantees (NY) – TPP Tier 1B, U.S. Department of Health and Human Services, Office of Adolescent Health, www.hhs.gov/ash/oah/grants/grantees/tpp/1b/city-of-rochester.html.

⁵⁰ “Our Mission,” Fund for Public Health in New York, Inc., www.fphny.org/about.

⁵¹ “Fund for Public Health in New York, Inc.,” Grantees (NY) – TPP Tier 1B, U.S. Department of Health and Human Services, Office of Adolescent Health, www.hhs.gov/ash/oah/grants/grantees/tpp/1b/fund-for-public-health-in-new-york-inc.html.

⁵² Ibid.

⁵³ “Description of Agency,” Oswego County Opportunities, Inc., www.oco.org/description-of-agency.

⁵⁴ “Oswego County Opportunities, Inc.,” Grantees (NY) – TPP Tier 1B, U.S. Department of Health and Human Services, Office of Adolescent Health, www.hhs.gov/ash/oah/grants/grantees/tpp/1b/oswego-county-opportunities-inc.html.

⁵⁵ “Cicatelli Associates, Inc.,” Grantees (NY) – TPP Tier 2B, U.S. Department of Health and Human Services, Office of Adolescent Health, www.hhs.gov/ash/oah/grants/grantees/tpp/2b/cicatelli-associates-inc.html.

⁵⁶ Ibid.

⁵⁷ “Our Mission,” EngenderHealth, www.engenderhealth.org/about/mission.php.

⁵⁸ Ibid.

⁵⁹ “EngenderHealth, Inc.,” Grantees (NY) – TPP Tier 2B, U.S. Department of Health and Human Services, Office of Adolescent Health, www.hhs.gov/ash/oah/grants/grantees/tpp/2b/engenderhealth-inc.html.

⁶⁰ Ibid.

⁶¹ “Columbia University,” Grantees (NY) – TPP Tier 2C, U.S. Department of Health and Human Services, Office of Adolescent Health, www.hhs.gov/ash/oah/grants/grantees/tpp/2c/columbia-university.html.

⁶² Ibid.

⁶³ Ibid.

⁶⁴ “New York University,” Grantees (NY) – TPP Tier 2C, U.S. Department of Health and Human Services, Office of Adolescent Health, www.hhs.gov/ash/oah/grants/grantees/tpp/2c/new-york-university.html.

⁶⁵ Ibid.

⁶⁶ “2017 State Personal Responsibility Education Program (PREP) Awards,” Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, www.acf.hhs.gov/fysb/resource/2017-state-prep-awards.

⁶⁷ Information provided by Eric Zasada, Director, Adolescent Health Unit, New York State Department of Health, June 19, 2017.

⁶⁸ Ibid.

⁶⁹ Ibid.

⁷⁰ Ibid.

⁷¹ Ibid.

⁷² 42 U.S.C. 710, Title V, Section 510 of the Social Security Act, the authorization for the Title V AOUM grant program, defines “abstinence education” as “an educational or motivational program which:

(A) has as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;

(B) teaches abstinence from sexual activity outside marriage as the expected standard for all school-age children;

(C) teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems;

(D) teaches that a mutually faithful monogamous relationship in context of marriage is the expected standard of human sexual activity;

(E) teaches that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects;

(F) teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child’s parents, and society;

(G) teaches young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances; and

(H) teaches the importance of attaining self-sufficiency before engaging in sexual activity.”

www.ssa.gov/OP_Home/ssact/title05/0510.htm.

⁷³ “2017 Title V State Abstinence Education Program Grant Awards,” Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, www.acf.hhs.gov/fysb/resource/2017-aegp-awards.

⁷⁴ Information provided by Karen A. Barrett, Public Health Program Nurse, Adolescent Health Unit, New York State Department of Health, June 15, 2017.

⁷⁵ Ibid.

⁷⁶ Ibid.

⁷⁷ “Title V State Abstinence Education Program Grantee Profiles,” Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, <https://www.acf.hhs.gov/fysb/resource/aegp-profiles>.