



COLORADO

Colorado 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).¹

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.
- Provide instruction on the health benefits and potential side effects of using contraceptives and barrier methods to prevent pregnancy.²

The Colorado Department of Education is charged with 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. Some school districts, however, have an “opt-in” policy, if they receive funding from the Colorado Department of Education through the Colorado Comprehensive Health Education Act of 1990.

See Colorado Statutes 22-25-104, 22-25-106, 22-25-110, 22-25-110.5 and 25-4-1405.

Recent Legislation

Bill Separating Abortion from Contraception

In April 2009, Democratic Governor Bill Ritter signed into law SB 09, which defines contraception as “a medically acceptable drug, device, or procedure used to prevent pregnancy” in order to ensure that state restrictions on abortion do not apply to contraception. The measure passed the legislature in March 2009, and is now in effect.

Colorado’s Youth: Statistical Information of Note³

- In 2009, 36% of female high school students and 44% of male high school students in Colorado 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 6% of male high school students in Colorado 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, 11% of female high school students and 17% of male high school students in Colorado 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, 26% of female high school students and 29% 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 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, 59% of females and 67% of males in Colorado 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, 26% of females and 19% of males in Colorado 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, 27% of females and 23% of males in Colorado 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, 82% of high school students in Colorado reported having been taught about AIDS/HIV in school compared to 87% of high school students nationwide.

Colorado Youth Sexual Health Statistics

Teen Pregnancy, Birth, and Abortion

- Colorado's teen pregnancy rate ranks 20th in the U.S., with a rate of 69 pregnancies per 1,000 young women ages 15–19 compared to the national rate of 70 pregnancies per 1,000.⁴ There were a total of 10,840 pregnancies among young women ages 15–19 reported in 2005, the most recent year for which data is available, in Colorado.⁵
- Colorado's teen birth rate ranked 20th in the U.S., with a rate of 42.6 births per 1,000 young women ages 15–19 compared to the national rate of 40.5 births per 1,000.⁶ In 2005, there were a total of 6,646 live births reported to young women ages 15–19 in Colorado.⁷
- In 2006, the U.S. teen birth rate increased for the first time in 15 years by 3% from 40.5 to 41.9 births per 1,000 young women ages 15–19, after having steadily declined between 1991 and 2005.⁸ Colorado's teen birth rate also increased between 2005 and 2006, from 42.6 to 43.8 births per 1,000 young women ages 15–19.⁹
- Colorado's teen abortion rate ranks 30th in the U.S., with a rate of 11 abortions per 1,000 young women ages 15–19 compared to the national rate of 19 abortions per 1,000. In 2005, there were a total of 1,933 abortions reported among young women ages 15–19 in Colorado.¹⁰

HIV and AIDS

- Colorado ranks 24th in cases of HIV infection diagnosed in the U.S. among all age groups. In 2007, there were a total of 274 new cases of HIV infection diagnosed in Colorado.¹¹
- Colorado ranks 19th in cases of HIV/AIDS diagnosed among young people ages 13–19 out of the 34 states with confidential, name-based HIV infection reporting. In 2007, there were a total of 17 young people ages 13–19 diagnosed with HIV/AIDS in Colorado.¹²
- Colorado's AIDS rate ranks 24th in the U.S., with a rate of 7.3 cases per 100,000 population compared to the national rate of 12.5 cases per 100,000.¹³
- Colorado ranks 24th in number of reported AIDS cases in the U.S. among all age groups. In 2007, there were a total of 355 new AIDS cases reported in Colorado.¹⁴
- Colorado ranks 22nd in number of reported AIDS cases in the U.S. among young people ages 13–19. In 2007, there were a total of 4 AIDS cases reported among young people ages 13–19 in Colorado.¹⁵

Sexually Transmitted Diseases

- Colorado ranks 24th in reported cases of Chlamydia among young people ages 15–19 in the U.S., with an infection rate of 18.98 cases per 1,000 compared to the national rate of 19.51 cases per 1,000. In 2008, there were a total of 6,103 cases of Chlamydia reported among young people ages 15–19 in Colorado.¹⁶
- Colorado ranks 35th in reported cases of gonorrhea among young people ages 15–19 in the U.S., with an infection rate of 1.90 cases per 1,000 compared to the national rate of 4.52 cases per 1,000. In 2008, there were a total of 931 cases of gonorrhea reported among young people ages 15–19 in Colorado.¹⁷
- Colorado ranks 31st in reported cases of primary and secondary syphilis among young people ages 15–19 in the U.S., with an infection rate of 0.01 cases per 1,000 compared to the national rate of 0.04 cases per 1,000. In 2008, there were a total of 4 cases of syphilis reported among young people ages 15–19.¹⁸

Comprehensive Approaches to Sex 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.¹⁹

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-Kindergarten 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 level 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 [C]hlamydia" 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 include, “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.

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.²⁰

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. 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!* comprehensive sex education curriculum to students at Lincoln High School. *¡Cuidate!* is an HIV-prevention education curriculum that is culturally tailored for use with Latino high school youth and adapted from the evidence-based curriculum, *Be Proud! Be Responsible!*. The curriculum consists of interactive activities, including small group discussions, videos, learning exercises, and skill-building activities. An evaluation of the curriculum found that it reduced the frequency of sexual intercourse, number of sexual partners, and incidence of unprotected sex, while increasing condom use among participants.²¹

Girls Inc. of Metro Denver administers 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.²²

Safer Choices is an evidence-based curriculum administered to students at West High School by Planned Parenthood of the Rocky Mountains. The curriculum, which covers HIV, STD, and pregnancy prevention, is designed for use with diverse populations, including Latino youth, and intended for students in the ninth and tenth grades. The program consists of experiential activities developed to build communication skills, delay sexual initiation, and increase condom efficacy skills, among sexually active youth. *Safer Choices* has many program components, including a “school health protection council” and a peer team or club responsible for hosting school-wide activities. An evaluation of the program published in the *Journal of Adolescent Health* found that the curriculum was effective in delaying the initiation of sexual intercourse among Latino youth. Additional evaluations of *Safer Choices* showed that participants increased their use of contraception, increased condom use, reduced incidences of unprotected sex, and reduced the number of sexual partners with whom condoms were not used.²³

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.

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 SIECUS State Profiles. Please visit SIECUS’ “Contact Us” webpage at www.siecus.org to share information. Select “state policy” as the subject heading.

Federal Funding for Abstinence-Only-Until-Marriage Programs

Community-based organizations in Colorado received \$3,727,332 in federal funds for abstinence-only-until-marriage programs in Fiscal Year 2009.²⁴

Title V Abstinence-Only-Until Marriage Funding

- Colorado chose not to participate in the Title V abstinence-only-until-marriage program in Fiscal Year 2009. The state was eligible for approximately \$488,314 in funding. Due to the expiration of the grant program on June 30, 2009, three months prior to the end of the federal fiscal year, the state would have received three quarters of the total funding allocated for the full fiscal year.

Community-Based Abstinence Education (CBAE) Funding

- Organizations in Colorado received \$2,201,689 in CBAE funding for Fiscal Year 2009.
- There are four CBAE grantees in Colorado, including two abstinence-only-until-marriage industry leaders, one community-based organization, and one faith-based organization.

Adolescent Family Life Act (AFLA) Funding

- Public and private entities in Colorado received \$1,525,643 in AFLA funding for Fiscal Year 2009.
- There are three AFLA grantees in Colorado, including two universities and one abstinence-only-until-marriage industry leader.

Abstinence-Only-Until-Marriage Curricula Used by Grantees

Some abstinence-only-until-marriage grantees in Colorado use commercially available curricula. These include, but are not limited to:

- *ASPIRE: Live your life. Be free.*
- *WAIT Training*

To read reviews of abstinence-only-until-marriage curricula commonly used by federal grantees please visit the “Curricula and Speaker Reviews” webpage of SIECUS’ Community Action Kit at www.communityactionkit.org.

C O L O R A D O

Federal Funding for Abstinence-Only-Until-Marriage Programs in FY 2009²⁵

Abstinence-Only-Until-Marriage Grantee	Title V	CBAE (Length of Grant)	AFLA (Length of Grant)
Colorado State University— Cooperative Extension www.ext.colostate.edu			\$410,843 (2007–2012)
Colorado State University—Fort Collins www.colostate.edu			\$700,000 (2008–2013)
Friends First, Inc. www.friendsfirst.org		\$599,939 (2008–2013)	\$414,800 (2007–2012)
Life Network www.elifenetwork.com		\$402,700 (2008–2013)	
WATT Training www.waittraining.com		\$599,450 (2006–2011)	
YMCA of Pueblo www.puebloymca.org		\$599,600 (2008–2013)	

Adolescent Health Contact²⁶

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

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Colorado Organizations that Support Comprehensive Sexuality Education

ACLU of Colorado
400 Corona Street
Denver, CO 80218
Phone: (303) 777-5482
www.aclu-co.org

Colorado AIDS Project
2490 West 26th Avenue
Denver, CO 80211
Phone: (303) 837-0166
www.coloradoaidsproject.org

Colorado Youth Matter
1650 Franklin Street, Lower Level
Denver, CO 80218
Phone: (303) 225-8870
www.coloradoyouthmatter.org

Colorado Organization on Latina
Opportunity and Reproductive Rights
P.O. Box 40991
Denver, CO 80204
Phone: (303) 393-0382
www.colorlatina.org

Colorado Religious Coalition for
Reproductive Choice
P.O. Box 370414
Denver, CO 80237
Phone: (303) 756-9996
www.corcrc.org

The Denver Teen Pregnancy
Prevention Partnership (DTP3)
1530 West 13th Avenue
Denver, CO 80204
Phone: (303) 302-3264

The Center
1050 Broadway
Denver, CO 80203
Phone: (303) 733-7743
www.glbtcOLORADO.org

Girls Inc. of Metro Denver
1499 Julian Street
Denver, CO 80204
Phone: (303) 893-4363
www.girlsinCDenver.org

The Healthy Colorado Youth Alliance
1650 Franklin Street, Lower Level
Denver, CO 80218
Phone: (303) 316-0200
www.healthycoloradoyouth.org

Larimer County Department of Health
and Environment
1525 Blue Spruce Drive
Fort Collins, CO 80524
Phone: (970) 498-6743

NARAL Pro-Choice Colorado
Foundation
1905 Sherman Street, Suite 800
Denver, CO 80203
Phone: (303) 394-1973
www.prochoicecolorado.org
www.preventionfirstcolorado.org

Planned Parenthood of the Rocky
Mountains
7155 East 38th Avenue
Denver, CO 80207
Phone: (303) 321-PLAN
www.pprm.org

Colorado Organizations that Oppose Comprehensive Sexuality Education

Colorado Right to Life Committee
1535 Grant Street, #303
Denver, CO 80203
Phone: (303) 753-9394
www.coloradorighttolife.org

Focus on the Family
8605 Explorer Drive
Colorado Springs, CO 80920
Phone: (719) 531-5181
www.focusonthefamily.com

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Independence Institute
13952 Denver West Parkway,
Suite 400
Golden, CO 80401
Phone: (303) 279-6536

Rocky Mountain Family Council
8704 Yates Drive, Suite 205
Westminster, CO 80031
Phone: (303) 292-1800
www.rmfc.org

Youth for Christ
7670 South Vaughn Court
Englewood, CO 80112
Phone: (303) 843-9000
www.yfc.net

Newspapers in Colorado²⁷

Daily Camera
Newsroom
1048 Pearl Street
Boulder, CO 80302
Phone: (303) 473-1365
www.dailycamera.com

Daily Sentinel
Newsroom
734 South 7th Street
Grand Junction, CO 81501
Phone: (970) 256-4229
www.gjsentinel.com

Denver Post
Newsroom
1560 Broadway
Denver, CO 80202
Phone: (303) 954-1201
www.denverpost.com

Fort Collins Coloradoan
Newsroom
1300 Riverside Avenue
Fort Collins, CO 80524
Phone: (970) 493-6397
www.coloradoan.com

The Gazette
Newsroom
30 South Prospect Street
Colorado Springs, CO 80903
Phone: (719) 633-5511
www.gazette.com

Pueblo Chieftain
Newsroom
825 West 6th Street
Pueblo, CO 81003
Phone: (719) 544-5897
www.chieftain.com

Political Blogs in Colorado

Colorado Pols
www.coloradopols.com

Colorado Springs Independent
www.csindy.com/blogs/IndyBlog

Free Colorado
<http://blog.ariarmstrong.com>

Progress Now Colorado
www.progressnowcolorado.org/

Square State
www.squarestate.net

- ¹ Colorado Statute §22-1-110.5, <<http://www.michie.com/colorado/lpext.dll?f=templates&fn=main-h.htm&cp=>>
- ² Ibid.
- ³ 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>>.
- ⁴ 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.
- ⁵ Ibid., Table 3.2.
- ⁶ Joyce A. Martin, et. al., “Births: Final Data for 2006,” *National Vital Statistics Reports*, vol. 57, number 7 (Hyattsville, MD: Centers for Disease Control and Prevention, 7 January 2009), accessed 5 March 2010, <http://www.cdc.gov/nchs/data/nvsr/nvsr57/nvsr57_07.pdf>, Table B.
- ⁷ U.S. *Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, Table 3.2.
- ⁸ Martin, et. al., “Births: Final Data for 2006,” 4.
- ⁹ Ibid., Table B.
- ¹⁰ U.S. *Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, Table 3.5.
- ¹¹ “Cases of HIV Infection and AIDS in the United States and Dependent Areas, 2007,” *HIV/AIDS Surveillance Report*, vol. 19, (Atlanta, GA: Centers for Disease Control and Prevention, February 2009), accessed 5 March 2010, <<http://www.cdc.gov/hiv/topics/surveillance/resources/reports/2007report/pdf/2007SurveillanceReport.pdf>>, Table 18.
- ¹² Slide 6: “Estimated Numbers of HIV/AIDS Cases among Adolescents 13 to 19 Years of Age, 2007—34 States,” *HIV/AIDS Surveillance in Adolescents and Young Adults (through 2007)*, (Atlanta, GA: Centers for Disease Control and Prevention, May 2009), accessed 25 March 2010, <<http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>>.
- ¹³ Ibid.; “AIDS Case Rate per 100,000 Population, All Ages, 2007,” (Menlo Park, CA: Kaiser Family Foundation), accessed 5 March 2010, <<http://www.statehealthfacts.org/comparetable.jsp?ind=513&cat=11&sub=120&yr=62&typ=1&sort=a>>.
- ¹⁴ Ibid., Table 16.
- ¹⁵ Slide 15: “Reported AIDS Cases among Adolescents 13 to 19 Years of Age, 2007—United States and Dependent Areas,” *HIV/AIDS Surveillance in Adolescents and Young Adults (through 2007)*, (Atlanta, GA: Centers for Disease Control and Prevention, May 2009), accessed 25 March 2010, <<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 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.
- ²⁰ “Denver Teen Pregnancy Prevention Partnership,” Urban Initiative for Reproductive Health, *National Institute for Reproductive Health*, April 2010, accessed 5 May 2010, <<http://www.urbaninitiative.org/>>.
- ²¹ *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>>, 76–78.
- ²² “Evaluating the Will Power/ Won’t Power Teenage Pregnancy Prevention Program for Girls Ages 12 to 14,” *Robert Wood Johnson Foundation*, 17 November 2008, accessed 29 April 2010, <<http://www.rwjf.org/about/product.jsp?id=36250>>; see also “Preventing Adolescent Pregnancy,” Girls Incorporated, accessed 29 April 2010, <<http://www.girlsinc.org/about/programs/adolescent-pregnancy.html>>.
- ²³ *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>>, 26–28.
- ²⁴ 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 2009 began on October 1, 2008 and ended on September 30, 2009.
- ²⁵ Through the Fiscal Year 2010 appropriations process, Congress eliminated all discretionary funding for abstinence-only-until-marriage programs, including the entire CBAE program and the abstinence-only-until-marriage portion of AFLA. The grant

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years listed in the chart reflect the years for which funding was originally approved; however, the grants effectively ended in Fiscal Year 2009.

²⁶ SIECUS has identified this person as a state-based contact for information on adolescent health and if applicable, abstinence-only-until-marriage programs.

²⁷ This section is a list of major newspapers in your state with contact information for their newsrooms. This list is by no means exhaustive and does not contain the local level newspapers which are integral to getting your message out to your community. SIECUS strongly urges you to follow stories about the issues that concern you on the national, state, and local level by using an internet news alert service such as [Google alerts](#), becoming an avid reader of your local papers, and establishing relationships with reporters who cover your issues. For more information on how to achieve your media goals visit the SIECUS [Community Action Kit](#).