

State Profiles FISCAL YEAR 2016

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In Fiscal Year 2016,¹ the state of Connecticut received:

- Division of Adolescent and School Health funds totaling \$415,000
- Personal Responsibility Education Program funds totaling \$596,295

In Fiscal Year 2016, local entities in Connecticut received:

- Teen Pregnancy Prevention Program funds totaling \$999,999

SEXUALITY EDUCATION LAW AND POLICY

STATE LAW

Connecticut state law does not require schools to teach sexuality education, but [Connecticut General Statutes §§ 164-10-16\(b\)–\(f\)](#) does require schools to teach human growth and development and disease prevention. Connecticut law also states: “Each local and regional board of education shall offer during the regular school day planned, ongoing and systematic instruction on acquired immune deficiency syndrome, as taught by legally qualified teachers.”²

The Connecticut State Board of Education is charged with developing family life education curriculum guidelines that “shall include, but not be limited to, information on developing a curriculum including family planning, human sexuality, parenting, nutrition and the emotional, physical, psychological, hygienic, economic and social aspects of family life, provided the curriculum guides shall not include information pertaining to abortion as an alternative to family planning.”³ However, Connecticut statute also states that the instruction must be left to the discretion of local or regional boards of education.

Parents or guardians may remove their children from sexuality education and/or sexually transmitted disease (STD)/human immunodeficiency virus (HIV) education classes with written notification. [This is referred to as an “opt-out” policy.](#)

STATE STANDARDS

The [Guidelines for the Sexual Health Education Component of Comprehensive Health Education](#) provides guidance for sexuality education curricula in Connecticut. This 79-page document includes “differentiating between gender identity, sexual orientation, and the concept of gender roles,” identifying and discussing “the value of postponing sexual activity, the methods and effectiveness of contraception, and ways to protect oneself from communicable diseases,” and defining and describing “healthy sexuality and sexual expression throughout the lifespan.”

STATE LEGISLATIVE SESSION ACTIVITY

SIECUS tracks all state legislative session activity in our state legislative reports. For more information on bills related to school-based sexuality education that were introduced or passed in 2016, please see [SIECUS' 2016 Sex Ed State Legislative Year-End Report: Top Topics and Takeaways](#).

YOUTH SEXUAL HEALTH DATA

The following sexual health behavior and outcome data represent the most recent information available on adolescent sexual health in Connecticut. While data can be a powerful tool to demonstrate the sexuality education and sexual health care needs of young people, it is important to be mindful that these behaviors and outcomes are impacted by systemic inequities present in our society that can and often do affect an individual's sexual health and wellbeing. Additionally, there are significant limitations as to how and what data are currently collected. Young people are more than outcomes; for advocates, it is important to utilize the data in a manner that tracks our progress and pushes policies forward in a way that respects and supports the dignity of all young lives.

CONNECTICUT YOUTH RISK BEHAVIOR SURVEY (YRBS) DATA⁴

Reported ever having had sexual intercourse

- In 2015, 31.3% of female high school students and 34.5% of male high school students in Connecticut reported ever having had sexual intercourse, compared to 39.2% of female high school students and 43.2% of male high school students nationwide.
- In 2015, 43.5% of lesbian, gay, or bisexual (LGB) high school students, 24% of high school students who were unsure of their sexual orientation, and 31.9% of heterosexual high school students in Connecticut reported ever having had sexual intercourse, compared to 50.8% of LGB high school students, 31.6% of high school students who were unsure of their sexual orientation, and 40.9% of heterosexual high school students nationwide.
- In 2015, 32.6% of black high school students, 39.6% of Hispanic high school students, and 31.4% of white high school students in Connecticut reported ever having had sexual intercourse, compared to 48.5% of black high school students, 42.5% of Hispanic high school students, and 39.9% of white high school students nationwide.

Reported having had sexual intercourse before age 13

- In 2015, 1.3% of female high school students and 4% of male high school students in Connecticut reported having had sexual intercourse before age 13, compared to 2.2% of female high school students and 5.6% of male high school students nationwide.
- In 2015, 3% of LGB high school students, 5.2% of high school students who were unsure of their sexual orientation, and 2.2% of heterosexual high school students in Connecticut reported having had sexual intercourse before age 13, compared to 7.3% of LGB high school students,

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8.8% of high school students who were unsure of their sexual orientation, and 3.4% of heterosexual high school students nationwide.

- In 2015, 4.2% of black high school students, 4.4% of Hispanic high school students, 1.5% of white high school students, and 1.8% of high school students who identified as multiple races in Connecticut reported having had sexual intercourse before age 13, compared to 8.3% of black high school students, 5.0% of Hispanic high school students, 2.5% of white high school students, and 5.8% of high school students who identified as multiple races nationwide.

Reported being currently sexually active

- In 2015, 25.1% of female high school students and 21.4% of male high school students in Connecticut reported being currently sexually active, compared to 29.8% of female high school students and 30.3% of male high school students nationwide.
- In 2015, 30% of LGB high school students, 18.2% of high school students who were unsure of their sexual orientation, and 22.8% of heterosexual high school students in Connecticut reported being currently sexually active, compared to 35.1% of LGB high school students, 22.9% of high school students who were unsure of their sexual orientation, and 30.1% of heterosexual high school students nationwide.
- In 2015, 18% of black high school students, 26.9% of Hispanic high school students, and 23.3% of white high school students in Connecticut reported being currently sexually active, compared to 33.1% of black high school students, 30.3% of Hispanic high school students, and 30.3% of white high school students nationwide.

Reported not using a condom during last sexual intercourse

- In 2015, 46.4% of female high school students and 33.4% of male high school students in Connecticut reported not using a condom during their last sexual intercourse, compared to 48% of female high school students and 38.5% of male high school students nationwide.
- In 2015, 61.4% of LGB high school students and 37.4% of heterosexual high school students in Connecticut reported not using a condom during their last sexual intercourse, compared to 52.5% of LGB high school students and 42.2% of heterosexual high school students nationwide.
- In 2015, 40.9% of Hispanic high school students and 40.4% of white high school students in Connecticut reported not using a condom during their last sexual intercourse, compared to 44.4% of Hispanic high school students and 43.2% of white high school students nationwide.

Reported not using any method to prevent pregnancy during last sexual intercourse

- In 2015, 12.3% of female high school students and 10.5% of male high school students in Connecticut reported not using any method to prevent pregnancy during their last sexual

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intercourse, compared to 15.2% of female high school students and 12.2% of male high school students nationwide.

- In 2015, 25.2% of LGB high school students and 9.7% of heterosexual high school students in Connecticut reported not using any method to prevent pregnancy during their last sexual intercourse, compared to 26.4% of LGB high school students and 12.4% of heterosexual high school students nationwide.
- In 2015, 19.6% of Hispanic high school students and 7.3% of white high school students in Connecticut reported not using any method to prevent pregnancy during their last sexual intercourse, compared to 20.0% of Hispanic high school students and 10.4% of white high school students nationwide.

Reported never having been tested for HIV

- In 2015, 88.7% of female high school students and 90.9% of male high school students in Connecticut reported never having been tested for HIV, compared to 88.9% of female high school students and 90.7% of male high school students nationwide.
- In 2015, 84.5% of LGB high school students, 85.5% of high school students who were unsure of their sexual orientation, and 90.6% of heterosexual high school students in Connecticut reported never having been tested for HIV, compared to 81.8% of LGB high school students, 87.2% of high school students who were unsure of their sexual orientation, and 90.7% of heterosexual high school students nationwide.
- In 2015, 85.3% of black high school students, 84.1% of Hispanic high school students, and 92.3% of white high school students in Connecticut reported never having been tested for HIV, compared to 83.4% of black high school students, 88.9% of Hispanic high school students, and 92.0% of white high school students nationwide.

Reported having been physically forced to have sexual intercourse

- In 2015, 9.3% of female high school students and 6.2% of male high school students in Connecticut reported having been physically forced to have sexual intercourse, compared to 10.3% of female high school students and 3.1% of male high school students nationwide.
- In 2015, 18.9% of LGB high school students, 17.6% of high school students who were unsure of their sexual orientation, and 6.1% of heterosexual high school students in Connecticut reported having been physically forced to have sexual intercourse, compared to 17.8% of LGB high school students, 12.6% of high school students who were unsure of their sexual orientation, and 5.4% of heterosexual high school students nationwide.

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- In 2015, 14.4% of black high school students, 9.6% of Hispanic high school students, 5.3% of white high school students, and 15.5% of high school students who identified as multiple races in Connecticut reported having been physically forced to have sexual intercourse, compared to 7.3% of black high school students, 7.0% of Hispanic high school students, 6.0% of white high school students, and 12.1% of high school students who identified as multiple races nationwide.

Reported experiencing physical dating violence

- In 2015, 8.7% of female high school students and 6.8% of male high school students in Connecticut reported experiencing physical dating violence in the prior year, compared to 11.7% of female high school students and 7.4% of male high school students nationwide.
- In 2015, 11.2% of LGB high school students, 7.6% of high school students who were unsure of their sexual orientation, and 6.8% of heterosexual high school students in Connecticut reported experiencing physical dating violence in the prior year, compared to 17.5% of LGB high school students, 24.5% of high school students who were unsure of their sexual orientation, and 8.3% of heterosexual high school students nationwide.
- In 2015, 7.7% of black high school students, 10.3% of Hispanic high school students, and 7% of white high school students in Connecticut reported experiencing physical dating violence in the prior year, compared to 10.5% of black high school students, 9.7% of Hispanic high school students, and 9.0% of white high school students nationwide.

Reported experiencing sexual dating violence

- In 2015, 16.4% of female high school students and 6.4% of male high school students in Connecticut reported experiencing sexual dating violence in the prior year, compared to 15.6% of female high school students and 5.4% of male high school students nationwide.
- In 2015, 17.5% of LGB high school students, 24.7% of high school students who were unsure of their sexual orientation, and 10% of heterosexual high school students in Connecticut reported experiencing sexual dating violence in the prior year, compared to 22.7% of LGB high school students, 23.8% of high school students who were unsure of their sexual orientation, and 9.1% of heterosexual high school students nationwide.
- In 2015, 10% of black high school students, 8.4% of Hispanic high school students, and 13.1% of white high school students in Connecticut reported experiencing sexual dating violence in the prior year, compared to 10% of black high school students, 10.6% of Hispanic high school students, and 10.1% of white high school students nationwide.

Visit the Centers for Disease Control and Prevention's (CDC) [Youth Online](#) database and [Health Risks Among Sexual Minority Youth](#) report for additional information on sexual behaviors.

CONNECTICUT TEEN PREGNANCY, HIV/AIDS, AND OTHER STD DATA**Teen Pregnancy, Birth, and Abortion**

- In 2011, Connecticut had the 43rd highest teen pregnancy rate in the United States, with a rate of 38 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 52 per 1,000.⁵ There were a total of 4,740 pregnancies among young women ages 15–19 reported in Connecticut in 2011.⁶
- In 2015, Connecticut had the 49th highest teen birth rate in the United States, with a rate of 10.1 births per 1,000 young women ages 15–19, compared to the national rate of 22.3 per 1,000.⁷ There were a total of 1,420 live births to young women ages 15–19 reported in Connecticut in 2014, the most recent year of available data.⁸
- In 2011, Connecticut had the 8th highest teen abortion rate in the United States, with a rate of 17 abortions per 1,000 young women ages 15–19, compared to the national rate of 14 per 1,000.⁹ There were a total of 2,110 abortions among young women ages 15–19 reported in Connecticut in 2011.¹⁰

HIV and AIDS

- In 2015, the rate of diagnoses of HIV infection among adolescents ages 13–19 in Connecticut was 3.2 per 100,000, compared to the national rate of 5.8 per 100,000.¹¹
- In 2015, the rate of AIDS diagnoses among adolescents ages 13–19 in Connecticut was 0.0 per 100,000, compared to the national rate of 0.7 per 100,000.¹²
- In 2015, the rate of diagnoses of HIV infection among young adults ages 20–24 in Connecticut was 17 per 100,000, compared to the national rate of 31.1 per 100,000.¹³
- In 2015, the rate of AIDS diagnoses among young adults ages 20–24 in Connecticut was 3.2 per 100,000, compared to the national rate of 5.6 per 100,000.¹⁴

STDs

- In 2015, Connecticut had the 45th highest rate of reported cases of chlamydia among young people ages 15–19 in the United States, with an infection rate of 1,276.4 cases per 100,000, compared to the national rate of 1,857.8 per 100,000. In 2015, there were a total of 3,220 cases of chlamydia among young people ages 15–19 reported in Connecticut.¹⁵
- In 2015, Connecticut had the 42nd highest rate of reported cases of gonorrhea among young people ages 15–19 in the United States, with an infection rate of 112.6 cases per 100,000, compared to the national rate of 341.8 per 100,000. In 2015, there were a total of 284 cases of gonorrhea among young people ages 15–19 reported in Connecticut.¹⁶
- In 2015, Connecticut had the 43rd highest rate of reported cases of primary and secondary syphilis among young people ages 15–19 in the United States, with an infection rate of 1.6 cases per 100,000,

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compared to the national rate of 5.4 per 100,000. In 2015, there were a total of 4 cases of syphilis reported among young people ages 15–19 in Connecticut.¹⁷

Visit the Office of Adolescent Health’s (OAH) [Connecticut Adolescent Health Facts](#) for additional information.

FEDERAL FUNDING FOR SEXUALITY EDUCATION, UNINTENDED TEEN PREGNANCY, HIV AND OTHER STD PREVENTION, AND ABSTINENCE-ONLY-UNTIL-MARRIAGE PROGRAMS

FISCAL YEAR 2016 FEDERAL FUNDING IN CONNECTICUT

Grantee	Award
Division of Adolescent and School Health (DASH)	
Connecticut State Department of Education	\$415,000
TOTAL	\$415,000
Teen Pregnancy Prevention Program (TPPP)	
TPPP Tier 1B	
City of Hartford, Department of Health and Human Services	\$999,999
TOTAL	\$999,999
Personal Responsibility Education Program (PREP)	
PREP State-Grant Program	
Connecticut State Department of Public Health (federal grant)	\$596,295
TOTAL	\$596,295
GRAND TOTAL	
\$2,011,294	

DIVISION OF ADOLESCENT AND SCHOOL HEALTH

The Division of Adolescent and School Health (DASH), within the CDC, provides funding to state and local education agencies through several funding streams to better student health, implement HIV/STD prevention programs, collect and report data on young people’s risk behaviors, and expand capacity-building partnerships.

In FY 2016, DASH provided funding to 18 state and 17 local education agencies to help districts and schools strengthen student health through exemplary sexual health education (ESHE) that emphasizes HIV and other STD prevention, increases access to key sexual health services (SHS), and establishes safe and supportive environments (SSE) for students and staff. DASH funded seven national, non-governmental organizations (NGOs) to help state and local education agencies achieve these goals.

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- In FY 2016, there was one DASH grantee in Connecticut funded to strengthen student health through ESHE, SHS, and SSE (1308 Strategy 2): The Connecticut State Department of Education (\$320,000).

CONNECTICUT STATE DEPARTMENT OF EDUCATION, \$320,000 (FY 2016)

With its 1308 Strategy 2 funds, the Connecticut State Department of Education assists districts with reviewing policies and selecting curricula that align with the [National Sexuality Education Standards](#) and the [Connecticut Department of Education Sexual Health Education Guidelines](#) to increase the number of districts teaching quality sexual health curriculum. In order to help young people access health services and to reduce stigma, the department is developing guidance for local districts to expand relationships with school and community health providers. The department also provides training and follow-up support for teachers, nurses, and other school staff on improving school connectedness, parent/family engagement, school climate, and sexual harassment prevention policies.¹⁸

In addition, DASH funds local education agencies and NGOs 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.

- In FY 2016, there were no DASH grantees in Connecticut funded to deliver YMSM programming (1308 Strategy 4).

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 Surveillance (YRBS) and School Health Profiles data for policy and program improvements.

- In FY 2016, there was one DASH grantee in Connecticut funded to collect and report YRBS and School Health Profiles data (1308 Strategy 1): The Connecticut State Department of Education (\$95,000).

TEEN PREGNANCY PREVENTION PROGRAM

The Office of Adolescent Health (OAH), within the U.S. Department of Health and Human Services (HHS), administers the Teen Pregnancy Prevention Program (TPPP), which funds evidence-based (or innovative evidence-informed), medically accurate, and age-appropriate programs to reduce teen pregnancy. OAH provides program support, implementation evaluation, and technical assistance to grantees. In FY 2016, total funding for TPPP was \$101 million, with an additional \$6.8 million authorized for evaluation purposes, supporting a total of 84 states, cities, non-profit organizations, school districts, universities, community-based organizations, and tribal organizations that were in year two of five TPPP funding tiers' five-year cooperative agreements in 33 states and territories, including the District of Columbia and the Marshall Islands. OAH provides program support, implementation evaluation, and technical assistance to grantees and receives an additional \$6.8 million in funding for evaluation purposes. There are five TPPP funding tiers:

Tier 1A: Capacity building to support replication of evidence-based TPP programs.

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- In FY 2016, there were no TPPP Tier 1A grantees in Connecticut.

Tier 1B: Replicating evidence-based TPP programs to scale in communities with the greatest need.

- In FY 2016, there was one TPPP Tier 1B grantee in Connecticut: The City of Hartford Department of Health and Human Services (\$999,999).

CITY OF HARTFORD, \$999,999 (FY 2016)

The City of Hartford's Department of Health and Human Services implements the city's TPPP Tier 1B grant, which employs a multifaceted strategy to provide teen pregnancy prevention programming and clinical services to young people. The Hartford Teen Pregnancy Prevention Initiative (HTPPI) aims to reduce rates of teen pregnancy, sexually transmitted infections (STIs), and HIV in Hartford by increasing young people's access to services and providing technical assistance and support to community-based organizations. HTPPI will include implementation of evidence-based programs, such as [Making a Difference!](#), [Be Proud! Be Responsible!](#), [Love Notes](#), and [Get Real](#), in school- and community-based settings. The Department of Health and Human Services aims to serve an average of 1,500 young people per year in the city of Hartford.¹⁹

Tier 2A: Supporting and enabling early innovation to advance adolescent health and prevent teen pregnancy.

- In FY 2016, there were no TPPP Tier 2A grantees in Connecticut.

Tier 2B: Rigorous evaluation of new or innovative approaches to prevent teen pregnancy.

- In FY 2016, there were no TPPP Tier 2B grantees in Connecticut.

Tier 2C: Effectiveness of TPP programs designed specifically for young males.

- In FY 2016, there were no TPPP Tier 2C grantees in Connecticut.

PERSONAL RESPONSIBILITY EDUCATION PROGRAM

The Family and Youth Services Bureau (FYSB), within the Administration for Children and Families (ACF) division of HHS, administers the Personal Responsibility Education Program (PREP), which includes \$75 million for the state-grant program; local entities through the competitively awarded Personal Responsibility Education Innovative Strategies (PREIS) program; and the Tribal PREP, which funds tribes and tribal organizations. In addition, provisions within the PREP statute enable a competitive application process for community- and faith-based organizations within states and territories that do not directly seek PREP state grants to apply for funding. Details on the state grants, PREIS, Tribal PREP, and CPREP are included below.

PREP State-Grant Program

State-grant PREP 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. In FY 2016, 43 states, the District of Columbia, the Federated States of Micronesia, Guam, Puerto Rico, and the Virgin Islands received PREP state-grant funds. The grant does not require states to provide matching funds. Funded programs must discuss abstinence and contraception and place substantial emphasis on both.

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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.

- In FY 2016, the Connecticut State Department of Public Health received \$596,295 in federal PREP funds.²⁰
- There were four sub-grantees for the Connecticut PREP state-grant program: Partners in Social Research (\$170,253), Connecticut State Department of Mental Health and Addiction Services (\$36,000), Planned Parenthood of Southern New England (\$208,755), and Department of Children & Families (\$43,000).²¹

The Connecticut State Department of Public Health uses the state's PREP funds to provide school- and community-based programming to young people ages 13–19 in grades 7–12. The Connecticut PREP program addresses the following adult preparation topics: healthy relationships, adolescent development, and healthy life skills. The State Department of Education uses the [Making Proud Choices!](#) and [Reducing the Risk](#) curricula for programming that occurs in Bloomfield, Danbury, East Hartford and Torrington. Planned Parenthood uses the [Teen Talk](#) curriculum in Hartford, Manchester, Meriden, Middletown, New Haven, New London, and Stamford. The Department of Children and Families uses the [Love Notes](#) supplement in three Unified School District #2 schools. Partners in Social Research evaluates all of these programs.²²

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.

- In FY 2016, there were no PREIS grantees in Connecticut.

Tribal Personal Responsibility Education Program (Tribal PREP)

Tribal PREP supports the development and implementation of 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, young people experiencing homelessness, young people living with HIV/AIDS, young people who live in areas with high rates of adolescent births, and young people under age 21 who are pregnant and/or parenting. In FY 2016, eight tribes and tribal organizations from seven states received a total of \$3,436,621.

- In FY 2016, there were no Tribal PREP grantees in Connecticut.

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. Only organizations and institutions in states and territories that did not apply for PREP state grants in either of the first two fiscal years after the call for PREP state-grant applications were eligible to submit competitive applications for CPREP grants. In FY 2016, 21 CPREP grants, totaling \$10.3 million, were awarded to 21 organizations in Florida, Indiana, North Dakota, Texas, and Virginia, as well as in American Samoa, Guam, and the Northern Mariana Islands.

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- In FY 2016, Connecticut received PREP state-grant funding; therefore, entities in Connecticut were not eligible for CPREP.

TITLE V STATE ABSTINENCE EDUCATION GRANT PROGRAM

The Title V state abstinence education grant program for abstinence-only-until-marriage (AOUM) programming, or the Title V AOUM program, is administered by FYSB, within ACF of HHS, and was funded at \$75 million in FY 2016. 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 exclusively promote abstinence from sexual activity and may provide mentoring, counseling, and adult supervision toward this end. Programs must be medically accurate and age-appropriate and must encourage abstinence as an expected outcome.

- In FY 2016, Connecticut chose not to apply for Title V AOUM funds.

“SEXUAL RISK AVOIDANCE EDUCATION” GRANT PROGRAM

Administered by FYSB within ACF of HHS, the “sexual risk avoidance education” (SRAE), i.e., the AOUM grant program, provides competitive funding for programs that “teach young people to voluntarily refrain from non-marital sexual activity and prevent other youth risk behaviors.” These programs are also required by statute to “teach the benefits associated with self-regulation, success sequencing for poverty prevention, healthy relationships, goal setting, and resisting sexual coercion, dating violence, and other youth risk behaviors such as underage drinking or illicit drug use without normalizing teen sexual activity.” In FY 2016, \$10 million was appropriated for the SRAE grant program and \$8.98 million was awarded to 21 grantees in 12 states through a competitive application process.

- In FY 2016, there were no SRAE grantees in Connecticut.

POINTS OF CONTACT

DASH Contact

Bonnie J. Edmondson, Ed.D.
HIV/STD Prevention Education Coordinator
Connecticut State Department of Education
25 Industrial Park Rd.
Middletown, CT 06457
Phone: (860) 807-2055
Fax: (860) 807-2062
Email: Bonnie.Edmondson@ct.gov

TPPP Contact

Carmen Chaparro
City of Hartford, Department of Health and Human Services

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Phone: (860) 757-4773

Email: Chapc001@hartford.gov

PREP State-Grant Program Contact

Donna Maselli, RN, MPH

State Women's Health Coordinator

Connecticut Department of Public Health

410 Capitol Ave.

MS #11 MAT

Hartford, CT 06134-0308

Phone: (860) 509-7505

Fax: (860) 509-8132

Email: Donna.Maselli@ct.gov

¹ This refers to the federal government's fiscal year, which begins on October 1 and ends on September 30. The fiscal year is designated by the calendar year in which it ends; for example, FY 2016 began on October 1, 2015, and ended on September 30, 2016.

² Conn. Gen. Stat. § 164-10-19(b) www.cga.ct.gov/current/pub/chap_164.htm#sec_10-19.

³ Conn. Gen. Stat. § 164-10-16(c) www.cga.ct.gov/current/pub/chap_164.htm#sec_10-19.

⁴ "High School YRBS," Centers for Disease Control and Prevention, <https://nccd.cdc.gov/youthonline/App/Default.aspx>.

⁵ Kost, K., and Maddow-Zimet, I., *U.S. Teenage Pregnancies, Births, and Abortions, 2011: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2014), www.guttmacher.org/sites/default/files/report_pdf/us-teen-pregnancy-state-trends-2011_4.pdf, Table 1.1.

⁶ *Ibid.*, Table 1.2.

⁷ "Teen Birth Rate Comparison, 2015 Among Girls Age 15-19," The National Campaign to Prevent Teen and Unplanned Pregnancy, <https://thenationalcampaign.org/data/compare/1701>.

⁸ "Teen Births in Connecticut, Girls 15-19," The National Campaign to Prevent Teen and Unplanned Pregnancy, <https://thenationalcampaign.org/data/state/connecticut>.

⁹ Kost, K., and Maddow-Zimet, I., *U.S. Teenage Pregnancies, Births, and Abortions, 2011: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2014), www.guttmacher.org/sites/default/files/report_pdf/us-teen-pregnancy-state-trends-2011_4.pdf, Table 1.1.

¹⁰ *Ibid.*, Table 1.2.

¹¹ Slide 17: "Rates of Diagnoses of HIV Infection among Adolescents Aged 13-19 Years 2015—United States and 6 Dependent Areas," *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2015.pdf.

¹² Slide 20: "Rates of Diagnosed HIV Infection Classified as Stage 3 (AIDS) among Adolescents Aged 13-19 Years, 2015—United States and 6 Dependent Areas," *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2015.pdf.

¹³ Slide 18: "Rates of Diagnoses of HIV Infection among Young Adults Aged 20-24 Years 2015—United States and 6 Dependent Areas," *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2015.pdf.

¹⁴ Slide 21: "Rates of Diagnosed HIV Infection Classified as Stage 3 (AIDS) among Young Adults Aged 20-24 Years, 2015—United States and 6 Dependent Areas," *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2015.pdf.

¹⁵ NCHHSTP Atlas, "STD Surveillance Data" (Atlanta, GA: Centers for Disease Control and Prevention), <http://gis.cdc.gov/GRASP/NCHHSTPAtlas/main.html>.

¹⁶ *Ibid.*

¹⁷ *Ibid.*

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¹⁸ Centers for Disease Control and Prevention, Adolescent and School Health, Funded State Agencies, Atlanta, GA, www.cdc.gov/healthyyouth/partners/funded_states.htm#ca.

¹⁹ “City of Hartford, Connecticut,” Grantees (CT) – TPP Tier 1B, U.S. Department of Health and Human Services, Office of Adolescent Health, www.hhs.gov/ash/oah/grants/grantees/tpp/1b/city-of-hartford-connecticut.html.

²⁰ “2016 State Personal Responsibility Education Program (PREP) Awards,” Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, www.acf.hhs.gov/fysb/resource/2016-state-prep-awards.

²¹ Information provided by Donna Maselli, RN, MPH, State Women’s Health Coordinator, Connecticut Department of Public Health, June 1, 2016.

²² Ibid.