

# State Profiles FISCAL YEAR 2017

The complete FY 2017 State Profiles comprise individual state-specific documents along with four other accompanying documents. The Executive Summary details the current state of sexuality education across the country, highlighting trends observed over the past few decades. Additionally, it is critical to examine the information from each state within the larger context of the laws and federal funding streams across the country. Please reference the following documents to inform and contextualize broader sexuality education trends:

- [Executive Summary](#)
- [Federal Funding Overview](#) – compared to [New Mexico’s federal funding](#)
- [Sex/Sexuality and HIV and other STIs Education Laws by State](#) – compared to [New Mexico’s education laws](#)
- [Descriptions of Curricula and Programs across the United States](#)

## NEW MEXICO

In Fiscal Year 2017,<sup>1</sup> the state of New Mexico received:

- **Division of Adolescent and School Health funds totaling \$400,000**
- **Personal Responsibility Education Program funds totaling \$316,467**
- **Title V State Abstinence Education Program funds totaling \$628,821**

In Fiscal Year 2017, local entities in New Mexico received:

- **Teen Pregnancy Prevention Program funds totaling \$1,000,000**
- **Tribal Personal Responsibility Education Program funds totaling \$359,838**
- **Personal Responsibility Education Innovative Strategies funds totaling \$508,255**

### SEXUALITY EDUCATION LAW AND POLICY

#### STATE LAW

[New Mexico Administrative Codes §§ 6.12.2.10](#) and [6.29.6.8](#) mandate that schools must teach a course in health education in either middle or high school. Each school district must “provide instruction about [human immunodeficiency virus] (HIV) and related issues in the curriculum of the required health education content area to all students in the elementary grades, in the middle/junior high school grades, and in the senior high school grades.”<sup>2</sup> This instruction must include “ways to reduce the risk of getting HIV/[acquired immunodeficiency syndrome] (AIDS), stressing abstinence.”<sup>3</sup> Outcomes of such instruction should include the “ability to demonstrate refusal skills, overcome peer pressure, and use decision-making skills.”<sup>4</sup>

Educational materials and the grade levels at which they will be introduced are determined by local school districts. All instruction must be age-appropriate.<sup>5</sup> Local school boards must “ensure the involvement of parents, staff, and students in the development of policies and the review of instructional materials.”<sup>6</sup> The

state neither suggests curriculum nor limits what may or may not be included in sexuality education instruction.

[New Mexico Administrative Code 6.29.6.3](#) requires the adoption of the “academic content and performance standards and to measure the performance in public schools.” [New Mexico Administrative Codes 6.29.6.8 and 6.29.6.9](#) include the content standards in them.

### **STATE STANDARDS**

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

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

### **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 the most recent analysis of state legislative activity, [SIECUS’ 2016 Sex Ed State Legislative Year-End Report: Top Topics and Takeaways.](#)

### **YOUTH SEXUAL HEALTH DATA**

Young people are more than their health behaviors and outcomes. For those wishing to support the sexual health and wellbeing of young people, it is important to utilize available data in a manner that tracks our progress and pushes policies forward while respecting and supporting the dignity of all young lives.

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 affect an individual’s sexual health and wellbeing. That is, the context in which a young person’s health behavior and decision-making happens is not reflected in individual data points. Notably, one example demonstrating such inequities are the limitations as to how and what data are currently collected; please be mindful of populations who may not be included in surveys or who may be misrepresented by the data. The data categories and any associated language are taken directly from the respective surveys and are not a representation of SIECUS’ positions or values. For more information regarding SIECUS’ use of data, please read the FY 2017 Executive Summary, [A Portrait of Sexuality Education in the States.](#)

## **NEW MEXICO YOUTH RISK BEHAVIOR SURVEY (YRBS) DATA<sup>9</sup>**

The following sexual health behavior and outcome data represent some of the most recent information available on the health of young people who attend high schools in New Mexico. Though not perfect—for instance, using broad race and ethnicity categories can often distort and aggregate the experiences of a diverse group of respondents—the YRBS is a critical resource for understanding the health behaviors of young people when used carefully and with an awareness of its limitations. Any missing data points indicate either a lack of enough respondents for a subcategory or the state’s decision not to administer a question on the survey. SIECUS commends the Centers for Disease Control and Prevention (CDC) for conducting decades’ worth of field studies to improve the accuracy and relevancy of the YRBS. Like the CDC, SIECUS underlines that “school and community interventions should focus not only on behaviors but also on the determinants of those behaviors.”<sup>10</sup>

### Reported ever having had sexual intercourse

- In 2015, 35.1% of female high school students and 39% of male high school students in New Mexico 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, 50.9% of lesbian, gay, or bisexual (LGB) high school students, 30.9% of high school students who were unsure of their sexual orientation, and 35.7% of heterosexual high school students in New Mexico 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, 39.1% of American Indian/Alaska Native (AI/AN) high school students, 33.8% of black high school students, 39.4% of Hispanic high school students, 33% of white high school students, and 33.5% of high school students who identified as multiple races in New Mexico reported ever having had sexual intercourse, compared to 39.1% of AI/AN high school students, 48.5% of black high school students, 42.5% of Hispanic high school students, 39.9% of white high school students, and 49.2% of high school students who identified as multiple races nationwide.

### Reported having had sexual intercourse before age 13

- In 2015, 2.7% of female high school students and 6% of male high school students in New Mexico 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, 10.4% of LGB high school students, 5.3% of high school students who were unsure of their sexual orientation, and 3.5% of heterosexual high school students in New Mexico reported having had sexual intercourse before age 13, compared to 7.3% of LGB high school students, 8.8% of high school students who were unsure of their sexual orientation, and 3.4% of heterosexual high school students nationwide.

- In 2015, 3.6% of AI/AN high school students, 7% of black high school students, 4.7% of Hispanic high school students, 3.7% of white high school students, and 4.6% of high school students who identified as multiple races in New Mexico reported having had sexual intercourse before age 13, compared to 1.8% of AI/AN high school students, 8.3% of black high school students, 5% 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, 25.5% of female high school students and 24.6% of male high school students in New Mexico 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, 31.7% of LGB high school students, 21.6% of high school students who were unsure of their sexual orientation, and 24.6% of heterosexual high school students in New Mexico 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, 25.5% of AI/AN high school students, 23.5% of black high school students, 27.4% of Hispanic high school students, 21.2% of white high school students, and 21.5% of high school students who identified as multiple races in New Mexico reported being currently sexually active, compared to 31.5% of AI/AN high school students, 33.1% of black high school students, 30.3% of Hispanic high school students, 30.3% of white high school students, and 35.7% of high school students who identified as multiple races nationwide.

Reported not using a condom during last sexual intercourse

- In 2015, 54.6% of female high school students and 40.5% of male high school students in New Mexico 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, 65.7% of LGB high school students, 60.5% of high school students who were unsure of their sexual orientation, and 44.9% of heterosexual high school students in New Mexico reported not using a condom during their last sexual intercourse, compared to 52.5% of LGB high school students, 47.8% of high school students who were unsure of their sexual orientation, and 42.2% of heterosexual high school students nationwide.
- In 2015, 52.3% of AI/AN high school students, 47.7% of Hispanic high school students, and 47.4% of white high school students in New Mexico 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, 17.5% of female high school students and 11.7% of male high school students in New Mexico reported not using any method to prevent pregnancy during their last sexual intercourse, compared to 15.2% of female high school students and 12.2% of male high school students nationwide.
- In 2015, 32.3% of LGB high school students, 14.8% of high school students who were unsure of their sexual orientation, and 12.2% of heterosexual high school students in New Mexico reported not using any method to prevent pregnancy during their last sexual intercourse, compared to 26.4% of LGB high school students, 19.4% of high school students who were unsure of their sexual orientation, and 12.4% of heterosexual high school students nationwide.
- In 2015, 17.1% of AI/AN high school students, 15.7% of Hispanic high school students, and 11.7% of white high school students in New Mexico reported not using any method to prevent pregnancy during their last sexual intercourse, compared to 20% of Hispanic high school students and 10.4% of white high school students nationwide.

#### Reported having had drunk alcohol or used drugs during last sexual intercourse<sup>11</sup>

- In 2015, 14.9% of female high school students and 22.4% of male high school students in New Mexico reported having had drunk alcohol or used drugs during their last sexual intercourse, compared to 16.4% of female high school students and 24.6% of male high school students nationwide.
- In 2015, 21.2% of LGB high school students, 40.2% of high school students who were unsure of their sexual orientation, and 17.5% of heterosexual high school students in New Mexico reported having had drunk alcohol or used drugs during their last sexual intercourse, compared to 22.4% of LGB high school students, 44.5% of high school students who were unsure of their sexual orientation, and 20% of heterosexual high school students nationwide.
- In 2015, 22.4% of AI/AN high school students, 18.3% of Hispanic high school students, and 15.9% of white high school students in New Mexico reported having had drunk alcohol or used drugs during their last sexual intercourse, compared to 22.8% of Hispanic high school students and 19.3% of white high school students nationwide.

#### Reported never having been tested for HIV

- In 2015, 89.6% of female high school students and 89.6% of male high school students in New Mexico 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, 83.8% of LGB high school students, 88.9% of high school students who were unsure of their sexual orientation, and 90.3% of heterosexual high school students in New Mexico 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, 89.1% of AI/AN high school students, 90.3% of black high school students, 89% of Hispanic high school students, 91.4% of white high school students, and 88.2% of high school students who identified as multiple races in New Mexico reported never having been tested for HIV, compared to 88.6% of AI/AN high school students, 83.4% of black high school students, 88.9% of Hispanic high school students, 92% of white high school students, and 86.6% of high school students who identified as multiple races nationwide.

#### Reported having been physically forced to have sexual intercourse

- In 2015, 10.6% of female high school students and 4.1% of male high school students in New Mexico 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, 15.8% of high school students who were unsure of their sexual orientation, and 5.4% of heterosexual high school students in New Mexico 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.
- In 2015, 7.7% of AI/AN high school students, 12.7% of black high school students, 7.2% of Hispanic high school students, 7.2% of white high school students, and 6% of high school students who identified as multiple races in New Mexico reported having been physically forced to have sexual intercourse, compared to 6.6% of AI/AN high school students, 7.3% of black high school students, 7% of Hispanic high school students, 6% 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, 9.6% of female high school students and 7.6% of male high school students in New Mexico 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, 21% of LGB high school students, 21.3% of high school students who were unsure of their sexual orientation, and 6.3% of heterosexual high school students in New Mexico 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, 8.4% of AI/AN high school students, 7.8% of Hispanic high school students, 9.2% of white high school students, and 12.4% of high school students who identified as multiple races in New Mexico reported experiencing physical dating violence in the prior year,

compared to 9.6% of AI/AN high school students, 9.7% of Hispanic high school students, 9% of white high school students, and 16% of high school students who identified as multiple races nationwide.

#### Reported experiencing sexual dating violence

- In 2015, 12.7% of female high school students and 5.8% of male high school students in New Mexico 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, 20% of LGB high school students, 23.9% of high school students who were unsure of their sexual orientation, and 7.1% of heterosexual high school students in New Mexico 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, 8.3% of AI/AN high school students, 8.9% of Hispanic high school students, 9.2% of white high school students, and 9.7% of high school students who identified as multiple races in New Mexico reported experiencing sexual dating violence in the prior year, compared to 10.5% of AI/AN high school students, 10.6% of Hispanic high school students, 10.1% of white high school students, and 14.2% of high school students who identified as multiple races nationwide.

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

#### **NEW MEXICO SCHOOL HEALTH PROFILES DATA<sup>12</sup>**

In 2015, the CDC released the School Health Profiles, which measures school health policies and practices and highlights which health topics were taught in schools across the country. Since the data was collected from self-administered questionnaires completed by schools' principals and lead health education teachers, the CDC notes that one limitation of the School Health Profiles is bias toward the reporting of more positive policies and practices.<sup>13</sup> In the School Health Profiles, the CDC identifies 16 sexual education topics that it believes are critical to a young person's sexual health. New Mexico did not report information as to instruction on the 16 sexual education topics in secondary schools for the 2013–2014 school year

## 16 CRITICAL SEXUAL EDUCATION TOPICS IDENTIFIED BY THE CDC

- 1) How to create and sustain healthy and respectful relationships
- 2) Influences of family, peers, media, technology, and other factors on sexual risk behavior
- 3) Benefits of being sexually abstinent
- 4) Efficacy of condoms
- 5) Importance of using condoms consistently and correctly
- 6) Importance of using a condom at the same time as another form of contraception to prevent both STDs and pregnancy
- 7) How to obtain condoms
- 8) How to correctly use a condom
- 9) Communication and negotiation skills
- 10) Goal-setting and decision-making skills
- 11) How HIV and other STDs are transmitted
- 12) Health consequences of HIV, other STDs, and pregnancy
- 13) Influencing and supporting others to avoid or reduce sexual risk behaviors
- 14) Importance of limiting the number of sexual partners
- 15) How to access valid and reliable information, products, and services related to HIV, STDs, and pregnancy
- 16) Preventive care that is necessary to maintain reproductive and sexual health.

*Source: School Health Profiles, 2014*

Visit the CDC's [School Health Profiles](#) report for additional information on school health policies and practices.

### NEW MEXICO TEEN PREGNANCY, HIV/AIDS, AND OTHER SEXUALLY TRANSMITTED DISEASE (STD) DATA

The following data from the CDC and the Guttmacher Institute represent the most recent state-specific statistics documenting teen pregnancy, birth, abortion, HIV/AIDS, and other STDs. For those wishing to support the sexual health and wellbeing of young people, it is important to use the data to advance their access to comprehensive education, resources, and services. However, the data is not intended to be used in a manner that is stigmatizing or shaming: Young people have the right to make informed decisions about their health and wellbeing, but this right must be accompanied by the ability to access and understand all available choices. Therefore, the following data should be used to advance a young person's right to make informed decisions about their body and health.

#### Teen Pregnancy, Birth, and Abortion

- In 2013, New Mexico had the highest reported teen pregnancy rate in the United States, with a rate of 62 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 43 per 1,000.<sup>14</sup> There were a total of 4,230 pregnancies among young women ages 15–19 reported in New Mexico in 2013.<sup>15</sup>
- In 2015, New Mexico had the 4th highest reported teen birth rate in the United States, with a rate of 36.4 births per 1,000 young women ages 15–19, compared to the national rate of 22.3 per 1,000.<sup>16</sup> There were a total of 2,320 live births to young women ages 15–19 reported in New Mexico in 2015.<sup>17</sup>



- In 2013, New Mexico had the 17th highest reported teen abortion rate<sup>18</sup> in the United States, with a rate of 9 abortions per 1,000 young women ages 15–19, compared to the national rate of 11 per 1,000.<sup>19</sup> There were a total of 620 abortions among young women ages 15–19 reported in New Mexico in 2013.<sup>20</sup>

### **HIV and AIDS**

- In 2015, the reported rate of diagnoses of HIV infection among adolescents ages 13–19 in New Mexico was 2.6 per 100,000, compared to the national rate of 5.8 per 100,000.<sup>21</sup>
- In 2015, the reported rate of AIDS diagnoses among adolescents ages 13–19 in New Mexico was 0.5 per 100,000, compared to the national rate of 0.7 per 100,000.<sup>22</sup>
- In 2015, the reported rate of diagnoses of HIV infection among young adults ages 20–24 in New Mexico was 15.3 per 100,000, compared to the national rate of 31.1 per 100,000.<sup>23</sup>
- In 2015, the reported rate of AIDS diagnoses among young adults ages 20–24 in New Mexico was 2.7 per 100,000, compared to the national rate of 5.6 per 100,000.<sup>24</sup>

### **STDs**

- In 2015, New Mexico had the 13th highest rate of reported cases of chlamydia among young people ages 15–19 in the United States, with an infection rate of 2,215.4 cases per 100,000, compared to the national rate of 1,857.8 per 100,000. In 2015, there were a total of 3,065 cases of chlamydia among young people ages 15–19 reported in New Mexico.<sup>25</sup>
- In 2015, New Mexico had the 29th highest rate of reported cases of gonorrhea among young people ages 15–19 in the United States, with an infection rate of 246.5 cases per 100,000, compared to the national rate of 341.8 per 100,000. In 2015, there were a total of 341 cases of gonorrhea among young people ages 15–19 reported in New Mexico.<sup>26</sup>
- In 2015, New Mexico had the 6th 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 8.0 cases per 100,000, compared to the national rate of 5.4 per 100,000. In 2015, there were a total of 11 cases of syphilis reported among young people ages 15–19 in New Mexico.<sup>27</sup>

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

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

**FISCAL YEAR 2017 FEDERAL FUNDING IN NEW MEXICO**

<b>Grantee</b>	<b>Award</b>
<b>Division of Adolescent and School Health (DASH)</b>	
New Mexico Public Education Department	\$400,000
<b>TOTAL</b>	<b>\$400,000</b>
<b>Teen Pregnancy Prevention Program (TPPP)</b>	
TPPP Tier 2B	
University of New Mexico Health Sciences Center	\$1,000,000
<b>TOTAL</b>	<b>\$1,000,000</b>
<b>Personal Responsibility Education Program (PREP)</b>	
PREP State-Grant Program	
New Mexico Department of Health (federal grant)	\$316,467
<b>TOTAL</b>	<b>\$316,467</b>
Personal Responsibility Education Innovative Strategies (PREIS)	
Capacity Builders, Inc.	\$508,255
<b>TOTAL</b>	<b>\$508,255</b>
Tribal Personal Responsibility Education Program (Tribal PREP)	
Tewa Women United	\$359,838
<b>TOTAL</b>	<b>\$359,838</b>
<b>Title V Abstinence-Only-Until-Marriage Program (Title V AOUM)</b>	
New Mexico Department of Health (federal grant)	\$628,821
<b>TOTAL</b>	<b>\$628,821</b>
<b>GRAND TOTAL</b>	
	<b>\$3,213,381</b>

**DIVISION OF ADOLESCENT AND SCHOOL HEALTH**

The CDC's school-based HIV prevention efforts include funding and technical assistance 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 2017, through the CDC's Division of Adolescent and School Health (DASH), 18 state education agencies and 17 school districts received funding to help the 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 six national, non-governmental organizations (NGOs) to help state and local education agencies achieve these goals.

- In FY 2017, there was one DASH grantee in New Mexico funded to strengthen student health through ESHE, SHS, and SSE (1308 Strategy 2): The New Mexico Public Education Department (\$320,000).

#### NEW MEXICO PUBLIC EDUCATION DEPARTMENT, \$320,000 (FY 2017)

With its 1308 Strategy 2 funds, the New Mexico Public Education Department helps districts select appropriate sexual health education curricula and programs that align with the state's health education standards and benchmarks. To improve student access to sexual health services, the Department identifies youth-friendly sexual health service providers within communities and school-based health centers across the state. To help build the capacity of school districts to provide safe and supportive environments for all students and staff, the Department also provides web-based resources related to implementing the state's anti-bullying and anti-sexual violence policies.<sup>28</sup>

In addition, DASH funds local education agencies and NGOs to implement multiple program activities to meet the HIV- and other 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 2017, there were no DASH grantees in New Mexico 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 YRBS and School Health Profiles data for policy and program improvements.

- In FY 2017, there was one DASH grantee in New Mexico funded to collect and report YRBS and School Health Profiles data (1308 Strategy 1): The New Mexico Public Education Department (\$80,000).

#### **TEEN PREGNANCY PREVENTION PROGRAM (TPPP)**

The OAH, within the U.S. Department of Health and Human Services (HHS), administers TPPP, which funds evidence-based or innovative evidence-informed, medically accurate, and age-appropriate programs to reduce teen pregnancy. In FY 2017, total funding for TPPP was \$101 million, supporting 84 states, cities, non-profit organizations, school districts, universities, community-based organizations, and tribal organizations. These grantees were in year three of five TPPP funding tiers' five-year cooperative agreements in 33 states, the District of Columbia, and the Marshall Islands. In June 2017, however, 81 of the 84 grantees were notified, without cause or explanation, that their project periods were shortened to just three years, to end on June 30, 2018. Since the other three grantees are on a different grant cycle, they had not yet received notice on the status of their funding at the time of publication. OAH provides program support, implementation evaluation, and technical assistance to grantees and receives an additional \$6.8 million in funding for evaluation purposes. Below is information on the five TPPP funding tiers:

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

- In FY 2017, there were no TPPP Tier 1A grantees in New Mexico.

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

- In FY 2017, there were no TPPP Tier 1B grantees in New Mexico.

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

- In FY 2017, there were no TPPP Tier 2A grantees in New Mexico.

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

- In FY 2017, there was one TPPP Tier 2B grantee in New Mexico: The University of New Mexico Health Sciences Center (\$1,000,000).

UNIVERSITY OF NEW MEXICO HEALTH SCIENCES CENTER, \$1,000,000 (FY 2017)

With its TPPP funding, the Health Sciences Center at the University of New Mexico will develop and evaluate a Brief Intervention protocol integrated into routine primary care clinics at the Albuquerque Job Corps Wellness Center and the Atrisco Center for Family and Community Health in Albuquerque, New Mexico. The intervention targets low-income Hispanic and Native American teens ages 14–19 via primary care screening who are at high risk of unintended pregnancy. The method involves a 15-minute individual contact session using a motivational interviewing-based approach. The University aims to serve 350 young people per year.<sup>29</sup>

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

- In FY 2017, there were no TPPP Tier 2C grantees in New Mexico.

### **PERSONAL RESPONSIBILITY EDUCATION PROGRAM (PREP)**

The Family and Youth Services Bureau (FYSB), within the Administration for Children and Families (ACF) division of HHS, administers PREP, which was authorized for a total of \$75 million in FY 2017 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 through the Competitive Personal Responsibility Education Program (CPREP).

Similar to other programs highlighted in the State Profiles, the grants for the various PREP programs are awarded throughout the year, with several awarded in the final month of the fiscal year for use and implementation throughout the following year. SIECUS reports on funding amounts appropriated in FY 2017 and any programmatic activities that occurred during FY 2017, or October 1, 2016–September 30, 2017. It is important to remember, however, that reported programmatic activities for this period may have utilized FY 2016 funds. Details on the state grants, PREIS, Tribal PREP, and CPREP are included below. More information and clarification surrounding funding announcements are also included below, as well as in the FY 2017 Executive Summary, [\*A Portrait of Sexuality Education in the States\*](#).

#### 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, and other STDs. In FY

2017, 44 states, the District of Columbia, the Federated States of Micronesia, Guam, Puerto Rico, the Republic of Palau, and the Virgin Islands received PREP state-grant 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.

- In FY 2017, the New Mexico Department of Health received \$316,467 in federal PREP funds.<sup>30</sup>
- The Department provides sub-grants to three local agencies: Luna County (\$210,850); Navajo Preparatory School (\$51,150); and Boys & Girls Club of North Santa Fe and Rio Arriba Counties (\$57,400).<sup>31</sup>

The New Mexico Department of Health, along with its three sub-grantees, administers the state's federal PREP grant. The Department of Health provides both school- and community-based programming to young people ages 12–18 in middle and high schools in Luna, Rui Arriba, Santa Fe, and San Juan counties. Luna County targets young people enrolled in the Deming Public Schools in Luna County; Navajo Preparatory School targets young people enrolled at the Navajo Preparatory Boarding School; and Boys & Girls Club of North Santa Fe and Rio Arriba counties targets young people in community-based settings. The Department of Health uses other funding sources to administer programming in Cibola, Eddy, Rio Arriba, San Miguel, Santa Fe, and Valencia counties. Boys & Girls Club of North Santa Fe and Rio Arriba Counties uses the [Project AIM](#) curriculum; Navajo Preparatory School uses the [Teen Outreach Program](#) curriculum; and Luna County uses both the [Teen Outreach Program](#) and [Project AIM](#) curricula to address the following adulthood preparation subjects: healthy relationships, educational and career success, and healthy life skills.<sup>32</sup>

#### Personal Responsibility Education Innovative Strategies (PREIS)

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

- In FY 2017, there was one PREIS grantee in New Mexico: Capacity Builders, Inc. (\$581,629).<sup>33</sup>

CAPACITY BUILDERS, INC. (Capacity), \$581,629 (FY 2017)

Capacity works with the Diné and other Native American communities to improve their health, wellness, and quality of life through various direct services, including teen pregnancy prevention, drug and alcohol prevention, and academic and service learning programs.<sup>34</sup> Capacity will use [Native STAND](#), a model of curriculum adapted for Native people to serve an estimated 75 Navajo youth in grades 9–12. Capacity will address healthy relationships, financial literacy, adolescent development, parent-child communication, healthy life skills, and educational and career success.<sup>35</sup>

#### Tribal Personal Responsibility Education Program (Tribal PREP)

Tribal PREP supports the development and implementation of pregnancy-, HIV-, and other STD-prevention programs among young people 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, 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 2017, eight tribes and tribal organizations from seven states received a total of \$3,271,693.

- In FY 2017, there was one Tribal PREP grantee in New Mexico: Tewa Women United (\$359,838).<sup>36</sup>

TEWA WOMEN UNITED (TWU), \$359,838 (FY 2017)

TWU is the collective, intertribal women’s voice in the Tewa homelands of Northern New Mexico, with the mission to “provide safe spaces for Indigenous women to uncover the power, strength, and skills they possess to become positive forces for social change in their families and communities.”<sup>37</sup> TWU uses Tribal PREP funds to implement the *A’Gin Healthy Sexuality and Body Sovereignty (A’Gin) Project*, “a culturally adapted curriculum that integrates young peer facilitators to provide comprehensive education for tribal youth about healthy sexuality, personal decision making, and adult life skills.”<sup>38</sup> TWU’s Tribal PREP A’Gin curriculum is based on *Discovery Dating*, which was developed by Alice Skenandore, a Native American woman. The project “looks to address issues of body sovereignty and personal empowerment for all stages of life” in order to build healthy relationships based on positive self-esteem.<sup>39</sup> TWU serves young people ages 10-19 and pregnant and parenting young people under age 21 from the six Tewa-speaking sovereign Pueblo Nations – Nambé, Ohkay Owingeh, Pojoaque, San Ildefonso, Santa Clara, and Tesuque – in Río Arriba and Santa Fe counties. Through the A’Gin Project, TWU addresses healthy relationships, adolescent development, financial literacy, parent-child communication, and healthy life skills.<sup>40</sup>

#### Competitive Personal Responsibility Education Program (CPREP)

CPREP grants support evidence-based programs that provide young people with medically accurate and age-appropriate information for the prevention of unintended pregnancy, HIV, and other STDs. Only organizations and institutions in states and territories that did not apply for PREP state grants are eligible to submit competitive applications for CPREP grants. In FY 2017, 21 CPREP grants, totaling \$10.2 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.

- In FY 2017, New Mexico received PREP state-grant funding; therefore, entities in New Mexico were not eligible for CPREP.

#### **TITLE V “ABSTINENCE EDUCATION” STATE GRANT PROGRAM**

The Title V “abstinence education” state grant program for AOUM programming, or the Title V AOUM program, is administered by FYSB, within ACF of HHS, and was authorized at \$75 million for FY 2017. 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.<sup>41</sup>

- In FY 2017, the New Mexico Department of Health received \$628,821 in federal Title V AOUM funding.<sup>42</sup>
- At the time of publication, information as to New Mexico’s use of FY 2017 Title V AOUM funds was unknown. The following information reflects implementation of FY 2016 funds during FY 2017.
- In New Mexico, funds are sub-granted to New Mexico State University who awards additional subcontracts.<sup>43</sup>
- In New Mexico, the match is provided through shared contracts and in-kind services from New Mexico State University.

<b>Sub-grantee</b>	<b>Serving</b>	<b>Amount</b>
Embrace, Inc.	Chaves County	\$44,100
Future Foundations	Cibola County	\$44,100
Mesilla Valley Pregnancy Resource Center	Doña Ana County	\$44,100
First Baptist Church	Doña Ana County	\$22,500
Carlsbad Community Anti-Drug/Gang Coalition	Eddy County	\$22,500
Faith in Action	Lea County	\$44,100
First Assembly of God	Luna County	\$44,100

The New Mexico Department of Health administers the state’s Title V AOUM grant in collaboration with New Mexico State University and the university’s seven sub-contractors. Funded community-based programs target young people ages 10–19, especially young Latinos and Native Americans. The approved curricula are *Sex Can Wait* and *Above the Waist*.<sup>44</sup>

### **“SEXUAL RISK AVOIDANCE EDUCATION” (SRAE) GRANT PROGRAM**

Administered by FYSB within ACF of HHS, the SRAE program—a rebranding of the competitive AOUM grant program—provides funding for public and private entities 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 2017, \$15 million was appropriated for the SRAE grant program, and \$13.5 million was awarded to 27 grantees in 14 states through a competitive application process.

- In FY 2017, there were no SRAE grantees in New Mexico.

## **POINTS OF CONTACT**

### **DASH Contact**

Cris Kimbrough  
HIV/STI Prevention Education Coordinator  
New Mexico Public Education Department  
300 Don Gaspar Avenue, FB  
Santa Fe, NM 87501  
Phone: (505) 827-1807  
Email: [Cris.Kimbrough@state.nm.us](mailto:Cris.Kimbrough@state.nm.us)

### **TPPP Contacts**

Jennifer Hetteema  
Project Director  
University of New Mexico Health Sciences Center  
Email: [JHetteema@salud.edu](mailto:JHetteema@salud.edu)

Rachel Nawrocki, Project Lead  
Capacity Builders  
Phone: (505) 326-4245  
Email: [r.nawrocki@grantwriters.net](mailto:r.nawrocki@grantwriters.net)

Kristen S Rivas MS Ed, LADC, Evaluator  
Act Investments, LLC  
Phone: (775) 690-5992  
Email: [orivasconsultinginc@charter.net](mailto:orivasconsultinginc@charter.net)

### **PREP State-Grant Program Contacts**

Susan Lovett  
New Mexico Department of Health  
Santa Fe, NM  
Phone: (505) 476-8879  
Email: [susan.lovett@state.nm.us](mailto:susan.lovett@state.nm.us)

### **Tribal PREP Program Contacts**

Nathana Bird  
Tewa Women United  
Española, NM  
Phone: (505) 747-3259 ext: 1209  
Email: [nathana@tewawomenunited.org](mailto:nathana@tewawomenunited.org)

Marah Moore  
i2i Institute  
Española, NM  
Phone: (575) 758-7513  
Email: [marah@i2i-institute.com](mailto:marah@i2i-institute.com)

### **Title V AOUM Program Contact**

Barbara Howe  
Deputy Director of Operations  
Public Health Division  
New Mexico Department of Health  
1190 St. Francis Drive, Suite S-1066  
Santa Fe, NM 87502-6110  
Phone: (505) 827-2691  
Email: [Barbara.Howe@state.nm.us](mailto:Barbara.Howe@state.nm.us)

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<sup>1</sup> This refers to the federal government's fiscal year, which begins on October 1 and ends on September 30. The fiscal year is designated by the calendar year in which it ends; for example, FY 2017 began on October 1, 2016, and ended on September 30, 2017.

<sup>2</sup> N.M. Admin. Code § 6.12.2.10(C)(1), [www.nmcpr.state.nm.us/nmac/parts/title06/06.012.0002.htm](http://www.nmcpr.state.nm.us/nmac/parts/title06/06.012.0002.htm).



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- <sup>3</sup> N.M. Admin. Code § 6.12.2.10(C)(3)(e).
- <sup>4</sup> N.M. Admin. Code § 6.12.2.10(C)(3)(h).
- <sup>5</sup> N.M. Admin. Code § 6.12.2.10(C)(2).
- <sup>6</sup> N.M. Admin. Code § 6.12.2.10(D).
- <sup>7</sup> *Health Education Standards with Benchmarks and Performance Standards* (New Mexico: New Mexico Public Education Department), [www.nmcpr.state.nm.us/nmac/parts/title06/06.029.0006.htm](http://www.nmcpr.state.nm.us/nmac/parts/title06/06.029.0006.htm).
- <sup>8</sup> Ibid.
- <sup>9</sup> “Youth Online,” Centers for Disease Control and Prevention, <https://nccd.cdc.gov/youthonline/App/Default.aspx>.
- <sup>10</sup> “Methodology of the Youth Risk Behavior Surveillance System – 2013,” pg. 17, Centers for Disease Control and Prevention, [www.cdc.gov/mmwr/pdf/rr/rr6201.pdf](http://www.cdc.gov/mmwr/pdf/rr/rr6201.pdf).
- <sup>11</sup> It is critical to examine social determinants when analyzing potentially stigmatizing data. Accounting for differences in people’s lived experiences based on race, ethnicity, sexual orientation, socioeconomic status, etc., is a vital part of understanding the context in which the data exist. We encourage readers to exercise caution when using the data and warn readers against using the data in a manner that conflates correlation with causation. Please visit the FY 2017 Executive Summary, *A Portrait of Sexuality Education in the States*, for more context.
- <sup>12</sup> “School Health Profiles 2014,” Centers for Disease Control and Prevention, <https://nccd.cdc.gov/youthonline/App/Default.aspx>.
- <sup>13</sup> Ibid., pg. 51.
- Arpaia, A., Kost, K., and Maddow-Zimet, I., *Pregnancies, Births and Abortions Among Adolescents and Young Women in the United States, 2013: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2017), [https://www.guttmacher.org/sites/default/files/report\\_downloads/us-adolescent-pregnancy-trends-2013\\_tables.pdf](https://www.guttmacher.org/sites/default/files/report_downloads/us-adolescent-pregnancy-trends-2013_tables.pdf), Table 2.5.
- <sup>15</sup> Ibid., Table 2.6.
- <sup>16</sup> “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>.
- <sup>17</sup> United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2007-2015, on CDC WONDER Online Database, February 2017. Accessed at <http://wonder.cdc.gov/nativity-current.html>.
- <sup>18</sup> “Abortion” used in this context refers to legally induced abortions. This rate does not include abortions that occur outside of health care facilities or are unreported. Unfortunately, there is no reliable source of information for actual rates of abortion.
- <sup>19</sup> Arpaia, A., Kost, K., and Maddow-Zimet, I., *Pregnancies, Births and Abortions Among Adolescents and Young Women in the United States, 2013: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2017), [https://www.guttmacher.org/sites/default/files/report\\_downloads/us-adolescent-pregnancy-trends-2013\\_tables.pdf](https://www.guttmacher.org/sites/default/files/report_downloads/us-adolescent-pregnancy-trends-2013_tables.pdf), Table 2.5.
- <sup>20</sup> Ibid., Table 2.6.
- <sup>21</sup> 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](http://www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2015.pdf).
- <sup>22</sup> 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](http://www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2015.pdf).
- <sup>23</sup> 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](http://www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2015.pdf).
- <sup>24</sup> 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](http://www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2015.pdf).
- <sup>25</sup> NCHHSTP Atlas, “STD Surveillance Data” (Atlanta, GA: Centers for Disease Control and Prevention), <http://gis.cdc.gov/GRASP/NCHHSTPAtlas/main.html>.
- <sup>26</sup> Ibid.
- <sup>27</sup> Ibid.
- <sup>28</sup> Centers for Disease Control and Prevention, Adolescent and School Health, Funded State Agencies, Atlanta, GA, [www.cdc.gov/healthyyouth/partners/funded\\_states.htm#nm](http://www.cdc.gov/healthyyouth/partners/funded_states.htm#nm).

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- <sup>29</sup> “University of New Mexico Health Sciences Center,” Grantees (NM) – TPP Tier 2B, U.S. Department of Health and Human Services, Office of Adolescent Health, [www.hhs.gov/ash/oah/grants/grantees/tpp/2b/university-of-new-mexico-health-sciences-center.html](http://www.hhs.gov/ash/oah/grants/grantees/tpp/2b/university-of-new-mexico-health-sciences-center.html).
- <sup>30</sup> “2017 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/2017-state-prep-awards](http://www.acf.hhs.gov/fysb/resource/2017-state-prep-awards).
- <sup>31</sup> Information provided by Susan Lovett, MPH, Title X Director, New Mexico Department of Health, June 23, 2017.
- <sup>32</sup> Ibid.
- <sup>33</sup> “Personal Responsibility Education Innovative Strategies (PREIS) Program Awards FY2017,” Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, <https://www.acf.hhs.gov/fysb/preis-awards-fy2017>.
- <sup>34</sup> “Home,” Capacity Builders, <http://capacitybuilders.info/>.
- <sup>35</sup> “Personal Responsibility Education Innovative Strategies Grantee Profiles,” Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, <https://www.acf.hhs.gov/fysb/resource/preis-grantee-profiles>; Information provided by Rachel Nawrocki, Executive Director, Capacity Builders, Inc., June 22, 2017.
- <sup>36</sup> “Tribal Personal Responsibility Education Program (PREP) Awards FY2017,” Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, <https://www.acf.hhs.gov/fysb/tribal-prep-awards-fy2017>.
- <sup>37</sup> “About Us,” Tewa Women United, <http://tewawomenunited.org/about>.
- <sup>38</sup> Information provided by Victoria Parrill, Data and Grants Coordinator, Tewa Women United, June 26, 2017.
- <sup>39</sup> “A’gin: Tribal PREP,” Tewa Women United, <http://tewawomenunited.org/programs/Tribal%20Prep/>.
- <sup>40</sup> Ibid.
- <sup>41</sup> 42 U.S.C. 710, Title V, Section 510 of the Social Security Act, the authorization for the Title V AOUM grant program, defines “abstinence education” as “an educational or motivational program which:
- (A) has as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;
  - (B) teaches abstinence from sexual activity outside marriage as the expected standard for all school-age children;
  - (C) teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems;
  - (D) teaches that a mutually faithful monogamous relationship in context of marriage is the expected standard of human sexual activity;
  - (E) teaches that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects;
  - (F) teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child’s parents, and society;
  - (G) teaches young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances; and
  - (H) teaches the importance of attaining self-sufficiency before engaging in sexual activity.”
- [www.ssa.gov/OP\\_Home/ssact/title05/0510.htm](http://www.ssa.gov/OP_Home/ssact/title05/0510.htm).
- <sup>42</sup> “2017 Title V State Abstinence Education Program Grant Awards,” Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, [www.acf.hhs.gov/fysb/resource/2017-aegp-awards](http://www.acf.hhs.gov/fysb/resource/2017-aegp-awards).
- <sup>43</sup> Information provided by Barbara Howe, Deputy Director of Operations, Public Health Division, New Mexico Department of Health, April 13, 2017.
- <sup>44</sup> Ibid; “Title V State Abstinence Education Program Grantee Profiles,” Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, <https://www.acf.hhs.gov/fysb/resource/aegp-profiles>.