



## COLORADO

**In Fiscal Year 2011<sup>1</sup>, the state of Colorado received:**

- **Personal Responsibility Education Program funds totaling \$794,967**
- **Title V State Abstinence Education Program funds totaling \$688,884**

**In Fiscal Year 2011, local entities in Colorado received:**

- **Teen Pregnancy Prevention Initiative funds totaling \$2,634,932**

### **SEXUALITY EDUCATION LAW AND POLICY**

Colorado schools are not required to teach sexuality or sexually transmitted disease (STD) education; however, districts can decide whether to teach sexuality education and may address the subject in preschool through 12th grade. Colorado law states that, when offered, sexuality education classes must emphasize abstinence as “the only certain way and the most effective way to avoid pregnancy and sexually transmitted diseases,” and must use curricula that are science-based, age-appropriate, culturally relevant, medically accurate, and that discuss contraception, including emergency contraception (EC).<sup>2</sup>

Additional requirements state that instruction must:

- encourage parental involvement and family communication;
- provide instruction on STDs and STIs, including but not limited to HIV and AIDS, hepatitis C, the link between the human papillomavirus (HPV) and cervical cancer, and the availability of the HPV vaccine;
- include instruction to help students develop skills for making responsible and healthy decisions about human sexuality, personal power, boundary setting, and resisting peer pressure;
- include discussion of how alcohol and drug use impairs responsible and healthy decision making; and
- provide instruction on the health benefits and potential side effects of using contraceptives and barrier methods to prevent pregnancy.<sup>3</sup>

Per state law, the Colorado Department of Education is responsible for providing guidelines as to the length of courses, the subjects included, and the manner in which these subjects are addressed. The department also provides guidelines on teacher training in sexuality education that include information about high-risk behaviors.

Parents or guardians must be notified if a sexuality education course is taught and given an opportunity to review the curriculum. Parents or guardians may remove their children from sexuality education or STD/HIV education classes by sending written notice to the school. This is referred to as an “opt-out” policy. However, school districts that receive funding from the Colorado Department of

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Education through the Colorado Comprehensive Health Education Act of 1990 are required to have an “opt-in” policy instead. This means that a parent or guardian must provide written consent for their child to participate in a sexuality education course.

See Colorado Statutes [22-25-104](#), [22-25-106](#), [22-25-110](#), [22-1-110.5](#), and [25-4-1405](#).

### **RECENT LEGISLATION**

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

### **YOUTH SEXUAL HEALTH DATA**

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

#### **Colorado Youth Risk Behavior Survey (YRBS) Data<sup>4</sup>**

- In 2011, 36% of female high school students and 45% of male high school students in Colorado reported ever having had sexual intercourse, compared to 46% of female high school students and 49% of male high school students nationwide.
- In 2011, 2% of female high school students and 5% of male high school students in Colorado reported having had sexual intercourse before age 13, compared to 3% of female high school students and 9% of male high school students nationwide.
- In 2011, 11% of female high school students and 15% of male high school students in Colorado reported having had four or more lifetime sexual partners, compared to 13% of female high school students and 18% of male high school students nationwide.
- In 2011, 29% of female high school students and 34% of male high school students in Colorado reported being currently sexually active (defined as having had sexual intercourse in the three months prior to the survey), compared to 34% of female high school students and 33% of male high school students nationwide.
- In 2011, among those high school students who reported being currently sexually active, 64% of females and 75% of males in Colorado reported having used condoms the last time they had sexual intercourse, compared to 54% of females and 67% of males nationwide.
- In 2011, among those high school students who reported being currently sexually active, 29% of females and 18% of males in Colorado reported having used birth control pills the last time they had sexual intercourse, compared to 23% of females and 13% of males nationwide.
- In 2011, among those high school students who reported being currently sexually active, 26% of females and 25% of males in Colorado reported having used alcohol or drugs the last time they had sexual intercourse, compared to 18% of females and 26% of males nationwide.

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- In 2011, 80% of high school students in Colorado reported having been taught about AIDS/HIV in school, compared to 84% of high school students nationwide.

### **Colorado Teen Pregnancy, HIV/AIDS, and Sexually Transmitted Disease Data**

#### *Teen Pregnancy, Birth, and Abortion*

- Colorado's teen birth rate currently ranks 24th in the United States, with a rate of 33.4 births per 1,000 young women ages 15–19, compared to the national rate of 34.3 births per 1,000.<sup>5</sup> In 2010, there were a total of 5,474 live births to young women ages 15–19 reported in Colorado.<sup>6</sup>
- In 2005, Colorado's teen pregnancy rate ranked 19th in the United States, with a rate of 69 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 70 pregnancies per 1,000.<sup>7</sup> There were a total of 10,840 pregnancies among young women ages 15–19 reported in Colorado in 2005.<sup>8</sup>
- In 2005, Colorado's teen abortion rate ranked 18th in the United States, with a rate of 17 abortions per 1,000 young women ages 15–19, compared to the national rate of 19 abortions per 1,000.<sup>9</sup>

#### *HIV and AIDS*

- In 2010, the rate of diagnoses of HIV infection among adolescents aged 13-19 years in Colorado was 2.8 per 100,000 compared to the national rate of 7.9 per 100,000.<sup>10</sup>
- In 2010, the rate of AIDS diagnoses among adolescents 13-19 years in Colorado was 0.7 per 100,000 compared to the national rate of 1.9 per 100,000.<sup>11</sup>
- In 2010, the rate of diagnoses of HIV infection among young adults aged 20-24 years in Colorado was 18.0 per 100,000 compared to the national rate of 36.9 per 100,000.<sup>12</sup>
- In 2010, the rate of AIDS diagnoses among young adults aged 20-24 years in Colorado was 7.7 per 100,000 compared to the national rate of 10.4 per 100,000.<sup>13</sup>

#### *Sexually Transmitted Diseases*

- Colorado ranks 24th in the United States for reported cases of chlamydia among young people ages 15–19, with an infection rate of 18.78 cases per 1,000, compared to the national rate of 20.03 cases per 1,000. In 2009, there were a total of 6,278 cases of chlamydia reported among young people ages 15–19 in Colorado.<sup>14</sup>
- Colorado ranks 32nd in the United States for reported cases of gonorrhea among young people ages 15–19, with an infection rate of 2.21 cases per 1,000, compared to the national rate of 4.04 cases per 1,000. In 2009, there were a total of 740 cases of gonorrhea reported among young people ages 15–19 in Colorado.<sup>15</sup>

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

### President's Teen Pregnancy Prevention Initiative

The President's Teen Pregnancy Prevention Initiative (TPPI) funds medically accurate and age-appropriate programs to reduce teen pregnancy. The U.S. Department of Health and Human Services, Office of Adolescent Health (OAH) administers the grant program, which totaled \$105 million in discretionary funding for Fiscal Year (FY) 2011. TPPI consists of two funding tiers that provide grants to local public and private entities. Tier 1 totals \$75 million and provides funding for the replication of evidence-based programs proven to prevent unintended teen pregnancy and address underlying behavioral risk factors. Tier 2 totals \$25 million and provides funding to develop and test additional models and innovative strategies. A portion of the Tier 2 funds, \$15.2 million, was allocated for research and demonstration grants to test innovative approaches, while the remaining funding, \$9.8 million, was allocated for grants to support communitywide initiatives. TPPI also dedicates \$4.5 million in funding to conduct evaluations of individual programs.

#### *TPPI Tier 1: Evidence-Based Programs*

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

- There is one TPPI Tier 1 grantee in Colorado, FRIENDS FIRST, Inc., which received \$901,604 in federal funding for FY 2011.

#### FRIENDS FIRST, \$901,604 (FY 2011)

FRIENDS FIRST is a nonprofit organization located in Littleton, Colorado, that provides abstinence-only-until-marriage programming to communities and schools in the Denver metro area. According to its web site, FRIENDS FIRST was established “in 1993 to address the increasing trend of out-of-wedlock childbearing and incidence of births to teen mothers.”<sup>16</sup> Its mission is to equip “youth, families, and communities to make positive choices by imparting relationship education and promoting the benefits of a healthy lifestyle.”<sup>17</sup>

With its TPPI grant, FRIENDS FIRST provides teen pregnancy prevention programming to youth in low-income areas in Denver and surrounding communities with large Latino populations. The overall goal of the program is “to provide youth with the motivation to make safe choices, to imagine a positive future, and provide opportunities to discuss how current risk behaviors can be a barrier to successful adulthood.”<sup>18</sup>

The organization also implements *Project AIM (Adult Identity Monitoring)* to all seventh grade students at 14 middle schools within the following public school districts: Adams County School District 50, Brighton School District 27-J in Adams County, Cherry Creek Public Schools in Arapahoe County, Denver Public Schools, Jefferson County Public Schools, and Sheridan School District in Arapahoe County. The individual schools where programming is implemented include: Clear Lake Middle School, Creighton Middle School, Farrell B. Howell Middle School, Grant Ranch Middle School, Henry World Middle School, Horizon Middle School, Ken Caryl Middle School, Lake Middle School, Manny Martinez Middle School, Overland Trail Middle School, Rachel B. Noel Middle School, Sheridan Middle School, Skinner Middle School, and Smiley Middle School. The program will provide in-class instruction to participants and serve approximately 2,013 youth each year.<sup>19</sup>

*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.<sup>20</sup> 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.<sup>21</sup> 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.<sup>22</sup> *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, that male participants were significantly less likely to report having had sexual intercourse than participants in the control group.<sup>23</sup>

FRIENDS FIRST also currently receives a Title V abstinence-only sub-grant, which totals \$244,400 in funding for FY 2011. (Please see the Title V State Abstinence Education Grant Program section below for more information.) The organization also previously received abstinence-only-until-marriage funding through the now-defunct Community-Based Abstinence Education (CBAE) and Adolescent Family Life Act (AFLA) funding streams. Over the years, it received more than \$3 million in CBAE funding and \$1.3 million in AFLA funding.

#### *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 organizations in Colorado received \$1,733,328 in TPPI Tier 2 Innovative Approaches funding for FY 2011.
- There are two TPPI Tier 2 Innovative Approaches grantees in Colorado: Denver Health and Hospital Authority and the University of Colorado, Denver.

#### Denver Health and Hospital Authority, \$808,785 (FY 2011)

The Denver Health and Hospital Authority is a comprehensive, integrated health agency of the State of Colorado that provides health care, emergency medicine, and trauma services to residents of Denver and the Rocky Mountain region. The agency also provides public health services and health education to local communities.<sup>24</sup> With its TPPI Tier 2 Innovative Strategies grant, Denver Health plans to implement a project called “Using Social Media to Enhance the Impact of Teen Outreach Program” in metro area communities. The intervention will adapt *Teen Outreach Program (TOP)*—an evidence-based, positive youth development program with a sexuality education component—by including a cell-phone program enhancement, TOP4ME (Teen Outreach Program for Media Enhancement).

*TOP* is an evidence-based youth development program that engages young people in experiential learning activities in order to “prepare for successful adulthood and avoid problem behaviors.”<sup>25</sup> The program is designed for youth ages 12–17 and focuses on reducing rates of school failure, school suspension, and teen pregnancy. *TOP* consists of a nine-month curriculum that addresses such topics as relationships, peer pressure, decision making, values clarification, goal-setting, adolescent development, and sexual health.<sup>26</sup> It also includes a 20-hour community service component that engages participants in

activities to enhance knowledge and develop skills, including self-efficacy, communication, conflict-management, and self-regulation. *TOP* can be delivered as an in-school, after-school, or community-based program. An evaluation of the program published in *Child Development* found that young women, ages 15–19, who participated in *TOP* were significantly less likely to report a pregnancy during the program than participants in the control group.<sup>27</sup>

The TOP4ME enhancement will use weekly text messages to emphasize key learning from *TOP* and provide health service referrals, increasing opportunities for young people to access contraceptive care. TOP4ME will be available to program participants for the duration of the program and for one year after the program’s end. By adding an innovative cell phone-based component to *TOP*, the agency aims to increase accessibility of the program as well as access to low-cost reproductive care. The agency also hopes to increase retention of diverse and at-risk program participants and the sustainability of the program.<sup>28</sup> Denver Health has partnered with two local organizations, the Boys and Girls Clubs of Metro Denver (BGCMD) and Colorado Youth Matter. Denver Health will target primarily low-income, minority youth at four BGCMD sites. Colorado Youth Matter will train Boys & Girls Clubs staff to implement *TOP* and to identify additional elements of *TOP* to adapt for cell-phone use. The agency plans to serve 800 youth ages 14–18.<sup>29</sup>

University of Colorado, Denver, \$924,543 (FY 2011)

The University of Colorado, Denver, will implement *Circle of Life* to Native American youth ages 13–15 representing ten tribes in North and South Dakota. The intervention aims to “reduce the probability of behavior resulting in pregnancy.”<sup>30</sup> *Circle of Life* is a culturally competent, HIV-prevention education curriculum designed for use with this population. The curriculum incorporates traditional symbols and story-telling specific to Native American culture in order to increase knowledge, skills, and behavior change among participants. Lessons discuss concepts of family and community in an effort to instill pride and a commitment to preventing the spread of HIV in their communities. *Circle of Life* also teaches caring and compassion for HIV-positive individuals. The curriculum includes parent-child activities that are designed to engage parents in their children’s learning and heighten community awareness of HIV/AIDS.<sup>31</sup>

The University of Colorado, Denver, will adapt the program for delivery in an after-school setting and digitize the curriculum while maintaining tribal-specific content, such as developing digital story-telling components. The program will reach approximately 150 youth annually.<sup>32</sup>

*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 Colorado.

**Personal Responsibility Education Program**

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

the Tribal PREP Program for tribes and tribal organizations, and \$6.5 million for evaluation, training, and technical assistance. Details on the state-grant program, PREIS, and Tribal PREP are included below.

*PREP State-Grant Program*

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

- The Colorado Department of Human Services received \$794,967 in federal PREP funds for FY 2011.
- There are three sub-grantees for the Colorado PREP state-grant program: Denver County Department of Human Services (\$140,000); Garfield County Department of Human Services (\$140,000); and Huerfano County Department of Social Services (\$140,000).<sup>33</sup>

The Colorado PREP state-grant program aims to improve the sexual health of young people by reducing teen pregnancy and STD rates among youth in targeted high-risk communities by at least 10%. The program employs a positive youth development approach to implement evidence-based programs in target communities. Through the state-grant program, local entities will provide comprehensive sexuality education and life-skills programs to youth to “enable them to make responsible decisions to lead safe and healthy lives.”<sup>34</sup> The Colorado Department of Human Services selected three counties of varying sizes to develop communitywide initiatives with PREP funds.

The three selected communities include Denver, Garfield, and Huerfano counties. In each of these counties, the county department of human services has been awarded funds to implement PREP and establish a local advisory committee to guide program implementation. In addition, the state department of human services has contracted with two state-based organizations, Colorado Youth Matter and The Healthy Colorado Youth Alliance, to provide training, technical assistance, outreach, and related resources and information to the community sub-grantees.<sup>35</sup> A state-level advisory committee was also created to guide the state implementation plan. Each of the funded communities must choose one or more evidence-based program(s) from the following list of approved program models developed by the state PREP Advisory Committee:

1. *Be Proud! Be Responsible!*
2. *Becoming a Responsible Teen (BART)*
3. *¡Cuidate!*
4. *Draw the Line/Respect the Line*
5. *HIV Risk Reduction*
6. *Making Proud Choices!*
7. *Reducing the Risk*
8. *Teen Outreach Program (TOP)*
9. *Safer Choices*
10. *Tailoring Family Planning Services to the Special Needs of Adolescents*<sup>36</sup>

The first eight curricula all appear on the list of 28 evidence-based programs approved by the Office of Adolescent Health for replication with Tier 1 Teen Pregnancy Prevention Initiative funds. (Please see the [OAH Intervention Implementation Reports](#) for more information about these programs.)

*Safer Choices* is an evidence-based HIV-, STD-, and pregnancy-prevention program designed for students in the ninth and 10th grades. The program consists of experiential activities developed to build communication skills, skills for delaying sexual initiation, and condom-efficacy skills for those students who are or become sexually active. *Safer Choices* has five program components, including a “school health protection council” that involves students, parents, school faculty, and community members; a 20-session classroom-based curriculum; a peer team or club responsible for hosting school-wide activities; a parent education component with parent-child activities; and activities to expose and increase students’ awareness of local support services. An evaluation of the program published in the *Journal of Adolescent Health* found that the program was effective in delaying the initiation of sexual intercourse among Latino youth. Additional evaluations of *Safer Choices* showed that among participants it increased the use of contraception, increased condom use, reduced incidence of unprotected sex, and reduced number of sexual partners with whom condoms weren’t used.<sup>37</sup>

*Tailoring Family Planning Services to the Special Needs of Adolescents* is a pregnancy prevention protocol that provides clinic-based contraception education, counseling, and services to meet the specific needs of adolescent clients. Implemented in family planning clinics and other reproductive health care settings, the intervention offers age- and developmentally appropriate information, increased counseling time, information about medical exams, and reassurances of confidentiality for clients under the age of 18. The protocol includes a Personal Information Form, which helps health providers identify female adolescents who are at high risk of becoming pregnant. The two-part intervention consists of the original appointment and a six-week follow-up appointment. It is designed for use with suburban and rural white female adolescents ages 17 and younger. An evaluation of the study published in *Family Planning Perspectives* found, at a six-month follow-up, that clients who received the intervention were significantly more likely to report using a contraceptive method. Long-term findings show that the intervention also reduced pregnancy rates among participants.<sup>38</sup>

PREP funded communities must also choose three among the following four adulthood preparation subjects to incorporate into their programs: 1) healthy life skills; 2) healthy relationships; 3) adult-child relationships; and 4) educational and career services.<sup>39</sup>

#### *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 implements 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 Colorado.

#### *Tribal Personal Responsibility Education Program (Tribal PREP)*

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

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



### **Title V State Abstinence Education Grant Program**

The Title V State Abstinence Education Grant Program (Title V Abstinence-Only Program) allocates \$50 million per year to states for FYs 2010–2014. ACF administers the grant program. The Title V Abstinence-Only Program requires states to provide three state-raised dollars or the equivalent in services for every four federal dollars received. The state match may be provided in part or in full by local groups. All programs funded by the Title V Abstinence-Only Program must promote abstinence from sexual activity as their exclusive purpose and may provide mentoring, counseling, and adult supervision toward this end. Programs must be medically accurate and age-appropriate and must ensure abstinence is an expected outcome.

- The Colorado Department of Education received \$688,884 in federal Title V abstinence-only funding for FY 2011.
- The Colorado Department of Education provides sub-grants to four local public and private entities: Center Consolidated Schools (\$97,184); Center for Relationship Education (\$233,400); FRIENDS FIRST, Inc. (\$215,300); and the Pueblo City-County Health Department (\$58,100).<sup>40</sup>
- In Colorado, sub-grantees are required to contribute an 85% match rate of the federal funding they receive. The match can be made using in-kind services.

The Colorado Title V abstinence-only program is administered by the Colorado Department of Education, which sub-grants the funds to four local entities. The program aims to deliver abstinence-only programming to local communities and school districts. Highest priority for the Title V abstinence-only funds was given to counties/communities with the highest number of teen pregnancies and to school districts with student populations at high risk for contracting STDs, including HIV. Funded entities provide both school-based and community-based programming and curricula must be medically accurate and evidence based.<sup>41</sup>

#### Center Consolidated Schools, \$97,184 (FY 2011)

Center Consolidated Schools uses its Title V abstinence-only funds to expand upon an already existing peer mentoring program, *Viking Navigators*.<sup>42</sup> The school-based program serves middle-school students and their parents in Center, Colorado. The program implements the following curricula: *Promoting Health Among Teens! (Abstinence-Only Intervention)*; *WAIT (Why Am I Tempted?) Training*; *STARS (Students Teaching About Relationships and Success)*; *Botwin Life Skills Training*; and *WhyTry*.<sup>43</sup>

#### Center for Relationship Education, \$233,400 (FY 2011)

The Center for Relationship Education (CRE), formerly WAIT Training, is an abstinence-only-until-marriage industry leader and publisher of the well-known abstinence-only-until-marriage curriculum, *WAIT Training*. The organization is a former Community Based Abstinence Education (CBAE) grantee and received a total of \$2,368,820 in CBAE funds for FYs 2006–2009. CRE also receives federal funds through the Healthy Marriage Initiative and holds a cooperative agreement with the Centers for Disease Control and Prevention, Division of Adolescent and School Health to promote sexual abstinence. CRE uses the *WAIT Training* in various counties throughout Colorado, such as Otero, Prowers, San Juan, Rio Grande, and Costilla.<sup>44</sup>

*WAIT Training* is an abstinence-only-until-marriage curriculum that uses fear- and shame-based tactics to promote abstinence as the only appropriate behavior outside of marriage. SIECUS reviewed the most recent edition of *WAIT Training* and found that, similar to previous editions, it includes little medical or biological information about puberty and reproduction. Instead, it contains information and statistics

promoting the benefits of marriage, activities and skill-building exercises for developing healthy relationships, and information on STDs, including HIV. It also contains messages promoting biased views of gender, sexual orientation, and family structure. For example, *WAIT Training* explains, “When it comes to sex, men are like microwaves and women are like crockpots... [M]en respond sexually by what they see and women respond sexually by what they hear and how they feel about it.”<sup>45</sup>

FRIENDS FIRST, Inc., \$215,300 (FY 2011)

FRIENDS FIRST, Inc., is a nonprofit organization that provides abstinence-only-until-marriage programming to youth in the Denver metro area. The organization is a TPPI Tier 1 grantee and a former CBAE and AFLA abstinence-only-until-marriage grantee. With its Title V abstinence-only funds, the organization provides programming in Adams, Arapahoe, Boulder, Denver, and Jefferson counties. FRIENDS FIRST, Inc., uses the following curricula: *Project AIM (Adult Identity Mentoring)*, *STARS (Students Teaching About Relationships and Success)*, *It Takes Courage! (ITC!)*, *WAIT (Why Am I Tempted?) Training, Navigator, Aspire*, and *The Art of Loving Well*.<sup>46</sup>

The organization implements its Title V abstinence-only program in 14 middle schools located in five metro Denver counties. FRIENDS FIRST, Inc., uses *Project AIM* to provide in-class instruction to 700 students. The organization also provides after school instruction to half of participants using its *STARS* mentoring program. An additional 7,500 students receive abstinence-only programming through school assemblies.<sup>47</sup> (Please refer to the President’s Teen Pregnancy Prevention Initiative section for more information on the FRIENDS FIRST, Inc., TPPI Tier 1 program and the *Project AIM* curriculum.)

*STARS* is an abstinence-only-until marriage mentoring program developed by FRIENDS FIRST Executive Director Gina Harris. The program is designed for students in grades five through 12 and provides “peer role-models for students choosing or wanting to return to abstinence.”<sup>48</sup> *STARS* consists of 11 weekly, two-hour, after-school sessions and is intended to reinforce abstinence-only-until-marriage classroom instruction.<sup>49</sup> The program pairs middle school students with high school mentors and aims to “develop the foundation of skills necessary and conducive to stable, successful, long-term, monogamous marriage relationships” among participants. *STARS* includes lessons on goal-setting, self-control, the consequences of sexual activity, setting boundaries, assertiveness and refusal skills, healthy relationships, and the “benefits of abstinence until marriage.”<sup>50</sup> An evaluation of the program has not been published in a peer-reviewed, scientific journal showing proven effectiveness in delaying sexual activity.

Pueblo City-County Health Department, \$58,100 (FY 2011)

Pueblo City-County Health Department uses its Title V abstinence-only funds to implement the *Teen Outreach Program (TOP)* in School District 70 schools and community settings.

*TOP* is an evidence-based youth development program that engages young people in experiential learning activities in order to “prepare for successful adulthood and avoid problem behaviors.”<sup>51</sup> The program is designed for youth ages 12–17 and focuses on reducing rates of school failure, school suspension, and teen pregnancy. *TOP* consists of a nine-month curriculum that addresses such topics as relationships, peer pressure, decision making, values clarification, goal-setting, adolescent development, and sexual health.<sup>52</sup> It also includes a 20-hour community service component that engages participants in activities to enhance knowledge and develop skills, including self-efficacy, communication, conflict-management, and self-regulation. *TOP* can be delivered as an in-school, after-school, or community-based program. An evaluation of the program published in *Child Development* found that young women, ages 15–19, who participated in *TOP* were significantly less likely to report a pregnancy during the program than participants in the control group.<sup>53</sup>

C O L O R A D O

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

Grantee	Award	Fiscal Years
<b>Teen Pregnancy Prevention Initiative (TPPI)</b>		
<i>TPPI Tier 1: Evidence-Based Programs</i>		
FRIENDS FIRST, Inc.	\$901,604	2010–2014
<b>TOTAL</b>	<b>\$901,604</b>	
<i>TPPI Tier 2: Innovative Approaches</i>		
Denver Health and Hospital Authority	\$808,785	2010–2014
University of Colorado Denver	\$924,543	
<b>TOTAL</b>	<b>\$1,733,328</b>	
<b>Personal Responsibility Education Program (PREP)</b>		
<i>PREP State-Grant Program</i>		
Colorado Department of Human Services (federal grant)	\$794,967	2011
<i>Sub-grantees</i>		
<i>Denver Human Services</i>		2011
<i>Garfield County Department of Human Services</i>		2011
<i>Huerfano County Department of Social Services</i>		2011
<b>TOTAL</b>	<b>\$794,967</b>	
<b>Title V Abstinence Education Grant Program (Title V Abstinence-Only)</b>		
Colorado Department of Education (federal grant)	\$688,884	2011
<i>Sub-grantees</i>		
<i>Center Consolidated Schools</i>	\$97,184	2011
<i>Center for Relationship Education</i>	\$233,400	2011
<i>FRIENDS FIRST, Inc.</i>	\$215,300	2011
<i>Pueblo City-County Health Department</i>	\$58,100	2011
<b>TOTAL</b>	<b>\$688,884</b>	
<b>GRAND TOTAL</b>	<b>\$4,118,783</b>	<b>2011</b>

**COMPREHENSIVE APPROACHES TO SEXUALITY EDUCATION**

SIECUS has identified some examples of model programs, policies, and best practices being implemented in Colorado public schools that provide a more comprehensive approach to sex education for young people.<sup>54</sup>

*Revised State Sex Education Policy*

In 2007, the Colorado state legislature passed House Bill 1292, which was signed into law by Governor Bill Ritter on May 14, 2007. HB 1292 sets science-based, content standards for sex education provided in public schools, family-resource centers, and teen pregnancy-prevention programs, and establishes

minimum requirements for curriculum used to teach human sexuality by school districts. Previous Colorado law did not specify requirements for sex education, although school districts could choose to offer instruction in grades pre-K through 12. Under this law, when sexuality education is offered, curricula used must be science-based, age-appropriate, culturally sensitive, medically accurate, and address both abstinence and contraception, including emergency contraception.

#### *Updated State Health Education Standards*

In December 2008, the Colorado State Board of Education voted to develop the state's first-ever health education standards. Standards for health and wellness education were developed and incorporated into the state's physical-education standards during the 2009 revision process of the state-education standards. The revised standards, the *Comprehensive Health and Physical Education Standards*, were adopted on December 10, 2009. The *Standards* establish individual "grade-level expectations," or education outcomes, for grades K–8, while high-school expectations remain grouped for grades nine through 12. Standards for comprehensive health education are organized into categories: Physical and Personal Wellness, Emotional and Social Wellness, and Prevention and Risk Management.

Health-education standards related to human sexuality set grade-level expectations for students' abilities to use decision-making skills and make healthy decisions about relationships and sexual health. In high school, learning expectations include, among others: defining the characteristics of a healthy relationship; analyzing "the emotional, mental, social, and physical benefits for delaying sexual activity" and "factors that influence the choice, use, and effectiveness of contraception"; evaluating how HIV/AIDS and other STDs or pregnancy could impact life goals; evaluating "internal and external influences and pressures to become sexually active"; and demonstrating strategies to resist such pressures. High-school learning expectations also include "communicate the benefits of avoiding or reducing the risk of unwanted pregnancy and [STDs], including HIV" and "communicate the importance of HIV and [STD] counseling to those who are sexually active."

In eighth grade, learning expectations related to human sexuality include, "explain the benefits and effectiveness of abstinence in preventing HIV, STDs, and unintended pregnancy" and "explain the benefits and effectiveness and potential side effects of contraceptives in reducing the risk of HIV, other STDs, and unintended pregnancy." Additional benchmarks related to understanding disease prevention include "describe the signs, symptoms, and transmission of common STDs, including HIV, HPV, and chlamydia," among others. Learning expectations for seventh grade address healthy relationships, including dating and family relationships, along with sexual decision making, such as understanding the social, hormonal, familial, personal, and media influences that affect sexual decision making and activity. Seventh grade health standards also include grade-level expectations for understanding HIV transmission and contraction, as well as defining common STDs. Sixth grade expectations include gaining knowledge of both physical and emotional aspects of human sexuality. Students are expected to "describe the behaviors that place one at risk for HIV/AIDS, [STDs], or unintended pregnancy"; "identify sexual feelings common to young adolescents, and differentiate between having sexual feelings and acting on them"; and "describe the need to have clear expectations, boundaries, and personal safety strategies."

Fifth grade learning expectations cover sexual anatomy, puberty, reproduction, and skills related to health promotion and disease prevention. Some of these grade-level expectations are "differentiate between communicable and non-communicable diseases," "describe the effects of HIV on the body," and "explain how HIV is and is not transmitted." Comprehensive health education standards for lower grades do not include learning expectations that specifically pertain to human sexuality, although concepts related to boundaries, respect, and decision making are introduced as early as kindergarten.

*Comprehensive Sex Education Programs in Public Schools*  
Denver Public School District

In January 2007, the Denver Office of Strategic Partnerships created the Denver Teen Pregnancy Prevention Partnership (DTP3), which consists of local stakeholders and six community-based organizations. The aim of the partnership is to implement comprehensive sex education programming in Denver public schools in order to reduce the incidence of unintended pregnancy and STIs among students. DTP3 coordinates the work of the six community-based organizations to provide direct programming and services in Kepner Middle School and Lincoln and West High Schools, which are all schools with low-income Latino populations. Along with in-class programming, the partnership provides students with after-school, youth-leadership development programs, runs education and engagement workshops for parents, and places health educators to work within the school-based health centers.<sup>55</sup>

Three of DTP3's community-based organizations provide comprehensive sex education programs in the schools, including Denver Area Youth Services, Girls Inc. of Metro Denver, and Planned Parenthood of the Rocky Mountains. These organizations implement *¡Cuidate!*, *Will Power/Won't Power*, and *Safer Choices*. (Please see the PREP State-Grant Program section above for information on *Safer Choices*.) The programs provided are science-based, medically accurate, age-appropriate, culturally sensitive, and include information about both abstinence and contraception among other topics. Denver Area Youth Services delivers the *¡Cuidate!* sex education curriculum to students at Lincoln High School. *¡Cuidate!* is an evidence-based HIV-prevention curriculum adapted from the evidence-based curriculum *Be Proud! Be Responsible!*, and is 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.<sup>56</sup>

Girls Inc. of Metro Denver implements the *Will Power/Won't Power* curriculum at Kepner Middle School. Created by Girls Inc., *Will Power/Won't Power* is an age- and developmentally appropriate pregnancy-prevention curriculum designed for adolescent girls ages 12–14. The curriculum promotes abstinence and encourages participants to delay sexual activity, while also providing information on pregnancy prevention and contraception. In addition, *Will Power/Won't Power* teaches assertiveness and communication skills, skills for identifying and resisting sexual pressures, and healthy decision making. An evaluation of the curriculum found that girls who participated in the program had increased knowledge of the risks and prevention methods related to STDs.<sup>57</sup>

Poudre and Thompson School Districts, Larimer County, Colorado

Since the passage of Colorado House Bill 1292 in 2007, the Larimer County Department of Health and Environment has worked to assist and support local school districts in implementing comprehensive sex education curricula in compliance with the new law. With the help of the Healthy Colorado Youth Alliance, a statewide coalition supporting school districts and communities through advocacy, organizing, and technical assistance, Larimer County's health educator serves as a resource for comprehensive sex education, providing training to teachers and assisting in revising curricula. For example, in 2008, Thompson School District developed an advisory board among school administrators and teachers to update and revise the seventh grade human sexuality curriculum. The board approved the revised curriculum in 2009.

## COLORADO

We encourage you to submit any updated or additional information on comprehensive approaches to sex education being implemented in Colorado public schools for inclusion in future publications of the State Profiles. Please visit SIECUS' "Contact Us" webpage at [www.siecus.org](http://www.siecus.org) to share information. Select "state policy" as the subject heading.

### **POINTS OF CONTACT**

#### **Adolescent Health Contact**<sup>58</sup>

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Colorado Department of Public Health and Environment  
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Kristine Pasquini  
Senior Consultant  
Abstinence and Sexual Health Education  
Colorado Department of Education, Health and Wellness  
201 East Colfax Avenue, Room 305  
Denver, CO 80203  
Phone: (303) 866-6616

#### **PREP State-Grant Coordinator**

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Colorado Works Program  
1575 Sherman Street, 3rd Floor  
Denver, CO 80203  
Phone: (303) 866-2641

#### **Title V Abstinence-Only Grant Coordinator**

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Colorado Department of Public Health and Environment  
4300 Cherry Creek Drive South  
Denver, CO 80246  
Phone: (303) 692-2946

COLORADO

**ORGANIZATIONS THAT SUPPORT COMPREHENSIVE SEXUALITY EDUCATION**

ACLU of Colorado  
Denver, CO  
Phone: (303) 777-5482  
[www.aclu-co.org](http://www.aclu-co.org)

Girls Inc. of Metro Denver  
Denver, CO  
Phone: (303) 893-4363  
[www.girlsincdenver.org](http://www.girlsincdenver.org)

Colorado AIDS Project  
Denver, CO  
Phone: (303) 837-0166  
[www.coloradoaidsproject.org](http://www.coloradoaidsproject.org)

The Healthy Colorado Youth Alliance<sup>59</sup>  
Denver, CO  
Phone: (303) 316-0200  
[www.healthycoloradoyouth.org](http://www.healthycoloradoyouth.org)

Colorado Organization on Latina  
Opportunity and Reproductive Rights  
Denver, CO  
Phone: (303) 393-0382  
[www.colorlatina.org](http://www.colorlatina.org)

The Interfaith Alliance of Colorado  
Denver, CO  
Phone: (720) 524-100  
[www.interfaithallianceco.org](http://www.interfaithallianceco.org)

Colorado Religious Coalition for  
Reproductive Choice  
Denver, CO  
Phone: (303) 756-9996  
[www.corcrc.org](http://www.corcrc.org)

Planned Parenthood of the Rocky  
Mountains  
Denver, CO  
Phone: (303) 321-PLAN  
[www.pprm.org](http://www.pprm.org)

Colorado Youth Matter  
Denver, CO  
Phone: (303) 225-8870  
[www.coloradoyouthmatter.org](http://www.coloradoyouthmatter.org)

NARAL Pro-Choice Colorado  
Foundation  
Denver, CO  
Phone: (303) 394-1973  
[www.prochoicecolorado.org](http://www.prochoicecolorado.org)  
[www.preventionfirstcolorado.org](http://www.preventionfirstcolorado.org)

The Center/Rainbow Alley  
Denver, CO  
Phone: (303) 733-7743  
[www.glbtcOLORADO.org](http://www.glbtcOLORADO.org)

**ORGANIZATIONS THAT OPPOSE COMPREHENSIVE SEXUALITY EDUCATION**

Colorado Right to Life Committee  
Denver, CO  
Phone: (303) 753-9394  
[www.coloradorighttolife.org](http://www.coloradorighttolife.org)

Independence Institute  
Golden, CO  
Phone: (303) 279-6536

Focus on the Family  
Colorado Springs, CO  
Phone: (719) 531-5181  
[www.focusonthefamily.com](http://www.focusonthefamily.com)

Youth for Christ  
Englewood, CO  
Phone: (303) 843-9000  
[www.yfc.net](http://www.yfc.net)

## COLORADO

Rocky Mountain Family Council  
Westminster, CO  
Phone: (303) 292-1800  
[www.rmfc.org](http://www.rmfc.org)

### MEDIA OUTLETS

#### Newspapers in Colorado<sup>60</sup>

*Boulder Weekly*  
Boulder, CO  
Phone: (303) 494-5511  
[www.boulderweekly.com](http://www.boulderweekly.com)

*Daily Camera*  
Boulder, CO  
Phone: (303) 473-1365  
[www.dailycamera.com](http://www.dailycamera.com)

*Daily Sentinel*  
Grand Junction, CO  
Phone: (970) 256-4229  
[www.gjsentinel.com](http://www.gjsentinel.com)

*Denver Post*  
Denver, CO  
Phone: (303) 954-1201  
[www.denverpost.com](http://www.denverpost.com)

*Durango Herald*  
Durango, CO  
Phone: (970) 247-3504  
[www.durangoherald.com](http://www.durangoherald.com)

*Fort Collins Coloradoan*  
Fort Collins, CO  
Phone: (970) 493-6397  
[www.coloradoan.com](http://www.coloradoan.com)

*The Gazette*  
Colorado Springs, CO  
Phone: (719) 633-5511  
[www.gazette.com](http://www.gazette.com)

*Grand Junction Sentinel*  
Grand Junction, CO  
Phone: (970) 247-3504  
[www.gjsentinel.com](http://www.gjsentinel.com)

*Pueblo Chieftain*  
Pueblo, CO  
Phone: (719) 544-5897  
[www.chieftain.com](http://www.chieftain.com)

*Westword*  
Denver, CO  
Phone: (303) 296-7744  
[www.westword.com](http://www.westword.com)

#### Political Blogs in Colorado

*Colorado Pols*  
[www.coloradopols.com](http://www.coloradopols.com)

*Colorado Springs Independent*  
[www.csindy.com/blogs/IndyBlog](http://www.csindy.com/blogs/IndyBlog)

*Free Colorado*  
[blog.ariarmstrong.com](http://blog.ariarmstrong.com)

*Progress Now Colorado*  
[www.progressnowcolorado.org](http://www.progressnowcolorado.org)

*Square State*  
[www.squarestate.net](http://www.squarestate.net)

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



- <sup>2</sup> Colorado Statute §22-1-110.5, [http://www.michie.com/colorado/lpext.dll/cocode/1/35d4a/35dba/35dbc/35e79?f=templates&fn=document-frame.htm&2.0#JD\\_22-1-1105](http://www.michie.com/colorado/lpext.dll/cocode/1/35d4a/35dba/35dbc/35e79?f=templates&fn=document-frame.htm&2.0#JD_22-1-1105).
- <sup>3</sup> Ibid.
- <sup>4</sup> Danice K. Eaton, et. al., “Youth Risk Behavior Surveillance—United States, 2011,” *Surveillance Summaries, Morbidity and Mortality Weekly Report*, vol. 61, no. SS-4 (June 8, 2012): accessed June 18, 2012, <http://www.cdc.gov/mmwr/pdf/ss/ss6104.pdf>.
- <sup>5</sup> “Birth rate for U.S. teenagers reach historic lows for all age and ethnic groups,” NCHS data brief, no. 89, (Hyattsville, MD: National Center for Health Statistics, 2012), accessed June 27, 2012, <http://www.cdc.gov/nchs/data/databriefs/db89.pdf>, Data table for figure 6.
- <sup>6</sup> Ibid.
- <sup>7</sup> *U.S. Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, (Washington, DC: Guttmacher Institute, January 2010), accessed May 7, 2012, <http://www.guttmacher.org/pubs/USTPTrends.pdf>, Table 3.1.
- <sup>8</sup> Ibid., Table 3.2.
- <sup>9</sup> *U.S. Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, Table 3.1.
- <sup>10</sup> Slide 9: “Rates of Diagnoses of HIV Infection among Adolescents Aged 13–19 Years, 2010—46 States and 5 U.S. Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention), accessed January 3, 2013, <http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>.
- <sup>11</sup> Slide 18: “Rates of AIDS Diagnoses among Adolescents Aged 13–19 Years, 2010—United States and 6 U.S. Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention), accessed January 3, 2013, <http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>.
- <sup>12</sup> Slide 10: “Rates of Diagnoses of HIV Infection among Young Adults Aged 20-24 Years, 2010—46 States and 5 U.S. Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention), accessed January 3, 2013, <http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>.
- <sup>13</sup> Slide 19: “Rates of AIDS Diagnoses among Young Adults Aged 20-24 Years, 2010—United States and 6 U.S. Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention), accessed January 3, 2013, <http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>.
- <sup>14</sup> “Wonder Database: Sexually Transmitted Disease Morbidity for selected STDs by age, race/ethnicity and gender 1996–2009 Results,” (Atlanta, GA: Centers for Disease Control and Prevention, June 2011), accessed December 18, 2012, <http://wonder.cdc.gov>.
- <sup>15</sup> Ibid.
- <sup>16</sup> “History and Mission,” FRIENDS FIRST, Inc., accessed April 2, 2011, [https://www.friendsfirst.org/index.php?option=com\\_content&view=article&id=50&Itemid=155](https://www.friendsfirst.org/index.php?option=com_content&view=article&id=50&Itemid=155).
- <sup>17</sup> Ibid.
- <sup>18</sup> “Teenage Pregnancy Prevention: Summary of Funded Evidence-Based Programs for 2010,” U.S. Department of Health & Human Services, accessed April 14, 2011, [http://www.hhs.gov/ash/oah/prevention/grantees/models\\_2010\\_programs.html](http://www.hhs.gov/ash/oah/prevention/grantees/models_2010_programs.html).
- <sup>19</sup> Ibid.
- <sup>20</sup> *Adult Identity Mentoring (Project AIM)*, Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed July 1, 2011, [http://www.hhs.gov/ash/oah/oah-initiatives/tpp/programs/adult\\_identity\\_mentoring\\_project\\_aim.pdf](http://www.hhs.gov/ash/oah/oah-initiatives/tpp/programs/adult_identity_mentoring_project_aim.pdf); see also *Project AIM: Adult Identity Mentoring, A Youth Development Intervention for HIV Risk Reduction*, Centers for Disease Control and Prevention, Division of HIV/AIDS Prevention, accessed August 18, 2011, [http://www.cdc.gov/hiv/topics/prev\\_prog/rep/packages/pdf/aim.pdf](http://www.cdc.gov/hiv/topics/prev_prog/rep/packages/pdf/aim.pdf).
- <sup>21</sup> *Adult Identity Mentoring (Project AIM)*, Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed July 1, 2011, <http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=573>.
- <sup>22</sup> *Adult Identity Mentoring (AIM)*, Promising Practices, San Bernardino County Department of Public Health, accessed July 1, 2011, <http://www.healthysanbernardinocounty.org/modules.php?op=modload&name=PromisePractice&file=promisePractice&pid=3633>.
- <sup>23</sup> “Pregnancy Prevention Intervention Implementation Report: Adult Identity Mentoring (Project AIM),” Programs for Replication – Intervention Implementation Reports, U.S. Department of Health and Human Services, accessed July 1, 2011, [http://www.hhs.gov/ash/oah/prevention/research/programs/adult\\_identity\\_mentoring\\_project\\_aim.html](http://www.hhs.gov/ash/oah/prevention/research/programs/adult_identity_mentoring_project_aim.html).
- <sup>24</sup> “About Us” Denver Health and Hospital Authority, accessed July 14, 2011, <http://denverhealth.org/AboutUs.aspx>.
- <sup>25</sup> Saras Chung and Annie Philipps, *Promoting Mental Health and Well-being in Adolescents: Recommendations for Wyman’s Teen Outreach Program*, (Eureka, MO: Wyman Teen Outreach Program, 2010), accessed July 1, 2011, <http://wymancenter.org/wordpress/wp-content/uploads/2011/08/TOP-Promoting-Positive-Well-Being-in-Adolescents.pdf>, 3.
- <sup>26</sup> Ibid, 9.

- <sup>27</sup> “Pregnancy Prevention Intervention Implementation Report: Teen Outreach Program,” Programs for Replication – Intervention Implementation Reports, U.S. Department of Health and Human Services, accessed July 1, 2011, [http://www.hhs.gov/ash/oah/oah-initiatives/tpp/programs/teen\\_outreach\\_program.pdf](http://www.hhs.gov/ash/oah/oah-initiatives/tpp/programs/teen_outreach_program.pdf).
- <sup>28</sup> “Project Abstract Summary,” Application for Federal Assistance SF-424, Teen Pregnancy Prevention Initiative, Research and Demonstration Grant Programs, Denver Health and Hospital Authority, submitted June 4, 2010, 5. Information obtained from the U.S. Department of Health and Human Services, Office of Adolescent Health, through a Freedom of Information Act request.
- <sup>29</sup> Ibid.
- <sup>30</sup> “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 July 14, 2011, [http://webcache.googleusercontent.com/search?q=cache:RstgXEd5vS0J:ipv6.hhs.gov/ash/oah/prevention/grantees/models\\_2010\\_programs.html+&cd=2&hl=en&ct=clnk&gl=us&client=firefox-a](http://webcache.googleusercontent.com/search?q=cache:RstgXEd5vS0J:ipv6.hhs.gov/ash/oah/prevention/grantees/models_2010_programs.html+&cd=2&hl=en&ct=clnk&gl=us&client=firefox-a).
- <sup>31</sup> Ibid.; see also “Circle of Life, Elementary Curriculum K–6,” North Dakota Department of Public Instruction, Coordinated School Health, accessed July 14, 2011, <http://www.dpi.state.nd.us/health/HIV/colelementary.pdf>.
- <sup>32</sup> “Teenage Pregnancy Prevention: Summary of Funded Research and Development Programs for 2010,” U.S. Department of Health and Human Services, Office of Adolescent Health.
- <sup>33</sup> Information provided by Jennifer Morganto, Prevention Programs Specialist/PREP Project Manager, Colorado Department of Human Services/Colorado Works, March 15, 2012.
- <sup>34</sup> “Personal Responsibility and Education Program (PREP) State Plan Abstract,” Colorado Department of Human Services, accessed August 28, 2012, <http://www.colorado.gov/cs/Satellite/CDHS-ColoradoWorks/CCW/1251588039866>.
- <sup>35</sup> Ibid.
- <sup>36</sup> Ibid.
- <sup>37</sup> *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 August 28, 2012, <http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf>, 26–28.
- <sup>38</sup> *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 August 28, 2012, <http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf>, 102–105.
- <sup>39</sup> “Personal Responsibility and Education Program (PREP) State Plan Abstract,” Colorado Department of Human Services.
- <sup>40</sup> Information provided by Benjie Blase, Title V Program Manager, Colorado Department of Education, Office of Health and Wellness, October 26, 2012.
- <sup>41</sup> Ibid.
- <sup>42</sup> Title V State Abstinence Grant 2011, Center Consolidated School District, January 2011, 3. Information obtained from the Colorado Department of Education through a Colorado Records Act request.
- <sup>43</sup> Information provided by Benjie Blase, Title V Program Manager, Colorado Department of Education, Office of Health and Wellness, October 26, 2012.
- <sup>44</sup> Ibid.
- <sup>45</sup> Joneen Krauth-Mackenzie, *WAIT (Why Am I Tempted) Training, Second Edition* (Greenwood Village, CO: WAIT Training, undated). For more information, see SIECUS’ review of *WAIT Training* at [http://www.communityactionkit.org/curricula\\_reviews.html](http://www.communityactionkit.org/curricula_reviews.html).
- <sup>46</sup> Information provided by Benjie Blase, Title V Program Manager, Colorado Department of Education, Office of Health and Wellness, October 26, 2012.
- <sup>47</sup> “Executive Summary,” Title V State Abstinence Grant 2011, FRIENDS FIRST, Inc., submitted January 19, 2011. Information obtained from the Colorado Department of Education through a Colorado Records Act request.
- <sup>48</sup> *STARS Mentoring Program* – Background, FRIENDS FIRST, Inc., accessed July 14, 2011, [https://www.friendsfirst.org/index.php?option=com\\_content&view=article&id=117&Itemid=225](https://www.friendsfirst.org/index.php?option=com_content&view=article&id=117&Itemid=225).
- <sup>49</sup> “Part IV: Implementation Plan,” Title V State Abstinence Grant 2011, FRIENDS FIRST, Inc., submitted January 19, 2011, 4. Information obtained from the Colorado Department of Education through a Colorado Records Act request; see also *STARS Mentoring Program* – Description, FRIENDS FIRST, Inc., accessed July 14, 2011, [https://www.friendsfirst.org/index.php?option=com\\_content&view=article&id=116&Itemid=224](https://www.friendsfirst.org/index.php?option=com_content&view=article&id=116&Itemid=224).
- <sup>50</sup> Ibid.
- <sup>51</sup> Saras Chung and Annie Philipps, *Promoting Mental Health and Well-being in Adolescents: Recommendations for Wyman’s Teen Outreach Program*, (Eureka, MO: Wyman Teen Outreach Program, 2010), accessed July 1, 2011, <http://wymancenter.org/wordpress/wp-content/uploads/2011/08/TOP-Promoting-Positive-Well-Being-in-Adolescents.pdf>, 3.
- <sup>52</sup> Ibid, 9.

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<sup>53</sup> “Pregnancy Prevention Intervention Implementation Report: Teen Outreach Program,” Programs for Replication – Intervention Implementation Reports, U.S. Department of Health and Human Services, accessed July 1, 2011, [http://www.hhs.gov/ash/oah/oah-initiatives/tpp/programs/teen\\_outreach\\_program.pdf](http://www.hhs.gov/ash/oah/oah-initiatives/tpp/programs/teen_outreach_program.pdf).

<sup>54</sup> 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.

<sup>55</sup> “Denver Teen Pregnancy Prevention Partnership,” Urban Initiative for Reproductive Health, *National Institute for Reproductive Health*, April 2010, accessed May 5, 2010, <http://www.urbaninitiative.org/>.

<sup>56</sup> *Cuidate!* Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed May 5, 2010, <http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=577&PageTypeID=2>; see also *Science and Success: Sex Education and Other Programs That Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections, Second Edition* (Washington, DC: Advocates for Youth, 2008), accessed March 30, 2010, <http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf>, 76–79.

<sup>57</sup> “Evaluating the Will Power/ Won’t Power Teenage Pregnancy Prevention Program for Girls Ages 12 to 14,” *Robert Wood Johnson Foundation*, November 17, 2008, accessed April 29, 2010, <http://www.rwjf.org/about/product.jsp?id=36250>; see also “Preventing Adolescent Pregnancy,” Girls Inc., accessed April 29, 2010, <http://www.girlsinc.org/about/programs/adolescent-pregnancy.html>.

<sup>58</sup> The person listed represents the designated personnel in the state responsible for adolescent reproductive health.

<sup>59</sup> The Alliance includes over 40 organizations that support comprehensive sexuality education, some of which are also listed in this section.

<sup>60</sup> This section is a list of major newspapers in the state and is by no means exhaustive of local print outlets.