

State Profiles FISCAL YEAR 2016

NEW YORK

In Fiscal Year 2016,¹ the state of New York received:

- Division of Adolescent and School Health funds totaling \$80,000
- Personal Responsibility Education Program funds totaling \$3,013,637
- Title V State Abstinence Education Program funds totaling \$4,317,691

In Fiscal Year 2016, local entities in New York received:

- Division of Adolescent and School Health funds totaling \$411,162
- 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

The state does not require or suggest a specific curriculum, but 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 [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 New York. 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.

NEW YORK YOUTH RISK BEHAVIOR SURVEY (YRBS) DATA⁹Reported 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

NEW YORK

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

NEW YORK

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 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.

NEW YORK

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

NEW YORK TEEN PREGNANCY, HIV/AIDS, AND OTHER SEXUALLY TRANSMITTED DISEASE (STD) DATA

Teen Pregnancy, Birth, and Abortion

- In 2011, New York had the 16th highest teen pregnancy rate in the United States, with a rate of 58 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 52 per 1,000.¹⁰ There were a total of 38,020 pregnancies among young women ages 15–19 reported in New York in 2011.¹¹
- In 2015, New York had the 43rd highest 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 1,000.¹² There

NEW YORK

were a total of 9,954 live births to young women ages 15–19 reported in New York in 2014, the most recent year of available data.¹³

- In 2011, New York had the highest teen abortion rate in the United States, with a rate of 30 abortions per 1,000 young women ages 15–19, compared to the national rate of 14 per 1,000.¹⁴ There were a total of 19,600 abortions among young women ages 15–19 reported in New York in 2011.¹⁵

HIV and AIDS

- In 2015, the 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 100,000.¹⁶
- In 2015, the 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 100,000.¹⁷
- In 2015, the 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 100,000.¹⁸
- In 2015, the 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 100,000.¹⁹

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.²⁰
- 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.²¹
- 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.²²

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 PROGRAMS

NEW YORK

FISCAL YEAR 2016 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	\$411,162
TOTAL	\$491,162
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)	\$3,013,637
TOTAL	\$3,013,637
Title V Abstinence-Only-Until-Marriage Program (Title V AOUM)	
New York State Department of Health (federal grant)	\$4,317,691
TOTAL	\$4,317,691
GRAND TOTAL	\$17,608,798

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 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 (\$319,827).

NEW YORK CITY BOARD OF EDUCATION, \$319,827 (FY 2016)

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.²³

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 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 Youth Risk Behavior Surveillance (YRBS) and School Health Profiles data for policy and program improvements.

- In FY 2016, 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 (\$91,335).

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 New York.

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

- In FY 2016, 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 2016)

The Children’s Aid Society (CAS) is a charitable, non-profit organization whose mission is to help “children in poverty to succeed and thrive.”²⁴ 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!*](#) in District 3 of the Bronx. CAS aims to reach approximately 1,360 young people per year during the grant period.²⁵

CICATELLI ASSOCIATES, INC., \$2,000,000 (FY 2016)

Cicatelli Associates, Inc., (CAI) is a non-profit 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.²⁶ With its TPPP Tier 1B funding, CAI will partner with the Erie County Department of Health, Primary Care Research Institute, and the University of Buffalo to implement evidence-based programs in nine zip codes in Erie County. The curricula used includes [*Raising Healthy Children*](#), [*Be Proud! Be Responsible!*](#), [*Seventeen Days*](#), [*Families Talking Together*](#), and [*Reducing the Risk*](#). CAI aims to reach at least 15,000 young people per year.²⁷

CITY OF ROCHESTER DEPARTMENT OF RECREATION AND YOUTH SERVICES, \$999,999 (FY 2016)

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.”²⁸ 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 youth ages 11–19. Programming is provided in school and in after-school community settings. The department aims to reach 1,850 young people per year during the grant period.²⁹

FUND FOR PUBLIC HEALTH IN NEW YORK, INC., \$2,000,000 (FY 2016)

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.”³⁰ Developed by the New York City Department Health and Mental Hygiene, FPHNY partners with foundations, philanthropists, businesses, and community members to advance the health department’s agenda, “address pressing public health needs,” and educate New Yorkers about protecting their individual health and the health of their families and communities.³¹

With its TPPP Tier 1B funding, FPHNY will partner with the New York City Department of Health and Mental Hygiene to implement the New York City Teens Connection (NYCTC) program. This program takes advantage of existing partnerships and systems to provide programming to youth 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.³²

OSWEGO COUNTY OPPORTUNITIES, INC., \$586,311 (FY 2016)

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.”³³ 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 junior high schools, in high schools, and in after-school settings in Fulton, Altmar, Parish, Williamston, and Mexico Counties. Programming will target middle and high school and out-of-school youth in order to significantly impact rates of teen pregnancy and will specifically focus on Altmar-Parish-Williamstown Central School District, Fulton City School District, and Mexico Academy and Central School District. Over the course of the five-year grant period, OCO aims to reach 1,205 young people per year and 4,896 young people total.³⁴

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 New York.

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

- In FY 2016, 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 2016)

With its TPPP Tier 2B funding, Cicatelli Associates, Inc., (CAI) and its partners will develop, implement, and evaluate the intervention, [Achieving Condom Empowerment \(ACE\)-Plus](#). The goal of *ACE-Plus* is to encourage correct and consistent use of condoms for young men within foster care settings in New York in order to prevent teen pregnancy and improve adolescent health. *ACE-Plus* expands on the one-on-one intervention model and is the first to promote dual-protection method use through the agency of the male sex partner. CAI aims to serve 250 young people per year during the grant period.

ENGENDERHEALTH, INC., \$999,999 (FY 2016)

EngenderHealth, Inc., is an international reproductive health organization that works to “improve the quality of health care in the world’s poorest communities.”³⁵ 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.”³⁶ 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 Central Texas. The evaluation projects to serve 250 young people per year.³⁷

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

- In FY 2016, there were two TPPP 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 TPPP Tier 2C funding.

COLUMBIA UNIVERSITY, \$726,660 (FY 2016)

Columbia University is a private research institution located in New York City. With its TPPP 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 in order to reduce their risk of fathering a teen pregnancy. 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.”³⁸ 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.³⁹

NEW YORK UNIVERSITY, \$773,340 (FY 2016)

New York University is a private, non-sectarian American research institution located in New York City. With its TPPP 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 black and Latino males 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.”⁴⁰ 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.⁴¹

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

NEW YORK

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 New York State Department of Health received \$3,013,637 in federal PREP funds.⁴²
- The agency provides sub-grants to nine local community-based organizations. The sub-grantee information is listed below.⁴³

Sub-grantee	Serving	Amount
C.C.M.S. Community Counseling and Mediation	Brooklyn	\$300,000
Center for Community Alternatives	New York City (Brooklyn, Bronx, Manhattan, and Queens)	\$300,000
Claremont Neighborhood Center	Bronx	\$300,000
Inwood House	New York City (Brooklyn, Bronx, and Manhattan)	\$300,000
Mothers and Babies Perinatal Network	Broome and Sullivan Counties	\$150,000
NYCHHC Woodhull Medical/Mental Health Center	Brooklyn	\$325,000
Research Foundation of SUNY/Downstate Medical Center	Brooklyn	\$303,700
YMCA of the City of New York	New York City	\$227,927
YMCA of Jamestown	Chautauqua County	\$150,000

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 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.

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; ensure access to comprehensive reproductive healthcare and family planning services for teens to prevent pregnancies; expand social, recreational, vocational, and economic opportunities for teens to provide alternatives to sexual activity and develop skills to support a successful transition into a healthy young adulthood; advance a sustainable local community effort to improve the community environment for adolescents, reduce initial and subsequent adolescent pregnancy, STD, and HIV/AIDS rates and reduce health disparities related to race, ethnicity, socioeconomic status, and geography; and coordinate a community response to adolescent pregnancy through community education and a community advisory council, which is made up of community stakeholders.⁴⁴

Sub-grantees are implementing one or more of the following evidence-based curricula: [Teen Outreach Program \(TOP\)](#), [Be Proud! Be Responsible!](#), [Be Proud! Be Responsible! Be Protective!](#), [Making Proud Choices!](#), [Project AIM](#),

Cuidate!, *SiHLE (Sisters Informing, Healing, Living, and Empowering)*, and *Teen Health Project*.⁴⁵ 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.⁴⁶

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 New York.

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 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/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 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, New York received PREP state-grant funding; therefore, entities in New York 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, the New York State Department of Health received \$4,317,691 in federal Title V AOUM funding.⁴⁷
- The agency provides sub-grants to 17 local community-based organizations. The sub-grantee information is listed below.⁴⁸
- In New York, sub-grantees contribute to the match through in-kind funds.

NEW YORK

Sub-grantee	Serving	Amount
Bellport Boys and Girls Clubs	Suffolk County	\$169,352
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
Catholic Charities of the Diocese of Albany	Albany County	\$112,455
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	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 17 local community-based organizations to serve young people ages 9–12 in high-risk and resource-dependent communities. 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.⁴⁹

“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 New York.

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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 2016 began on October 1, 2015, and ended on September 30, 2016.
- 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, 4.
- ⁹ “High School YRBS,” Centers for Disease Control and Prevention, <https://nccd.cdc.gov/youthonline/App/Default.aspx>.
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- ¹⁴ 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.
- ¹⁵ Ibid., Table 1.2.
- ¹⁶ 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.
- ¹⁷ 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.
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NEW YORK

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