



NEW HAMPSHIRE

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

- **Personal Responsibility Education Program funds totaling \$250,000**
- **Title V State Abstinence Education Program funds totaling \$100,149**

SEXUALITY EDUCATION LAW AND POLICY

In New Hampshire, local school boards must “ensure that all studies prescribed by the state board of education are thoroughly taught, especially physiology, hygiene, and health and physical education as they relate to the effects of...human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS), and sexually transmitted diseases on the human system.”² The Department of Education is required to develop curriculum frameworks that address those subjects and provide information on HIV/AIDS to all public and private schools to assist them in developing courses and programs.³

New Hampshire produced the *Health Education Curriculum Guidelines* in 2003. The guidelines specify that in elementary school, instruction on family life and sexuality should cover: families and relationships, growth and development, and HIV/AIDS (including explaining that HIV is not transmitted through casual contact and discussing the importance of having compassion for people with HIV/AIDS).⁴ In middle school, this instruction should cover: families and relationships, growth and development, sexual behavior, HIV and other sexually transmitted disease (STD) prevention, and pregnancy prevention.⁵ In high school, this instruction should cover: families and relationships (including violence and date rape), sexual behavior, HIV and other STD prevention, and pregnancy prevention.⁶ The guidelines state that abstinence is the most effective means of preventing pregnancy, HIV, and other STDs.⁷

State law requires “school districts to adopt a policy allowing an exception to a particular unit of health or sex education instruction based on religious objections.”⁸ This is referred to as an “opt-out” policy.

See [New Hampshire Revised Statutes Annotated §§ 186:11 and 189:10](#); and [Health Education Curriculum Guidelines](#).

RECENT LEGISLATION

Expansion of Parent Opt-out Policy

House Bill 1456, introduced in November 2011, requires schools to adopt a policy that allows parents to excuse their children from portions of sex education whenever a parent elects to do so. Current policy reads that parents may opt-out for religious reasons. House Bill 1456 expands the policy so that parents may opt-out for any reason. It was assigned to the House Committee on Education. The House voted to pass the bill after which it was amended by the Senate, adding onto the bill provisions unrelated to sex education. After the Senate passed the amended bill, the House

non-concurred. The Senate then agreed to the House's request for a Conference Committee, which met on May 30, 2012. The Conference Committee did not sign off and no further action has been taken.

YOUTH SEXUAL HEALTH DATA

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

New Hampshire Youth Risk Behavior Survey (YRBS) Data⁹

- In 2011, 46% of female high school students and 49% of male high school students in New Hampshire 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 7% of male high school students in New Hampshire 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, 12% of female high school students and 13% of male high school students in New Hampshire 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, 36% of female high school students and 38% of male high school students in New Hampshire 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, 57% of females and 65% of males in New Hampshire 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, 41% of females and 25% of males in New Hampshire reported having used birth control pills the last time they had sexual intercourse, compared to 23% of females and 13% of males nationwide.
- In 2011, among those high school students who reported being currently sexually active, 19% of females and 26% of males in New Hampshire 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, 87% of high school students in New Hampshire reported having been taught about AIDS/HIV in school, compared to 84% of high school students nationwide.

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

Teen Pregnancy, Birth, and Abortion

- New Hampshire's teen birth rate currently ranks 49th in the United States, with a rate of 15.7 births per 1,000 young women ages 15–19, compared to the national rate of 34.3 births per 1,000.¹⁰ In 2010, there were a total of 721 live births to young women ages 15–19 reported in New Hampshire.¹¹
- In 2005, New Hampshire's teen pregnancy rate ranked 50th in the United States, with a rate of 33 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 70 pregnancies per 1,000.¹² There were a total of 1,570 pregnancies among young women ages 15–19 in New Hampshire in 2005.¹³
- In 2005, New Hampshire's teen abortion rate ranked 37th in the United States, with a rate of 11 abortions per 1,000 young women ages 15–19, compared to the national rate of 19 abortions per 1,000.¹⁴

HIV and AIDS

- In 2010, the rate of diagnoses of HIV infection among adolescents aged 13-19 years in New Hampshire was 0.8 per 100,000 compared to the national rate of 7.9 per 100,000.¹⁵
- In 2010, the rate of AIDS diagnoses among adolescents 13-19 years in New Hampshire was 0.0 per 100,000 compared to the national rate of 1.9 per 100,000.¹⁶
- In 2010, the rate of diagnoses of HIV infection among young adults aged 20-24 years in New Hampshire was 8.0 per 100,000 compared to the national rate of 36.9 per 100,000.¹⁷
- In 2010, the rate of AIDS diagnoses among young adults aged 20-24 years in New Hampshire was 2.9 per 100,000 compared to the national rate of 10.4 per 100,000.¹⁸

Sexually Transmitted Diseases

- New Hampshire ranks 50th in the United States for reported cases of chlamydia among young people ages 15–19 in the United States, with an infection rate of 6.11 cases per 1,000, compared to the national rate of 20.03 cases per 1,000. In 2009, there were a total of 580 cases of chlamydia among young people ages 15–19 reported in New Hampshire.¹⁹
- New Hampshire ranks 50th in the United States for reported cases of gonorrhea among young people ages 15–19, with an infection rate of 0.23 cases per 1,000, compared to the national rate of 4.04 cases per 1,000. In 2009, there were a total of 22 cases of gonorrhea among young people ages 15–19 reported in New Hampshire.²⁰

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

President's Teen Pregnancy Prevention Initiative

The President's Teen Pregnancy Prevention Initiative (TPPI) funds medically accurate and age-appropriate programs to reduce teen pregnancy. The U.S. Department of Health and Human Services,

Office of Adolescent Health (OAH) administers the grant program, which totaled \$105 million in discretionary funding for Fiscal Year (FY) 2011. TPPI consists of two funding tiers that provide grants to local public and private entities. Tier 1 totals \$75 million and provides funding for the replication of evidence-based programs proven to prevent unintended teen pregnancy and address underlying behavioral risk factors. Tier 2 totals \$25 million and provides funding to develop and test additional models and innovative strategies. A portion of the Tier 2 funds, \$15.2 million, was allocated for research and demonstration grants to test innovative approaches, while the remaining funding, \$9.8 million, was allocated for grants to support communitywide initiatives. TPPI also dedicates \$4.5 million in funding to conduct evaluations of individual programs.

TPPI Tier 1: Evidence-Based Programs

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

- There are no TPPI Tier 1 grantees in New Hampshire.

TPPI Tier 2: Innovative Approaches

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

- There are no TPPI Tier 2 Innovative Approaches grantees in New Hampshire.

TPPI Tier 2: Communitywide Initiatives

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

- There are no TPPI Tier 2 Communitywide Initiatives grantees in New Hampshire.

Personal Responsibility Education Program

The Personal Responsibility Education Program (PREP) totals \$75 million per year for FYs 2010–2014 and is the first-ever dedicated funding stream for more comprehensive approaches to sexuality education. The U.S. Department of Health and Human Services, Administration for Children and Families (ACF) administers the grant. PREP includes a \$55 million state-grant program, \$10 million to fund local entities through the Personal Responsibility Education Innovative Strategies (PREIS) Program, \$3.5 million for the Tribal PREP Program for tribes and tribal organizations, and \$6.5 million for evaluation, training, and technical assistance. Details on the state-grant program, PREIS, and Tribal PREP are included below.

PREP State-Grant Program

The PREP state-grant program supports evidence-based programs that provide young people with medically accurate and age-appropriate information for the prevention of unintended pregnancy, HIV/AIDS, and other sexually transmitted infections (STIs). The grant program totals \$55 million per year and allocates funding to individual states. The grant does not require states to provide matching funds. Funded programs must discuss abstinence and contraception, and place substantial emphasis on both. Programs must also address at least three of the following adulthood preparation subjects: healthy

relationships, positive adolescent development, financial literacy, parent-child communication skills, education and employment skills, and healthy life skills.

- The New Hampshire Department of Health and Human Services received \$250,000 in federal PREP funds for FY 2011.
- There are two sub-grantees for the New Hampshire PREP state-grant program: Good Beginnings of Sullivan County (\$62,450) and Child Health Services (\$128,596).²¹

The New Hampshire PREP grant supports teen pregnancy-prevention programming geared toward females ages 17–19 as well as pregnant and parenting teens up to age 21 in the city of Manchester and in Sullivan County. In New Hampshire, 75% of teen births occur among young women ages 18 and 19. Funded organizations are required to implement one of the following evidence-based models: *Becoming a Responsible Teen (BART)*, *FOCUS*, *Reducing the Risk*, and *Teen Health Project*.²²

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.²³ *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.²⁴

FOCUS: Preventing Sexually Transmitted Infections and Unwanted Pregnancies among Young Women is an evidence-based intervention that addresses such issues as responsible behavior, relationships, and HIV/STD and pregnancy prevention in order to encourage young women to practice healthy behavior and responsible decision making. The program is appropriate for use with young women ages 17–22 in school-based or community-based settings, including clinics. *FOCUS* consists of four two-hour sessions. Session one provides information about STDs, including HIV, and unintended pregnancy and addresses the consequences of risky sexual behavior. Session two discusses contraception and barrier methods and teaches communication and condom negotiation skills. Session three discusses the signs and symptoms of STD infection, including HIV/AIDS. Session four addresses the impact of alcohol use on sexual decision making. The sessions are primarily lecture- and discussion-based, but also incorporate some interactive activities, such as role-plays. An evaluation of the program published in *Preventive Medicine* found that, at a 14-month follow-up, program participants who had been sexually inexperienced at the start of the intervention were significantly less likely to report having had multiple sexual partners at the time of the follow-up. The intervention was also found to be effective in reducing the number of unintended pregnancies and STD infections among participants compared to those in the control group.²⁵

Reducing the Risk: Building Skills to Prevent Pregnancy, STD and HIV is an evidence-based, pregnancy-, STD-, and HIV-prevention curriculum designed for classroom use with students in the ninth and 10th grades. It is appropriate for use with multiethnic populations.²⁶ *Reducing the Risk* aims to reduce high-risk behaviors among participants and emphasizes strategies for abstaining from sex or practicing safer sex. The 16-lesson curriculum addresses both abstinence and contraception use and includes experiential activities that teach students to develop refusal, negotiation, and communication skills. An evaluation of the program published in *Family Planning Perspectives* found that it increased parent-child communication,

especially among Latino youth; delayed the initiation of sexual intercourse; and reduced incidence of unprotected sex among lower-risk youth who participated in the program.²⁷

Teen Health Project is a community-level, HIV risk-reduction program designed for young people ages 12–17 living in low-income housing developments. The purpose of the program is to reduce sexual activity, increase condom use and negotiation skills, and reduce risky sexual behavior among participants. The initial component of the program consists of two three-hour workshops focusing on HIV/STD prevention and building skills. Some participants in the workshops are then nominated to the Teen Health Project Leadership Council, which meets on a weekly basis during a six-month period to implement community activities and organize HIV-prevention activities for their peers. In addition, *Teen Health Project* includes a parent component, which consists of a 90-minute HIV/AIDS education workshop that provides information to parents about risk reduction and talking to their children about sexual health issues. An evaluation of the program published in *AIDS* found, at a 12-month follow-up, that sexually inexperienced youth who participated in the program were significantly more likely to have remained abstinent and, at an 18-month follow-up, sexually active youth who participated in the program were significantly more likely to report condom use at the time of last sexual intercourse than participants in the control group.²⁸

Personal Responsibility Education Innovative Strategies (PREIS)

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

- There are no PREIS grantees in New Hampshire.

Tribal Personal Responsibility Education Program (Tribal PREP)

Tribal PREP supports the development and implementation of comprehensive teen pregnancy prevention programs within tribes and tribal communities. Tribal PREP programs target youth ages 10–19 who are in or are aging out of foster care, homeless youth, youth with HIV/AIDS, pregnant and/or parenting youth who are under 21 years of age, and youth who live in areas with high adolescent birth rates. Programs must address at least three of the following adulthood preparation subjects: healthy relationships, positive adolescent development, financial literacy, parent-child communication skills, education and employment skills, and healthy life skills.

- In FY 2011, 16 tribes and tribal organizations from nine states received a total of \$6.5 million.
- There are no Tribal PREP grantees in New Hampshire.

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 for FYs 2010–2014. ACF administers the grant. 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.

- The New Hampshire Department of Health and Human Services received \$100,149 in federal Title V abstinence-only funding for FY 2011.
- The department chose to sub-grant the funds to Catholic Medical Center.²⁹
- In New Hampshire, the sub-grantee provides the match through in-kind services.

The New Hampshire Department of Health and Human Services administers the state’s Title V abstinence-only grant in collaboration with the Division of Public Health Services. The single sub-grantee in New Hampshire is Catholic Medical Center. This hospital runs the program, “Leadership in Abstinence Education,” and sub-contracts with educators to provide programming in the city of Manchester and in Sullivan County. Programming takes place in both school- and community-based settings using the *WAIT (Why Am I Tempted?) Training*.³⁰

WAIT Training is an abstinence-only-until-marriage curriculum that uses fear- and shame-based tactics to promote abstinence as the only appropriate behavior outside of marriage. SIECUS reviewed the most recent edition of *WAIT Training* and found that, similar to previous editions, it includes little medical or biological information about puberty and reproduction. Instead, it contains information and statistics promoting the benefits of marriage, activities and skill-building exercises for developing healthy relationships, and information on STDs, including HIV. It also contains messages promoting biased views of gender, sexual orientation, and family structure. For example, *WAIT Training* explains, “When it comes to sex, men are like microwaves and women are like crockpots... [M]en respond sexually by what they see and women respond sexually by what they hear and how they feel about it.”³¹

New Hampshire TPPI, PREP, and Title V Abstinence-Only Funding in FY 2011

Grantee	Award	Fiscal Years
Personal Responsibility Education Program (PREP)		
<i>PREP State-Grant Program</i>		
New Hampshire Department of Health and Human Services (federal grant)	\$250,000	2011
TOTAL	\$250,000	
Title V Abstinence Education Grant Program (Title V Abstinence-Only)		
New Hampshire Department of Health and Human Services (federal grant)	\$100,149	2011
TOTAL	\$100,149	
GRAND TOTAL	\$350,149	2011

COMPREHENSIVE APPROACHES TO SEXUALITY EDUCATION

SIECUS is not aware of any examples of model programs, policies, or best practices being implemented in New Hampshire public schools that provide a more comprehensive approach to sex education for young people.

We encourage you to submit any updated or additional information on comprehensive approaches to sex education being implemented in New Hampshire 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

Adolescent Health Contact³²

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PREP State-Grant Coordinator

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Title V Abstinence-Only Grant Coordinator

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ORGANIZATIONS THAT SUPPORT COMPREHENSIVE SEXUALITY EDUCATION

A Community Resource Network
Lebanon, NH
Phone: (603) 448-8887
www.acornvtnh.org

New Hampshire Citizens Alliance
Concord, NH
Phone: (603) 225-2097
www.nhcitizensalliance.org

ACLU of New Hampshire
Concord, NH
Phone: (603) 225-3080
www.nhclu.org

Planned Parenthood of Northern New
England
Concord, NH
Phone: (603) 225-2925
www.ppnne.org

NARAL Pro-Choice New Hampshire
Concord, NH
Phone: (603) 228-1224
www.prochoicenewhampshire.org

Southern New Hampshire HIV/AIDS Task
Force
Nashua, NH
Phone: (603) 595-8464
www.aidstaskforcenh.org

ORGANIZATIONS THAT OPPOSE COMPREHENSIVE SEXUALITY EDUCATION

The Josiah Bartlett Center
for Public Policy
Concord, NH
Phone: (603) 224-4450
www.jbartlett.org

New Hampshire Right to Life
Merrimack, NH
Phone: (603) 626-7950
www.nhrtl.org

MEDIA OUTLETS

Newspapers in New Hampshire³³

Concord Monitor
Concord, NH
Phone: (603) 224-5301
www.concordmonitor.com

Keene Sentinel
Keene, NH
Phone: (603) 352-1234
www.sentinelsource.com

The Union Leader
Manchester, NH
Phone: (603) 668-4321
www.unionleader.com

Portsmouth Herald
Portsmouth, NH
Phone: (800) 439-0303
www.seacoastonline.com

The Telegraph
Nashua, NH
Phone: (603) 882-2741
www.nashuatelegraph.com

Political Blogs in New Hampshire

Blue Hampshire
www.bluehampshire.com

Democracy for New Hampshire
www.democracyfornewhampshire.com

New Hampshire Watchdog
newhampshire.watchdog.org

¹ This refers to the federal government's fiscal year, which begins on October 1st and ends on September 30th. The fiscal year is designated by the calendar year in which it ends; for example, Fiscal Year 2011 began on October 1, 2010, and ended on September 30, 2011.

² N.H. Rev. Stat. Ann. § 189:10, <http://www.gencourt.state.nh.us/rsa/html/XV/189/189-10.htm>.

³ N.H. Rev. Stat. Ann. § 186:11(IX)(a)-(b), <http://www.gencourt.state.nh.us/rsa/html/XV/186/186-11.htm>.

⁴ *Health Education Curriculum Guidelines* (New Hampshire: New Hampshire Board of Education and CCSSO~SCASS Health Education Assessment Project, 2003), accessed April 13, 2010, http://www.education.nh.gov/instruction/school_health/documents/curr_guidelines.pdf, 71–72.

⁵ *Ibid.*, 107–10.

⁶ *Ibid.*, 141–44.

⁷ *Ibid.*, 71.

⁸ N.H. Rev. Stat. Ann. § 186:11(IX-b), <http://www.gencourt.state.nh.us/rsa/html/XV/186/186-11.htm>.

⁹ Danice K. Eaton, et. al., “Youth Risk Behavior Surveillance—United States, 2011,” *Surveillance Summaries, Morbidity and Mortality Weekly Report*, vol. 61, no. SS-4 (June 8, 2012): 24–29, accessed June 18, 2012, <http://www.cdc.gov/mmwr/pdf/ss/ss6104.pdf>.

¹⁰ “Birth rate for U.S. teenagers reach historic lows for all age and ethnic groups,” NCHS data brief, no. 89, (Hyattsville, MD: National Center for Health Statistics, 2012), accessed June 27, 2012,

<http://www.cdc.gov/nchs/data/databriefs/db89.pdf>, Data table for figure 6.

¹¹ Ibid.

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

¹³ Ibid., Table 3.2.

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

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

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

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

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

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

²⁰ Ibid.

²¹ These figures refer to the New Hampshire state government fiscal year 2012, which began on July 1, 2011, and ended on June 30, 2012. Information provided by Michelle Ricco Jonas, Family Planning Program Manager for the New Hampshire Department of Health and Human Resources, Bureau of Population Health and Community Services, August 31, 2012.

²² Ibid.

²³ *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>.

²⁴ *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.

²⁵ *FOCUS: Preventing Sexually Transmitted Infections and Unwanted Pregnancies among Young Women*, Evidence-Based Program, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed July 15, 2011, <http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=608&PageTypeID=2>; see also “FOCUS: Preventing Sexually Transmitted Infections and Unwanted Pregnancies among Young Women,” Programs for Replication – Intervention Implementation Reports, U.S. Department of Health and Human Services, accessed July 1, 2011,

<http://www.hhs.gov/ash/oah/oah-initiatives/tpp/programs/focus.pdf>.

²⁶ *Science and Success: Sex Education and Other Programs That Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections* (Washington, DC: Advocates for Youth, 2008), accessed March 30, 2010, <http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf>, 22.

²⁷ Ibid., 23–24.

²⁸ *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>.

²⁹ Exact amount of sub-grant was unavailable. Information provided by Rhonda Siegel, Injury Prevention Program Manager, Division of Public Health Services, New Hampshire Department of Health and Human Services, November 27, 2012.

³⁰ Ibid.

³² The person listed represents the designated personnel in the state responsible for adolescent reproductive health.

³³ This section is a list of major newspapers in the state and is by no means exhaustive of local print outlets.