



### NEW HAMPSHIRE

In Fiscal Year 2013,<sup>1</sup> the state of New Hampshire received:

- **Division of Adolescent and School Health funds totaling \$65,000**
- **Personal Responsibility Education Program funds totaling \$250,000**
- **Title V State Abstinence Education Program funds totaling \$92,364<sup>2</sup>**

#### 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 [STDs] on the human system.”<sup>3</sup> 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.<sup>4</sup>

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).<sup>5</sup> In middle school, this instruction should cover: families and relationships, growth and development, sexual behavior, HIV and other STD prevention, and pregnancy prevention.<sup>6</sup> 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.<sup>7</sup> The guidelines state that abstinence is the most effective means of preventing pregnancy, HIV, and other STDs.<sup>8</sup>

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.”<sup>9</sup> This is referred to as an “opt-out” policy.

See New Hampshire Revised Statutes Annotated §§ 186:11, 189:10, and *Health Education Curriculum Guidelines*.

#### 2013 STATE LEGISLATIVE SESSION ACTIVITY

##### *Expansion of Parent Opt-out Policy*

House Bill 1456, introduced in January 2013, would have required schools to adopt a policy that allowed parents to excuse their children from portions of sex education for any reason. Current policy reads that parents may opt-out for religious reasons. The bill passed the House, but died after the Senate passed it with an amendment the House did not concur with.

## 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) Data<sup>10</sup>

- In 2013, 43.4% of female high school students and 42.2% of male high school students in New Hampshire 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, 3% of female high school students and 4.8% of male high school students in New Hampshire 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, 38.3% of female high school students and 32.2% 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 35.2% of female high school students and 32.7% of male high school students nationwide.
- In 2013, 9.1% of female high school students and 5.8% of male high school students in New Hampshire who dated or went out with someone during the 12 months before the survey reported experiencing physical dating violence one or more times during that time period (defined as being hit, slammed into something, or injured with an object or weapon on purpose by someone they were dating or going out with), compared to 13% of female high school students and 7.4% 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.

### New Hampshire Teen Pregnancy, HIV/AIDS, and Other STD Data

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

- In 2010, New Hampshire's teen pregnancy rate ranked 50th in the United States, with a rate of 28 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 57 per 1,000.<sup>11</sup> There were a total of 1,290 pregnancies among young women ages 15–19 in New Hampshire.<sup>12</sup>
- In 2012, New Hampshire's teen birth rate ranked 51st in the United States, with a rate of 13.8 births per 1,000 young women ages 15–19, compared to the national rate of 29.4 per 1,000.<sup>13</sup> In 2012, there were a total of 629 live births to young women ages 15–19 reported in New Hampshire.<sup>14</sup>
- In 2010, New Hampshire's teen abortion rate ranked 38th in the United States, with a rate of eight abortions per 1,000 young women ages 15–19, compared to the national rate of 15 per 1,000.<sup>15</sup> There were a total of 380 abortions among young women ages 15–19 reported in New Hampshire in 2010.<sup>16</sup>

#### *HIV and AIDS*

- In 2011, the rate of diagnoses of HIV infection among adolescents ages 13–19 in New Hampshire was 1.9 per 100,000, compared to the national rate of 7.6 per 100,000.<sup>17</sup>

- In 2011, the rate of AIDS diagnoses among adolescents ages 13–19 in New Hampshire was 0 per 100,000, compared to the national rate of 1.9 per 100,000.<sup>18</sup>
- In 2011, the rate of diagnoses of HIV infection among young adults ages 20–24 in New Hampshire was 7.9 per 100,000, compared to the national rate of 36.3 per 100,000.<sup>19</sup>
- In 2011, the rate of AIDS diagnoses among young adults aged 20–24 years in New Hampshire was 8.3 per 100,000, compared to the national rate of 10.9 per 100,000.<sup>20</sup>

#### *Sexually Transmitted Diseases*

- In 2012, New Hampshire ranked 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 982.8 cases per 100,000, compared to the national rate of 2,001.7 per 100,000. In 2012, there were a total of 917 cases of chlamydia among young people ages 15–19 reported in New Hampshire.<sup>21</sup>
- In 2012, New Hampshire ranked 47th in the United States for reported cases of gonorrhea among young people ages 15–19, with an infection rate of 24.7 cases per 100,000, compared to the national rate of 376.8 per 100,000. In 2012, there were a total of 23 cases of gonorrhea among young people ages 15–19 reported in New Hampshire.<sup>22</sup>
- In 2012, New Hampshire joined nine other states with a primary and secondary syphilis infection rate of zero among young people ages 15-19, compared to the national rate of 4.1 cases per 100,000.<sup>23</sup>

## **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.

- 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.

**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 the establishment of 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 no DASH grantees in New Hampshire funded to strengthen student health through ESHE, SHS, and SSE in FY 2013.

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 New Hampshire 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 is one DASH grantee in New Hampshire funded to collect and report YRBS and School Health Profiles data in FY 2013, the New Hampshire Department of Education (\$65,000).

**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 are no PAF 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, \$3.1 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 New Hampshire Department of Health and Human Services received \$250,000 in federal PREP funds for FY 2013.
- 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).<sup>24</sup>

The New Hampshire PREP grant is administered by the New Hampshire Department of Health and Human Services in collaboration with two sub-grantees. The funded programs provide community-based programming to young women ages 16–19, and pregnant and parenting women up to age 21. Programming takes place in the city of Manchester and in Sullivan County, and addresses the following adulthood preparation subjects: healthy life skills, healthy relationships, and educational and career success. Funded organizations are implementing the curriculum *FOCUS: Preventing Sexually Transmitted Infections and Unwanted Pregnancies among Young Women*.<sup>25</sup>

#### *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 young people 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 2013, 16 tribes and tribal organizations from nine states received a total of \$3.1 million.
- There are no Tribal PREP grantees in New Hampshire.

*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 New Hampshire.

**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 for FYs 2010–2014. The 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.

- The New Hampshire Department of Health and Human Services received \$92,364 in federal Title V AOUM funding for FY 2013.<sup>26</sup>
- The department chose to sub-grant the funds to Catholic Medical Center.<sup>27</sup>
- 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 AOUM 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*.<sup>28</sup>

**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 New Hampshire.

**New Hampshire TPPI, DASH, PAF, PREP, Title V AOUM, and CAE Funding in FY 2013**

Grantee	Award	Fiscal Years
<b>Division of Adolescent and School Health (DASH)</b>		
New Hampshire Department of Education	\$65,000	2013–2017
<b>TOTAL</b>	<b>\$65,000</b>	
<b>Personal Responsibility Education Program (PREP)</b>		
<i>PREP State-Grant Program</i>		
New Hampshire Department of Health and Human Services	\$250,000	2013
<b>TOTAL</b>	<b>\$250,000</b>	

NEW HAMPSHIRE

Grantee	Award	Fiscal Years
<b>Title V Abstinence-Only-Until-Marriage Program (Title V AOUM)</b>		
New Hampshire Department of Health and Human Services (federal grant)	\$92,364*	2013
<b>TOTAL</b>	<b>\$92,364*</b>	
<b>GRAND TOTAL</b>	<b>\$407,364</b>	<b>2013</b>

\* Effective July 1, 2013, the abstinence line item was taken out of the state budget and Title V AOUM dollars were no longer being expended.

**POINTS OF CONTACT**

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<sup>1</sup> 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.

<sup>2</sup> Effective July 1st, 2013 the abstinence line item was taken out of the state budget and Title V AOUM dollars were no longer being expended. Information provided by Rhonda Siegel, Injury Prevention Program Manager, Division of Public Health Services, New Hampshire Department of Health and Human Services, September 1, 2013.

<sup>3</sup> N.H. Rev. Stat. Ann. § 189:10, <http://www.gencourt.state.nh.us/rsa/html/XV/189/189-10.htm>.

<sup>4</sup> N.H. Rev. Stat. Ann. § 186:11(IX)(a)-(b), <http://www.gencourt.state.nh.us/rsa/html/XV/186/186-11.htm>.

<sup>5</sup> *Health Education Curriculum Guidelines* (New Hampshire: New Hampshire Board of Education and CCSO~SCASS Health Education Assessment Project, 2003), accessed April 13, 2010, [http://www.education.nh.gov/instruction/school\\_health/documents/curr\\_guidelines.pdf](http://www.education.nh.gov/instruction/school_health/documents/curr_guidelines.pdf), 71–72.

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<sup>6</sup> Ibid., 107–10.

<sup>7</sup> Ibid., 141–44.

<sup>8</sup> Ibid., 71.

<sup>9</sup> N.H. Rev. Stat. Ann. § 186:11(IX-b), <http://www.gencourt.state.nh.us/rsa/html/XV/186/186-11.htm>.

<sup>10</sup> 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>.

<sup>11</sup> 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.

<sup>12</sup> Ibid., Table 3.2.

<sup>13</sup> 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](http://www.cdc.gov/nchs/data/nvsr/nvsr62/nvsr62_09.pdf), Table 12.

<sup>14</sup> Centers for Disease Control and Prevention, VitalStats Interactive Data Tables, Hyattsville, MD: National Center for Health Statistics, <http://www.cdc.gov/nchs/vitalstats.htm>.

<sup>15</sup> 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.

<sup>16</sup> Ibid., Table 3.2.

<sup>17</sup> 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>.

<sup>18</sup> 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>.

<sup>19</sup> 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>.

<sup>20</sup> 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>.

<sup>21</sup> 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>.

<sup>22</sup> Ibid.

<sup>23</sup> Ibid.

<sup>24</sup> These figures refer to the New Hampshire state government FY 2012, which began on July 1, 2011, and ended on June 30, 2012. The state declined to provide SIECUS with any information for federal FY 2013. Information provided by Michelle Ricco Jonas, family planning program manager, New Hampshire Department of Health and Human Resources, Bureau of Population Health and Community Services, September 6, 2013.

<sup>25</sup> Ibid.

<sup>26</sup> Effective July 1, 2013, the abstinence line item was taken out of the state budget and Title V AOUM dollars were no longer being expended. Information provided by Rhonda Siegel, injury prevention, adolescent health, and prenatal program manager, Division of Public Health Services, New Hampshire Department of Health and Human Services, September 1, 2013.

<sup>27</sup> The state declined to provide SIECUS with any information for FY 2013. Information provided is from FY 2011, in which exact amount of sub-grant was unavailable, by Rhonda Siegel, injury prevention, adolescent health, and prenatal program manager, Division of Public Health Services, New Hampshire Department of Health and Human Services, November 27, 2012.

<sup>28</sup> Ibid.

<sup>29</sup> The person listed represents the designated personnel in the state responsible for adolescent reproductive health.