



MASSACHUSETTS

In Fiscal Year 2010¹, the state of Massachusetts received:

- Personal Responsibility Education Program funds totaling \$1,062,646

In Fiscal Year 2010, local entities in Massachusetts received:

- Teen Pregnancy Prevention Initiative funds totaling \$3,813,390
- Personal Responsibility Education Innovative Strategies funds totaling \$773,359

SEXUALITY EDUCATION LAW AND POLICY

Massachusetts does not require sexuality education but instead allows local school boards to make such decisions. If a community decides to implement sexuality education, it must develop standards 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 AIDS/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

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

The school district must also ensure that parents and/or guardians receive notification about the sexuality education policy. Parents may remove their children from any or all of this instruction. This is referred to as an “opt-out” policy.

See General Laws of Massachusetts, Chapter 71 §§ 32A and 38O; and Massachusetts Comprehensive Health Framework.

RECENT LEGISLATION

Bills Requiring Sex Education Be an Elective; and Requiring Parental Consent

House Bill 155 and House Bill 1934, two nearly identical bills introduced in January 2011, would require that schools only offer classes or programs that address sexuality education on a non-mandatory, elective basis. The bills would also require all students to receive written parental consent in order to participate. This is referred to as an “opt-in” policy. The bills were referred to the Joint Committee on Education. A hearing for the bills is scheduled for September 20, 2011.

Bill to Require Medically Accurate, Age-Appropriate Sexual Health Education

House Bill 1063, introduced in January 2011, would establish guidelines for public schools that choose to offer sexual health education courses. The bill would require such schools to teach an age-appropriate and medically accurate curriculum that stresses the benefits of abstinence, the importance of effectively using contraceptives, and the skills needed to practice safer sexual activity and form healthy relationships. Such instruction would be required to be appropriate for all students, regardless of race, gender, disability status, or sexual orientation. The bill was referred to the Joint Committee on Education. A hearing for the bill is scheduled for September 20, 2011.

YOUTH SEXUAL HEALTH DATA

SIECUS has compiled the following data to provide an overview of adolescent sexual health in Massachusetts. The data collected represents the most current information available.

Massachusetts Youth Risk Behavior Survey (YRBS) Data⁵

- In 2009, 45% of female high school students and 48% of male high school students in Massachusetts reported ever having had sexual intercourse compared to 46% of female high school students and 46% of male high school students nationwide.
- In 2009, 3% of female high school students and 8% of male high school students in Massachusetts reported having had sexual intercourse before age 13 compared to 3% of female high school students and 8% of male high school students nationwide.
- In 2009, 11% of female high school students and 15% of male high school students in Massachusetts reported having had four or more lifetime sexual partners compared to 11% of female high school students and 16% of male high school students nationwide.
- In 2009, 36% of female high school students and 33% of male high school students in Massachusetts reported being currently sexually active (defined as having had sexual intercourse in the three months prior to the survey) compared to 36% of female high school students and 33% of male high school students nationwide.
- In 2009, among those high school students who reported being currently sexually active, 51% of females and 66% of males in Massachusetts reported having used condoms the last time they had sexual intercourse compared to 54% of females and 69% of males nationwide.

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- In 2009, among those high school students who reported being currently sexually active, 20% of females and 28% of males in Massachusetts reported having used alcohol or drugs the last time they had sexual intercourse compared to 17% of females and 26% of males nationwide.
- In 2009, 87% of high school students in Massachusetts reported having been taught about AIDS/HIV in school compared to 87% of high school students nationwide.

Boston, Massachusetts

- In 2009, 45% of female high school students and 63% of male high school students in Boston, Massachusetts reported ever having had sexual intercourse compared to 46% of female high school students and 46% of male high school students nationwide.
- In 2009, 4% of female high school students and 15% of male high school students in Boston, Massachusetts reported having had sexual intercourse before age 13 compared to 3% of female high school students and 8% of male high school students nationwide.
- In 2009, 12% of female high school students and 30% of male high school students in Boston, Massachusetts reported having had four or more lifetime sexual partners compared to 11% of female high school students and 16% of male high school students nationwide.
- In 2009, 33% of female high school students and 44% of male high school students in Boston, Massachusetts reported being currently sexually active (defined as having had sexual intercourse in the three months prior to the survey) compared to 36% of female high school students and 33% of male high school students nationwide.
- In 2009, among those high school students who reported being currently sexually active, 57% of females and 77% of males in Boston, Massachusetts reported having used condoms the last time they had sexual intercourse compared to 54% of females and 69% of males nationwide.
- In 2009, among those high school students who reported being currently sexually active, 13% of females and 13% of males in Boston, Massachusetts reported having used birth control pills the last time they had sexual intercourse compared to 23% of females and 16% of males nationwide.
- In 2009, among those high school students who reported being currently sexually active, 19% of females and 25% of males in Boston, Massachusetts reported having used alcohol or drugs the last time they had sexual intercourse compared to 17% of females and 26% of males nationwide.
- In 2009, 77% of high school students in Boston, Massachusetts reported having been taught about AIDS/HIV in school compared to 87% of high school students nationwide.

Massachusetts Teen Pregnancy, HIV/AIDS, and Sexually Transmitted Disease Data

Teen Pregnancy, Birth, and Abortion

- Massachusetts's teen birth rate currently ranks 50th in the United States, with a rate of 20.1 births per 1,000 young women ages 15–19 compared to the national rate of 41.5 births per 1,000.⁶ In 2008, there were a total of 4,445 live births reported to young women ages 15–19 in Massachusetts.⁷
- In 2005, Massachusetts's teen pregnancy rate ranked 44th in the United States, with a rate of 49 pregnancies per 1,000 young women ages 15–19 compared to the national rate of 70 pregnancies per 1,000.⁸ There were a total of 10,290 pregnancies among young women ages 15–19 in Massachusetts.⁹
- In 2005, Massachusetts's teen abortion rate ranked 12th in the United States, with a rate of 21 abortions per 1,000 young women ages 15–19 compared to the national rate of 19 abortions per 1,000.¹⁰

HIV and AIDS

- Massachusetts's AIDS rate ranks 29th in the United States, with a rate of 5.8 cases per 100,000 individuals compared to the national rate of 12.3 cases per 100,000.¹¹
- Massachusetts ranks 23rd in number of reported AIDS cases in the United States among all age groups. In 2008, there were a total of 380 new AIDS cases reported in Massachusetts.¹²
- Massachusetts's AIDS rate among young people ages 13–19 ranks 27th in the United States, with a rate of 0.9 cases per 100,000 young people compared to the national rate of 1.8 cases per 100,000.¹³

Sexually Transmitted Diseases

- Massachusetts ranks 45th in reported cases of Chlamydia among young people ages 15–19 in the United States, with an infection rate of 11.56 cases per 1,000 compared to the national rate of 19.51 cases per 1,000. In 2008, there were a total of 5,240 cases of Chlamydia reported among young people ages 15–19 in Massachusetts.¹⁴
- Massachusetts ranks 42nd in reported cases of gonorrhea among young people ages 15–19 in the United States, with an infection rate of 0.98 cases per 1,000 compared to the national rate of 4.52 cases per 1,000. In 2008, there were a total of 444 cases of gonorrhea reported among young people ages 15–19 in Massachusetts.¹⁵
- Massachusetts ranks 23rd in reported cases of primary and secondary syphilis among young people ages 15–19 in the United States, with an infection rate of 0.02 per cases 1,000 compared to the national rate of 0.04 cases per 1,000. In 2008, there were a total of 10 cases of syphilis reported among young people ages 15–19 in Massachusetts.¹⁶

FEDERAL FUNDING FOR SEX EDUCATION, TEEN PREGNANCY PREVENTION, AND ABSTINENCE-ONLY PROGRAMS

President's Teen Pregnancy Prevention Initiative

The President's Teen Pregnancy Prevention Initiative (TPPI) funds medically accurate and age-appropriate programs to reduce teen pregnancy. The U.S. Department of Health and Human Services, Office of Adolescent Health (OAH) implements the grant program, which totaled \$110 million in discretionary funding for Fiscal Year 2010. TPPI consists of two funding tiers that provide grants to local public and private entities. Tier 1 totals \$75 million and provides funding for the replication of evidence-based programs proven to prevent unintended teen pregnancy and address underlying behavioral risk factors. Tier 2 totals \$25 million and provides funding to develop and test additional models and innovative strategies. A portion of the Tier 2 funds, \$15.2 million, was allocated for research and demonstration grants to test innovative approaches, while the remaining funding, \$9.8 million, was allocated for grants to support communitywide initiatives. TPPI also dedicates \$4.5 million in funding to conduct evaluations of individual programs.

TPPI Tier 1: Evidence-Based Programs

The TPPI Tier 1 grant program supports the replication of evidence-based programs proven effective through rigorous evaluation to prevent unintended teen pregnancy, underlying behavioral risk factors, or other associated risk factors.

- Local organizations in Massachusetts received \$1,063,823 in TPPI Tier 1 funding for Fiscal Year 2010.
- There are two TPPI Tier 1 grantees in Massachusetts: *Congregación León de Judá* and *La Alianza Hispana, Inc.*

Congregación León de Judá, \$599,889 (2010–2014)

Congregación León de Judá is a church that serves the Latino community of the greater Boston area. The congregation states: “Our goal as a church is to share God’s word and the principles it contains. We want to impact all the aspects of our community and conquer all for Christ.”¹⁷

The organization previously received federal abstinence-only-until-marriage funding through the now-defunct Community-Based Abstinence Education (CBAE) grant program. Originally awarded a five-year CBAE grant for Fiscal Years 2008–2012, the organization received a total of \$1.17 million before the program was eliminated in 2010.

With its TPPI funding, *Congregación León de Judá* operates the “*Vale Esperar: Making a Difference*” program, which serves Latino youth ages 11–13 in Hartford, Connecticut; Boston and Lawrenceville, Massachusetts; and Providence, Rhode Island. The church implements the program in partnership with *Vale Esperar* (Worth the Wait) an abstinence-only-until-marriage program which aims to “increase the number of Hispanic adolescents (ages 11–18) who commit to remain abstinent until marriage in order to decrease unwed pregnancy and sexually transmitted diseases (STDs), and develop relationships skills to prepare for healthy marriages.”¹⁸ *Vale Esperar* is an initiative of the Fellowship of Latino Pastors in New England, an umbrella organization that serves more than 70 Latino churches throughout the region. Through “*Vale Esperar: Making a Difference*,” *Congregación León de Judá* serves young people from 30 churches within its target area. The organization trains youth leaders at both churches and community-based sites to implement *Making A Difference!* to small groups of participants.¹⁹

Making a Difference! is an evidence-based pregnancy-, STD-, and HIV-prevention education curriculum that emphasizes abstinence from sexual activity. Adapted from the evidence-based curriculum, *Be Proud! Be Responsible!*, *Making a Difference!* aims to increase participants’ knowledge about HIV, STD, and

pregnancy prevention as well as their confidence to negotiate sexual pressure and intention to abstain from sex. It is designed for use with African-American, Latino, and white adolescents ages 11–13 and can be implemented in school- or community-based settings. The curriculum includes interactive activities, small group discussions, and skill-building exercises, including role-plays, aimed to increase comfort and efficacy with practicing abstinence. An evaluation of the curriculum published in the *Journal of American Medical Association* found that at a three-month follow-up, participants in the program were less likely to report having had sexual intercourse in the three months prior than peers in the control group. Evaluation results also showed that the program helped to delay sexual initiation among program participants who were sexually inexperienced.²⁰

Congregación León de Judá plans for the program to reach approximately 1,400 youth annually.

La Alianza Hispana, Inc., \$463,934 (2010–2014)

La Alianza Hispana is a community-based organization located in Roxbury, Massachusetts that provides “culturally and linguistically appropriate health and education programs to the Latino Community of Greater Boston.”²¹ The organization serves more than 2,000 Latinos annually.²²

With its TPPI funding, *La Alianza Hispana* implements *¡Cuidate!*, is an evidence-based HIV-prevention curriculum adapted from the evidence-based curriculum, *Be Proud! Be Responsible!*, and tailored for use with Latino youth ages 13–18. The curriculum provides information about HIV and its transmission, addresses values and beliefs related to HIV and safe sex, and includes activities aimed to increase skills and self-efficacy for condom use, negotiating abstinence, and safer sex. The intervention consists of six, one-hour lessons and is designed for use with small, mixed-gender groups. It draws upon cultural beliefs, such as the importance of family and the responsibility of a man to care for his family, in order to provide messages that resonate with participants. The curriculum consists of interactive games, small group discussions, videos, learning exercises, and skill-building activities. An evaluation of the curriculum published in the *Archives of Pediatrics & Adolescent Medicine* found that it reduced the frequency of sexual intercourse, number of sexual partners, and incidence of unprotected sex, while increasing condom use, among participants.²³

La Alianza Hispana’s program targets Latino youth, ages 13–18, in areas of Boston including Chelsea, East Boston, South Boston, Roxbury, Dorchester, Jamaica Plain, and Hyde Park. The program also includes a parent advisory group meant to foster “open communication and positive parent-child relationships.” *La Alianza Hispana* partners with the city of Boston, the Boston Public School District, and community-based, youth-serving organizations in implementation. The organization plans for its program to reach 1,090 youth annually.

TPPI Tier 2: Innovative Approaches

The TPPI Tier 2 grant program supports research and demonstration programs in order to develop, replicate, refine, and test additional models and innovative strategies for preventing teenage pregnancy.

- Local organizations in Massachusetts received \$1,572,516 in TPPI Tier 2 Innovative Approaches funding for Fiscal Year 2010.
- There are two TPPI Tier 2 Innovative Approaches grantees in Massachusetts: Black Ministerial Alliance of Greater Boston and Boston Medical Center.

Black Ministerial Alliance of Greater Boston, \$1,000,000 (2010–2014)

The Black Ministerial Alliance of Greater Boston (BMA), located in Roxbury, MA, is an alliance of more than 80 Boston area community- and faith-based organizations. Its “mission is to provide spiritual nurture for clergy, and advocacy and program services for the larger Black community.”²⁴

The organization implements *Healthy Futures: Promoting Sexual Health Through Abstinence* in three cities

in the Boston area—Lowell, Lynn, and Lawrence—with its Tier 2 grant. Its program serves 1,500 middle school students from low-income families each year.

Healthy Futures is an abstinence-only-until-marriage curriculum designed for middle school and high school students. Its in-class program consists of five, one-hour presentations designed to be given on consecutive days. One of the topics addressed in the sixth grade curriculum is “Identity,” and students are encouraged to “share what they like best about being a boy or a girl.”²⁵ The program description for seventh through twelfth grade claims that sex is “wonderful” within the context of marriage, but carries physical and emotional risks outside of marriage.²⁶ Students also “learn how common STDs are” and condom use is mentioned specifically to “raise awareness about the difference between protection and risk reduction.”²⁷

Boston Medical Center, \$572,516 (2010–2014)

With its Tier 2 grant, Boston Medical Center implements an adaptation of *Becoming a Responsible Teen (BART)* with Haitian-American youth in grades nine through 10. The culturally appropriate program is presented in four schools and serves approximately 240 youth per year. Boston Medical Center is a longtime recipient of federal Adolescent Family Life Act funding.

Becoming a Responsible Teen (BART) is an evidence-based HIV/AIDS-prevention education curriculum designed for African-American youth ages 14–18. *BART* teaches students to reduce sexual risk taking by promoting safer sex practices while also teaching that abstinence is the most effective way to prevent HIV and unintended pregnancy. The curriculum combines education with behavioral skills training on assertion, refusal, self-management, problem solving, risk recognition, and correct condom use.²⁸ *BART* includes interactive activities, group discussions, and role-plays developed by teens. It is designed for implementation in community-based settings and with single-sex groups. An evaluation of the program published in the *Journal of Consulting and Clinical Psychology* found that it increased participant knowledge of HIV and AIDS and increased participants’ ability to manage the pressure to engage in unprotected sex as well as to provide information to their peers regarding safe sexual practices. The program was also found to delay the initiation of sexual intercourse; reduce the frequency of sex and the incidence of unprotected sex; and reduce the incidence of unprotected anal sex. Among male participants, the program was found to increase condom use.²⁹

TPPI Tier 2: Communitywide Initiatives

The TPPI Tier 2 grant program also supports communitywide initiatives to reduce rates of teenage pregnancy and births in communities with the highest rates. The program awards grants to national organizations as well as state- and community-based organizations. Funded national partners provide training and technical assistance to local grantees. The Centers for Disease Control and Prevention (CDC) implement the grant program in partnership with OAH.

- There is one TPPI Tier 2 Communitywide Initiatives grantee in Massachusetts, the Massachusetts Alliance on Teen Pregnancy.

Massachusetts Alliance on Teen Pregnancy \$1,177,051 (2010–2014)

The Massachusetts Alliance on Teen Pregnancy 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.”³⁰ The organization’s community-wide initiative grant support its “Youth First Initiative,” a community-wide effort to “reduce teen pregnancy by building local capacity to implement evidence-based programs, deliver quality clinical sexual health services, and support healthy sexual decision-making across all the domains in which young people live and learn.”³¹

The initiative focuses on serving “high priority youth,” including African-American and Latino youth, youth in the foster care system, youth involved in the juvenile justice system, teen parents, and older youth in Springfield and Holyoke, Massachusetts. “Youth First” aims to reduce the teen birth rates of these communities by 10 percent over the next five years by increasing the number of youth receiving evidence-based interventions and their access to/use of quality health services. The initiative also seeks to educate stakeholders to begin to “address the root causes of sexual health disparities.”³²

Mass Alliance partners with more than 10 youth-serving organizations, six clinical agencies, and two school districts to deliver programming. Key partners include: Baystate Health Care; the Boys & Girls Club; Girls, Inc. of Lynn, Massachusetts; Planned Parenthood League of Massachusetts; the Puerto Rican Cultural Center; Tapestry Health, a Title X family planning clinic; the YWCA of Western Massachusetts; Springfield and Holyoke public school districts and school-based health centers, and several teen parent programs in addition to others. Youth First will implement broad-based interventions that serve youth in both school- and community-based settings, including at youth-serving and faith-based organizations, as well as in clinics. In addition, it will implement multiple programs to provide culturally and linguistically appropriate services that meet the needs of the targeted youth populations.³³

Personal Responsibility Education Program

The Personal Responsibility Education Program (PREP) totals \$75 million per year for Fiscal Years 2010–2014 and is the first-ever dedicated funding stream for more comprehensive approaches to sexuality education. The U.S. Department of Health and Human Services, Administration for Children and Families (ACF) implements the grant. PREP includes a \$55 million state-grant program, \$10 million to fund local entities through the Personal Responsibility Education Innovative Strategies (PREIS) Program, \$3.5 million for Indian tribes and tribal organizations, and \$6.5 million for evaluation, training, and technical assistance. Details on the state-grant program and PREIS are included below. At the time of publication, the funding for tribes and tribal organizations had not yet been awarded.

PREP State-Grant Program

The PREP state-grant program 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 sexually transmitted infections (STIs). The grant program totals \$55 million per year and allocates funding to individual states. 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.

- The Massachusetts Department of Public Health received \$1,062,646 in federal PREP funds for Fiscal Year 2010.
- The department issued an application announcement for available funds under the state’s PREP grant program. At the time of publication, sub-grantees had not yet been determined.

The Massachusetts Department of Public Health partners with the Massachusetts Department of Elementary and Secondary Education to implement the state’s PREP grant program, “It PaYS: Partners for Youth Success.” The program awards funding to school districts and community-based organizations to provide evidence-based teen pregnancy prevention programming to at-risk youth ages 10–19. Massachusetts PREP is designed to integrate school- and community-based services for youth and plans to award sub-grants to school districts and local public and private entities that will forward partnerships

between communities and schools in addressing high teen birth and STD rates as well as high disparities in youth sexual health outcomes. The program plans to award funding to six priority communities and has identified nine eligible cities for funding: Boston, Fall River, Holyoke, Lawrence, Lowell, Lynn, New Bedford, Springfield, and Worcester.³⁴

Though the program, the department of education will partner with school districts with the lowest performing schools and highest teen birth rates to provide programming to middle school students. Likewise, the department of public health will partner with community-based organizations to implement programming to high-risk youth ages 15–19 in community-based settings. Programming will target minority youth populations residing in underserved communities. These youth populations include Latino youth, “sexual minority” youth—those that identify as lesbian, gay, bisexual, transgender, and questioning (LGBTQ); homeless youth, and youth in foster care. Sub-grantees will be required to implement one of the following evidence-based programs: *Children’s Aid Society – Carrera Adolescent Pregnancy Prevention Program (CAS – Carrera)*; *¡Cuidate!*; *Making Proud Choices!*; *Rikers Health Advocacy Program*, *Teen Health Project*; and *Teen Outreach Program*. (Please refer to the TPPI Tier 1: Evidence-Based Programs section above for more information on *¡Cuidate!*.) Individual programs must also choose two adulthood preparation subjects to cover. All programs will be required to address healthy relationships as one of the three required adulthood preparation subjects.³⁵

Children’s Aid Society – Carrera Adolescent Pregnancy Prevention Program (CAS – Carrera), is an evidence-based positive youth development program designed for students in grades six through 12. The program consists of seven integrated components that can be delivered in an after-school or in-school setting over the course of a year. These units include Education, Job Club, Family Life and Sexuality Education, Mental Health, Medical and Dental Services, Self Expression, and Lifetime Individual Sports.³⁶ The program uses a positive youth development approach to increase developmental competency and identity formation among participants in order to encourage youth to avoid early parenthood and risky sexual behavior. *CAS – Carrera* runs six days a week throughout the academic year and also includes a summer program component.³⁷ An evaluation of the program published in *Perspectives on Sexual and Reproductive Health* found that at a three-year follow-up female participants were significantly less likely to report a pregnancy or report being sexually active than participants in the control group.³⁸

Making Proud Choices! is an evidence-based STD-, HIV-, and pregnancy-prevention curriculum designed for use with African-American, Latino, and white adolescents ages 11–13. The curriculum aims to help youth understand the poor reasoning and decision making that can lead to STD/HIV infection and/or unintended pregnancy, as well as to increase their confidence, negotiation skills, and self-efficacy in using condoms. The program consists of eight, one-hour sessions and can be implemented in school- or community-based settings. *Making Proud Choices!* includes interactive and skill-building activities that are designed to “increase comfort with practicing condom use, address concerns about negative effects of practicing safer sex, and build skills in condom use and negotiation.”³⁹ An evaluation of the program published in the *Journal of the American Medical Association* showed that program participants reported more consistent condom use and less unprotected sex as well as a higher frequency of condom use than those in the control group.⁴⁰

Rikers Health Advocacy Program is an evidence-based HIV/AIDS-prevention education program designed for high-risk youth, particularly those who are incarcerated and have issues with substance abuse. The program aims to reduce HIV-risk behaviors among participants. *Rikers Health Advocacy Program* uses a “Problem-Solving Therapy” approach, which leads participants through the steps of identifying and defining a problem, understanding the nature of the problem, developing possible solutions, engaging in decision making, and implementing a solution. The intervention was originally designed for adolescent males ages 16–19 at Rikers Island correctional facility in New York. The program consists of four, one-hour sessions that are facilitated by a male instructor twice a week over a two-week time period. The instruction emphasizes active learning and addresses such topics as factors related to experimenting with

drugs and drug use; risks related to sexual activity; the connection between drug use, sexual activity, and HIV risk; and how to access health care services and drug treatment.⁴¹ *Rikers Health Advocacy Program* engages participants in discussions about HIV facts and beliefs; has participants identify attitudes or behaviors that place individuals at risk for HIV infection; and then has participants develop possible strategies for avoiding such risks, which are then evaluated by other participants. The program includes role-plays to act out the solution strategies developed for avoiding risky situations. An evaluation of the program found that program participants were more likely to use condoms during intercourse than those in the control group.⁴²

Teen Health Project is a community-level HIV risk-reduction program designed for young people ages 12–17 living in low-income housing developments. The purpose of the program is to reduce sexual activity, increase condom use and negotiation skills, and reduce risky sexual behavior among participants. The initial component of the program consists of two, three-hour workshops focusing on HIV/STD prevention and building skills. Some participants in the workshops are then nominated to the Teen Health Project Leadership Council which meets on a weekly basis during a six-month period to implement community activities and organize HIV-prevention activities for their peers. In addition, *Teen Health Project* includes a parent component which consists of a 90-minute HIV/AIDS education workshop that provides information to parents about risk reduction and talking to their children about sexual health issues. An evaluation of the program published in *AIDS* found, at a 12-month follow-up, that sexually inexperienced youth who participated in the program were significantly more likely to have remained abstinent; and, at an 18-month follow-up, sexually active youth who participated in the program were significantly more likely to report condom use at the time of last sexual intercourse than participants in the control group.⁴³

Teen Outreach Program (TOP) is an evidence-based youth development program that engages young people in experiential learning activities in order to “prepare for successful adulthood and avoid problem behaviors.”⁴⁴ The program is designed for youth ages 12–17 and focuses on reducing rates of school failure, school suspension, and teen pregnancy. *TOP* consists of a nine-month curriculum that addresses such topics as relationships, peer pressure, decision making, values clarification, goal-setting, adolescent development, and sexual health.⁴⁵ It also includes a 20-hour community service component that engages participants in activities to enhance knowledge and develop skills, including self-efficacy, communication, conflict-management, and self-regulation. *TOP* can be delivered as an in-school, after-school, or community-based program. An evaluation of the program published in *Child Development* found that young women, ages 15–19, who participated in *TOP* were significantly less likely to report a pregnancy during the program than participants in the control group.⁴⁶

Personal Responsibility Education Innovative Strategies (PREIS)

The PREIS Program supports research and demonstration programs to develop, replicate, refine, and test innovative models for preventing unintended teen pregnancy. ACF implements the grant program in collaboration with OAH and provides a total of \$10 million in funding directly to local public and private entities.

- There is one PREIS grantee in Massachusetts, Education Development Center, Inc., which received \$773,359 for Fiscal Year 2010.

Education Development Center, Inc., \$773,359 (2010–2014)

The Education Development Center, Inc., located in Newton, Massachusetts, is a “global nonprofit organization that designs, delivers, and evaluates innovative programs to address some of the world’s most urgent challenges in education, health, and economic opportunity.”⁴⁷ With its PREIS grant, the organization collaborates with the University of Michigan School of Nursing and the League of United

Latin American Citizens’ National Educational Service Centers to implement the “More Than a Dream Teen Pregnancy Prevention for Latino Youth” project. The project serves Latino youth ages 12–14 and their parents in Albuquerque, New Mexico; Colorado Springs, Colorado; El Paso, Texas; and Kansas City, Missouri. “More Than a Dream” implements three existing intervention programs designed for Latino youth and their families: *¡Cuidate!*, *Salud y Éxito*, and *Mas Que el Sueño*. (Please refer to the *TPPI Tier 1: Evidence-Based Programs* section above for a description of *¡Cuidate!*) *Salud y Éxito* is an intervention designed for parents that promotes positive parenting practices. It is presented to parents using bilingual CDs. *Mas Que el Sueño* is an intervention that involves both youth and their parents. The goal of the project is to find a prevention intervention for both Latino young people and their parents that is developmentally appropriate and culturally relevant.

Title V State Abstinence Education Grant Program

The Title V State Abstinence Education Grant Program (Title V Abstinence-Only Program) allocates \$50 million per year to states for Fiscal Years 2010–2014. ACF implements the grant program. The Title V Abstinence-Only 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 the Title V Abstinence-Only Program must promote abstinence from sexual activity as their exclusive purpose and may provide mentoring, counseling, and adult supervision toward this end. Programs must be medically accurate and age-appropriate and must ensure abstinence is an expected outcome.

- Massachusetts chose not to apply for Title V abstinence-only funds for Fiscal Year 2010.

Massachusetts TPPI, PREP, and Title V Abstinence-Only funding in FY 2010

Grantee	Award	Fiscal Years
Teen Pregnancy Prevention Initiative (TPPI)		
<i>TPPI Tier 1: Replication of Evidence-Based Programs</i>		
<i>Congregación León de Judá</i>	\$599,889	2010–2014
<i>La Alianza Hispana, Inc.</i>	\$463,934	2010–2014
TOTAL	\$1,063,823	
<i>TPPI Tier 2: Innovative Approaches</i>		
Black Ministerial Alliance of Greater Boston	\$1,000,000	2010–2014
Boston Medical Center	\$572,516	2010–2014
TOTAL	\$1,572,516	
<i>TPPI Tier 2: Communitywide Initiatives</i>		
Massachusetts Alliance on Teen Pregnancy	\$1,177,051	2010–2014
TOTAL	\$1,177,051	

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Grantee	Award	Fiscal Years
Personal Responsibility Education Program (PREP)		
<i>PREP State-Grant Program</i>		
Massachusetts Department of Public Health	\$1,062,646	2010
TOTAL	\$1,062,646	
<i>Personal Responsibility Education Innovative Strategies</i>		
Education Development Center, Inc.	\$773,359	2010–2014
TOTAL	\$773,359	
GRAND TOTAL		
	\$5,649,395	2010

COMPREHENSIVE APPROACHES TO SEXUALITY EDUCATION

*SIECUS has identified some examples of model programs, policies, and best practices being implemented in Massachusetts public schools that provide a more comprehensive approach to sex education for young people.*⁴⁸

Comprehensive Sex Education Programs in Public Schools

Through supplemental funding from the Centers for Disease Control and Prevention’s Division of Adolescent and Sexual Health (CDC-DASH), the Massachusetts Department of Elementary and Secondary Education (ESE) collaborates with the Massachusetts Alliance on Teen Pregnancy (MATP) to assist six school districts in areas of the state with high rates of teen birth and sexually transmitted diseases (STDs) to implement a science-based, comprehensive approach to address these issues in district schools. These school districts include Framingham, Holyoke, Leominster, Lowell, Springfield, and one charter school, Phoenix Charter Academy, in Chelsea, Massachusetts.

ESE provided a four-day professional development training to district administrators, teachers, and community partners to equip stakeholders and key personnel with the skills to properly select and identify a science-based approach for school programming. The training included information on promoting and supporting the use of science-based approaches, a workshop for teachers on best practices in the classroom, strategies for mobilizing communities to support teen pregnancy prevention efforts, and ideas for building sustainable teen pregnancy prevention programs and models. MATP provides technical assistance to the six school districts to ensure the implementation of science-based approaches in a manner that is most likely to achieve expected outcomes.⁴⁹

The Massachusetts Department of Elementary and Secondary Education also partners with low-performing, high-need school districts to implement evidence-based teen pregnancy-prevention programming to middle school students that provides them with more comprehensive information about sexual health and prevention. The programming is supported through the Massachusetts state Personal Responsibility Education Program. (Please refer to the PREP State-Grant section above for more information.)

In addition to providing training and technical assistance to school districts on implementing more comprehensive sexuality education programs, the Massachusetts Alliance on Teen Pregnancy also leads a community-wide initiative in Springfield and Holyoke, Massachusetts to integrate evidence-based programs and clinical health services provided to youth in order to help reduce unintended teen pregnancy and STD infection among young people. The initiative engages community stakeholders, local public and private entities, schools, reproductive health clinics, parents, and youth to provide culturally

and linguistically appropriate programs and services to young people. (Please refer to the *TPPI Tier 2: Communitywide Initiatives* section above for more information.)

Holyoke Public Schools

The Holyoke public school district implements *¡Cuídate!* and *FLASH (Family Life and Sexual Health)* to district ninth graders. A total of 463 students receive instruction using these curricula each year.⁵⁰ (Please refer to the *TPPI Tier 1: Evidence-Based Programs* section above for a description of *¡Cuídate!*)

FLASH (Family Life and Sexual Health) is a set of comprehensive sexuality education curricula developed by the Seattle and King County, Washington public health department. The curricula are designed for students in grades five through 12 and divided by grade level into three separate curricula: *4/5/6 FLASH*, *7/8 FLASH*, and *High School FLASH*. There is also a version for special education students ages 11–21 in self-contained classes. Each curriculum contains approximately 20 lessons. *FLASH* “rests on a foundation of positive and healthy sexuality across the lifespan,” furthermore, it “focuses on the needs of public schools and diverse communities” and includes a “strong family involvement component.”⁵¹ The curricula focus on abstinence while also providing information on the prevention of pregnancy and sexually transmitted diseases (STDs), including HIV. Lessons cover such topics as human growth and development, sexual health, risk behavior and social factors associated with HIV/AIDS, interpersonal relationships, body image, gender roles, and sexual orientation, among others. *FLASH* is considered a promising model program; an examination of the most recent version of the curriculum concluded that its “concurrence with the characteristics of sex education programs that have been rigorously evaluated and found to be effective” was strong. *High School FLASH* is undergoing a longitudinal, randomized, behavioral evaluation in years 2011 through 2014, with results expected in 2015.⁵²

Framingham Public Schools

Framingham public schools use *Making Proud Choices!* with eighth grade students. *Making Proud Choices!* is an evidence-based STD-, HIV-, and pregnancy-prevention curriculum designed for use with African-American, Latino, and white adolescents ages 11–13. The curriculum aims to help youth understand the poor reasoning and decision making that can lead to STD/HIV infection and/or unintended pregnancy, as well as to increase their confidence, negotiation skills, and self-efficacy in using condoms. The program consists of eight, one-hour sessions and can be implemented in school- or community-based settings. *Making Proud Choices!* includes interactive and skill-building activities that are designed to “increase comfort with practicing condom use, address concerns about negative effects of practicing safer sex, and build skills in condom use and negotiation.”⁵³ An evaluation of the program published in the *Journal of the American Medical Association* showed that program participants reported more consistent condom use and less unprotected sex as well as a higher frequency of condom use than those in the control group.⁵⁴

During the 2008–2009 school year, the program was taught to a total of 591 eighth grade students.⁵⁵

Leominster Public Schools

The Leominster school district uses *Focus on Youth: An HIV Prevention Program for African-American Youth (Focus on Youth)* with ninth grade students. *Focus on Youth* is an HIV-, STD-, and pregnancy-prevention program designed for African-American youth ages 12–15. Adapted from the research-proven program, *Focus on Kids*, the curriculum is updated and tailored to meet the needs of African-American youth. *Focus on Youth* consists of eight sessions and is designed for implementation in community-based settings. It includes interactive activities, such as role playing, games, group discussions, and community projects. The curriculum teaches information and skills related to decision making, values, accessing information, communication, negotiation, goals for the future, abstinence, contraception, pregnancy prevention, STDs, including HIV, and “facts about a healthy sexual lifestyle,” among other topics. An evaluation of the

program published in the *Archives of Pediatrics and Adolescent Medicine* found that at a six-month follow-up, participants reported using condoms at a significantly higher rate than peers who had been in the control group. This finding was most significant among young men who participated in the program.⁵⁶

Lowell Public Schools

The Lowell public school district uses the *FLASH* and *Safer Choices* curricula with a total of 1,800 ninth and tenth grade students.⁵⁷ (See the above explanation on Holyoke Public Schools for information on the *FLASH* program). *Safer Choices* is an evidence-based HIV-, STD-, and pregnancy-prevention program designed for students in the ninth and tenth grades. The program consists of experiential activities developed to build communication skills, skills for delaying sexual initiation, and condom-efficacy skills for those students who are or become sexually active. *Safer Choices* has five program components, including a “school health protection council” that involves students, parents, school faculty, and community members; a 20-session classroom-based curriculum; a peer team or club responsible for hosting school-wide activities; a parent education component with parent-child activities; and activities to expose and increase students’ awareness of local support services. An evaluation of the program published in the *Journal of Adolescent Health* found that the program was effective in delaying the initiation of sexual intercourse among Latino youth. Additional evaluations of *Safer Choices* showed that among participants it increased the use of contraception, increased condom use, reduced incidence of unprotected sex, and reduced number of sexual partners with whom condoms weren’t used.⁵⁸

Phoenix Charter Academy

Phoenix Charter Academy provides the *¡Cuidate!* and *Power Through Choices* curricula to a group of 25 students. (See the above explanation on Holyoke Public Schools for information on the *¡Cuidate!* program). *Power Through Choices* is an HIV-, STD-, and pregnancy-prevention curriculum designed for youth ages 14–18 residing in group homes, foster homes, or other residential care settings.⁵⁹ The curriculum focuses on reducing sexual risk behaviors related to unintended pregnancy and STD/HIV infection. It engages youth in interactive exercises “to build self-empowerment and increase their decision making skills.”⁶⁰ Additionally, the program provides instruction to help youth gain and practice skills for using contraception, communicating effectively, and accessing available resources and health services.⁶¹ *Power Through Choices* consists of ten, 90-minute sessions that are designed to be implemented twice a week over a period of five to six weeks. Lessons include activities, time for reflection, and group discussion.⁶² An evaluation of the program pilot published in *Child Welfare* showed the curriculum held promise in reducing risky sexual behaviors among program participants.⁶³

Springfield Public Schools

The Springfield public school district implements the *FLASH* program to all middle school and high school students, reaching 3,720 youth. (See the above explanation on Holyoke Public Schools for information on the *FLASH* program.)

We encourage you to submit any updated or additional information on comprehensive approaches to sex education being implemented in Massachusetts public schools for inclusion in future publications of the SIECUS State Profiles. Please visit SIECUS’ “Contact Us” webpage at www.siecus.org to share information. Select “state policy” as the subject heading.

POINTS OF CONTACT

Adolescent Health Contact⁶⁴

Dahlia Bousaid
Director
Office of Adolescent Health and Youth Development
Massachusetts Department of Public Health
250 Washington Street, Fifth floor
Boston, Massachusetts 02108
Phone: (617) 624-6062

PREP State-Grant Coordinator

Dahlia Bousaid
Director
Office of Adolescent Health and Youth Development
Massachusetts Department of Public Health
250 Washington Street, Fifth floor
Boston, Massachusetts 02108
Phone: (617) 624-6062

ORGANIZATIONS THAT SUPPORT COMPREHENSIVE SEXUALITY EDUCATION

ACLU of Massachusetts
Boston, MA
Phone: (617) 482-3170
www.aclu-mass.org

NARAL Pro-Choice Massachusetts
Boston, MA
Phone: (617) 556-8800
www.prochoicemass.org

AIDS Action Committee
of Massachusetts
Boston, MA
Phone: (617) 437-6200
www.aac.org

Planned Parenthood League of
Massachusetts
Boston, MA
Phone: (617) 616-1660
www.plannedparenthood.org/ma

Greater Boston National Organization
for Women
Boston, MA
Phone: (617) 254-9130
www.bostonnow.org

Religious Coalition for Reproductive Choice
of Massachusetts
Brookline, MA
Phone: (617) 522-2964

Massachusetts Alliance on Teen Pregnancy
Boston, MA
Phone: (617) 482-9122
www.massteenpregnancy.org

Teen AIDS Peer Corps
Fitchburg, MA
Phone: (978) 665-9383
www.teenaid.org

MASSACHUSETTS

Massachusetts Gay and Lesbian
Political Caucus
Boston, MA
Phone: (617) 248-0776
www.mglpc.org

ORGANIZATIONS THAT OPPOSE COMPREHENSIVE SEXUALITY EDUCATION

Massachusetts Citizens for Life
The Schrafft Center
Boston, MA
Phone: (617) 242-4199
www.masscitizensforlife.org

Operation Rescue: Boston
Milton Village, MA
Phone: (781) 849-6026
www.orboston.org

Massachusetts Family Institute
Woburn, MA
Phone: (781) 569-0400
www.mafamily.org

MEDIA OUTLETS

Newspapers in Massachusetts⁶⁵

Boston Globe
Boston, MA
Phone: (617) 929-2000
www.boston.com

Boston Herald
Boston, MA
Phone: (617) 426-3000
www.bostonherald.com

Boston Metro
Boston, MA
Phone: (617) 210-7905
www.metrobostonnews.com

The Boston Phoenix
Boston, MA
Phone: (617) 536-5390
www.thephoenix.com

Cape Cod Times
Hyannis, MA
Phone: (508) 775-1200
www.capecodonline.com

The Eagle-Tribune
North Andover, MA
Phone: (978) 946-2000
www.eagletribune.com

MetroWest Daily News
Framingham, MA
Phone: (508) 626-4412
www.metrowestdailynews.com

The Patriot Ledger
Quincy, MA
Phone: (617) 786-7026
www.wickedlocal.com/patriotledger

The Republican
 Springfield, MA
 Phone: (413) 788-1200
www.masslive.com/republican

Telegram & Gazette
 Worcester, MA
 Phone: (508) 793-9100
www.telegram.com

Political Blogs in Massachusetts

Blue Mass Group
www.bluemassgroup.com

Massachusetts Liberal
www.baystateliberal.blogspot.com

Massachusetts Political Blog
www.masspolitical.blogspot.com

¹ This refers to the federal government’s fiscal year, which begins on October 1st and ends on September 30th. The fiscal year is designated by the calendar year in which it ends; for example, Fiscal Year 2010 began on October 1, 2009 and ended on September 30, 2010.

² *Massachusetts Comprehensive Health Framework*, p. 75,
 <<http://www.doe.mass.edu/frameworks/health/1999/1099.pdf#page=78>>

³ *Massachusetts Comprehensive Health Framework*, p. 30,
 <<http://www.doe.mass.edu/frameworks/health/1999/1099.pdf#page=33>>.

⁴ *Massachusetts Comprehensive Health Framework*, p. 31,
 <<http://www.doe.mass.edu/frameworks/health/1999/1099.pdf#page=34>>.

⁵ Danice K. Eaton, et. al., “Youth Risk Behavior Surveillance—United States, 2009,” *Surveillance Summaries, Morbidity and Mortality Weekly Report*, vol. 59, no. SS-5 (4 June 2010): 98–109, accessed 4 June 2010,
 <<http://www.cdc.gov/mmwr/pdf/ss/ss5905.pdf>>. Note: Massachusetts did not participate in the full 2009 YRBS, and Boston participated in the survey.

⁶ “Births: Final Data for 2008,” *National Vital Statistics Report*, vol. 59, (Atlanta, GA: Centers for Disease Control and Prevention, December 2010), accessed 29 June 2011, <http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_01.pdf>, Table 12.

⁷ “VitalStats: Birth Data Files by State, Age of Mother in Years, 2008,” (Atlanta, GA: Centers for Disease Control and Prevention), accessed 30 June 2011, <http://www.cdc.gov/nchs/data_access/vitalstats/VitalStats_Births.htm>.

⁸ *U.S. Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, (Washington, DC: Guttmacher Institute, January 2010), accessed 5 March 2010, <<http://www.guttmacher.org/pubs/USTPtrends.pdf>>, Table 3.1.

⁹ *Ibid.*, Table 3.2.

¹⁰ *U.S. Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, Table 3.3.

¹¹ *HIV Surveillance Report, 2008*, (Atlanta, GA: Centers for Disease Control and Prevention, June 2010), accessed 28 June 2011, <<http://www.cdc.gov/hiv/surveillance/resources/reports/2008report/pdf/2008SurveillanceReport.pdf>>, Table 19.

¹² *Ibid.*

¹³ Slide 18: “Rates of Diagnoses of AIDS Infection among Adolescents Aged 13–19 Years, 2009—40 States and 5 U.S. Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention, July 2011), accessed 27 September 2011,
 <<http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>>.

¹⁴ “Wonder Database: Selected STDs by Age, Race/Ethnicity, and Gender, 1996-2008 Results,” (Atlanta, GA: Centers for Disease Control and Prevention), 30 June 2009, accessed 5 March 2010, <<http://wonder.cdc.gov/>>; see also Table 10: “Chlamydia: Reported Cases and Rates Per 100,000 Population by Age Group and Sex: United States, 2004–2008,” *Sexually Transmitted Disease Surveillance 2008*, (Atlanta, GA: Centers for Disease Control and Prevention, Division of STD Prevention, November 2009), accessed 5 March 2010, <<http://www.cdc.gov/std/stats08/surv2008-Complete.pdf>>, 95.

¹⁵ *Ibid.*; see also Table 20: “Gonorrhea—Reported Cases and Rates per 100,000 Population by Age Group and Sex: United States, 2004–2008,” *Sexually Transmitted Disease Surveillance 2008*, 106.

¹⁶ *Ibid.*; see also Table 33: “Primary and Secondary Syphilis—Reported Cases and Rates per 100,000 Population by Age Group and Sex: United States, 2004–2008,” *Sexually Transmitted Disease Surveillance 2008*, 121.

¹⁷ Congregación Leon de Juda, accessed 2 June 2011, <<http://www.leondejuda.org/en/content>>.

¹⁸ Vale Esperar, “About Us,” accessed 2 June 2011, <<http://www.valeesperar.org/about>>.

- ¹⁹ “Vale Esperar: Making a Difference,” *Application for Federal Funds SF424, FY10 Teenage Pregnancy Prevention: Replication of Evidence-Based Programs (Tier 1)*, Congregación León de Judá, (June 2010). Information obtained through a Freedom of Information Act request submitted to the U.S. Department of Health and Human Services, Office of Adolescent Health.
- ²⁰ “Making a Difference!” Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed 1 July 2011, <<http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=127&PageTypeID=2>>.
- ²¹ La Alianza Hispana, “Mission,” accessed 2 June 2011, <http://www.laalianza.org/index.php?option=com_content&view=article&id=5:our-mission&catid=29:mission-and-history&Itemid=57>.
- ²² Ibid.
- ²³ “Cuidate!” Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed 5 May 2010, <<http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=577&PageTypeID=2>>; see also *Science and Success: Sex Education and Other Programs That Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections, Second Edition* (Washington, DC: Advocates for Youth, 2008), accessed 30 March 2010, <<http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf>>, 76–79.
- ²⁴ “About Us,” Black Ministerial Alliance of Greater Boston, accessed 30 August 2011, <<http://www.bmaboston.org/node/2>>.
- ²⁵ “Healthy Futures 6th Grade Classroom Program,” Healthy Futures, accessed 30 August 2011, <http://www.healthy-futures.org/docs/6th_Grade_Classroom_Programs.pdf>.
- ²⁶ “Healthy Futures 7th Grade, 8th Grade and High School Classroom Program,” Healthy Futures, accessed 30 August 2011, <http://www.healthy-futures.org/docs/7th-8th-HS_Classroom_Programs_updated_07Feb.pdf>.
- ²⁷ Ibid.
- ²⁸ “Becoming A Responsible Teen,” Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed 5 May 2010, <<http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=2&PageTypeID=2>>.
- ²⁹ *Science and Success: Sex Education and Other Programs That Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections* (Washington, DC: Advocates for Youth, 2008), accessed 30 March 2010, <<http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf>>, 76–78.
- ³⁰ “Mission and Goals,” Massachusetts Alliance on Teen Pregnancy, accessed 29 August 2011, <<http://www.massteenpregnancy.org/about/mission-goals>>.
- ³¹ Information provided by Tricia Quinn, executive director of the Massachusetts Alliance on Teen Pregnancy, 20 July 2011.
- ³² Ibid.
- ³³ Ibid.
- ³⁴ Information provided by Dahlia Bousaid, director of the Office of Adolescent Health and Youth Development at the Massachusetts Department of Public Health, 7 September 2011.
- ³⁵ Ibid.
- ³⁶ “Our Program,” The Children’s Aid Society – Carrera Adolescent Pregnancy Prevention Program, accessed 1 July 2011, <<http://stopteenpregnancy.childrensaidsociety.org/our-program>>.
- ³⁷ Ibid.
- ³⁸ “Pregnancy Prevention Intervention Implementation Report: Children’s Aid Society (CAS) – Carrera,” Programs for Replication – Intervention Implementation Reports, U.S. Department of Health and Human Services, accessed 1 July 2011, <http://www.hhs.gov/ash/oah/prevention/research/programs/cas_carrera.html>.
- ³⁹ “Making Proud Choices!” Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed 15 April 2010, <<http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=128>>.
- ⁴⁰ Ibid.
- ⁴¹ “Rikers Health Advocacy Program (RHAP)” Evidence-Based Program, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed 23 August 2011, <<http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=612&PageTypeID=2>>.
- ⁴² Ibid.
- ⁴³ “Teen Health Project,” Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed 1 July 2011, <<http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=576&PageTypeID=2>>.
- ⁴⁴ Saras Chung and Annie Philipps, *Promoting Mental Health and Well-being in Adolescents: Recommendations for Wyman’s Teen Outreach Program*, (Eureka, MO: Wyman Teen Outreach Program, 2010), accessed 1 July 2011, <http://www.wymantop.org/pdfs/TOP_Positive_Well-Being.pdf>, 3.
- ⁴⁵ Ibid, 9.

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- ⁴⁶ “Pregnancy Prevention Intervention Implementation Report: Teen Outreach Program,” Programs for Replication – Intervention Implementation Reports, U.S. Department of Health and Human Services, accessed 1 July 2011, <http://www.hhs.gov/ash/oah/prevention/research/programs/teen_outreach_program.html>.
- ⁴⁷ “About EDC,” Economic Development Corporation, Inc., accessed 5 September 2011, <<http://www.edc.org/about>>.
- ⁴⁸ This is by no means a complete list of all comprehensive programming and policies related to sexuality education, but rather some examples of best practices and model programs that SIECUS identified.
- ⁴⁹ Information provided to Morgan Marshall by Joy Robinson-Lynch, HIV/AIDS program coordinator for the Massachusetts Department of Elementary and Secondary Education, 4 February 2010.
- ⁵⁰ Ibid.
- ⁵¹ “Questions About the Family Life and Sexual Health (F.L.A.S.H.) Curriculum,” Public Health – Seattle and King County, accessed 3 May 2010, <<http://www.kingcounty.gov/healthservices/health/personal/famplan/educators/FLASH/questions.aspx>>.
- ⁵² Ibid.
- ⁵³ “Making Proud Choices!” Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed 15 April 2010, <<http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=128>>.
- ⁵⁴ Ibid.
- ⁵⁵ Information provided to Morgan Marshall by Joy Robinson-Lynch, HIV/AIDS program coordinator for the Massachusetts Department of Elementary and Secondary Education, 4 February 2010.
- ⁵⁶ “Focus on Youth: An HIV Prevention Program for African-American Youth” Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed 5 May 2010, <<http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=125&PageTypeID=2>>.
- ⁵⁷ Information provided to Morgan Marshall by Joy Robinson-Lynch.
- ⁵⁸ *Science and Success: Sex Education and Other Programs That Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections* (Washington, DC: Advocates for Youth, 2008), accessed 30 March 2010, <<http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf>>, 26–28.
- ⁵⁹ “Power Through Choices,” Massachusetts Alliance on Teen Pregnancy, accessed 18 August, 2011, <<http://www.massteenpregnancy.org/sites/default/files/PTC%20Overview.pdf>>.
- ⁶⁰ “Power Through Choices – Sexuality,” NRCYS Online Catalog, accessed 5 May 2010, <<http://www.nrcys.ou.edu/catalog/product.php?productid=116>>.
- ⁶¹ “Power Through Choices,” Massachusetts Alliance on Teen Pregnancy.
- ⁶² Ibid.
- ⁶³ *Preventing Teen Pregnancy Among Marginalized Youth: Developing a Policy, Program, and Research Agenda for the Future*, (Baltimore, MD: Healthy Teen Network, 8 September 2008), accessed 5 May 2010, <http://www.healthyteennetwork.org/index.asp?Type=B_PR&SEC={2AE1D600-4FC6-4B4D-8822-F1D5F072ED7B}&DE={235FD1E7-208D-4363-9854-4E6775EB8A4C}>.
- ⁶⁴ The person listed represents the designated personnel in the state responsible for adolescent reproductive health.
- ⁶⁵ This section is a list of major newspapers in the state and is by no means exhaustive of local print outlets.