



MASSACHUSETTS

In Fiscal Year 2011¹, the state of Massachusetts received:

- Personal Responsibility Education Program funds totaling \$1,045,240

In Fiscal Year 2011, 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 was 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 was scheduled for September 20, 2011. On May 8, 2012, the bill accompanied a study order, S2255. It is unlikely that the bill will progress further.

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 2011, 39% of female high school students and 45% of male high school students in Massachusetts reported ever having had sexual intercourse, compared to 46% of female high school students and 49% of male high school students nationwide.
- In 2011, 2% of female high school students and 6% of male high school students in Massachusetts 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, 10% of female high school students and 13% of male high school students in Massachusetts 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, 30% of female high school students and 31% 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 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, 51% of females and 64% of males in Massachusetts 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, 30% of females and 22% of males in Massachusetts reported having used birth control pills the last time they had sexual intercourse, compared to 23% of females and 13% of males nationwide.

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- In 2011, among those high school students who reported being currently sexually active, 17% of females and 29% of males in Massachusetts reported having used alcohol or drugs the last time they had sexual intercourse, compared to 18% of females and 26% of males nationwide.
- In 2011, 84% of high school students in Massachusetts reported having been taught about AIDS/HIV in school, compared to 84% of high school students nationwide.

Boston, Massachusetts

- In 2011, 45% of female high school students and 66% of male high school students in Boston reported ever having had sexual intercourse, compared to 46% of female high school students and 49% of male high school students nationwide.
- In 2011, 5% of female high school students and 19% of male high school students in Boston 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, 13% of female high school students and 32% of male high school students in Boston 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, 30% of female high school students and 41% of male high school students in Boston 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, 53% of females and 78% of males in Boston 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 13% of males in Boston 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, 18% of females and 29% of males in Boston reported having used alcohol or drugs the last time they had sexual intercourse, compared to 18% of females and 26% of males nationwide.
- In 2011, 73% of high school students in Boston reported having been taught about AIDS/HIV in school, compared to 84% 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 48th in the United States, with a rate of 17.1 births per 1,000 young women ages 15–19, compared to the national rate of 34.3 births per 1,000.⁶ In 2010, there were a total of 3,906 live births to young women ages 15–19 reported in Massachusetts.⁷
- In 2005, Massachusetts's teen pregnancy rate ranked 43rd 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 in 2005.⁹
- In 2005, Massachusetts's teen abortion rate ranked 11th 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

- In 2010, the rate of AIDS diagnoses among adolescents 13-19 years in Massachusetts was 2.0 per 100,000 compared to the national rate of 1.9 per 100,000.¹¹
- In 2010, the rate of AIDS diagnoses among young adults aged 20-24 years in Massachusetts was 9.2 per 100,000 compared to the national rate of 10.4 per 100,000.¹²

Sexually Transmitted Diseases

- Massachusetts ranks 43rd in the United States for reported cases of chlamydia among young people ages 15–19, with an infection rate of 12.16 cases per 1,000, compared to the national rate of 20.03 cases per 1,000. In 2009, there were a total of 5,631 cases of chlamydia among young people ages 15–19 reported in Massachusetts.¹³
- Massachusetts ranks 41st in the United States for reported cases of gonorrhea among young people ages 15–19, with an infection rate of 0.88 cases per 1,000, compared to the national rate of 4.04 cases per 1,000. In 2009, there were a total of 409 cases of gonorrhea among young people ages 15–19 reported in Massachusetts.¹⁴
- Massachusetts ranks 13th in the United States for reported cases of primary and secondary syphilis among young people ages 15–19, with an infection rate of 0.02 per cases 1,000, compared to the national rate of 0.04 cases per 1,000. In 2009, there were a total of nine cases of syphilis among young people ages 15–19 reported in Massachusetts.¹⁵

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 \$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 Massachusetts received \$1,063,823 in TPPI Tier 1 funding for FY 2011.
- There are two TPPI Tier 1 grantees in Massachusetts: Congregación León de Judá and La Alianza Hispana, Inc.

Congregación León de Judá, \$599,889 (FY 2011)

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.”¹⁶

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 FYs 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.”¹⁷ *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.¹⁸

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.¹⁹

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

La Alianza Hispana, Inc., \$463,934 (FY 2011)

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.”²⁰ The organization serves more than 2,000 Latinos annually.²¹

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.²²

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 FY 2011.
- 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 (FY 2011)

The Black Ministerial Alliance of Greater Boston (BMA), located in Roxbury, 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.”²³ 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.”²⁴ The program description for seventh through 12th grade claims that sex is “wonderful” within the

context of marriage, but carries physical and emotional risks outside of marriage.²⁵ Students also “learn how common STDs are” and condom use is mentioned specifically to “raise awareness about the difference between protection and risk reduction.”²⁶

Boston Medical Center, \$572,516 (FY 2011)

With its Tier 2 grant, Boston Medical Center implements an adaptation of *Becoming a Responsible Teen (BART)* with Haitian-American youth in grades nine and 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.

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.²⁷ *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.²⁸

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 (FY 2011)

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.”²⁹ 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.”³⁰

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% 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.”³¹

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. 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.³²

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) 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 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 Massachusetts Department of Public Health received \$1,045,240 in federal PREP funds for FY 2011.
- The agency provides sub-grants to eight³³ local public and private entities.³⁴

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. Funds are being used to provide evidence-based teen pregnancy prevention programs in select middle schools and community-based organizations to at-risk youth ages 10–19. Massachusetts PREP is designed to target urban communities and schools with poor educational outcomes, high teen birth and STD rates, and high disparities in reproductive health outcomes. The program serves six priority counties: Bristol, Essex, Hampden, Middlesex, Suffolk, and Worcester. Sub-grantees implement the following evidence-based programs: *¡Cuidate!*, *Making Proud Choices!*, and *Teen Health Project*. (Please refer to the TPPI Tier 1: Evidence-Based Programs section above for more information on *¡Cuidate!*)³⁵

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.”³⁶ 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.³⁷

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, that 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.³⁸

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 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 FY 2011.

Education Development Center, Inc., \$773,359 (FY 2011)

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.”³⁹ 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.

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–

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19, who are in or 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 Massachusetts.

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 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 FY 2011.

Massachusetts 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>		
Congregación León de Judá	\$599,889	2010–2014
La Alianza Hispana, Inc.	\$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	
Personal Responsibility Education Program (PREP)		
<i>PREP State-Grant Program</i>		
Massachusetts Department of Public Health	\$1,045,240	2011
TOTAL	\$1,045,240	
<i>Personal Responsibility Education Innovative Strategies</i>		
Education Development Center, Inc.	\$773,359	2010–2014

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Grantee	Award	Fiscal Years
TOTAL	\$773,359	
GRAND TOTAL	\$5,631,989	2011

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.⁴⁰

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, and 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.⁴¹

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 *¡Cuidate!* and *FLASH (Family Life and Sexual Health)* to district ninth graders. A total of 463 students receive instruction using these curricula each year.⁴² (Please refer to the *TPPI Tier 1: Evidence-Based Programs* section above for a description of *¡Cuidate!*)

FLASH 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.”⁴³ 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 2011–2014, with results expected in 2015.⁴⁴

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.”⁴⁵ 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.⁴⁶

During the 2008–2009 school year, the program was taught to a total of 591 eighth grade students.⁴⁷

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.⁴⁸

Lowell Public Schools

The Lowell public school district uses the *FLASH* and *Safer Choices* curricula with a total of 1,800 ninth and 10th grade students.⁴⁹ (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 10th 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.⁵⁰

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.⁵¹ 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.”⁵² Additionally, the program provides instruction to help youth gain and practice skills for using contraception, communicating effectively, and accessing available resources and health services.⁵³ *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.⁵⁴ An evaluation of the program pilot published in *Child Welfare* showed the curriculum held promise in reducing risky sexual behaviors among program participants.⁵⁵

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 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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 Boston, Massachusetts 02108
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MASSACHUSETTS

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.teenaids.org

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 Massachusetts⁵⁷

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.metro.us/boston

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.patriotledger.com

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

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, 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: Boston also participated in the survey.

⁶ "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.

⁷ *Ibid.*

- 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 May 7, 2012, <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 3.1.
- ¹¹ 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>.
- ¹² 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>.
- ¹³ “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>.
- ¹⁴ *Ibid.*
- ¹⁵ *Ibid.*
- ¹⁶ Congregación Leon de Juda, accessed June 2, 2011, <http://www.leondejuda.org/en/content>.
- ¹⁷ Vale Esperar, “About Us,” accessed June 2, 2011, <http://www.valcesperar.org>.
- ¹⁸ “Vale Esperar: Making a Difference,” *Application for Federal Funds SF-424, 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.
- ¹⁹ *Making a Difference! 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=127&PageTypeID=2>.
- ²⁰ La Alianza Hispana, “Mission,” accessed June 2, 2011, http://www.laalianza.org/index.php?option=com_content&view=article&id=5:our-mission&catid=29:mission-and-history&Itemid=57.
- ²¹ *Ibid.*
- ²² *Cuidate! Evidence-Based Programs*, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed May 5, 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 March 30, 2010, <http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf>, 76–79.
- ²³ “About Us,” Black Ministerial Alliance of Greater Boston, accessed August 30, 2011, <http://www.bmaboston.org/node/2>.
- ²⁴ “Healthy Futures 6th Grade Classroom Program,” Healthy Futures, accessed August 30, 2011, http://www.healthy-futures.org/docs/6th_Grade_Classroom_Programs.pdf.
- ²⁵ “Healthy Futures 7th Grade, 8th Grade and High School Classroom Program,” Healthy Futures, accessed August 30, 2011, http://www.healthy-futures.org/docs/7th-8th-HS_Classroom_Programs_updated_07Feb.pdf.
- ²⁶ *Ibid.*
- ²⁷ *Becoming A Responsible Teen*, Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed May 5, 2010, <http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=2&PageTypeID=2>.
- ²⁸ *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>, 76–78.
- ²⁹ “Mission and Goals,” Massachusetts Alliance on Teen Pregnancy, accessed 29 August 29, 2011, <http://www.massteenpregnancy.org/about/mission-goals>.
- ³⁰ Information provided by Tricia Quinn, executive director of the Massachusetts Alliance on Teen Pregnancy, July 20, 2011.
- ³¹ *Ibid.*
- ³² *Ibid.*
- ³³ Sub-grantees include: MDESE (\$270,000); MDPH Action for Boston Community Development Of Worcester (\$100,000); Citizens for Citizens (\$100,000); Family Health Center (\$100,000); Family Services, Inc. (\$100,000); Gandara Mental Center, Inc. (\$100,000); Lowell Community Health Center (\$100,000); River Valley Counseling Center (\$100,000).
- ³⁴ Information provided by Dahlia Bousaid, Office of Adolescent Health and Youth Development Director, Massachusetts Department of Public Health, November 16, 2012.
- ³⁵ *Ibid.*

³⁶ *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>.

³⁷ Ibid.

³⁸ *Teen Health Project*, 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=576&PageTypeID=2>.

³⁹ “About EDC,” Economic Development Corporation, Inc., accessed September 5, 2011, <http://www.edc.org/about>.

⁴⁰ 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.

⁴¹ Information provided to Morgan Marshall by Joy Robinson-Lynch, HIV/AIDS program coordinator for the Massachusetts Department of Elementary and Secondary Education, February 4, 2010.

⁴² Ibid.

⁴³ “Questions About the Family Life and Sexual Health (F.L.A.S.H.) Curriculum,” Public Health – Seattle and King County, accessed May 3, 2010,

<http://www.kingcounty.gov/healthservices/health/personal/famplan/educators/FLASH/questions.aspx>.

⁴⁴ Ibid.

⁴⁵ *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>.

⁴⁶ Ibid.

⁴⁷ Information provided to Morgan Marshall by Joy Robinson-Lynch, HIV/AIDS program coordinator for the Massachusetts Department of Elementary and Secondary Education, February 4, 2010.

⁴⁸ *Focus on Youth: An HIV Prevention Program for African-American Youth*, Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed May 5, 2010,

<http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=125&PageTypeID=2>.

⁴⁹ Information provided to Morgan Marshall by Joy Robinson-Lynch.

⁵⁰ *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>, 26–28.

⁵¹ “Power Through Choices,” Massachusetts Alliance on Teen Pregnancy, accessed August 18, 2011,

<http://www.massteenpregnancy.org/sites/default/files/PTC%20Overview.pdf>.

⁵² “Power Through Choices – Sexuality,” NRCYS Online Catalog, accessed May 5, 2010,

<http://www.nrcys.ou.edu/catalog/product.php?productid=116>.

⁵³ “Power Through Choices,” Massachusetts Alliance on Teen Pregnancy.

⁵⁴ Ibid.

⁵⁵ *Preventing Teen Pregnancy Among Marginalized Youth: Developing a Policy, Program, and Research Agenda for the Future*, (Baltimore, MD: Healthy Teen Network, September 8, 2008), accessed May 5, 2010,

http://www.healthyteenetwork.org/index.asp?Type=B_PR&SEC={2AE1D600-4FC6-4B4D-8822-F1D5F072ED7B}&DE={235FD1E7-208D-4363-9854-4E6775EB8A4C}.

⁵⁶ The person listed represents the designated personnel in the state responsible for adolescent reproductive health.

⁵⁷ This section is a list of major newspapers in the state and is by no means exhaustive of local print outlets.