



WISCONSIN

In Fiscal Year 2011¹, the state of Wisconsin received:

- **Personal Responsibility Education Program funds totaling \$933,749**
- **Title V State Abstinence Education Program funds totaling \$701,667**

In Fiscal Year 2011, local entities in Wisconsin received:

- **Teen Pregnancy Prevention Initiative funds totaling \$596,723**

SEXUALITY EDUCATION LAW AND POLICY

Wisconsin state law encourages, but does not require, school boards to provide “age-appropriate instruction in human growth and development” to grades K–12.² Such instruction is meant to provide students with “the knowledge, skills, and support necessary to make healthy decisions” throughout the lifespan regarding their sexual behavior.³ The law specifies that instruction teach “medically accurate information,” defined as information “supported by the weight of research conducted in compliance with accepted scientific methods” and, where appropriate, “published in peer-reviewed journals” and “recognized as accurate by relevant leading professional organizations or agencies such as the “American Medical Association, the American Public Health Association, or the American Academy of Pediatrics.”⁴

Such instruction must address the following:

- the importance of parent-child communication regarding “sexuality and decision making about sexual behavior”;
- “reproductive and sexual anatomy and physiology,” including the “biological, psychosocial, and emotional changes” that occur to the human body;
- “puberty, pregnancy, parenting, body image, and gender stereotypes”;
- “the skills needed to make responsible decisions about sexuality and sexual behavior,” including how to practice appropriate social behavior and “recognize, rebuff, and report any unwanted or inappropriate verbal, physical, and sexual behaviors”;
- “the benefits of and reasons for abstaining from sexual activity” that stresses “the value of abstinence as the most reliable way to prevent pregnancy” and sexually transmitted diseases (STDs);
- “the health benefits, side effects, and proper use of contraceptives and barrier methods” to prevent STDs;
- skills for goal-setting, responsible decision making, communication and stress management;
- “how alcohol and drug use affect responsible decision making”; and
- how the media and peers influence an individual’s “thoughts, feelings, and behaviors related to sexuality.”⁵

An educational program in human growth and development must also “use instructional methods and materials that do not promote bias against pupils of any race, gender, religion, sexual orientation, or ethnic or cultural background or against sexually active pupils or children with disabilities.”⁶ If a school board provides instruction in any of these areas, it must “also provide instruction in marriage and parental responsibility.”⁷

The Department of Public Instruction (DPI) is authorized to develop a health education program that includes instruction about STDs, including HIV/AIDS. The program also may include instruction on human growth and development; however, state law specifies that participation in this component of the health education program is voluntary and DPI is prohibited from requiring local school boards to use a specific human growth and development curriculum.⁸

The DPI created the *Wisconsin School HIV/AIDS Policy Tool Kit* in 2003 to “increase the number of Wisconsin schools implementing scientifically and legally based policies and procedures related to HIV/AIDS,” including those for curriculum evaluation and selection.⁹ The DPI also produced *Human Growth and Development: A Resource Packet to Assist School Districts in Program Development, Implementation and Assessment*, which provides information on teen sexual behavior, locally developed materials, other curriculum resources, and evaluation tools.

School boards that choose to provide instruction must provide annual notification to parents outlining the curriculum used for their child’s particular grade level.¹⁰ Parents and guardians must be given the opportunity to review all materials related to sexuality education classes. If such classes are offered, school boards must form advisory councils consisting of “parents, teachers, school administrators, pupils, health care professionals, members of the clergy, and other residents of the school district”¹¹ to review the curricula at least every three years.

Parents or guardians may remove their children from sexuality education classes with a written request to the teacher or principal.¹² This is referred to as an “opt-out” policy.

See Wisconsin Statutes §§ 115.35, 118.01, and 118.019; 2011 Wisconsin Act 216; *Wisconsin School HIV/AIDS Policy Tool Kit*; and *Human Growth and Development: A resource packet to assist school districts in program development, implementation and assessment*.

RECENT LEGISLATION

Bill to Amend and Repeal the Healthy Youth Act

Senate Bill 237, introduced in October 2011, amended current policy by recommending, rather than requiring, certain topics be included in human growth and development curricula. It eliminates the requirement that instruction include contraception and barrier protection as methods to prevent pregnancy and STIs. It does require, however, that instruction include abstinence presented as the preferred choice for unmarried students and information about the skills necessary to remain abstinent. Parents retain the ability to excuse their student from participating in instruction on human growth and development. The bill was referred to the Senate Committee on Education and was approved by the governor on April 5, 2012. It is now known as 2011 Wisconsin Act 216.

YOUTH SEXUAL HEALTH DATA

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

Wisconsin Youth Risk Behavior Survey (YRBS) Data¹³

W I S C O N S I N

- In 2011, 41% of female high school students and 42% of male high school students in Wisconsin reported ever having had sexual intercourse, compared to 46% of female high school students and 49% of male high school students nationwide.
- In 2011, 3% of female high school students and 6% of male high school students in Wisconsin reported having had sexual intercourse before age 13, compared to 3% of female high school students and 9% of male high school students nationwide.
- In 2011, 10% of female high school students and 10% of male high school students in Wisconsin reported having had four or more lifetime sexual partners, compared to 13% of female high school students and 18% of male high school students nationwide.
- In 2011, 33% of female high school students and 29% of male high school students in Wisconsin reported being currently sexually active (defined as having had sexual intercourse in the three months prior to the survey), compared to 34% of female high school students and 33% of male high school students nationwide.
- In 2011, among those high school students who reported being currently sexually active, 58% of females and 71% of males in Wisconsin reported having used condoms the last time they had sexual intercourse, compared to 54% of females and 67% of males nationwide.
- In 2011, among those high school students who reported being currently sexually active, 32% of females and 19% of males in Wisconsin reported having used birth control pills the last time they had sexual intercourse, compared to 23% of females and 13% of males nationwide.
- In 2011, among those high school students who reported being currently sexually active, 17% of females and 23% of males in Wisconsin reported having used alcohol or drugs the last time they had sexual intercourse, compared to 18% of females and 26% of males nationwide.
- In 2011, 89% of high school students in Wisconsin reported having been taught about AIDS/HIV in school, compared to 84% of high school students nationwide.

Milwaukee, Wisconsin

- In 2011, 55% of female high school students and 66% of male high school students in Milwaukee reported ever having had sexual intercourse, compared to 46% of female high school students and 49% of male high school students nationwide.
- In 2011, 7% of female high school students and 22% of male high school students in Milwaukee reported having had sexual intercourse before age 13, compared to 3% of female high school students and 9% of male high school students nationwide.
- In 2011, 16% of female high school students and 32% of male high school students in Milwaukee reported having had four or more lifetime sexual partners, compared to 13% of female high school students and 18% of male high school students nationwide.

- In 2011, 39% of female high school students and 48% of male high school students in Milwaukee reported being currently sexually active (defined as having had sexual intercourse in the three months prior to the survey), compared to 34% of female high school students and 33% of male high school students nationwide.
- In 2011, among those high school students who reported being currently sexually active, 53% of females and 76% of males in Milwaukee reported having used condoms the last time they had sexual intercourse, compared to 54% of females and 67% of males nationwide.
- In 2011, among those high school students who reported being currently sexually active, 13% of females and 8% of males in Milwaukee reported having used birth control pills the last time they had sexual intercourse, compared to 23% of females and 13% of males nationwide.
- In 2011, among those high school students who reported being currently sexually active, 17% of females and 25% of males in Milwaukee reported having used alcohol or drugs the last time they had sexual intercourse, compared to 18% of females and 26% of males nationwide.
- In 2011, 82% of high school students in Milwaukee reported having been taught about AIDS/HIV in school, compared to 84% of high school students nationwide.

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

Teen Pregnancy, Birth, and Abortion

- Wisconsin's teen birth rate currently ranks 40th in the United States, with a rate of 26.2 births per 1,000 young women ages 15–19, compared to the national rate of 34.3 births per 1,000.¹⁴ In 2010, there were a total of 5,102 live births to young women ages 15–19 reported in Wisconsin.¹⁵
- In 2005, Wisconsin's teen pregnancy rate ranked 44th in the United States, with a rate of 47 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 70 pregnancies per 1,000.¹⁶ There were a total of 9,300 pregnancies among young women ages 15–19 in Wisconsin in 2005.¹⁷
- In 2005, Wisconsin's teen abortion rate ranked 42nd in the United States, with a rate of 10 abortions per 1,000 young women ages 15–19, compared to the national rate of 19 abortions per 1,000.¹⁸

HIV and AIDS

- In 2010, the rate of diagnoses of HIV infection among adolescents aged 13-19 years in the Wisconsin was 5.0 per 100,000 compared to the national rate of 7.9 per 100,000.¹⁹
- In 2010, the rate of AIDS diagnoses among adolescents 13-19 years in Wisconsin was 0.6 per 100,000 compared to the national rate of 1.9 per 100,000.²⁰
- In 2010, the rate of diagnoses of HIV infection among young adults aged 20-24 years in Wisconsin was 13.8 per 100,000 compared to the national rate of 36.9 per 100,000.²¹

- In 2010, the rate of AIDS diagnoses among young adults aged 20-24 years in Wisconsin was 3.1 per 100,000 compared to the national rate of 10.4 per 100,000.²²

Sexually Transmitted Diseases

- Wisconsin ranks 27th in the United States for reported cases of chlamydia among young people ages 15–19, with an infection rate of 17.56 cases per 1,000, compared to the national rate of 20.03 cases per 1,000. In 2009, there were a total of 7,097 cases of chlamydia among young people ages 15–19 reported in Wisconsin.²³
- Wisconsin ranks 21st in the United States for reported cases of gonorrhea among young people ages 15–19, with an infection rate of 4 cases per 1,000, compared to the national rate of 4.04 cases per 1,000. In 2009, there were a total of 1,616 cases of gonorrhea among young people ages 15–19 reported in Wisconsin.²⁴

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

TPPI Tier 1: Evidence-Based Programs

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

- There is one TPPI Tier 1 grantee in Wisconsin, the Irwin A. and Robert D. Goodman Community Center, Inc., which received \$596,723 for FY 2011.

Irwin A. and Robert D. Goodman Center, \$596,723 (FY 2011)

The Irwin A. and Robert D. Goodman Center (Goodman Community Center) is a nonprofit, community resource center located in Madison, Wisconsin. Its mission is to facilitate a community atmosphere, identify and respond to community needs, collaborate with individuals and other agencies to provide help, promote recreational and cultural events, and create and coordinate meeting space, programs, information, and services that reflect the community’s ethnic and economic diversity.²⁵ Its services include social development for at-risk children, short-term emergency food relief, and assistance with referrals to social services and organizations.

With its TPPI funding, Goodman Community Center implements the Madison Empowering Responsibility in Teens (MERIT) program, which targets low-income, predominantly African-American and Latino youth. The MERIT program uses a comprehensive, holistic approach to teen

pregnancy-prevention that includes direct education, discussion, and relationship building, in addition to a variety of academic, leadership, community service, and enrichment opportunities for participants. The organization plans to reach approximately 175 youth annually with the program. Goodman Community Center partners with Kennedy Heights Community Center and the Lussier Community Education Center in implementation. MERIT uses two comprehensive sexuality education curricula, *Be Proud! Be Responsible!* and *¡Cuidate!*, as well as *Making a Difference!*, an abstinence-based youth development curriculum.

Be Proud! Be Responsible! is an evidence-based HIV-prevention curriculum originally designed for urban, African-American males ages 13–18.²⁶ The curriculum seeks to provide young people with the knowledge, motivation, and skills necessary to reduce their risk of HIV, other STDs, and causing unintended pregnancy. It also aims to impact sexual behavior by equipping youth with negotiation, refusal, and condom-use skills. The curriculum uses a “sense-of-community” approach that emphasizes how HIV/AIDS has affected inner-city communities and discusses the importance of protecting the community in order to instill accountability, sexual responsibility, and a sense of pride in participants. Although originally designed for use with small groups of six to 12 participants, the curriculum has been used with larger groups and is appropriate for both school-based and community-based settings.²⁷ An evaluation of the program published in the *American Journal of Community Psychology* found that the intervention reduced the number of female sexual partners participants had as well as the number of non-monogamous female sexual partners (those who were simultaneously involved with other male partners). In addition, the study found that the intervention decreased the frequency of vaginal and heterosexual anal intercourse, and increased condom use among participants.²⁸

¡Cuidate! is an evidence-based HIV-prevention curriculum adapted from the evidence-based curriculum *Be Proud! Be Responsible!*, and tailored for use with Latino youth ages 13–18. The curriculum provides information about HIV and its transmission, addresses values and beliefs related to HIV and safer sex, and includes activities aimed to increase skills and self-efficacy for condom use, negotiating abstinence, and safer sex. The intervention consists of six one-hour lessons and is designed for use with small, mixed-gender groups. It draws upon cultural beliefs, such as the importance of family and the responsibility of a man to care for his family, in order to provide messages that resonate with participants. The curriculum consists of educational games, small group discussions, videos, learning exercises, and skill-building activities. An evaluation of the curriculum published in the *Archives of Pediatrics & Adolescent Medicine* found that it reduced the frequency of sexual intercourse, number of sexual partners, and incidence of unprotected sex while increasing condom use among participants.²⁹

Making a Difference! is an evidence-based pregnancy-, STD-, and HIV-prevention education curriculum that emphasizes abstinence from sexual activity. Adapted from the evidence-based curriculum *Be Proud! Be Responsible!*, *Making a Difference!* aims to increase participants’ knowledge about HIV, STD, and pregnancy prevention, as well as their confidence to negotiate sexual pressure and intention to abstain from sex. It is designed for use with African-American, Latino, and white adolescents ages 11–13 and can be implemented in school- or community-based settings. The curriculum includes interactive activities, small group discussions, and skill-building exercises, including role-plays, aimed to increase comfort and efficacy with practicing abstinence. An evaluation of the curriculum published in the *Journal of American Medical Association* found that, at a three-month follow-up, participants in the program were less likely to report having had sexual intercourse in the three months prior than peers in the control group. Evaluation results also showed that the program helped to delay sexual initiation among program participants who were sexually inexperienced.³⁰

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 Wisconsin.

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 Wisconsin.

Personal Responsibility Education Program

The Personal Responsibility Education Program (PREP) totals \$75 million per year for FYs 2010–2014 and is the first-ever dedicated funding stream for more comprehensive approaches to sexuality education. The U.S. Department of Health and Human Services, Administration for Children and Families (ACF) administers the grant. PREP includes a \$55 million state-grant program, \$10 million to fund local entities through the Personal Responsibility Education Innovative Strategies (PREIS) Program, \$3.5 million for the Tribal PREP Program for tribes and tribal organizations, and \$6.5 million for evaluation, training, and technical assistance. Details on the state-grant program, PREIS, and Tribal PREP are included below.

PREP State-Grant Program

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

- The Wisconsin Department of Health Services received \$933,749 in federal PREP funds for FY 2011.
- The agency provides a sub-grant to the Medical College of Wisconsin to work with six local public and private entities.³¹

The Wisconsin Department of Health Services has contracted with the Medical College of Wisconsin to implement the state's PREP grant by providing funding to six local community-based organizations to implement programming in Beloit, Racine, and Milwaukee. All three cities have high rates of teen birth, STD infection, and school drop-out. Programming primarily targets African-American and Latino youth, runaway and homeless youth, and youth in foster care ages 10–19 and addresses the following adulthood preparation subjects: healthy relationships, financial literacy, and educational and career success. Sub-grantees must implement either *Making Proud Choices!* or *Street Smart*.³²

Making Proud Choices! is an evidence-based STD-, HIV-, and pregnancy-prevention curriculum designed for use with African-American, Latino, and white adolescents ages 11–13. The curriculum aims to help youth understand the poor reasoning and decision making that can lead to STD/HIV infection and/or unintended pregnancy, as well as to increase their confidence, negotiation skills, and self-efficacy in using condoms. The program consists of eight one-hour sessions and can be implemented in school- or community-based settings. *Making Proud Choices!* includes interactive and skill-building activities that are designed to “increase comfort with practicing condom use, address concerns about negative effects of practicing safer sex, and build skills in condom use and negotiation.”³³ An evaluation of the program published in the *Journal of the American Medical Association* showed that program participants reported more

consistent condom use and less unprotected sex as well as a higher frequency of condom use than those in the control group.³⁴

Street Smart is an HIV/STD-prevention education program designed for use with runaway and homeless youth ages 11–18. The program aims to equip youth to practice safe sexual behaviors and reduce drug and alcohol use. It consists of eight skills-based instruction sessions, as well as one individual counseling session and a visit to a community-based health care agency. The curriculum teaches such skills as coping and negotiation, assertiveness, problem solving, decision making, identifying and addressing behavioral risk activities, and reducing harmful behaviors. Interactive activities include role-plays and video production. The program is appropriate for use in community-based settings and can be adapted for use with other at-risk populations.³⁵

Personal Responsibility Education Innovative Strategies (PREIS)

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

- There are no PREIS grantees in Wisconsin.

Tribal Personal Responsibility Education Program (Tribal PREP)

Tribal PREP supports the development and implementation of comprehensive teen pregnancy prevention programs within tribes and tribal communities. Tribal PREP programs target youth ages 10–19 who are in or are aging out of foster care, homeless youth, youth with HIV/AIDS, pregnant and/or parenting youth who are under 21 years of age, and youth who live in areas with high adolescent birth rates. Programs must address at least three of the following adulthood preparation subjects: healthy relationships, positive adolescent development, financial literacy, parent-child communication skills, education and employment skills, and healthy life skills.

- In FY 2011, 16 tribes and tribal organizations from nine states received a total of \$6.5 million.
- There are no Tribal PREP grantees in Wisconsin.

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 FYs 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 Wisconsin Department of Children and Families received \$701,667 in federal Title V abstinence-only funding for FY 2011.
- The Wisconsin Department of Children and Families provides sub-grants to three local entities: Community Advocates, the Boys and Girls Club of Greater Milwaukee, and the Center for Self-Sufficiency Consortium (\$701,066).³⁶
- In Wisconsin, the match is provided through direct state revenue.

The Wisconsin Department of Children and Families administers the state Title V Abstinence-Only Program in collaboration with three local entities. The state program targets fifth and sixth grade students in school-based settings and young people ages 11–17 in community-based settings in Milwaukee County.

W I S C O N S I N

Curricula used for programming include *Children’s Aid Society – Carrera Adolescent Pregnancy Prevention Program (CAS – Carrera)* and *Promoting Health Among Teens! – Abstinence-Only Intervention (PHAT)*.³⁷

CAS – Carrera is an evidence-based, positive youth development program designed for underserved students in grades six through 12. The program consists of seven integrated units that can be administered in an after- school or in-school setting over the course of a year. These units include Education, Job Club, Family Life and Sexuality Education, Mental Health, Medical and Dental Services, Self Expression, and Lifetime Individual Sports.³⁸ The program uses a positive youth development approach to increase developmental competency and identity formation among participants in order to encourage youth to avoid early parenthood and risky sexual behavior. *CAS – Carrera* runs six days a week throughout the academic year and also includes a summer program component.³⁹ An evaluation of the program published in *Perspectives on Sexual and Reproductive Health* found that, at a three-year follow-up, female participants were significantly less likely to report a pregnancy or report being sexually active than participants in the control group.⁴⁰

PHAT is an evidence-based curriculum developed to increase knowledge and awareness about STDs (including HIV), increase an understanding of how abstinence can prevent pregnancy and HIV/STDs, and build refusal and negotiation skills for practicing abstinence. *PHAT* aims for participants to abstain from vaginal, oral, and anal intercourse until a time later in life when they are ready to handle the potential consequences of having sex and neither discourages nor encourages condom use.⁴¹ 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.⁴² 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.⁴³

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

Grantee	Award	Fiscal Years
Teen Pregnancy Prevention Initiative (TPPI)		
<i>TPPI Tier 1: Replication of Evidence-Based Programs</i>		
Irwin A and Robert D Goodman Community Center, Inc.	\$596,723	2010–2014
TOTAL	\$596,723	
Personal Responsibility Education Program (PREP)		
<i>PREP State-Grant Program</i>		
Wisconsin Department of Health Services (federal grant)	\$933,749	2011
TOTAL	\$933,749	
Title V Abstinence Education Grant Program (Title V Abstinence-Only)		
Wisconsin Department of Children and Families	\$701,667	2011
TOTAL	\$701,667	
GRAND TOTAL	\$2,232,139	2011

COMPREHENSIVE APPROACHES TO SEXUALITY EDUCATION

SIECUS has identified some examples of model programs, policies, and best practices being implemented in Wisconsin public schools that provide a more comprehensive approach to sex education for young people.⁴⁴

Revised State Sex Education Policy

The Healthy Youth Act, Wisconsin Act 134, was signed into law by Governor Jim Doyle on February 24, 2010. The legislation permits school districts to teach age-appropriate and medically accurate comprehensive sexuality education. The Healthy Youth Act establishes additional requirements for human sexuality instruction than what previously existed under state law and repeals a former statute that, among other stipulations, required instruction to stress “abstinence from sexual activity before marriage [as] the most effective way to prevent pregnancy” and STDs, including HIV/AIDS, and present abstinence “as the preferred choice of behavior in relationship to all sexual activity for unmarried pupils.”⁴⁵

The revised law emphasizes positive youth development and ensures that students receive complete and accurate information—regarding sexuality, human growth and development, abstinence, and effective prevention methods to reduce the risk of unintended pregnancy, STDs, and HIV—and develop the skills necessary to maintain healthy relationships, delay sexual initiation, and practice sexual health behavior and decision making. Furthermore, the law positions Wisconsin to apply for federal funding to support comprehensive approaches for delaying sexual activity, increasing contraceptive use, and otherwise reduce the risk of unintended pregnancy among adolescents.

We encourage you to submit any updated or additional information on comprehensive approaches to sex education being implemented in Wisconsin public schools for inclusion in future publications of the 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 Contact⁴⁶ and PREP State-Grant Coordinator

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 Phone: (608) 266-9354

Title V Abstinence-Only Grant Coordinator

Terry Kruse
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 One West Wilson Street, Room 531
 P.O. Box 8916
 Madison, WI 53708
 Phone: (608) 267-9662

ORGANIZATIONS THAT SUPPORT COMPREHENSIVE SEXUALITY EDUCATION

ACLU of Wisconsin
Milwaukee, WI
Phone: (414) 272-4032
www.aclu-wi.org

Planned Parenthood Advocates of Wisconsin
Madison, WI
Phone: (608) 256-7549
www.ppawi.org

Fair Wisconsin
Madison, WI
Phone: (608) 441-0143
www.fairwisconsin.com

NARAL Pro-Choice Wisconsin
Madison, WI
Phone: (608) 287-0016
www.prochoicewisconsin.org

Milwaukee LGBT Community
Center
Milwaukee, WI
www.mkelgbt.org

Wisconsin AIDS Fund
Milwaukee, WI
Phone: (414) 272-5805
www.greatermilwaukeefoundation.org

ORGANIZATIONS THAT OPPOSE COMPREHENSIVE SEXUALITY EDUCATION

Pro-Life Wisconsin
Brookfield, WI
Phone: (262) 796-1111
www.prolifewisconsin.org

Wisconsin Family Action
Madison, WI
Phone: (608) 268-5074
www.wifamilyaction.org

MEDIA OUTLETS

Newspapers in Wisconsin⁴⁷

The Capital Times
Madison, WI
Phone: (608) 252-6400
www.madison.com

Green Bay Press-Gazette
Green Bay, WI
Phone: (920) 431-8400
www.greenbaypressgazette.com

The Journal Times
Racine, WI
Phone: (262) 634-3322
www.journaltimes.com

Kenosha News
Kenosha, WI
Phone: (262) 657-1000
www.kenoshanews.com

Milwaukee Journal Sentinel
Milwaukee, WI
Phone: (414) 224-2919
www.jsonline.com

Oshkosh Northwestern
Oshkosh, WI
Phone: (920) 235-7700
www.thenorthwestern.com

The Post-Crescent
 Appleton, WI
 Phone: (920) 733-4411
www.postcrescent.com

Political Blogs in Wisconsin

Blogging Blue
www.bloggingblue.com

Eye on Wisconsin
www.eye-on-wisconsin.blogspot.com

Forward our Motto
www.forwardlookout.com

Uppity Wisconsin
www.uppitywis.org

¹ This refers to the federal government's fiscal year, which begins on October 1st and ends on September 30th. The fiscal year is designated by the calendar year in which it ends; for example, Fiscal Year 2011 began on October 1, 2010, and ended on September 30, 2011.

² Wis. Stat. § 118.01(1) and (2), <https://docs.legis.wisconsin.gov/statutes/statutes/118/01>.

³ Wis. Stat. § 118.01(1).

⁴ Wis. Stat. § 118.01(2)(b)1–3.

⁵ Wis. Stat. § 118.019(2)(a)1–9.

⁶ Wis. Stat. § 118.019(2)(b).

⁷ Wis. Stat. § 118.019(2m)(a).

⁸ Wis. Stat. § 115.35(1), <http://nxt.legis.state.wi.us/nxt/gateway.dll?f=templates&fn=default.htm&d=stats&jd=115.35>.

⁹ *Wisconsin School HIV/AIDS Policy Tool Kit* (Madison, WI: Wisconsin Department of Public Instruction, 2003), accessed April 15, 2010, <http://dpi.wi.gov/sspw/pdf/hivtoolkit.pdf>, 9.

¹⁰ Wis. Stat. § 118.019(3),

[http://nxt.legis.state.wi.us/nxt/gateway.dll/Statutes%20Related/Wisconsin%20Statutes/5859/5864?f=templates\\$fn=document-frameset.htm\\$q=\[field%20folio-destination-name:%27118.019%27\]\\$x=Advanced#0-0-0-173679](http://nxt.legis.state.wi.us/nxt/gateway.dll/Statutes%20Related/Wisconsin%20Statutes/5859/5864?f=templates$fn=document-frameset.htm$q=[field%20folio-destination-name:%27118.019%27]$x=Advanced#0-0-0-173679).

¹¹ Wis. Stat. § 118.019(5),

[http://nxt.legis.state.wi.us/nxt/gateway.dll/Statutes%20Related/Wisconsin%20Statutes/5859/5864?f=templates\\$fn=document-frameset.htm\\$q=\[field%20folio-destination-name:%27118.019%27\]\\$x=Advanced#0-0-0-173679](http://nxt.legis.state.wi.us/nxt/gateway.dll/Statutes%20Related/Wisconsin%20Statutes/5859/5864?f=templates$fn=document-frameset.htm$q=[field%20folio-destination-name:%27118.019%27]$x=Advanced#0-0-0-173679).

¹² Wis. Stat. § 118.019(4),

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¹³ Danice K. Eaton, et al., “Youth Risk Behavior Surveillance—United States, 2011,” *Surveillance Summaries, Morbidity and Mortality Weekly Report*, vol. 61, no. SS-4 (June 8, 2012): accessed June 18, 2012,

<http://www.cdc.gov/mmwr/pdf/ss/ss6104.pdf>. Note: Milwaukee also participated in the 2011 YRBS.

¹⁴ “Birth rate for U.S. teenagers reach historic lows for all age and ethnic groups,” NCHS data brief, no. 89, (Hyattsville, MD: National Center for Health Statistics, 2012), accessed June 27, 2012,

<http://www.cdc.gov/nchs/data/databriefs/db89.pdf>, Data table for figure 6.

¹⁵ *Ibid.*

¹⁶ *U.S. Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, (Washington, DC: Guttmacher Institute, January 2010), accessed May 7, 2012, <http://www.guttmacher.org/pubs/USTPtrends.pdf>, Table 3.1.

¹⁷ *Ibid.*, Table 3.2.

¹⁸ *U.S. Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, Table 3.1.

¹⁹ Slide 9: “Rates of Diagnoses of HIV Infection among Adolescents Aged 13–19 Years, 2010—46 States and 5 U.S. Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention), accessed January 3, 2013, <http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>.

²⁰ Slide 18: “Rates of AIDS Diagnoses among Adolescents Aged 13–19 Years, 2010—United States and 6 U.S. Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention), accessed January 3, 2013, <http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>.

²¹ Slide 10: “Rates of Diagnoses of HIV Infection among Young Adults Aged 20–24 Years, 2010—46 States and 5 U.S. Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention), accessed January 3, 2013, <http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>.

- ²² Slide 19: “Rates of AIDS Diagnoses among Young Adults Aged 20-24 Years, 2010—United States and 6 U.S. Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention), accessed January 3, 2013, <http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>.
- ²³ “Wonder Database: Sexually Transmitted Disease Morbidity for selected STDs by age, race/ethnicity and gender 1996–2009 Results,” (Atlanta, GA: Centers for Disease Control and Prevention, June 2011), accessed December 18, 2012, <http://wonder.cdc.gov>.
- ²⁴ Ibid.
- ²⁵ “Mission & Goals,” Goodman Community Center, accessed June 15, 2011, <http://www.goodmancenter.org/about-center/mission-goals>.
- ²⁶ *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 July 1, 2011, <http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf>, 56–59.
- ²⁷ *Be Proud! Be Responsible!* Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed July 1, 2011, <http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=1&PageTypeID=2>; see also “Pregnancy Prevention Intervention Implementation Report: Be Proud! Be Responsible!” Programs for Replication – Intervention Implementation Reports, U.S. Department of Health and Human Services, accessed July 1, 2011, http://www.hhs.gov/ash/oah/oah-initiatives/tpp/programs/be_proud_responsible.pdf.
- ²⁸ *Science and Success: Sex Education and Other Programs That Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections*, 56–59.
- ²⁹ *Cuide!* Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed May 5, 2010, <http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=577&PageTypeID=2>; see also *Science and Success: Sex Education and Other Programs That Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections, Second Edition* (Washington, DC: Advocates for Youth, 2008), accessed March 30, 2010, <http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf>, 76–79.
- ³⁰ *Making a Difference!* Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed July 1, 2011, <http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=127&PageTypeID=2>.
- ³¹ Exact amount of award to sub-grantee was unavailable. Information provided by Claude Gilmore, Youth Policy Director, Division of Public Health, Wisconsin Department of Children and Families, November 12, 2012.
- ³² Ibid.
- ³³ *Making Proud Choices!* Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed April 15, 2010, <http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=128>.
- ³⁴ Ibid.
- ³⁵ “Request for Applications – Personal Responsibility Education Program Grant,” Medical College of Wisconsin, Milwaukee Adolescent Health Program, accessed August 24, 2011, <http://www.mcw.edu/FileLibrary/Groups/PedsAdolescentMedicine/MAHP/PREPREFA.pdf>, 4.
- ³⁶ Community Advocates acts as the fiscal agent for all sub-granted funds. Information provided by Judith Hermann, Prevention & Child Welfare Integration Section Manager, Wisconsin Department of Children and Families, October 26, 2012.
- ³⁷ Ibid.
- ³⁸ “Our Program,” The Children’s Aid Society – Carrera Adolescent Pregnancy Prevention Program, accessed July 1, 2011, <http://stopteenpregnancy.childrensaidsociety.org/our-program>.
- ³⁹ Ibid.
- ⁴⁰ “Pregnancy Prevention Intervention Implementation Report: Children’s Aid Society (CAS) – Carrera,” Programs for Replication – Intervention Implementation Reports, U.S. Department of Health and Human Services, accessed July 1, 2011, http://www.hhs.gov/ash/oah/prevention/research/programs/cas_carrera.html.
- ⁴¹ “Pregnancy Prevention Intervention Implementation Report: Adult Identity Mentoring (Project AIM),” Programs for Replication – Intervention Implementation Reports, U.S. Department of Health and Human Services, accessed July 1, 2011, http://www.hhs.gov/ash/oah/prevention/research/programs/adult_identity_mentoring_project_aim.html.
- ⁴² *Promoting Health Among Teens! Abstinence-Only*, Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed July 1, 2011, <http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=575&PageTypeID=2>.
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Health and Human Services, accessed July 1, 2011,
http://www.hhs.gov/ash/oah/prevention/research/programs/promoting_health.html.

⁴⁴ 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.

⁴⁵ Previous Wis. Stat § 118.019(2m)(b)(2) and (1).

⁴⁶ The person listed represents the designated personnel in the state responsible for adolescent reproductive health.

⁴⁷ This section is a list of major newspapers in the state and is by no means exhaustive of local print outlets.