



NEW YORK

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

- Personal Responsibility Education Program funds totaling \$3,236,330
- Title V State Abstinence Education Program funds totaling \$2,991,440

In Fiscal Year 2010, local entities in New York received:

- Teen Pregnancy Prevention Initiative funds totaling \$7,708,963
- Personal Responsibility Education Innovative Strategies funds totaling \$887,211

SEXUALITY EDUCATION LAW AND POLICY

In New York, health education is required for all students in kindergarten through 12th grade. This instruction must provide information about HIV/AIDS. HIV/AIDS instruction must be taught by teachers who have been given appropriate training and curriculum materials by the board of education or trustees.²

All HIV/AIDS education must “provide accurate information to pupils concerning the nature of the disease, methods of transmission, and methods of prevention.”³ This instruction must be age-appropriate and consistent with community values and “shall stress abstinence as the most appropriate and effective premarital protection against AIDS.”⁴

Each local school board must establish an advisory council to make recommendations on HIV/AIDS instruction.⁵ Local boards of education may provide for the distribution of condoms in schools. They must ensure that all students who have access to the condoms have taken part in an HIV/AIDS education program.⁶

The state does not require or suggest a specific curriculum, but does provide a curriculum framework, the *Learning Standards for Health, Physical Education, and Family and Consumer Sciences at Three Levels*. The framework does not specifically mention sexuality education though certain topics within sexuality education are included, such as “understanding of the changes that accompany puberty.”⁷

Parents may exempt their children from HIV/AIDS classes as long as the school is given “assurance that the pupil will receive such instruction at home.”⁸ This is referred to as an “opt-out” policy.

See New York Regulations of the Commissioner of Education § 135.3, and *Learning Standards for Health, Physical Education, and Family and Consumer Sciences at Three Levels*.

RECENT LEGISLATION

Bill Requiring Medically Accurate and Age-Appropriate Sexuality Education

Senate Bill 1572, introduced in January 2011, would require the commissioner of education to establish guidelines for medically accurate and age-appropriate human sexuality education. The instruction would be required to include methods for preventing sexually transmitted diseases and pregnancy. In addition, the commissioner would be required to provide guidance on educational instruction and suggest appropriate curricula. Parents would be able to remove their child from instruction by providing written consent to the principal and assurance that their child would receive such instruction at home. The bill was referred to the Senate Committee on Education. No further action has been taken.

Healthy Teens Act Introduced

Assembly Bill 808, also known as the *Healthy Teens Act*, was introduced in January 2011. The bill would establish a grant program to teach age-appropriate, comprehensive sex education in schools. School districts, school-based health centers, and community-based organizations would be eligible to apply for funds. Programs receiving grant funding would be prohibited from promoting religion, and would be required to stress the value of abstinence “while not ignoring those adolescents who have had or who are having sexual intercourse.” Instruction would be required to teach about the health benefits and side effects of all contraceptives and barriers methods in preventing pregnancy and sexually transmitted diseases. It also would be required to help young people develop “healthy attitudes and values concerning growth and development, body image, gender roles, [and] sexual orientation...” among other guidelines. Special consideration would be given to grant applicants in areas with a high number of adolescent pregnancies, high rates of sexually transmitted infections, and high rates of poverty. The bill was referred to the Assembly Committee on Health. No further action has been taken.

Bill to Require Comprehensive Sex Education in Schools

Senate Bill 71, introduced in January 2011, would have required the Commissioner of Education to develop a comprehensive, medically accurate, and age appropriate sex education curriculum to be taught in grades one through 12 in all public and charter schools. Individual school boards would have been able to adopt their own curriculum as long as it received approval from the commissioner. The bill was referred to the Education Committee where it was defeated in March.

YOUTH SEXUAL HEALTH DATA

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

New York Youth Risk Behavior Survey (YRBS) Data⁹

- In 2009, 38% of female high school students and 46% of male high school students in New York reported ever having had sexual intercourse compared to 46% of female high school students and 46% of male high school students nationwide.

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- In 2009, 3% of female high school students and 9% of male high school students in New York 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, 8% of female high school students and 18% of male high school students in New York 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, 30% of female high school students and 33% of male high school students in New York 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, 68% of females and 68% of males in New York 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, 19% of females and 15% of males in New York 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, 18% of females and 27% of males in New York reported having used alcohol or drugs the last time they had sexual intercourse compared to 17% of females and 26% of males nationwide.

New York, New York

- In 2009, 35% of female high school students and 45% of male high school students in New York City reported ever having had sexual intercourse compared to 46% of female high school students and 46% of male high school students nationwide.
- In 2009, 4% of female high school students and 14% of male high school students in New York City 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, 9% of female high school students and 22% of male high school students in New York City 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, 25% of female high school students and 30% of male high school students in New York City 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, 65% of females and 77% of males in New York City 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, 7% of females and 7% of males in New York City 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, 15% of females and 23% of males in New York City reported having used alcohol or drugs the last time they had sexual intercourse compared to 17% of females and 26% of males nationwide.

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

Teen Pregnancy, Birth, and Abortion

- New York's teen birth rate currently ranks 46th in the United States, based on the most recent data available, with a rate of 25.2 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 16,835 live births reported to young women ages 15–19 in New York.¹¹
- In 2005, New York's teen pregnancy rate ranked 12th in the United States, with a rate of 77 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 49,840 pregnancies among young women ages 15–19 in New York.¹³
- In 2005, New York's teen abortion rate ranked 2nd in the United States, with a rate of 41 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 York's HIV infection rate ranks 3rd in the United States, with a rate of 33.5 cases per 100,000 individuals compared to the national rate of 19.5 cases per 100,000.¹⁵
- New York ranks 2nd in cases of HIV infection diagnosed in the United States among all age groups. In 2008, there were a total of 6,538 new cases of HIV infection diagnosed in New York.¹⁶
- New York's HIV infection rate among young people ages 13–19 ranks 4th in the United States, with a rate of 12.8 cases per 100,000 young people compared to the national rate of 9.1 cases per 100,000.¹⁷
- New York ranks 3rd in number of reported AIDS cases in the United States among all age groups. In 2008, there were a total of 4,571 new AIDS cases reported in New York.¹⁸

- New York's AIDS rate ranks 5th in the United States, with a rate of 23.5 cases per 100,000 individuals compared to the national rate of 12.3 cases per 100,000.¹⁹
- New York's AIDS rate among young people ages 13–19 ranks 2nd in the United States with a rate of 5.6 cases per 100,000 young people compared to the national rate of 1.8 cases per 100,000.²⁰

Sexually Transmitted Diseases

- New York ranks 16th in reported cases of Chlamydia among young people ages 15–19 in the United States, with an infection rate of 21.34 cases per 1,000 compared to the national rate of 19.51 cases per 1,000. In 2008, there were a total of 29,803 cases of Chlamydia reported among young people ages 15–19 in New York.²¹
- New York ranks 26th in reported cases of gonorrhea among young people ages 15–19 in the United States, with an infection rate of 3.33 cases per 1,000 compared to the national rate of 4.52 cases per 1,000. In 2008, there were a total of 4,648 cases of gonorrhea reported among young people ages 15–19 in New York.²²
- New York ranks 11th in reported cases of primary and secondary syphilis among young people ages 15–19 in the United States, with an infection rate of 0.05 cases per 1,000 compared to the national rate of 0.04 cases per 1,000. In 2008, there were a total of 72 cases of syphilis reported among young people ages 15–19 in New York.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.

- Local organizations in New York received \$5,232,555 in TPPI Tier 1 funding for Fiscal Year 2010.

- There are six TPPI Tier 1 grantees in New York: City of Rochester; Grand Street Settlement, Inc., Morris Heights Health Center, New York City Mission Society, Planned Parenthood of New York City, Inc., and Program Reach, Inc.

City of Rochester Department of Recreation and Youth Services, \$1,599,705 (2010–2014)

The City of Rochester Department of Recreation and Youth Services works to “enhance the City of Rochester with youth initiatives such as recreation, youth development programs, and a premier park system.”²⁴ It promotes asset development and diversity through services that include youth employment opportunities, environmental education, and outreach such as anti-gang intervention.

With its TPPI funding, the department partners with five youth-serving agencies to implement *Teen Outreach Program (TOP)* to youth ages 12–17. *TOP* is 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.”²⁵ The program is designed for youth ages 12–17 and focuses on reducing rates of school failure, school suspension, and teen pregnancy. *TOP* consists of a nine-month curriculum that addresses such topics as relationships, peer pressure, decision making, values clarification, goal-setting, adolescent development, and sexual health.²⁶ It also includes a 20-hour community service component that engages participants in activities to enhance knowledge and develop skills, including self-efficacy, communication, conflict-management, and self-regulation. *TOP* can be delivered as an in-school, after-school, or community-based program. An evaluation of the program published in *Child Development* found that young women, ages 15–19, who participated in *TOP* were significantly less likely to report a pregnancy during the program than participants in the control group.²⁷

Programming is delivered to youth after school at 10 recreation centers in areas of Rochester with the highest teen birth rates. Along with implementing *TOP*, the teen pregnancy-prevention program provides participants with job readiness training and referrals to teen pregnancy-related health and social services. The Department of Recreation and Youth Services plans for the program to reach approximately 600 youth annually.

Grand Street Settlement, Inc., \$600,000 (2010–2014)

Grand Street Settlement is a community-based organization that serves 10,000 low-income families and individuals from New York City’s Lower East Side each year.²⁸ The organization aims to provide “culturally relevant services that support community-building, advocacy, self-determination and an enhanced quality of life.”²⁹ Its services range from early childhood and youth development programs to community support for adults and seniors.

With its TPPI funding, Grand Street Settlement implements the “Carrera-Dempsey Pregnancy Prevention Program,” which serves predominately minority, lower-income youth in grades six through 10. The program uses *Children’s Aid Society – Carrera Adolescent Pregnancy Prevention Program (CAS – Carrera)*, an evidence-based positive youth development program designed for students in grades six through 12. The program consists of seven integrated components that can be delivered in an after-school or in-school setting over the course of a year. These units include Education, Job Club, Family Life and Sexuality Education, Mental Health, Medical and Dental Services, Self Expression, and Lifetime Individual Sports.³⁰ The program uses a positive youth development approach to increase developmental competency and identity formation among participants in order to encourage youth to avoid early parenthood and risky sexual behavior. *CAS – Carrera* runs six days a week throughout the academic year and also includes a summer program component.³¹ An evaluation of the program published in *Perspectives on Sexual and Reproductive Health* found that at a three-year follow-up female participants were significantly less likely to report a pregnancy or report being sexually active than participants in the control group.³²

Grand Street Settlement delivers the program at community-based sites on the Lower East Side and in Bushwick, Brooklyn. Its overall goal is to reduce the teen pregnancy rate by motivating participants to strive for a productive future and avoid negative behaviors that could hinder their goals. Grand Street Settlements plans for the program to reach approximately 120 youth annually.

Morris Heights Health Center, \$791,715 (2010–2014)

Morris Heights Health Center (MHHC) is a non-profit organization located in the Bronx that provides primary health care services (medical, dental, mental/social) to 60,000 residents annually of the Morris Heights community and its surrounding areas.³³ Its mission is to “be the vanguard for quality, affordable and accessible healthcare for all.”³⁴

With its TPPI funding, MHHC implements the “Changing the Odds” youth development program, which serves primarily African-American and Latino youth, ages 11–18, from low-income, urban neighborhoods. MHHC implements the program in six of the school-based health centers it operates in the Bronx.³⁵ “Changing the Odds” replicates *TOP*. (Please see the information above on the City of Rochester Department of Recreation and Youth Services for more information on *TOP*.)

New York City Mission Society, Inc., \$520,302 (2010–2014)

The New York City Mission Society is a non-profit organization that began in 1812 as a Christian organization that served primarily immigrants, providing assistance through food relief, clothing, education, and access to health care. Today, the New York Mission Society is a secular organization that focuses on serving African-American and Latino populations in the Bronx and Harlem. It provides education, workforce development, prevention, youth development, community building, and mentoring programs to children, young people, and adults.³⁶

The New York Mission Society uses its TPPI Tier 1 funds to support its “Club Real Deal” program, a comprehensive teen pregnancy prevention program that targets youth, ages 11 and 12, residing in predominantly African-American and Latino poverty-stricken neighborhoods in Central and East Harlem. These communities experience teen birth rates that are 70 percent higher than the New York City average and 25 percent higher than the national average. The overall goal of the program is to delay and reduce pregnancy and sexual initiation among teenage participants while increasing reproductive health knowledge and contraceptive use.

“Club Real Deal” replicates the *Children’s Aid Society – Carrera Adolescent Pregnancy Prevention Program (CAS – Carrera)*. (Please see the information above on the Grand Street Settlement for more information about the *CAS – Carrera* program.) “Club Real Deal” engages participants during both the academic year and the summer. New York City Mission Society plans for the program to reach 120 youth, and will follow the same group throughout the five-year grant period.

Planned Parenthood of New York City, \$611,823 (2010–2014)

Planned Parenthood of New York City (PPNYC) is a non-profit, family planning agency that provides high-quality, affordable reproductive health care to women, men and young people. It aims to “empower individuals to make independent, informed decisions about their sexual and reproductive lives” and to “provide information and health care, and promote public policies that make those services available to all.”³⁷ PPNYC operates health centers in downtown Manhattan, Brooklyn, Bronx, and Staten Island.

With its TPPI funding, PPNYC provides sexual health programming to predominantly African-American and Hispanic youth, ages 10–13, who live, go to school, or receive services in Manhattan, the Bronx, and Brooklyn communities with high rates of teen pregnancy and/or STDs.³⁸ The organization partners with the Partnership for After School Education (PASE) to implement programming after school in community-based settings. PASE is a New York City non-profit that promotes and supports

quality after-school programs. Its network includes more than 1,600 member organizations. PPNYC plans for the program to serve approximately 2,000 youth annually.

The grant funds support the replication of *Making Proud Choices!*, an evidence-based STD-, HIV-, and pregnancy-prevention curriculum designed for use with African-American, Latino, and white adolescents ages 11–13. The curriculum aims to help youth understand the poor reasoning and decision making that can lead to STD/HIV infection and/or unintended pregnancy, as well as to increase their confidence, negotiation skills, and self-efficacy in using condoms. The program consists of eight, one-hour sessions and can be implemented in school- or community-based settings. *Making Proud Choices!* includes interactive and skill-building activities that are designed to “increase comfort with practicing condom use, address concerns about negative effects of practicing safer sex, and build skills in condom use and negotiation.”³⁹ An evaluation of the program published in the *Journal of the American Medical Association* showed that program participants reported more consistent condom use and less unprotected sex as well as a higher frequency of condom use than those in the control group.⁴⁰

Program Reach, Inc., \$1,209,010 (2010–2014)

Program Reach is run by Dr. Nanci Coppola, who also runs the Healthy Respect program. Both programs encourage youth to abstain from sex until marriage. The programs serve youth in the Bronx and Westchester, County, New York.

In August 2011 Dr. Coppola was named “Woman of the Year” by Westchester County Executive Robert Astorino for her “pioneering work in sex education.” The award was sponsored by the Women’s Equality Day Reformed Committee, which was “founded on the principles of feminism, equality, and the protection of human life.” The award was presented at the group’s 10th annual “Women of Vision, Women of Reality” luncheon, during which the keynote speaker talked about the 19th century American women’s liberation movement and the “work of the suffragettes in promoting the rights of the unborn.”⁴¹

Program Reach targets high-need, low-income African-American and Latino urban youth ages 11–14 and aims to “reduce HIV/AIDS, unplanned pregnancies and births to teen mothers and fathers.”⁴² The program implements *Promoting Health Among Teens! (PHAT) – Abstinence-Only Intervention* in Yonkers public schools.

Promoting Health Among Teens! (PHAT) – Abstinence-Only Intervention is an evidence-based curriculum developed to increase knowledge and awareness about STDs, including HIV, increase an understanding of how abstinence can prevent pregnancy and HIV/STDs, and build refusal and negotiation skills for practicing abstinence. *Promoting Health Among Teens!* aims for participants to abstain from vaginal, oral and anal intercourse until a time later in life when they are ready to handle the potential consequences of having sex and neither discourages nor encourages condom use.⁴³ Although originally intended for use with urban, African-American youth in small groups, the intervention can be adapted for use with larger groups and those in rural settings.⁴⁴ The curriculum is designed as eight, one-hour modules that include group discussions, videos, role-playing, skill-building activities, games, and other experiential exercises. It is appropriate for use in both school- and community-based settings. An evaluation of the program published in the *Archives of Pediatrics & Adolescent Medicine* found that at a 24-month follow-up, participants who were sexually inexperienced at the time of the program were significantly less likely to have initiated sex than participants in the control group.⁴⁵ Program Reach plans to serve 1088 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 Innovative Approaches grantee in New York, EngenderHealth, Inc., which received \$976,408 for Fiscal Year 2010.

EngenderHealth, \$976,408 (2010–2014)

EngenderHealth is an international reproductive health organization that works to “improve the quality of health care in the world’s poorest communities.”⁴⁶ The organization “empowers people to make informed decisions about contraception, trains health professionals to make motherhood safer, promotes gender equity, enhances the quality of HIV/AIDS services, and advocates for positive policy change.”⁴⁷ It provides services in more than 20 countries across the globe and operates offices internationally and domestically, including three U.S. offices in New York, Washington, DC, and Austin, Texas.

With its Tier 2 grant, EngenderHealth implements the *Gender Matters* to youth ages 14–15 in Austin, Texas. *Gender Matters* is an “innovative, science-based intervention designed to address...the impact of gender norms on the sexual and reproductive health behaviors of youth.”⁴⁸ By integrating gender issues into teen pregnancy prevention programming, *Gender Matters* aims to “[influence] traditional beliefs about masculinity and femininity, [advance] more equitable attitudes about relationships and the balance of power within them, and [influence] other gender specific views, such as responsibility for pregnancy prevention and ambivalence about pregnancy.”⁴⁹

Gender Matters is delivered to low-income, African-American and Latino youth who participate in the city of Austin’s Summer Youth Employment Program. It consists of three components: 1) educational workshops provided during the summer program; 2) a year-long social media campaign; and 3) community-wide educational events developed by the program participants. The program’s overall goals are to reduce unintended teenage pregnancy by delaying sexual initiation among youth who are sexually inexperienced, increasing the use of contraception among sexually active youth, and increasing the proportion of youth who seek reproductive health care. Approximately 400 young people will receive the intervention over a period of five years. EngenderHealth has partnered with the Columbia University Mailman School of Public Health to evaluate the program.⁵⁰

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 is one TPPI Tier 2 Communitywide Initiatives grantee in New York, the Fund for Public Health in New York, Inc., which received \$1,500,000 for Fiscal Year 2010.

Fund for Public Health in New York, Inc., \$1,500,000 (2010–2014)

The Fund for Public Health in New York, Inc. (FPHNY) is a non-profit organization “dedicated to the advancement of the health and well-being of all New York City residents.” Developed by the New York City Department Health and Mental Hygiene, the Fund partners with foundations, philanthropists, businesses, and community members to advance the health department’s agenda, “address pressing public health needs,” and educate New Yorkers about protecting their individual health and the health of their families and communities.⁵¹

The Fund’s community-wide initiative grant supports the “Bronx Teen Connection,” a multi-component teen pregnancy-prevention initiative that serves the Hunts Point and Morrisania communities in the South Bronx. The initiative aims to improve teen health and reduce unintended teen pregnancy. FPHNY partners with government agencies, reproductive health service providers, and community-based organizations to implement evidence-based, teen pregnancy-prevention programs in local high schools and community-based settings. The initiative also serves to strengthen linkages between school- and

community-based health centers and clinical services.⁵² The five-year initiative seeks to bring about the following outcomes:

- “Increased number and percentage of youth within the target community who receive evidence-based and evidence-informed programs to prevent teen pregnancy;
- increased number and percentage of sexually active youth within the target community who are referred to and use clinical services;
- increased capacity of community clinics to deliver quality sexual and reproductive health services to teens; and
- increased engagement of community leaders and stakeholders to support and advocate for proven unintended teen pregnancy prevention approaches and educational supports.”⁵³

FPHNY provides training and technical assistance to community partners on program delivery as well as strategies for institutionalizing services and creating long-term sustainability. The initiative’s key partners include, the U.S. Department of Health and Human Services, Administration for Children’s Services, the Bronx District Public Health Office, and the New York City Department of Education.⁵⁴

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 York State Department of Health received \$3,236,330 in federal PREP funds for Fiscal Year 2010.
- The department will sub-grant the funds to eight local public and private entities. At the time of publication, award amounts had not yet been finalized.

The New York PREP state-grant program will operate in conjunction with the state’s Comprehensive Adolescent Pregnancy Prevention (CAPP) program, a \$17 million grant program supported by state and federal funds to promote adolescent sexual health. CAPP provides grants to community-based organizations to implement comprehensive sexuality education programs that are age-appropriate, evidence-based, and medically accurate. Programs must also “ensure access to comprehensive reproductive healthcare and family planning services for teens to prevent pregnancies, STDs, and HIV/AIDS” and address at least three adulthood preparation topics.⁵⁵

A Request for Applications (RFA) for available funds was released in September 2010 and funding was granted to 50 organizations. Because the goals and requirement of PREP are so similar to those of the CAPP program, rather than create a new RFA, the department of health chose to sub-grant the PREP funds to 8 organizations that had submitted CAPP proposals that were “approved but not funded” due to a lack of available funds. Approximately \$2 million of the state’s PREP funds will be given to these sub-grantees, and the programs receiving the PREP funds will be referred to as the “CAPP-PREP” grantees.⁵⁶

CAPP-PREP grantees include: Center for Community Alternatives, Community Counseling and Mediation; Claremont Neighborhood Center, Mothers and Babies Perinatal Network of South Central New York, Inc., Research Foundation of the State University of New York Downstate Medical Center, Woodhull Medical and Mental Health Center, YWCA of the City of New York, and YWCA of Jamestown. Their programs will serve predominately African-American and Latino young people, including pregnant and parenting youth, families, and community members. Priority is given to serve “high-risk and disconnected youth,” defined as youth who are out of school; living with a disability; in the foster care system or other state-run residential facilities; in the juvenile justice system; recent immigrants; and/or homeless.⁵⁷

CAPP-PREP grantees will implement one or more of the following evidence-based programs:

- *Becoming a Responsible Teen (BART)*
- *Be Proud! Be Responsible!*
- *Children’s Aid Society – Carrera Adolescent Pregnancy Prevention Program*
- *Draw the Line/ Respect the Line*
- *FOCUS: Preventing Sexually Transmitted Infections and Unwanted Pregnancies among Young Women*
- *Making Proud Choices!*
- *Project AIM (Adult Identity Mentoring)*
- *SiHLE (Sisters Informing, Healing, Living and Empowering)*
- *Teen Health Project*

The programs listed are all included in the list of 28 evidence-based programs approved by the Office of Adolescent Health for replication with Tier 1 Teen Pregnancy Prevention Initiative funds. (Please see the [OAH Intervention Implementation Reports](#) for more information about these programs.)

Of the remaining PREP funds, \$400,000 will go to support the Assets Coming Together for Youth Center of Excellence (COE). Developed by the state department of health, COE provides training and technical assistance to youth-serving organizations funded by the department and serves as a clearinghouse for resources and best practices on adolescent sexual health and youth development. COE will assist CAPP-PREP grantees in the implementation of programs. The center will also assist the department of health with an evaluation of the PREP state-grant program. Another \$400,000 in PREP funding will go to support the development, implementation, and evaluation of a teen pregnancy prevention model designed specifically for youth in foster care.⁵⁸

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 is one PREIS grantee in New York, Cicatelli Associates, Inc., which received \$887,211 for Fiscal Year 2010.

Cicatelli Associates, Inc., \$887,211 (2010–2014)

Cicatelli Associates, Inc. is a non-profit organization that “uses the transformative power of education and research to foster a more aware, healthy, compassionate and equitable world” and strives to improve the quality of health care and social services available to vulnerable populations.⁵⁹

With its PREIS grant, the organization implements the “Development for Youth” behavioral intervention to young people ages 12–19 in the New York City foster care system. Developed by Cicatelli Associates, Inc. in 1996, “Development for Youth” is a “multi-session, group level intervention developed to reduce sexual risk behaviors among high-risk adolescents in group home settings.”⁶⁰ The intervention has shown positive results in reducing unintended pregnancy and the incidence of sexually transmitted diseases, including HIV, along with improving relationship, health, and vocational outcomes among participants. The program will serve 600–800 young people.

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 to states for Fiscal Years 2010–2014. ACF administers the grant program. The Title V Abstinence-Only Program requires states to provide three state-raised dollars or the equivalent in services for every four federal dollars received. The state match may be provided in part or in full by local groups. All programs funded by the Title V Abstinence-Only Program must promote abstinence from sexual activity as their exclusive purpose and may provide mentoring, counseling, and adult supervision toward this end. Programs must be medically accurate and age-appropriate and must ensure abstinence is an expected outcome.

- The New York State Department of Health received \$2,991,440 in federal Title V abstinence-only funding for Fiscal Year 2010.
- The department has issued an application announcement for available funds under the state’s Title V abstinence-only grant program. At the time of publication, sub-grantees had not yet been determined.
- In New York, sub-grantees will contribute to the match through in-kind services.

The New York Title V Abstinence-Only Program will fund community-based organizations to provide mentoring programs, adult supervision activities, and parent/caregiver education in communities with high need. Programming will target youth ages nine through 12, including youth in foster care. Communities with high need are defined as those counties with the highest number of births to young women under the age of 20. These counties include: Albany, Bronx, Erie, Kings, Monroe, Nassau, New York, Niagara, Oneida, Onondaga, Orange, Queens, Richmond, Suffolk, and Westchester.⁶¹

The abstinence-only program is designed to align with the continuum of youth services developed by the New York State Department of Health that support positive youth development and adolescent sexual health. To this end, programming will focus on “helping young people acquire developmental assets that will help them transition to healthy adulthood, avoid risky behaviors, and delay the initiation of sexual activity.”⁶² The overall goal of the grant program is to increase the number, and quality of, developmental assets among youth participants. Such developmental assets include positive family communication, adult role models, caring communities, creative activities, motivation for academic achievement, responsibility, self-esteem, and sense of purpose in addition to others.

Local public and private entities will be eligible to apply for funding, including state and local government health agencies, school districts, and youth service bureaus, faith- and community-based organizations, and public health centers among others. Program activities may include: one-to-one adult-child mentoring; after-school programs; education for parents and guardians on communicating with their children and supervision; educational, recreational, vocational, and/or economic opportunities for young people and their families; community programs and service activities; and working to establish or

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strengthen linkages between healthcare providers to ensure that youth have access to needed services not provided through the abstinence-only program.⁶³

The department of health is working to identify evidence-based and promising models for mentoring, adult supervision, and parent education programs that will be included in the RFA as suggested programs. Sub-grantees will be encouraged to implement an evidence-based program that is culturally relevant to and most appropriate for the community served.⁶⁴

New York TPPI, PREP, and Title V Abstinence-Only funding in FY 2010

Grantee	Award	Fiscal Years
Teen Pregnancy Prevention Initiative (TPPI)		
<i>TPPI Tier 1: Replication of Evidence-Based Programs</i>		
City of Rochester	\$1,499,705	2010–2014
Grand Street Settlement, Inc.	\$600,000	2010–2014
Morris Heights Health Center	\$791,715	2010–2014
New York City Mission Society	\$520,302	2010–2014
Planned Parenthood of New York City, Inc.	\$611,823	2010–2014
Program Reach, Inc.	\$1,209,010	
TOTAL	\$5,232,555	
<i>TPPI Tier 2: Innovative Approaches</i>		
EngenderHealth, Inc.	\$976,408	2010–2014
TOTAL	\$976,408	
<i>TPPI Tier 2: Communitywide Initiatives</i>		
Fund for Public Health in New York, Inc.	\$1,500,000	2010–2014
TOTAL	\$1,500,000	
Personal Responsibility Education Program (PREP)		
<i>PREP State-Grant Program</i>		
New York State Department of Health (federal grant)	\$3,236,330	2010
TOTAL	\$3,236,330	
<i>Personal Responsibility Education Innovative Strategies</i>		
Cicatelli Associates, Inc.	\$887,211	2010–2014
TOTAL	\$887,211	
Title V Abstinence Education Grant Program (Title V Abstinence-Only)		
New York State Department of Health (federal grant)	\$2,991,440	2010
TOTAL	\$2,991,440	
GRAND TOTAL	\$14,823,944	2010

COMPREHENSIVE APPROACHES TO SEXUALITY EDUCATION

*SIECUS has identified some examples of model programs, policies, and best practices being implemented in New York public schools that provide a more comprehensive approach to sex education for young people.*⁶⁵

Comprehensive Sex Education Programs in Public Schools

New York City Mandates Sex Education in Public Schools

In August 2011, New York City mayor Michael Bloomberg announced the launch of a new \$127 million initiative to address the economic, educational, and employment barriers facing young African-American and Latino men. In part, the new initiative requires New York City public schools to teach comprehensive sex education to middle and high school students; it went into effect for the 2011–2012 school year.⁶⁶ To address sexual health among students, the new mandate requires schools to teach one semester of sex education in sixth or seventh grade and one semester in ninth or tenth grade. It is suggested that schools use the department of education’s recommended curricula, *HealthSmart*, for middle school students and *Reducing the Risk* for students in high school.⁶⁷

HealthSmart is a comprehensive health education curriculum. There are two versions of the curriculum, one for middle school and one for high school. The middle school curriculum addresses four areas of health education, including “Personal and Family Health,” “Safety and Injury Protection,” “Nutrition and Physical Activity,” and “Tobacco, Alcohol, and Other Drug Prevention.” The “Personal and Family Health” unit teaches students information to “identify and seek help for troublesome feelings,” prevent bullying, resolve conflicts, “develop respect for their bodies,” and “practice behaviors that prevent the spread of diseases.”⁶⁸

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.⁶⁹ *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.⁷⁰

The curricula recommended for use under the new mandate were used as part of a pilot sex education program that was implemented in seven schools in the South Bronx in 2007.

A process evaluation of the pilot program was conducted among school principals and teachers who implemented the program. The evaluation revealed a lack of basic knowledge among students about human sexuality. Teachers reported that students who participated in the program possessed little to no knowledge of reproductive anatomy. Findings also showed that students were eager to receive information.⁷¹ In fact, teachers reported that in most cases they needed more time than one class period per lesson due to students’ engagement in the information and desire to ask questions and participate in class discussion. Additional findings showed support among parents. The evaluation revealed that very few parents (zero to three per school) chose to remove their child from the program. Those who did chose to do so due to religious reasons. In addition, schools received little resistance from parents; and three out of the six principals who participated in the program evaluation reported strong parental support for the program.⁷²

Findings also revealed that the pilot program made a positive impact on the school environment overall. Four out of the six principals who participated in the survey stated that the pilot helped with school attendance, improved grades, and reduced the number of disciplinary incidents. And five out of the six principals reported that the program helped in “fostering school pride and connectedness.”⁷³ No principals reported that the program had any negative effect on academic goals and priorities.

Moreover, all of the principals stated that “they would use the curricula again and recommend them to other principals.”⁷⁴ And, all of the teachers who participated in the survey “reported that they thought teaching sex education in school was important” and the majority thought that sex education should be mandated.⁷⁵

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

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ORGANIZATIONS THAT SUPPORT COMPREHENSIVE SEXUALITY EDUCATION

Anti-Violence Project
New York, NY
Phone: (212) 714-1184
www.avp.org

New York AIDS Coalition
New York, NY
(646) 744-1598
www.nyaidiscoalition.org

Empire State Pride Agenda
New York, NY
Phone: (212) 627-0305
www.prideagenda.org

New York Civil Liberties Union
New York, NY
Phone: (212) 607-3300
www.nyclu.org

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Family Planning Advocates of
New York State
Albany, NY
Phone: (518) 436-8408
www.fpaofnys.org
www.getthefactsny.org

GMHC
New York, NY
Phone: (212) 367-1000
www.gmhc.org

Harlem United Community AIDS Center
New York, NY
Phone: (212) 803-2850
www.harlemunited.org

New York State United Teachers
Latham, NY
Phone: (518) 213-6000
www.nysut.org

Youth Organizers United
New York, NY
Phone: (212) 608-6365

Planned Parenthood of New York City
New York, NY
Phone: (212) 274-7200
www.ppnyc.org

ORGANIZATIONS THAT OPPOSE COMPREHENSIVE SEXUALITY EDUCATION

Conservative Party of New York
Ft. Hamilton Station, NY
Phone: (718) 921-2158
www.cpnys.org

New York State Catholic Conference
Albany, NY
Phone: (518) 434-6195
www.nyscatholic.org

New Yorkers for Constitutional Freedom
Spencerport, NY
Phone: (585) 225-2340
www.nycf.info

New York State Right to Life Committee
Albany, NY
Phone: (518) 434-1293
www.nysrighttolife.org

MEDIA OUTLETS

Newspapers in New York⁷⁷

The Buffalo News
Buffalo, NY
Phone: (716) 849-3434
www.buffalonews.com

Daily News
New York, NY
Phone: (212) 210-2100
www.nydailynews.com

Hudson Valley Press
Newburgh, NY
Phone: (845) 562-1313
www.hvpress.net

New York Post
New York, NY
Phone: (212) 930-8000
www.nypost.com

The New York Times
New York, NY
Phone: (888) 698-6397
www.nytimes.com

Newsday
Melville, NY
Phone: (212) 251-6600
www.newsday.com

The Post-Standard
Syracuse, NY
Phone: (315) 470-0011
www.post-standard.com

Press & Sun-Bulletin
Binghamton, NY
Phone: (607) 352-2645
www.binghamtonpress.com

Rochester Democrat and Chronicle
Rochester, NY
Phone: (585) 258-2220
www.democratandchronicle.com

Staten Island Advance
Staten Island, NY
Phone: (718) 981-1234
www.silive.com

Times Herald Record
Middletown, NY
Phone: (845) 343-7008
www.recordonline.com

Times Union
Albany, NY
Phone: (518) 454-5420
www.timesunion.com

The Village Voice
New York, NY
Phone: (212) 475-3333
www.villagevoice.com

The Wall Street Journal
New York, NY
Phone: (212) 416-2000
www.wsj.com

Political Blogs in New York

The Albany Project
www.thealbanyproject.com

The Community Alliance Blog
<http://thecommunityalliance.blogspot.com>

Lost in the Ozone
www.davidmquintana.blogspot.com

Next Left Notes
www.antiauthoritarian.net/NLN/

Politics on the Hudson
<http://polhudson.lohudblogs.com>

Rochester Turning
www.rochesterturning.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.Y. Regs. of the Comr. Of Ed. §§ 135.3(b)(2) and (c)(2)(i),
<<http://www.p12.nysed.gov/sss/schoolhealth/schoolhealtheducation/CR135.pdf>>.

³ Ibid.

⁴ Ibid.

⁵ Ibid.

⁶ N.Y. Regs. of the Comr. Of Ed. § 135.3(c)(2)(ii).

- ⁷ *Learning Standards for Health, Physical Education, and Family and Consumer Sciences at Three Levels* (New York: New York State Department of Education), accessed 14 April 2010, <<http://www.p12.nysed.gov/sss/schoolhealth/schoolhealtheducation/healthPEFACSLearningStandards.pdf>>, 4.
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- 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>>. Note: New York City also participated in the 2009 YRBS.
- 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>>.
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- 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.
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- ²⁴ City of Rochester, “Department of Recreation and Youth Services,” accessed 3 June 2011, <<http://www.cityofrochester.gov/article.aspx?id=8589934833>>.
- ²⁵ Saras Chung 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 1 July 2011, <http://www.wymantop.org/pdfs/TOP_Positive_Well-Being.pdf>, 3.
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- ²⁷ “Pregnancy Prevention Intervention Implementation Report: Teen Outreach Program,” 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/teen_outreach_program.html>.
- ²⁸ Grand Street Settlement, “About Grand Street,” accessed 3 June 2011, <<http://www.grandstreet.org/index.html>>.
- ²⁹ *Ibid.*
- ³⁰ “Our Program,” The Children’s Aid Society – Carrera Adolescent Pregnancy Prevention Program, accessed 1 July 2011, <<http://stopteenpregnancy.childrensaidsociety.org/our-program>>.
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- Program in the Bronx, NY,” 25 May 2011, accessed 2 June 2011, <http://www.google.com/url?sa=t&source=web&cd=3&ved=0CCsQFjAC&url=http%3A%2F%2Fwww.mhhc.org%2Fpages%2Fpdf%2FChanging%2520the%2520Odds-event%2520caption.pdf&trct=j&q=changing%20the%20odds%20morris%20heights%20health%20center&ei=Z0IaTsj0J4uSgQe2qOEV&usq=AFQjCNFHaNCAyT7uBsgF3fzXVnJxyFwWIA&sig2=0rvtoV07_JRCnMw6ON32dA&cad=rja>.
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- ³⁵ “MHHC Launches ‘Changing the Odds’ Teen Development Program, Morris Heights Health Center, 25 May 2011, accessed 3 June 2011, <<http://mymhhc.org/?p=350>>.
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- ⁴¹ “Healthy Respect News,” Healthy Respect, accessed 29 August 2011, <http://www.healthrespect.org/newsaboutus.shtml>.
- ⁴² “Teenage Pregnancy Prevention: Summary of Funded Evidence-Based Programs for 2010,” U.S. Department of Health & Human Services, accessed 14 April 2011, <http://www.hhs.gov/ash/oah/prevention/grantees/models_2010_programs.html>.
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- ⁴⁴ “Promoting Health Among Teens! Abstinence-Only,” 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=575&PageTypeID=2>>.
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- ⁵³ “Fund for Public Health in New York Job Description – Sex Education Coordinator, Bronx Teen Connection,” Fund for Public Health in New York, Inc., 26 October 2010, accessed 29 August 2011, <<http://www.fphny.org/jobs/4cc9ce18121c9.doc>>.
- ⁵⁴ “Teenage Pregnancy Prevention: Integrating Services, Programs, and Strategies through Communitywide Initiatives – State and Community-Based Organizations,” Division of Reproductive Health.
- ⁵⁵ *Personal Responsibility Education Program State Plan*, New York State Department of Health, accessed 16 September 2011, <http://www.health.state.ny.us/community/youth/sexual_health/docs/personal_responsibility_education_program.pdf>, 32.
- ⁵⁶ *Ibid.*, 33–34, 49.
- ⁵⁷ *Ibid.*, 25.
- ⁵⁸ *Ibid.*, 49, 55.

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- ⁶⁰ “Development for Youth,” Ciatelli Associates, Inc., accessed 5 September 2011, <http://www.ciatelli.org/cms/index.php?option=com_content&view=article&id=32&Itemid=228>.
- ⁶¹ Information provided by Kristin Mesler, associate director of the Bureau of Maternal and Child Health, New York State Department of Health, 24 March 2011.
- ⁶² *Title V State Abstinence Education Grant Program State Plan*, New York State Department of Health, accessed 16 September 2011, <http://www.health.state.ny.us/community/youth/abstinence/docs/title_v_state_abstinence_education_grant_program.pdf>, 25.
- ⁶³ *Ibid.*, 26.
- ⁶⁴ *Ibid.*, 47.
- ⁶⁵ This is by no means a complete list of all comprehensive programming and policies related to sexuality education, but rather some examples of best practices and model programs that SIECUS identified.
- ⁶⁶ Fernanda Santos and Anna M. Phillips, “New York City Will Mandate Sex Education,” *New York Times*, 9 August 2011, accessed 29 August 2011, <<http://www.nytimes.com/2011/08/10/nyregion/in-new-york-city-a-new-mandate-on-sex-education.html>>.
- ⁶⁷ Santos Phillips, “New York City Will Mandate Sex Education.”
- ⁶⁸ “Health Smart Curriculum,” West Middle Island School, accessed 23 May 2010, <http://www.longwood.k12.ny.us/wmi/health_smart.html>.
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- ⁷⁰ *Ibid.*, 23–24.
- ⁷¹ Philip M. Alberti, et. al, “NYC Sex Education Pilot Program: Process Evaluation Results,” 13.
- ⁷² *Ibid.*, 18.
- ⁷³ *Ibid.*
- ⁷⁴ “Advocates Urge NYC Dept of Education to Expand Successful Sex Ed Program,” Press Release, American Civil Liberties Union, 27 May 2010, accessed 15 June 2010, <<http://www.aclu.org/reproductive-freedom/advocates-urge-nyc-dept-education-expand-successful-sex-ed-program>>.
- ⁷⁵ *Ibid.*
- ⁷⁶ The person listed represents the designated personnel in the state responsible for adolescent reproductive health.
- ⁷⁷ This section is a list of major newspapers in the state and is by no means exhaustive of local print outlets.