

In Fiscal Year 2011¹, the state of Georgia received:

- Personal Responsibility Education Program funds totaling \$1,757,161
- Title V State Abstinence Education Program funds totaling \$1,859,919

In Fiscal Year 2011, local entities in Georgia received:

• Teen Pregnancy Prevention Initiative funds totaling \$6,283,418

SEXUALITY EDUCATION LAW AND POLICY

Schools in Georgia are required to teach sexuality education and sexually transmitted disease (STD)/HIVprevention education. Georgia law mandates that the state board of education determine minimum guidelines that sexuality education programs must satisfy. The guidelines created by the board require instruction to "emphasize abstinence from sexual activity until marriage and fidelity in marriage as important personal goals."² In addition, the guidelines state that sex-education instruction should address peer pressure and promote "high self-esteem, local community values, and abstinence from sexual activity as an effective method of prevention of pregnancy, sexually transmitted diseases, and acquired immune deficiency syndrome."³ Local school boards are largely responsible for deciding the specific subjects this education must cover, age-appropriate messages, and the grade level in which topics are introduced.

The Georgia Department of Education has also established *Quality Core Curriculum (QCC) Standards* for kindergarten through 12th grade. The *QCC* health education standards suggest education resources, topics, and curricula for teaching STD- and HIV/AIDS-prevention education in grades six through 12. Beginning in grade six, the health education standards address STDs, HIV, and abstinence.⁴ In grades seven through 12, the standards also address pregnancy- and STD-prevention methods.⁵

Parents or guardians may remove their children from all or part of sexuality and/or STD/HIV education by sending written notice to the school. This is referred to as an "opt-out" policy.

See <u>Georgia Code Annotated §§ 20-2-143</u>, <u>Georgia Board of Education Rule 160-4-1-.12</u>, and the <u>Georgia Department of Education *Quality Core Curriculum Standards*.</u>

RECENT LEGISLATION

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

YOUTH SEXUAL HEALTH DATA

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

Georgia Youth Risk Behavior Survey (YRBS) Data⁶

• In 2011, 88% of high school students in Georgia reported having been taught about AIDS/HIV in school, compared to 84% of high school students nationwide.

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

Teen Pregnancy, Birth, and Abortion

- In 2010, the rate of diagnoses of HIV infection among adolescents aged 13-19 years in Georgia was 14.1 per 100,000 compared to the national rate of 7.9 per 100,000.⁷
- In 2010, the rate of AIDS diagnoses among adolescents 13-19 years in Georgia was 1.1 per 100,000 compared to the 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 Georgia was 67.7 per 100,000 compared to the national rate of 36.9 per 100,000.⁹
- In 2010, the rate of AIDS diagnoses among young adults aged 20-24 years in Georgia was 11.8 per 100,000 compared to the national rate of 10.4 per 100,000.¹⁰

Sexually Transmitted Diseases

- Georgia ranks 20th in the United States for reported cases of chlamydia among young people ages 15–19, with an infection rate of 19.9 cases per 1,000, compared to the national rate of 20.03 cases per 1,000. In 2009, there were a total of 14,052 cases of chlamydia reported among young people ages 15–19 in Georgia.¹¹
- Georgia ranks 12th in the United States for reported cases of gonorrhea among young people ages 15–19, with an infection rate of 5.64 cases per 1,000, compared to the national rate of 4.04 cases per 1,000. In 2009, there were a total of 3,987 cases of gonorrhea reported among young people ages 15–19 in Georgia.¹²
- Georgia ranks 10th in the United States for reported cases of primary and secondary syphilis among young people ages 15–19, with an infection rate of 0.05 cases per 1,000, compared to the national rate of 0.05 cases per 1,000. In 2009, there were a total of 34 cases of syphilis reported among young people ages 15–19 in Georgia.¹³

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 ageappropriate programs to reduce teen pregnancy. The U.S. Department of Health and Human Services, Office of Adolescent Health (OAH) administers the grant program, which totaled \$105 million in discretionary funding for Fiscal Year (FY) 2011. TPPI consists of two funding tiers that provide grants to local public and private entities. Tier 1 totals \$75 million and provides funding for the replication of evidence-based programs proven to prevent unintended teen pregnancy and address underlying behavioral risk factors. Tier 2 totals \$25 million and provides funding to develop and test additional models and innovative strategies. A portion of the Tier 2 funds, \$15.2 million, was allocated for research and demonstration grants to test innovative approaches, while the remaining funding, \$9.8 million, was allocated for grants to support communitywide initiatives. TPPI also dedicates \$4.5 million in funding to conduct evaluations of individual programs.

TPPI Tier 1: Evidence-Based Programs

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

- Local organizations in Georgia received \$4,783,418 in TPPI Tier 1 funding for FY 2011.
- There are six TPPI Tier 1 grantees in Georgia: The Center for Black Women's Wellness, Inc.; Clayton County Board of Health; Columbus Wellness Center Outreach and Prevention Project, Inc.; Metro Atlanta Youth for Christ; More Than Conquerors, Inc.; and Morehouse School of Medicine.

The Center for Black Women's Wellness, Inc., \$555,677 (FY 2011)

Located in Atlanta, Georgia, The Center for Black Women's Wellness, Inc. (CBWW), "is a non-profit organization that provides free and low-cost services to empower black women, and their families, toward physical, mental and economic wellness." The organization provides self-employment training, mental-health screening and referrals, and preventive, maternal, and child-health services.

With its TPPI grant, CBWW implements *Teen Health Project* at community-based sites in metro-Atlanta neighborhoods, including Neighborhood Planning Units V and L, Adair Park, English Avenue, Mechanicsville, Peoplestown, Pittsburgh, Summerhill/Capitol Homes, and Vine City. The program serves predominately African-American youth ages 12–17. It provides instruction to same-gendered groups of approximately 15 participants. CBWW plans to reach 200 youth annually with its program.

Teen Health Project is a community-level, HIV risk-reduction program designed for young people ages 12–17 living in low-income housing developments. The purpose of the program is to reduce sexual activity, increase condom use and negotiation skills, and reduce risky sexual behavior among participants. The initial component of the program consists of two three-hour workshops focusing on HIV/STD prevention and building skills. Some participants in the workshops are then nominated to the Teen Health Project Leadership Council, which meets on a weekly basis during a six-month period to implement community activities and organize HIV-prevention activities for their peers. In addition, *Teen Health Project* includes a parent component, which consists of a 90-minute HIV/AIDS-education workshop that provides information to parents about risk reduction and talking to their children about sexual health issues. An evaluation of the program published in *AIDS* found, at a 12-month follow-up, that sexually inexperienced youth who participated in the program were significantly more likely to have remained abstinent; and, at an 18-month follow-up, sexually active youth who participated in the program were significantly more likely to report condom use at the time of last sexual intercourse than participants in the control group.¹⁴

To implement the program, CBWW collaborates with multiple community-based organizations as well as educational institutions to ensure that the program has far-reaching impact. Partner organizations recruit youth and parent participants and provide meeting space for program activities. CBWW's *Teen Health Project* is implemented as an after-school program and also as part of the Summer Youth Leadership Training Program run by the organization. The program consists of six one-hour sessions and two 90-minute follow up sessions.¹⁵

In addition to teaching life skills, the program aims to develop young people's capacity for leadership. Two to three youth from each participating neighborhood serve on the program's *Teen Health Leadership Council*. CBWW will convene two council meetings each year. Among other tasks, council members will determine a specific name for the local Teen Health Project and Leadership Council.¹⁶

Clayton County Board of Health, \$847,517 (FY 2011)

The Clayton County Board of Health (CCBOH) is a public health center located in Jonesboro, Georgia. CCBOH offers clinical and community health preventive services to residents of Clayton County.

CCBOH implements the "Clayton Can Soar to the TOP" program with its TPPI funding. The program serves African-American youth, ages 12–19, who are in the juvenile justice system, failing in school, or have been suspended from school. CCBOH's program aims to ensure that Clayton County adolescents will gain life-management skills, healthy behaviors, and a positive self-image. CCBOH implements the program in community-based settings, and plans to reach approximately 400 youth annually.

The program uses the *Teen Outreach Program (TOP)*, an evidence-based youth-development program that engages young people in experiential learning activities in order to "prepare for successful adulthood and avoid problem behaviors."¹⁷ The program is designed for youth ages 12–17 and focuses on reducing rates of school failure, school suspension, and teen pregnancy. *TOP* consists of a nine-month curriculum that addresses such topics as relationships, peer pressure, decision making, values clarification, goal-setting, adolescent development, and sexual health.¹⁸ It also includes a 20-hour community service component that engages participants in activities to enhance knowledge and develop skills, including self-efficacy, communication, conflict-management, and self-regulation. *TOP* can be delivered as an in-school, afterschool, or community-based program. An evaluation of the program published in *Child Development* found that young women ages 15–19 who participated in *TOP* were significantly less likely to report a pregnancy during the program than participants in the control group.¹⁹

Columbus Wellness Center Outreach and Prevention Project, Inc., \$628,900 (FY 2011)

The Columbus Wellness Center Outreach and Prevention Project, Inc. (Columbus Wellness Center), is a public health center located in Columbus, Georgia, that provides family planning and birth control services to area residents. With its TPPI funding, Columbus Wellness Center implements *Becoming Responsible Teen (BART)*, a comprehensive sexuality education curriculum. The program serves youth ages 13–19 in three Georgia counties and will reach approximately 90 youth annually.

Becoming a Responsible Teen (BART) is an evidence-based HIV/AIDS-prevention education curriculum designed for African-American youth ages 14–18. *BART* teaches students to reduce sexual risk taking by promoting safer sex practices while also teaching that abstinence is the most effective way to prevent HIV and unintended pregnancy. The curriculum combines education with behavioral skills training on assertion, refusal, self-management, problem solving, risk recognition, and correct condom use.²⁰ *BART* includes interactive activities, group discussions, and role-plays developed by teens. It is designed for implementation in community-based settings and with single-sex groups. An evaluation of the program published in the *Journal of Consulting and Clinical Psychology* found that it increased participant knowledge of HIV and AIDS and increased participants' ability to manage the pressure to engage in unprotected sex as well as to provide information to their peers regarding safe sexual practices. The program was also found to delay the initiation of sexual intercourse, reduce the frequency of sex and the incidence of unprotected sex, and reduce the incidence of unprotected anal sex. Among male participants, the program was found to increase condom use.²¹

Metro Atlanta Youth for Christ, \$599,279 (FY 2011)

Metro Atlanta Youth for Christ (MAYFC), located in Norcross, Georgia, is an affiliate of Youth for Christ (YFC), a national evangelical Protestant organization. YFC's mission is to "[reach] young people everywhere, working together with the local church and other likeminded partners to raise up lifelong followers of Jesus who lead by their godliness in lifestyle, devotion to the Word of God and prayer, passion for sharing the love of Christ and commitment to social involvement."

The organization is a former Community-Based Abstinence Education (CBAE) grantee and received a total of \$3,011,695 in CBAE abstinence-only-until-marriage funding between FYs 2003–2009. The CBAE grant MAYFC received in 2003 doubled its budget. MAYFC used the money to hire three "abstinence educators" who were not required to hold any specific public health credentials. However, they were required to be Christian, as MAYFC does not hire people who are not.

With its Tier 1 grant, MAYFC implements the "ADAPT (Avoiding Disease and Pregnancy Training)" program. ADAPT provides after-school and summer instruction to at-risk middle and high school students, ages 11–17, at seven sites located in public housing communities in DeKalb and Fulton counties. The organization plans to serve approximately 175 youth annually.

The ADAPT program replicates *Teen Health Project*, a community-level, HIV-risk reduction intervention designed for young people ages 12–17 living in low-income housing developments. (Please see the information on the Center for Black Women's Wellness above for a description of *Teen Health Project*.)

More Than Conquerors, Inc., \$652,045 (FY 2011)

More Than Conquerors, Inc. (MTCI), is a contemporary church located in Stone Mountain, Georgia. Its mission is to "improve the capacity of young people in Metropolitan Atlanta to form safe and stable families sustained through a network of community support."²² MTCI offers a wide variety of programs and ministries, some of which seem to promote traditional gender roles. For example, its "Daughters of Zion" ministry teaches girls ages 6–9 how to "conduct themselves as young ladies" and "how to embrace their feminine nature and enjoy being a girl."²³ Likewise, in the "Baby Ruths" ministry, girls ages 10–12 learn "modesty and moderation."²⁴

The organization implements the "College Health Awareness Messages Protecting Students (CHAMPS)" program with its TPPI grant. "CHAMPS" aims to reduce pregnancy and birth rates among participants through the implementation of *Teen Outreach Program (TOP)*. (Please see the information on Clayton County Board of Health above for a description of *TOP*.) The program will serve approximately 300 youth annually.

MTCI partners with Morris Brown College (MBC) in the implementation of *TOP*. Founded in 1881 by the African Methodist Episcopal Church, MBC is a historically black liberal arts college located in the Vine City community of Atlanta, Georgia. MBC retains its Christian affiliation, aiming "to provide higher education opportunities based on Christian principles" and an "understanding of, and respect for, the ethical, moral and spiritual values of the Christian faith."²⁵ In 2003, MBC lost its accreditation and federal funding due to financial mismanagement.²⁶

"CHAMPS" serves predominantly African-American youth ages 15–18 through the Morris Brown Transitions program and young adults ages 18–19 attending MBC. The Morris Brown Transitions program works with at-risk youth in order to prepare them for college, providing services such as tutoring, financial aid guidance, and referrals to social service agencies in the metro Atlanta area.²⁷ MTCI also partners with Bagley Youth Development, LLC, Committed 2 You, Elks Aidmore Children's Center, Extended Families Services, Odyssey Family Counseling, and Rockdale Medical Center to implement the "CHAMPS" program.²⁸

Morehouse School of Medicine, \$1,500,000 (FY 2011)

Morehouse School of Medicine, located in Atlanta, Georgia, "is dedicated to... addressing primary health care needs through programs in education, research, and service, with an emphasis on people of color and the underserved urban and rural populations in Georgia and the nation."²⁹ The TPPI funding was granted to the school's Health Promotion Resource Center. The overall goals of the program are to reduce teen pregnancy and STI rates and increase contraceptive use among participants.

The TPPI Tier 1 program serves youth ages 13–15 using *Children's Aid Society – Carrera Adolescent Pregnancy Prevention Program (CAS – Carrera).* The curriculum is an evidence-based positive youth development program designed for students in grades six through 12. The program consists of seven integrated components that can be delivered in an after-school or in-school setting over the course of a year. These units include Education, Job Club, Family Life and Sexuality Education, Mental Health, Medical and Dental Services, Self Expression, and Lifetime Individual Sports.³⁰ The program uses a positive youth development approach to increase developmental competency and identity formation among participants in order to encourage youth to avoid early parenthood and risky sexual behavior. *CAS – Carrera* runs six days a week throughout the academic year and also includes a summer program component.³¹ An evaluation of the program published in *Perspectives on Sexual and Reproductive Health* found that, at a three-year follow-up, female participants were significantly less likely to report a pregnancy or report being sexually active than participants in the control group.³²

Morehouse partners with three community-based organizations in the implementation of the program: Get Ahead House; Lamar County Activity Center; and Right Way, Wrong Way, Inc. These partners are located in three distinct geographical areas, both urban and rural, but are all in communities with high rates of teenage pregnancy. Get Ahead House serves at-risk youth in the city of Monticello, located in Jasper County. Lamar County Activity Center, implements the TPPI program in Lamar and Spalding counties and provides "educational and enrichment activities that promote healthy lifestyle changes and behaviors for youth and families" in the economically disadvantaged, high-crime area it serves. Right Way, Wrong Way, Inc. (RW/WW) is located in Cobb County and serves individuals involved in the criminal justice system. RW/WW implements *Carrera* as a summer camp program targeting fifth grade students attending the following schools: Campbell Middle School, Griffin Middle School, Lindley Middle School, and Jean Childs Young Middle School.

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 Georgia.

TPPI Tier 2: Communitywide Initiatives

The TPPI Tier 2 grant program also supports communitywide initiatives to reduce rates of teenage pregnancy and births in communities with the highest rates. The program awards grants to national organizations as well as state- and community-based organizations. Funded national partners provide training and technical assistance to local grantees. The Centers for Disease Control and Prevention (CDC) administer the grant program in partnership with OAH.

• There is one TPPI Tier 2 Communitywide Initiatives grantee in Georgia, Georgia Campaign for Adolescent Pregnancy Prevention, which received \$1,500,000 for FY 2011.

Georgia Campaign for Adolescent Pregnancy Prevention, \$1,500,000 (FY 2011)

The Georgia Campaign for Adolescent Pregnancy Prevention (G-CAPP) is a nonprofit organization founded in 1994 by actress Jane Fonda. Located in Atlanta, Georgia, the organization seeks to prevent

adolescent pregnancy by addressing its underlying social issues, including poverty, unemployment, violence, drugs, racism, and gender bias, among others. To this end, G-CAPP approaches adolescent pregnancy prevention by working with adolescent males and females, their families, and communities to "create sustainable programs and a positive environment that will reduce the rate of adolescent pregnancy and increase opportunities for young people and their parents."³³

With its TPPI Tier 2 Communitywide Initiatives grant, G-CAPP will partner with 10 youth serving organizations and five family planning clinics in Richmond County to implement a communitywide initiative to reduce the county's teen pregnancy and birth rates by 10% over the next five years. The initiative will provide young people with access to evidence-based, teen pregnancy prevention programs and clinical services. It plans to reach 16,000 youth ages 15–19 in total. G-CAPP will provide training and technical assistance to the youth-serving organizations in order to equip them to select, implement, and evaluate an evidence-based program. The initiative also will engage policymakers and other decision makers in the community to enact local policies that support adolescent sexual and reproductive health, and garner support from both state and local funders.³⁴

As part of the implementation plan, G-CAPP and its collaboration partners will establish a community advisory board made up of key stakeholders and local leaders to assess the progress of the initiative; discuss its strengths, challenges, and potential ramifications on other communities in Georgia; and evaluate its sustainability and ability to be replicated in other high need communities. A youth advisory panel will also be developed to provide input on program activities and youth-friendly materials, increase linkages to clinics and programs, and advocate for policy change.³⁵

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 Georgia Department of Human Services, Division of Family and Children Services received \$1,757,161 in federal PREP funds for FY 2011.
- The department has issued an application announcement for available funds under the state's PREP grant program. At the time of publication, sub-grantees had not yet been determined.³⁶

The Georgia PREP state-grant program will provide funds to local public and private entities to serve youth ages 10–19 and up to 21 if pregnant or parenting. The program will be monitored and implemented

by the Department of Human Services, Division of Family and Children Services and will be provided to youth in both school-based and community-based settings. Specific target populations include African-American and Latino youth, youth in foster care, pregnant and parenting youth, youth who live in areas with high rates of teen pregnancy, HIV/AIDS or STDs, and youth who identify as LGBTQ. The following 10 counties will be eligible to receive programming through PREP: Bibb, Chatham, Clayton, Cobb, DeKalb, Dougherty, Fulton, Gwinnett, Muscogee, and Richmond. Sub-grantees must choose to implement one of the following evidence-based curricula: *Be Proud! Be Responsible! Be Protective!, ¡Cuidate!, Making a Difference!, Making Proud Choices!*, *Reducing the Risk,* and *Love U2 Relationship Smarts.*³⁷

Be Proud! Be Responsible! Be Protective! is an evidence-based program that targets pregnant and parenting teens and focuses on the concept of maternal protectiveness to encourage adolescent mothers and soon-to-be mothers to make healthy sexual decisions, take responsibility and be accountable for their sexual activity, and decrease risky sexual behavior. The curriculum is an adaptation of *Be Proud! Be Responsible!*, an evidence-based HIV-prevention curriculum designed for African-American males. *Be Proud! Be Responsible! Be Protective!* discusses the impact of HIV/AIDS on inner-city communities and particularly addresses its impact on pregnant women and their children, providing information on preventing transmission during pregnancy and the postpartum period. The curriculum consists of eight one-hour lessons and uses interactive activities, group discussion, and videos to educate participants. It covers such topics as HIV risk and prevention, family planning and parenting, communication, attitudes and beliefs about HIV/AIDS and safer sex, condom-use skills, stress and emotion management, and staying healthy. The intervention can be delivered in four two-hour sessions or over the course of eight days and is appropriate for use in school-based settings.³⁸ An evaluation of the program published in *Family and Community Health* found, at a six-month follow-up, that program participants reported having significantly fewer sexual partners during the previous three months than participants in the control group.³⁹

¡Cuidate! is an evidence-based HIV-prevention curriculum adapted from the evidence-based curriculum *Be Proud! Be Responsible!*, and tailored for use with Latino youth ages 13–18. The curriculum provides information about HIV and its transmission, addresses values and beliefs related to HIV and safer sex, and includes activities aimed to increase skills and self-efficacy for condom use, negotiating abstinence, and safer sex. The intervention consists of six one-hour lessons and is designed for use with small, mixed-gender groups. It draws upon cultural beliefs, such as the importance of family and the responsibility of a man to care for his family, in order to provide messages that resonate with participants. The curriculum consists of educational games, small group discussions, videos, learning exercises, and skill-building activities. An evaluation of the curriculum published in the *Archives of Pediatrics & Adolescent Medicine* found that it reduced the frequency of sexual intercourse, number of sexual partners, and incidence of unprotected sex while increasing condom use among participants.⁴⁰

Making a Differencel is an evidence-based pregnancy-, STD-, and HIV-prevention education curriculum that emphasizes abstinence from sexual activity. Adapted from the evidence-based curriculum *Be Proud! Be Responsible!, Making a Difference!* aims to increase participants' knowledge about HIV, STD, and pregnancy prevention as well as their confidence to negotiate sexual pressure and intention to abstain from sex. It is designed for use with African-American, Latino, and white adolescents ages 11–13 and can be implemented in school- or community-based settings. The curriculum includes interactive activities, small group discussions, and skill-building exercises, including role-plays, aimed to increase comfort and efficacy with practicing abstinence. An evaluation of the curriculum published in the *Journal of American Medical Association* found that, at a three-month follow-up, participants in the program were less likely to report having had sexual intercourse in the three months prior than peers in the control group. Evaluation results also showed that the program helped to delay sexual initiation among program participants who were sexually inexperienced.⁴¹

Making Proud Choices! is an evidence-based STD-, HIV-, and pregnancy-prevention curriculum designed for use with African-American, Latino, and white adolescents ages 11–13. The curriculum aims

to help youth understand the poor reasoning and decision making that can lead to STD/HIV infection and/or unintended pregnancy, as well as to increase their confidence, negotiation skills, and self-efficacy in using condoms. The program consists of eight one-hour sessions and can be implemented in school- or community-based settings. *Making Proud Choices!* includes interactive and skill-building activities that are designed to "increase comfort with practicing condom use, address concerns about negative effects of practicing safer sex, and build skills in condom use and negotiation."⁴² An evaluation of the program published in the *Journal of the American Medical Association* showed that program participants reported more consistent condom use and less unprotected sex as well as a higher frequency of condom use than those in the control group.⁴³

Reducing the Risk: Building Skills to Prevent Pregnancy, STD and HIV is an evidence-based, pregnancy-, STD-, and HIV-prevention curriculum designed for classroom use with students in the ninth and 10th grades. It is appropriate for use with multiethnic populations.⁴⁴ *Reducing the Risk* aims to reduce high-risk behaviors among participants and emphasizes strategies for abstaining from sex or practicing safer sex. The 16-lesson curriculum addresses both abstinence and contraception use and includes experiential activities that teach students to develop refusal, negotiation, and communication skills. An evaluation of the program published in *Family Planning Perspectives* found that it increased parent-child communication, especially among Latino youth, delayed the initiation of sexual intercourse, and reduced incidence of unprotected sex among lower-risk youth who participated in the program.⁴⁵

Love U2 Relationship Smarts is part of the Love U2 abstinence-only-until-marriage curricula series that also includes Love U2 Dating Smarts, Love U2 Baby Smarts, Love U2 Communication Smarts, and Love U2 Becoming Sex Smart. It is described as a "series of units that help young people acquire practical skills for emotionally healthy and ethically sound relationships."46 The curricula series is produced and distributed by The Dibble Institute for Marriage Education, a nonprofit organization based in Berkeley, California, that focuses on "teaching young people healthy romantic relationship skills."47 Love U2 Relationship Smarts is designed for students in grades nine-12 and includes information and skill-building activities to impart youth with the "knowledge necessary for making wise relationship choices."48 The 13-lesson curriculum addresses such topics as maturity, values clarification, peer pressure, attractions and infatuation, principles of smart relationships, and "the nature of true intimacy," among others.⁴⁹ The curriculum also focuses on preventing dating violence as well as communication and conflict resolution skills. Love U2 Relationship Smarts aims to motivate teens "to make wiser relationship and sexual choices by examining the consequences of early and unwed pregnancy..." It addresses such issues as the role of fathers, the needs of children as they relate to pregnancy prevention and the importance of remaining abstinent, cohabitation, the benefits of marriage, research findings on partner selection, and marital successes and failures."50

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 Georgia.

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 age 10–19, who are in or 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 Georgia.

Title V State Abstinence Education Grant Program

The Title V State Abstinence Education Grant Program (Title V Abstinence-Only Program) allocates \$50 million per year to states for Fiscal Years 2010–2014. ACF administers the grant program. The Title V Abstinence-Only Program requires states to provide three state-raised dollars or the equivalent in services for every four federal dollars received. The state match may be provided in part or in full by local groups. All programs funded by the Title V Abstinence-Only Program must promote abstinence from sexual activity as their exclusive purpose and may provide mentoring, counseling, and adult supervision toward this end. Programs must be medically accurate and age-appropriate and must ensure abstinence is an expected outcome.

- The Georgia Governor's Office of Planning and Budget received \$1,859,919 in federal Title V abstinence-only funding for FY 2011.
- The agency provides sub-grants to 25⁵¹ local public and private entities.⁵²
- In Georgia, the match is provided through a combination of state revenue and matching funds from sub-grantees. Sub-grantees may contribute direct revenue or in-kind services.

The Governor's Office for Children and Families (GOCF) manages the Title V Abstinence-Only Program in Georgia. The agency assists local communities to provide services to children, youth, and families. Its "system of care approach" assists communities in coordinating and integrating child prevention and intervention programs that address child maltreatment, delinquency prevention, and youth development. The Title V Abstinence-Only Program funds local entities to deliver "abstinence education in intensive youth development program models." This includes offering prevention, health education, youth development, and social service activities to a specific youth population. Programming targets young people ages 10–20 and particular youth populations, including youth in housing authorities, youth involved in the juvenile justice system, and middle school students. The Georgia Title V Abstinence-Only Program is designed as a statewide intervention that will serve youth in all 159 counties of the state. Subgrantees determine which particular abstinence-only curricula to implement and are encouraged to choose programs that best meet the needs of their communities. GOCF developed a list of recommended curricula for sub-grantees, including *ASPIRE: Live your life. Be Free.*, the *Choosing the Best* series, *Making a Difference!, Promoting Health Among Teens! – Abstinence-Only Intervention (PHAT), Quest*, and *WAIT (Why Am I Tempted?) Training.*⁵³

Making a Difference! and *PHAT* are the only two evidence-based programs included on the list of recommended curricula. These curricula both appear on the list of 28 evidence-based programs approved by OAH for replication with Tier 1 Teen Pregnancy Prevention Initiative funds. (Please see the PREP State-Grant Program section above for information about *Making a Difference*!)

PHAT is an evidence-based curriculum developed to increase knowledge and awareness about STDs, including HIV, increase an understanding of how abstinence can prevent pregnancy and HIV/STDs, and build refusal and negotiation skills for practicing abstinence. *PHAT* aims for participants to abstain from vaginal, oral, and anal intercourse until a time later in life when they are ready to handle the potential consequences of having sex and neither discourages nor encourages condom use.⁵⁴ Although originally intended for use with urban, African-American youth in small groups, the intervention can be adapted for use with larger groups and those in rural settings.⁵⁵ The curriculum is designed as eight one-hour modules

that include group discussions, videos, role-playing, skill-building activities, games, and other experiential exercises. It is appropriate for use in both school- and community-based settings. An evaluation of the program published in the *Archives of Pediatrics & Adolescent Medicine* found that, at a 24-month follow-up, participants who were sexually inexperienced at the time of the program were significantly less likely to have initiated sex than participants in the control group.⁵⁶

ASPIRE, the Choosing the Best series, and WAIT Training are all well-known, fear-based, abstinenceonly-until-marriage curricula; both Choosing the Best and WAIT Training are produced by leaders in the national abstinence-only-until-marriage industry. These programs reflect an ideological approach to sexuality education that promotes abstinence until marriage to the exclusion of providing full and complete information to young people. Such programs have not been proven effective in impacting sexual behavior. At best these programs are ineffective and at worst they may be harmful to youth.

ASPIRE is based on one set of values and opinions—that marriage should be everyone's ultimate goal and that sex outside of marriage is wrong—which it tries to pass off as universally held truths. In an effort to convince students that these opinions are facts, the curriculum provides incomplete and biased information, promotes fear and shame, and undermines young people's confidence in their own decision-making abilities. For example, students are asked which life decision—college, career, or marriage—will have the most impact on their life. The answer is marriage, because "College is for a few years, and you may have a number of careers. But marriage is for life."⁵⁷

The *Choosing the Best* series is one of the more popular abstinence-only-until-marriage programs in the country. The series is comprised of a number of curricula for students from sixth grade through high school: *Choosing the Best WAY*, *Choosing the Best PATH*, *Choosing the Best LIFE*, *Choosing the Best JOURNEY*, and *Choosing the Best SOULMATE*. The series has been revised in the past few years and the information about STDs is now medically accurate. However, *Choosing the Best* curricula continue to promote heterosexual marriage, rely on messages of fear and shame, and include biases about gender, sexual orientation, and pregnancy options. For example, *Choosing the Best PATH* asks students to brainstorm the "emotional consequences" of premarital sex. Suggested answers include "guilt, feeling scared, ruined relationships, broken emotional bonds."⁵⁸

WAIT Training is an abstinence-only-until-marriage curriculum that uses fear- and shame-based tactics to promote abstinence as the only appropriate behavior outside of marriage. SIECUS reviewed the third edition of *WAIT Training* and found that, similar to previous editions, it includes little medical or biological information about puberty and reproduction. Instead, it contains information and statistics promoting the benefits of marriage, activities and skill-building exercises for developing healthy relationships, and information on STDs, including HIV. It also contains messages promoting biased views of gender, sexual orientation, and family structure. For example, *WAIT Training* explains, "When it comes to sex, men are like microwaves and women are like crockpots...[M]en respond sexually by what they see and women respond sexually by what they hear and how they feel about it."⁵⁹

Grantee	Award	Fiscal Years	
Teen Pregnancy Prevention Initiative (TPPI)			
TPPI Tier 1: Replication of Evidence-Based Programs			
The Center for Black Women's Wellness, Inc. (CBWW)	\$555,677	2010–2014	
Clayton County Board of Health	\$847,517	2010-2014	
Columbus Wellness Center Outreach and Prevention Project, Inc.	\$628,900	2010-2014	

Georgia TPPI, PREP, and Title V Abstinence-Only Funding in FY 2011

Grantee	Award	Fiscal Years	
Metro Atlanta Youth for Christ	\$599,279	2010–2014	
Morehouse School of Medicine	\$1,500,000	2010-2014	
More Than Conquerors, Inc.	\$652,045	2010-2014	
TOTAL	\$4,783,418		
TPPI Tier 2: Communitywide Initiatives			
Georgia Campaign for Adolescent Pregnancy Prevention	\$1,500,000	2010-2014	
TOTAL	\$1,500,000		
Personal Responsibility Education Program (PREP)			
PREP State-Grant Program			
Georgia Department of Division of Family and Children			
Services (federal grant)	\$1,757,161	2011	
TOTAL	\$1,757,161		
Title V Abstinence Education Grant Program (Title V Abstinence-Only)			
Georgia Governor's Office of Planning and Budget	\$1,859,919	2011	
TOTAL	\$1,859,919		
GRAND TOTAL	\$9,900,498	2011	

COMPREHENSIVE APPROACHES TO SEXUALITY EDUCATION

SIECUS is not aware of any examples of model programs, policies, or best practices being implemented in Georgia 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 comprehensive approaches to sex education being implemented in Georgia public schools for inclusion in future publications of the State Profiles. Please visit SIECUS' "Contact Us" webpage at <u>www.siecus.org</u> to share information. Select "state policy" as the subject heading.

POINTS OF CONTACT

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PREP State-Grant Coordinator

Felicia Tuggle, LMSW PREP Director Division of Family and Children Services Georgia Department of Human Services 2 Peachtree Street, 26-482 Atlanta, GA 30303 Phone: (404) 463-0960

Title V Abstinence-Only Grant Coordinator

Heather McDaniel Administrator Youth Development Division Governor's Office for Children and Families 55 Park Place NE, Suite 410 Atlanta, GA 30303 Phone: (404) 656-5600

ORGANIZATIONS THAT SUPPORT COMPREHENSIVE SEXUALITY EDUCATION

AID Atlanta Atlanta, GA Phone: (404) 870-7700 www.aidatlanta.org

Georgia Campaign for Adolescent Pregnancy Prevention Atlanta, GA Phone: (404) 524-2277 www.gcapp.org

Georgia Parents for Responsible Health Education Atlanta, GA <u>www.gprhe.org</u> ACLU of Georgia Atlanta, GA Phone: (770) 303-9966 www.acluga.org

Georgia Equality Atlanta, GA Phone: (404) 523-3070 www.georgiaequality.org

Georgia Tech Pride Alliance Atlanta, GA Phone: (404) 385-6554 www.pride.gatech.edu

Planned Parenthood of Georgia Atlanta, GA Phone: (404) 688-9305 www.ppga.org

ORGANIZATIONS THAT OPPOSE COMPREHENSIVE SEXUALITY EDUCATION

Georgia Christian Alliance Marietta, GA Georgia Family Council Norcross, GA Phone: (770) 973-3793 www.gachristianalliance.org

Georgia Right to Life Lawrenceville, GA Phone: (770) 339-6880 www.grtl.org

MEDIA OUTLETS

Newspapers in Georgia⁶¹

Atlanta Journal-Constitution Atlanta, GA Phone: (404) 526-7003 www.ajc.com

Gwinnett Daily Post Lawrenceville, GA Phone: (770) 963-9205 <u>www.gwinnettdailypost.com</u>

Savannah Morning News Savannah, GA Phone: (912) 652-0301 www.savannahnow.com

Political Blogs in Georgia

Atlanta Unsheltered www.atlantaunsheltered.com

Blue Heart of Dixie www.blueheartofdixie.blogspot.com

DoraBlog www.doraville.org Phone: (770) 242-0001 www.georgiafamily.org

Teen Advisors Columbus, GA www.teenadvisors.org

The Augusta Chronicle Augusta, GA Phone: (706) 724-0851 <u>chronicle.augusta.com</u>

The Macon Telegraph Macon, GA Phone: (478) 744-4411 <u>www.macon.com</u>

Cracker Squire www.crackersquire.blogspot.com

Fresh Loaf http://blogs.creativeloafing.com/ freshloaf

Georgia Politics Unfiltered www.georgiaunfiltered.blogspot.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 Ga. Board of Ed. Rule 160-4-2-.12(c), <u>http://www.doe.k12.ga.us/External-Affairs-and-Policy/State-Board-of-Education/SBOE%20Rules/160-4-2-.12.pdf</u>.

³ Ibid.

⁴ "Strand: Disease Prevention," Grade 6, Health, *Quality Core Curriculum Standards*, (Atlanta, Georgia: Georgia Department of Education, 2002), accessed June 9, 2010, <u>http://media.timesfreepress.com/docs/2008/05/6-8Health.pdf</u>.

⁵ Health, *Quality Core Curriculum Standards*, (Atlanta, Georgia: Georgia Department of Education, 2002), accessed June 9, 2010, https://www.georgiastandards.org/standards/GPS%20Support%20Docs/QCC%20Health%206-8.pdf.

⁶ 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, 2012): accessed June 18, 2012, <u>http://www.cdc.gov/mmwr/pdf/ss/ss6104.pdf</u>. Note: Georgia did not participate in the full 2011 YRBS.

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, <u>http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm</u>.

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, <u>http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm</u>.

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, <u>http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm</u>.

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, <u>http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm</u>.

¹¹ "Wonder Database: Sexually Transmitted Disease Morbidity for selected STDs by age, race/ethnicity and gender 1996–2009 Results," (Atlanta, GA: Centers for Disease Control and Prevention, June 2011), accessed December 18, 2012, http://wonder.cdc.gov.

¹² Ibid.

13 Ibid.

¹⁴ "Teen Health Project," Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed July 1, 2011,

http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=576&PageTypeID=2.

¹⁵ Information provided by Keri McDonald Pridgeon, vice president for the Center for Black Women's Wellness, June 21, 2011. ¹⁶ Ibid.

 ¹⁷ Saras Chung and Annie Philipps, Promoting Mental Health and Well-being in Adolescents: Recommendations for Wyman's Teen Outreach Program, (Eureka, MO: Wyman Teen Outreach Program, 2010), accessed July 1, 2011, <u>http://wymancenter.org/wordpress/wp-content/uploads/2011/08/TOP-Promoting-Positive-Well-Being-in-Adolescents.pdf</u>, 3.
 ¹⁸ Ibid, 9.

¹⁹ "Pregnancy Prevention Intervention Implementation Report: Teen Outreach Program," Programs for Replication – Intervention Implementation Reports, U.S. Department of Health and Human Services, accessed July 1, 2011,

http://www.hhs.gov/ash/oah/oah-initiatives/tpp/programs/teen_outreach_program.pdf.

²⁰ Becoming A Responsible Teen, Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed May 5, 2010,

http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=2&PageTypeID=2.

²¹ Science and Success: Sex Education and Other Programs That Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections (Washington, DC: Advocates for Youth, 2008), accessed March 30, 2010,

http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf, 76-78.

²² More Than Conquerors, Inc., FY10 Teenage Pregnancy Prevention: Replication of Evidence-based Programs (Tier 1) (June 1, 2010). Information obtained from the U.S. Department of Health and Human Services, Administration for Children and Families through a Freedom of Information Act request.

²³ "Daughters of Zion," More Than Conquerors Faith Church, accessed April 15, 2011,

http://www.mtcfc.org/content.asp?id=342237.

²⁴ "Baby Ruths," More Than Conquerors Faith Church, accessed April 15, 2011,

http://www.mtcfc.org/content.asp?id=342238.

²⁵ "Our College," Morris Brown College, accessed April 15, 2011, <u>http://www.morrisbrown.edu/01_04_ourcollege_a.htm</u>.
 ²⁶ Errin Haines, "Morris Brown College To Have Debt Forgiven," *The Huffington Post,* April 25, 2011, accessed May 1, 2011, <u>http://www.huffingtonpost.com/2011/04/26/morris-brown-college-to-h_n_853669.html</u>.

²⁷ More Than Conquerors, Inc., FY10 Teenage Pregnancy Prevention: Replication of Evidence-based Programs (Tier 1) (June 1, 2010),

"Collaborations and Memoranda of Understanding (MOU)," 41. Information obtained from the U.S. Department of Health and Human Services, Administration for Children and Families through a *Freedom of Information Act* request.

²⁸ Ibid., "Appendices," 61.

²⁹ "About Us," Morehouse School of Medicine, accessed July 1, 2011, <u>http://www.msm.edu/about_us.aspx</u>.

³⁰ "Our Program," The Children's Aid Society – Carrera Adolescent Pregnancy Prevention Program, accessed July 1, 2011, http://stopteenpregnancy.childrensaidsociety.org/our-program.

³¹ Ibid.

³² "Pregnancy Prevention Intervention Implementation Report: Children's Aid Society (CAS) – Carrera," Programs for Replication – Intervention Implementation Reports, U.S. Department of Health and Human Services, accessed July 1, 2011, <u>http://www.hhs.gov/ash/oah/oah-initiatives/tpp/programs/cas_carrera.pdf</u>.

³³ "About Us – History of G-CAPP," Georgia Campaign for Adolescent Pregnancy Prevention, accessed July 13, 2011, <u>http://www.gcapp.org/about-us-history-g-capp</u>.

³⁴ Information provided by Kim Nolte, vice president for programs and training, Georgia Campaign for Adolescent Pregnancy Prevention, June 14, 2011.

³⁵ Ibid.

³⁶ Information provided by Felicia Tuggle, PREP Director, Division of Family and Children Services, Georgia Department of Human Services, November 26, 2012.

³⁷ Ibid.

³⁸ Be Proud! Be Responsible! Be Protective! Evidence-Based Programs Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed May 5, 2010,

http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=607&PageTypeID=2.

³⁹ "Pregnancy Prevention Intervention Implementation Report: Be Proud! Be Responsible! Be Protective!," Programs for Replication – Intervention Implementation Reports, U.S. Department of Health and Human Services, accessed July 1, 2011, http://www.hhs.gov/ash/oah/oah-initiatives/tpp/programs/be_proud_responsible.pdf.

⁴⁰ *Cuidatel* Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed May 5, 2010, <u>http://recapp.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=577</u>; see also *Science and Success: Sex Education and Other Programs That Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections, Second Edition* (Washington, DC: Advocates for Youth, 2008), accessed March 30, 2010,

http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf, 76-79.

⁴¹ Making a Difference! Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed July 1, 2011,

http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=127&PageTypeID=2.

⁴² Making Provd Choices! Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed April 15, 2010, <u>http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=128</u>.
⁴³ Ibid.

⁴⁴ Science and Success: Sex Education and Other Programs That Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections (Washington, DC: Advocates for Youth, 2008), accessed March 30, 2010,

http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf, 22.

⁴⁵ İbid., 23–24.

⁴⁶ Love U2, The Dibble Institute, accessed July 1, 2011, <u>http://www.dibbleinstitute.org/?page_id=1095</u>.

⁴⁷ "Mission, Vision, Core Values," The Dibble Institute, accessed July 1, 2011,

http://www.dibbleinstitute.org/?page_id=157.

⁴⁸ Love U2: Relationship Smarts PLUS, The Dibble Institute, accessed July 1, 2011,

http://www.dibbleinstitute.org/?page_id=495.

⁴⁹ Ibid.

⁵⁰ Love U2 Relationship Smarts Plus – more details, The Dibble Institute, accessed July 1, 2011, http://www.dibbleinstitute.org/?page_id=1908.

⁵¹ Sub-grantees include: Jeryme Brown & Mitchell Smalls Foundation, Inc. (\$85,050); Lincoln County Board of Commissioners (\$77,761) More Than Conquerors, Inc. (\$75,727); Teens: What's the Rush, Inc. (\$63,167); Union Mission, Inc. (\$64,780); WestCare Georgia, Inc. (\$71,557); Ben Hill County Schools (\$84,240); Bleckley County Board of Education (\$58,443); Communities in Schools of Laurens County, Inc. (\$75,972); Diamond In The Rough Youth Development Program, Inc. (\$54,000); Douglas County School System (\$64,128); Early County Literacy Task Force (\$85,028); Future Foundation (\$85,050); Girls Inc. of Columbus and Phenix-Russell (\$76,054); Girls Incorporated of Greater Atlanta (\$85,050); Housing Authority of the City of Carrollton (\$85,050); Jenkins County Family Enrichment Commission, Inc. (\$72,576); Next Level Community Development Center, Inc. (\$85,050); Quest for Change (\$85,050); Rockdale County Board of Commissioners (\$85,050); Teen Pregnancy Prevention, Inc. (\$25,501); Turner County Board of Education (\$75,082); Volunteer Macon, Inc. (\$77,084); Wholistic Stress Control Institute, Inc. (\$85,050).

⁵² Information provided by Heather McDaniel, Youth Development Division Administrator, Governor's Office for Children and Families, November 14, 2012.

54 Ibid.

⁵⁵ Promoting Health Among Teens! Abstinence-Only, Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed July 1, 2011,

http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=575&PageTypeID=2.

 ⁵⁶ "Pregnancy Prevention Intervention Implementation Report: Promoting Health Among Teens! Abstinence-Only Intervention," Programs for Replication – Intervention Implementation Reports, U.S. Department of Health and Human Services, accessed July 1, 2011, <u>http://www.hhs.gov/ash/oah/oah-initiatives/tpp/programs/promoting_health.pdf</u>.
 ⁵⁷ Scott Phelps, Aspire. Live your life. Be Free. (Arlington, IL: Abstinence & Marriage Resources, 2006). For more information, see SIECUS' review of *Aspire* at <u>http://www.communityactionkit.org/curricula_reviews.html.</u>

⁵⁸ Bruce Cook, *Choosing the Best* (Marietta, GA: *Choosing the Best*, Inc., 2001–2007).

⁵⁹ Joneen Krauth-Mackenzie, WAIT (Why Am I Tempted) Training, Second Edition (Greenwood Village, CO: WAIT Training, undated). For more information, see SIECUS' review of WAIT Training at

http://www.communityactionkit.org/curricula_reviews.html.

⁶⁰ The person listed represents the designated personnel in the state responsible for adolescent reproductive health.

⁶¹ This section is a list of major newspapers in the state and is by no means exhaustive of local print outlets.