



MINNESOTA

In Fiscal Year 2010¹, the state of Minnesota received:

- **Title V State Abstinence Education Programs funds totaling \$505,743**

In Fiscal Year 2010, local entities in the state of Minnesota received:

- **Teen Pregnancy Prevention Initiative funds totaling \$3,287,453**

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.”²

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.”³

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.⁴

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

See [Minnesota Statutes §§ 120B.20](#) and [121A.23](#).

RECENT LEGISLATION

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

YOUTH SEXUAL HEALTH DATA

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

Minnesota Youth Risk Behavior Survey (YRBS) Data

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

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

Teen Pregnancy, Birth, and Abortion

- Minnesota's teen birth rate currently ranks 44th in the United States, with a rate of 27.2 births per 1,000 young women ages 15–19 compared to the national rate of 41.5 births per 1,000.⁵ In 2008, there were a total of 3,705 live births reported to young women ages 15–19 in Minnesota.⁶
- In 2005, Minnesota's teen pregnancy rate ranked 48th in the United States, with a rate of 43 pregnancies per 1,000 young women ages 15–19 compared to the national rate of 70 pregnancies per 1,000.⁷ There were a total of 7,890 pregnancies among young women ages 15–19 reported in Minnesota.⁸
- In 2005, Minnesota'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 1,000.⁹

HIV and AIDS

- Minnesota's HIV infection rate ranks 25th in the United States, with a rate of 7.4 cases per 100,000 individuals compared to the national rate of 19.5 cases per 100,000.¹⁰
- Minnesota ranks 22nd in cases of HIV infection diagnosed in the United States among all age groups. In 2008, there were a total of 386 new cases of HIV infection diagnosed in Minnesota.¹¹
- Minnesota's HIV infection rate among young people ages 13–19 ranks 21st in the United States, with a rate of 5.9 cases per 100,000 young people compared to the national rate of 9.1 cases per 100,000.¹²
- Minnesota ranks 30th in number of reported AIDS cases in the United States among all age groups. In 2008, there were a total of 210 new AIDS cases reported in Minnesota.¹³
- Minnesota's AIDS rate ranks 37th in the United States, with a rate of 4 cases per 100,000 individuals compared to the national rate of 12.3 cases per 100,000.¹⁴
- Minnesota's AIDS rate among young people ages 13–19 ranks 35th in the United States, with a rate of 0.6 cases per 100,000 young people compared to the national rate of 1.8 cases per 100,000.¹⁵

Sexually Transmitted Diseases

- Minnesota ranks 44th in reported cases of Chlamydia among young people ages 15–19 in the United States, 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 United States, 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 United States, 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

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 is one TPPI Tier 1 grantee in Minnesota, Hennepin County, which received \$3,287,453 for Fiscal Year 2010.

Hennepin County, \$3,287,453 (2010–2014)

The Hennepin County Research, Planning, and Development Department (RPD) implements the county’s TPPI Tier 1 grant. The department “engages in research, planning and analysis” to “support and inform public policy and county practice.”¹⁹ With the TPPI funding, RPD expanded upon its teen pregnancy prevention initiative, “Better Together Hennepin: Healthy Communities, Healthy Youth,” and now operates the “It’s Your Future” program in all eight cities in Hennepin County with teen birth rates above the Minnesota state rate, including Brooklyn Center, Brooklyn Park, Crystal, Hopkins, Minneapolis,

New Hope, Richfield, and Robbinsdale.²⁰ The overall goal of the program is to reduce pregnancy and related risky sexual behaviors among participants.

“Better Together Hennepin: Healthy Communities, Healthy Youth” began as an initiative to prevent teen pregnancy in 2006. The programming consisted of four elements: healthy youth development programs; open and consistent communication with parents about sex and relationships; responsible sex education; and accessible reproductive health services. (Please see the Comprehensive Approaches to Sex Education section below for more information on the initial program.) Through the expanded “It’s Your Future” teen pregnancy prevention program, Hennepin County plans to implement *Teen Outreach Program (TOP)* to approximately 13,000 middle and high school students and to implement *Safer Sex* to approximately 14,000 adolescents. Local teachers co-facilitate *TOP* with staff from community agencies in the classrooms of 15 middle and high schools. In addition, seven local healthcare agencies implement *Safer Sex* to youth clients.²¹

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.”²² 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.²³ 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.²⁴

Safer Sex is a clinic-based intervention designed for female adolescents. The intervention is delivered to participants in a one-on-one setting and seeks to reduce their incidence of STD infection and improve their efficacy of condom use. The intervention is administered by a female health educator and begins with the viewing of a brief video clip that uses celebrities to dramatize buying condoms as well as negotiating condom use. The video is followed by a 30-minute discussion with the health educator, which is tailored to meet the interests and risk level of the individual participant. The discussion addresses the consequences of having unprotected sex, methods for preventing unintended pregnancy and STDs, including HIV, secondary abstinence, and condom-use skills. Participants also conduct a self-assessment to evaluate their sexual risk and are provided with written information about safer sex and contraception use. In addition, the intervention includes one-, three-, and six-month booster sessions at which time participants are invited back to the clinic for follow-up. An evaluation of the program published in the *Archives of Pediatrics and Adolescent Medicine* found, at a six-month follow-up, that the intervention reduced the incidence of multiple sexual partners among participants.²⁵

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 Minnesota.

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 Minnesota.

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.

- Minnesota chose not to apply for PREP funds for Fiscal Year 2010.

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 Minnesota.

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 Minnesota Department of Health received \$505,743 in federal Title V abstinence-only funding for Fiscal Year 2010.

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- The department will issue an application announcement for available funds under the state’s Title V abstinence-only grant program. At the time of publication, the announcement had not yet been released.
- In Minnesota, the match will be provided through state revenue and in-kind services.

The Minnesota Title V abstinence-only program will support community- and school-based programming that targets youth ages 14 and younger at high risk for teen pregnancy or STD infection. The Department of Health plans to sub-grant funds to St. Paul- Ramsey County Public Health, which will contract with local organizations to implement programming. St. Paul- Ramsey County Public Health is one of the largest local public health departments in Minnesota. The department serves the city of St. Paul and surrounding cities in Ramsey County. Selected sub-contractors will implement *TOP* to local area youth and *It’s That Easy!* to parents.²⁶ (Please see the TPPI Tier 1: Evidence-Based Programs section above for more information on *TOP*.)

It’s That Easy! A Guide to Raising Sexually Healthy Children is an initiative developed by Teenwise Minnesota (formerly the Minnesota Organization on Adolescent Pregnancy, Prevention and Parenting) that serves to “[empower] parents to connect with their kids, share their family’s values and engage in meaningful conversations about sex.”²⁷ *It’s That Easy!* consists of a two-day, parent educator training that provides information to educators on theories, research, and best practices for promoting healthy sexual development. The training addresses such topics as the role of parents as sexuality educators, identifying individual and cultural values as well as morals and beliefs, the power of parent-child connectedness, child and adolescent growth and development, and the influence of the media and popular culture. Along with the training, parent educators receive a resource manual with sample activities and lesson plans in order to help them tailor trainings for parents in their community.²⁸

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

Grantee	Award	Fiscal Years
Teen Pregnancy Prevention Initiative (TPPI)		
<i>TPPI Tier 1: Replication of Evidence-Based Programs</i>		
Hennepin County	\$3,287,453	2010–2014
TOTAL	\$3,287,453	
Title V Abstinence Education Grant Program (Title V Abstinence-Only)		
Minnesota Department of Health (federal grant)	\$505,743	2010
TOTAL	\$505,743	
GRAND TOTAL	\$3,793,196	2010

COMPREHENSIVE APPROACHES TO SEXUALITY 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.*²⁹

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.³⁰ 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.”³¹ 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.”³² 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.³³ 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 implemented 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 were taught, *Making A Difference!*, 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.³⁴

Hennepin County's Research, Planning, and Development Department conducted an evaluation of the program implemented 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.”³⁵ 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.³⁶ 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 were taught *Reducing the Risk*, an evidence-based sexuality education curriculum designed for high school students in the ninth and tenth grades that is appropriate for use with multi-ethnic populations.³⁷ *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 tenth grades. It is appropriate for use with multi-ethnic populations.³⁸ *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.³⁹

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."⁴⁰ 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.⁴¹

Due to its initial success, the initiative, has continued to receive dedicated funding from the County and was renamed "Better Together Hennepin: Healthy Communities, Healthy Youth."⁴² The initiative also was awarded funding from the President's Teen Pregnancy Prevention Initiative Tier 1 program and has recently expanded beyond the two original cities. (Please see the TPPI Tier 1: Evidence-Based Programs section above for a description of the initiative's current programming.)

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.

POINTS OF CONTACT

Adolescent Health Contact⁴³

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ORGANIZATIONS THAT SUPPORT COMPREHENSIVE SEXUALITY EDUCATION

GLSEN Red River Valley
Grand Forks, ND
Phone: (701) 777-3738
<http://chapters.glsen.org/cgi-bin/iowa/redrivervalley/home.html>

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

Healthy Youth Development Center
Minneapolis, MN
Phone: (612) 626-2820
www.med.umn.edu/peds/ahm

Outfront Minnesota
Minneapolis, MN
Phone: (612) 822-0127
www.outfront.org

Healthy Youth Development Center
Minneapolis, MN
Phone: (612) 626-2820
www.med.umn.edu/peds/ahm

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

Minnesota AIDS Project
Minneapolis, MN
Phone: (612) 341-2060
www.mnaidsproject.org

Teenwise
St. Paul, MN
Phone: (651) 644-1447
www.moappp.org

Minnesota Religious Coalition for
Reproductive Choice
Minneapolis, MN
Phone: (612) 870-0974
www.mnrsrc.org

ORGANIZATIONS THAT OPPOSE COMPREHENSIVE SEXUALITY EDUCATION

Center of the American Experiment
Minneapolis, MN
Phone: (612) 338-3605
www.amexp.org

Minnesota Family Council
Minneapolis, MN
Phone: (612) 789-8811
www.mfc.org

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

MEDIA OUTLETS

Newspapers in Minnesota⁴⁴

Brainerd Daily Dispatch
Brainerd, MN
Phone: (218) 829-4705
www.brainerddispatch.com

Daily Globe
Worthington, MN
Phone: (507) 376-9711
www.dglobe.com

The Free Press
Mankato, MN
Phone: (507) 344-6397
www.mankato-freepress.com

Post-Bulletin
Rochester, MN
Phone: (507) 285-7600
www.postbulletin.com

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

West Central Tribune
Willmar, MN
Phone: (320) 235-1150
www.wctrib.com

Political Blogs in Minnesota

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

MinnPost
www.minnpost.com

City Pages
Minneapolis, MN
Phone: (612) 372-3723
www.citypages.com

Duluth News-Tribune
Duluth, MN
Phone: (218) 723-5281
www.duluthnewstribune.com

Mesabi Daily News
Virginia, MN
Phone: (218) 741-5544
www.virginiamn.com

St. Cloud Times
St. Cloud, MN
Phone: (320) 255-8776
www.sctimes.com

Star Tribune
Minneapolis, MN
Phone: (612) 673-4000
www.startribune.com

Minnesota Network for Progressive Action
www.mnpact.org

MN Progressive Project
www.mnprogressiveproject.com

The Power Liberal
www.powerliberal.blogspot.com

True North
www.looktruenorth.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 Minn. Stat. § 121A.23, <<https://www.revisor.mn.gov/statutes/?id=121A.23>>

³ Minn. Stat. §§ 121A.23(2) and (4), <<https://www.revisor.mn.gov/statutes/?id=121A.23>>

⁴ Minn. Stat. § 120B.20, <<https://www.revisor.mn.gov/statutes/?id=120B.20>>

⁵ "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.

⁶ "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>.

⁷ 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.

⁸ *Ibid.*, Table 3.2.

⁹ U.S. *Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, Table 3.3.

¹⁰ *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.

¹¹ *Ibid.*

¹² 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>>.

¹³ *HIV Surveillance Report, 2008*, Table 20.

¹⁴ *Ibid.*

¹⁵ 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>>.

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 "Hennepin Wins \$17 Million to Fight Teen Pregnancy," Hennepin County, 30 September 2010, accessed 7 May 2011, <<http://www.hennepin.us/portal/site/HennepinUS/menuitem.b1ab75471750e40fa01dfb47ccf06498/?vgnnextoid=fa2eaf63cb36b210VgnVCM2000000a124689RCRD>>.

²⁰ *Ibid.*

²¹ *Teen Pregnancy: It's Your Future*, Hennepin County, accessed 7 May 2011, <http://www.hennepin.us/files/HennepinUS/Public%20Affairs/PA%20Info%20&%20Media%20Outreach/Fact%20Sheets/_Human%20Services%20and%20Public%20Health/TeenPregnancy_Its_Your_Future.pdf>.

²² 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.

²³ *Ibid.*, 9.

²⁴ "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>.

²⁵ "Pregnancy Prevention Intervention Implementation Report: Safer Sex," 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/safer_sex.html>.

- ²⁶ Information provided by Jennifer O'Brien, Adolescent Health Coordinator for the Minnesota Department of Health, 28 February 2011.
- ²⁷ "It's That Easy! Initiative," It's That Easy!, accessed 22 August 2011, http://www.itssthateasy.org/ite_initiative.html.
- ²⁸ Ibid.
- ²⁹ 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.
- ³⁰ "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/>>.
- ³¹ "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>.
- ³² "Hennepin County, Minnesota's Teen Pregnancy Prevention Initiative," Urban Initiative for Reproductive Health.
- ³³ "Teen Pregnancy Prevention Pilot Project," Hennepin County, Research Planning, and Development Department.
- ³⁴ "Making a Difference!" 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=127&PageTypeID=2>>.
- ³⁵ *Brooklyn Center Middle School – Reducing the Risk Evaluation*, (Minneapolis, MN: Hennepin County Research, Planning, and Development Department, February 2010), accessed 20 May 2010, 4.
- ³⁶ Ibid., 5–6.
- ³⁷ *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.
- ³⁸ *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.
- ³⁹ Ibid., 23–24.
- ⁴⁰ *Richfield High School – Reducing the Risk Evaluation*, (Minneapolis, MN: Hennepin County Research, Planning, and Development Department, February 2010), accessed 20 May 2010, 1.
- ⁴¹ Ibid.
- ⁴² Email correspondence between Morgan Marshall and Katherine Meerse, principal planning analyst for the Hennepin County Research, Planning, and Development Department, 20 May 2010.
- ⁴³ The person listed represents the designated personnel in the state responsible for adolescent reproductive health.
- ⁴⁴ This section is a list of major newspapers in the state and is by no means exhaustive of local print outlets.