



U.S. OUTER TERRITORIES

In Fiscal Year 2011¹, the Federated States of Micronesia received:

- **Personal Responsibility Education Program funds totaling \$250,000**
- **Title V State Abstinence Education Program funds totaling \$47,492**

In Fiscal Year 2011, Guam received:

- **Title V State Abstinence Education Program funds totaling \$51,213**

AMERICAN SAMOA SEXUALITY EDUCATION LAW AND POLICY

The American Samoa Department of Education health education program includes an HIV/School Health Project, which provides education about HIV infection and AIDS to students. Students in grades seven through 12 also receive information on sexually transmitted diseases (STDs), HIV/AIDS, and teen pregnancy through the Teenage Health Teaching Modules (THTM), which address issues affecting adolescents. This program teaches students interpersonal communication, “refusal skills, self-esteem, decision-making, and role playing.”² With the goal of reducing HIV infection, schools encourage students “to abstain from sexual intercourse, to not inject drugs, and, when deemed appropriate, to consistently and correctly use latex condoms to prevent HIV infection, if they become sexually active.”

See *Office of Curriculum, Instruction, and Accountability Health Program Overview*.

GUAM SEXUALITY EDUCATION LAW AND POLICY

The School Health Education Program (SHEP) of Guam addresses the “prevention of risk behaviors,” including “sexual behaviors that contribute to unintended pregnancy, HIV infection and other sexually transmitted diseases.” The goal of SHEP is to “improve educational outcomes in Guam’s schools.” Students receive education on family life and sexuality beginning in grade four. In middle school, students should be able to discuss methods of family planning and prevention of HIV and STDs in addition to abstinence; however, the content standards for high school students do not include any mention of contraception, and students are expected to “[d]evelop a personal contract to consider abstaining from sexual activity until such time that you consider yourself to be financially, physically, mentally, emotionally, socially and spiritually mature and are able to take full responsibility for your actions.”

See *Guam Public School System Health Education Program and HIV/AIDS Prevention/Coordinated School Health Program*.

REPUBLIC OF THE MARSHALL ISLANDS SEXUALITY EDUCATION LAW AND POLICY

Sex education is a requirement for all schools in the Republic of the Marshall Islands (RMI). Following Marshallese custom, students are separated by gender for sexuality education classes; male students are taught by a male teacher and female students are taught by a female teacher. The sexuality education curriculum includes HIV education, which is taught to both primary and secondary school students.

See *Yokwe Online*, “Majuro Chamber of Commerce Holds Forum on Education in the RMI”; and United Nations General Assembly Special Session on HIV/AIDS, *Marshall Islands National Composite Policy Index: 2007* and *Country Progress Report, Republic of the Marshall Islands, 2010*.

REPUBLIC OF PALAU SEXUALITY EDUCATION LAW AND POLICY

The Comprehensive School Program health curriculum of the Republic of Palau includes information on HIV/AIDS and sexually transmitted diseases.

See Republic of Palau Ministry of Education, “Health Education.”

OTHER U.S. OUTER TERRITORIES SEXUALITY EDUCATION LAW AND POLICY

SIECUS is unaware of any sex education law or policy for the Commonwealth of the Northern Mariana Islands or the Federated States of Micronesia.

RECENT LEGISLATION

SIECUS is not aware of any proposed legislation regarding sexuality education in any of the U.S. Outer Territories.

YOUTH SEXUAL HEALTH DATA

SIECUS has compiled the following data to provide an overview of adolescent sexual health in the U.S. Outer Territories. The data collected represents the most current information available.

American Samoa Youth Risk Behavior Survey (YRBS) Data³

- In 2011, 24% of female high school students and 42% of male high school students in American Samoa reported ever having had sexual intercourse, compared to 46% of female high school students and 49% of male high school students nationwide in the U.S.
- In 2011, 3% of female high school students and 13% of male high school students in American Samoa reported having had sexual intercourse before age 13, compared to 3% of female high school students and 9% of male high school students nationwide in the U.S.
- In 2011, 5% of female high school students and 17% of male high school students in American Samoa reported having had four or more lifetime sexual partners, compared to 13% of female high school students and 18% of male high school students nationwide in the U.S.
- In 2011, 16% of female high school students and 30% of male high school students in American Samoa reported being currently sexually active (defined as having had sexual intercourse in the

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three months prior to the survey), compared to 34% of female high school students and 33% of male high school students nationwide in the U.S.

- In 2011, among those high school students who reported being currently sexually active, 32% of females and 46% of males in American Samoa reported having used condoms the last time they had sexual intercourse, compared to 54% of females and 67% of males nationwide in the U.S.
- In 2011, among those high school students who reported being currently sexually active, 5% of females and 7% of males in American Samoa reported having used birth control pills the last time they had sexual intercourse, compared to 23% of females and 13% of males nationwide in the U.S.
- In 2011, among those high school students who reported being currently sexually active, 16% of females and 35% of males in American Samoa reported having used alcohol or drugs the last time they had sexual intercourse, compared to 18% of females and 26% of males nationwide in the U.S.
- In 2011, 62% of high school students in American Samoa reported having been taught about AIDS/HIV in school, compared to 84% of high school students nationwide in the U.S.

Federated States of Micronesia Youth Risk Behavior Survey (YRBS) Data

The Federated States of Micronesia did not participate in the 2011 Youth Risk Behavior Survey.

Guam Youth Risk Behavior Survey (YRBS) Data⁴

- In 2011, 47% of female high school students and 51% of male high school students in Guam reported ever having had sexual intercourse, compared to 46% of female high school students and 49% of male high school students nationwide in the U.S.
- In 2011, 4% of female high school students and 8% of male high school students in Guam reported having had sexual intercourse before age 13, compared to 3% of female high school students and 9% of male high school students nationwide in the U.S.
- In 2011, 10% of female high school students and 14% of male high school students in Guam reported having had four or more lifetime sexual partners, compared to 13% of female high school students and 18% of male high school students nationwide in the U.S.
- In 2011, 34% of female high school students and 31% of male high school students in Guam reported being currently sexually active (defined as having had sexual intercourse in the three months prior to the survey), compared to 34% of female high school students and 33% of male high school students nationwide in the U.S.
- In 2011, among those high school students who reported being currently sexually active, 28% of females and 38% of males in Guam reported having used condoms the last time they had sexual intercourse, compared to 54% of females and 67% of males nationwide in the U.S.
- In 2011, among those high school students who reported being currently sexually active, 9% of females and 6% of males in Guam reported having used birth control pills the last time they had sexual intercourse, compared to 23% of females and 13% of males nationwide in the U.S.

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- In 2011, among those high school students who reported being currently sexually active, 11% of females and 27% of males in Guam reported having used alcohol or drugs the last time they had sexual intercourse, compared to 18% of females and 26% of males nationwide in the U.S.
- In 2011, 86% of high school students in Guam reported having been taught about AIDS/HIV in school, compared to 84% of high school students nationwide in the U.S.

Northern Mariana Islands Youth Risk Behavior Survey (YRBS) Data

Data on the sexual behavior questions from the 2011 Youth Risk Behavior Survey is not available for the Northern Mariana Islands.

Republic of the Marshall Islands Youth Risk Behavior Survey (YRBS) Data

The Republic of the Marshall Islands did not participate in the 2011 Youth Risk Behavior Survey.

Republic of Palau Youth Risk Behavior Survey (YRBS) Data⁵

- In 2011, 29% of female high school students and 53% of male high school students in Palau reported ever having had sexual intercourse, compared to 46% of female high school students and 49% of male high school students nationwide in the U.S.
- In 2011, 3% of female high school students and 10% of male high school students in Palau reported having had sexual intercourse before age 13, compared to 3% of female high school students and 9% of male high school students nationwide in the U.S.
- In 2011, 5% of female high school students and 29% of male high school students in Palau reported having had four or more lifetime sexual partners, compared to 13% of female high school students and 18% of male high school students nationwide in the U.S.
- In 2011, 22% of female high school students and 37% of male high school students in Palau reported being currently sexually active (defined as having had sexual intercourse in the three months prior to the survey), compared to 34% of female high school students and 33% of male high school students nationwide in the U.S.
- In 2011, among those high school students in Palau who reported being currently sexually active, 53% reported having used condoms the last time they had sexual intercourse, compared to 60% of high school students nationwide in the U.S.
- In 2011, 70% of high school students in Palau reported having been taught about AIDS/HIV in school, compared to 84% of high school students nationwide in the U.S.

American Samoa Teen Pregnancy, HIV/AIDS, and Sexually Transmitted Disease Data

Teen Pregnancy, Birth, and Abortion

- In 2010, American Samoa's teen birth rate was 34.1 births per 1,000 young women ages 15–19, compared to the U.S. national rate of 34.2 births per 1,000.⁶

HIV and AIDS

- In 2010, the rate of diagnoses of HIV infection among adolescents aged 13–19 years in American Samoa was 0.0 per 100,000, compared to the U.S. national rate of 7.9 per 100,000.⁷
- In 2010, the rate of AIDS diagnoses among adolescents 13–19 years in American Samoa was 0.0 per 100,000, compared to the U.S. national rate of 1.9 per 100,000.⁸
- In 2010, the rate of diagnoses of HIV infection among young adults aged 20–24 years in American Samoa was 0.0 per 100,000, compared to the U.S. national rate of 36.9 per 100,000.⁹
- In 2010, the rate of AIDS diagnoses among young adults aged 20–24 years in American Samoa was 0.0 per 100,000, compared to the U.S. national rate of 10.4 per 100,000.¹⁰

Guam Teen Pregnancy, HIV/AIDS, and Sexually Transmitted Disease Data

Teen Pregnancy, Birth, and Abortion

- In 2010, Guam’s teen birth rate was 60.1 births per 1,000 young women ages 15–19, compared to the U.S. national rate of 34.2 births per 1,000.¹¹

HIV and AIDS

- In 2010, the rate of diagnoses of HIV infection among adolescents aged 13–19 years in Guam was 0.0 per 100,000, compared to the U.S. national rate of 7.9 per 100,000.¹²
- In 2010, the rate of AIDS diagnoses among adolescents 13–19 years in Guam was 0.0 per 100,000, compared to the U.S. national rate of 1.9 per 100,000.¹³
- In 2010, the rate of diagnoses of HIV infection among young adults aged 20–24 years in Guam was 9.6 per 100,000, compared to the U.S. national rate of 36.9 per 100,000.¹⁴
- In 2010, the rate of AIDS diagnoses among young adults aged 20–24 years in Guam was 0.0 per 100,000, compared to the U.S. national rate of 10.4 per 100,000.¹⁵

Northern Mariana Islands Teen Pregnancy, HIV/AIDS, and Sexually Transmitted Disease Data

Teen Pregnancy, Birth, and Abortion

- In 2010, the Northern Mariana Islands’ teen birth rate was 53.4 births per 1,000 young women ages 15–19, compared to the national rate of 34.2 births per 1,000.¹⁶

HIV and AIDS

- In 2010, the rate of diagnoses of HIV infection among adolescents aged 13–19 years in the Northern Mariana Islands was 0.0 per 100,000, compared to the U.S. national rate of 7.9 per 100,000.¹⁷

- In 2010, the rate of AIDS diagnoses among adolescents 13–19 years in the Northern Mariana Islands was 0.0 per 100,000, compared to the U.S. national rate of 1.9 per 100,000.¹⁸
- In 2010, the rate of diagnoses of HIV infection among young adults aged 20–24 years in the Northern Mariana Islands was 9.6 per 100,000, compared to the U.S. national rate of 36.9 per 100,000.¹⁹
- In 2010, the rate of AIDS diagnoses among young adults aged 20–24 years in the Northern Mariana Islands was 0.0 per 100,000, compared to the U.S. national rate of 10.4 per 100,000.²⁰

There is no youth sexual health data available for the Federated States of Micronesia, the Republic of the Marshall Islands, or the Republic of Palau.

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 (FY) 2010. TPPI consists of two funding tiers that provide grants to local public and private entities. Tier 1 totals \$75 million and provides funding for the replication of evidence-based programs proven to prevent unintended teen pregnancy and address underlying behavioral risk factors. Tier 2 totals \$25 million and provides funding to develop and test additional models and innovative strategies. A portion of the Tier 2 funds, \$15.2 million, was allocated for research and demonstration grants to test innovative approaches, while the remaining funding, \$9.8 million, was allocated for grants to support communitywide initiatives. TPPI also dedicates \$4.5 million in funding to conduct evaluations of individual programs.

TPPI Tier 1: Evidence-Based Programs

The TPPI Tier 1 grant program supports the replication of evidence-based programs proven effective through rigorous evaluation to prevent unintended teen pregnancy, underlying behavioral risk factors, or other associated risk factors.

- There are no TPPI Tier 1 grantees in the U.S. Outer Territories.

TPPI Tier 2: Innovative Approaches

The TPPI Tier 2 grant program supports research and demonstration programs in order to develop, replicate, refine, and test additional models and innovative strategies for preventing teenage pregnancy.

- There are no TPPI Tier 2 Innovative Approaches grantees in the U.S. Outer Territories.

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 the U.S. Outer Territories.

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, \$3.5 million for the Tribal PREP Program for tribes and tribal organizations, and \$6.5 million for evaluation, training, and technical assistance. Details on the state-grant program, PREIS, and Tribal PREP 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 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 Federated States of Micronesia received \$250,000 in federal PREP funds for FY 2011.
- The territory declined to provide SIECUS with any information on its PREP state-grant program.

Personal Responsibility Education Innovative Strategies (PREIS)

PREIS supports research and demonstration programs to develop, replicate, refine, and test innovative models for preventing unintended teen pregnancy. ACF administers the grant program in collaboration with OAH and provides a total of \$10 million in funding directly to local public and private entities.

- There are no PREIS grantees in the U.S. Outer Territories.

Tribal Personal Responsibility Education Program (Tribal PREP)

Tribal PREP supports the development and implementation of comprehensive teen pregnancy prevention programs within Tribes and Tribal communities. Tribal PREP programs target youth ages 10–19 who are in or are aging out of foster care, homeless youth, youth with HIV/AIDS, pregnant and/or parenting youth who are under 21 years of age, and youth who live in areas with high adolescent birth rates. Programs must address at least three of the following adulthood preparation subjects: healthy relationships, positive adolescent development, financial literacy, parent-child communication skills, education and employment skills, and healthy life skills.

- In FY 2011, 16 tribes and tribal organizations from nine states received a total of \$6.5 million.
- There are no Tribal PREP grantees in the U.S. Outer Territories.

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 FYs 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

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this end. Programs must be medically accurate and age-appropriate and must ensure abstinence is an expected outcome.

Guam Title V State Abstinence Education Grant Program

- The Guam Department of Public Health and Social Services received \$51,213 in federal Title V abstinence-only funding for FY 2011.
- The department plans to begin conversations with several local entities about available funds under the state’s Title V abstinence-only grant program. At the time of publication, sub-grantees had not yet been determined.²¹
- In Guam, the matching requirement is waived.

The Guam Department of Public Health and Social Services administers the territory’s Title V abstinence-only grant throughout the entire island. Guam’s program strategies are as follows: focus on preventive measures geared towards the focal population ages 12–19; limit the number of youth and young adults negatively affected by poor choices; use programs that continue to serve youth beyond middle school; use programs that encourage and foster peer support of decisions to delay sexual activity; use programs designed to help parents help their children decisions to delay sexual activity. At the time of publication, more information on the Guam Title V Abstinence-Only Program was not available.²²

Federated States of Micronesia Title V State Abstinence Education Grant Program

- The Department of Health and Social Affairs of the Federated States of Micronesia received \$47,492 in federal Title V abstinence-only funding for FY 2011.
- The territory declined to provide SIECUS with any information on its Title V abstinence-only program.

U.S. Outer Territories TPPI, PREP, and Title V Abstinence-Only Funding in FY 2011

Grantee	Award	Fiscal Years
Personal Responsibility Education Program (PREP)		
<i>PREP State-Grant Program</i>		
Federated States of Micronesia (federal grant)	\$250,000	2011
TOTAL	\$250,000	
Title V Abstinence Education Grant Program (Title V Abstinence-Only)		
Guam Department of Public Health and Social Services	\$51,213	2011
Federated States of Micronesia Department of Health and Social Affairs	\$47,492	2011
TOTAL	\$98,705	
GRAND TOTAL		
	\$348,705	2011

COMPREHENSIVE APPROACHES TO SEXUALITY EDUCATION

SIECUS is not aware of any examples of model programs, policies, or best practices being implemented in any U.S. Outer Territory's public schools that provide a more comprehensive approach to sex education for young people.

We encourage you to submit any updated or additional information on more comprehensive approaches to sex education being implemented in any of the U.S. Outer Territory public schools for inclusion in future publications of the State Profile. Please visit SIECUS' "Contact Us" webpage at www.siecus.org to share information. Select "state policy" as the subject heading.

POINTS OF CONTACT

Adolescent Health Contact²³

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Mangilao, Guam 96913
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PREP State-Grant Coordinator

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ORGANIZATIONS THAT SUPPORT COMPREHENSIVE SEXUALITY EDUCATION

Samoa Family Health Association (SFHA)
Apia, Samoa
Phone: (685) 269-2968

ORGANIZATIONS THAT OPPOSE COMPREHENSIVE SEXUALITY EDUCATION

SIECUS is not aware of any organizations opposed to comprehensive sexuality education in the U.S. Outer Territories.

MEDIA OUTLETS**Newspapers in U.S. Outer Territories²⁴**

Pacific Daily News

Hagatna, Guam

(671) 472-1736

www.guampdn.com

Samoa News

Pago Pago, American Samoa

(684) 633-5599

www.samoanews.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 2011 began on October 1, 2010, and ended on September 30, 2011.

² American Samoa Office of Curriculum, Instruction, and Accountability Health Program Overview.

³ Danice K. Eaton, et. al., "Youth Risk Behavior Surveillance—United States, 2011," *Surveillance Summaries, Morbidity and Mortality Weekly Report*, vol. 61, no. SS-4 (June 8, 2010): 24–29, accessed June 18, 2012, <http://www.cdc.gov/mmwr/pdf/ss/ss6104.pdf>.

⁴ Ibid.

⁵ Ibid. Note: the Republic of Palau did not participate in the full 2011 YRBS.

⁶ Martin, JA, Hamilton, BE, Ventura, SJ, et. al. "Births: Final Data for 2010," *National Vital Statistics Reports*, vol. 61, no. 1, (Hyattsville, MD: National Center for Health Statistics, August 28, 2012), Table B, accessed December 7, 2012, http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_01.pdf.

⁷ Slide 9: "Rates of Diagnoses of HIV Infection among Adolescents Aged 13–19 Years, 2010—46 States and 5 U.S. Dependent Areas," *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention), accessed January 3, 2013, <http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>.

⁸ Slide 18: "Rates of AIDS Diagnoses among Adolescents Aged 13–19 Years, 2010—United States and 6 U.S. Dependent Areas," *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention), accessed January 3, 2013, <http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>.

⁹ Slide 10: "Rates of Diagnoses of HIV Infection among Young Adults Aged 20–24 Years, 2010—46 States and 5 U.S. Dependent Areas," *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention), accessed January 3, 2013, <http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>.

¹⁰ Slide 19: "Rates of AIDS Diagnoses among Young Adults Aged 20–24 Years, 2010—United States and 6 U.S. Dependent Areas," *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention), accessed January 3, 2013, <http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>.

¹¹ Martin, et. al, Table B.

¹² Slide 9: "Rates of Diagnoses of HIV Infection among Adolescents Aged 13–19 Years, 2010—46 States and 5 U.S. Dependent Areas," *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention), accessed January 3, 2013, <http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>.

¹³ Slide 18: "Rates of AIDS Diagnoses among Adolescents Aged 13–19 Years, 2010—United States and 6 U.S. Dependent Areas," *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention), accessed January 3, 2013, <http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>.

¹⁴ Slide 10: "Rates of Diagnoses of HIV Infection among Young Adults Aged 20–24 Years, 2010—46 States and 5 U.S. Dependent Areas," *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention), accessed January 3, 2013, <http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>.

¹⁵ Slide 19: "Rates of AIDS Diagnoses among Young Adults Aged 20–24 Years, 2010—United States and 6 U.S. Dependent Areas," *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention), accessed January 3, 2013, <http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>.

¹⁶ Martin, et. al, Table B.

¹⁷ Slide 9: "Rates of Diagnoses of HIV Infection among Adolescents Aged 13–19 Years, 2010—46 States and 5 U.S. Dependent Areas," *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention), accessed January 3, 2013, <http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>.

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¹⁸ Slide 18: “Rates of AIDS Diagnoses among Adolescents Aged 13–19 Years, 2010—United States and 6 U.S. Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention), accessed January 3, 2013, <http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>.

¹⁹ Slide 10: “Rates of Diagnoses of HIV Infection among Young Adults Aged 20–24 Years, 2010—46 States and 5 U.S. Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention), accessed January 3, 2013, <http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>.

²⁰ Slide 19: “Rates of AIDS Diagnoses among Young Adults Aged 20–24 Years, 2010—United States and 6 U.S. Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention), accessed January 3, 2013, <http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>.

²¹ Information provided by Margaret Bell, Program Director, Bureau of Family Health and Nursing Services, Guam Department of Public Health and Social Services, November 27, 2012.

²² Ibid.

²³ The person listed represents the designated personnel in the state responsible for adolescent reproductive health.

²⁴ This section is a list of major newspapers in the state and is by no means exhaustive of local print outlets.