



MINNESOTA

Minnesota Sexuality Education Law and Policy

Minnesota law requires every school district to develop and implement a comprehensive risk-reduction program “including but not exclusive to human immune deficiency virus and human papilloma virus.” The law also requires that curricula include information “helping students to abstain from sexual activity until marriage.”¹

While the state has not developed a specific curriculum or set of standards, each school district must have “a comprehensive, technically accurate, and updated curriculum that includes helping students to abstain from sexual activity until marriage” and must target “adolescents, especially those who may be at high risk of contracting sexually transmitted infections and diseases, for prevention efforts.”²

Minnesota also requires each school district to:

[H]ave a procedure for a parent, guardian, or an adult student, 18 years of age or older, to review the content of the instructional materials to be provided to a minor child or to an adult student and, if the parent, guardian, or adult student objects to the content, to make reasonable arrangements with school personnel for alternative instruction.³

This is referred to as an “opt-out” policy.

See Minnesota Statutes §§ 120B.20 and 121A.23.

Recent Legislation

Bill Creates Family Life and Sexuality Education Program

House File 2986, and its companion measure, Senate File 2645, introduced in February 2010, would have mandated that school districts institute responsible family life and sexuality education programs for students in grades six through 12 that are medically accurate, age-appropriate, and consistent with community values. Such programs would have primarily focused on abstinence, with the goal of delaying initiating sexual activity, but also include information on contraception and disease prevention. In addition, the family life programs would have encouraged family communication; fostered development of communication, decision-making, and conflict resolution skills; and promoted healthy relationships and individual responsibility. HF 2986 passed out of the House Committee on K–12 Education Policy and Oversight, but died after no further action was taken by the full House.

Minnesota’s Youth: Statistical Information of Note

Minnesota did not participate in the 2009 Youth Risk Behavioral Surveillance Survey.

Minnesota Youth Sexual Health Statistics

Teen Pregnancy, Birth, and Abortion

- Minnesota's teen pregnancy rate ranks 48th in the U.S., with a rate of 43 pregnancies per 1,000 young women ages 15–19 compared to the national rate of 70 pregnancies per 1,000.⁴ There were a total of 7,890 pregnancies among young women ages 15–19 reported in 2005, the most recent year for which data are available, in Minnesota.⁵
- Minnesota's teen birth rate ranked 45th in the U.S. in 2005, with a rate of 26.1 births per 1,000 young women ages 15–19 compared to the national rate of 40.5 births per 1,000.⁶ In 2006, there were a total of 4,780 live births reported to young women ages 15–19 in Minnesota.⁷
- In 2006, the U.S. teen birth rate increased for the first time in 15 years by 3% from 40.5 to 41.9 births per 1,000 young women ages 15–19, after having steadily declined between 1991 and 2005.⁸ In contrast, Minnesota's teen birth rate increased 7% between 2005 and 2006, from 26.1 to 27.9 births per 1,000 young women ages 15–19.⁹
- Minnesota's teen abortion rate ranks 23rd in the U.S., with a rate of 13 abortions per 1,000 young women ages 15–19 compared to the national rate of 19 abortions per 1,000. In 2005, there were a total of 2,078 abortions reported among young women ages 15–19 in Minnesota.¹⁰

HIV and AIDS

- Minnesota ranks 26th in cases of HIV infection diagnosed in the U.S. among all age groups. In 2007, there were a total of 224 new cases of HIV infection diagnosed in Minnesota.¹¹
- Minnesota ranks 18th in cases of HIV/AIDS diagnosed among young people ages 13–19 out of the 34 states with confidential, name-based HIV infection reporting. In 2007, there were a total of 21 young people ages 13–19 diagnosed with HIV/AIDS in Minnesota.¹²
- Minnesota's AIDS rate ranks 41st in the U.S., with a rate of 3.8 cases per 100,000 population compared to the national rate of 12.5 cases per 100,000.¹³
- Minnesota ranks 32nd in number of reported AIDS cases in the U.S. among all age groups. In 2007, there were a total of 197 new AIDS cases reported in Minnesota.¹⁴
- Minnesota ranks 29th in number of reported AIDS cases in the U.S. among young people ages 13–19. In 2007, there were a total of 2 AIDS cases reported among young people ages 13–19 in Minnesota.¹⁵

Sexually Transmitted Diseases

- Minnesota ranks 44th in reported cases of Chlamydia among young people ages 15–19 in the U.S., with an infection rate of 11.72 cases per 1,000 compared to the national rate of 19.51 cases per 1,000. In 2008, there were a total of 4,358 cases of Chlamydia reported among young people ages 15–19 in Minnesota.¹⁶
- Minnesota ranks 32nd in reported cases of gonorrhea among young people ages 15–19 in the U.S., with an infection rate of 2.15 cases per 1,000 compared to the national rate of 4.52 cases per 1,000. In 2008, there were a total of 800 cases of gonorrhea reported among young people ages 15–19 in Minnesota.¹⁷
- Minnesota ranks 31st in reported cases of primary and secondary syphilis among young people ages 15–19 in the U.S., with an infection rate of 0.01 cases per 1,000 compared to the national rate of 0.04 cases per 1,000. In 2008, there were a total of 3 cases of syphilis reported among young people ages 15–19 in Minnesota.¹⁸

Comprehensive Approaches to Sex Education

*SIECUS has identified some examples of model programs, policies, and best practices being implemented in Minnesota public schools that provide a more comprehensive approach to sex education for young people.*¹⁹

Comprehensive Sex Education Programs in Public Schools

Hennepin County Teen Pregnancy Prevention Initiative

In 2006, spurred by the county's high teen birth rate, the Research, Development, and Planning Department of Hennepin County developed the *Hennepin County Teen Pregnancy Prevention Initiative*. The initiative engages county government, schools, parents, faith-based communities, libraries, and community-based organizations in a coordinated effort to prevent teen pregnancy and early parenthood.²⁰ The vision for the initiative is for children in Hennepin County to be born into healthy, self-reliant families and for all communities in the county to develop a "strong foundation for all youth that includes information, family planning services, and hope for the future."²¹ To this end, the initiative consists of providing young people with three key elements: comprehensive sexuality education, accessible reproductive health services, and "an array of opportunities to develop their potential and connect with caring adults."²² The Minnesota Organization on Adolescent Pregnancy, Prevention, and Parenting (MOAPPP) and the University of Minnesota's Healthy Youth Development - Prevention Research Center are key strategic partners in the initiative.

The Hennepin County Teen Pregnancy Prevention Initiative established pilot programs in two cities, Richfield and Brooklyn Center, which boast the highest teen birth rates in the county. The initiative began with an evaluation and needs assessment phase conducted through focus groups and interviews with key informants in the two communities. Based on the evaluation results, during the 2008–2009 school year the initiative provided evidence-based sexuality education programs in schools and community-based settings, family planning services, and youth development programs that were tailored to meet the expressed needs of each community. This was followed up with an evaluation from which recommendations were developed for replicating the program.²³ Funding for the initiative was provided through the County, which allocated \$300,000. Sub-grants were distributed to local organizations through a request for proposal process.

During its pilot phase the initiative provided evidence-based sex education programs in two schools, Brooklyn Center Middle School and Richfield High School. In Brooklyn Center Middle School sex education was administered to eighth grade students in health class. Ninth and tenth grade students at Richfield High School received sex education instruction in biology courses. Both are required courses for students. Eighth grade students at Brooklyn Center Middle School used, *Making A Difference!*, a culturally appropriate HIV-prevention education curriculum designed for African-American, urban youth ages 11–13. The curriculum emphasizes safer sex and offers information on both abstinence and condoms. It includes experiential activities for skill-building around delaying sexual initiation and, among sexually active youth, communicating with partners to use condoms. An evaluation of the curriculum published in the *Journal of American Medical Association* found that it delayed the initiation of sexual intercourse, reduced frequency of sex, reduced incidence of unprotected sex, and increased condom use among participants.²⁴

Hennepin County's Research, Planning, and Development Department conducted an evaluation of the program administered to Brooklyn Center middle school students. Pre- and post-test survey results showed significant increases in participant knowledge of the efficacy of condoms in HIV prevention and ability to identify abstinence as the safest way to prevent pregnancy and HIV. In regards to behavioral change, pre- and post-test surveys asked students four questions about "their intentions to engage in sexual behavior."²⁵ For example, the percentage of students who "felt they definitely or probably could tell their partner to use a condom" increased from 80 percent to 96 percent.²⁶ And, the percent of

students who felt they definitely or probably would not be embarrassed to discuss condom use or carry a condom with them also increased after the completion of the course.

Students at Richfield High School used *Reducing the Risk*, a comprehensive sexuality education curriculum designed for high school students in the ninth and tenth grades that is appropriate for use with multi-ethnic populations.²⁷ The curriculum 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.²⁸

The evaluation of the Richfield High School program conducted by the Hennepin County's Research, Planning, and Development Department found that both ninth and tenth grade students demonstrated significant knowledge gains following the program and ninth grade students, in particular, retained this knowledge six months after the program's end. Students also demonstrated improved self-efficacy and positive attitudes toward responsible sexual behavior; however, sexually active students in either grade "did not demonstrate improvements related to sexual behavior."²⁹ Finally, students in both ninth and tenth grade talked more with their parents about STD and pregnancy prevention six months after their participation in the program.³⁰

Due to its initial success, the initiative, which was recently renamed "Better Together Hennepin: Healthy Communities, Healthy Youth," has continued to receive dedicated funding from the County. The program is working to secure additional funding in order to expand beyond the two original cities.³¹

We encourage you to submit any updated or additional information on comprehensive approaches to sex education being implemented in Minnesota 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.

Federal Funding for Abstinence-Only-Until-Marriage Programs

Minnesota did not receive any abstinence-only-until-marriage funding in Fiscal Year 2009.³²

Title V Abstinence-Only-Until Marriage Funding

- Minnesota chose not to participate in the Title V abstinence-only-until-marriage program in Fiscal Year 2009. The state was eligible for approximately \$488,623 in funding. Due to the expiration of the grant program on June 30, 2009, three months prior to the end of the federal fiscal year, the state would have received three quarters of the total funding allocated for the full fiscal year.

Community-Based Abstinence Education (CBAE) Funding

- There are no CBAE grantees in Minnesota.

Adolescent Family Life Act (AFLA) Funding

- There are no AFLA grantees in Minnesota.

Abstinence-Only-Until-Marriage Curricula

SIECUS is not aware of any commercially available abstinence-only-until-marriage curricula used in Minnesota.

To read reviews of abstinence-only-until-marriage curricula commonly used by federal grantees please visit the "Curricula and Speaker Reviews" webpage of SIECUS' Community Action Kit at www.communityactionkit.org.

Adolescent Health Contact³³

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 Division of Community and Family Health
 P.O. Box 64882
 St. Paul, MN 55164-0882
 Phone: (651) 201-3752

Minnesota Organizations that Support Comprehensive Sexuality Education

GLSEN Red River Valley
 University of North Dakota, Room 308D
 Montgomery Hall, P.O. Box 8255
 Grand Forks, ND 58202
 Phone: (701) 777-3738
<http://chapters.glsen.org/cgi-bin/iowa/redrivervalley/home.html>

Healthy Youth Development Center
 717 Delaware Street SE, 3rd Floor West
 Minneapolis, MN 55414
 Phone: (612) 626-2820
www.med.umn.edu/peds/ahm

Minnesota AIDS Project
 1400 Park Avenue S
 Minneapolis, MN 55404
 Phone: (612) 341-2060
www.mnaidsproject.org

Minnesota Organization on Adolescent
 Pregnancy, Prevention, and Parenting
 1619 Dayton Avenue, Suite 111
 St. Paul, MN 55104
 Phone: (651) 644-1447
www.moappp.org

Minnesota Religious Coalition for
 Reproductive Choice
 122 West Franklin Avenue, Suite 303
 Minneapolis, MN 55404
 Phone: (612) 870-0974
www.mnrsrc.org

NARAL Pro-Choice Minnesota
 2300 Myrtle, Suite 120
 Saint Paul, MN 55114
 Phone: (651) 602-7655
www.prochoiceminnesota.org

Outfront Minnesota
 310 38th Street E, Suite 204
 Minneapolis, MN 55409
 Phone: (612) 822-0127
www.outfront.org

Planned Parenthood of Minnesota, North
 Dakota, South Dakota
 1965 Ford Parkway
 St. Paul, MN 55116
 Phone: (651) 698-2401
www.ppmns.org

Minnesota Organizations that Oppose Comprehensive Sexuality Education

Center of the American Experiment
 12 South 6th Street, Suite 1024
 Minneapolis, MN 55402
 Phone: (612) 338-3605
www.amexp.org

Minnesota Citizens Concerned for Life
 4249 Nicollet Avenue
 Minneapolis, MN 55409
 Phone: (612) 825-6831
www.mccl.org

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Minnesota Family Council
2855 Anthony Lane S
Minneapolis, MN 55418
Phone: (612)789-8811
www.mfc.org

Newspapers in Minnesota³⁴

Brainerd Daily Dispatch
Newsroom
506 James Street
P.O. Box 974
Brainerd, MN 56401
Phone: (218) 829-4705
www.brainerddispatch.com

Daily Globe
Newsroom
P.O. Box 639
Worthington, MN 56187
Phone: (507) 376-9711
www.dglobe.com

The Free Press
Newsroom
418 South 2nd Street
Mankato, MN 56001
Phone: (507) 344-6397
www.mankato-freepress.com

Post-Bulletin
Newsroom
18 First Avenue SE
P.O. Box 6118
Rochester, MN 55903
Phone: (507) 285-7600
www.postbulletin.com

St. Paul Pioneer Press
Newsroom
345 Cedar Street
St. Paul, MN 55101
Phone: (651) 222-1111
www.twincities.com/mld/pioneerpress

City Pages
Newsroom
401 North Third Street
Suite 550
Minneapolis, MN 55401
Phone: (612) 372-3723
www.citypages.com

Duluth News-Tribune
Newsroom
424 West First Street
Duluth, MN 55802
Phone: (218)-723-5281
www.duluthnewstribune.com

Mesabi Daily News
Newsroom
704 7th Avenue
Virginia, MN 55792
Phone: (218) 741-5544
www.virginiamn.com

St. Cloud Times
Newsroom
3000 7th Street N.
St. Cloud, MN 56303
Phone: (320) 255-8776
www.sctimes.com

Star Tribune
Newsroom
425 Portland Avenue South
Minneapolis, MN 55488
Phone: (612) 673-4000
www.startribune.com

West Central Tribune
 Newsroom
 P.O. Box 839
 Willmar, MN 56201
 Phone: (320) 235-1150
www.wctrib.com

Political Blogs in Minnesota

Liberal in the Land of Conservative
www.liberalinthelandofconservative.blogspot.com

Minnesota Network for Progressive Action
www.mnpact.org

MinnPost
www.minnpost.com

MN Progressive Project
www.mnprogressiveproject.com

The Power Liberal
www.powerliberal.blogspot.com

True North
www.looktruenorth.com

¹ Minn. Stat. § 121A.23, <<https://www.revisor.mn.gov/statutes/?id=121A.23>>
² Minn. Stat. §§ 121A.23(2) and (4), <<https://www.revisor.mn.gov/statutes/?id=121A.23>>
³ Minn. Stat. § 120B.20, <<https://www.revisor.mn.gov/statutes/?id=120B.20>>
⁴ 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.
⁵ *Ibid.*, Table 3.2.
⁶ Joyce A. Martin, et. al, “Births: Final Data for 2006,” *National Vital Statistics Reports*, vol. 57, number 7 (Hyattsville, MD: Centers for Disease Control and Prevention, 7 January 2009), accessed 5 March 2010, <http://www.cdc.gov/nchs/data/nvsr/nvsr57/nvsr57_07.pdf>, Table B.
⁷ U.S. *Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, Table 3.2.
⁸ Martin, et. al, “Births: Final Data for 2006,” 4.
⁹ *Ibid.*, Table B.
¹⁰ U.S. *Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, Table 3.5.
¹¹ “Cases of HIV Infection and AIDS in the United States and Dependent Areas, 2007,” *HIV/AIDS Surveillance Report*, vol. 19, (Atlanta, GA: Centers for Disease Control and Prevention, February 2009), accessed 5 March 2010, <<http://www.cdc.gov/hiv/topics/surveillance/resources/reports/2007report/pdf/2007SurveillanceReport.pdf>>, Table 18.
¹² Slide 6: “Estimated Numbers of HIV/AIDS Cases among Adolescents 13 to 19 Years of Age, 2007—34 States,” *HIV/AIDS Surveillance in Adolescents and Young Adults (through 2007)*, (Atlanta, GA: Centers for Disease Control and Prevention, May 2009), accessed 25 March 2010, <<http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>>.
¹³ *Ibid.*; “AIDS Case Rate per 100,000 Population, All Ages, 2007,” (Menlo Park, CA: Kaiser Family Foundation), accessed 5 March 2010, <<http://www.statehealthfacts.org/comparatable.jsp?ind=513&cat=11&sub=120&yr=62&typ=1&sort=a>>.
¹⁴ *Ibid.*, Table 16.
¹⁵ Slide 15: “Reported AIDS Cases among Adolescents 13 to 19 Years of Age, 2007—United States and Dependent Areas,” *HIV/AIDS Surveillance in Adolescents and Young Adults (through 2007)*, (Atlanta, GA: Centers for Disease Control and Prevention, May 2009), accessed 25 March 2010, <<http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>>.
¹⁶ “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.

- ¹⁷ 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.
- ¹⁸ 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.
- ¹⁹ This is by no means a complete list of all comprehensive programming and policies related to sexuality education, but rather some examples of best practices and model programs that SIECUS identified.
- ²⁰ “Hennepin County, Minnesota’s Teen Pregnancy Prevention Initiative,” Urban Initiative for Reproductive Health, *National Institute for Reproductive Health*, April 2010, accessed 5 May 2010, <<http://www.urbaninitiative.org/>>.
- ²¹ “Teen Pregnancy Prevention Pilot Project,” Hennepin County, Research Planning, and Development Department, accessed 19 May 2010, <<http://hennepin.us/files/HennepinUS/Research%20Planning%20and%20Development/Projects%20and%20Initiatives/File%20s/TeenPregnancyPrevention.pdf>>; Brigid Riley, “Promoting Science-based Approaches to Preventing Teen Pregnancy, STDs and HIV: Policy, Partnerships, and Creativity,” (Washington, DC: American Public Health Association Annual Meeting and Exposition, November 2007), accessed 19 May 2010, <apha.confex.com/apha/135am/recordingredirect.cgi/id/17852>.
- ²² “Hennepin County, Minnesota’s Teen Pregnancy Prevention Initiative,” Urban Initiative for Reproductive Health.
- ²³ “Teen Pregnancy Prevention Pilot Project,” Hennepin County, Research Planning, and Development Department.
- ²⁴ “Making A Difference!” Evidence Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed 5 May 2010, <<http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=127&PageTypeID=2>>.
- ²⁵ *Brooklyn Center Middle School – Reducing the Risk Evaluation*, (Minneapolis, MN: Hennepin County Research, Planning, and Development Department, February 2010), accessed 20 May 2010, 4.
- ²⁶ Ibid., 5–6.
- ²⁷ *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 30 March 2010, <<http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf>>, 22.
- ²⁸ Ibid., 23–24.
- ²⁹ *Richfield High School – Reducing the Risk Evaluation*, (Minneapolis, MN: Hennepin County Research, Planning, and Development Department, February 2010), accessed 20 May 2010, 1.
- ³⁰ Ibid.
- ³¹ Email correspondence between Morgan Marshall and Katherine Meerse, principal planning analyst for the Hennepin County Research, Planning, and Development Department, 20 May 2010.
- ³² 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 2009 began on October 1, 2008 and ended on September 30, 2009.
- ³³ SIECUS has identified this person as a state-based contact for information on adolescent health and if applicable, abstinence-only-until-marriage programs.
- ³⁴ This section is a list of major newspapers in your state with contact information for their newsrooms. This list is by no means exhaustive and does not contain the local level newspapers which are integral to getting your message out to your community. SIECUS strongly urges you to follow stories about the issues that concern you on the national, state, and local level by using an internet news alert service such as [Google alerts](#), becoming an avid reader of your local papers, and establishing relationships with reporters who cover your issues. For more information on how to achieve your media goals visit the SIECUS [Community Action Kit](#).