



NEW HAMPSHIRE

In Fiscal Year 2010¹, the state of New Hampshire received:

- **Personal Responsibility Education Program funds totaling \$250,000**
- **Title V State Abstinence Education Program funds totaling \$93,342**

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

SIECUS is not aware of any proposed legislation regarding sexuality education in New Hampshire.

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 2009, 46% of female high school students and 46% of male high school students in New Hampshire reported ever having had sexual intercourse compared to 46% of female high school students and 46% of male high school students nationwide.
- In 2009, 2% of female high school students and 6% 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 8% of male high school students nationwide.
- In 2009, 11% of female high school students and 12% of male high school students in New Hampshire 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, 40% of female high school students and 33% 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 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, 54% of females and 61% of males in New Hampshire 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, 41% of females and 24% of males in New Hampshire 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, 20% of females and 24% of males in New Hampshire 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, 90% of high school students in New Hampshire reported having been taught about AIDS/HIV in school compared to 87% 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 51st in the United States, with a rate of 19.8 births per 1,000 young women ages 15–19 compared to the national rate of 41.5 births per 1,000.¹⁰ In 2008, there were a total of 861 live births reported to young women ages 15–19 in New Hampshire.¹¹
- In 2005, New Hampshire's teen pregnancy rate ranked 51st 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.¹³
- In 2005, New Hampshire's teen abortion rate ranked 34th 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

- New Hampshire's HIV infection rate ranks 34th in the United States, with a rate of 4.6 cases per 100,000 individuals compared to the national rate of 19.5 cases per 100,000.¹⁵
- New Hampshire ranks 32nd in cases of HIV infection diagnosed in the United States among all age groups. In 2008, there were a total of 60 new cases of HIV infection diagnosed in New Hampshire.¹⁶
- New Hampshire's HIV infection rate among young people ages 13–19 ranks 38th in the United States, with a rate of 0 cases per 100,000 young people compared to the national rate of 9.1 cases per 100,000.¹⁷
- New Hampshire ranks 46th in number of reported AIDS cases in the United States among all age groups. In 2008, there were a total of 27 new AIDS cases reported in New Hampshire.¹⁸
- New Hampshire's AIDS rate ranks 48th in the United States, with a rate of 2.1 cases per 100,000 individuals compared to the national rate of 12.3 cases per 100,000.¹⁹
- New Hampshire's AIDS rate among young people ages 13–19 ranks 27th in the United States, with a rate of 0.9 cases per 100,000 young people compared to the national rate of 1.8 cases per 100,000.²⁰

Sexually Transmitted Diseases

- New Hampshire ranks 51st in reported cases of Chlamydia among young people ages 15–19 in the United States, with an infection rate of 6.87 cases per 1,000 compared to the national rate of 19.51 cases per 1,000. In 2008, there were a total of 645 cases of Chlamydia reported among young people ages 15–19 in New Hampshire.²¹

- New Hampshire ranks 49th in reported cases of gonorrhea among young people ages 15–19 in the United States, with an infection rate of 0.21 cases per 1,000 compared to the national rate of 4.52 cases per 1,000. In 2008, there were a total of 20 cases of gonorrhea reported among young people ages 15–19 in New Hampshire.²²
- New Hampshire ranks 31st in reported cases of primary and secondary syphilis among young people ages 15–19 in the United States, with an infection rate of 0.01 cases per 1,000 compared to the national rate of 0.04 cases per 1,000.²³

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 \$110 million in discretionary funding for Fiscal Year 2010. 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 Fiscal Years 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 Indian tribes and tribal organizations, and \$6.5 million for evaluation, training, and technical assistance. Details on the state-grant program and PREIS are included below. At the time of publication, the funding for tribes and tribal organizations had not yet been awarded.

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 Fiscal Year 2010.
- The department has issued an application announcement for available funds under the state's PREP grant program. At the time of publication, sub-grantees had not yet been determined.

The New Hampshire PREP grant will support teen pregnancy-prevention programming geared toward young people ages 17–19 as well as pregnant and parenting teens up to age 21. In New Hampshire, 75 percent of teen births occur among young women ages 18 and 19. Sub-grants will be provided to local public and private entities to serve targeted youth populations in the city of Manchester as well as Sullivan County. Funded organizations will be required to implement one of the following evidence-based models: *Becoming a Responsible Teen (BART)*; *FOCUS*; *Reducing the Risk*; and *Teen Health Project*.²⁴

Becoming a Responsible Teen (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.²⁵ *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.²⁶

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; and 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.²⁷

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 tenth grades. It is appropriate for use with multi-ethnic populations.²⁸ *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.²⁹

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.³⁰

Personal Responsibility Education Innovative Strategies (PREIS)

The PREIS Program 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.

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 Fiscal Years 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

NEW HAMPSHIRE

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 \$93,342 in federal Title V abstinence-only funding for Fiscal Year 2010.
- The state refused to provide SIECUS with any information on its Title V Abstinence-Only program.

New Hampshire TPPI, PREP, and Title V Abstinence-Only Funding in FY 2010

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	2010
TOTAL	\$250,000	
Title V Abstinence Education Grant Program (Title V Abstinence-Only)		
New Hampshire Department of Health and Human Services (federal grant)	\$93,342	2010
TOTAL	\$93,342	
GRAND TOTAL		
	\$343,342	2010

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 SIECUS 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 Contact³¹

Rhonda Siegel, MSEd
 Injury Prevention, Adolescent Health, and Prenatal Program Manager
 Maternal and Child Health
 New Hampshire Department of Health and Human Services
 29 Hazen Drive
 Concord, NH 03301
 Phone: (603) 271-4700

PREP State-Grant Coordinator

Michelle Ricco
Title X Family Planning Program Manager
Division of Public Health Services
New Hampshire Department of Health and Human Services
29 Hazen Drive
Concord, NH 03301
Phone: (603) 271-4527

Title V Abstinence-Only Grant Coordinator

Rhonda Siegel, MSED
Injury Prevention, Adolescent Health, and Prenatal Program Manager
Maternal and Child Health
New Hampshire Department of Health and Human Services
29 Hazen Drive
Concord, NH 03301
Phone: (603) 271-4700

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 Hampshire**³²*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*www.newhampshire.watchdog.org*Now Hampshire*www.nowhampshire.com

¹ This refers to the federal government's fiscal year, which begins on October 1st and ends on September 30th. The fiscal year is designated by the calendar year in which it ends; for example, Fiscal Year 2010 began on October 1, 2009 and ended on September 30, 2010.

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 13 April 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, 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>>.

¹⁰ "Births: Final Data for 2008," *National Vital Statistics Report*, vol. 59, (Atlanta, GA: Centers for Disease Control and Prevention, December 2010), accessed 29 June 2011, <http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_01.pdf>, Table 12.

¹¹ "VitalStats: Birth Data Files by State, Age of Mother in Years, 2008," (Atlanta, GA: Centers for Disease Control and Prevention), accessed 30 June 2011, <http://www.cdc.gov/nchs/data_access/vitalstats/VitalStats_Births.htm>.

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 5 March 2010, <<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 3.3.

¹⁵ *HIV Surveillance Report, 2008*, (Atlanta, GA: Centers for Disease Control and Prevention, June 2010), accessed 28 June 2011, <<http://www.cdc.gov/hiv/surveillance/resources/reports/2008report/pdf/2008SurveillanceReport.pdf>>, Table 19.

¹⁶ Ibid.

¹⁷ Slide 9: “Rates of Diagnoses of HIV Infection among Adolescents Aged 13–19 Years, 2009—40 States and 5 U.S. Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention, July 2011), accessed 27 September 2011, <<http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>>.

¹⁸ *HIV Surveillance Report, 2008*, Table 20.

¹⁹ Ibid.

²⁰ Slide 18: “Rates of Diagnoses of AIDS Infection among Adolescents Aged 13–19 Years, 2009—40 States and 5 U.S. Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention, July 2011), accessed 27 September 2011, <<http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>>.

²¹ “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.

²² 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.

²³ 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.

²⁴ Information provided by Michelle Ricco, Title X Family Planning Program Manager for the New Hampshire Department of Health and Human Services, 24 March 2011.

²⁵ “Becoming A Responsible Teen,” 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=2&PageTypeID=2>>.

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 30 March 2010, <<http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf>>, 76–78.

²⁷ “FOCUS: Preventing Sexually Transmitted Infections and Unwanted Pregnancies among Young Women,” Evidence-Based Program, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed 15 July 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 1 July 2011, <<http://www.hhs.gov/ash/oah/prevention/research/programs/focus.html>>.

²⁸ *Science and Success: Sex Education and Other Programs That Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections* (Washington, DC: Advocates for Youth, 2008), accessed 30 March 2010, <<http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf>>, 22.

²⁹ Ibid., 23–24.

³⁰ “Teen Health Project,” Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed 1 July 2011, <<http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=576&PageTypeID=2>>.

³¹ The person listed represents the designated personnel in the state responsible for adolescent reproductive health.

³² This section is a list of major newspapers in the state and is by no means exhaustive of local print outlets.