



CALIFORNIA

In Fiscal Year 2010¹, the state of California received:

- **Personal Responsibility Education Program funds totaling \$6,553,554**

In Fiscal Year 2010, local entities in California received:

- **Teen Pregnancy Prevention Initiative funds totaling \$6,832,711**
- **Personal Responsibility Education Innovative Strategies funds totaling \$797,255**

SEXUALITY EDUCATION LAW AND POLICY

California does not require schools to teach sexuality education, though they are required to teach HIV/AIDS education to students at least once in middle school and once in high school. If schools do teach additional sexuality education, which they are permitted to do in kindergarten through 12th grade, they must follow certain guidelines.

California state law requires that all instruction be age-appropriate and medically accurate, which is defined as “verified or supported by research conducted in compliance with scientific methods and published in peer-reviewed journals, where appropriate, and recognized as accurate and objective by professional organizations and agencies with expertise in the relevant field, such as the federal Centers for Disease Control and Prevention, the American Public Health Association, the American Academy of Pediatrics, and the American College of Obstetricians and Gynecologists.”²

In addition, California law stipulates that “instruction and materials shall be appropriate for use with pupils of all races, genders, sexual orientations, ethnic and cultural backgrounds, and pupils with disabilities.”³ Furthermore, programs “may not promote or teach religious doctrine.”⁴ Instruction must also encourage parent-child communication about sexuality.

Beginning in grade seven, all human sexuality instruction must include information about abstinence “while also providing medically accurate information on other methods of preventing pregnancy and sexually transmitted diseases (STDs).”⁵ This instruction must “provide information about the effectiveness and safety of all FDA-approved contraceptive methods in preventing pregnancy, including, but not limited to, emergency contraception.”⁶

Each school district must provide in-service training for all teachers and school employees who teach HIV-prevention education. School districts may contract with outside consultants either to teach students or provide the in-service training. California also mandates that all community-based programs using state funds or state-implemented funds to prevent unintended pregnancies and STDs adhere to requirements similar to those for school-based programs; instruction must be medically accurate, age-appropriate, culturally and linguistically appropriate for its intended audience, and comprehensive.

Parents or guardians may remove their children from sexuality education and/or STD/HIV education classes. This is referred to as an “opt-out” policy.

See California Education Code §§ 51930–51939, California Health and Safety Code §§ 151000–151003, *Health Education Content Standards for California Public Schools: Kindergarten Through Grade Twelve, and Health Education Framework for California Public Schools: Kindergarten Through Grade Twelve.*

RECENT LEGISLATION

SIECUS is not aware of any recent legislation regarding sexuality education in California.

YOUTH SEXUAL HEALTH DATA

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

California Youth Risk Behavior Survey (YRBS) Data⁷

Los Angeles, California

- In 2009, 33% of female high school students and 44% of male high school students in Los Angeles, California reported ever having had sexual intercourse compared to 46% of female high school students and 46% of male high school students nationwide.
- In 2009, 2% of female high school students and 9% of male high school students in Los Angeles, California reported having had sexual intercourse before age 13 compared to 3% of female high school students and 8% of male high school students nationwide.
- In 2009, 4% of female high school students and 14% of male high school students in Los Angeles, California reported having had four or more lifetime sexual partners compared to 11% of female high school students and 16% of male high school students nationwide.
- In 2009, 23% of female high school students and 28% of male high school students in Los Angeles, California reported being currently sexually active (defined as having had sexual intercourse in the three months prior to the survey) compared to 36% of female high school students and 33% of male high school students nationwide.
- In 2009, among those high school students who reported being currently sexually active, 54% of females and 67% of males in Los Angeles, California reported having used condoms the last time they had sexual intercourse compared to 54% of females and 69% of males nationwide.
- In 2009, among those high school students who reported being currently sexually active, 8% of females and 8% of males in Los Angeles, California reported having used birth control pills the last time they had sexual intercourse compared to 23% of females and 16% of males nationwide.

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- In 2009, among those high school students who reported being currently sexually active, 13% of females and 24% of males in Los Angeles, California reported having used alcohol or drugs the last time they had sexual intercourse compared to 17% of females and 26% of males nationwide.
- In 2009, 85% of high school students in Los Angeles, California reported having been taught about AIDS/HIV in school compared to 87% of high school students nationwide.

San Bernardino, California

- In 2009, 40% of female high school students and 58% of male high school students in San Bernardino, California reported ever having had sexual intercourse compared to 46% of female high school students and 46% of male high school students nationwide.
- In 2009, 3% of female high school students and 12% of male high school students in San Bernardino, California reported having had sexual intercourse before age 13 compared to 3% of female high school students and 8% of male high school students nationwide.
- In 2009, 7% of female high school students and 22% of male high school students in San Bernardino, California reported having had four or more lifetime sexual partners compared to 11% of female high school students and 16% of male high school students nationwide.
- In 2009, 30% of female high school students and 41% of male high school students in San Bernardino, California reported being currently sexually active (defined as having had sexual intercourse in the three months prior to the survey) compared to 36% of female high school students and 33% of male high school students nationwide.
- In 2009, among those high school students who reported being currently sexually active, 55% of females and 63% of males in San Bernardino, California reported having used condoms the last time they had sexual intercourse compared to 54% of females and 69% of males nationwide.
- In 2009, among those high school students who reported being currently sexually active, 6% of females and 9% of males in San Bernardino, California reported having used birth control pills the last time they had sexual intercourse compared to 23% of females and 16% of males nationwide.
- In 2009, among those high school students who reported being currently sexually active, 16% of females and 28% of males in San Bernardino, California reported having used alcohol or drugs the last time they had sexual intercourse compared to 17% of females and 26% of males nationwide.
- In 2009, 81% of high school students in San Bernardino, California reported having been taught about AIDS/HIV in school compared to 87% of high school students nationwide.

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San Diego, California

- In 2009, 34% of female high school students and 44% of male high school students in San Diego, California reported ever having had sexual intercourse compared to 46% of female high school students and 46% of male high school students nationwide.
- In 2009, 3% of female high school students and 7% of male high school students in San Diego, California reported having had sexual intercourse before age 13 compared to 3% of female high school students and 8% of male high school students nationwide.
- In 2009, 7% of female high school students and 15% of male high school students in San Diego, California reported having had four or more lifetime sexual partners compared to 11% of female high school students and 16% of male high school students nationwide.
- In 2009, 25% of female high school students and 30% of male high school students in San Diego, California reported being currently sexually active (defined as having had sexual intercourse in the three months prior to the survey) compared to 36% of female high school students and 33% of male high school students nationwide.
- In 2009, among those high school students who reported being currently sexually active, 62% of females and 69% of males in San Diego, California reported having used condoms the last time they had sexual intercourse compared to 54% of females and 69% of males nationwide.
- In 2009, among those high school students who reported being currently sexually active, 20% of females and 16% of males in San Diego, California reported having used birth control pills the last time they had sexual intercourse compared to 23% of females and 16% of males nationwide.
- In 2009, among those high school students who reported being currently sexually active, 17% of females and 24% of males in San Diego, California reported having used alcohol or drugs the last time they had sexual intercourse compared to 17% of females and 26% of males nationwide.
- In 2009, 88% of high school students in San Diego, California reported having been taught about AIDS/HIV in school compared to 87% of high school students nationwide.

San Francisco, California

- In 2009, 25% of female high school students and 33% of male high school students in San Francisco, California reported ever having had sexual intercourse compared to 46% of female high school students and 46% of male high school students nationwide.
- In 2009, 2% of female high school students and 9% of male high school students in San Francisco, California reported having had sexual intercourse before age 13 compared to 3% of female high school students and 8% of male high school students nationwide.

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- In 2009, 6% of female high school students and 14% of male high school students in San Francisco, California reported having had four or more lifetime sexual partners compared to 11% of female high school students and 16% of male high school students nationwide.
- In 2009, 19% of female high school students and 22% of male high school students in San Francisco, California reported being currently sexually active (defined as having had sexual intercourse in the three months prior to the survey) compared to 36% of female high school students and 33% of male high school students nationwide.
- In 2009, among those high school students who reported being currently sexually active, 54% of females and 59% of males in San Francisco, California reported having used condoms the last time they had sexual intercourse compared to 54% of females and 69% of males nationwide.
- In 2009, among those high school students who reported being currently sexually active, 12% of females and 17% of males in San Francisco, California reported having used birth control pills the last time they had sexual intercourse compared to 23% of females and 16% of males nationwide.
- In 2009, among those high school students who reported being currently sexually active, 15% of females and 27% of males in San Francisco, California reported having used alcohol or drugs the last time they had sexual intercourse compared to 17% of females and 26% of males nationwide.
- In 2009, 85% of high school students in San Francisco, California reported having been taught about AIDS/HIV in school compared to 87% of high school students nationwide.

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

Teen Pregnancy, Birth, and Abortion

- California's teen birth rate currently ranks 30th in the United States, with a rate of 38.4 births per 1,000 young women ages 15–19 compared to the national rate of 41.5 births per 1,000.⁸ In 2008, there were a total of 49,304 live births reported to young women ages 15–19 in California.⁹
- In 2005, California's teen pregnancy rate ranked 16th in the United States, with a rate of 75 pregnancies per 1,000 young women ages 15–19 compared to the national rate of 70 pregnancies per 1,000.¹⁰ There were a total of 96,490 pregnancies among young women ages 15–19 reported in California.¹¹
- In 2005, California's teen abortion rate ranked 6th in the United States, with a rate of 26 abortions per 1,000 young women ages 15–19 compared to the national rate of 19 abortions per 1,000.¹²

HIV and AIDS

- California's AIDS rate ranks 10th in the United States, with a rate of 13.2 cases per 100,000 individuals compared to the national rate of 12.3 cases per 100,000.¹³

- California ranks 1st in number of reported AIDS cases in the United States among all age groups. In 2008, there were a total of 4,835 new AIDS cases reported in California.¹⁴
- California's AIDS rate among young people ages 13–19 ranks 18th in the United States, with a rate of 6.6 cases per 100,000 young people compared to the national rate of 1.8 cases per 100,000.¹⁵

Sexually Transmitted Diseases

- California ranks 34th in reported cases of Chlamydia among young people ages 15–19 in the United States, with an infection rate of 27.37 cases per 1,000 compared to the national rate of 19.51 cases per 1,000. In 2008, there were a total of 5,408 cases of Chlamydia reported among young people ages 15–19 in California.¹⁶
- California ranks 7th in reported cases of gonorrhea among young people ages 15–19 in the United States, with an infection rate of 7.57 cases per 1,000 compared to the national rate of 4.52 cases per 1,000. In 2008, there were a total of 1,496 cases of gonorrhea reported among young people ages 15–19 in California.¹⁷
- California ranks 16th in reported cases of primary and secondary syphilis among young people ages 15–19 in the United States, with an infection rate of 0.03 cases per 1,000 compared to the national rate of 0.04 cases per 1,000. In 2008, there were a total of 75 cases of syphilis reported among young people ages 15–19 in California.¹⁸

FEDERAL FUNDING FOR SEX EDUCATION, TEEN PREGNANCY PREVENTION, AND ABSTINENCE-ONLY PROGRAMS

President's Teen Pregnancy Prevention Initiative

The President's Teen Pregnancy Prevention Initiative (TPPI) funds medically accurate and age-appropriate programs to reduce teen pregnancy. The U.S. Department of Health and Human Services, Office of Adolescent Health (OAH) administers the grant program, which totaled \$110 million in discretionary funding for Fiscal Year 2010. TPPI consists of two funding tiers that provide grants to local public and private entities. Tier 1 totals \$75 million and provides funding for the replication of evidence-based programs proven to prevent unintended teen pregnancy and address underlying behavioral risk factors. Tier 2 totals \$25 million and provides funding to develop and test additional models and innovative strategies. A portion of the Tier 2 funds, \$15.2 million, was allocated for research and demonstration grants to test innovative approaches, while the remaining funding, \$9.8 million, was allocated for grants to support communitywide initiatives. TPPI also dedicates \$4.5 million in funding to conduct evaluations of individual programs.

TPPI Tier 1: Evidence-Based Programs

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

- Local organizations in California received \$5,874,147 in TPPI Tier 1 funding for Fiscal Year 2010.
- There are seven TPPI Tier 1 grantees in California: Alameda County Health Care Services Agency; Community Action Partnership of San Luis Obispo County, Inc.; Contra Costa Health Services;

Golden Valley Health Centers; Health Research Association; San Diego Youth Services; and Tulare Community Health Clinic.

Alameda County Public Health Department, \$965,683 (2010–2014)

Alameda County is the seventh most populous county in California. The city of Oakland serves as the county seat. Alameda County Public Health Department (ACPHD) uses its TPPI Tier 1 funding to enhance its already-existing initiative, “Project HOPE (Helping Oakland and surrounding areas Prevent Teen Pregnancy via Education),” “a multifaceted, community driven teen pregnancy prevention program.”¹⁹ “Project H.O.P.E.” serves 3,000 youth annually, providing services such as comprehensive sexuality education, peer-leadership education, and education for parents of adolescents. It seeks to reduce unintended teenage pregnancy and absentee fatherhood, promote responsible parenting, and increase the involvement of fathers in their child’s development.²⁰ The program targets youth in the West/East Oakland and Ashland/San Lorenzo communities.

With its Tier 1 grant the public health department has expanded “Project HOPE” to target all sixth grade students, ages 11–13, enrolled in the 18 middle schools within the Oakland Unified School District (OUSD).²¹ ACPHD partners with the community-based organizations Asian Health Services and Girls, Inc. of Alameda County to implement the program.²²

“Project HOPE” uses *Making Proud Choices!*, 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.”²³ 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.²⁴

The overall goal of the expanded program is to reduce the rates of teen pregnancy, HIV, and STDs among at-risk youth living in areas of Oakland with high teen birth rates. ACPHD plans for the program to reach 2,654 youth each year.

Community Action Partnership Network of San Luis Obispo County, Inc., \$426,507 (2010–2014)

The Community Action Partnership Network of San Luis Obispo County, Inc. (CAPSLO) is a private, non-profit, Public Benefit Corporation. In its mission statement, CAPSLO pledges “to empower individuals and families to achieve economic self-sufficiency and self-determination through a comprehensive array of community-based programs and actions” as part of a commitment to the elimination of the causes of poverty.²⁵ CAPSLO serves a population of 43,000 across San Luis Obispo County and nine other central and southern California counties (Fresno, Kern, Monterey, Orange, Santa Barbara, San Benito, San Joaquin, and Ventura).²⁶ Its services include assistance with employment, housing, medical services, energy subsidies, weatherization, child care, and pre-school education.²⁷

With its TPPI funding, CAPSLO implements *Cuidate!*, 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.²⁸

CAPSLO's program targets Latino youth, ages 13–18. The intervention is based in schools and agency sites across San Luis Obispo County. The overall goal of the program are to emphasize cultural values that influence positive attitudes, beliefs, behavior, and self-efficacy regarding preventing unintended pregnancy and STDs, including HIV. CAPSLO plans for its program to reach approximately 600 youth each year.

Contra Costa Health Services, \$999,117 (2010–2014)

Contra Costa Health Services (CCHS) is a county health system and a department of the Contra Costa County government. In its mission statement, CCHS names as a department-wide goal the reduction of health disparities “by addressing issues of diversity and linguistic and cultural competence.”²⁹ Its facilities receive over 64,000 visitors each year.³⁰

With its TPPI funding, the county health system provides programming to middle school and high students at six middle schools and six high schools in Pittsburg, Richmond, and San Pablo, California. The intervention uses *Draw the Line/Respect the Line* for middle-school students, ages 11–14, and *Reducing the Risk* for high-school students ages 14–15.³¹

Draw the Line/Respect the Line is an evidence-based program designed to teach youth in grades six through eight to postpone sexual involvement while providing information about condoms and contraception. The school-based curriculum consists of 19 sessions divided between grades six through eight and includes group discussions, small group activities, and role playing exercises focused on teaching youth how to establish and maintain boundaries regarding sexual behavior. Lessons for sixth grade students address using refusal skills; lessons for the seventh grade focus on setting sexual limits, the consequences of unprotected sex, and managing sexual pressure; and eighth grade students practice refusal and interpersonal skills and receive HIV/STD-prevention education. The program also includes individual teacher consultations and parent engagement through homework activities. Although it is designed for use in the classroom, the program may also be delivered in a community-based setting. An evaluation of the program published in the *American Journal of Public Health* found, at a one-, two-, and three-year follow-up, that male participants were significantly less likely to report ever having had sexual intercourse or having had sexual intercourse during the previous 12 months compared to participants in the control group.³²

Reducing the Risk: Building Skills to Prevent Pregnancy, STD and HIV is an evidence-based, pregnancy-, STD-, and HIV-prevention curriculum designed for classroom use with students in the ninth and tenth grades. It is appropriate for use with multi-ethnic populations.³³ *Reducing the Risk* aims to reduce high-risk behaviors among participants and emphasizes strategies for abstaining from sex or practicing safer sex. The 16-lesson curriculum addresses both abstinence and contraception use and includes experiential activities that teach students to develop refusal, negotiation, and communication skills. An evaluation of the program published in *Family Planning Perspectives* found that it increased parent-child communication, especially among Latino youth, delayed the initiation of sexual intercourse, and reduced incidence of unprotected sex among lower-risk youth who participated in the program.³⁴

Contra Costa Health Services also provides students with referrals to its health care facilities, including 13 school-based health clinics in the Contra Costa community. The program plans to reach approximately 12,400 youth per year.³⁵

Golden Valley Health Centers, \$676,889 (2010–2014)

Golden Valley Health Centers (GVHC) is a private, non-profit Federally Qualified Health Center system consisting of community health centers that provide comprehensive primary medical care and dental care throughout Merced and Stanislaus counties of central California's San Joaquin Valley. These health centers include 21 clinical sites, eight dental sites, two women's health centers, and a homeless health care program.³⁶ GVHC focuses on serving "an ethnically diverse population" of "migrant and seasonal farm workers, Southeast Asian refugees, and the homeless."³⁷

With its TPPI funding, GVHC provides programming to predominantly Latino females ages 14–23 using *Safer Sex*, a clinic-based intervention designed for female adolescents. The intervention is delivered to participants in a one-on-one setting and seeks to reduce their incidence of STD infection and improve their efficacy of condom use. The intervention is implemented by a female health educator and begins with the viewing of a brief video clip that uses celebrities to dramatize buying condoms as well as negotiating condom use. The video is followed by a 30-minute discussion with the health educator, which is tailored to meet the interests and risk level of the individual participant. The discussion addresses the consequences of having unprotected sex, methods for preventing unintended pregnancy and STDs, including HIV, secondary abstinence, and condom-use skills. Participants also conduct a self-assessment to evaluate their sexual risk and are provided with written information about safer sex and contraception use. In addition, the intervention includes one-, three-, and six-month booster sessions at which time participants are invited back to the clinic for follow-up. An evaluation of the program published in the *Archives of Pediatrics and Adolescent Medicine* found, at a six-month follow-up, that the intervention reduced the incidence of multiple sexual partners among participants.³⁸

The overall goal of GVHC's program is "to reduce the incidence of STDs and improve condom use" among participants.³⁹ GVHC will deliver the intervention at 18 of its clinical sites and plans to serve up to 5,260 young women through the program.⁴⁰

San Diego Youth Services \$1,289,263 (2010–2014)

San Diego Youth Services (SDYS) is a non-profit charitable organization focused on homeless and at-risk youth. The organization operates 15 major locations in San Diego County and serves more than 9,000 children and their families each year, providing emergency services, professional help, and safe living space.⁴¹

With its TPPI funding, SDYS implements the "CAT + Project," which is an enhancement to SDYS' existing project, Community Assessment Team (CAT), a preventive intervention program that assists families with youth experiencing behavioral, social, or juvenile justice issues. CAT is a collaboration between SDYS and four other San Diego-area agencies: Mental Health Systems, North County Lifeline, Social Advocates for Youth San Diego, and South Bay Community Services.⁴²

The "CAT + Project" is a 16-module program implemented in communities in the North Coastal region with historically high rates of teen pregnancy. SDYS' program targets young people ages 13–19 that are either involved in the juvenile justice system or are considered at-risk due to issues such as truancy and homelessness. Youth are referred to the program by the Probation Department, police departments, schools, community partners, and parents or guardians. It aims to reduce rates of teen pregnancy and STDs across San Diego County.⁴³ The program primarily serves Latino youth.

"CAT + Project" uses *Reducing the Risk*. (Please see the description of Contra Costa Health Services' program above for more information on *Reducing the Risk*.) SDYS plans to reach 2,160 youth annually through the program.⁴⁴

Tulare Community Health Clinic, \$562,161 (2010–2014)

Tulare Community Health Clinic is a non-profit health center that provides medical and dental care to the Tulare community. With its TPPI funding, Tulare Community Health Clinic provides programming to

middle and high school students in Alpaugh and Tulare, California, which are both rural communities. The program uses *Draw the Line/Respect the Line* with students in grades six through eight and *Reducing the Risk* with ninth grade students. (Please see the information above on Contra Costa Health Services for a description of *Draw the Line/Respect the Line* and *Reducing the Risk*.) Both curricula are taught by school nurse practitioners and delivered in schools with high migrant student enrollment. The program serves middle and high students at Alpaugh School and ninth grade students at four high schools in the Tulare Joint Union High School District: Mission Oaks High School, Tulare Tech Prep High School, Tulare Union High School, and Tulare Western High School. The overall goal of the program is to reduce the incidence of teenage pregnancy in the targeted communities by 20 percent. Tulare Community Health Clinic plans for the program to reach approximately 1,000 youth each year.⁴⁵

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.

- Local entities in California received \$958,564 in TPPI Tier 2 Innovative Approaches funding for Fiscal Year 2010.
- There are two TPPI Tier 2 Innovative Approaches grantees in California: San Bernardino County Superintendent of Schools and Volunteers of America of Los Angeles.

San Bernardino County Superintendent of Schools, \$458,564 (2010–2014)

The Office of the Superintendent of Schools for San Bernardino County uses its TPPI Tier 2 grant to implement and test *Positive Prevention PLUS: Sexual Health Education for California Youth* in seven rural and suburban high schools chosen for their high enrollment of minority or lower-income youth and low academic achievement. *Positive Prevention PLUS* is an adaptation of *Positive Prevention: HIV/STD Prevention Education for California Youth*, which is a “research-validated” HIV/STD-prevention curriculum designed for use with middle school and high school students; alternative students, including home-schooled and special education students; and developmentally disabled adults in a classroom setting.⁴⁶ (Please see the Comprehensive Sex Education Programs in Public Schools section below for more information.) The program plans to serve approximately 2,500 students each year.⁴⁷

Volunteers of America Los Angeles, \$500,000 (2010–2014)

Volunteers of America Los Angeles (VOALA) is a community-based “human services organization committed to serving people in need, strengthening families, and building communities.”⁴⁸ It operates a wide variety of youth programs including tutoring, mentoring, and leadership development. Girls Inc. of Greater Los Angeles (GIGLA), a project of Volunteers of America Los Angeles, implements the organization’s TPPI Tier 2 grant and provides programming to middle school and high school students in five neighborhoods in Los Angeles: Hollywood, Boyle Heights, West Los Angeles, East Los Angeles, and South Los Angeles. The overall goal of the program is to give young women the support, skills, insights, values, and motivation they need to delay or decrease sexual activity.

The Tier 2 program uses the *Preventing Adolescent Pregnancy Program* curricula series that consists of four medically accurate and age-appropriate curricula: *Growing Up! Body Basics/Growing Together*, *Will Power/Won't Power*, *Taking Care of Business*, and *Health Bridge*. The curricula are interactive provide information on how to prevent unintended pregnancy and sexually transmitted diseases (STDs), including HIV.⁴⁹

Through the program participants are referred to community health services as necessary. In addition, GIGLA invites participants’ parents and guardians to annual sexuality education workshops. The program serves 320 young women each year.

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 California.

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 California Department of Public Health, Office of Family Planning received \$6,553,554 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 California Department of Public Health, Office of Family Planning (OFP) implements the state’s PREP grant program and will award sub-grants to local public and private entities to provide school- and community-based programming to youth. The program will operate in 19 counties which were chosen due to the high risk of unintended pregnancy or STD infection, including HIV, that young people residing in those counties experience. The 19 counties selected also exhibit other socio-economic factors that contribute to increased risk behaviors among youth, such as high incidence of youth homelessness, youth gang activity, and higher numbers of youth in the juvenile justice system.⁵⁰ Sub-grantees must implement one or more of the following evidence-based program(s) that have been approved for use:

- *All4You!*
- *Be Proud! Be Responsible!*
- *Be Proud! Be Responsible! Be Protective!*
- *¡Cuidate!*

- *Draw the Line/Respect the Line*
- *HIV Risk Reduction Among Detained Adolescents*
- *Horizons*
- *Making a Difference!*
- *Making Proud Choices!*
- *Reducing the Risk*
- *SiHLE (Sisters Informing, Healing, Living, and Empowering)*
- *Sisters Saving Sisters*

The majority of these programs appear on the list of 28 evidence-based programs approved for use by the Office of Adolescent Health for replication with Tier 1 Teen Pregnancy Prevention Initiative funds. (Please see the TPPI Tier 1: Evidence-Based Programs section above for descriptions of *¡Cuidate!*, *Draw the Line/Respect the Line*, *Making Proud Choices!*, and *Reducing the Risk*. Please also refer to the [OAH Intervention Implementation Reports](#) for more information about these programs.)

Personal Responsibility Education Innovative Strategies (PREIS)

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

- There is one PREIS grantee in California, Childrens Hospital of Los Angeles, which received \$797,255 in PREIS funds for Fiscal Year 2010.

Childrens Hospital Los Angeles, \$797,255 (2010–2014)

Childrens Hospital Los Angeles partners with El Nido Family Centers, also located in the greater Los Angeles area, to implement an adaptation of the *Project AIM (Adult Identity Mentoring)* called *Teen Parent Project AIM*. The program serves approximately 1,400 young pregnant women or teenage mothers ages 14–18 from Adolescent Family Life and Cal Learn sites in the Los Angeles metropolitan area as well as the San Fernando Valley, South Los Angeles, and the Antelope Valley.

Project AIM (Adult Identity Mentoring) is an evidence-based youth development program designed to help adolescents identify their future goals and consider how engaging in risky behavior may negatively impact their ability to achieve those goals. The program is based on the “Theory of Possible Selves,” which proposes that an individual’s motivation is determined by the ability to imagine his future self. Those that are capable of imagining both possible positive and negative futures are therefore more inclined to work toward their life goals.⁵¹ The school-based intervention consists of 10 sessions which are divided into four units: 1) Legacy, Role Models, and Peers; 2) Self-Projection: Expanding Visions of Possible Selves; 3) Self-Expression through Work: Development of Possible Self; and 4) Skills of Fulfilling Positive Future Possible Selves.⁵² The lessons consist of group discussions, interactive activities, and role-playing exercises to encourage youth to explore their personal interests, social surroundings, and their goals for their future adult life.⁵³ *Project AIM* is designed for use with African-American youth ages 11–14 and is also appropriate for use with Latino youth. Although it is a school-based program, it can also be implemented in community-based settings. An evaluation of the program published in the *Journal of Adolescent Medicine* found that at a 19-week follow-up, adolescents who participated in the program were significantly less likely to report having had sexual intercourse than participants in the control group; and, at a one-year follow-up, male participants were significantly less likely to report having had sexual intercourse than participants in the control group.⁵⁴

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.

- California chose not to apply for Title V abstinence-only funds for Fiscal Year 2010.

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

Grantee	Award	Fiscal Years
Teen Pregnancy Prevention Initiative (TPPI)		
<i>TPPI Tier 1: Replication of Evidence-Based Programs</i>		
Alameda County Health Care Services Agency	\$965,683	2010–2014
Community Action Partnership of San Luis Obispo County, Inc.	\$426,507	2010–2014
Contra Costa Health Services	\$999,117	2010–2014
Golden Valley Health Centers	\$676,889	2010–2014
Health Research Association	\$954,527	2010–2014
San Diego Youth Services	\$1,289,263	2010–2014
Tulare Community Health Clinic	\$562,161	2010–2014
TOTAL	\$5,874,147	
<i>TPPI Tier 2: Innovative Approaches</i>		
San Bernardino County Superintendent of Schools	\$458,564	2010–2014
Volunteers of America of Los Angeles	\$500,000	2010–2014
TOTAL	\$958,564	
Personal Responsibility Education Program (PREP)		
<i>PREP State-Grant Program</i>		
California Department of Public Health (federal grant)	\$6,553,554	2010
TOTAL	\$6,553,554	
<i>Personal Responsibility Education Innovative Strategies</i>		
Childrens Hospital of Los Angeles	\$797,255	2010–2014
TOTAL	\$797,255	
GRAND TOTAL	\$14,183,520	2010

COMPREHENSIVE APPROACHES TO SEXUALITY EDUCATION

*SIECUS has identified some examples of model programs, policies, and best practices being implemented in California public schools that provide a more comprehensive approach to sex education for young people.*⁵⁵

Updated State Health Education Standards

Health Education Content Standards for California Public Schools, Kindergarten through Grade Twelve

In March 2008, the California State Board of Education adopted the state's first-ever health education content standards, *Health Education Content Standards for California Public Schools, Kindergarten through Grade Twelve*. While the standards are not binding, "local educators are encouraged to apply [the] standards when developing curricular and instructional strategies for health education."⁵⁶ The health education content standards were developed to comply with a state law passed in 2005 requiring the State Board of Education to adopt content standards for health. The standards focus on providing youth with the skills "to make healthy choices and avoid high-risk behaviors."⁵⁷

The education standards are organized into six content areas, with Growth, Development and Sexual Health listed as one. The standards recommend that sexual health is addressed in grades five, seven and eight, as well as in high school. Beginning in grade five, the standards suggest that essential concepts for Growth, Development and Sexual Health instruction discuss "the human cycle of reproduction," the human reproductive system, and puberty, and provide definitions for the terms sexually transmitted disease, HIV, and AIDS.⁵⁸ For grades six and seven, essential concepts for instruction include, among others, "explain the effectiveness of abstinence in preventing HIV, other STDs, and unintended pregnancy," "explain the effectiveness of FDA-approved condoms and other contraceptives in preventing HIV, other STDs, and unintended pregnancy," and "recognize that there are individual differences in growth and development, physical appearance, gender roles, and sexual orientation."⁵⁹ Essential concepts for high school grade levels include, among others, "discuss the characteristics of healthy relationships, dating, committed relationships, and marriage," "identify why abstinence is the most effective method for the prevention of HIV, other STDs and pregnancy," and "evaluate the safety and effectiveness, (including success and failure rates) of FDA-approved condoms and other contraceptives in preventing HIV, other STDs, and pregnancy."⁶⁰

Comprehensive Sex Education Programs in Public Schools

Los Angeles Unified School District

The Los Angeles Unified School District (LAUSD) requires that all teachers and administrators for grades K–12 comply with the statutes of the California Comprehensive Sexual Health and HIV/AIDS Prevention Education Act, and therefore mandates schools to "provide students with the knowledge and skills necessary to protect their sexual health and reproductive health from unintended pregnancies and sexually transmitted diseases" and to "encourage all students to develop healthy attitudes about adolescent growth and development, body image, gender roles, sexual orientation, dating, marriage, and family."⁶¹

In compliance with the states *Comprehensive Sexual Health and HIV/AIDS Prevention Education Act* requirement to provide HIV/AIDS-prevention education to students in grades seven through 12 at least once in middle school and once in high school, LAUSD students must receive such instruction for five class periods in middle school and five class periods in high school.⁶² Among other requirements, HIV/AIDS-prevention education instruction must include a "discussion of methods to reduce the risk of HIV infection."⁶³ Such instruction must "emphasize that sexual abstinence, monogamy, avoidance of multiple sexual partners, and avoidance of intravenous drug use are the most effective means for HIV/AIDS prevention."⁶⁴ Instruction must also include the latest statistics from the medical field on the success and failure rates of condoms in preventing HIV and on "methods that may reduce the risk of HIV transmission from intravenous drug use."⁶⁵

All district teachers providing HIV/AIDS-prevention education must complete an eight-hour, skills-based training.⁶⁶ The district provides training and curriculum materials for its HIV/AIDS-prevention education through funding from the Centers for Disease Control and Prevention Division of Adolescent and School Health (CDC-DASH).⁶⁷ LAUSD schools are permitted to contract with outside agencies to provide instruction; however, all agencies must be approved by the school district's HIV/AIDS Prevention Unit. All curricula and materials used by outside agencies must comply with the California Education Code and be deemed "acceptable, appropriate, research-based and validated, medically accurate, bias-free, and inclusive of all populations."⁶⁸

All LAUSD schools use the district-adopted and required STD/HIV curriculum, *Positive Prevention: HIV/STD Prevention Education for America's Youth (Positive Prevention)*. *Positive Prevention* is a "research-validated" HIV/STD-prevention curriculum designed for use with middle school and high school students; students in alternative settings, including home-schooling and special education classes; and developmentally disabled adults in a classroom setting.⁶⁹ The curriculum was developed by the Orange County, California Chapter of the American Red Cross. It addresses such topics as stereotypes and myths regarding persons living with HIV/AIDS; HIV transmission myths and facts; HIV/STD prevention, risk reduction methods, and testing; and refusal skills, among other topics. An evaluation of the program published in the *American Journal of Health Education* found that the curriculum "significantly increased positive attitudes toward abstaining from sexual intercourse, increased self-efficacy to abstain from sexual activity, and increased self-efficacy to use condoms" among participants.⁷⁰

In LAUSD schools the curriculum must be taught with a sexual health supplement in order to meet the requirements of the California Education Code.⁷¹

San Diego Unified School District

San Diego public schools provide comprehensive sex education and HIV instruction through its *Sex Education and HIV Prevention Program*. The program's primary goals are to "deliver accurate information to students," "provide students a way to examine their attitudes and beliefs," "assist students in the development of interpersonal skills," and "promote responsible behavior."⁷² The program uses a locally developed, research-based curriculum.

Program instruction consists of a ten-day family life education curriculum in sixth grade, a ten-day sex education curriculum offered in grades eight and 10 or 11, and HIV-prevention instruction in grades nine through 12. All program instruction complies with California Education Code, which requires instruction to be age-appropriate and consist of "factual, medically accurate, and objective information" that is "free of bias and acceptable to all students."⁷³ The sex education curriculum in particular emphasizes abstinence and teaches "respect for marriage and committed relationships" while also providing instruction on STD transmission and risk-reduction, and the effectiveness of condoms and contraception, including emergency contraception (EC).

Instruction for grades six and eight also includes a parent/child activity pack, which provides education exercises for parents and students to complete together at home. The activity packs serve to promote parent-child communication, create an environment in the home for discussing human sexuality, and encourage the discussion of family values while also providing instructional information and reinforcing classroom curriculum.⁷⁴

The *Sex Education and HIV Prevention Program* requires teachers to undergo a mandatory two-day training. Funding for training is provided through CDC-DASH. Health educators from local agencies must also participate in the district training and use district materials if they are going to teach instruction in San Diego schools. The school district holds partnerships with several local agencies that assist with providing instruction, including local Planned Parenthood affiliates, Operation Samahan, YMCA Teen Link, SAY San Diego, Family Health Centers of San Diego, San Diego Family Cares, and Neighborhood House.⁷⁵

San Francisco Unified School District

Through support from its CDC-DASH funded grant, the San Francisco Unified School District (SFUSD) provides HIV-prevention education to all secondary school students and provides supports services for lesbian, gay, bisexual, transgender, and questioning (LGBTQ) students to “help create a safer school environment.”⁷⁶ The school district implements the *Positive Prevention* curriculum to students along with additional supplemental materials. (See the above description about the Los Angeles Unified School District for more information about *Positive Prevention*).

The district’s Student Support Services Department manages the Student Support Services for LGBTQ Youth program, which provides curriculum, classroom resources, and strategies designed to meet the needs of LGBTQ students and support a healthy school environment. The SFUSD Health Education Curriculum Policy requires students to receive “family diversity” instruction in elementary school and “sexual orientation/gender diversity” instruction in middle and high school.⁷⁷ In elementary school, students receive two family diversity lessons per year. Sexual orientation and gender diversity lessons are incorporated into “Diversity Education and Violence Prevention” instruction provided to secondary school students through health education. In middle school, students receive seven periods of Diversity Education and Violence Prevention instruction while high school students receive 10 periods. Lessons are locally produced.⁷⁸ In April 2010, SFUSD launched its first-ever, school-based website designed to address topics related to LGBTQ youth as a resource for the district’s teachers, staff, students, and families.⁷⁹

Other school districts

With funding provided by the President’s Teen Pregnancy Prevention Initiative, community-based organizations and school districts in various parts of the state have implemented more comprehensive, evidence-based sexual health instruction in schools. Some of the schools and school districts in which programming is being implemented include Alpaugh School in Alpaugh, California; Oakland Unified School District; middle schools and high schools in Pittsburg, Richmond, and San Pablo, California; San Bernardino County school district; schools in San Luis Obispo County; and four high schools in the Tulare Joint Union High School District: Mission Oaks High School, Tulare Tech Prep High School, Tulare Union High School, and Tulare Western High School. (Please see the *TPPI Tier 1: Evidence-Based Programs* and *TPPI Tier 2: Innovative Approaches* sections above for more information on the programs.)

We encourage you to submit any updated or additional information on comprehensive approaches to sex education being implemented in California 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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PREP State-Grant Coordinator

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Sacramento, CA 95814
Phone: (916) 650-0429

ORGANIZATIONS THAT SUPPORT COMPREHENSIVE SEXUALITY EDUCATION

ACLU of Northern California
San Francisco, CA
Phone: (415) 621-2493
www.aclunc.org

Gay-Straight Alliance Network
San Francisco, CA
Phone: (415) 552-4229
www.gsanetwork.org

ACOG, District IX (CA)
Sacramento, CA
Phone: (916) 446-2264
www.acog.org/acog_districts

Health Initiatives for Youth
San Francisco, CA
Phone: (415) 274-1970
www.hify.org

Ally Action
San Pablo, CA
Phone: (925) 685-5480
www.allyaction.org

NARAL Pro-Choice California
San Francisco, CA
Phone: (415) 890-1020
www.prochoicecalifornia.org

Asian Communities
for Reproductive Justice
Oakland, CA
Phone: (510) 663-8300
www.reproductivejustice.org

Pacific Institute for Women's Health
Pharmacy Access Partnership
Oakland, CA
Phone: (510) 272-0150
www.piwh.org

Asian Health Services
Oakland, CA
Phone: (510) 986-6800
www.asianhealthservices.org

Physicians for Reproductive Choice and
Health
San Francisco, CA
Phone: (415) 734-8500
www.prch.org

Bay Area Communities
for Health Education
Walnut Creek, CA
Phone: (925) 899-6789

Planned Parenthood Affiliates of California
Sacramento, CA
Phone: (916) 446-5247
www.ppacca.org

CALIFORNIA

California Latinas
for Reproductive Justice
Los Angeles, CA
Phone: (213) 270-5258
www.californialatinas.org

San Francisco AIDS Foundation
San Francisco, CA
Phone: (415) 487-3000
www.sfaf.org

Campfire USA Orange County Council
Santa Ana, CA
Phone: (714) 547-5200
www.campfireusaoc.org

Tapestry (Humboldt County Office of
Education)
Eureka, CA
Phone: (707) 445-7179

Center for Research
on Adolescent Health and Development
Public Health Institute
Oakland, CA
Phone: (510) 285-5500
www.crahd.phi.org

Teen Pregnancy Coalition of San Mateo
County
Redwood City, CA
Phone: (650) 367-1937
www.teenpregnancycoalition.org

Fresno Barrios Unidos
Fresno, CA
Phone: (559) 452-9662

YWCA of the Harbor Area and South Bay
San Pedro, CA
Phone: (310) 547-0831
www.ywcaharbor.org

ORGANIZATIONS THAT OPPOSE COMPREHENSIVE SEXUALITY EDUCATION

Abiding Truth Ministries
Temecula, CA
Phone: (916) 965-8925
www.abidingtruth.com

Pacific Justice Institute
Sacramento, CA
Phone: (916) 857-6900
www.pacificjustice.org

California ProLife Council
Sacramento, CA
Phone: (916) 442-8315
www.californiaprolife.org

Right to Life League of Southern California
Pasadena, CA
Phone: (626) 398-6100
www.rtlsc.org

California Right to Life
Walnut Creek, CA
Phone: (925) 944-5351
www.calright2life.org

Sanctity of Human Life Network
Fair Oaks, CA
Phone: (916) 481-8926
www.sohl.net.org

Capital Resource Institute
Sacramento, CA
Phone: (916) 498-1940
www.capitolresource.org

Traditional Values Coalition
Anaheim, CA
Phone: (714) 520-0300
www.traditionalvalues.org

CALIFORNIA

Citizens for Excellence in Education
Costa Mesa, CA
Phone: (714) 546-2226
www.nace-cee.org

United States Justice Foundation
Ramona, CA
Phone: (760) 788-6624

First Resort Medical and Counseling Offices
Oakland, CA
Phone: (510) 891-9998
www.firstresort.net

Westside Pregnancy Resource Center
Los Angeles, CA
Phone: (310) 268-8400
www.wprc.org

Life Research Institute
Concord, CA 94521
Phone: (925) 676-2929

Women's Resource Network
Escondido, CA
Phone: (760) 741-5114

MEDIA OUTLETS

Newspapers in California⁸¹

Bakersfield Californian
Bakersfield, CA
Phone: (661) 395-7500
www.bakersfield.com

Contra Costa Times
Walnut Creek, CA
Phone: (925) 943-8235
www.contracostatimes.com

The Fresno Bee
Fresno, CA
Phone: (559) 441-6330
www.fresnobee.com

Los Angeles Times
Los Angeles, CA
Phone: (213) 237-5000
www.latimes.com

The Modesto Bee
Modesto, CA
Phone: (209) 578-2028
www.modbee.com

Oakland Tribune
Oakland, CA
Phone: (510) 208-6450
www.insidebayarea.com

Orange County Register
Santa Ana, CA
Phone: (714) 796-7951
www.ocregister.com

The Press Democrat
Santa Rosa, CA
Phone: (707) 546-2020
www.pressdemo.com

The Press-Enterprise
Riverside, CA
Phone: (951) 368-9549
www.pe.com

The Sacramento Bee
Sacramento, CA
Phone: (916) 321-1001
www.sacbee.com

San Diego Union-Tribune
San Diego, CA
Phone: (619) 293-1211
www.signonsandiego.com

San Francisco Chronicle
San Francisco, CA
Phone: (415) 777-1111
www.sfgate.com/chronicle

San Jose Mercury News
 San Jose, CA
 Phone: (408) 920-5444
www.mercurynews.com

Ventura County Star
 Ventura, CA
 Phone: (805) 437-0209
www.venturacountystar.com

Siskiyou Daily News
 Yreka, CA
 Phone: (530) 842-5777
www.siskiyoudaily.com

Political Blogs in California

Calbuzz
www.calbuzz.com

The California Report
www.californiareport.org

Calitics
www.calitics.com

Capitol Notes
www.blogs.kqed.org/capitalnotes

Flash Report
www.flashreport.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 2010 began on October 1, 2009 and ended on September 30, 2010.

² Cal. Ed. Code § 51931(d), <<http://www.leginfo.ca.gov/cgi-bin/displaycode?section=edc&group=51001-52000&file=51930-51932>>

³ Cal. Ed. Code § 51933(b)(4), <<http://www.leginfo.ca.gov/cgi-bin/displaycode?section=edc&group=51001-52000&file=51933>>..

⁴ Cal. Ed. Code § 51933(d)(1).

⁵ Cal. Ed. Code § 51933(b)(8).

⁶ Cal. Ed. Code, § 51933(b)(10).

⁷ Danice K. Eaton, et. al., "Youth Risk Behavior Surveillance—United States, 2009," *Surveillance Summaries, Morbidity and Mortality Weekly Report*, vol. 59, no. SS-5 (4 June 2010): 98–109, accessed 4 June 2010, <<http://www.cdc.gov/mmwr/pdf/ss/ss5905.pdf>>. Note: California did not participate in the 2009 YRBS; however, some large cities in California did participate in the survey.

⁸ "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.

⁹ "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>.

¹⁰ *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.

¹¹ *Ibid.*, Table 3.2.

¹² *U.S. Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity.*, Table 3.3.

¹³ "AIDS Case Rate per 100,000 Population, All Ages, 2007," (Menlo Park, CA: Kaiser Family Foundation), accessed 5 March 2010, <<http://www.statehealthfacts.org/comparatable.jsp?ind=513&cat=11&sub=120&yr=62&typ=1&sort=a>>.

¹⁴ *Ibid.*, Table 16.

¹⁵ Slide 18: "Rates of Diagnoses of AIDS Infection among Adolescents Aged 13–19 Years, 2009—40 States and 5 U.S. Dependent Areas," *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention, July 2011), accessed 27 September 2011, <<http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>>.

¹⁶ "Wonder Database: Selected STDs by Age, Race/Ethnicity, and Gender, 1996-2008 Results," (Atlanta:GA Centers for Disease Control and Prevention), 30 June 2009, accessed 5 March 2010, <<http://wonder.cdc.gov/>>; see also Table 10:

“Chlamydia: Reported Cases and Rates Per 100,000 Population by Age Group and Sex: United States, 2004–2008,” *Sexually Transmitted Disease Surveillance 2008*, (Atlanta, GA: Centers for Disease Control and Prevention, Division of STD Prevention, November 2009), accessed 5 March 2010, <<http://www.cdc.gov/std/stats08/surv2008-Complete.pdf>>, 95.

¹⁷ Ibid; see also Table 20: “Gonorrhea—Reported Cases and Rates per 100,000 Population by Age Group and Sex: United States, 2004–2008,” *Sexually Transmitted Disease Surveillance 2008*, 106.

¹⁸ Ibid; see also Table 33: “Primary and Secondary Syphilis—Reported Cases and Rates per 100,000 Population by Age Group and Sex: United States, 2004–2008,” *Sexually Transmitted Disease Surveillance 2008*, 121.

¹⁹ “Project HOPE,” Alameda County Public Health Department, accessed 29 August 2011, <<http://www.acphd.org/project-hope.aspx>>.

²⁰ Ibid.

²¹ “Teenage Pregnancy Prevention: Summary of Funded Evidence-Based Programs for 2010,” U.S. Department of Health and Human Services, accessed 21 April 2011, <http://www.hhs.gov/ash/oah/prevention/grantees/models_2010_programs.html>.

²² Ibid.

²³ “Making Proud Choices!” Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed 15 April 2010, <<http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=128>>.

²⁴ Ibid.

²⁵ Mission Statement, Community Action Partnership Network of San Luis Obispo County, Inc., 2010, accessed 29 April 2011, <<http://www.capslo.org/>>.

²⁶ Community Action Partnership Network of San Luis Obispo County, Inc., 2010, accessed 29 April 2011, <<http://www.capslo.org/>>.

²⁷ Community Action Partnership Network of San Luis Obispo County, Inc., 2010, accessed 29 April 2011, <<http://www.capslo.org/about-us>>.

²⁸ “Cuidate!” Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed 5 May 2010, <<http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=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 30 March 2010, <<http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf>>, 76–79.

²⁹ “Mission Statement,” Contra Costa Health Services, 2000-2011, accessed 29 April 2011, <http://cchealth.org/groups/health_services/>.

³⁰ “Serving You,” Contra Costa Health Services, 2000-2011, accessed 29 April 2011, <http://cchealth.org/groups/health_services/>.

³¹ “Contra Costa Health Services,” Teenage Pregnancy Prevention: Summary of Funded Evidence-Based Programs for 2010, U.S. Department of Health and Human Services, Office of Adolescent Health, accessed 2 June 2011, <http://www.hhs.gov/ash/oah/prevention/grantees/models_2010_programs.html>.

³² “Draw the Line/Respect the Line,” *Emerging Answers* (Washington, DC: The National Campaign to Prevent Teen and Unplanned Pregnancy, 2007), accessed 1 July 2011, <http://www.thenationalcampaign.org/ea2007/desc/draw_pr.pdf>; see also “Draw the Line/Respect the Line,” 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/draw_the_line_respect_the_line.html>.

³³ *Science and Success: Sex Education and Other Programs That Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections* (Washington, DC: Advocates for Youth, 2008), accessed 30 March 2010, <<http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf>>, 22.

³⁴ Ibid., 23–24.

³⁵ “Contra Costa Health Services,” Teenage Pregnancy Prevention: Summary of Funded Evidence-Based Programs for 2010.

³⁶ “About GVHC,” Golden Valley Health Centers, 2010, accessed 21 April 2011, <http://www.gvhc.org/gvhc_new/index.php?option=com_content&view=article&id=2&Itemid=2&lang=en>.

³⁷ Ibid.

³⁸ “Pregnancy Prevention Intervention Implementation Report: Safer Sex,” Programs for Replication – Intervention Implementation Reports, U.S. Department of Health and Human Services, accessed 1 July 2011, <http://www.hhs.gov/ash/oah/prevention/research/programs/safer_sex.html>.

³⁹ “Golden Valley Health Centers,” Teenage Pregnancy Prevention: Summary of Funded Evidence-Based Programs for 2010, U.S. Department of Health and Human Services, Office of Adolescent Health, accessed 2 June 2011, <http://www.hhs.gov/ash/oah/prevention/grantees/models_2010_programs.html>.

⁴⁰ Ibid.

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- ⁴¹ *About Us*, San Diego Youth Services 2010, accessed 21 April 2011, <<http://www.sdyouthservices.org/site/PageServer?pagename=learn>>.
- ⁴² “East County Communities Center,” San Diego Youth Services, accessed 21 April 2011, <http://www.sdyouthservices.org/site/PageServer?pagename=East_County_Communities_Center>.
- ⁴³ “San Diego Youth Services,” Teenage Pregnancy Prevention: Summary of Funded Evidence-Based Programs for 2010, U.S. Department of Health and Human Services, Office of Adolescent Health, accessed 2 June 2011, <http://www.hhs.gov/ash/oah/prevention/grantees/models_2010_programs.html>.
- ⁴⁴ “San Diego Youth Services,” Teenage Pregnancy Prevention: Summary of Funded Evidence-Based Programs for 2010.
- ⁴⁵ “Tulare Community Health Clinic,” Teenage Pregnancy Prevention: Summary of Funded Evidence-Based Programs for 2010, U.S. Department of Health and Human Services, Office of Adolescent Health, accessed 2 June 2011, <http://www.hhs.gov/ash/oah/prevention/grantees/models_2010_programs.html>.
- ⁴⁶ “Positive Prevention: HIV/STD Education for America’s Youth,” American Red Cross, accessed 4 May 2010, <<http://www.positiveprevention.com/>>.
- ⁴⁷ “San Bernardino County Superintendent of Schools,” Teenage Pregnancy Prevention: Summary of Funded Research and Development Programs for 2010, U.S. Department of Health and Human Services, Office of Adolescent Health, accessed 2 June 2011, <http://www.hhs.gov/ash/oah/prevention/grantees/research_2010_projects.html>.
- ⁴⁸ “Our Mission,” Volunteers of America Los Angeles, accessed 30 August 2011, <<http://www.voala.org/explore/mission.php#Other>>.
- ⁴⁹ “About Girls Incorporated: Girls Incorporated Identity Programs,” Girls Inc. of Greater Los Angeles, accessed 30 August 2011, <http://www.voala.org/girls_inc/about_girlsinc_identity.html>.
- ⁵⁰ Information provided by Laurie Weaver, chief of the Office of Family Planning for the California Department of Public Health, 25 July 2011.
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- ⁵⁴ “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 1 July 2011, <http://www.hhs.gov/ash/oah/prevention/research/programs/adult_identity_mentoring_project_aim.html>.
- ⁵⁵ 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.
- ⁵⁶ “A Message from the State Board of Education and the State Superintendent of Public Instruction,” *Health Education Content Standards for California Public Schools, Kindergarten through Grade Twelve* (Sacramento, CA: California Department of Education, March 2008), accessed 4 May 2010, <<http://www.cde.ca.gov/be/st/ss/documents/healthstandmar08.pdf>>, v.
- ⁵⁷ “Background of the Standards,” *Health Education Content Standards for California Public Schools, Kindergarten through Grade Twelve* (Sacramento, CA: California Department of Education, March 2008), accessed 4 May 2010, <<http://www.cde.ca.gov/be/st/ss/documents/healthstandmar08.pdf>>, vii.
- ⁵⁸ “Grade Five: Growth, Development and Sexual Health,” *Health Education Content Standards for California Public Schools, Kindergarten through Grade Twelve* (Sacramento, CA: California Department of Education, March 2008), accessed 4 May 2010, <<http://www.cde.ca.gov/be/st/ss/documents/healthstandmar08.pdf>>, 24.
- ⁵⁹ “Grades Seven and Eight: Growth, Development and Sexual Health,” *Health Education Content Standards for California Public Schools, Kindergarten through Grade Twelve* (Sacramento, CA: California Department of Education, March 2008), accessed 4 May 2010, <<http://www.cde.ca.gov/be/st/ss/documents/healthstandmar08.pdf>>, 35.
- ⁶⁰ “High School (Grades Nine through Twelve),” Development and Sexual Health,” *Health Education Content Standards for California Public Schools, Kindergarten through Grade Twelve* (Sacramento, CA: California Department of Education, March 2008), accessed 4 May 2010, <<http://www.cde.ca.gov/be/st/ss/documents/healthstandmar08.pdf>>, 47.

- ⁶¹ California Education Code §§ 51930(b)(1)–(2); see also “Complying with the California Comprehensive Sexual Health and HIV/AIDS Prevention Education Act (SB 71),” Los Angeles Unified School District BUL-1132.3 Attachment A, 8 September 2008, accessed 4 May 2010, <<http://aidspreventionlausd.net/images/pdfs%20policies/BUL-1132.3.pdf>>.
- ⁶² “Complying with the California Comprehensive Sexual Health and HIV/AIDS Prevention Education Act (SB 71),” <<http://aidspreventionlausd.net/images/pdfs%20policies/BUL-1132.3.pdf>>, 3.
- ⁶³ California Education Code § 51934(3); see also “Complying with the California Comprehensive Sexual Health and HIV/AIDS Prevention Education Act (SB 71),” <<http://aidspreventionlausd.net/images/pdfs%20policies/BUL-1132.3.pdf>>, 3.
- ⁶⁴ Ibid.
- ⁶⁵ Ibid.
- ⁶⁶ “Required Curriculum for HIV Prevention-Education,” Los Angeles Unified School District HIV/AIDS Prevention Unit, accessed 4 May 2010, <<http://aidspreventionlausd.net/teachersandstaff.html>>.
- ⁶⁷ “Local Agencies: Los Angeles, California”, *Healthy Youth!* (Atlanta, GA: National Center for Chronic Disease Prevention and Health Promotion), accessed 4 May 2010, <<http://www.cdc.gov/HealthyYouth/states/locals/ca-losangeles.htm>>.
- ⁶⁸ Email correspondence to Morgan Marshall from Tim Kordic, project advisor for the Los Angeles Unified School District HIV/AIDS Prevention Unit, 4 February 2010.
- ⁶⁹ “Positive Prevention: HIV/STD Education for America’s Youth,” American Red Cross, accessed 4 May 2010, <<http://www.positiveprevention.com/>>.
- ⁷⁰ Ibid.
- ⁷¹ “Required Curriculum for HIV Prevention-Education,” <<http://aidspreventionlausd.net/teachersandstaff.html>>.
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- ⁷³ Marge Kleinsmith-Hildebrand, “Laws and Policies for Sex Education and HIV Prevention,” PowerPoint presentation, San Diego Unified School District, accessed 4 May 2010, <<http://www.sandi.net/204510915162157563/blank/browse.asp?A=383&BMDRN=2000&BCOB=0&C=57999>>.
- ⁷⁴ “Parent/Child Activities: Family Life Education Grade 6,” San Diego Unified School District, accessed 4 May 2010, <<http://www.sandi.net/204510915162157563/lib/204510915162157563/Parent%20Packets/Parent%20Packet%20Gr%206%20Eng%204017.pdf>>.
- ⁷⁵ Email correspondence to Morgan Marshall from Marge Kleinsmith-Hildebrand, resource teacher for the San Diego Unified School District HIV Prevention and Sex Education Program, 5 February 2010.
- ⁷⁶ Email correspondence to Morgan Marshall from Rosalia Lopez, Student Support Services Department, San Francisco Unified School District, 5 February 2010.
- ⁷⁷ “Curriculum,” Support Services for LGBTQ Youth, San Francisco Unified School District Student Support Services Department, accessed 4 May 2010, <<http://healthiersf.org/LGBTQ/InTheClassroom/curriculum.html>>.
- ⁷⁸ Ibid.
- ⁷⁹ Email correspondence to Morgan Marshall from Rosalia Lopez.
- ⁸⁰ The person listed represents the designated personnel in the state responsible for adolescent reproductive health.
- ⁸¹ This section is a list of major newspapers in the state and is by no means exhaustive of local print outlets.