

State Profiles **FISCAL YEAR 2016**

MASSACHUSETTS

In Fiscal Year 2016,¹ the state of Massachusetts received:

- Division of Adolescent and School Health funds totaling \$414,997
- Personal Responsibility Education Program funds totaling \$1,057,983

In Fiscal Year 2016, local entities in Massachusetts received:

- Division of Adolescent and School Health funds totaling \$378,750
- Teen Pregnancy Prevention Program funds totaling \$749,999

SEXUALITY EDUCATION LAW AND POLICY

STATE LAW

Massachusetts does not require sexuality education but instead allows local school boards to make such instruction decisions. If a community decides to implement sexuality education, [General Law of Massachusetts, Chapter 71 §§38O](#) requires standards be developed with the guidance of community stakeholders, including parents and at least one physician. In 1990, the Massachusetts Board of Education approved a policy that:

[U]rges local school districts to create programs which make instruction about [acquired immune deficiency syndrome] (AIDS)/[human immunodeficiency virus] (HIV) available to every Massachusetts student at every grade level. These programs should be developed in a manner which respects local control over education and involves parents and representatives of the community. The Board believes that AIDS/HIV prevention education is most effective when integrated into a comprehensive health education and human services program.²

STATE STANDARDS

The [Massachusetts Comprehensive Health Framework](#) suggests that curricula include information about “abstaining from and postponing sexual intercourse,” and approach reproduction and sexuality “in an appropriate and factual fashion.”³ In addition, human sexuality instruction should discuss HIV/AIDS, teen pregnancy, family violence, sound health practices, and “define sexual orientation using the correct terminology (such as heterosexual and gay and lesbian).”⁴

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 [SIECUS' 2016 Sex Ed State Legislative Year-End Report: Top Topics and Takeaways](#).

YOUTH SEXUAL HEALTH DATA

The following sexual health behavior and outcome data represent the most recent information available on adolescent sexual health in Massachusetts. 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 can and often do affect an individual's sexual health and wellbeing. Additionally, there are significant limitations as to how and what data are currently collected. Young people are more than outcomes; for advocates, it is important to utilize the data in a manner that tracks our progress and pushes policies forward in a way that respects and supports the dignity of all young lives.

MASSACHUSETTS YOUTH RISK BEHAVIOR SURVEY (YRBS) DATA⁵Reported ever having had sexual intercourse

- In 2015, 34.5% of female high school students and 38.3% of male high school students in Massachusetts 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, 41.3% of lesbian, gay, or bisexual (LGB) high school students, 15.7% of high school students who were unsure of their sexual orientation, and 36.7% of heterosexual high school students in Massachusetts 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, 26.8% of Asian high school students, 39.2% of black high school students, 43.3% of Hispanic high school students, and 35% of white high school students in Massachusetts reported ever having had sexual intercourse, compared to 19.3% of Asian high school students, 48.5% of black high school students, 42.5% of Hispanic high school students, and 39.9% of white high school students nationwide.

Reported having had sexual intercourse before age 13

- In 2015, 1.6% of female high school students and 4.3% of male high school students in Massachusetts 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, 4.7% of LGB high school students, 7.4% of high school students who were unsure of their sexual orientation, and 2.7% of heterosexual high school students in Massachusetts 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.

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- In 2015, 1.3% of Asian high school students, 7.8% of black high school students, 6.5% of Hispanic high school students, and 1.7% of white high school students in Massachusetts reported having had sexual intercourse before age 13, compared to 0.7% of Asian high school students, 8.3% of black high school students, 5% of Hispanic high school students, and 2.5% of white high school students nationwide.

Reported being currently sexually active

- In 2015, 27.9% of female high school students and 27.6% of male high school students in Massachusetts 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, 27.9% of LGB high school students, 9.7% of high school students who were unsure of their sexual orientation, and 28.3% of heterosexual high school students in Massachusetts 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, 27.7% of Asian high school students, 23.3% of black high school students, 31.3% of Hispanic high school students, and 27.3% of white high school students in Massachusetts reported being currently sexually active, compared to 12.2% of Asian high school students, 33.1% of black high school students, 30.3% of Hispanic high school students, and 30.3% of white high school students nationwide.

Reported not using a condom during last sexual intercourse

- In 2015, 42.6% of female high school students and 32.4% of male high school students in Massachusetts 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, 52.5% of LGB high school students and 36.1% of heterosexual high school students in Massachusetts reported not using a condom during their last sexual intercourse, compared to 52.5% of LGB high school students and 42.2% of heterosexual high school students nationwide.
- In 2015, 42.6% of Hispanic high school students and 36.4% of white high school students in Massachusetts reported not using a condom during their last sexual intercourse, compared to 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, 9.2% of female high school students and 8% of male high school students in Massachusetts 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, 24.6% of LGB high school students and 6.8% of heterosexual high school students in Massachusetts reported not using any method to prevent pregnancy during their last sexual

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intercourse, compared to 26.4% of LGB high school students and 12.4% of heterosexual high school students nationwide.

- In 2015, 15.3% of Hispanic high school students and 6.3% of white high school students in Massachusetts reported not using any method to prevent pregnancy during their last sexual intercourse, compared to 20% of Hispanic high school students and 10.4% of white high school students nationwide.

Reported never having been tested for HIV

- In 2015, 90.4% of female high school students and 90.1% of male high school students in Massachusetts 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, 87.5% of LGB high school students, 90.5% of high school students who were unsure of their sexual orientation, and 90.4% of heterosexual high school students in Massachusetts 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, 89.9% of Asian high school students, 82.4% of black high school students, 82.5% of Hispanic high school students, 93.1% of white high school students, and 88.5% of high school students who identified as multiple races in Massachusetts reported never having been tested for HIV, compared to 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 having been physically forced to have sexual intercourse

- In 2015, 7.6% of female high school students and 3.3% of male high school students in Massachusetts reported having been physically forced to have sexual intercourse, compared to 10.3% of female high school students and 3.1% of male high school students nationwide.
- In 2015, 12.9% of LGB high school students, 12.8% of high school students who were unsure of their sexual orientation, and 4.5% of heterosexual high school students in Massachusetts reported having been physically forced to have sexual intercourse, compared to 17.8% of LGB high school students, 12.6% of high school students who were unsure of their sexual orientation, and 5.4% of heterosexual high school students nationwide.
- In 2015, 5.5% of Asian high school students, 8.3% of black high school students, 7% of Hispanic high school students, 4.4% of white high school students, and 13% of high school students who identified as multiple races in Massachusetts reported having been physically forced to have sexual intercourse, compared to 4.2% of Asian high school students, 7.3% of black high school students, 7% of Hispanic high school students, 6% of white high school students, and 12.1% of high school students who identified as multiple races nationwide.

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Reported experiencing physical dating violence

- In 2015, 9.3% of female high school students and 4.1% of male high school students in Massachusetts 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, 11.9% of LGB high school students, 12.3% of high school students who were unsure of their sexual orientation, and 6% of heterosexual high school students in Massachusetts 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, 11.4% of black high school students, 9.6% of Hispanic high school students, and 5.7% of white high school students in Massachusetts reported experiencing physical dating violence in the prior year, compared to 10.5% of black high school students, 9.7% of Hispanic high school students, and 9% of white high school students nationwide.

Reported experiencing sexual dating violence

- In 2015, 11.2% of female high school students and 3.7% of male high school students in Massachusetts 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, 15.4% of LGB high school students, 19.8% of high school students who were unsure of their sexual orientation, and 6.4% of heterosexual high school students in Massachusetts 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, 9.9% of black high school students, 9.3% of Hispanic high school students, and 6.6% of white high school students in Massachusetts reported experiencing sexual dating violence in the prior year, compared to 10% of black high school students, 10.6% of Hispanic high school students, and 10.1% of white high school students nationwide.

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

MASSACHUSETTS TEEN PREGNANCY, HIV/AIDS, AND OTHER STD DATA

Teen Pregnancy, Birth, and Abortion

- In 2011, Massachusetts had the 46th highest teen pregnancy rate in the United States, with a rate of 33 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 52 per 1,000.⁶ There were a total of 7,520 pregnancies among young women ages 15–19 reported in Massachusetts in 2011.⁷
- In 2015, Massachusetts had the 50th highest teen birth rate in the United States, with a rate of 9.4 births per 1,000 young women ages 15–19, compared to the national rate of 22.3 per 1,000.⁸ There

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were a total of 2,404 live births to young women ages 15–19 reported in Massachusetts in 2014, the most recent year of available data.⁹

- In 2011, Massachusetts had the 35th highest teen abortion rate in the United States, with a rate of 8 abortions per 1,000 young women ages 15–19, compared to the national rate of 14 per 1,000.¹⁰ There were a total of 7,520 abortions among young women ages 15–19 reported in Massachusetts in 2011.¹¹

HIV and AIDS

- In 2015, the rate of diagnoses of HIV infection among adolescents ages 13–19 in Massachusetts was 3.4 per 100,000, compared to the national rate of 5.8 per 100,000.¹²
- In 2015, the rate of AIDS diagnoses among adolescents ages 13–19 in Massachusetts was 0.6 per 100,000, compared to the national rate of 0.7 per 100,000.¹³
- In 2015, the rate of diagnoses of HIV infection among young adults ages 20–24 in Massachusetts was 11.7 per 100,000, compared to the national rate of 31.1 per 100,000.¹⁴
- In 2015, the rate of AIDS diagnoses among young adults ages 20–24 in Massachusetts was 2.8 per 100,000, compared to the national rate of 5.6 per 100,000.¹⁵

STDs

- In 2015, Massachusetts had the 47th highest rate of reported cases of chlamydia among young people ages 15–19 in the United States, with an infection rate of 1,154 cases per 100,000, compared to the national rate of 1,857.8 per 100,000. In 2015, there were a total of 5,276 cases of chlamydia among young people ages 15–19 reported in Massachusetts.¹⁶
- In 2015, Massachusetts had the 46th highest rate of reported cases of gonorrhea among young people ages 15–19 in the United States, with an infection rate of 85.7 cases per 100,000, compared to the national rate of 341.8 per 100,000. In 2015, there were a total of 392 cases of gonorrhea among young people ages 15–19 reported in Massachusetts.¹⁷
- In 2015, Massachusetts had the 37th 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 2.2 cases per 100,000, compared to the national rate of 5.4 per 100,000. In 2015, there were a total of 10 cases of syphilis reported among young people ages 15–19 in Massachusetts.¹⁸

Visit the Office of Adolescent Health's (OAH) [Massachusetts Adolescent Health Facts](#) for additional information.

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

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FISCAL YEAR 2016 FEDERAL FUNDING IN MASSACHUSETTS

Grantee	Award
Division of Adolescent and School Health (DASH)	
Massachusetts Department of Elementary & Secondary Education	\$414,997
Boston Public Schools	\$378,750
TOTAL	\$793,747
Teen Pregnancy Prevention Program (TPPP)	
TPPP Tier 1B	
Massachusetts Alliance on Teen Pregnancy	\$749,999
TOTAL	\$749,999
Personal Responsibility Education Program (PREP)	
PREP State-Grant Program	
Massachusetts Department of Public Health (federal grant)	\$1,057,983
TOTAL	\$1,057,983
GRAND TOTAL	
	\$2,601,729

DIVISION OF ADOLESCENT AND SCHOOL HEALTH

The Division of Adolescent and School Health (DASH), within the CDC, provides funding 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 2016, DASH provided funding to 18 state and 17 local education agencies to help 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 seven national, non-governmental organizations (NGOs) to help state and local education agencies achieve these goals.

- In FY 2016, there were two DASH grantees in Massachusetts funded to strengthen student health through ESHE, SHS, and SSE in (1308 Strategy 2): The Massachusetts Department of Elementary and Secondary Education (\$320,000) and Boston Public Schools (\$320,000).

MASSACHUSETTS DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION, \$320,000 (FY 2016)
With its 1308 Strategy 2 funds, the Massachusetts Department of Elementary and Secondary Education provides technical assistance to districts to select middle and high school sexual health curricula and obtain district approval. The goal is to allow districts to identify curricula consistent with state guidance and community norms. Additionally, to reduce the stigma and discomfort that some students experience when receiving health care, the department works to ensure districts' referral systems are youth-friendly. The department includes organizations that provide appropriate services for LGB, transgender, and questioning (LGBTQ) students, including culturally competent health care, counseling, and peer supports. Furthermore, the department trains school counselors, nurses, and social workers to support

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LGBTQ students and their families to help create safe and supportive environments for students and staff.¹⁹

BOSTON PUBLIC SCHOOLS, \$320,000 (FY 2016)

With its 1308 Strategy 2 funds, Boston Public Schools helps school wellness councils support teachers and staff as they implement sexual health education. The school district also trains school staff on its youth sexual health referral guide and referral system to improve youth access to health services.

Additionally, to provide safe and supportive school environments for students and staff, the school district helps school wellness councils assess school environments and develop gay-straight alliances.²⁰

In addition, DASH funds local education agencies and NGOs to implement multiple program activities to meet the HIV/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 2016, there were no DASH grantees in Massachusetts 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 Youth Risk Behavior Surveillance (YRBS) and School Health Profiles data for policy and program improvements.

- In FY 2016, there were two DASH grantees in Massachusetts funded to collect and report YRBS and School Health Profiles data (1308 Strategy 1): The Massachusetts Department of Elementary and Secondary Education (\$94,997) and Boston Public Schools (\$58,750).

TEEN PREGNANCY PREVENTION PROGRAM

The Office of Adolescent Health (OAH), within the U.S. Department of Health and Human Services (HHS), administers the Teen Pregnancy Prevention Program (TPPP), which funds evidence-based (or innovative evidence-informed), medically accurate, and age-appropriate programs to reduce teen pregnancy. OAH provides program support, implementation evaluation, and technical assistance to grantees. In FY 2016, total funding for TPPP was \$101 million, with an additional \$6.8 million authorized for evaluation purposes, supporting a total of 84 states, cities, non-profit organizations, school districts, universities, community-based organizations, and tribal organizations that were in year two of five TPPP funding tiers' five-year cooperative agreements in 33 states and territories, including the District of Columbia and the Marshall Islands. OAH provides program support, implementation evaluation, and technical assistance to grantees and receives an additional \$6.8 million in funding for evaluation purposes. There are five TPPP funding tiers:

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

- In FY 2016, there were no TPPP Tier 1A grantees in Massachusetts.

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

- In FY 2016, there was one TPPP Tier 1B grantee in Massachusetts: The Massachusetts Alliance on Teen Pregnancy (\$749,999).

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MASSACHUSETTS ALLIANCE ON TEEN PREGNANCY \$749,999 (FY 2016)

The Massachusetts Alliance on Teen Pregnancy is a statewide organization that works to “advocate statewide and mobilize communities to prevent teen pregnancy, to increase opportunities for youth and youth parents, and to empower young people to make healthy decisions about relationships, sex, parenting, and life.”²¹ With its TPPP Tier 1B grant, the Massachusetts Alliance on Teen Pregnancy will launch a new initiative: Partners for Lawrence. The initiative aims to reduce STDs, prevent unintended teen pregnancies, and support development of youth ages 12-19 in Lawrence. Partners for Lawrence plans to reach its goals by implementing programming in at least three settings, building a community response to teen pregnancy, and increasing access to high-quality health care services. The project will serve 700 youth per year and 6,600 youth by the end of the grant period.²²

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

- In FY 2016, there were no TPPP Tier 2A grantees in Massachusetts.

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

- In FY 2016, there were no TPPP Tier 2B grantees in Massachusetts.

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

- In FY 2016, there were no TPPP Tier 2C grantees in Massachusetts.

PERSONAL RESPONSIBILITY EDUCATION PROGRAM

The Family and Youth Services Bureau (FYSB), within the Administration for Children and Families (ACF) division of HHS, administers the Personal Responsibility Education Program (PREP), which includes \$75 million 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. Details on the state grants, PREIS, Tribal PREP, and CPREP are included below.

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/AIDS, and other STDs. In FY 2016, 43 states, the District of Columbia, the Federated States of Micronesia, Guam, Puerto Rico, and the Virgin Islands received PREP state-grant funds. The grant does not require states to provide matching 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 2016, the Massachusetts Department of Public Health received \$1,057,983 in federal PREP funds.²³
- The department provides sub-grants to eight local public and private entities.²⁴

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Sub-grantee	Serving	Amount
Action for Boston Community Development	See narrative below	\$22,000
Citizens for Citizens	See narrative below	\$100,000
Family Services of the Merrimack Valley	See narrative below	\$100,000
Family Health Center of Worcester	See narrative below	\$22,000
Gandara Mental Health Center	See narrative below	\$100,000
Lowell Community Health Center	See narrative below	\$100,000
MA Department of Elementary and Secondary Education	See narrative below	\$297,500
River Valley Counseling Center	See narrative below	\$100,000

The Massachusetts Department of Public Health partners with the Massachusetts Department of Elementary and Secondary Education to implement the state's PREP grant program in both community- and school-based settings. PREP funding is used to implement adulthood preparation material covering adolescent development, healthy relationships, and financial literacy and create the *It PaYS: Partners for Youth Success* curriculum. The following school districts implement *It PaYS* to middle school students ages 10–14: Boston, Holyoke, New Bedford, and Springfield Public Schools. Seven community-based organizations are funded to implement [*Making Proud Choices!*](#) to youth ages 15–19 in communities and populations with the greatest disparities among reproductive health outcomes, including youth who identify as Hispanic, a sexual minority, homeless, older teens, or young people in systems of care. Community-based organizations may use a variety of curricula material from [*Focus on Youth*](#), the [*Help Increase the Peace Program*](#), *It PaYS*, [*Skillstream*](#), and resources from Planned Parenthood to supplement the program. Programming is available in Bristol, Essex, Hampden, Middlesex, Suffolk, and Worcester counties. Additionally, staff at the Department of Health provided contract management, technical assistance, and statistical analysis of program data.²⁵

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.

- In FY 2016, there were no PREIS grantees in Massachusetts.

Tribal Personal Responsibility Education Program (Tribal PREP)

Tribal PREP supports the development and implementation of teen pregnancy prevention programs 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/AIDS, 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 2016, eight tribes and tribal organizations from seven states received a total of \$3,436,621.

- In FY 2016, there were no Tribal PREP grantees in Massachusetts.

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/AIDS, and other STDs. Only organizations and institutions in states and territories that did not apply for PREP state grants in either of the first two fiscal years after the call for PREP state-grant applications were eligible to submit competitive applications for CPREP grants. In FY 2016, 21 CPREP grants, totaling \$10.3 million, were

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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 2016, Massachusetts received PREP state-grant funding; therefore, entities in Massachusetts were not eligible for CPREP.

TITLE V STATE ABSTINENCE EDUCATION GRANT PROGRAM

The Title V state abstinence education grant program for abstinence-only-until-marriage (AOUM) programming, or the Title V AOUM program, is administered by FYSB, within ACF of HHS, and was funded at \$75 million in FY 2016. 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. Programs must be medically accurate and age-appropriate and must encourage abstinence as an expected outcome.

- In FY 2016, Massachusetts chose not to apply for Title V AOUM funds.

“SEXUAL RISK AVOIDANCE EDUCATION” GRANT PROGRAM

Administered by FYSB within ACF of HHS, the “sexual risk avoidance education” (SRAE), i.e., the AOUM grant program, provides competitive funding 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 2016, \$10 million was appropriated for the SRAE grant program and \$8.98 million was awarded to 21 grantees in 12 states through a competitive application process.

- In FY 2016, there were no SRAE grantees in Massachusetts.

POINTS OF CONTACT

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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 2016 began on October 1, 2015, and ended on September 30, 2016.

² *Massachusetts Comprehensive Health Framework*, p. 75, www.doe.mass.edu/frameworks/health/1999/1099.pdf.

³ *Ibid.*, p. 30.

⁴ *Ibid.*, p. 31.

⁵ "High School YRBS," Centers for Disease Control and Prevention, <https://nccd.cdc.gov/youthonline/App/Default.aspx>.

⁶ Kost, K., and Maddow-Zimet, I., *U.S. Teenage Pregnancies, Births, and Abortions, 2011: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2014), www.guttmacher.org/sites/default/files/report_pdf/us-teen-pregnancy-state-trends-2011_4.pdf, Table 1.1.

⁷ *Ibid.*, Table 1.2.

⁸ "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>.

⁹ "Teen Births in Massachusetts, Girls 15-19," The National Campaign to Prevent Teen and Unplanned Pregnancy, <https://thenationalcampaign.org/data/state/massachusetts>.

¹⁰ Kost, K., and Maddow-Zimet, I., *U.S. Teenage Pregnancies, Births, and Abortions, 2011: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2014), www.guttmacher.org/sites/default/files/report_pdf/us-teen-pregnancy-state-trends-2011_4.pdf, Table 1.1.

¹¹ *Ibid.*, Table 1.2.

¹² 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.

¹³ 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.

¹⁴ 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.

¹⁵ 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.

¹⁶ NCHHSTP Atlas, "STD Surveillance Data" (Atlanta, GA: Centers for Disease Control and Prevention), <http://gis.cdc.gov/GRASP/NCHHSTPAtlas/main.html>.

¹⁷ *Ibid.*

¹⁸ *Ibid.*

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¹⁹ Centers for Disease Control and Prevention, Adolescent and School Health, Funded State Agencies, Atlanta, GA, www.cdc.gov/healthyyouth/partners/funded_states.htm#ma.

²⁰ Centers for Disease Control and Prevention, Adolescent and School Health, Funded Local Agencies, Atlanta, GA, www.cdc.gov/healthyyouth/partners/funded_locals.htm#boston.

²¹ “Mission and Goals,” Massachusetts Alliance on Teen Pregnancy, www.massteenpregnancy.org/about/mission-goals.

²² “Massachusetts Alliance on Teen Pregnancy,” Grantees (MA) – TPP Tier 1B, U.S. Department of Health and Human Services, Office of Adolescent Health, www.hhs.gov/ash/oah/grants/grantees/tpp/1b/massachusetts-alliance-on-teen-pregnancy.html.

²³ “2016 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/2016-state-prep-awards.

²⁴ Information provided by Devan H. Cody, PREP Coordinator, Massachusetts Department of Public Health, April 20, 2017.

²⁵ Ibid.