



NEBRASKA

In Fiscal Year 2010¹, the state of Nebraska received:

- **Personal Responsibility Education Program funds totaling \$306,743**
- **Title V State Abstinence Education Program funds totaling \$210,484**

In Fiscal Year 2010, local entities in Nebraska received:

- **Personal Responsibility Education Innovative Strategies funds totaling \$759,039**

SEXUALITY EDUCATION LAW AND POLICY

Nebraska law does not require sexuality education, nor does it limit or prescribe what can be taught in such classes or recommend a specific curriculum. However, in its *Nebraska Health Education Frameworks*, the Nebraska State Board of Education supports “an abstinence approach to risk behaviors associated with...sexual activity,” and declares that all “state monies shall be dedicated to abstinence programs.”² The state board of education also adopted specific abstinence guidelines to be used in any school unit involving family life or sexuality education. The guidelines include teaching that “abstinence from sexual activity outside marriage is the expected standard for all school-age children,” and “a mutually faithful monogamous relationship in the context of marriage is the expected standard of human sexual activity.”³ The guidelines also note that the best way to develop family life or sexuality education units is for parents, school boards, and teachers to work together with schools, districts, and communities “so all have a voice in the process and content.”⁴

Nebraska state law does not require parental permission for students to participate in sexuality or HIV/AIDS education nor does it say whether parents or guardians may remove their children from such classes; however, the board of education does recommend that school districts “inform parents of intended activities and permit parents to have their children excluded from the activities.”⁵

See Nebraska [Revised Statutes Chapter 79](#), and [Nebraska Health Education Frameworks](#).

RECENT LEGISLATION

Bill to Require Comprehensive Sex Education in Schools

Legislative Bill 192, introduced in January 2011, would have required each school district to offer age appropriate and medically accurate instruction on sexual health that emphasized the benefits of abstinence as well as the health benefits, effectiveness, safety, and proper use of contraceptives. Instruction would have also addressed the transmission and prevention of sexually transmitted

diseases, sexual activity and pregnancy prevention, healthy relationships, and the social pressures related to sexual behavior, among other topics. Additionally, the bill would have prohibited the use of instruction or materials that promote bias based on race/ethnicity, sexual orientation or gender identity, or sexual experience. The bill was referred to the Legislative Committee on Education and died in committee.

YOUTH SEXUAL HEALTH DATA

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

Nebraska Youth Risk Behavior Survey (YRBS) Data⁶

- In 2005, 41% of female high school students and 41% of male high school students in Nebraska reported ever having had sexual intercourse compared to 46% of female high school students and 48% of male high school students nationwide.
- In 2005, 3% of female high school students and 6% of male high school students in Nebraska reported having had sexual intercourse before age 13 compared to 4% of female high school students and 9% of male high school students nationwide.
- In 2005, 12% of female high school students and 12% of male high school students in Nebraska reported having had four or more lifetime sexual partners compared to 12% of female high school students and 17% of male high school students nationwide.
- In 2005, 30% of female high school students and 30% of male high school students in Nebraska reported being currently sexually active (defined as having had sexual intercourse in the three months prior to the survey) compared to 35% of female high school students and 33% of male high school students nationwide.
- In 2005, among those high school students who reported being currently sexually active, 56% of females and 67% of males in Nebraska reported having used condoms the last time they had sexual intercourse compared to 56% of females and 70% of males nationwide.
- In 2005, among those high school students who reported being currently sexually active, 25% of females and 19% of males in Nebraska reported having used birth control pills the last time they had sexual intercourse compared to 21% of females and 15% of males nationwide.
- In 2005, among those high school students who reported being currently sexually active, 23% of females and 26% of males in Nebraska reported having used alcohol or drugs the last time they had sexual intercourse compared to 19% of females and 28% of males nationwide.
- In 2005, 85% of high school students in Nebraska reported having been taught about AIDS/HIV in school compared to 88% of high school students nationwide.

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

Teen Pregnancy, Birth, and Abortion

- Nebraska's teen birth rate currently ranks 33rd in the United States, with a rate of 36.5 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 1,734 live births reported to young women ages 15–19 in Nebraska.⁸
- In 2005, Nebraska's teen pregnancy rate ranked 43rd in the United States, with a rate of 50 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 3,120 pregnancies among young women ages 15–19 in Nebraska.¹⁰
- In 2005, Nebraska's teen abortion rate ranked 47th in the United States, with a rate of 8 abortions per 1,000 young women ages 15–19 compared to the national rate of 19 abortions per 1,000.¹¹

HIV and AIDS

- Nebraska's HIV infection rate ranks 27th in the United States, with a rate of 6.1 cases per 100,000 individuals compared to the national rate of 19.5 cases per 100,000.¹²
- Nebraska ranks 31st in cases of HIV infection diagnosed in the United States among all age groups. In 2008, there were a total of 108 new cases of HIV infection diagnosed in Nebraska.¹³
- Nebraska's HIV infection rate among young people ages 13–19 ranks 24th in the United States, with a rate of 4.9 cases per 100,000 young people compared to the national rate of 9.1 cases per 100,000.¹⁴
- Nebraska ranks 39th in number of reported AIDS cases in the United States among all age groups. In 2008, there were a total of 76 new AIDS cases reported in Nebraska.¹⁵
- Nebraska's AIDS rate ranks 36th in the United States, with a rate of 4.3 cases per 100,000 individuals compared to the national rate of 12.3 cases per 100,000.¹⁶
- Nebraska's AIDS rate among young people ages 13–19 ranks 23rd in the United States with a rate of 1.3 cases per 100,000 young people compared to the national rate of 1.8 cases per 100,000.¹⁷

Sexually Transmitted Diseases

- Nebraska 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 1,888 cases of Chlamydia reported among young people ages 15–19 in Nebraska.¹⁸
- Nebraska ranks 24th in reported cases of gonorrhea among young people ages 15–19 in the United States, with an infection rate of 3.64 cases per 1,000 compared to the national rate of 4.52 cases per 1,000. In 2008, there were a total of 474 cases of gonorrhea reported among young people ages 15–19 in Nebraska.¹⁹

- There are no available statewide data on the rate of syphilis among young people.

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 Nebraska.

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 Nebraska.

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 Nebraska.

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 Nebraska Department of Health and Human Services received \$306,743 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 Nebraska Department of Health and Human Services, Lifespan Health Services Unit implements the state's PREP state-grant program. Funding from the grant will support eight local projects to provide *Teen Outreach Program (TOP)* to youth in grades six through 12. The state health department will coordinate the implementation of *TOP* and provide training and technical assistance to each local project.²⁰

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.”²¹ 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.²² 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.²³

TOP programming will target two youth populations in Nebraska: 1) Young people ages 11–19 who are in foster care or the juvenile justice system and who reside in Douglas/Sarpy, Hall, Lancaster, Lincoln, and Scotts Bluff counties; and 2) African-American, Latino, and Native American youth ages 10–14 “identified as at-risk for subsequent sexual activity.” Sub-grantees will be required to implement programming to one or both of these groups.²⁴

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. The Administration for Children and Families 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 is one PREIS grantee in Nebraska, Father Flanagan's Boys' Home, which received \$759,039 for Fiscal Year 2010.

Father Flanagan's Boys' Home, \$759,039 (2010–2014)

Father Flanagan's Boys' Home, also known as Boys Town, is a non-profit, faith-based organization that provides child and family care services for behavioral, emotional, physical, and academic problems. The organization offers a number of residential, group, and family treatment services as well as foster care services for both boys and girls.²⁵ Father Flanagan's Boys' Home is a prominent abstinence-only-until-marriage program provider that previously received funding through the now-defunct Community-Based Abstinence Education and Adolescent Family Life Act federal funding streams. In 2008 the organization was awarded a five-year CBAE grant and received \$1.17 million in funding before the funding stream was eliminated in 2010. It also received a five-year AFLA grant for abstinence-only-until-marriage programming in 2007 and received approximately \$900,000 in funding before the program was eliminated. The organization's training manager, Laura Buddenberg, also sits on the board of the National Abstinence Education Association, the lobbying arm of the abstinence-only-until-marriage movement.

With its PREIS grant, Father Flanagan's Boys' Home implements the program, "Your Health, Your Body, Your Responsibility: Promoting Health Behaviors among Teens in Foster Care," which is an adaptation of the *It's Your Game: Keep it Real* curriculum. *It's Your Game: Keep it Real* is an evidence-based HIV-, STD-, and pregnancy-prevention curriculum designed for seventh and eighth grade students. The curriculum consists of 24 classroom-based lessons designed to encourage participants to delay sexual initiation and to use condoms and contraception if and when they become sexually active. It incorporates group activities, computer-based sessions, role modeling, journaling, and group discussion and addresses how to set personal limits for risk behaviors, how to be aware of vulnerable situations that may challenge those limits, and how to use refusal and other skills to maintain limits. Topics addressed in seventh grade include healthy friendships, setting personal limits, human growth and development, and refusal skills, among others. Eighth grade topics include healthy dating relationships, the importance of STD and pregnancy testing, and skills for using condoms and contraceptives. An evaluation of the curriculum published in the *Journal of Adolescent Health* found, at a ninth grade follow-up, that students who were sexually inexperienced at the start of the program were significantly less likely to report having initiated sex than sexually inexperienced participants in the control group.²⁶

"Your Health, Your Body, Your Responsibility" serves youth in the foster care system ages 14–19 living in the Omaha metropolitan area. The program adapts *It's Your Game: Keep it Real* for this population by targeting a broader age range of youth, adapting the lessons so that the course can be completed in 6 months, "developing a combination of group activities and one-on-one consultations with a health educator, ...adapting materials and activities for use with foster parents; and building in a stronger health component that will enable teens in foster care to develop a reproductive life plan with the help of a primary care clinician."²⁷ The goals of the program are to "create an environment in which teens feel comfortable seeking advice and medically accurate information on reproductive health care" and to assist young people in learning "how to establish relationships with primary care providers and accept greater responsibility for their own health into adulthood."²⁸

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 Nebraska Department of Health and Human Services received \$210,484 in federal Title V abstinence-only funding for Fiscal Year 2010.
- The department has issued an application announcement for available funds under the state’s Title V abstinence-only grant program. At the time of publication, sub-grantees had not yet been determined.
- In Nebraska, sub-grantees will be required to contribute to the match.

The Nebraska Title V Abstinence-Only Program is intended to “provide abstinence-only education programs to promote abstinence from sexual activity until marriage.”²⁹ The grant program will provide funding to local public and private entities to serve youth ages 10–14. Programs must target African-American, Latino, and Native-American youth as well as youth in foster care and the juvenile justice system. Seventy percent of the youth served by each grantee must fall within these target groups.

Funding will be prioritized to support organizations that develop a community-wide, multi-community, multi-county, or state-wide initiative to provide abstinence-only-until-marriage programming to youth. The Nebraska Department of Health and Human Services identified 17 counties as targets for the state program; however, funded agencies are permitted to provide programming in any area of the state. The target counties include: Boyd, Box Butte, Colfax, Dakota, Dawson, Douglas/Sarpy, Gage, Hall, Jefferson, Lancaster, Lincoln, Morrill, Nemaha, Richardson, and Scotts Bluff.³⁰

Programming provided must address all eight points included in the definition of “abstinence education” from Section 510(b) of the Social Security Act and instruction must “clearly and consistently” teach abstinence-only-until-marriage.³¹ In addition, any agencies awarded funds that have a public health mandate, such as local health departments, community-based health centers and clinics, must verify that all abstinence-only instruction will be delivered in a separate setting from any other type of sexual health instruction. The following programs are approved for use under the state’s abstinence-only program: *A.C. Green’s Game Plan*, *ASPIRE: Live your life. Be free.*, *Basic Training*, *Choosing the Best*, *Quest*, *Promoting Health Among Teens! (Abstinence-Only Intervention)*; and *WAIT (Why Am I Tempted?) Training*.

SIECUS reviewed *A.C. Green’s Game Plan* and found that in order to convince high school students to remain abstinent until marriage, the curriculum relies on messages of fear and shame, inaccurate and misleading information, and biased views of marriage, sexual orientation, and family structure. In addition, *Game Plan* fails to provide important information on sexual health including how students can seek testing and treatment if they suspect they may have an STD. Finally, the format and underlying biases of the curriculum do not allow for cultural, community, and individual values, and discourage critical thinking and discussions of alternate points of view in the classroom. For example, *Game Plan* compares sex to fire and says: “In a fireplace, fire is beautiful and gives warmth to a home. Outside of the fireplace, it can cause serious harm.” “What about sex? In a marriage relationship, sex can be beautiful. Outside of marriage, it can cause serious harm.”³²

ASPIRE: Live your life. Be free. 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.”³³

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* (sixth grade), *Choosing the Best PATH* (seventh grade), *Choosing the Best LIFE* (eighth grade), *Choosing the Best JOURNEY* (ninth and 10th grades), and *Choosing the Best SOULMATE* (11th and 12th grades). The series has been recently revised 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.”³⁴

Promoting Health Among Teens!(Abstinence-Only Intervention) 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. *Promoting Health Among Teens!* 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.³⁵ 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.³⁶ 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.³⁷

WAIT (Why Am I Tempted?) 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 most recent 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.”³⁸

Nebraska 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>		
Nebraska Department of Health and Human Services (federal grant)	\$306,743	2010–2014
<i>Personal Responsibility Education Innovative Strategies</i>		
Father Flanagan’s Boys’ Home	\$759,039	2010–2014
TOTAL	\$1,065,72	
Title V Abstinence Education Grant Program (Title V Abstinence-Only)		
Nebraska Department of Health and Human Services (federal grant)	\$210,484	2010
TOTAL	\$210,484	
GRAND TOTAL	\$1,276,266	2010

COMPREHENSIVE APPROACHES TO SEXUALITY EDUCATION

SIECUS is not aware of any examples of model programs, policies, or best practices being implemented in Nebraska 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 Nebraska 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

ACLU of Nebraska
Lincoln, NE
Phone: (402) 476-8091
www.aclunebraska.org

Planned Parenthood of Nebraska and
Council Bluffs
Lincoln, NE
Phone: (402) 441-3332

Nebraska AIDS Project
Omaha, NE
Phone: (402) 552-9260
www.nap.org

Stop AIDS Nebraska
Lincoln, NE
www.stopaidsnebraska.info

Nebraska Religious Coalition for
Reproductive Choice
Omaha, NE
Phone: (402) 320-0070

ORGANIZATIONS THAT OPPOSE COMPREHENSIVE SEXUALITY EDUCATION

Family First
Lincoln, NE
Phone: (402) 435-3210
www.familyfirst.org

Nebraska Right to Life Committee
Lincoln, NE
Phone: (402) 438-4802
www.nerighttolife.org

MEDIA OUTLETS

Newspapers in Nebraska⁴⁰

Columbus Telegram
Columbus, NE
Phone: (402) 564-2741
www.columbustelegram.com

Hastings Tribune
Hastings, NE
Phone: (402) 462-2131
www.hastingstribune.com

Lincoln Journal Star
Lincoln, NE
Phone: (402) 473-7150
www.journalstar.com

North Platte Telegraph
North Platte, NE
Phone: (308) 532-6000
www.nptelegraph.com

Omaha World-Herald
Omaha, NE
Phone: (402) 444-1000
www.omaha.com

Political Blogs in Nebraska

Blog for Rural America
www.cfra.org/blog

New Nebraska Network
www.newnebraska.net

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 *Nebraska Health Education Frameworks* (Lincoln, NE; Nebraska Department of Education, 1998), accessed 13 April 2010, <<http://www.education.ne.gov/HEALTH/PDFs/framework.pdf>>, 1.

³ *Ibid.*, 16.

⁴ *Ibid.*

⁵ *Ibid.*, 1.

⁶ Danice K. Eaton, et al., "Youth Risk Behavior Surveillance—United States, 2005," *Surveillance Summaries, Morbidity and Mortality Weekly Report*, vol. 55, no. SS-5 (9 June 2006): 1-108, accessed 26 January 2007, <<http://www.cdc.gov/HealthyYouth/yrbs/index.htm>>. Note: Nebraska did not participate in the 2007 or 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 “Personal Responsibility Education Program – Request for Applications,” Nebraska Department of Health and Human Services, Lifespan Health Services Unit, accessed 29 August 2011, <<http://www.dhhs.ne.gov/hew/LifespanHealth/AdolescentHealth/RFP/PREP-RFA.pdf>>, 5.
- ²¹ 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.
- ²² *Ibid.*, 9.
- ²³ “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>.
- ²⁴ “Personal Responsibility Education Program – Request for Applications,” 7.
- ²⁵ “About Boys Town,” Father Flanagan’s Boys’ Home, accessed 5 September 2011, <<http://www.boystown.org/about-boys-town>>.
- ²⁶ “It’s Your Game: Keep it Real,” 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=574&PageTypeID=2>>.
- ²⁷ Administration for Children and Families, “Teen Pregnancy Prevention: Summary of Personal Responsibility Education Program Innovative Strategies Programs Funded in FY2010,” U.S. Department of Health and Human Services, 14 October 2010, accessed 5 September 2011, <http://www.acf.hhs.gov/programs/fysb/content/docs/prep_abstracts.htm>.
- ²⁸ “Your Health, Youth Body, Your Responsibility: Promoting Healthy Behaviors among Teens in Foster Care,” *Application for Federal Funds SF-424, FY10 Teenage Pregnancy Prevention: Research and Demonstration Programs (Tier 2) and Personal Responsibility Education Program*, Father Flanagan’s Boys’ Home (June 2010), 6. Information obtained through a Freedom of Information Act request submitted to the U.S. Department of Health and Human Services, Office of Adolescent Health.
- ²⁹ “Nebraska Abstinence Education Program – Request for Proposals,” Nebraska Department of Health and Human Services (April 2011), accessed 29 August 2011, <http://www.dhhs.ne.gov/LifespanHealth/AdolescentHealth/RFP/RFP_Reissue_2011/RFP_Reissue_Abstinence_Education.pdf>.
- ³⁰ Information provided by Linda Henningsen, adolescent health coordinator for the Nebraska Department of Health and Human Services, 4 February 2011.

³¹ “Nebraska Abstinence Education Program – Request for Proposals,” 10.

³² *A.C. Green’s Game Plan* (Golf, IL: Project Reality, 2007). For more information, see SIECUS’ review of *A.C. Green’s Game Plan* at <http://www.communityactionkit.org/curricula_reviews.html>.

³³ Scott Phelps, *Aspire. Live your life. Be Free.* (Arlington, IL: Abstinence & Marriage Resources, 2006). For more information, see SIECUS’ review of *Aspire* at <http://www.communityactionkit.org/curricula_reviews.html>.

³⁴ Bruce Cook, *Choosing the Best* (Marietta, GA: Choosing the Best, Inc., 2001-2007). Bruce Cook, *Choosing the Best* (Marietta, GA: Choosing the Best, Inc., 2001-2007). For more information, see SIECUS’ review of the *Choosing the Best* series at <http://www.communityactionkit.org/curricula_reviews.html>.

³⁵ Ibid.

³⁶ “Promoting Health Among Teens! Abstinence-Only,” 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=575&PageTypeID=2>>.

³⁷ “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 1 July 2011, <http://www.hhs.gov/ash/oah/prevention/research/programs/promoting_health.html>.

³⁸ Joneen Krauth-Mackenzie, *WAIT (Why Am I Tempted) Training, Second Edition* (Greenwood Village, CO: WAIT Training). For more information, see SIECUS’ review of *WAIT Training* at <http://www.communityactionkit.org/curricula_reviews.html>.

³⁹ The person listed represents the designated personnel in the state responsible for adolescent reproductive health.

⁴⁰ This section is a list of major newspapers in the state and is by no means exhaustive of local print outlets.