



## MASSACHUSETTS

### Massachusetts 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.<sup>1</sup>

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.”<sup>2</sup> 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).”<sup>3</sup>

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

#### *Legislation to Create Sexuality Education Programs*

Senate Bill 56 and House Bill 2174, introduced in January 2009, would have directed comprehensive family planning agencies to create community-based health and sexuality education programs. The programs would have endeavored to reduce unintended pregnancy, promote abstinence from sexual activity, and encourage parent-child communication about sexuality. The bill died in committee.

#### *A Bill to Mandate Health Education Standards*

Senate Bill 218, introduced in January 2009, would have mandated that standards be developed for health education, including age-appropriate and medically accurate sexuality education. In addition, the Department of Education would have had to provide the Joint Committee on Education with

the annual number of students who opted out of human sexuality instruction. The bill was referred to the Joint Committee on Education, where it died.

**Massachusetts's Youth: Statistical Information of Note<sup>4</sup>**

- In 2009, 45% of female high school students and 48% of male high school students in Massachusetts reported ever having had sexual intercourse compared to 46% of female high school students and 46% of male high school students nationwide.
- In 2009, 3% of female high school students and 8% of male high school students in Massachusetts reported having had sexual intercourse before age 13 compared to 3% of female high school students and 8% of male high school students nationwide.
- In 2009, 11% of female high school students and 15% of male high school students in Massachusetts reported having had four or more lifetime sexual partners compared to 11% of female high school students and 16% of male high school students nationwide.
- In 2009, 36% of female high school students and 33% of male high school students in Massachusetts reported being currently sexually active (defined as having had sexual intercourse in the three months prior to the survey) compared to 36% of female high school students and 33% of male high school students nationwide.
- In 2009, among those high school students who reported being currently sexually active, 51% of females and 66% of males in Massachusetts reported having used condoms the last time they had sexual intercourse compared to 54% of females and 69% of males nationwide.
- In 2009, among those high school students who reported being currently sexually active, 20% of females and 28% of males in Massachusetts reported having used alcohol or drugs the last time they had sexual intercourse compared to 17% of females and 26% of males nationwide.
- In 2009, 87% of high school students in Massachusetts reported having been taught about AIDS/HIV in school compared to 87% of high school students nationwide.

*Boston, Massachusetts*

- In 2009, 45% of female high school students and 63% of male high school students in Boston, Massachusetts reported ever having had sexual intercourse compared to 46% of female high school students and 46% of male high school students nationwide.
- In 2009, 4% of female high school students and 15% of male high school students in Boston, Massachusetts reported having had sexual intercourse before age 13 compared to 3% of female high school students and 8% of male high school students nationwide.

## MASSACHUSETTS

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

### **Massachusetts Youth Sexual Health Statistics**

#### *Teen Pregnancy, Birth, and Abortion*

- Massachusetts's teen pregnancy rate ranks 44<sup>th</sup> in the U.S., 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.<sup>5</sup> There were a total of 10,290 pregnancies among young women ages 15–19 reported in 2005, the most recent year for which data are available, in Massachusetts.<sup>6</sup>
- Massachusetts's teen birth rate ranked 49<sup>th</sup> in the U.S. in 2005, with a rate of 21.8 births per 1,000 young women ages 15–19 compared to the national rate of 40.5 births per 1,000.<sup>7</sup> In 2005, there were a total of 4,450 live births reported to young women ages 15–19 in Massachusetts.<sup>8</sup>
- In 2006, the U.S. teen birth rate increased for the first time in 15 years by 3% from 40.5 to 41.9 births per 1,000 young women ages 15–19, after having steadily declined between 1991 and 2005.<sup>9</sup> Massachusetts's teen birth rate decreased between 2005 and 2006, from 21.8 to 21.3 births per 1,000 young women ages 15–19.<sup>10</sup>
- Massachusetts's teen abortion rate ranks 10<sup>th</sup> in the U.S., with a rate of 18 abortions per 1,000 young women ages 15–19 compared to the national rate of 19 abortions per 1,000. In 2005, there were a total of 3,947 abortions reported among young women ages 15–19 in Massachusetts.<sup>11</sup>

### *HIV and AIDS*

- Massachusetts ranks 28<sup>th</sup> in cases of HIV infection diagnosed in the U.S. among all age groups. In 2007, there were a total of 181 new cases of HIV infection diagnosed in Massachusetts.<sup>12</sup>
- Massachusetts's AIDS rate ranks 19<sup>th</sup> in the U.S., with a rate of 9.5 cases per 100,000 population compared to the national rate of 12.5 cases per 100,000.<sup>13</sup>
- Massachusetts ranks 18<sup>th</sup> in number of reported AIDS cases in the U.S. among all age groups. In 2007, there were a total of 612 new AIDS cases reported in Massachusetts.<sup>14</sup>
- Massachusetts ranks 20<sup>th</sup> in number of reported AIDS cases in the U.S. among young people ages 13–19. In 2007, there were a total of 8 AIDS cases reported among young people ages 13–19 in Massachusetts.<sup>15</sup>

### *Sexually Transmitted Diseases*

- Massachusetts ranks 45<sup>th</sup> in reported cases of Chlamydia among young people ages 15–19 in the U.S., with an infection rate of 11.56 cases per 1,000 compared to the national rate of 19.51 cases per 1,000. In 2008, there were a total of 5,240 cases of Chlamydia reported among young people ages 15–19 in Massachusetts.<sup>16</sup>
- Massachusetts ranks 42<sup>nd</sup> in reported cases of gonorrhea among young people ages 15–19 in the U.S., with an infection rate of 0.98 cases per 1,000 compared to the national rate of 4.52 cases per 1,000. In 2008, there were a total of 444 cases of gonorrhea reported among young people ages 15–19 in Massachusetts.<sup>17</sup>
- Massachusetts ranks 23<sup>rd</sup> in reported cases of primary and secondary syphilis among young people ages 15–19 in the U.S., with an infection rate of 0.02 per cases 1,000 compared to the national rate of 0.04 cases per 1,000. In 2008, there were a total of 10 cases of syphilis reported among young people ages 15–19 in Massachusetts.<sup>18</sup>

## **Comprehensive Approaches to Sex 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.*<sup>19</sup>

### *Comprehensive Sex Education Programs in Public Schools*

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

ESE provided a four-day professional development training to district administrators, teachers, and community partners to equip stakeholders and key personnel with the skills to properly select and identify a science-based approach for school programming. The training included information on promoting and supporting the use of science-based approaches, a workshop for teachers on best practices in the classroom, strategies for mobilizing communities to support teen pregnancy prevention efforts, and ideas for building sustainable teen pregnancy prevention programs and models. MATP provides technical assistance to the six school districts to ensure the implementation of science-based approaches in a manner that is most likely to achieve expected outcomes.<sup>20</sup>

### Holyoke Public Schools

The Holyoke public school district administers the *¡Cuidate!* and *FLASH (Family Life and Sexual Health)* curricula to district ninth graders. A total of 463 students receive instruction using these curricula.<sup>21</sup> *¡Cuidate!* is an HIV- prevention education curriculum that is culturally tailored for use with Latino high school youth and adapted from the evidence-based curriculum, *Be Proud! Be Responsible!*. The interactive curriculum includes small group discussions, videos, learning exercises, and skill-building activities. An evaluation of the curriculum published in the *Archives of Pediatrics and Adolescent Medicine* found that it reduced the frequency of sexual intercourse, number of sexual partners, and incidence of unprotected sex among participants, while also increasing their condom use.<sup>22</sup>

The *FLASH* curriculum is a comprehensive sexuality education curriculum developed by the Seattle & King County public health department. The curriculum is designed for students in grades five through 12 and “rests on a foundation of positive and healthy sexuality across the lifespan.” It “focuses on the needs of public schools and diverse communities” and includes a “*strong* family involvement component.”<sup>23</sup> *FLASH* addresses such issues as physical development, sexual health, disease prevention, affection, interpersonal relationships, body image, and gender roles among other topics. The instruction focuses on abstinence while also providing information about preventing sexually transmitted diseases (STDs), including HIV, and pregnancy. An examination of the most recent version of the curriculum showed that it closely mirrored “the characteristics of sex education programs that have been rigorously evaluated and found to be effective.”<sup>24</sup>

### Framingham Public Schools

Framingham public schools use *Making Proud Choices!* with eighth grade students. *Making Proud Choices!* is an evidenced-based STD-, HIV-, and pregnancy- prevention curriculum for young adolescents ages 11–13 and is appropriate for use with African-American, Latino, and white populations. The curriculum consists of activities that assist young adolescents in understanding poor reasoning and decision making related to taking risks that can lead to STD/HIV infection and/or unintended pregnancy. Such activities 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.”<sup>25</sup> Findings from a program evaluation published in the *Journal of American Medical Association* show that program participants reported more consistent and frequent condom use and less unprotected sex than peers who were not in the program.<sup>26</sup> During the 2008–2009 school year, the program was taught to a total of 591 eighth grade students.<sup>27</sup>

### 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 intervention program designed for African-American youth ages 12–15. Adapted from the research-proven program, *Focus on Kids*, the curriculum has been updated and tailored to meet the needs of African-American youth and is culturally and linguistically appropriate. It consists of activities, such as role playing, games, group discussions, and community projects. The curriculum teaches information and skills on 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.” Findings from an evaluation of the program published in the *Archives of Pediatrics and Adolescent Medicine* show that six-month after the intervention, condom use rates were significantly higher among program participants than those in the control group. This finding was most significant among young men who participated in the program.<sup>28</sup>

### Lowell Public Schools

The Lowell public school district uses the *FLASH* and *Safer Choices* curricula with a total of 1,800 ninth and tenth grade students.<sup>29</sup> (See the above explanation on Holyoke Public Schools for information on the *FLASH* program). *Safer Choices* is an HIV, STD, and teen pregnancy prevention curriculum designed for students in ninth and tenth grade and appropriate for use with diverse populations, including Latino youth. The program consists of experiential activities developed to build communication skills, skills for delaying sexual initiation, and among sexually active youth, condom efficacy skills. *Safer Choices* has many program components, including a “school health protection council” and a peer team or club responsible for hosting school-wide activities. An evaluation of the program published in the *Journal of Adolescent Health* found that the curriculum was effective in delaying the initiation of sexual intercourse among Latino youth. Additional evaluations of *Safer Choices* showed that 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 among participants<sup>30</sup>

### 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 out-of-home care youth ages 14–18. The ten-session curriculum engages youth in interactive exercises “to build self-empowerment and increase their decision making skills.”<sup>31</sup> An evaluation of the program pilot published in *Child Welfare* showed the curriculum held promise in reducing risky sexual behaviors among youth.<sup>32</sup>

### Springfield Public Schools

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

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

## **Federal Funding for Abstinence-Only-Until-Marriage Programs**

Community-based organizations in Massachusetts received \$1,409,826 in federal funds for abstinence-only-until-marriage programs in Fiscal Year 2009.<sup>33</sup>

### *Title V Abstinence-Only-Until Marriage Funding*

- Massachusetts chose not to participate in the Title V abstinence-only-until-marriage program in Fiscal Year 2009. The state was eligible for approximately \$712,241 in funding. Due to the expiration of the grant program on June 30, 2009, three months prior to the end of the federal fiscal year, the state would have received three quarters of the total funding allocated for the full fiscal year.

### *Community-Based Abstinence Education (CBAE) Funding*

- Organizations in Massachusetts received \$1,200,000 in CBAE funding for Fiscal Year 2009.
- There are two CBAE grantees in Massachusetts, including one crisis pregnancy center and one faith-based organization.

MASSACHUSETTS

*Adolescent Family Life Act (AFLA) Funding*

- There is one AFLA grantee in Massachusetts, Boston Medical Center, which received \$209,826 in AFLA funding for Fiscal Year 2009.

**Abstinence-Only-Until-Marriage Curricula Used by Grantees**

*SIECUS is not aware of any commercially available curricula used by abstinence-only-until-marriage grantees in Massachusetts.*

*To read reviews of abstinence-only-until-marriage curricula commonly used by federal grantees please visit the “Curricula and Speaker Reviews” webpage of SIECUS’ Community Action Kit at [www.communityactionkit.org](http://www.communityactionkit.org).*

**Federal Funding for Abstinence-Only-Until-Marriage Programs in FY 2009<sup>34</sup>**

<b>Abstinence-Only-Until-Marriage Grantee</b>	<b>Title V</b>	<b>CBAE (Length of Grant)</b>	<b>AFLA (Length of Grant)</b>
A Woman’s Concern <a href="http://www.awomansconcern.org">www.awomansconcern.org</a>		\$600,000 (2006–2011)	
Boston Medical Center <a href="http://www.bmc.org">www.bmc.org</a>			\$209,826 (2004-2009)
Congregación Leon de Juda <a href="http://www.leondejuda.org">www.leondejuda.org</a>		\$600,000 (2008–2013)	

**Adolescent Health Contact<sup>35</sup>**

Samuel Louis, MPH  
 Massachusetts Department of Public Health  
 250 Washington Street  
 Boston, MA 02108  
 Phone: (617) 624-5905

**Massachusetts Organizations that Support Comprehensive Sexuality Education**

ACLU of Massachusetts  
 211 Congress Street, 3<sup>rd</sup> Floor  
 Boston, MA 02110  
 Phone: (617) 482-3170  
[www.aclu-mass.org](http://www.aclu-mass.org)

AIDS Action Committee of Massachusetts  
 75 Armory Street  
 Boston, MA 02119  
 Phone: (617) 437-6200  
[www.aac.org](http://www.aac.org)

MASSACHUSETTS

Greater Boston National Organization for Women  
1105 Commonwealth Avenue  
Boston, MA 02215  
Phone: (617) 254-9130  
[www.bostonnow.org](http://www.bostonnow.org)

Massachusetts Alliance on Teen Pregnancy  
105 Chauncy Street, 8<sup>th</sup> Floor  
Boston, MA 02111  
Phone: (617) 482-9122  
[www.massteenpregnancy.org](http://www.massteenpregnancy.org)

Massachusetts Gay and Lesbian Political Caucus  
P.O. Box 246, State House  
Boston, MA 02133  
Phone: (617) 248-0776  
[www.mglpc.org](http://www.mglpc.org)

NARAL Pro-Choice Massachusetts  
15 Court Square, Suite 900  
Boston, MA 02108  
Phone: (617) 556-8800  
[www.prochoicemass.org](http://www.prochoicemass.org)

Planned Parenthood League of Massachusetts  
1055 Commonwealth Avenue  
Boston, MA 02215  
Phone: (617) 616-1660  
[www.plannedparenthood.org/ma](http://www.plannedparenthood.org/ma)

Religious Coalition for Reproductive Choice  
Massachusetts  
P.O. Box 1129  
Brookline, MA 02446  
Phone: (617) 522-2964  
[www.rcrcofma.org](http://www.rcrcofma.org)

Teen AIDS Peer Corps  
P.O. Box 7114  
111 Ross Street  
Fitchburg, MA 01420 USA  
Phone: (978) 665-9383  
[www.teenaids.org](http://www.teenaids.org)

**Massachusetts Organizations that Oppose Comprehensive Sexuality Education**

Massachusetts Family Institute  
100 Sylvan Road, Suite 625  
Woburn, MA 01801  
Phone: (781) 569-0400  
[www.mafamily.org](http://www.mafamily.org)

Operation Rescue: Boston  
P.O. Box 870037  
Milton Village, MA 02187  
Phone: (781) 849-6026  
[www.orboston.org](http://www.orboston.org)

Massachusetts Citizens for Life  
The Schrafft Center  
529 Main Street  
Boston, MA 02129  
Phone: (617) 242-4199  
[www.masscitizensforlife.org](http://www.masscitizensforlife.org)



## MASSACHUSETTS

### Newspapers in Massachusetts<sup>36</sup>

#### *Boston Globe*

Newsroom  
135 Morrissey Boulevard  
Boston, MA 02125  
Phone: (617) 929-2000  
[www.boston.com](http://www.boston.com)

#### *Boston Metro*

Newsroom  
320 Congress Street  
5<sup>th</sup> Floor  
Boston, MA 02210  
Phone: (617) 210-7905  
[www.metrobostonnews.com](http://www.metrobostonnews.com)

#### *Cape Cod Times*

Newsroom  
319 Main Street  
Hyannis, MA 02601  
Phone: (508) 775-1200  
[www.capecodonline.com](http://www.capecodonline.com)

#### *MetroWest Daily News*

Newsroom  
33 New York Avenue  
Framingham, MA  
Phone: (508) 626-4412  
[www.metrowestdailynews.com](http://www.metrowestdailynews.com)

#### *The Republican*

Newsroom  
1860 Main Street  
Springfield, MA 01101  
Phone: (413) 788-1200  
[www.masslive.com/republican](http://www.masslive.com/republican)

#### *Boston Herald*

Newsroom  
One Herald Square  
Boston, MA 02118  
Phone: (617) 426-3000  
[www.bostonherald.com](http://www.bostonherald.com)

#### *The Boston Phoenix*

Newsroom  
126 Brookline Avenue  
Boston, MA 02215  
Phone: (617) 536-5390  
[www.thephoenix.com](http://www.thephoenix.com)

#### *The Eagle-Tribune*

Newsroom  
100 Turnpike Street  
North Andover, MA 01845  
Phone: (978) 946-2000  
[www.eagletribune.com](http://www.eagletribune.com)

#### *The Patriot Ledger*

Newsroom  
400 Crown Colony Drive  
Quincy, MA 02269  
Phone: (617) 786-7026  
[www.wickedlocal.com/patriotledger](http://www.wickedlocal.com/patriotledger)

#### *Telegram & Gazette*

Newsroom  
20 Franklin Street  
Box 15012  
Worcester, MA 01615  
Phone: (508) 793-9100  
[www.telegram.com](http://www.telegram.com)

### Political Blogs in Massachusetts

#### *Blue Mass Group*

[www.bluemassgroup.com](http://www.bluemassgroup.com)

#### *Massachusetts Political Blog*

[www.masspolitical.blogspot.com](http://www.masspolitical.blogspot.com)

#### *Massachusetts Liberal*

[www.baystateliberal.blogspot.com](http://www.baystateliberal.blogspot.com)

- 
- <sup>1</sup> *Massachusetts Comprehensive Health Framework*, p. 75, <<http://www.doe.mass.edu/frameworks/health/1999/1099.pdf>>
- <sup>2</sup> *Massachusetts Comprehensive Health Framework*, p. 30.
- <sup>3</sup> *Massachusetts Comprehensive Health Framework*, p. 31.
- <sup>4</sup> Danice K. Eaton, et. al., “Youth Risk Behavior Surveillance—United States, 2009,” *Surveillance Summaries, Morbidity and Mortality Weekly Report*, vol. 59, no. SS-5 (4 June 2010): 98–109, accessed 4 June 2010, <<http://www.cdc.gov/mmwr/pdf/ss/ss5905.pdf>>. Note: Massachusetts did not participate in the full 2009 YRBS, and Boston participated in the survey.
- <sup>5</sup> *U.S. Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, (Washington, DC: Guttmacher Institute, January 2010), accessed 5 March 2010, <<http://www.guttmacher.org/pubs/USTPtrends.pdf>>, Table 3.1.
- <sup>6</sup> *Ibid.*, Table 3.2.
- <sup>7</sup> Joyce A. Martin, et. al., “Births: Final Data for 2006,” *National Vital Statistics Reports*, vol. 57, number 7 (Hyattsville, MD: Centers for Disease Control and Prevention, 7 January 2009), accessed 5 March 2010, <[http://www.cdc.gov/nchs/data/nvsr/nvsr57/nvsr57\\_07.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr57/nvsr57_07.pdf)>, Table B.
- <sup>8</sup> *U.S. Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, Table 3.2.
- <sup>9</sup> Martin, et. al., “Births: Final Data for 2006,” 4.
- <sup>10</sup> *Ibid.*, Table B.
- <sup>11</sup> *U.S. Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, Table 3.5.
- <sup>12</sup> “Cases of HIV Infection and AIDS in the United States and Dependent Areas, 2007,” *HIV/AIDS Surveillance Report*, vol. 19, (Atlanta, GA: Centers for Disease Control and Prevention, February 2009), accessed 5 March 2010, <<http://www.cdc.gov/hiv/topics/surveillance/resources/reports/2007report/pdf/2007SurveillanceReport.pdf>>, Table 18.
- <sup>13</sup> *Ibid.*; “AIDS Case Rate per 100,000 Population, All Ages, 2007,” Kaiser Family Foundation, accessed 5 March 2010, <<http://www.statehealthfacts.org/comparetable.jsp?ind=513&cat=11&sub=120&yr=62&typ=1&sort=a>>.
- <sup>14</sup> *Ibid.*, Table 16.
- <sup>15</sup> Slide 15: “Reported AIDS Cases among Adolescents 13 to 19 Years of Age, 2007—United States and Dependent Areas,” *HIV/AIDS Surveillance in Adolescents and Young Adults (through 2007)*, (Atlanta, GA: Centers for Disease Control and Prevention, May 2009), accessed 25 March 2010, <<http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>>.
- <sup>16</sup> “Wonder Database: Selected STDs by Age, Race/Ethnicity, and Gender, 1996-2008 Results,” (Atlanta, GA: Centers for Disease Control and Prevention), 30 June 2009, accessed 5 March 2010, <<http://wonder.cdc.gov/>>; see also Table 10: “Chlamydia: Reported Cases and Rates Per 100,000 Population by Age Group and Sex: United States, 2004–2008,” *Sexually Transmitted Disease Surveillance 2008*, (Atlanta, GA: Centers for Disease Control and Prevention, Division of STD Prevention, November 2009), accessed 5 March 2010, <<http://www.cdc.gov/std/stats08/surv2008-Complete.pdf>>, 95.
- <sup>17</sup> *Ibid.*; see also Table 20: “Gonorrhea—Reported Cases and Rates per 100,000 Population by Age Group and Sex: United States, 2004–2008,” *Sexually Transmitted Disease Surveillance 2008*, 106.
- <sup>18</sup> *Ibid.*; see also Table 33: “Primary and Secondary Syphilis—Reported Cases and Rates per 100,000 Population by Age Group and Sex: United States, 2004–2008,” *Sexually Transmitted Disease Surveillance 2008*, 121.
- <sup>19</sup> 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.
- <sup>20</sup> Information provided to Morgan Marshall by Joy Robinson-Lynch, HIV/AIDS program coordinator for the Massachusetts Department of Elementary and Secondary Education, 4 February 2010.
- <sup>21</sup> *Ibid.*
- <sup>22</sup> *Science and Success: Sex Education and Other Programs That Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections* (Washington, DC: Advocates for Youth, 2008), accessed 30 March 2010, <<http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf>>, 76–78.
- <sup>23</sup> “Questions About the Family Life and Sexual Health (F.L.A.S.H.) Curriculum,” Public Health – Seattle and King County, accessed 3 May 2010, <<http://www.kingcounty.gov/healthservices/health/personal/famplan/educators/FLASH/questions.aspx>>.
- <sup>24</sup> *Ibid.*
- <sup>25</sup> “Making Proud Choices!” Evidence Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed 15 April 2010, <<http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=128>>.
- <sup>26</sup> *Ibid.*
- <sup>27</sup> Information provided to Morgan Marshall by Joy Robinson-Lynch, HIV/AIDS program coordinator for the Massachusetts Department of Elementary and Secondary Education, 4 February 2010.
- <sup>28</sup> “Focus on Youth: An HIV Prevention Program for African-American Youth” Evidence Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed 5 May 2010, <<http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=125&PageTypeID=2>>.

<sup>29</sup> Information provided to Morgan Marshall by Joy Robinson-Lynch.

<sup>30</sup> *Science and Success: Sex Education and Other Programs That Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections* (Washington, DC: Advocates for Youth, 2008), accessed 30 March 2010, <<http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf>>, 26–28.

<sup>31</sup> “Power Through Choices – Sexuality,” NRCYS Online Catalog, accessed 5 May 2010, <<http://www.nrcys.ou.edu/catalog/product.php?productid=116>>.

<sup>32</sup> *Preventing Teen Pregnancy Among Marginalized Youth: Developing a Policy, Program, and Research Agenda for the Future*, (Baltimore, MD: Healthy Teen Network, 8 September 2008), accessed 5 May 2010, <[http://www.healthyteennetwork.org/index.asp?Type=B\\_PR&SEC={2AE1D600-4FC6-4B4D-8822-F1D5F072ED7B}&DE={235FD1E7-208D-4363-9854-4E6775EB8A4C}](http://www.healthyteennetwork.org/index.asp?Type=B_PR&SEC={2AE1D600-4FC6-4B4D-8822-F1D5F072ED7B}&DE={235FD1E7-208D-4363-9854-4E6775EB8A4C})>.

<sup>33</sup> This refers to the federal government’s fiscal year, which begins on October 1<sup>st</sup> and ends on September 30<sup>th</sup>. The fiscal year is designated by the calendar year in which it ends; for example, Fiscal Year 2009 began on October 1, 2008 and ended on September 30, 2009.

<sup>34</sup> Through the Fiscal Year 2010 appropriations process, Congress eliminated all discretionary funding for abstinence-only-until-marriage programs, including the entire CBAE program and the abstinence-only-until-marriage portion of AFLA. The grant years listed in the chart reflect the years for which funding was originally approved; however, the grants effectively ended in Fiscal Year 2009.

<sup>35</sup> SIECUS has identified this person as a state-based contact for information on adolescent health and if applicable, abstinence-only-until-marriage programs.

<sup>36</sup> This section is a list of major newspapers in your state with contact information for their newsrooms. This list is by no means exhaustive and does not contain the local level newspapers which are integral to getting your message out to your community. SIECUS strongly urges you to follow stories about the issues that concern you on the national, state, and local level by using an internet news alert service such as [Google alerts](#), becoming an avid reader of your local papers, and establishing relationships with reporters who cover your issues. For more information on how to achieve your media goals visit the SIECUS [Community Action Kit](#).