



SIECUS

State Profile

MASSACHUSETTS

In Fiscal Year 2013,¹ the state of Massachusetts received:

- **Division of Adolescent and School Health funds totaling \$289,993**
- **Personal Responsibility Education Program funds totaling \$992,254**

In Fiscal Year 2013, local entities in Massachusetts received:

- **Teen Pregnancy Prevention Initiative funds totaling \$3,928,179**
- **Division of Adolescent and School Health funds totaling \$275,000**
 - **Pregnancy Assistance Fund dollars totaling \$1,500,000**
- **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.

2013 STATE LEGISLATIVE SESSION ACTIVITY

Bills to Require Evidence-Based Sexuality Education

Multiple bills related to sex education remain in the Massachusetts Legislature's Joint Committee on Education at the conclusion of the 2013 session. HB 421 implements evidence-based, age-appropriate, and medically-accurate sexuality education curricula in public schools. The bill requires the Department of Elementary and Secondary Education (DESE) and the Department of Public Health to compile a list of evidence-based curricula that is consistent with the federal Office of Adolescent Health evidence-based program models. Companion bills HB 366 and SB 202 require that sexual health education be age-appropriate and medically accurate, and gives parents the option to opt their children out. HB 450 and SB 209 also require school districts to provide comprehensive, medically-accurate, and age-appropriate sexual health education consistent with the Massachusetts comprehensive health curriculum framework. The DESE would be required to post online a list of compliant sex education curricula, and provide a process for parents or guardians to report any deviations from the approved standard. HB 388 requires that health education be age-appropriate, medically accurate, and evidence based; includes education on violence prevention; and requires the commissioner of the DESE to submit a report on the provision of health education by school districts to the legislature. These bills carried over into the 2014 session.

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 2013, 36.5% of female high school students and 39.4% of male high school students in Massachusetts reported ever having had sexual intercourse, compared to 46% of female high school students and 47.5% of male high school students nationwide.
- In 2013, 1.9% of female high school students and 4.2% of male high school students in Massachusetts reported having had sexual intercourse before age 13, compared to 3.1% of female high school students and 8.3% of male high school students nationwide.
- In 2013, 29.0% of female high school students and 26.2% 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 35.2% of female high school students and 32.7% of male high school students nationwide.

Visit the Centers for Disease Control and Prevention's [Youth Online database](#) for additional information on youth risk behaviors in Massachusetts and the city of Boston.

Massachusetts Teen Pregnancy, HIV/AIDS, and Other STD Data

Teen Pregnancy, Birth, and Abortion

- In 2010, Massachusetts's teen pregnancy rate ranked 47th in the United States, with a rate of 37 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 57 per 1,000.⁶ There were a total of 8,310 pregnancies among young women ages 15–19 in Massachusetts.⁷

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- In 2012, Massachusetts's teen birth rate ranked 50th in the United States, with a rate of 14.1 births per 1,000 young women ages 15–19, compared to the national rate of 29.4 per 1,000.⁸ In 2012, there were a total of 3,220 live births to young women ages 15–19 reported in Massachusetts.⁹
- In 2010, Massachusetts's teen abortion rate ranked 16th in the United States, with a rate of 14 abortions per 1,000 young women ages 15–19, compared to the national rate of 15 per 1,000.¹⁰ There were a total of 3,290 abortions among young women ages 15–19 reported in Massachusetts in 2010.¹¹

HIV and AIDS

- In 2011, the rate of diagnoses of HIV infection among adolescents ages 13–19 in Massachusetts was 6.3 per 100,000, compared to the national rate of 7.6 per 100,000.¹²
- In 2011, the rate of AIDS diagnoses among adolescents ages 13–19 in Massachusetts was 0.8 per 100,000, compared to the national rate of 1.9 per 100,000.¹³
- In 2011, the rate of diagnoses of HIV infection among young adults ages 20–24 in Massachusetts was 21.2 per 100,000, compared to the national rate of 36.3 per 100,000.¹⁴
- In 2011, the rate of AIDS diagnoses among young adults ages 20–24 years in Massachusetts was 3.5 per 100,000, compared to the national rate of 10.9 per 100,000.¹⁵

Sexually Transmitted Diseases

- In 2012, Massachusetts ranked 45th in the United States for reported cases of chlamydia among young people ages 15–19, with an infection rate of 1,261.9 cases per 100,000, compared to the national rate of 2,001.7 per 100,000. In 2012, there were a total of 5,800 cases of chlamydia among young people ages 15–19 reported in Massachusetts.¹⁶
- In 2012, Massachusetts ranked 44th in the United States for reported cases of gonorrhea among young people ages 15–19, with an infection rate of 65.1 cases per 100,000, compared to the national rate of 376.8 per 100,000. In 2012, there were a total of 299 cases of gonorrhea among young people ages 15–19 reported in Massachusetts.¹⁷
- In 2012, Massachusetts ranked 20th in the United States for reported cases of primary and secondary syphilis among young people ages 15–19, with an infection rate of 3.3 cases per 100,000, compared to the national rate of 4.1 per 100,000. In 2012, there were a total of 15 cases of syphilis among young people ages 15–19 reported in Massachusetts.¹⁸

FEDERAL FUNDING FOR SEX EDUCATION, TEEN PREGNANCY PREVENTION, AND ABSTINENCE-ONLY-UNTIL-MARRIAGE 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 FY 2013. 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. OAH utilizes the remaining appropriated funds to provide program support, implementation evaluation, and technical assistance to grantees. TPPI also dedicates \$8.5 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 and minimize underlying behavioral risk factors or other associated risk factors.

- Local organizations in Massachusetts received \$1,063,823 in TPPI Tier 1 funding for FY 2013.
- 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 2013)

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.”¹⁹

The organization previously received federal abstinence-only-until-marriage (AOUM) 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* program, serving young people ages 11–15 in Hartford, Connecticut; Boston and Lawrenceville, Massachusetts; and Providence, Rhode Island.²⁰ *Vale Esperar* is a community-based program with the core mission to “equip teens with the knowledge and skills that will allow them to avoid risky sexual activity in order to decrease teen pregnancy and sexually transmitted diseases rates by encouraging to focus on developing solid character traits and focus on their future goals.”²¹ Congregación León de Judá partners with churches and community-based organizations to implement *Promoting Health Among Teens (PHAT) — Abstinence Only Intervention* to small groups of participants, and aims for the program to reach approximately 800 youth annually.²²

La Alianza Hispana, Inc., \$463,934 (FY 2013)

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.”²³ The organization serves more than 2,000 Latinos annually.²⁴

With its TPPI funding, La Alianza Hispana implements *¡Cuidate!*, 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. La Alianza Hispana’s program targets Latino youth ages 13–18 in areas of Boston including Chelsea, Dorchester, East Boston, Hyde Park, Jamaica Plain, Roxbury, and South Boston. 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 aims for its program to reach 1,000 youth annually.

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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 \$1,687,305 in TPPI Tier 2 Innovative Approaches funding for FY 2013.
- 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 2013)

The Black Ministerial Alliance of Greater Boston, 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.”²⁵ The organization implements *Healthy Futures: Promoting Sexual Health Through Abstinence* in three cities in the greater Boston area—Lowell, Lynn, and Lawrence—with its Tier 2 grant. Its program serves 1,024 middle school students from low-income families each year.

Boston Medical Center, \$687,305 (FY 2013)

With its Tier 2 grant, Boston Medical Center implements an adaptation of *Becoming a Responsible Teen (BART)* with Haitian-American youth in grades 9 and 10. The culturally appropriate program is presented in four schools and serves approximately 360 youth per year. Boston Medical Center is a longtime recipient of federal Adolescent Family Life Act funding.

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, which received \$1,177,051 for FY 2013.

Massachusetts Alliance on Teen Pregnancy \$1,177,051 (FY 2013)

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.”²⁶ 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.”²⁷

With its Tier 2 grant, the Massachusetts Alliance on Teen Pregnancy 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 five years by increasing the number of youth receiving evidence-based interventions and their access to and use of quality health services. The initiative also educates stakeholders to begin to “address the root causes of sexual health disparities.”²⁸

The Massachusetts 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;

Holyoke and Springfield public-school districts and school-based health centers; Planned Parenthood League of Massachusetts; the Puerto Rican Cultural Center; Tapestry Health, a Title X family planning clinic; the YWCA of Western Massachusetts; and several teen parent programs. Youth First implements broad-based interventions that serve young people in both school- and community-based settings, including at youth-serving and faith-based organizations, as well as in clinics. In addition, it implements multiple programs to provide culturally and linguistically appropriate services that meet the needs of the targeted youth populations.²⁹

Division of Adolescent and School Health

The Division of Adolescent and School Health (DASH), within the Centers for Disease Control and Prevention (CDC), provides funding to 17 state and 19 local education agencies to help districts and schools strengthen student health through exemplary sexual health education (ESHE) that emphasizes HIV and other STD prevention, increased access to key sexual health services (SHS), and establishing safe and supportive environments (SSE) for students and staff. In addition, DASH funds nine national non-governmental organizations (NGOs) to help state and local education agencies achieve these goals.

- There were two DASH grantees in Massachusetts funded to strengthen student health through ESHE, SHS, and SSE in FY 2013, the Massachusetts Department of Elementary and Secondary Education (\$224,996) and Boston Public Schools (\$225,000).

DASH also funds three local education agencies and one NGO to implement multiple program activities to meet the HIV/STD-prevention needs of young men who have sex with men (YMSM) and to develop strategic partnerships and collaborations between schools and community-based, mental health, and social services organizations to accomplish this work.

- There were no DASH grantees in Massachusetts funded to deliver YMSM programming in FY 2013.

DASH also provides funding for state, territorial, and local education agencies and state health agencies to establish and strengthen systematic procedures to collect and report Youth Risk Behavior Survey (YRBS) and School Health Profiles data for policy and program improvements.

- There were two DASH grantees in Massachusetts funded to collect and report YRBS and School Health Profiles data in FY 2013, the Massachusetts Department of Elementary and Secondary Education (\$64,997) and Boston Public Schools (\$50,000).

Pregnancy Assistance Fund

The Pregnancy Assistance Fund (PAF), administered by OAH, provides expecting and parenting teens, women, fathers, and their families with a network of support services. Established in FY 2010 through a 10-year authorization (FY 2010–FY 2019) in the Affordable Care Act (ACA), PAF is a \$25 million competitive grant program for state and tribal entities. PAF grants support programs that include at least one of the following four components: 1) support for expectant and parenting student services at institutions of higher education; 2) support for expectant and parenting teens, women, fathers, and their families at high schools and community centers; 3) improved services for pregnant women who are victims of domestic violence, sexual violence, sexual assault, and stalking; and 4) increased public awareness and education services for expectant and parenting teens, women, fathers, and their families. Now in the second round of awards, PAF supports 17 entities in 14 states and three tribal entities, most of which focus their efforts on serving teen parents.

- There is one Pregnancy Assistance Fund grantee in Massachusetts, the Massachusetts Department of Public Health which received \$1,500,000 for FY 2013.

Massachusetts Department of Public Health, \$1,500,000 (FY 2013)

The Massachusetts Department of Public Health uses PAF to implement the Massachusetts Pregnant and Parenting Teens Initiative to provide medial, social, emotional, and community supports to over 500 pregnant and parenting young people in high schools and community centers in parts of the state with especially high teen birth rates. The initiative's three main goals are to help participant reach educational and vocational goals, to delay subsequent pregnancy, and to improve infant health and development. Participants work with service providers to identify their educational, employment, and health goals and the barriers they perceive standing in their way to goal achievement; they then identify their personal strengths, and through this exercise feel empowered and desire to work toward attaining their life goals.³⁰

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, \$3.1 million for Tribal PREP, for tribes and tribal organizations, with remaining funds for evaluation, training, and technical assistance. In addition, provisions within the statute for PREP enable a competitive application process for community- and faith-based organizations within states and territories that do not directly seek PREP funding by the third year of the program; these competitive PREP (CPREP) grants were awarded to organizations in five states and three territories in FY 2013. Details on the state grant program, PREIS, Tribal PREP, and CPREP 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 STDs. 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 \$992,254 in federal PREP funds for FY 2013.
- The agency provides sub-grants to eight³¹ local public and private entities.³²

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 to middle-school students ages 10–14, and medically accurate, culturally competent, age-appropriate comprehensive sexuality education to at-risk youth ages 10–19 in community-based organizations. Programming takes place in four school districts—Boston, Holyoke, New Bedford, and Springfield—and community-based initiatives in six counties: Bristol, Essex, Hampden, Middlesex, Suffolk, and Worcester. 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. Programming also specifically targets youth who identify as a sexual minority, are Hispanic, or are part of a state system of care. Sub-grantees implement *Making Proud Choices!*³³

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.

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- There is one PREIS grantee in Massachusetts, the Education Development Center, Inc., which received \$773,359 for FY 2013.

Education Development Center, Inc., \$773,359 (FY 2013)

The Education Development Center, 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.”³⁴

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 and evaluate *More than a Dream/Más que un sueño*, a teen pregnancy prevention program for Latino young people in grades 6–8. The program consists of two developmentally appropriate, culturally and linguistically relevant interventions aimed at the elevated rate of teen pregnancy among Latinos, *¡Cuidate!* and *Salud y Éxito*. Both interventions are offered through the recruitment and enrollment of eligible families through community-based outreach efforts, and programming is also offered in Albuquerque, New Mexico; Colorado Springs, Colorado; Kansas City, Missouri; Miami, Florida.³⁵

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 young people ages 10–19 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 2013, 16 tribes and tribal organizations from nine states received a total of \$3.1 million.
- There are no Tribal PREP grantees in Massachusetts.

Competitive Personal Responsibility Education Program (CPREP)

CPREP grants support evidence-based programs that provide young people with medically accurate and age-appropriate information for the prevention of unintended pregnancy, HIV/AIDS, and other STDs. Organizations and institutions in states and territories that did not apply for PREP formula grants in either of the past two fiscal years were eligible to submit competitive applications for CPREP grants. Thirty-seven grants, totaling \$18.6 million, were awarded in FY 2013 to organizations in American Samoa, the Commonwealth of Northern Mariana Islands, Florida, Guam, Indiana, North Dakota, Texas, and Virginia.

- There are no CPREP grantees in Massachusetts.

Title V State Abstinence Education Grant Program

The Title V abstinence-only-until-marriage (Title V AOUM) program, administered by ACF, allocates \$50 million per year to states for FYs 2010–2014. ACF implements the grant program. Title V AOUM program requires states to provide three state-raised dollars or the equivalent in services for every four federal dollars received. The state match may be provided in part or in full by local groups. All programs funded by Title V AOUM must 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 AOUM funds for FY 2013.

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Competitive Abstinence Education Grant Program

Administered by the ACF, the Competitive Abstinence Education (CAE) grant program provides grants for “abstinence education” as defined by the A–H statute in Title V of the Social Security Act, as well as for mentoring, counseling, and adult supervision that promotes abstinence outside of marriage. As currently implemented by ACF, the programs must also be medically accurate. In FY 2013, \$4.3 million was granted through a competitive application process to 10 grantees across nine states, in addition to the nine grantees implementing the second year of their CAE awards in some overlapping and additional states, for a total of 19 CAE grantees in 14 states.

- There are no CAE grantees in Massachusetts.

Massachusetts TPPI, DASH, PAF, PREP, Title V AOUM, and CAE Funding in FY 2013

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	\$687,305	2010–2014
TOTAL	\$1,687,305	
<i>TPPI Tier 2: Communitywide Initiatives</i>		
Massachusetts Alliance on Teen Pregnancy	\$1,177,051	2010–2014
TOTAL	\$1,177,051	
Division of Adolescent and School Health (DASH)		
Massachusetts Department of Elementary & Secondary Education	\$289,993	2013-2017
Boston Public Schools	\$275,000	2013-2017
TOTAL	\$564,993	
Pregnancy Assistance Fund (PAF)		
Massachusetts Department of Public Health	\$1,500,000	2013
TOTAL	\$1,500,000	
Personal Responsibility Education Program (PREP)		
<i>PREP State-Grant Program</i>		
Massachusetts Department of Public Health	\$992,254	2013
TOTAL	\$992,254	
<i>Personal Responsibility Education Innovative Strategies</i>		
Education Development Center, Inc.	\$773,359	2010–2014
TOTAL	\$773,359	
GRAND TOTAL	\$7,758,785	2013

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¹ This refers to the federal government's fiscal year, which begins on October 1 and ends on September 30. The fiscal year is designated by the calendar year in which it ends; for example, FY 2013 began on October 1, 2012, and ended on September 30, 2013.

² *Massachusetts Comprehensive Health Framework*, p. 75, <http://www.doc.mass.edu/frameworks/health/1999/1099.pdf>.

³ *Ibid.*, p. 30.

⁴ *Ibid.*, p. 31.

⁵ Kann, Laura, et al., "Youth Risk Behavior Surveillance—United States, 2013," *Surveillance Summaries, Morbidity and Mortality Weekly Report*, Vol. 63, No. 4 (June 13, 2014): accessed July 17, 2014, <http://www.cdc.gov/mmwr/pdf/ss/ss6304.pdf>. Note: Massachusetts did not respond to the full YRBS survey. Boston also participated in the survey.

⁶ Kost, K., and S. Henshaw, *U.S. Teenage Pregnancies, Births, and Abortions, 2010: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2014), accessed July 8, 2014, <http://www.guttmacher.org/pubs/USTPTrends10.pdf>, Table 3.1.

⁷ *Ibid.*, Table 3.2.

⁸ Martin, J.A., et al., *Births: Final Data for 2012*. National Vital Statistics Reports Vol. 62 No. 9. (December 30, 2013), accessed July 30, 2014, http://www.cdc.gov/nchs/data/nvsr/nvsr62/nvsr62_09.pdf. Table 12.

⁹ Centers for Disease Control and Prevention, VitalStats Interactive Data Tables, Hyattsville, MD: National Center for Health Statistics, <http://www.cdc.gov/nchs/vitalstats.htm>.

¹⁰ Kost, K., and S. Henshaw, *U.S. Teenage Pregnancies, Births, and Abortions, 2010: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2014), accessed July 8, 2014, <http://www.guttmacher.org/pubs/USTPTrends10.pdf>, Table 3.1.

¹¹ *Ibid.*, Table 3.2.

¹² Slide 9: "Rates of Diagnosis of HIV Infection among Adolescents Aged 13–19 Years, 2011—United States and 6 Dependent Areas," *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), accessed May 30, 2013, <http://bit.ly/1dbYpAJ>.

¹³ Slide 18: "Rates of Stage 3 (AIDS) Classifications among Adolescents Aged 13–19 Years with HIV Infection, 2011—United States and 6 Dependent Areas," *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), accessed May 30, 2013, <http://bit.ly/1dbYpAJ>.

¹⁴ Slide 10: "Rates of Diagnoses of HIV Infection among Young Adults Aged 20–24 Years, 2011—United States and 6 Dependent Areas," *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), accessed May 30, 2013, <http://bit.ly/1dbYpAJ>.

¹⁵ Slide 19: "Rates of Stage 3 (AIDS) Classifications among Adolescents Aged 20–24 Years with HIV Infection, 2011—United States and 6 Dependent Areas," *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), accessed May 30, 2013, <http://bit.ly/1dbYpAJ>.

¹⁶ NCHHSTP Atlas, “STD Surveillance Data.” (Atlanta, GA: Centers for Disease Control and Prevention), accessed June 10, 2013, <http://gis.cdc.gov/GRASP/NCHHSTPAtlas/main.html>.

¹⁷ Ibid.

¹⁸ Ibid.

¹⁹ Congregación Leon de Juda, accessed June 2, 2011, <http://www.leondejuda.org/en/content>.

²⁰ Vale Esperar, “Projects,” accessed April 19, 2014, <http://www.valeesperar.org/#!projects/c21kz>.

²¹ Vale Esperar, “About Us,” accessed April 19, 2014, http://www.valeesperar.org/#!about_us/csgz.

²² Ibid.

²³ 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.

²⁴ Ibid.

²⁵ “About Us,” Black Ministerial Alliance of Greater Boston, accessed August 30, 2011, <http://www.bmaboston.org/node/2>.

²⁶ “Mission and Goals,” Massachusetts Alliance on Teen Pregnancy, accessed August 29, 2011,

<http://www.massteenpregnancy.org/about/mission-goals>.

²⁷ Information provided by Tricia Quinn, executive director of the Massachusetts Alliance on Teen Pregnancy, July 20, 2011.

²⁸ Ibid.

²⁹ Ibid.

³⁰ “Massachusetts Department of Public Health (MA) - Pregnancy Assistance Fund,” Office of Adolescent Health, U.S. Department of Health and Human Services, accessed September 23, 2014, <http://www.hhs.gov/ash/oah/grants/grantees/paf-ma.html>.

³¹ Sub-grantees include: Action for Boston Community Development (\$100,000); Citizens for Citizens (\$100,000); Family Health Center of Worcester (\$100,000); Family Services, Inc. (\$100,000); Gandara Mental Health Center, Inc. (\$100,000); Lowell Community Health Center (\$100,000); Massachusetts Department of Elementary and Secondary Education (\$425,000); and River Valley Counseling Center (\$100,000). Please note, the amounts awarded to sub-grantees are funded on the state fiscal year cycle.

³² Information provided by Linn Morrill, PREP program coordinator, Office of Adolescent Health and Youth Development, Massachusetts Department of Public Health, June 3, 2014.

³³ Ibid.

³⁴ Information provided by Shai Fuxman, research scientist, Education Development Center, Inc., July 23, 2014.

³⁵ Ibid.

³⁶ The person listed represents the designated personnel in the state responsible for adolescent reproductive health.