



### NEW MEXICO

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

- **Division of Adolescent and School Health funds totaling \$290,000**
  - **Pregnancy Assistance Fund dollars totaling \$1,499,990**
- **Personal Responsibility Education Program funds totaling \$337,033**
- **Title V State Abstinence Education Program funds totaling \$440,086**

**In Fiscal Year 2013, local entities in New Mexico received:**

- **Teen Pregnancy Prevention Initiative funds totaling \$1,543,890**
- **Tribal Personal Responsibility Education Program funds totaling \$416,254**

#### **SEXUALITY EDUCATION LAW AND POLICY**

New Mexico administrative code mandates that schools must teach a course in health education in either middle or high school. Each school district must “provide instruction about HIV and related issues in the curriculum of the required health education content area to all students in the elementary grades, in the middle/junior high school grades, and in the senior high school grades.”<sup>2</sup> This instruction must include “ways to reduce the risk of getting HIV/AIDS, stressing abstinence.”<sup>3</sup> Outcomes of such instruction should include the “ability to demonstrate refusal skills, overcome peer pressure, and use decision-making skills.”<sup>4</sup>

Educational materials and the grade levels at which they will be introduced are determined by local school districts. All instruction must be age-appropriate.<sup>5</sup> Local school boards must “insure [sic] the involvement of parents, staff, and students in the development of policies and the review of instructional materials.”<sup>6</sup> The state neither suggests curriculum nor limits what may or may not be included in sexuality education instruction.

New Mexico offers *Health Education Standards with Benchmarks and Performance Standards* that include abstinence and reproductive health instruction beginning in grades 3 and 4. Beginning in grades 7 and 8, performance standards in health education include understanding “how healthy alternatives can replace unhealthy behaviors (i.e. abstinence, condom use, [and] other pregnancy prevention methods).”<sup>7</sup> Students in grades 9–12 are to demonstrate knowledge of pregnancy prevention that includes various methods of contraception, such as hormonal methods, and the proper use of condoms. The curriculum also covers strategies for maintaining healthy relationships and resolving harmful behaviors in relationships. The impact of cultural and media portrayals of gender on health is included as a topic of discussion as well.

The *Health Education Standards with Benchmarks and Performance Standards* state that each school district must have a policy allowing parents to “request that their child be exempted from the parts of the health education curriculum that addresses [sic] the sexuality performance standards.”<sup>8</sup> Alternative lessons must be created for exempted students. This is referred to as an “opt-out” policy. Local school boards must include parents, staff, and students in developing their own opt-out policy.

See New Mexico Administrative Code §§ 6.12.2.10 and 6.29.6.8; and Health Education Standards with Benchmarks and Performance Standards.

### **2013 STATE LEGISLATIVE SESSION ACTIVITY**

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

### **YOUTH SEXUAL HEALTH DATA**

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

#### **New Mexico Youth Risk Behavior Survey (YRBS) Data<sup>9</sup>**

- In 2013, 2.7% of female high school students and 8% of male high school students in New Mexico 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, 28% of female high school students and 25.7% of male high school students in New Mexico 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, 11% of female high school students and 7.7% of male high school students in New Mexico 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 sexual behaviors.

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

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

- In 2010, New Mexico's teen pregnancy rate ranked first in the United States, with a rate of 80 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 57 per 1,000.<sup>10</sup> There were a total of 5,830 pregnancies among young women ages 15–19 in New Mexico in 2010.<sup>11</sup>
- In 2012, New Mexico's teen birth rate ranked first in the United States, with a rate of 47.5 births per 1,000 young women ages 15–19, compared to the national rate of 29.4 per 1,000.<sup>12</sup> In 2012, there were a total of 3,275 live births to young women ages 15–19 reported in New Mexico.<sup>13</sup>
- In 2010, New Mexico's teen abortion rate ranked 14th in the United States, with a rate of 15 abortions per 1,000 young women ages 15–19, compared to the national rate of 15 per 1,000.<sup>14</sup> There were a total of 1,070 abortions among young women ages 15–19 reported in New Mexico in 2010.<sup>15</sup>

*HIV and AIDS*

- In 2011, the rate of diagnoses of HIV infection among adolescents ages 13–19 in New Mexico was 1.5 per 100,000, compared to the national rate of 7.6 per 100,000.<sup>16</sup>
- In 2011, the rate of AIDS diagnoses among adolescents ages 13–19 in New Mexico was zero per 100,000, compared to the national rate of 1.9 per 100,000.<sup>17</sup>
- In 2011, the rate of diagnoses of HIV infection among young adults ages 20–24 in New Mexico was 13.4 per 100,000, compared to the national rate of 36.3 per 100,000.<sup>18</sup>
- In 2011, the rate of AIDS diagnoses among young adults ages 20–24 in New Mexico was 2.2 per 100,000, compared to the national rate of 10.9 per 100,000.<sup>19</sup>

*Sexually Transmitted Diseases*

- In 2012, New Mexico ranked 15th in the United States for reported cases of chlamydia among young people ages 15–19, with an infection rate of 2,270.4 cases per 100,000, compared to the national rate of 2,001.7 per 100,000. In 2012, there were a total of 3,302 cases of chlamydia among young people ages 15–19 reported in New Mexico.<sup>20</sup>
- In 2012, New Mexico ranked 31st in the United States for reported cases of gonorrhea among young people ages 15–19, with an infection rate of 234.5 cases per 100,000, compared to the national rate of 376.8 per 100,000. In 2012, there were a total of 341 cases of gonorrhea among young people ages 15–19 reported in New Mexico.<sup>21</sup>
- In 2012, New Mexico ranked 13th in the United States for reported cases of primary and secondary syphilis among young people ages 15–19, with an infection rate of 5.5 cases per 100,000, compared to the national rate of 4.1 per 100,000. In 2012, there were a total of eight cases of syphilis among young people ages 15–19 reported in New Mexico.<sup>22</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 is one TPPI Tier 1 grantee in New Mexico, Capacity Builders, Inc., which received \$988,184 for FY 2013.

Capacity Builders, Inc., \$988,184 (FY 2013)

Capacity Builders, Inc., uses its TPPI Tier 1 grant to support its Navajo Youth Builders program, which serves Navajo young people ages 11–19. The overall goal of the program is to “reduce and ultimately eliminate the occurrence of teen and child pregnancy in the Navajo Nation community.”<sup>23</sup> Capacity Builders 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.”<sup>24</sup> Capacity Builders implements the program at seven reservation-based Boys & Girls Clubs. In addition, participants spend time with Navajo elders and other adult role models by participating in community service and recreational activities. Capacity Builders aims for the program to reach approximately 850 youth annually.

*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 grantee in New Mexico, National Indian Youth Leadership Project, which received \$555,706 for FY 2013.

National Indian Youth Leadership Project, \$555,706 (FY 2013)

The National Indian Youth Leadership Project is a community-based organization whose “mission is to nurture the potential of Native youth to be contributors to a more positive world through adventure-based learning and service to family, community, and nature.”<sup>25</sup> The organization uses its TPPI Tier 2 funds to implement the Web of Life Project, an adaptation of *Project Venture* and *Circle of Life*. The program is designed and culturally appropriate for use with Native American youth ages 12–13 and serves 300 young people in rural McKinley County.<sup>26</sup>

*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 Mexico.

**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 Mexico funded to strengthen student health through ESHE, SHS, and SSE in FY 2013, the New Mexico Public Education Department (\$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 Mexico 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 Mexico funded to collect and report YRBS and School Health Profiles data in FY 2013, the New Mexico Public Education Department (\$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 Pregnancy Assistance Fund grantee in New Mexico, the New Mexico Public Education Department which received \$1,499,990 for FY 2013.

#### New Mexico Public Education Department, \$1,499,990 (FY 2013)

The New Mexico Public Education Department (NMPED) is using PAF to build on its existing Graduation Reality and Dual-Role Skills (GRADS) program by expanding state-level partnerships; providing a comprehensive array of services to support the academic, economic, social, and health needs of expectant and parenting teens and their children; and replicating the model in other communities. In this new program, known as GRADS+, NMPED partners with Envision New Mexico, the New Mexico Alliance for School Based Health Care, New Mexico Attorney General's Office, New Mexico Department of Health, New Mexico Forum for Youth in Community, New Mexico Teen Pregnancy Coalition, and other key stakeholders. The program aims to strengthen the current school-based case management model that integrates services and collaboration between GRADS+ and local school and community partners; develop new GRADS+ components to promote young father involvement, increase college and career readiness, and support early childhood and infant mental health; implement a replicable Quality Improvement protocol to improve access and delivery of integrated services to teen families in school-based health centers; continue implementation of the state level teen dating violence program and provide training to develop a coordinated community response to dating, domestic, and sexual violence in targeted communities; and implement a leadership institute and local public awareness campaigns to address the needs of expectant and parenting teens and methods for promoting healthy relationships.<sup>27</sup>

### **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 Mexico Department of Health received \$337,033 in federal PREP funds for FY 2013.
- The agency provides sub-grants to five<sup>28</sup> local public and private entities.<sup>29</sup>

The Family Planning Program of the New Mexico Department of Health implements the PREP state-grant program in collaboration with five local sub-grantees. Funded entities serve young people ages 12–18 in both school- and community-based programs in the following counties: Luna, Sierra, and Valencia. Programming addresses healthy life skills, adolescent development, and parent-child communication to meet the adulthood preparation subject requirement through the curricula *Cuidate!* and *Teen Outreach Program (TOP)*.<sup>30</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. The 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 Mexico.

#### *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.
- Two local entities in New Mexico received a total of \$416,254 in Tribal PREP funds for FY 2012: Tewa Women United (\$182,854) and the Zuni Youth Enrichment Project (\$233,400).

#### Tewa Women United, \$182,854 (FY 2013)

Tewa Women United is the collective intertribal women's voice in the Tewa homelands of Northern New Mexico, with the mission to "provide safe spaces for Indigenous women to uncover the power, strength and skills they possess to become positive forces for social change in their families and communities."<sup>31</sup> Tewa Women United uses Tribal PREP funds to support program operations for community-based delivery of the curriculum, in school, after school, and at youth programs outside of school.

The target population is Native American young people and their peers ages 10–17 who reside in the Pueblo communities of Northern New Mexico, with implementation in Rio Arriba, Sandoval, and Santa Fe counties. Tewa Women United uses a culturally adapted and enhanced version of *Discovery Dating* with the Planned Parenthood Sex Education Model, addressing healthy relationships, healthy lifestyles, and parent-child communication.<sup>32</sup>

Zuni Youth Enrichment Project DY MESA Program, \$233,400 (FY 2013)

The Zuni Youth Enrichment Project aims to “promote the development of healthy lifestyles and self-esteem among Zuni kids by providing them with opportunities to participate in empowering and enriching activities that will encourage them to grow into strong and healthy adults who are connected with Zuni traditions.”<sup>33</sup> The Zuni Youth Enrichment Project uses Tribal PREP funds to support their program DY MESA (Developing Youth: Mentoring, Empowerment, Self-Expression, Achievement). The DY MESA Program is an intensive after-school program based on the *Children’s Aid Society—Carrera Adolescent Pregnancy Prevention Program (CAS—Carrera)* Model for Adolescent Pregnancy Prevention that serves Zuni Native Americans of middle school age in the Pueblo of Zuni. It addresses all six adult preparation subjects.<sup>34</sup>

*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 Mexico.

**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. ACF administers the grant program. 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 Mexico Department of Health received \$440,086 in federal Title V AOUM funding for FY 2013.
- In New Mexico, funds are sub-granted to New Mexico State University (\$440,086), who issues seven<sup>35</sup> subcontracts.<sup>36</sup>
- In New Mexico, the match is provided through in-kind services.

The New Mexico Department of Health administers the state’s Title V AOUM grant in collaboration with New Mexico State University and the university’s seven sub-contractors. Funds are used in Chavez, Cibola, Doña Ana, Eddy, Lea, and Luna counties to provide community-based programming. Funded programs target young people ages 12–17. The curricula allowed to be used by sub-contractors are *Sex Can Wait* and *PARE (Parent-Adolescent Relationship Education)*.<sup>37</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 Mexico.

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

Grantee	Award	Fiscal Years
<b>Teen Pregnancy Prevention Initiative (TPPI)</b>		
<i>TPPI Tier 1: Replication of Evidence-Based Programs</i>		
Capacity Builders, Inc.	\$988,184	2010–2014
<b>TOTAL</b>	<b>\$988,184</b>	
<i>TPPI Tier 2: Innovative Approaches</i>		
National Indian Youth Leadership Project	\$555,706	2010–2014
<b>TOTAL</b>	<b>\$555,706</b>	
<b>Division of Adolescent and School Health (DASH)</b>		
New Mexico Public Education Department	\$290,000	2013–2017
<b>TOTAL</b>	<b>\$290,000</b>	
<b>Pregnancy Assistance Fund (PAF)</b>		
New Mexico’s Public Education Department	\$1,499,990	2013
<b>TOTAL</b>	<b>\$1,499,990</b>	
<b>Personal Responsibility Education Program (PREP)</b>		
<i>PREP State-Grant Program</i>		
New Mexico Department of Health (federal grant)	\$337,033	2013
<b>TOTAL</b>	<b>\$337,033</b>	
<i>Tribal Personal Responsibility Education Program</i>		
Tewa Women United	\$182,854	2010–2014
Zuni Youth Enrichment Project	\$233,400	2010–2014
<b>TOTAL</b>	<b>\$416,254</b>	
<b>Title V Abstinence-Only-Until-Marriage Program (Title V AOUM)</b>		
New Mexico State University	\$440,086	2013
<b>TOTAL</b>	<b>\$440,086</b>	
<b>GRAND TOTAL</b>	<b>\$4,527,253</b>	<b>2013</b>



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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> N.M. Admin. Code § 6.12.2.10(C)(1), <http://www.nmcp.state.nm.us/nmac/parts/title06/06.012.0002.htm>.

<sup>3</sup> N.M. Admin. Code § 6.12.2.10(C)(3)(e).

<sup>4</sup> N.M. Admin. Code § 6.12.2.10(C)(3)(h).

<sup>5</sup> N.M. Admin. Code § 6.12.2.10(C)(2).

<sup>6</sup> N.M. Admin. Code § 6.12.2.10(D).

<sup>7</sup> *Health Education Standards with Benchmarks and Performance Standards* (New Mexico: New Mexico Public Education Department), accessed April 14, 2010, <http://www.nmcp.state.nm.us/nmac/parts/title06/06.029.0006.htm>.

<sup>8</sup> Ibid.

<sup>9</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>. Note: New Mexico did not participate in the full 2013 YRBS.

<sup>10</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>11</sup> Ibid., Table 3.2.

<sup>12</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>13</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>14</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.

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<sup>15</sup> Ibid., Table 3.2.

<sup>16</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>17</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>18</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>19</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>20</sup> 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>.

<sup>21</sup> Ibid.

<sup>22</sup> Ibid.

<sup>23</sup> “Capacity Builders, Inc (NM) - TPP Tier 1,” Office of Adolescent Health, U.S. Department of Health and Human Services, accessed September 16, 2014, <http://www.hhs.gov/ash/oah/grants/grantees/tier1-nm-capacity.html>.

<sup>24</sup> 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.

<sup>25</sup> “Mission and Vision Statement,” The National Indian Youth Leadership Project, accessed August 30, 2011, <http://www.niylp.org/mission-vision.htm>.

<sup>26</sup> “National Indian Youth Leadership Project (NIYLP) (NM) - TPP Tier 2,” Office of Adolescent Health, U.S. Department of Health & Human Services, accessed September 16, 2014, <http://www.hhs.gov/ash/oah/grants/grantees/tier2-nm-national.html>.

<sup>27</sup> “New Mexico Public Education Department (NM) - Pregnancy Assistance Fund,” Office of Adolescent Health, U.S. Department of Health & Human Services, accessed September 16, 2014, <http://www.hhs.gov/ash/oah/grants/grantees/paf-nm.html>.

<sup>28</sup> Ibid.

<sup>29</sup> Information provided by Heather Metcalf, educational project officer, Family Planning Program, New Mexico Department of Health, June 27, 2014.

<sup>30</sup> Ibid.

<sup>31</sup> “About Us,” Tewa Women United, accessed July 23, 2014, <http://tewawomenunited.org/about>.

<sup>32</sup> Information provided by Victoria Parrill, Data & Reports Coordinator, Tewa Women United, June 5, 2014.

<sup>33</sup> “About Us,” Zuni Youth Enrichment Project, accessed July 24, 2014, <http://www.zyep.org/mission.html>.

<sup>34</sup> Information provided by Valory Wangler, director of development, Zuni Youth Enrichment Project, June 23, 2014.

<sup>35</sup> Sub-contractors include: Chaves County (\$47,775), Cibola County (\$47,775), Doña Ana County (\$47,775), Eddy County (\$23,887), Educational Evaluators (\$46,000), Lea County (\$47,775), and Luna County (\$47,775).

<sup>36</sup> Information provided by Cathy Rocke, deputy director of programs, Public Health Division, New Mexico Department of Health, June 25, 2014.

<sup>37</sup> Ibid.

<sup>38</sup> The person listed represents the designated personnel in the state responsible for adolescent reproductive health.