



SIECUS

State Profile

NEW JERSEY

In Fiscal Year 2013,¹ the state of New Jersey received:

- **Division of Adolescent and School Health funds totaling \$290,000**
 - **Pregnancy Assistance Fund dollars totaling \$1,400,000**
- **Personal Responsibility Education Program funds totaling \$1,344,175**
- **Title V State Abstinence Education Program funds totaling \$828,250**

In Fiscal Year 2013, local entities in New Jersey received:

- **Teen Pregnancy Prevention Initiative funds totaling \$2,446,848**

SEXUALITY EDUCATION LAW AND POLICY

New Jersey law mandates at least 150 minutes of health education during each school week in grades 1 through 12.² In addition, high school students must acquire 3.75 credits of health education each year.³ School districts must align their health education curricula with the New Jersey Department of Education's *Core Curriculum Content Standards for Comprehensive Health and Physical Education*, which among other instruction requirements state that "all students will learn the physical, emotional, and social aspects of human relationships and sexuality and apply these concepts to support a healthy, active lifestyle."⁴

In addition to the *Core Curriculum Content Standards*, the New Jersey Department of Education published the *Comprehensive Health Education and Physical Education Curriculum Framework* in 1999, which provides a "compendium of sample learning strategies [and activities], background information, and resources" to assist school districts in developing curricula that will "enable all students to meet the standards."⁵ The *Curriculum Framework* includes detailed suggestions for teaching about HIV/AIDS, sexually transmitted diseases (STDs), and teen pregnancy prevention. The *Curriculum Framework* aligns with the *Core Curriculum Content Standards* and addresses a wide variety of topics for students in kindergarten through high school, including families, peer pressure, media stereotypes, the reproductive system, pregnancy, HIV/AIDS, abstinence, contraception, gender assumptions, sexual orientation, and marriage. The *Framework* aims to "provide students with the knowledge and skills needed to establish healthy relationships and practice safe and healthful behaviors," including instruction on "healthy sexual development as well as the prevention of sexually transmitted diseases, HIV infection, and unintended pregnancy."⁶

State law also requires that all sexuality education programs and curricula stress abstinence.⁷ In addition, "[a]ny instruction concerning the use of contraceptives or prophylactics such as condoms shall also include information on their failure rates for preventing pregnancy, HIV and other STDs in actual use among adolescent populations and shall clearly explain the difference between risk reduction through the use of such devices and risk elimination through abstinence."⁸

New Jersey allows parents or guardians to remove their children from any part of the health, family life, or sex education classes if it is "in conflict with his conscience, or sincerely held moral or religious beliefs."⁹ This is referred to as an "opt-out" policy.

See New Jersey Statutes Annotated §§ 18A:35-4.7, 18A:35-4.20, 18A:35-4.21, 18A:35-5, 18A:35-6, 18A:35-7, and 18A:35-8; New Jersey Administrative Code §§ 6A:7-1.7, 6A:8-3.1, and 6A:8-5.1; New Jersey Core Curriculum Content Standards for Comprehensive Health and Physical Education; and New Jersey Comprehensive Health Education and Physical Education Curriculum Framework.

2013 STATE LEGISLATIVE SESSION ACTIVITY

SIECUS is not aware of any recent legislation regarding sexuality education in New Jersey.

YOUTH SEXUAL HEALTH DATA

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

New Jersey Youth Risk Behavior Survey (YRBS) Data¹⁰

- In 2013, 39.8% of female high school students and 38.2% of male high school students in New Jersey 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, 2.2% of female high school students and 7.1% of male high school students in New Jersey reported having had sexual intercourse before age 13, compared to 3.1% of female high school students and 8.3% of male high school students nationwide.
- In 2013, 29.3% of female high school students and 29% of male high school students in New Jersey reported being currently sexually active (defined as having had sexual intercourse in the three months prior to the survey), compared to 35.2% of female high school students and 32.7% of male high school students nationwide.

Visit the Centers for Disease Control and Prevention's [Youth Online database](#) for additional information on sexual behaviors.

New Jersey Teen Pregnancy, HIV/AIDS, and Other STD Data

Teen Pregnancy, Birth, and Abortion

- In 2010, New Jersey's teen pregnancy rate ranked 32nd in the United States, with a rate of 51 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 57 per 1,000.¹¹ There were a total of 14,630 pregnancies among young women ages 15–19 reported in New Jersey.¹²
- In 2012, New Jersey's teen birth rate ranked 47th in the United States, with a rate of 16.7 births per 1,000 young women ages 15–19, compared to the national rate of 29.4 per 1,000.¹³ In 2012, there were a total of 4,772 live births to young women ages 15–19 reported in New Jersey.¹⁴
- In 2010, New Jersey's teen abortion rate ranked third in the United States, with a rate of 24 abortions per 1,000 young women ages 15–19, compared to the national rate of 15 per 1,000.¹⁵ There were a total of 6,980 abortions among young women ages 15–19 reported in New Jersey in 2010.¹⁶

HIV and AIDS

- In 2011, the rate of diagnoses of HIV infection among adolescents ages 13–19 in New Jersey was 8.6 per 100,000, compared to the national rate of 7.6 per 100,000.¹⁷
- In 2011, the rate of AIDS diagnoses among adolescents ages 13–19 in New Jersey was 2.4 per 100,000, compared to the national rate of 1.9 per 100,000.¹⁸
- In 2011, the rate of diagnoses of HIV infection among young adults ages 20–24 in New Jersey was 38.8 per 100,000, compared to the national rate of 36.3 per 100,000.¹⁹
- In 2011, the rate of AIDS diagnoses among young adults ages 20–24 in New Jersey was 9.8 per 100,000, compared to the national rate of 10.9 per 100,000.²⁰

Sexually Transmitted Diseases

- In 2012, New Jersey ranked 49th in the United States for reported cases of chlamydia among young people ages 15–19, with an infection rate of 1,055.4 cases per 100,000, compared to the national rate of 2,001.7 per 100,000. In 2012, there were a total of 6,243 cases of chlamydia among young people ages 15–19 reported in New Jersey.²¹
- In 2012, New Jersey ranked 29th in the United States for reported cases of gonorrhea among young people ages 15–19, with an infection rate of 261.4 cases per 100,000, compared to the national rate of 376.8 per 100,000. In 2012, there were a total of 1,546 cases of gonorrhea among young people ages 15–19 reported in New Jersey.²²
- In 2012, New Jersey ranked 30th in the United States for reported cases of primary and secondary syphilis among young people ages 15–19, with an infection rate of 1.7 cases per 100,000, compared to the national rate of 4.1 per 100,000. In 2012, there were a total of 10 cases of syphilis among young people ages 15–19 reported in New Jersey.²³

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, underlying behavioral risk factors, or other associated risk factors.

- Local organizations in New Jersey received \$1,481,326 in TPPI Tier 1 funding for FY 2013.
- There are two TPPI Tier 1 grantees in New Jersey: The Central Jersey Family Health Consortium (formerly the Regional Perinatal Consortium of Monmouth and Ocean County) and Inspira Medical Centers (formerly South Jersey Healthcare).

Central Jersey Family Health Consortium, \$481,326 (FY 2013)

The Central Jersey Family Health Consortium, formerly the Regional Perinatal Consortium of Monmouth and Ocean Counties, is a network of private nonprofit organizations composed of perinatal and pediatric providers, hospitals, community-based agencies, consumers, and consumer advocacy groups with an interest in health services for women, children, and families.²⁴ The organization aims to improve the health of pregnant women and children in Central New Jersey by identifying barriers to health care access, and planning and coordinating preventive, educational, and clinical services.²⁵

With its TPPI funding, the consortium provides programming to suburban and rural African-Americans under the age of 19 who are attending Neptune and Asbury Park school districts in Monmouth and Ocean counties. The consortium implements *Teen Outreach Program (TOP)*, an evidence-based youth development program that engages young people in experiential learning activities in order to “prepare for successful adulthood and avoid problem behaviors.”²⁶

Inspira Medical Centers, \$1,000,000 (FY 2013)

Inspira Medical Centers (formerly South Jersey Healthcare) is a charitable, nonprofit health care organization made up of a network of hospitals, health care providers, and doctors in Southern New Jersey. It provides the full continuum of primary, acute, and advanced care services.

With its TPPI funding, Inspira implements the *Children’s Aid Society—Carrera Adolescent Pregnancy Prevention Program (CAS—Carrera)*, an evidence-based positive youth development program designed for students in grades 6 through 12. The program serves primarily Latinos attending the sixth grade in the Bridgeton and Vineland school districts, who have been selected for their high incidence of teen pregnancy (Cumberland County has the highest rate of teen pregnancy in New Jersey).²⁷ Inspira partners with local schools and community agencies, including Community Health Care and the Boys & Girls Club and YMCA of Vineland, to deliver the program to students six days a week.²⁸ Inspira plans for the program to serve the same 120 students over the five-year period of the grant.

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 is one TPPI Tier 2 Innovative Approaches grantee in New Jersey, Princeton Center for Leadership Training, which received \$965,522 for FY 2013.

Princeton Center for Leadership Training, \$965,522 (FY 2013)

The Princeton Center for Leadership Training is a community-based organization that develops, disseminates, and promotes “peer leadership, advisory, and other evidence-based K–12 solutions that enable and inspire educators to more fully engage students in learning, better connect students to their schools, motivate and equip students to make decisions responsibly, and accelerate academic achievement.”²⁹

The organization uses its Tier 2 grant to implement and test the *Teen Prevention Education Project (Teen PEP)* in five rural and low-income communities in five North Carolina counties: Columbus, Forsyth, Greene, Lenoir, and Rockingham. The program aims to serve approximately 500 young people in 16 high schools each year.

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 Jersey.

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 was one DASH grantee in New Jersey funded to strengthen student health through ESHE, SHS, and SSE in FY 2013, the New Jersey Department of Education (\$225,000).

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

- There were no DASH grantees in New Jersey 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 was one DASH grantee in New Jersey funded to collect and report YRBS and School Health Profiles data in FY 2013, the New Jersey 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 is one PAF grantee in New Jersey, the New Jersey Department of Children and Families, which received \$1,400,000 for FY 2013.

New Jersey Department of Children and Families, \$1,400,000 (FY 2013)

The New Jersey Department of Children and Families, Division of Family and Community Partnership, uses PAF to implement Promoting Success for Expectant and Parenting Teens New Jersey (PSNJ). PSNJ enhances the teen parent support provided by the Parent Linkage Program (PLP) and Project Teach, and the program partners with the New Jersey Department of Children and Families to identify additional PLP sites. The program's goals are to strengthen the case management and child care supports necessary for teen parents to successfully complete their education; improve child and maternal health outcomes; improve pregnancy spacing and reduce the likelihood of repeat teen pregnancies; increase parenting skills for mothers, fathers, and families; strengthen father involvement and co-parenting relationships; decrease intimate partner violence; and raise awareness of and coordinate available state and local resources to better support expectant and parenting teens and their families. PSNJ especially focuses on fatherhood and healthy relationships.³⁰

Personal Responsibility Education Program

The Personal Responsibility Education Program (PREP) totals \$75 million per year for FYs 2010–2014 and is the first-ever dedicated funding stream for more comprehensive approaches to sexuality education. The U.S. Department of Health and Human Services, Administration for Children and Families (ACF) administers the grant. PREP includes a \$55 million state grant program, \$10 million to fund local entities through the Personal Responsibility Education Innovative Strategies (PREIS) program, \$3.1 million for Tribal PREP, for tribes and tribal organizations, with remaining funds for evaluation, training, and technical assistance. In addition, provisions within the statute for PREP enable a competitive application process for community- and faith-based organizations within states and territories that do not directly seek PREP funding by the third year of the program; these competitive PREP (CPREP) grants were awarded to organizations in five states and three territories in FY 2013. Details on the state grant program, PREIS, Tribal PREP, and CPREP are included below.

PREP State-Grant Program

The PREP state-grant program supports evidence-based programs that provide young people with medically accurate and age-appropriate information for the prevention of unintended pregnancy, HIV/AIDS, and other STDs. The grant program totals \$55 million per year and allocates funding to individual states. The grant does not require states to provide matching funds. Funded programs must discuss abstinence and contraception, and place substantial emphasis on both. Programs must also address at least three of the following adulthood preparation subjects: healthy relationships, positive adolescent development, financial literacy, parent-child communication skills, education and employment skills, and healthy life skills.

- The New Jersey Department of Health and Senior Services received \$1,344,175 in federal PREP funds for FY 2013.
- The agency provides sub-grants to six³¹ local public and private entities.³²

The New Jersey PREP state-grant program is implemented by the New Jersey Department of Health with the help of six local sub-grantees that serve youth ages 10–19 in municipalities across the state. The sub-grantees provide both school- and community-based programming and address healthy relationships, parent-child communication, and adolescent development to meet the adulthood preparation subject requirement. Funded programs select their curricula from the list of evidence-based program models provided by the ACF and include *Be Proud! Be Responsible!*, *Be Proud! Be Responsible! Be Protective!*, *Making Proud Choices!*, *Reducing the Risk*, *SiHLE (Sisters Informing, Healing, Living, and Empowering)*, *Teen Health Project*, and *Teen Outreach Program (TOP)*.³³

Personal Responsibility Education Innovative Strategies (PREIS)

PREIS supports research and demonstration programs to develop, replicate, refine, and test innovative models for preventing unintended teen pregnancy. ACF 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 Jersey.

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 2013, 16 tribes and tribal organizations from nine states received a total of \$6.5 million.
- There are no Tribal PREP grantees in New Jersey.

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 Jersey.

Title V State Abstinence Education Grant Program

The Title V abstinence-only-until-marriage (Title V AOUM) program, administered by ACF, allocates \$50 million per year to states for FYs 2010–2014. 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 Jersey Department of Health and Senior Services received \$828,250 in federal Title V AOUM funding for FY 2013.
- The department provided sub-grants to four local public and private entities: Institute for Relationship Intelligence (\$188,000); Lifeguard, Inc. (\$188,000); Mount Olives Church of God (\$78,153); and Saint Peter's University Hospital (\$188,000).³⁴
- In New Jersey, the match is made through a combination of in-kind funds and direct state revenue.

The New Jersey Title V AOUM program is implemented by the New Jersey Department of Health in collaboration with four local entities. Funded organizations provide programming to young people ages 10–14 who reside in one of 30 state-identified high-risk municipalities. Programming takes place in both school- and community-based settings and sub-grantees must choose curricula that meet the federal A–H abstinence education guidelines, while also being “medically accurate, effective, and non-stigmatizing to LGBTQ youth.” The following curricula are currently being used by the New Jersey Title V AOUM program sub-grantees: *Yes You Can!*, *Project Respect Ed*, *Relationship Intelligence*, and *Peer Challenge*.³⁵

NEW JERSEY

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 Jersey.

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

Grantee	Award	Fiscal Years
Teen Pregnancy Prevention Initiative (TPPI)		
<i>TPPI Tier 1: Replication of Evidence-Based Programs</i>		
The Central Jersey Family Health Consortium (formerly the Regional Perinatal Consortium of Monmouth and Ocean County)	\$481,326	2010–2014
Inspira Medical Centers (South Jersey Healthcare)	\$1,000,000	2010–2014
TOTAL	\$1,481,326	
<i>TPPI Tier 2: Innovative Approaches</i>		
Princeton Center for Leadership Training	\$965,522	2010–2014
TOTAL	\$965,522	
Division of Adolescent and School Health (DASH)		
New Jersey Department of Education	\$290,000	2013–2017
TOTAL	\$290,000	
Pregnancy Assistance Fund (PAF)		
New Jersey’s Department of Children and Families	\$1,400,000	2013
TOTAL	\$1,400,000	
Personal Responsibility Education Program (PREP)		
<i>PREP State-Grant Program</i>		
New Jersey Department of Health and Senior Services (federal grant)	\$1,344,175	2013
TOTAL	\$1,344,175	
Title V Abstinence-Only-Until-Marriage Program (Title V AOUM)		
New Jersey Department of Health and Senior Services (federal grant)	\$828,250	2013
TOTAL	\$828,250	
GRAND TOTAL	\$6,309,273	2013

POINTS OF CONTACT

Adolescent Health Contact³⁶ and PREP State-Grant and Title V AOUM Grant Coordinator

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

² N.J. Stat. Ann. §§ 18A:35-7 and -8.

³ N.J. Admin. Code § 6A:8-5.1(a)(1)(vi), <http://bit.ly/1k9TyA5>.

⁴ N.J. Admin. Code § 6A:8-3.1; "Standard 2.4: Human Relationships and Sexuality," *2009 New Jersey Core Curriculum Content Standards for Comprehensive Health and Physical Education*, (Trenton, NJ: New Jersey Department of Education, 2009), accessed May 20, 2010, <http://www.state.nj.us/education/cccs/standards/2/2.pdf>.

⁵ *New Jersey Comprehensive Health Education and Physical Education Curriculum Framework* (New Jersey: New Jersey Department of Education, 1999), accessed April 24, 2014, <http://www.state.nj.us/education/archive/frameworks/chpe>.

⁶ Ibid.

⁷ N.J. Stat. Ann. § 18A:35-4.20.

⁸ N.J. Stat. Ann. § 18A:35-4.21(3).

⁹ N.J. Stat. Ann. § 18A:35-4.7.

¹⁰ Kann, Laura, et al., "Youth Risk Behavior Surveillance—United States, 2013," *Surveillance Summaries, Morbidity and Mortality Weekly Report*, vol. 63, no. 4 (June 13, 2014): accessed July 17, 2014, <http://www.cdc.gov/mmwr/pdf/ss/ss6304.pdf>. Note: New Jersey did not participate in the full 2011 YRBS.

¹¹ 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.

¹² Ibid., Table 3.2.

¹³ Martin, J.A., et al., *Births: Final Data for 2012*. National Vital Statistics Reports, Vol. 62, No. 9 (December 30, 2013), accessed July 30, 2014, http://www.cdc.gov/nchs/data/nvsr/nvsr62/nvsr62_09.pdf, Table 12.

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

¹⁵ 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.

¹⁶ Ibid., Table 3.2.

¹⁷ 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>.

¹⁸ 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>.

¹⁹ 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>.

²⁰ 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>.

²¹ NCHHSTP Atlas, "STD Surveillance Data" (Atlanta, GA: Centers for Disease Control and Prevention), accessed July 16, 2014, <http://gis.cdc.gov/GRASP/NCHHSTPAtlas/main.html>.

²² Ibid.

²³ Ibid.

²⁴ Central Jersey Family Health Consortium, Inc., “About Us,” accessed June 3, 2011, <http://www.cjfhc.org/index.php/about-us/what-we-do>.

²⁵ Ibid.

²⁶ Chung, Saras, and Annie Philipps, *Promoting Mental Health and Well-being in Adolescents: Recommendations for Wyman’s Teen Outreach Program* (Eureka, MO: Wyman Teen Outreach Program, 2010), accessed July 1, 2011, <http://wymancenter.org/wordpress/wp-content/uploads/2011/08/TOP-Promoting-Positive-Well-Being-in-Adolescents.pdf>, 3.

²⁷ Landau, Joel, “Program fights to stop teen pregnancy,” *The Daily Journal*, October 19, 2010, accessed June 2, 2011, <http://www.thedailyjournal.com/article/20101019/NEWS01/10190313/Program-fights-stop-teen-pregnancy>.

²⁸ Ibid.

²⁹ Princeton Center for Leadership Training, “Our Mission,” accessed August 30, 2011, <http://www.princetonleadership.org/venture/our-mission>.

³⁰ “New Jersey Department of Children and Families: Division of Family and Community Partnership,” Office of Adolescent Health, U.S. Department of Health and Human Services, accessed September 23, 2014, <http://www.hhs.gov/ash/oah/grants/grantees/paf-nj.html>.

³¹ Sub-grantees include: Central Jersey Family Health Consortium (\$200,000); Kean University (\$171,528); New Jersey Women and AIDS Network (\$155,000); Partnership for Maternal Child Health of Northern New Jersey (\$210,000); Planned Parenthood of Central and Greater Northern New Jersey (\$215,000); Southern New Jersey Perinatal Cooperatives (\$235,000).

³² Information provided by Gilo Thomas, abstinence education and PREP coordinator, Child and Adolescent Health Program, Division of Family Health Services, New Jersey Department of Health and Senior Services, July 10, 2014.

³³ Ibid.

³⁴ Information provided by Gilo Thomas, abstinence education and PREP coordinator, Child and Adolescent Health Program, Division of Family Health Services, New Jersey Department of Health and Senior Services, July 19, 2013.

³⁵ Ibid.

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