



IOWA

In Fiscal Year 2010¹, the state of Iowa received:

- **Personal Responsibility Education Program funds totaling \$499,981**

SEXUALITY EDUCATION LAW AND POLICY

Iowa law mandates that research-based, age-appropriate health education be taught in kindergarten through 12th grade, and details what must be included by grade. In first through sixth grade, “the health curriculum shall include the characteristics of communicable diseases including acquired immune deficiency syndrome [AIDS].”² In seventh and eighth grade, health education must “include the characteristics of sexually transmitted disease and acquired immune deficiency syndrome.”³ In ninth through 12th grade, students are required to take one unit of health instruction, which must include information on “the prevention and control of disease, including sexually transmitted diseases [STDs] and acquired immune deficiency syndrome.”⁴ Additionally, health curricula must include information about Human Papillomavirus (HPV) and the HPV vaccine.

Iowa law mandates that the curriculum use materials that are up-to-date, age-appropriate, and research-based/medically accurate; furthermore, all information must be free of biases based on race, ethnicity, sexual orientation, or gender.⁵ School districts may teach age-appropriate, science-based, comprehensive sexuality education as part of the health curriculum, but may also use abstinence-only materials so long as those materials fall within the parameters of the law.

Parents or guardians may remove their children from any part of health education courses if the course conflicts with the student’s religious beliefs. This is referred to as an “opt-out” policy.

See [Iowa Code §§ 279.50 and 256.11](#), and [Iowa Administrative Code § 281-12.5](#).

RECENT LEGISLATION

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

YOUTH SEXUAL HEALTH DATA

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

Iowa Youth Risk Behavior Survey (YRBS) Data⁶

- In 2007, 44% of female high school students and 43% of male high school students in Iowa reported ever having had sexual intercourse compared to 46% of female high school students and 50% of male high school students nationwide.
- In 2007, 3% of female high school students and 4% of male high school students in Iowa reported having had sexual intercourse before age 13 compared to 4% of female high school students and 10% of male high school students nationwide.
- In 2007, 13% of female high school students and 13% of male high school students in Iowa reported having had four or more lifetime sexual partners compared to 12% of female high school students and 18% of male high school students nationwide.
- In 2007, 35% of female high school students and 32% of male high school students in Iowa reported being currently sexually active (defined as having had sexual intercourse in the three months prior to the survey) compared to 36% of female high school students and 34% of male high school students nationwide.
- In 2007, among those high school students who reported being currently sexually active, 59% of females and 74% of males in Iowa reported having used condoms the last time they had sexual intercourse compared to 55% of females and 69% of males nationwide.
- In 2007, among those high school students who reported being currently sexually active, 24% of females and 23% of males in Iowa reported having used birth control pills the last time they had sexual intercourse compared to 19% of females and 13% of males nationwide.
- In 2007, among those high school students who reported being currently sexually active, 16% of females and 20% of males in Iowa reported having used alcohol or drugs the last time they had sexual intercourse compared to 18% of females and 28% of males nationwide.
- In 2007, 88% of high school students in Iowa reported having been taught about AIDS/HIV in school compared to 90% of high school students nationwide.

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

Teen Pregnancy, Birth, and Abortion

- Iowa's teen birthrate currently ranks 36th in the United States, with a rate of 33.9 births per 1,000 young women ages 15–19 compared to the national rate of 41.5 births per 1,000.⁷ In 2008, there were a total of 2,990 live births reported to young women ages 15–19 in Iowa.⁸
- In 2005, Iowa's teen pregnancy rate ranked 41st in the United States, with a rate of 51 pregnancies per 1,000 young women ages 15–19 compared to the national rate of 70 pregnancies per 1,000.⁹ There were a total of 5,200 pregnancies among young women ages 15–19 reported in Iowa.¹⁰

- In 2005, Iowa's teen abortion rate ranked 34th in the United States, with a rate of 11 abortions per 1,000 young women ages 15–19 compared to the national rate of 19 abortions per 1,000.¹¹

HIV and AIDS

- Iowa's HIV infection rate ranks 35th in the United States, with a rate of 4.1 cases per 100,000 individuals compared to the national rate of 19.5 cases per 100,000.¹²
- Iowa ranks 29th in cases of HIV infection diagnosed in the United States among all age groups. In 2008, there were a total of 123 new cases of HIV infection diagnosed in Iowa.¹³
- Iowa's HIV infection rate among young people ages 13–19 ranks 33rd in the United States, with a rate of 2 cases per 100,000 young people compared to the national rate of 9.1 cases per 100,000.¹⁴
- Iowa ranks 40th in number of reported AIDS cases in the United States among all age groups. In 2008, there were a total of 75 new AIDS cases reported in Iowa.¹⁵
- Iowa's AIDS rate ranks 46th in the United States, with a rate of 2.5 cases per 100,000 individuals compared to the national rate of 12.3 cases per 100,000.¹⁶
- Iowa's AIDS rate among young people ages 13–19 ranks 31st in the United States, with a rate of 0.8 cases per 100,000 young people compared to the national rate of 1.8 cases per 100,000.¹⁷

Sexually Transmitted Diseases

- Iowa ranks 37th in reported cases of Chlamydia among young people ages 15–19 in the United States, with an infection rate of 14.51 cases per 1,000 compared to the national rate of 19.51 cases per 1,000. In 2008, there were a total of 3,155 cases of Chlamydia reported among young people ages 15–19 in Iowa.¹⁸
- Iowa ranks 31st in reported cases of gonorrhea among young people ages 15–19 in the United States, with an infection rate of 2.25 cases per 1,000 compared to the national rate of 4.52 cases per 1,000. In 2008, there were a total of 490 cases of gonorrhea reported among young people ages 15–19 in Iowa.¹⁹
- In 2008, there were no cases of primary or secondary syphilis reported among young people ages 15–19 in Iowa.²⁰

FEDERAL FUNDING FOR SEX EDUCATION, TEEN PREGNANCY PREVENTION, AND ABSTINENCE-ONLY PROGRAMS

President's Teen Pregnancy Prevention Initiative

The President's Teen Pregnancy Prevention Initiative (TPPI) funds medically accurate and age-appropriate programs to reduce teen pregnancy. The U.S. Department of Health and Human Services, Office of Adolescent Health (OAH) administers the grant program, which totaled \$110 million in discretionary funding for Fiscal Year 2010. TPPI consists of two funding tiers that provide grants to local

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

TPPI Tier 1: Evidence-Based Programs

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

- There are no TPPI Tier 1 grantees in Iowa.

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 Iowa.

TPPI Tier 2: Communitywide Initiatives

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

- There are no TPPI Tier 2 Communitywide Initiatives grantees in Iowa.

Personal Responsibility Education Program

The Personal Responsibility Education Program (PREP) totals \$75 million per year for Fiscal Years 2010–2014 and is the first-ever dedicated funding stream for more comprehensive approaches to sexuality education. The U.S. Department of Health and Human Services, Administration for Children and Families (ACF) administers the grant. PREP includes a \$55 million state-grant program, \$10 million to fund local entities through the Personal Responsibility Education Innovative Strategies (PREIS) Program, \$3.5 million for Indian tribes and tribal organizations, and \$6.5 million for evaluation, training, and technical assistance. Details on the state-grant program and PREIS are included below. At the time of publication, the funding for tribes and tribal organizations had not yet been awarded.

PREP State-Grant Program

The PREP state-grant program supports evidence-based programs that provide young people with medically accurate and age-appropriate information for the prevention of unintended pregnancy, HIV/AIDS, and other sexually transmitted infections (STIs). The grant program totals \$55 million per year and allocates funding to individual states. The grant does not require states to provide matching funds. Funded programs must discuss abstinence and contraception, and place substantial emphasis on both. Programs must also address at least three of the following adulthood preparation subjects: healthy relationships, positive adolescent development, financial literacy, parent-child communication skills, education and employment skills, and healthy life skills.

- The Iowa Department of Health received \$499,981 in federal PREP funds for Fiscal Year 2010.

- 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.

The Iowa state PREP grant will provide funding to local public and private entities to replicate evidence-based, medically accurate and culturally and age-appropriate sexuality education programs. Programming will serve young people ages 10–19 and “address life skills to assist Iowa youth in making responsible, informed decisions and leading safe and healthy lives.”²¹ Target populations for programming include African-American and Latino youth, youth in foster care, and youth residing in areas of the state with the highest rates of teen birth. Among its program goals, Iowa PREP aims to “delay the onset of sexual activity and reduce the rate of pregnancy, births, and [sexually transmitted infections], including HIV/AIDS to high-risk, vulnerable and sexually active youth...in targeted communities across Iowa; empower Iowa youth to make healthy decisions and positive choices regarding sexual behavior as they prepare for a successful adulthood; and increase prevention capacity and infrastructure at the state and community levels to deliver and sustain effective evidence-based services.”²²

The Iowa Department of Health identified 15 counties as priority services areas for PREP programming based on 15 youth risk indicators; among them, teen birth rate, number of children living in poverty, high school drop-out rate, domestic violence, rates of juvenile crime and arrest, STD infection rates, and number of homeless youth and youth in foster care. The 15 counties identified include: Appanoose, Black Hawk, Buena Vista, Cerro Gordo, Clinton, Des Moines, Lee, Marshall, Muscatine, Pottawattamie, Polk, Scott, Wapello, Webster, and Woodbury. Sub-grantees will be required to replicate one of the following three curricula: *SiHLE (Sisters Informing, Healing, Living, and Empowering)*; *Teen Outreach Program*, and *Wise Guys Male Responsibility Curriculum (Wise Guys)*. In addition, programs must incorporate the following three adulthood preparation subjects: adolescent development, healthy life skills, and healthy relationships. Programs are also encouraged to address additional adulthood preparation subjects. *SiHLE (Sisters Informing, Healing, Living, and Empowering)* is an evidence-based HIV- and STD-prevention education program designed for African-American females ages 14–18 who are sexually active and at high risk for HIV. It is a peer-led, social skills training intervention based on social cognitive theory and the theory of gender and power.²³ The program consists of four, four-hour sessions that are implemented on consecutive Saturdays in a community-based setting. Sessions are led by an African-American female adult and two peer-facilitators, ages 18–21. The sessions are designed to reinforce ethnic and gender pride and address HIV-prevention strategies, the transmission of STDs, communication and negotiation skills, condom-use skills, self-efficacy, healthy relationships, and personal empowerment. The program incorporates group discussion, lectures, games, and role-playing. Participants also complete homework assignments that provide opportunity for reflection and skills practice. An evaluation of the program published in the *Journal of the American Medical Association* found that at a six-month follow-up, program participants were significantly less likely to report being pregnant and significantly more likely to report having used condoms consistently in the previous six months than participants in the control group. In addition, at a twelve-month follow-up participants were significantly more likely to report consistent condom use in the previous 30 days and having used a condom during last sexual intercourse than participants in the control group.²⁴

Teen Outreach Program (TOP) is an evidence-based youth development program that engages young people in experiential learning activities in order to “prepare for successful adulthood and avoid problem behaviors.”²⁵ The program is designed for youth ages 12–17 and focuses on reducing rates of school failure, school suspension, and teen pregnancy. *TOP* consists of a nine-month curriculum that addresses such topics as relationships, peer pressure, decision making, values clarification, goal-setting, adolescent development, and sexual health.²⁶ It also includes a 20-hour community service component that engages participants in activities to enhance knowledge and develop skills, including self-efficacy, communication, conflict-management, and self-regulation. *TOP* can be delivered as an in-school, after-school, or

community-based program. An evaluation of the program published in *Child Development* found that young women, ages 15–19, who participated in *TOP* were significantly less likely to report a pregnancy during the program than participants in the control group.²⁷

Wise Guys Male Responsibility Curriculum (Wise Guys) is a teen pregnancy prevention curriculum designed for adolescent males ages 11–17. The curriculum was developed by the Family Life Council of Greensboro, North Carolina. *Wise Guys* focuses on equipping youth to “make wiser and more responsible decisions” about their sexual health.²⁸ The curriculum includes 10 lessons that address self-esteem, personal and family values, goal-setting, stereotypes of masculinity, communication skills, reproductive anatomy, puberty, STDs, including HIV, delaying sexual intercourse, the consequences of teenage pregnancy/early parenthood, and other topics.²⁹ *Wise Guys* is appropriate for use in both school- and community-based settings.

Sub-grantees also will be required to provide health service referrals to youth participants, as appropriate, including referrals to family planning and other “teenage pregnancy prevention-related” services, such as substance and alcohol abuse, tobacco cessation, mental health, and intimate partner violence health and social services.³⁰

Personal Responsibility Education Innovative Strategies (PREIS)

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

- There are no PREIS grantees in Iowa.

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.

- Iowa chose not to apply for Title V abstinence-only funds for Fiscal Year 2010.

Iowa TPPI, PREP, and Title V Abstinence-Only Funding in FY 2010

Grantee	Award	Fiscal Years
Personal Responsibility Education Program (PREP)		
<i>PREP State-Grant Program</i>		
Iowa Department of Public Health (federal grant)	\$499,981	2010
TOTAL	\$499,981	
GRAND TOTAL	\$499,981	2010

COMPREHENSIVE APPROACHES TO SEXUALITY EDUCATION

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

POINTS OF CONTACT

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ORGANIZATIONS THAT SUPPORT COMPREHENSIVE SEXUALITY EDUCATION

Family Planning Council of Iowa
Des Moines, IA
Phone: (515) 288-9028
www.fpcouncil.com

Planned Parenthood of Greater Iowa
Des Moines, IA
Phone: (515) 280-7004
www.ppgi.org

FutureNet, The Iowa Network for
Adolescent Pregnancy Prevention,
Parenting, and Sexual Health
Des Moines, IA
Phone: (515) 276-6788
www.iowafuturenet.org

Planned Parenthood of Southeast Iowa
Burlington, IA
Phone: (319) 753-6209
www.plannedparenthood.org/ppsi

Iowa National Organization for Women
Des Moines, IA
www.iowanow.org

The Project
Des Moines, IA
Phone: (515) 284-0245
www.aidsprojectci.org

Planned Parenthood
of East Central Iowa
Cedar Rapids, IA
Phone: (319) 363-8572
www.plannedparenthood.org/ppeci

ORGANIZATIONS THAT OPPOSE COMPREHENSIVE SEXUALITY EDUCATION

Iowa Christian Alliance
West Des Moines, IA
Phone: (515) 225-1515
www.iowachristian.com

Iowa Right to Life Committee
Des Moines, IA
Phone: (515) 244-1012
www.irlc.org

Iowa Family Policy Center
Pleasant Hill, IA
Phone: (515) 263-3495
www.iowaprofamily.org

MEDIA OUTLETS

Newspapers in Iowa³²

Courier
Waterloo, IA
Phone: (800)798-1741
www.wfcourier.com

The Daily Nonpareil
Council Bluffs, IA
Phone: (712) 328-1811
www.nonpareionline.com

Des Moines Register
Des Moines, IA
Phone: (515) 284-8590
www.desmoinesregister.com

The Gazette
Cedar Rapids, IA
Phone: (319) 398-8254
www.gazetteonline.com

Globe-Gazette
Mason City, IA
Phone: (641) 421-0500
www.globegazette.com

The Hawk Eye
Burlington, IA
Phone: (319) 754-8461
www.thehawkeye.com

The Messenger
Fort Dodge, IA
Phone: (515) 573-2141
www.messengernews.net

Quad-City Times
Davenport, IA
Phone: (563) 383-2244
www.qctimes.com

The Sioux City Journal
Sioux City, IA 51101
Phone: (712) 293-4210
www.siouxcityjournal.com

Telegraph Herald
Dubuque, IA
Phone: (563) 588-5611
www.thonline.com

Political Blogs in Iowa

Blog for Iowa
www.blogforiowa.com

Bleeding Heartland
www.bleedingheartland.com

The Iowa Independent
www.iowaindependent.com/category/blog

Iowa Liberal
www.iowaliberal.com/

¹ This refers to the federal government's fiscal year, which begins on October 1st and ends on September 30th. The fiscal year is designated by the calendar year in which it ends; for example, Fiscal Year 2010 began on October 1, 2009 and ended on September 30, 2010.

² Iowa Code § 256.11(3)

<[http://search.legis.state.ia.us/nxt/gateway.dll/ic/1/13/9578/9579/9580/9593?f=templates\\$fn=document-frameset.htm\\$q=\[field%20folio-destination-name:%27256.11%27\]\\$x=Advanced#0-0-0-124383](http://search.legis.state.ia.us/nxt/gateway.dll/ic/1/13/9578/9579/9580/9593?f=templates$fn=document-frameset.htm$q=[field%20folio-destination-name:%27256.11%27]$x=Advanced#0-0-0-124383) >

³ Iowa Code § 256.11(4)

<[http://search.legis.state.ia.us/nxt/gateway.dll/ic/1/13/9578/9579/9580/9593?f=templates\\$fn=document-frameset.htm\\$q=\[field%20folio-destination-name:%27256.11%27\]\\$x=Advanced#0-0-0-124383](http://search.legis.state.ia.us/nxt/gateway.dll/ic/1/13/9578/9579/9580/9593?f=templates$fn=document-frameset.htm$q=[field%20folio-destination-name:%27256.11%27]$x=Advanced#0-0-0-124383) >

⁴ Iowa Code § 256.11(5)(j),

<[http://search.legis.state.ia.us/nxt/gateway.dll/ic/1/13/9578/9579/9580/9593?f=templates\\$fn=document-frameset.htm\\$q=\[field%20folio-destination-name:%27256.11%27\]\\$x=Advanced#0-0-0-124383](http://search.legis.state.ia.us/nxt/gateway.dll/ic/1/13/9578/9579/9580/9593?f=templates$fn=document-frameset.htm$q=[field%20folio-destination-name:%27256.11%27]$x=Advanced#0-0-0-124383) >

⁵ Iowa Code § 279.50(9)(d)(2),

<<http://search.legis.state.ia.us/nxt/gateway.dll/ic/1/13/9578/10515/10659/10718?f=templates&fn=default.htm>>.

⁶ Danice K. Eaton, et. al., "Youth Risk Behavior Surveillance—United States, 2007," Surveillance Summaries, Morbidity and Mortality Weekly Report 57.SS-4 (6 June 2008), accessed 4 June 2008, <<http://www.cdc.gov/HealthyYouth/yrbs/index.htm>>. Note: Iowa did not participate in the 2009 YRBS.

⁷ "Births: Final Data for 2008," *National Vital Statistics Report*, vol. 59, (Atlanta, GA: Centers for Disease Control and Prevention, December 2010), accessed 29 June 2011, <http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_01.pdf>, Table 12.

⁸ "VitalStats: Birth Data Files by State, Age of Mother in Years, 2008," (Atlanta, GA: Centers for Disease Control and Prevention), accessed 30 June 2011, <http://www.cdc.gov/nchs/data_access/vitalstats/VitalStats_Births.htm>.

⁹ U.S. *Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, (Washington, DC: Guttmacher Institute, January 2010), accessed 5 March 2010, <<http://www.guttmacher.org/pubs/USTPTrends.pdf>>, Table 3.1.

¹⁰ *Ibid.*, Table 3.2.

¹¹ U.S. *Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity.*, Table 3.3.

¹² *HIV Surveillance Report, 2008*, (Atlanta, GA: Centers for Disease Control and Prevention, June 2010), accessed 28 June 2011, <<http://www.cdc.gov/hiv/surveillance/resources/reports/2008report/pdf/2008SurveillanceReport.pdf>>, Table 19.

¹³ *Ibid.*

¹⁴ Slide 9: "Rates of Diagnoses of HIV Infection among Adolescents Aged 13–19 Years, 2009—40 States and 5 U.S. Dependent Areas," *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention, July 2011), accessed 27 September 2011, <<http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>>.

¹⁵ *HIV Surveillance Report, 2008*, Table 20.

¹⁶ *Ibid.*

¹⁷ Slide 18: "Rates of Diagnoses of AIDS Infection among Adolescents Aged 13–19 Years, 2009—40 States and 5 U.S. Dependent Areas," *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention, July 2011), accessed 27 September 2011, <<http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>>.

¹⁸ "Wonder Database: Selected STDs by Age, Race/Ethnicity, and Gender, 1996–2008 Results," (Atlanta, GA: Centers for Disease Control and Prevention), 30 June 2009, accessed 5 March 2010, <<http://wonder.cdc.gov>>; see also Table 10:

“Chlamydia: Reported Cases and Rates Per 100,000 Population by Age Group and Sex: United States, 2004–2008,” *Sexually Transmitted Disease Surveillance 2008*, (Atlanta, GA: Centers for Disease Control and Prevention, Division of STD Prevention, November 2009), accessed 5 March 2010, <<http://www.cdc.gov/std/stats08/surv2008-Complete.pdf>>, 95.

¹⁹ Ibid; see also Table 20: “Gonorrhea—Reported Cases and Rates per 100,000 Population by Age Group and Sex: United States, 2004–2008,” *Sexually Transmitted Disease Surveillance 2008*, 106.

²⁰ Ibid; see also Table 33: “Primary and Secondary Syphilis—Reported Cases and Rates per 100,000 Population by Age Group and Sex: United States, 2004–2008,” *Sexually Transmitted Disease Surveillance 2008*, 121.

²¹ “Personal Responsibility Education Program Implementation – Request for Proposals,” Iowa Department of Public Health, Division of Health Promotion and Chronic Disease Prevention, accessed 29 August 2011, <<http://www.idph.state.ia.us/IDPHChannelsService/file.ashx?file=21F2239F-6C59-438C-A322-87CF6C98CEA9>>, 14.

²² Ibid.

²³ “Sisters Informing, Healing, Living, Empowering (SiHLE),” Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed 1 July 2011, <<http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=567&PageTypeID=2>>.

²⁴ *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 1 July 2011, <<http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf>>, 98–101; see also “Pregnancy Prevention Intervention Implementation Report: Sisters Informing, Healing, Living, and Empowering (SiHLE),” Programs for Replication – Intervention Implementation Reports, U.S. Department of Health and Human Services, accessed 1 July 2011, <<http://www.hhs.gov/ash/oah/prevention/research/programs/sihle.html>>.

²⁵ Saras Chung and Annie Philipps, *Promoting Mental Health and Well-being in Adolescents: Recommendations for Wyman’s Teen Outreach Program*, (Eureka, MO: Wyman Teen Outreach Program, 2010), accessed 1 July 2011, <http://www.wymantop.org/pdfs/TOP_Positive_Well-Being.pdf>, 3.

²⁶ Ibid, 9.

²⁷ “Pregnancy Prevention Intervention Implementation Report: Teen Outreach Program,” Programs for Replication – Intervention Implementation Reports, U.S. Department of Health and Human Services, accessed 1 July 2011, <http://www.hhs.gov/ash/oah/prevention/research/programs/teen_outreach_program.html>.

²⁸ “Welcome,” Wise Guys, accessed 15 August 2011, <<http://www.wiseguysnc.org/default.asp>>.

²⁹ “Curriculum Chapter Synopsis,” Wise Guys, accessed 15 August 2011, <http://www.wiseguysnc.org/ch_synopsis.htm>.

³⁰ Ibid., 5, 14–18.

³¹ The person listed represents the designated personnel in the state responsible for adolescent reproductive health.

³² This section is a list of major newspapers in the state and is by no means exhaustive of local print outlets.