



NEW YORK

In Fiscal Year 2011¹, the state of New York received:

- Personal Responsibility Education Program funds totaling \$3,184,763
- Title V State Abstinence Education Program funds totaling \$2,841,809

In Fiscal Year 2011, local entities in New York received:

- Teen Pregnancy Prevention Initiative funds totaling \$7,708,963
- Personal Responsibility Education Innovative Strategies funds totaling \$887,211

SEXUALITY EDUCATION LAW AND POLICY

In New York, health education is required for all students in kindergarten through 12th grade. This instruction must provide information about HIV/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

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.”⁷

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.”⁸ This is referred to as an “opt-out” policy.

See New York Regulations of the Commissioner of Education § 135.3, and *Learning Standards for Health, Physical Education, and Family and Consumer Sciences at Three Levels*.

RECENT LEGISLATION

Bill Requiring Medically Accurate and Age-Appropriate Sexuality Education

Senate Bill 1572, introduced in January 2011, would require the commissioner of education to establish guidelines for medically accurate and age-appropriate human sexuality education. The instruction would be required to include methods for preventing sexually transmitted diseases and pregnancy. In addition, the commissioner would be required to provide guidance on educational instruction and suggest appropriate curricula. Parents would be able to remove their child from instruction by providing written consent to the principal and assurance that their child would receive such instruction at home. The bill was referred to the Senate Committee on Education. No further action has been taken.

Healthy Teens Act Introduced

Assembly Bill 808, also known as the Healthy Teens Act, was introduced in January 2011. The bill would establish a grant program to teach age-appropriate, comprehensive sex education in schools. School districts, school-based health centers, and community-based organizations would be eligible to apply for funds. Programs receiving grant funding would be prohibited from promoting religion, and would be required to stress the value of abstinence “while not ignoring those adolescents who have had or who are having sexual intercourse.” Instruction would be required to teach about the health benefits and side effects of all contraceptives and barriers methods in preventing pregnancy and sexually transmitted diseases. It also would be required to help young people develop “healthy attitudes and values concerning growth and development, body image, gender roles, [and] sexual orientation,” among other guidelines. Special consideration would be given to grant applicants in areas with a high number of adolescent pregnancies, high rates of sexually transmitted infections, and high rates of poverty. The bill was referred to the Assembly Committee on Health. No further action has been taken.

Bill to Require Comprehensive Sex Education in Schools

Senate Bill 71 and Assembly Bill 6474, identical bills introduced in January 2011, would have required the commissioner of education to develop a comprehensive, medically accurate, and age appropriate sex education curriculum to be taught in grades one through 12 in all public and charter schools. Individual school boards would have been able to adopt their own curriculum as long as it received approval from the commissioner. The bills were assigned to the Assembly and Senate Education Committees, respectively. SB 71 was discharged from committee and committed to the Rules Committee. No further action was taken on AB 6474 and the bill has been carried over to the 2012 Regular Session.

YOUTH SEXUAL HEALTH DATA

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

New York Youth Risk Behavior Survey (YRBS) Data⁹

- In 2011, 40% of female high school students and 45% of male high school students in New York reported ever having had sexual intercourse, compared to 46% of female high school students and 49% of male high school students nationwide.

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- In 2011, 4% of female high school students and 8% of male high school students in New York reported having had sexual intercourse before age 13, compared to 3% of female high school students and 9% of male high school students nationwide.
- In 2011, 11% of female high school students and 16% of male high school students in New York reported having had four or more lifetime sexual partners, compared to 13% of female high school students and 18% of male high school students nationwide.
- In 2011, 31% of female high school students and 31% of male high school students in New York reported being currently sexually active (defined as having had sexual intercourse in the three months prior to the survey), compared to 34% of female high school students and 33% of male high school students nationwide.
- In 2011, among those high school students who reported being currently sexually active, 58% of females and 67% of males in New York reported having used condoms the last time they had sexual intercourse, compared to 54% of females and 67% of males nationwide.
- In 2011, among those high school students who reported being currently sexually active, 21% of females and 15% of males in New York reported having used birth control pills the last time they had sexual intercourse, compared to 23% of females and 13% of males nationwide.
- In 2011, among those high school students who reported being currently sexually active, 19% of females and 25% of males in New York reported having used alcohol or drugs the last time they had sexual intercourse, compared to 18% of females and 26% of males nationwide.

New York, New York

- In 2011, 32% of female high school students and 44% of male high school students in New York City reported ever having had sexual intercourse, compared to 46% of female high school students and 49% of male high school students nationwide.
- In 2011, 4% of female high school students and 11% of male high school students in New York City reported having had sexual intercourse before age 13, compared to 3% of female high school students and 9% of male high school students nationwide.
- In 2011, 7% of female high school students and 18% of male high school students in New York City reported having had four or more lifetime sexual partners, compared to 13% of female high school students and 18% of male high school students nationwide.
- In 2011, 23% of female high school students and 28% of male high school students in New York City reported being currently sexually active (defined as having had sexual intercourse in the three months prior to the survey), compared to 34% of female high school students and 33% of male high school students nationwide.

- In 2011, among those high school students who reported being currently sexually active, 60% of females and 71% of males in New York City reported having used condoms the last time they had sexual intercourse, compared to 54% of females and 67% of males nationwide.
- In 2011, among those high school students who reported being currently sexually active, 10% of females and 8% of males in New York City reported having used birth control pills the last time they had sexual intercourse, compared to 23% of females and 13% of males nationwide.
- In 2011, among those high school students who reported being currently sexually active, 15% of females and 23% of males in New York City reported having used alcohol or drugs the last time they had sexual intercourse, compared to 18% of females and 26% of males nationwide.

New York Teen Pregnancy, HIV/AIDS, and Sexually Transmitted Disease Data

Teen Pregnancy, Birth, and Abortion

- New York's teen birth rate currently ranks 41st in the United States, based on the most recent data available, with a rate of 22.6 births per 1,000 young women ages 15–19, compared to the national rate of 34.3 births per 1,000.¹⁰ In 2010, there were a total of 15,087 live births to young women ages 15–19 reported in New York.¹¹
- In 2005, New York's teen pregnancy rate ranked 11th in the United States, with a rate of 77 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 70 pregnancies per 1,000.¹² There were a total of 49,840 pregnancies among young women ages 15–19 in New York in 2005.¹³
- In 2005, New York's teen abortion rate ranked first in the United States, with a rate of 41 abortions per 1,000 young women ages 15–19, compared to the national rate of 19 abortions per 1,000.¹⁴

HIV and AIDS

- In 2010, the rate of diagnoses of HIV infection among adolescents aged 13-19 years in New York was 11.7 per 100,000 compared to the national rate of 7.9 per 100,000.¹⁵
- In 2010, the rate of AIDS diagnoses among adolescents 13-19 years in New York was 5.1 per 100,000 compared to the national rate of 1.9 per 100,000.¹⁶
- In 2010, the rate of diagnoses of HIV infection among young adults aged 20-24 years in New York was 58.3 per 100,000 compared to the national rate of 36.9 per 100,000.¹⁷
- In 2010, the rate of AIDS diagnoses among young adults aged 20-24 years in New York was 19.3 per 100,000 compared to the national rate of 10.4 per 100,000.¹⁸

Sexually Transmitted Diseases

- New York ranks 15th in the United States for reported cases of chlamydia among young people ages 15–19, with an infection rate of 22.81 cases per 1,000, compared to the national rate of 20.03 cases per 1,000. In 2009, there were a total of 31,160 cases of chlamydia among young people ages 15–19 reported in New York.¹⁹
- New York ranks 26th in the United States for reported cases of gonorrhea among young people ages 15–19, with an infection rate of 3.26 cases per 1,000, compared to the national rate of 4.04 cases per 1,000. In 2009, there were a total of 4,456 cases of gonorrhea among young people ages 15–19 reported in New York.²⁰
- New York ranks 10th in the United States for reported cases of primary and secondary syphilis among young people ages 15–19, with an infection rate of 0.05 cases per 1,000, compared to the national rate of 0.05 cases per 1,000. In 2009, there were a total of 67 cases of syphilis among young people ages 15–19 reported in New York.²¹

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) administers the grant program, which totaled \$105 million in discretionary funding for Fiscal Year (FY) 2011. 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 New York received \$5,232,555 in TPPI Tier 1 funding for FY 2011.
- There are six TPPI Tier 1 grantees in New York: City of Rochester; Grand Street Settlement, Inc.; Morris Heights Health Center; New York City Mission Society; Planned Parenthood of New York City, Inc.; and Program Reach, Inc.

City of Rochester Department of Recreation and Youth Services, \$1,499,705 (FY 2011)

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.”²² It promotes asset development and diversity through services that include youth employment opportunities, environmental education, and outreach such as anti-gang intervention.

With its TPPI funding, the department partners with five youth-serving agencies to implement *Teen Outreach Program (TOP)* to youth ages 12–17. *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.”²³ 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.²⁴ 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.²⁵

Programming is delivered to youth after school at 10 recreation centers in areas of Rochester with the highest teen birth rates. Along with implementing *TOP*, the teen pregnancy-prevention program provides participants with job readiness training and referrals to teen pregnancy-related health and social services. The Department of Recreation and Youth Services plans for the program to reach approximately 600 youth annually.

Grand Street Settlement, Inc., \$600,000 (FY 2011)

Grand Street Settlement is a community-based organization that serves 10,000 low-income families and individuals from New York City’s Lower East Side each year.²⁶ The organization aims to provide “culturally relevant services that support community-building, advocacy, self-determination and an enhanced quality of life.”²⁷ Its services range from early childhood and youth development programs to community support for adults and seniors.

With its TPPI funding, Grand Street Settlement implements the Carrera-Dempsey Pregnancy Prevention Program, which serves predominately minority, lower-income youth in grades six through 10. The program uses *Children’s Aid Society – Carrera Adolescent Pregnancy Prevention Program (CAS – Carrera)*, 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.²⁸ 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.²⁹ 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.³⁰

Grand Street Settlement delivers the program at community-based sites on the Lower East Side and in Bushwick, Brooklyn. Its overall goal is to reduce the teen pregnancy rate by motivating participants to strive for a productive future and avoid negative behaviors that could hinder their goals. Grand Street Settlements plans for the program to reach approximately 120 youth annually.

Morris Heights Health Center, \$791,715 (FY 2011)

Morris Heights Health Center (MHHC) is a nonprofit organization located in the Bronx that provides primary health care services (medical, dental, mental/social) to 60,000 residents of the Morris Heights community and its surrounding areas each year.³¹ Its mission is to “be the vanguard for quality, affordable and accessible healthcare for all.”³²

With its TPPI funding, MHHC implements the Changing the Odds youth development program, which serves primarily African-American and Latino youth, ages 11–18, from low-income, urban neighborhoods. MHHC implements the program in six of the school-based health centers it operates in the Bronx.³³ Changing the Odds replicates *TOP*. (Please see the information above on the City of Rochester Department of Recreation and Youth Services for more information on *TOP*.)

New York City Mission Society, Inc., \$520,302 (FY 2011)

The New York City Mission Society is a nonprofit organization that began in 1812 as a Christian organization that served primarily immigrants, providing assistance through food relief, clothing, education, and access to health care. Today, the New York Mission Society is a secular organization that focuses on serving African-American and Latino populations in the Bronx and Harlem. It provides education, workforce development, prevention, youth development, community building, and mentoring programs to children, young people, and adults.³⁴

The New York Mission Society uses its TPPI Tier 1 funds to support its Club Real Deal program, a comprehensive teen pregnancy prevention program that targets youth ages 11–12 residing in predominantly African-American and Latino poverty-stricken neighborhoods in Central and East Harlem. These communities experience teen birth rates that are 70% higher than the New York City average and 25% higher than the national average. The overall goal of the program is to delay and reduce pregnancy and sexual initiation among teenage participants while increasing reproductive health knowledge and contraceptive use.

Club Real Deal replicates *CAS – Carrera*. (Please see the information above on the Grand Street Settlement for more information about *CAS – Carrera*.) Club Real Deal engages participants during both the academic year and the summer. New York City Mission Society plans for the program to reach 120 youth and will follow the same group throughout the five-year grant period.

Planned Parenthood of New York City, \$611,823 (FY 2011)

Planned Parenthood of New York City (PPNYC) is a nonprofit family planning agency that provides high-quality, affordable reproductive health care to women, men, and young people. It aims to “empower individuals to make independent, informed decisions about their sexual and reproductive lives” and to “provide information and health care, and promote public policies that make those services available to all.”³⁵ PPNYC operates health centers in downtown Manhattan, Brooklyn, Bronx, and Staten Island.

With its TPPI funding, PPNYC provides sexual health programming to predominantly African-American and Hispanic youth ages 10–13 who live, go to school, or receive services in Manhattan, the Bronx, and Brooklyn communities with high rates of teen pregnancy and/or STDs.³⁶ The organization partners with the Partnership for After School Education (PASE) to implement programming after school in community-based settings. PASE is a New York City nonprofit that promotes and supports quality after-school programs. Its network includes more than 1,600 member organizations. PPNYC plans for the program to serve approximately 2,000 youth annually.

The grant funds support the replication of *Making Proud Choices!*, 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.”³⁷ 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.³⁸

Program Reach, Inc., \$1,209,010 (FY 2011)

Program Reach is run by Dr. Nanci Coppola, who also runs the Healthy Respect program. Both programs encourage youth to abstain from sex until marriage. The programs serve youth in the Bronx and Westchester County, New York.

In August 2011, Dr. Coppola was named “Woman of the Year” by Westchester County Executive Robert Astorino for her “pioneering work in sex education.” The award was sponsored by the Women’s Equality Day Reformed Committee, which was “founded on the principles of feminism, equality, and the protection of human life.” The award was presented at the group’s 10th annual “Women of Vision, Women of Reality” luncheon, during which the keynote speaker talked about the 19th-century American women’s liberation movement and the “work of the suffragettes in promoting the rights of the unborn.”³⁹

Program Reach targets high-need, low-income African-American and Latino urban youth ages 11–14 and aims to “reduce HIV/AIDS, unplanned pregnancies and births to teen mothers and fathers.”⁴⁰ The program implements *Promoting Health Among Teens! – Abstinence-Only Intervention (PHAT)* in Yonkers public schools.

PHAT is an evidence-based curriculum developed to increase knowledge and awareness about STDs, including HIV; increase an understanding of how abstinence can prevent pregnancy and HIV/STDs; and build refusal and negotiation skills for practicing abstinence. *PHAT* aims for participants to abstain from vaginal, oral, and anal intercourse until a time later in life, when they are ready to handle the potential consequences of having sex, and neither discourages nor encourages condom use.⁴¹ Although originally intended for use with urban, African-American youth in small groups, the intervention can be adapted for use with larger groups and those in rural settings.⁴² The curriculum is designed as eight one-hour modules that include group discussions, videos, role-playing, skill-building activities, games, and other experiential exercises. It is appropriate for use in both school- and community-based settings. An evaluation of the program published in the *Archives of Pediatrics & Adolescent Medicine* found that, at a 24-month follow-up, participants who were sexually inexperienced at the time of the program were significantly less likely to have initiated sex than participants in the control group.⁴³ Program Reach plans to serve 1,088 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.

- There is one TPPI Tier 2 Innovative Approaches grantee in New York, EngenderHealth, Inc., which received \$976,408 for FY 2011.

EngenderHealth, \$976,408 (FY 2011)

EngenderHealth is an international reproductive health organization that works to “improve the quality of health care in the world’s poorest communities.”⁴⁴ The organization “empowers people to make informed decisions about contraception, trains health professionals to make motherhood safer, promotes gender equity, enhances the quality of HIV/AIDS services, and advocates for positive policy change.”⁴⁵ It provides services in more than 20 countries across the globe and operates offices internationally and domestically, including three U.S. offices in New York, Washington, DC, and Austin, Texas.

With its Tier 2 grant, EngenderHealth implements *Gender Matters* to youth ages 14–15 in Austin, Texas. *Gender Matters* is an “innovative, science-based intervention designed to address...the impact

of gender norms on the sexual and reproductive health behaviors of youth.”⁴⁶ By integrating gender issues into teen pregnancy prevention programming, *Gender Matters* aims to “[influence] traditional beliefs about masculinity and femininity, [advance] more equitable attitudes about relationships and the balance of power within them, and [influence] other gender specific views, such as responsibility for pregnancy prevention and ambivalence about pregnancy.”⁴⁷

Gender Matters is delivered to low-income, African-American and Latino youth who participate in the city of Austin’s Summer Youth Employment Program. It consists of three components: 1) educational workshops provided during the summer program; 2) a year-long social media campaign; and 3) community-wide educational events developed by the program participants. The program’s overall goals are to reduce unintended teenage pregnancy by delaying sexual initiation among youth who are sexually inexperienced, increasing the use of contraception among sexually active youth, and increasing the proportion of youth who seek reproductive health care. Approximately 400 young people will receive the intervention over a period of five years. EngenderHealth has partnered with the Columbia University Mailman School of Public Health to evaluate the program.⁴⁸

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) administer the grant program in partnership with OAH.

- There is one TPPI Tier 2 Communitywide Initiatives grantee in New York, the Fund for Public Health in New York, Inc., which received \$1,500,000 for FY 2011.

Fund for Public Health in New York, Inc., \$1,500,000 (FY 2011)

The Fund for Public Health in New York, Inc. (FPHNY), is a nonprofit organization “dedicated to the advancement of the health and well-being of all New York City residents.” 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.⁴⁹

FPHNY’s community-wide initiative grant supports the “Bronx Teen Connection,” a multi-component teen pregnancy-prevention initiative that serves the Hunts Point and Morrisania communities in the South Bronx. The initiative aims to improve teen health and reduce unintended teen pregnancy. FPHNY partners with government agencies, reproductive health service providers, and community-based organizations to implement evidence-based, teen pregnancy-prevention programs in local high schools and community-based settings. The initiative also serves to strengthen linkages between school- and community-based health centers and clinical services.⁵⁰ The five-year initiative seeks to bring about the following outcomes:

- “increased number and percentage of youth within the target community who receive evidence-based and evidence-informed programs to prevent teen pregnancy;
- “increased number and percentage of sexually active youth within the target community who are referred to and use clinical services;
- “increased capacity of community clinics to deliver quality sexual and reproductive health services to teens; and
- “increased engagement of community leaders and stakeholders to support and advocate for proven unintended teen pregnancy prevention approaches and educational supports.”⁵¹

FPHNY provides training and technical assistance to community partners on program delivery, as well as strategies for institutionalizing services and creating long-term sustainability. The initiative's key partners include, the U.S. Department of Health and Human Services, Administration for Children's Services, the Bronx District Public Health Office, and the New York City Department of Education.⁵²

Personal Responsibility Education Program

The Personal Responsibility Education Program (PREP) totals \$75 million per year for FYs 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) administers 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 the Tribal PREP Program for tribes and tribal organizations, and \$6.5 million for evaluation, training, and technical assistance. Details on the state-grant program, PREIS, and Tribal PREP are included below.

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 New York State Department of Health received \$3,184,763 in federal PREP funds for FY 2011.
- The agency provides sub-grants to eight⁵³ local public and private entities.⁵⁴

The New York PREP state-grant program is administered by the New York State Department of Health in collaboration with community-based organizations in high-need areas in the state. The sub-grantees use the following core strategies in their programming: implementation of evidence based curriculum, ensuring access to reproductive health care, providing at least three of the adult preparation topics for youth, and coordination of community response to adolescent pregnancy through community education and community advisory council made up of community stakeholders. Programming takes place both in school- and community-based settings. PREP sub-grantees provide services to youth ages 10–19 in high-risk areas across the state, targeting Latino and African-American youth, as well as youth involved in the juvenile justice system, foster care, and pregnant or parenting youth (up to age 21).⁵⁵

Sub-grantees implement one or more of the following evidence-based programs:

- *Becoming a Responsible Teen (BART)*
- *Be Proud! Be Responsible!*
- *Be Proud! Be Responsible! Be Protective!*
- *¡Cúdate!*
- *Making Proud Choices!*
- *Project AIM (Adult Identity Mentoring)*
- *SiHLE (Sisters Informing, Healing, Living and Empowering)*

- *Teen Health Project*

The programs listed are all included in the list of 28 evidence-based programs approved by the Office of Adolescent Health for replication with Tier 1 Teen Pregnancy Prevention Initiative funds. (Please see the [OAH Intervention Implementation Reports](#) for more information about these programs.)

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. ACF administers 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 New York, Cicatelli Associates, Inc., which received \$887,211 for FY 2011.

Cicatelli Associates, Inc., \$887,211 (FY 2011)

Cicatelli Associates, Inc. is a nonprofit organization that “uses the transformative power of education and research to foster a more aware, healthy, compassionate and equitable world” and strives to improve the quality of health care and social services available to vulnerable populations.⁵⁶

With its PREIS grant, the organization implements the Development for Youth behavioral intervention to young people ages 12–19 in the New York City foster care system. Developed by Cicatelli Associates in 1996, Development for Youth is a “multi-session, group level intervention developed to reduce sexual risk behaviors among high-risk adolescents in group home settings.”⁵⁷ The intervention has shown positive results in reducing unintended pregnancy and the incidence of sexually transmitted diseases, including HIV, along with improving relationship, health, and vocational outcomes among participants. The program will serve 600–800 young people.

Tribal Personal Responsibility Education Program (Tribal PREP)

Tribal PREP supports the development and implementation of comprehensive teen pregnancy prevention programs within tribes and tribal communities. Tribal PREP programs target youth ages 10–19 who are in or are aging out of foster care, homeless youth, youth with HIV/AIDS, pregnant and/or parenting youth who are under 21 years of age, and youth who live in areas with high adolescent birth rates. Programs must 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 2011, 16 tribes and tribal organizations from nine states received a total of \$6.5 million.
- There are no Tribal PREP grantees in New York.

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 FYs 2010–2014. ACF administers 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.

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- The New York State Department of Health received \$2,841,809 in federal Title V abstinence-only funding for FY 2011.
- The department has issued an application announcement for available funds under the state’s Title V Abstinence-Only Program. At the time of publication, sub-grantees had not yet been determined.⁵⁸
- In New York, sub-grantees will contribute to the match through local government dollars, private dollars, or in-kind services.

The New York State Department of Health administers the New York Title V Abstinence-Only Program and has issued a Request for Applications to fund approximately 15 community-based organizations in high-need zip codes across the state. Funded programs will implement mentoring, counseling, and adult-supervised activities for youth ages nine through 12. At the time of publication, more information on the New York Title V Abstinence-Only Program was not available.⁵⁹

New York TPPI, PREP, and Title V Abstinence-Only funding in FY 2011

Grantee	Award	Fiscal Years
Teen Pregnancy Prevention Initiative (TPPI)		
<i>TPPI Tier 1: Replication of Evidence-Based Programs</i>		
City of Rochester	\$1,499,705	2010–2014
Grand Street Settlement, Inc.	\$600,000	2010–2014
Morris Heights Health Center	\$791,715	2010–2014
New York City Mission Society	\$520,302	2010–2014
Planned Parenthood of New York City, Inc.	\$611,823	2010–2014
Program Reach, Inc.	\$1,209,010	
TOTAL	\$5,232,555	
<i>TPPI Tier 2: Innovative Approaches</i>		
EngenderHealth, Inc.	\$976,408	2010–2014
TOTAL	\$976,408	
<i>TPPI Tier 2: Communitywide Initiatives</i>		
Fund for Public Health in New York, Inc.	\$1,500,000	2010–2014
TOTAL	\$1,500,000	
Personal Responsibility Education Program (PREP)		
<i>PREP State-Grant Program</i>		
New York State Department of Health (federal grant)	\$3,184,763	2011
TOTAL	\$3,184,763	
<i>Personal Responsibility Education Innovative Strategies</i>		
Cicatelli Associates, Inc.	\$887,211	2010–2014
TOTAL	\$887,211	
Title V Abstinence Education Grant Program (Title V Abstinence-Only)		

Grantee	Award	Fiscal Years
New York State Department of Health (federal grant)	\$2,841,809	2011
TOTAL	\$2,841,809	
GRAND TOTAL	\$14,622,746	2011

COMPREHENSIVE APPROACHES TO SEXUALITY EDUCATION

SIECUS has identified some examples of model programs, policies, and best practices being implemented in New York public schools that provide a more comprehensive approach to sex education for young people.⁶⁰

Comprehensive Sex Education Programs in Public Schools

New York City Mandates Sex Education in Public Schools

In August 2011, New York City mayor Michael Bloomberg announced the launch of a new \$127 million initiative to address the economic, educational, and employment barriers facing young African-American and Latino men. In part, the new initiative requires New York City public schools to teach comprehensive sex education to middle and high school students; it went into effect for the 2011–2012 school year.⁶¹ To address sexual health among students, the new mandate requires schools to teach one semester of sex education in sixth or seventh grade and one semester in ninth or 10th grade. It is suggested that schools use the department of education’s recommended curricula, *HealthSmart*, for middle school students and *Reducing the Risk* for students in high school.⁶²

HealthSmart is a comprehensive health education curriculum. There are two versions of the curriculum, one for middle school and one for high school. The middle school curriculum addresses four areas of health education, including Personal and Family Health, Safety and Injury Protection, Nutrition and Physical Activity, and Tobacco, Alcohol, and Other Drug Prevention. The Personal and Family Health unit teaches students information to “identify and seek help for troublesome feelings,” prevent bullying, resolve conflicts, “develop respect for their bodies,” and “practice behaviors that prevent the spread of diseases.”⁶³

Reducing the Risk: Building Skills to Prevent Pregnancy, STD and HIV is an evidence-based, pregnancy-, STD-, and HIV-prevention curriculum designed for classroom use with students in the ninth and 10th grades. It is appropriate for use with multiethnic populations.⁶⁴ *Reducing the Risk* aims to reduce high-risk behaviors among participants and emphasizes strategies for abstaining from sex or practicing safer sex. The 16-lesson curriculum addresses both abstinence and contraception use and includes experiential activities that teach students to develop refusal, negotiation, and communication skills. An evaluation of the program published in *Family Planning Perspectives* found that it increased parent-child communication, especially among Latino youth; delayed the initiation of sexual intercourse; and reduced incidence of unprotected sex among lower-risk youth who participated in the program.⁶⁵

The curricula recommended for use under the new mandate were used as part of a pilot sex education program that was implemented in seven schools in the South Bronx in 2007.

A process evaluation of the pilot program was conducted among school principals and teachers who implemented the program. The evaluation revealed a lack of basic knowledge among students about human sexuality. Teachers reported that students who participated in the program possessed little to no knowledge of reproductive anatomy. Findings also showed that students were eager to receive information.⁶⁶ In fact, teachers reported that in most cases they needed more time than one class period per lesson due to students’ engagement in the information and desire to ask questions and participate in

class discussion. Additional findings showed support among parents. The evaluation revealed that very few parents (zero to three per school) chose to remove their child from the program. Those who did chose to do so for religious reasons. In addition, schools received little resistance from parents and three out of the six principals who participated in the program evaluation reported strong parental support for the program.⁶⁷

Findings also revealed that the pilot program made a positive impact on the school environment overall. Four out of the six principals who participated in the survey stated that the pilot helped with school attendance, improved grades, and reduced the number of disciplinary incidents. And five out of the six principals reported that the program helped in “fostering school pride and connectedness.”⁶⁸ No principals reported that the program had any negative effect on academic goals and priorities.

Moreover, all of the principals stated that “they would use the curricula again and recommend them to other principals.”⁶⁹ All of the teachers who participated in the survey “reported that they thought teaching sex education in school was important” and the majority thought that sex education should be mandated.⁷⁰

We encourage you to submit any updated or additional information on comprehensive approaches to sex education being implemented in New York public schools for inclusion in future publications of the 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

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Albany, NY 12237
Phone: (518) 474-0535

ORGANIZATIONS THAT SUPPORT COMPREHENSIVE SEXUALITY EDUCATION

Anti-Violence Project
New York, NY
Phone: (212) 714-1184
www.avp.org

NARAL Pro-Choice New York
New York, NY
Phone: (212) 343-2031
www.prochoiceny.org

NEW YORK

Empire State Pride Agenda
New York, NY
Phone: (212) 627-0305
www.prideagenda.org

New York AIDS Coalition
New York, NY
Phone: (646) 744-1598
www.nyaidcoalition.org

Family Planning Advocates of
New York State
Albany, NY
Phone: (518) 436-8408
www.fpaofnys.org
www.getthefactsny.org

New York Civil Liberties Union
New York, NY
Phone: (212) 607-3300
www.nyclu.org

GMHC
New York, NY
Phone: (212) 367-1000
www.gmhc.org

New York State United Teachers
Latham, NY
Phone: (518) 213-6000
www.nysut.org

Harlem United Community AIDS Center
New York, NY
Phone: (212) 803-2850
www.harlemunited.org

Planned Parenthood of New York City
New York, NY
Phone: (212) 274-7200
www.ppnyc.org

Youth Organizers United
New York, NY
Phone: (212) 608-6365

ORGANIZATIONS THAT OPPOSE COMPREHENSIVE SEXUALITY EDUCATION

Conservative Party of New York
Ft. Hamilton Station, NY
Phone: (718) 921-2158
www.cpnys.org

New York State Catholic Conference
Albany, NY
Phone: (518) 434-6195
www.nyscatholic.org

New Yorkers for Constitutional Freedom
Spencerport, NY
Phone: (585) 225-2340
www.nycf.info

New York State Right to Life Committee
Albany, NY
Phone: (518) 434-1293
www.nysrighttolife.org

MEDIA OUTLETS

Newspapers in New York⁷²

The Buffalo News

Buffalo, NY

Phone: (716) 849-3434

www.buffalonews.com

Hudson Valley Press

Newburgh, NY

Phone: (845) 562-1313

www.hvpress.net

The New York Times

New York, NY

Phone: (888) 698-6397

www.nytimes.com

The Post-Standard

Syracuse, NY

Phone: (315) 470-0011

www.post-standard.com

Rochester Democrat and Chronicle

Rochester, NY

Phone: (585) 258-2220

www.democratandchronicle.com

Times Herald Record

Middletown, NY

Phone: (845) 343-7008

www.recordonline.com

The Village Voice

New York, NY

Phone: (212) 475-3333

www.villagevoice.com

Daily News

New York, NY

Phone: (212) 210-2100

www.nydailynews.com

New York Post

New York, NY

Phone: (212) 930-8000

www.nypost.com

Newsday

Melville, NY

Phone: (212) 251-6600

www.newsday.com

Press & Sun-Bulletin

Binghamton, NY

Phone: (607) 352-2645

www.binghamtonpress.com

Staten Island Advance

Staten Island, NY

Phone: (718) 981-1234

www.silive.com

Times Union

Albany, NY

Phone: (518) 454-5420

www.timesunion.com

The Wall Street Journal

New York, NY

Phone: (212) 416-2000

www.wsj.com

Political Blogs in New York

The Albany Project

www.thealbanyproject.com

Lost in the Ozone

www.davidmquintana.blogspot.com

Politics on the Hudson

<http://polhudson.lohudblogs.com>

The Community Alliance Blog

<http://thecommunityalliance.blogspot.com>

Next Left Notes

www.antiauthoritarian.net/NLN/

Rochester Turning

www.rochesterturning.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 2011 began on October 1, 2010, and ended on September 30, 2011.

² N.Y. Regs. of the Comr. Of Ed. §§ 135.3(b)(2) and (c)(2)(i), <http://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 *Learning Standards for Health, Physical Education, and Family and Consumer Sciences at Three Levels* (New York: New York State Department of Education), accessed April 14, 2010, <http://www.p12.nysed.gov/sss/schoolhealth/schoolhealtheducation/healthPEFACSLearningStandards.pdf>, 4.

⁸ N.Y. Regs. of the Comr. Of Ed. §§ 135.3(b)(2) and (c)(2)(i).

⁹ Danice K. Eaton, et. al., "Youth Risk Behavior Surveillance—United States, 2011," *Surveillance Summaries, Morbidity and Mortality Weekly Report*, vol. 61, no. SS-4 (June 8, 2012): accessed June 18, 2012, <http://www.cdc.gov/mmwr/pdf/ss/ss6104.pdf>. Note: Neither New York nor New York City participated in the full 2011 YRBS.

¹⁰ "Birth rate for U.S. teenagers reach historic lows for all age and ethnic groups," NCHS data brief, no. 89, (Hyattsville, MD: National Center for Health Statistics, 2012), accessed June 27, 2012, <http://www.cdc.gov/nchs/data/databriefs/db89.pdf>, Data table for figure 6.

¹¹ Ibid.

¹² *U.S. Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, (Washington, DC: Guttmacher Institute, January 2010), accessed May 7, 2012, <http://www.guttmacher.org/pubs/USTPtrends.pdf>, Table 3.1.

¹³ Ibid., Table 3.2.

¹⁴ *U.S. Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, Table 3.1.

¹⁵ Slide 9: "Rates of Diagnoses of HIV Infection among Adolescents Aged 13–19 Years, 2010—46 States and 5 U.S. Dependent Areas," *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention), accessed January 3, 2013, <http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>.

¹⁶ Slide 18: "Rates of AIDS Diagnoses among Adolescents Aged 13–19 Years, 2010—United States and 6 U.S. Dependent Areas," *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention), accessed January 3, 2013, <http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>.

¹⁷ Slide 10: "Rates of Diagnoses of HIV Infection among Young Adults Aged 20–24 Years, 2010—46 States and 5 U.S. Dependent Areas," *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention), accessed January 3, 2013, <http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>.

¹⁸ Slide 19: "Rates of AIDS Diagnoses among Young Adults Aged 20–24 Years, 2010—United States and 6 U.S. Dependent Areas," *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention), accessed January 3, 2013, <http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>.

¹⁹ "Wonder Database: Sexually Transmitted Disease Morbidity for selected STDs by age, race/ethnicity and gender 1996–2009 Results," (Atlanta, GA: Centers for Disease Control and Prevention, June 2011), accessed December 18, 2012, <http://wonder.cdc.gov>.

²⁰ Ibid.

²¹ Ibid.

²² City of Rochester, "Department of Recreation and Youth Services," accessed June 3, 2011, <http://www.cityofrochester.gov/article.aspx?id=8589934833>.

²³ 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 July 1, 2011, <http://wymancenter.org/wordpress/wp-content/uploads/2011/08/TOP-Promoting-Positive-Well-Being-in-Adolescents.pdf>, 3.

²⁴ Ibid, 9.

²⁵ "Pregnancy Prevention Intervention Implementation Report: Teen Outreach Program," Programs for Replication – Intervention Implementation Reports, U.S. Department of Health and Human Services, accessed July 1, 2011, http://www.hhs.gov/ash/oah/oah-initiatives/tpp/programs/teen_outreach_program.pdf.

²⁶ Grand Street Settlement, "About Grand Street," accessed June 3, 2011, <http://www.grandstreet.org/about-us>.

²⁷ Ibid.

²⁸ "Our Program," The Children's Aid Society – Carrera Adolescent Pregnancy Prevention Program, accessed July 1, 2011, <http://stopteenpregnancy.childrensaidsociety.org/our-program>.

²⁹ Ibid.

³⁰ “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 July 1, 2011, http://www.hhs.gov/ash/oah/oah-initiatives/tpp/programs/cas_carrera.pdf.

³¹ Morris Heights Health Center, “MHHC Launches “Changing The Odds” Teen Development Program,” May 25, 2011, accessed June 2, 2011, <http://www.mhhc.org/archives/350>.

³² Morris Heights Health Center, “Our Mission & Vision,” accessed June 3, 2011, <http://www.mhhc.org/about-us>.

³³ “MHHC Launches ‘Changing the Odds’ Teen Development Program, Morris Heights Health Center, May 25, 2011, accessed June 3, 2011, <http://mymhhc.org/?p=350>.

³⁴ “About,” New York City Mission Society, accessed June 3, 2011, <http://www.nycmissionsociety.org/about>; see also “Our Programs Work,” New York Mission Society, accessed June 3, 2011, <http://www.nycmissionsociety.org/how-we-help/numbers-and-stats>.

³⁵ Planned Parenthood of New York City, “Mission & Values of Planned Parenthood of New York City,” accessed June 3, 2011, <http://www.plannedparenthood.org/nyc/mission-values-14915.htm>.

³⁶ Planned Parenthood of New York City, “Planned Parenthood of New York City Is Recipient of Grant to Fund Teen Pregnancy Prevention Programs In Three Boroughs In New York City,” Press Release published September 20, 2010, accessed June 3, 2011, <http://www.plannedparenthood.org/about-us/newsroom/local-press-releases/press-release-9-30-10-ppnyc-recipient-grant-fund-teen-pregnancy-prevention-programs-three-borou-33744.htm>.

³⁷ *Making Proud Choices!* Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed April 15, 2010, <http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=128>.

³⁸ Ibid.

³⁹ “Healthy Respect News,” Healthy Respect, accessed August 29, 2011, <http://www.healthrespect.org/newsaboutus.shtml>.

⁴⁰ “Teenage Pregnancy Prevention: Summary of Funded Evidence-Based Programs for 2010,” U.S. Department of Health and Human Services, accessed April 14, 2011, http://webcache.googleusercontent.com/search?q=cache:RstgXE5vS0J:ipv6.hhs.gov/ash/oah/prevention/grantees/models_2010_programs.html+&cd=2&hl=en&ct=clnk&gl=us&client=firefox-a.

⁴¹ Ibid.

⁴² *Promoting Health Among Teens! Abstinence-Only*, Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed July 1, 2011, <http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=575&PageTypeID=2>.

⁴³ “Pregnancy Prevention Intervention Implementation Report: Promoting Health Among Teens! Abstinence-Only Intervention,” Programs for Replication – Intervention Implementation Reports, U.S. Department of Health and Human Services, accessed July 1, 2011, http://www.hhs.gov/ash/oah/prevention/research/programs/promoting_health.html.

⁴⁴ “Who We Are,” EngenderHealth, accessed August 30, 2011, <http://www.engenderhealth.org/about/index.php>.

⁴⁵ Ibid.

⁴⁶ EngenderHealth, “EngenderHealth Receives Major Grant for Teen Pregnancy Prevention in the United States,” Press Release published October 1, 2010, accessed August 30 2011, <http://www.engenderhealth.org/media/press-releases/2010-10-01-hhs-grant-teen-pregnancy.php>.

⁴⁷ “Gender Matters,” Columbia University Mailman School of Public Health, accessed August 30, 2011, <http://www.mailman.columbia.edu/academic-departments/population-family-health/research-service/gender-matters>.

⁴⁸ “Gender Matters,” Columbia University Mailman School of Public Health, accessed August 30, 2011, <http://www.mailman.columbia.edu/academic-departments/population-family-health/research-service/gender-matters>.

⁴⁹ “Our Mission,” Fund for Public Health in New York, Inc., accessed August 29, 2011, <http://www.fphny.org/about>.

⁵⁰ “Teenage Pregnancy Prevention: Integrating Services, Programs, and Strategies through Communitywide Initiatives – State- and Community-Based Organizations,” Division of Reproductive Health, Centers for Disease Control and Prevention, March 2, 2011, accessed August 29, 2011, <http://www.cdc.gov/TeenPregnancy/State-Community-Orgs.htm>.

⁵¹ “Fund for Public Health in New York Job Description – Sex Education Coordinator, Bronx Teen Connection,” Fund for Public Health in New York, Inc., October 26, 2010, accessed August 29, 2011, <http://www.fphny.org/jobs/4cc9ce18121c9.doc>.

⁵² “Teenage Pregnancy Prevention: Integrating Services, Programs, and Strategies through Communitywide Initiatives – State- and Community-Based Organizations,” Division of Reproductive Health.

⁵³ Sub-grantees include: Center for Community Alternatives (\$300,000); Woodhull Med/Mental Health Center (\$325,000); Research Foundation SUNY Downstate Medical Center (\$303,700); Community Counseling & Mediation (\$300,000); Claremont Neighborhood Center (\$300,000); YWCA of the City of NY (\$227,927); Mothers & Babies Perinatal Network (\$150,000); YWCA of Jamestown (\$150,000).

⁵⁴ Information provided by Barbara Leo, Adolescent Health Unit Director, New York State Department of Health, November 26, 2012.

⁵⁵ Ibid.

⁵⁶ “Mission,” Cicatelli Associates, Inc., accessed September 5, 2011,

http://www.caiglobal.org/caistage/index.php?option=com_content&view=article&id=59&Itemid=165.

⁵⁷ “Development for Youth,” Cicatelli Associates, Inc., accessed September 5, 2011,

http://www.caiglobal.org/caistage/index.php?option=com_content&view=article&id=32&Itemid=228.

⁵⁸ Information provided by Barbara Leo, Adolescent Health Unit Director, New York State Department of Health, November 28, 2012.

⁵⁹ Ibid.

⁶⁰ 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.

⁶¹ Fernanda Santos and Anna M. Phillips, “New York City Will Mandate Sex Education,” *New York Times*, August 9, 2011, accessed August 29, 2011, <http://www.nytimes.com/2011/08/10/nyregion/in-new-york-city-a-new-mandate-on-sex-education.html>.

⁶² Santos Phillips, “New York City Will Mandate Sex Education.”

⁶³ “Health Smart Curriculum,” West Middle Island School, accessed May 23, 2010,

http://www.longwood.k12.ny.us/wmi/health_smart.html.

⁶⁴ *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 March 30, 2010,

<http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf>, 22.

⁶⁵ Ibid., 23–24.

⁶⁶ Philip M. Alberti, et. al, “NYC Sex Education Pilot Program: Process Evaluation Results,” 13.

⁶⁷ Ibid, 18.

⁶⁸ Ibid.

⁶⁹ “Advocates Urge NYC Dept of Education to Expand Successful Sex Ed Program,” Press Release, American Civil Liberties Union, May 27, 2010, accessed June 15, 2010, <http://www.aclu.org/reproductive-freedom/advocates-urge-nyc-dept-education-expand-successful-sex-ed-program>.

⁷⁰ Ibid.

⁷¹ The person listed represents the designated personnel in the state responsible for adolescent reproductive health.

⁷² This section is a list of major newspapers in the state and is by no means exhaustive of local print outlets.