



SIECUS

State Profile

WISCONSIN

In Fiscal Year 2013,¹ the state of Wisconsin received:

- **Division of Adolescent and School Health funds totaling \$290,000**
- **Personal Responsibility Education Program funds totaling \$893,112**
- **Title V State Abstinence Education Program funds totaling \$661,961**

In Fiscal Year 2013, local entities in Wisconsin received:

- **Teen Pregnancy Prevention Initiative funds totaling \$596,723**
 - **Pregnancy Assistance Fund dollars totaling \$1,500,000**

SEXUALITY EDUCATION LAW AND POLICY

In April 2012, Wisconsin repealed its 2010 comprehensive sex education law, known as the *Healthy Youth Act*. As such, Wisconsin state law now states that school boards may provide an instructional program in human growth and development to grades K–12.² If an instructional program is provided, the program must be medically accurate and is recommended to discuss the following:

1. the importance of communication between the pupil and the pupil's parents or guardians;³
2. reproductive and sexual anatomy and physiology, including biological, psychosocial, emotional, and intellectual changes that accompany maturation;⁴
3. the benefits of and reasons for abstaining from sexual activity, stressing the value of abstinence as the only reliable way to prevent pregnancy and sexually transmitted diseases (STDs), and identifying the skills necessary to remain abstinent;⁵
4. adoption resources, prenatal care, and postnatal supports; and⁶
5. the nature and treatment of STDs.⁷

An educational program in human growth and development must also “use instructional methods and materials that do not discriminate against a pupil based upon the pupil's race, gender, religion, sexual orientation, or ethnic or cultural background or against sexually active pupils or children with disabilities.”⁸

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.⁹

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.¹⁰ 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.¹¹ Parents and guardians must be given the opportunity to review all materials related to sexuality education classes. 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 [2011 Wisconsin Act 216](#); [Wisconsin Statutes §§ 115.35](#); [Wisconsin School HIV/AIDS Policy Tool Kit](#); and [Human Growth and Development: A Resource Guide to Assist School Districts in Policy and Program Development and Implementation](#).

2013 STATE LEGISLATIVE SESSION ACTIVITY

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

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

- In 2013, 37.3% of female high school students and 33.1% of male high school students in Wisconsin reported ever having had sexual intercourse, compared to 46% of female high school students and 47.5% of male high school students nationwide.
- In 2013, 1.4% of female high school students and 3.8% of male high school students in Wisconsin reported having had sexual intercourse before age 13, compared to 3.1% of female high school students and 8.3% of male high school students nationwide.
- In 2013, 27.5% of female high school students and 23.6% 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 35.2% of female high school students and 32.7% of male high school students nationwide.
- In 2013, 10.3% of female high school students and 6.7% of male high school students in Wisconsin who dated or went out with someone during the 12 months before the survey reported experiencing physical dating violence one or more times during that time period (defined as being hit, slammed into something, or injured with an object or weapon on purpose by someone they were dating or going out with), compared to 13% of female high school students and 7.4% of male high school students nationwide.

Visit the Centers for Disease Control and Prevention’s [Youth Online database](#) for additional information on youth risk behaviors in Wisconsin and the city of Milwaukee.

Wisconsin Teen Pregnancy, HIV/AIDS, and Other STD Data

Teen Pregnancy, Birth, and Abortion

- In 2010, Wisconsin’s teen pregnancy rate ranked 44th in the United States, with a rate of 39 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 57 per 1,000.¹⁴ There were a total of 7,580 pregnancies among young women ages 15–19 in Wisconsin in 2010.¹⁵

- In 2012, Wisconsin's teen birth rate ranked 42nd in the United States, with a rate of 21.9 births per 1,000 young women ages 15–19, compared to the national rate of 29.4 per 1,000.¹⁶ In 2012, there were a total of 4,159 live births to young women ages 15–19 reported in Wisconsin.¹⁷
- In 2010, Wisconsin's teen abortion rate ranked 44th in the United States, with a rate of seven abortions per 1,000 young women ages 15–19, compared to the national rate of 15 per 1,000.¹⁸ There were a total of 1,330 abortions among young women ages 15–19 reported in Wisconsin in 2010.¹⁹

HIV and AIDS

- In 2011, the rate of diagnoses of HIV infection among adolescents ages 13–19 in the Wisconsin was 3.2 per 100,000, compared to the national rate of 7.6 per 100,000.²⁰
- In 2011, the rate of AIDS diagnoses among adolescents ages 13–19 in Wisconsin was 1.6 per 100,000, compared to the national rate of 1.9 per 100,000.²¹
- In 2011, the rate of diagnoses of HIV infection among young adults ages 20–24 in Wisconsin was 14 per 100,000, compared to the national rate of 36.3 per 100,000.²²
- In 2011, the rate of AIDS diagnoses among young adults ages 20–24 in Wisconsin was 3.9 per 100,000, compared to the national rate of 10.9 per 100,000.²³

Sexually Transmitted Diseases

- In 2012, Wisconsin ranked 29rd in the United States for reported cases of chlamydia among young people ages 15–19, with an infection rate of 1,820.7 cases per 100,000, compared to the national rate of 2,001.7 per 100,000. In 2012, there were a total of 7,249 cases of chlamydia among young people ages 15–19 reported in Wisconsin.²⁴
- In 2012, Wisconsin ranked 22nd in the United States for reported cases of gonorrhea among young people ages 15–19, with an infection rate of 318.5 cases per 100,000, compared to the national rate of 376.8 per 100,000. In 2012, there were a total of 1,268 cases of gonorrhea among young people ages 15–19 reported in Wisconsin.²⁵
- In 2012, Wisconsin ranked 36th in the United States for reported cases of primary and secondary syphilis among young people ages 15–19, with an infection rate of 1 case per 100,000, compared to the national rate of 4.1 per 100,000. In 2012, there were a total of four cases of syphilis among young people ages 15–19 reported in Wisconsin.²⁶

FEDERAL FUNDING FOR SEX EDUCATION, TEEN PREGNANCY PREVENTION, AND ABSTINENCE-ONLY-UNTIL-MARRIAGE 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 FY 2013. 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. OAH utilizes the remaining appropriated funds to provide program support, implementation evaluation, and technical assistance to grantees. TPPI also dedicates \$8.5 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 and minimize 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 2013.

Irwin A. and Robert D. Goodman Center, \$596,723 (FY 2013)

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.²⁷ 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, the Goodman Community Center implements the Madison Empowering Responsibility in Teens (MERIT) program, which targets low-income, predominantly African-American and Latino young people. 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 aims to reach approximately 175 youth annually with the program. The Goodman Community Center partners with Kennedy Heights Community Center and the Lussier Community Education Center in implementation. MERIT uses two curricula, *Making Proud Choices!* and *Making a Difference!*

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.

Division of Adolescent and School Health

The Division of Adolescent and School Health (DASH), within the Centers for Disease Control and Prevention (CDC), provides funding to 17 state and 19 local education agencies to help districts and schools strengthen student health through exemplary sexual health education (ESHE) that emphasizes HIV and other STD prevention, increased access to key sexual health services (SHS), and the establishment of safe and supportive environments (SSE) for students and staff. In addition, DASH funds nine national non-governmental organizations (NGOs) to help state and local education agencies achieve these goals.

- There was one DASH grantee in Wisconsin funded to strengthen student health through ESHE, SHS, and SSE in FY 2013, the Wisconsin Department of Public Instruction (\$225,000).

DASH also funds three local education agencies and one NGO to implement multiple program activities to meet the HIV/STD-prevention needs of young men who have sex with men (YMSM) and to develop strategic partnerships and collaborations between schools and community-based, mental health, and social services organizations to accomplish this work.

- There were no DASH grantees in Wisconsin funded to deliver YMSM programming in FY 2013.

DASH also provides funding for state, territorial, and local education agencies and state health agencies to establish and strengthen systematic procedures to collect and report Youth Risk Behavior Survey (YRBS) and School Health Profiles data for policy and program improvements.

- There was one DASH grantee in Wisconsin funded to collect and report YRBS and School Health Profiles data in FY 2013, the Wisconsin Department of Public Instruction (\$65,000).

Pregnancy Assistance Fund

The Pregnancy Assistance Fund (PAF), administered by OAH, provides expecting and parenting teens, women, fathers, and their families with a network of support services. Established in FY 2010 through a 10-year authorization (FY 2010–FY 2019) in the Affordable Care Act (ACA), PAF is a \$25 million competitive grant program for state and tribal entities. PAF grants support programs that include at least one of the following four components: 1) support for expectant and parenting student services at institutions of higher education; 2) support for expectant and parenting teens, women, fathers, and their families at high schools and community centers; 3) improved services for pregnant women who are victims of domestic violence, sexual violence, sexual assault, and stalking; and 4) increased public awareness and education services for expectant and parenting teens, women, fathers, and their families. Now in the second round of awards, PAF supports 17 entities in 14 states and three tribal entities, most of which focus their efforts on serving teen parents.

- There is one PAF grantee in Wisconsin, the Wisconsin Department of Public Instruction, which received \$1,500,000 for FY 2013.

Wisconsin Department of Public Instruction, \$1,500,000 (FY 2013)

The Wisconsin Department of Public Instruction uses PAF to implement its In School Pregnancy/Parenting Interventions, Resources, and Education Project (InSPIRE), which provides technical and financial assistance to school districts to improve education, economic, health and social outcomes for school-age parents and their children. The Department of Public Instruction uses PAF funds for an estimated 10 grants to public school districts, including 25 targeted high schools. Each grantee is required to provide academic supports, promote post-secondary education, improve parenting skills, provide case management, build a local coalition, facilitate access to child-care services, and strengthen education for school-aged parents.²⁸

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, \$3.1 million for Tribal PREP, for tribes and tribal organizations, and with remaining funds for evaluation, training, and technical assistance. In addition, provisions within the statute for PREP enable a competitive application process for community- and faith-based organizations within states and territories that do not directly seek PREP funding by the third year of the program; these competitive PREP (CPREP) grants were awarded to organizations in five states and three territories in FY 2013. Details on the state grant program, PREIS, Tribal PREP, and CPREP 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 STDs. 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 \$893,112 in federal PREP funds for FY 2013.
- The agency provides a sub-grant²⁹ to the Medical College of Wisconsin to work with six local public and private entities.³⁰

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 young people ages 10–19 from high-risk populations, including geographic areas with high rates of STDs and teen pregnancy, LGBT youth, African-American youth, youth in foster care or the juvenile justice system, and pregnant and parenting teens, 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*.³¹

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 young people 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 2013, 16 tribes and tribal organizations from nine states received a total of \$3.1 million.
- There are no Tribal PREP grantees in Wisconsin.

Competitive Personal Responsibility Education Program (CPREP)

CPREP grants support evidence-based programs that provide young people with medically accurate and age-appropriate information for the prevention of unintended pregnancy, HIV/AIDS, and other STDs. Organizations and institutions in states and territories that did not apply for PREP formula grants in either of the past two fiscal years were eligible to submit competitive applications for CPREP grants. Thirty-seven grants, totaling \$18.6 million, were awarded in FY 2013 to organizations in American Samoa, the Commonwealth of Northern Mariana Islands, Florida, Guam, Indiana, North Dakota, Texas, and Virginia.

- There are no CPREP grantees in Wisconsin.

Title V State Abstinence Education Grant Program

The Title V abstinence-only-until-marriage (Title V AOUM) program, administered by ACF, allocates \$50 million per year to states for FYs 2010–2014. The Title V AOUM 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 Title V AOUM 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 \$661,191 in federal Title V AOUM funding for FY 2013.
- The Wisconsin Department of Children and Families provides sub-grants to Community Advocates, who in turn sub-contracts with the Boys and Girls Club of Greater Milwaukee (\$3,165,501).³²
- In Wisconsin, the match is provided through direct state revenue.

The Wisconsin Department of Children and Families administers the state Title V AOUM program in collaboration with three local entities. The state program targets fifth and sixth grade students in school-based settings and young people ages 10–18 in community-based settings in Milwaukee County. Curricula used for programming include *Children’s Aid Society—Carrera Adolescent Pregnancy Prevention Program (CAS—Carrera)* and *Promoting Health Among Teens! (PHAT)—Abstinence-Only Intervention*.³³

Competitive Abstinence Education Grant Program

Administered by the ACF, the Competitive Abstinence Education (CAE) grant program provides grants for “abstinence education” as defined by the A–H statute in Title V of the Social Security Act, as well as for mentoring, counseling, and adult supervision that promotes abstinence outside of marriage. As currently implemented by ACF, the programs must also be medically accurate. In FY 2013, \$4.3 million was granted through a competitive application process to 10 grantees across nine states, in addition to the nine grantees implementing the second year of their CAE awards in some overlapping and additional states, for a total of 19 CAE grantees in 14 states.

- There are no CAE grantees in Wisconsin.

Wisconsin TPPI, DASH, PAF, PREP, Title V AOUM, and CAE Funding in FY 2013

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	

W I S C O N S I N

Grantee	Award	Fiscal Years
Division of Adolescent and School Health (DASH)		
Wisconsin Department of Public Instruction	\$290,000	2013–2017
TOTAL	\$290,000	
Pregnancy Assistance Fund (PAF)		
Wisconsin Department of Public Instruction	\$1,500,000	2013
TOTAL	\$1,500,000	
Personal Responsibility Education Program (PREP)		
<i>PREP State-Grant Program</i>		
Wisconsin Department of Health Services (federal grant)	\$893,112	2013
TOTAL	\$893,112	
Title V Abstinence-Only-Until-Marriage Program (Title V AOUM)		
Wisconsin Department of Children and Families	\$661,961	2013
TOTAL	\$661,961	
GRAND TOTAL		
	\$3,941,796	2013

POINTS OF CONTACT

Adolescent Health Contact³⁴ and PREP State-Grant Coordinator

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¹ This refers to the federal government’s fiscal year, which begins on October 1 and ends on September 30. The fiscal year is designated by the calendar year in which it ends; for example, FY 2013 began on October 1, 2012, and ended on September 30, 2013.

² Wis. Stat § 118.019 (2) <http://docs.legis.wisconsin.gov/2011/related/acts/216>.

³ Wis. Stat § 118.019 (2) (a) 1.

⁴ Wis. Stat § 118.019 (2) (a) 2.

⁵ Wis. Stat § 118.019 (2) (a) 5.

⁶ Wis. Stat § 118.019 (2) (a) 10.

⁷ Wis. Stat. § 118.019 (2) (a) 11.

⁸ Wis. Stat. § 118.019(2)(d).

⁹ Wis. Stat. § 115.35(1), <http://nxt.legis.state.wi.us/nxt/gateway.dll?f=templates&fn=default.htm&d=stats&id=115.35>.

¹⁰ *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.

¹¹ 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\\$g=\[field%20folio-destination-name:%27118.019%27\]\\$x=Advanced#0-0-0-173679](http://nxt.legis.state.wi.us/nxt/gateway.dll/Statutes%20Related/Wisconsin%20Statutes/5859/5864?f=templates$fn=document-frameset.htm$g=[field%20folio-destination-name:%27118.019%27]$x=Advanced#0-0-0-173679).

¹² Wis. Stat. § 118.019(4),

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

¹³ Kann, Laura, et al., “Youth Risk Behavior Surveillance—United States, 2013,” *Surveillance Summaries, Morbidity and Mortality Weekly Report*, Vol. 63, No. 4 (June 13, 2014): accessed July 17, 2014, <http://www.cdc.gov/mmwr/pdf/ss/ss6304.pdf> Note: Milwaukee also participated in the 2013 YRBS.

¹⁴ Kost, K., and S. Henshaw, *U.S. Teenage Pregnancies, Births, and Abortions, 2010: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2014), accessed July 8, 2014, <http://www.guttmacher.org/pubs/USTPtrends10.pdf>, Table 3.1.

¹⁵ *Ibid.*, Table 3.2.

¹⁶ Martin, J.A., et al., *Births: Final Data for 2012*. National Vital Statistics Reports, Vol. 62, No. 9 (December 30, 2013), accessed July 30, 2014, http://www.cdc.gov/nchs/data/nvsr/nvsr62/nvsr62_09.pdf. Table 12.

¹⁷ Centers for Disease Control and Prevention, VitalStats Interactive Data Tables, Hyattsville, MD: National Center for Health Statistics, <http://www.cdc.gov/nchs/vitalstats.htm>.

¹⁸ Kost, K., and S. Henshaw, *U.S. Teenage Pregnancies, Births, and Abortions, 2010: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2014), accessed July 8, 2014, <http://www.guttmacher.org/pubs/USTPtrends10.pdf>, Table 3.1.

¹⁹ *Ibid.*, Table 3.2.

²⁰ Slide 9: “Rates of Diagnosis of HIV Infection among Adolescents Aged 13–19 Years, 2011—United States and 6 Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), accessed May 30, 2013, <http://bit.ly/1dbYpAJ>.

²¹ Slide 18: “Rates of Stage 3 (AIDS) Classifications among Adolescents Aged 13–19 Years with HIV Infection, 2011—United States and 6 Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), accessed May 30, 2013, <http://bit.ly/1dbYpAJ>.

²² Slide 10: “Rates of Diagnoses of HIV Infection among Young Adults Aged 20–24 Years, 2011—United States and 6 Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), accessed May 30, 2013, <http://bit.ly/1dbYpAJ>.

²³ Slide 19: “Rates of Stage 3 (AIDS) Classifications among Adolescents Aged 20–24 Years with HIV Infection, 2011—United States and 6 Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), accessed May 30, 2013, <http://bit.ly/1dbYpAJ>.

²⁴ NCHHSTP Atlas, “STD Surveillance Data.” (Atlanta, GA: Centers for Disease Control and Prevention), accessed June 10, 2013, <http://gis.cdc.gov/GRASP/NCHHSTPAtlas/main.html>.

²⁵ *Ibid.*

²⁶ *Ibid.*

²⁷ “Mission & Goals,” Goodman Community Center, accessed June 15, 2011, <http://www.goodmancenter.org/about-center/mission-goals>.

²⁸ “Wisconsin Department of Public Instruction,” Office of Adolescent Health, U.S. Department of Health and Human Services, accessed September 23, 2014, <http://www.hhs.gov/ash/oah/grants/grantees/paf-wi.html>.

²⁹ Sub-grantees: AIDS Resource Center of Wisconsin (\$75,000), Center for Self Sufficiency (\$100,000), Community Action Agency of Rock and Walworth Counties (\$100,000), Neighborhood House of Milwaukee (\$100,000), Racine Family YMCA (\$100,000), and Silver Spring Neighborhood Center (\$100,000).

³⁰ Information provided by Millie Jones, MPH, family health clinical consultant, Division of Public Health, Wisconsin Department of Children and Families, August 6, 2014.

³¹ *Ibid.*

³² Funding amount includes additional funds from the Brighter Futures Initiative program. Information provided by Yolanda Shelton-Morris, youth services coordinator, Office of Youth Services Wisconsin Department of Children and Families, June 25, 2014.

³³ *Ibid.*

³⁴ The person listed represents the designated personnel in the state responsible for adolescent reproductive health.