



COLORADO

In Fiscal Year 2010¹, the state of Colorado received:

- **Personal Responsibility Education Program funds totaling \$793,058**
- **Title V State Abstinence Education Program funds totaling \$647,131**

In Fiscal Year 2010, 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).²

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.³

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 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

Resolution Declares June Adolescent Sexual and Reproductive Health Month

Senate Resolution 005, introduced in April 2011, declares June to be “Colorado Adolescent Sexual and Reproductive Health Month,” and encourages efforts to expand sexuality education to all Colorado youth. The resolution recognizes the need for medically accurate, comprehensive sexuality education and affirms the value of broad-based community partnerships in these efforts. The Senate passed the resolution on May 4, 2011.

Bill Renews Teen Pregnancy and Dropout Prevention Program

Senate Bill 177, introduced in February 2011, reauthorizes the state’s “Teen Pregnancy & Dropout Prevention Program” until September 2016. The program allows qualified Medicaid providers to deliver pregnancy prevention programming to at-risk teens, with the goal of preventing unintended teen pregnancy and pregnancy-related school dropouts. Programs must use evidence-based sexual health education models that help youth prevent the onset of sexual activity, reduce the frequency of encounters or the number of partners, and increase consistent and correct contraceptive use among those who remain sexually active. The bill also requires participating providers to report the effectiveness of their program. The bill passed the legislature and was signed into law by Governor Bill Ritter on June 8, 2011.

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) Data⁴

- 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.

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

Teen Pregnancy, Birth, and Abortion

- Colorado's teen birth rate currently ranks 23rd in the United States, with a rate of 42.5 births per 1,000 young women ages 15–19 compared to the national rate of 41.5 births per 1,000.⁵ In 2008, there were a total of 4,714 live births reported to young women ages 15–19 in Colorado.⁶
- In 2005, Colorado's teen pregnancy rate ranked 20th 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 1,000.⁷ There were a total of 10,840 pregnancies among young women ages 15–19 in Colorado.⁸
- 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 1,000.⁹

HIV and AIDS

- Colorado's HIV infection rate ranks 17th in the United States, with a rate of 10.9 cases per 100,000 individuals compared to the national rate of 19.5 cases per 100,000.¹⁰
- Colorado ranks 18th in cases of HIV infection diagnosed in the United States among all age groups. In 2008, there were a total of 540 new cases of HIV infection diagnosed in Colorado.¹¹

- Colorado's HIV infection rate among young people ages 13–19 ranks 31st in the United States, with a rate of 2.1 cases per 100,000 young people compared to the national rate of 9.1 cases per 100,000.¹²
- Colorado ranks 25th in number of reported AIDS cases in the United States among all age groups. In 2008, there were a total of 369 new AIDS cases reported in Colorado.¹³
- Colorado's AIDS rate ranks 23rd in the United States, with a rate of 7.5 cases per 100,000 individuals compared to the national rate of 12.3 cases per 100,000.¹⁴
- Colorado's AIDS rate among young people ages 13–19 ranks 41st in the United States, with a rate of 0 cases per 100,000 young people compared to the national rate of 1.8 cases per 100,000.¹⁵

Sexually Transmitted Diseases

- Colorado ranks 24th in reported cases of Chlamydia among young people ages 15–19 in the United States, 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 United States, 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 United States, 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

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

President's Teen Pregnancy Prevention Initiative

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

TPPI Tier 1: Evidence-Based Programs

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

- There is one TPPI Tier 1 grantee in Colorado, FRIENDS FIRST, Inc., which received \$901,604 in federal funding for Fiscal Year 2010.

FRIENDS FIRST, \$901,604 (2010–2014)

FRIENDS FIRST is a non-profit 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.”¹⁹ 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.”²⁰

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.”²¹

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.²²

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.²³ 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.²⁴ 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.²⁵ *Project AIM* is designed for use with African-American youth ages 11–14 and is also appropriate for use with Latino youth. Although it is a school-based program, it can also be implemented in community-based settings. An evaluation of the program published in the *Journal of Adolescent Medicine* found that at a 19-week follow-up, adolescents who participated in the program were significantly less likely to report having had sexual intercourse than participants in the control group; and, at a one-year follow-up, male participants were significantly less likely to report having had sexual intercourse than participants in the control group.²⁶

FRIENDS FIRST also currently receives a Title V abstinence-only sub-grant, which totals \$244,400 in funding for Fiscal Year 2010. (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 \$1,734,328 in TPPI Tier 2 Innovative Approaches funding for Fiscal Year 2010.
- 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 (2010–2014)

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.²⁷ 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).

Teen Outreach Program (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.”²⁸ 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.²⁹ 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.³⁰

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 sustainability of the program.³¹ 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* while BGCMD to identify additional elements of *TOP* to adapt for cell phone use. The agency plans to serve 800 youth ages 14–18.³²

University of Colorado Denver, \$924,543 (2010–2014)

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.”³³ *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.³⁴

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.³⁵

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 Fiscal Years 2010–2014 and is the first-ever dedicated funding stream for more comprehensive approaches to sexuality education. The U.S. Department of Health and Human Services, Administration for Children and Families (ACF) administers the grant. PREP includes a \$55 million state-grant program, \$10 million to fund local entities through the Personal Responsibility Education Innovative Strategies (PREIS) Program, \$3.5 million for Indian tribes and tribal organizations, and \$6.5 million for evaluation, training, and technical assistance. Details on the state-grant program and PREIS are included below. At the time of publication, the funding for tribes and tribal organizations had not yet been awarded.

PREP State-Grant Program

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

- The Colorado Department of Human Services received \$793,058 in federal PREP funds for Fiscal Year 2010.
- The department provides sub-grants to three local entities: Denver Human Services; Garfield County Department of Human Services; and Huerfano County Department of Social Services.

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 ten percent. 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.”³⁶ 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.³⁷ 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*³⁸

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 tenth 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.³⁹

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.⁴⁰

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.⁴¹

Personal Responsibility Education Innovative Strategies (PREIS)

The PREIS Program supports research and demonstration programs to develop, replicate, refine, and test innovative models for preventing unintended teen pregnancy. ACF 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.

Title V State Abstinence Education Grant Program

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

- The Colorado Department of Education received \$647,131 in federal Title V abstinence-only funding for Fiscal Year 2010.
- The Colorado Department of Education provides sub-grants to four local public and private entities.
- In Colorado, sub-grantees are required to contribute an 85 percent 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: Center Consolidated Schools, Center for Relationship Education, FRIENDS FIRST, Inc., and Pueblo City-County Health Department.⁴² 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 communities with the highest number of teen pregnancies and to school districts with student populations at high risk for contracting STDs, including HIV.⁴³

Among its stated goals, the program seeks to “[s]upport local medically accurate and evidence-based education efforts and initiatives for young people in Colorado that align with [the Colorado sex education act, HB 07-1292] concerning medically accurate sex education;” “[s]upport local efforts on youth development to increase the value of self-sufficiency, academic achievement and future orientation in students;” and “[s]upport local efforts to increase the skills of parents to be able to connect with their

adolescents and deliver clear health messages regarding the avoidance of alcohol, tobacco and other drugs as well as delaying and abstaining from sexual activity.”⁴⁴ The program approach is intended to align with the implementation of the state’s updated *Comprehensive Health and Physical Education Standards*, which emphasize the benefits of abstinence while also providing information about contraception. (Please refer to the Comprehensive Approaches to Sexuality Education section below for more information on the state standards.) Based on the Colorado Academic Standards, the ultimate goal of the program is to “support Colorado youth in developing and navigating healthy relationships and in making decisions that result in reduced teen pregnancy and sexually transmitted infections, including HIV.”⁴⁵ The program will target youth ages 12–18.

Center Consolidated Schools, \$60,950 (2010)

Center Consolidated Schools will use its Title V abstinence-only funds to expand upon an already existing peer mentoring program, *Viking Navigators*. The school-based program will serve middle school students and their parents and expects to reach a primarily Latino population. The program will implement *Promoting Health Among Teens! (Abstinence-Only Intervention)*. The district’s health advisory committee will ensure the medical accuracy and cultural relevancy of the program.⁴⁶

Promoting Health Among Teens! (Abstinence-Only Intervention) is an evidence-based curriculum developed to increase knowledge and awareness about STDs, including HIV, increase an understanding of how abstinence can prevent pregnancy and HIV/STDs, and build refusal and negotiation skills for practicing abstinence. *Promoting Health Among Teens!* aims for participants to abstain from vaginal, oral and anal intercourse until a time later in life when they are ready to handle the potential consequences of having sex and neither discourages nor encourages condom use.⁴⁷ Although originally intended for use with urban, African-American youth in small groups, the intervention can be adapted for use with larger groups and those in rural settings.⁴⁸ The curriculum is designed as eight, one-hour modules that include group discussions, videos, role-playing, skill-building activities, games, and other experiential exercises. It is appropriate for use in both school- and community-based settings. An evaluation of the program published in the *Archives of Pediatrics & Adolescent Medicine* found that at a 24-month follow-up, participants who were sexually inexperienced at the time of the program were significantly less likely to have initiated sex than participants in the control group.⁴⁹

Center for Relationship Education, \$233,400 (2010)

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 (Why Am I Tempted?) Training*. The organization is a former Community Based Abstinence Education (CBAE) grantee and received a total of \$2,368,820 in CBAE funds for Fiscal Years 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.

With its Title V abstinence-only funding, CRE plans to develop an informational video outlining how the Title V abstinence-only program aligns with the Colorado *Comprehensive Health and Physical Education Standards* to disseminate to the 178 school districts across the state. In addition, CRE will organize five community events in different regions of the state to increase public awareness of the health education standards and available abstinence-only program materials, including the *WAIT Training* curriculum. The organization will also offer professional development trainings to teachers to provide strategies for implementing *WAIT Training* in their school.⁵⁰

WAIT (Why Am I Tempted?) 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.”⁵¹

FRIENDS FIRST, Inc., \$244,400 (2010)

FRIENDS FIRST, Inc. is a non-profit 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 school-based programming to at-risk middle school students in the Denver metro area. The program targets minority youth in seventh grade as well as their parents. The organization intends to reach 8,200 students and 180 parents annually.

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 (Adult Identity Mentoring)* to provide in-class instruction to 700 students. The organization also provides after school instruction to half of participants using its *STARS (Students Teaching About Relationships and Success)* mentoring program. An additional 7500 students receive abstinence-only programming through school assemblies.⁵² (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.”⁵³ *STARS* consists of 11 weekly, two-hour, after-school sessions and is intended to reinforce abstinence-only-until-marriage classroom instruction.⁵⁴ 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.”⁵⁵ 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 (2010)

Pueblo City-County Health Department will use its Title V abstinence-only funds to implement the *Teen Outreach Program (TOP)* in District 70 schools and community settings. (Please see the TPPI Tier 2: Innovative Approaches section above for more information on *TOP*.) Pueblo City-County Health Department’s Adolescent Pregnancy Prevention Program (APPP) will implement the program, coordinating with school and community partners on implementation. The health department plans to serve 50 youth annually with the program.

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

Grantee	Award	Fiscal Years
Teen Pregnancy Prevention Initiative (TPPI)		
<i>TPPI Tier 1: Evidence-Based Programs</i>		
FRIENDS FIRST, Inc.	\$901,604	2010–2014

C O L O R A D O

Grantee	Award	Fiscal Years
TOTAL	\$901,604	
<i>TPPI Tier 2: Innovative Approaches</i>		
Denver Health and Hospital Authority	\$808,785	2010–2014
University of Colorado Denver	\$924,543	
TOTAL	\$1,734,328	
Personal Responsibility Education Program (PREP)		
<i>PREP State-Grant Program</i>		
Colorado Department of Human Services (federal grant)	\$793,058	2010
<i>Sub-grantees</i>		
<i>Denver Human Services</i>		2010
<i>Garfield County Department of Human Services</i>		2010
<i>Huerfano County Department of Social Services</i>		2010
TOTAL	\$793,058	
Title V Abstinence Education Grant Program (Title V Abstinence-Only)		
Colorado Department of Education (federal grant)	\$647,131	2010
<i>Sub-grantees</i>		
<i>Center Consolidated Schools</i>	\$60,950	2010
<i>Center for Relationship Education</i>	\$233,400	2010
<i>FRIENDS FIRST, Inc.</i>	\$233,400	2010
<i>Pueblo City-County Health Department</i>	\$58,100	2010
TOTAL	\$647,131	
GRAND TOTAL	\$4,055,422	2010

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.⁵⁶

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, 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.⁵⁷

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!* sexuality 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 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.⁵⁸

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.⁵⁹

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.

POINTS OF CONTACT

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Denver, CO 80203
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ORGANIZATIONS THAT SUPPORT COMPREHENSIVE SEXUALITY EDUCATION

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

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

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

The Healthy Colorado Youth Alliance
Denver, CO
Phone: (303) 316-0200
www.healthycoloradoyouth.org

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

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

COLORADO

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

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

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

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

The Center/Rainbow Alley
Denver, CO
Phone: (303) 733-7743
www.glbtcolorado.org

ORGANIZATIONS THAT OPPOSE COMPREHENSIVE SEXUALITY EDUCATION

Colorado Right to Life Committee
Denver, CO
Phone: (303) 753-9394
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

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

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

MEDIA OUTLETS

Newspapers in Colorado⁶¹

Boulder Weekly
Boulder, CO
Phone: (303) 494-5511
www.boulderweekly.com

Daily Camera
Boulder, CO
Phone: (303) 473-1365
www.dailycamera.com

Daily Sentinel
Grand Junction, CO
Phone: (970) 256-4229
www.gjsentinel.com

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

Durango Herald
Durango, CO
Phone: (970) 247-3504
www.durangoherald.com

Fort Collins Coloradoan
Fort Collins, CO
Phone: (970) 493-6397
www.coloradoan.com

The Gazette
Colorado Springs, CO
Phone: (719) 633-5511
www.gazette.com

Grand Junction Sentinel
Grand Junction, CO
Phone: (970) 247-3504
www.gisentinel.com

Pueblo Chieftain
Pueblo, CO
Phone: (719) 544-5897
www.chieftain.com

Westword
Denver, CO
Phone: (303) 296-7744
www.westword.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 This refers to the federal government's fiscal year, which begins on October 1st and ends on September 30th. The fiscal year is designated by the calendar year in which it ends; for example, Fiscal Year 2010 began on October 1, 2009 and ended on September 30, 2010.

² 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>.

³ Ibid.

⁴ 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>>.

⁵ "Births: Final Data for 2008," *National Vital Statistics Report*, vol. 59, (Atlanta, GA: Centers for Disease Control and Prevention, December 2010), accessed 29 June 2011, <http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_01.pdf>, Table 12.

⁶ "VitalStats: Birth Data Files by State, Age of Mother in Years, 2008," (Atlanta, GA: Centers for Disease Control and Prevention), accessed 30 June 2011, <http://www.cdc.gov/nchs/data_access/vitalstats/VitalStats_Births.htm>.

⁷ 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.

⁸ Ibid., Table 3.2.

⁹ U.S. *Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, Table 3.3.

¹⁰ *HIV Surveillance Report, 2008*, (Atlanta, GA: Centers for Disease Control and Prevention, June 2010), accessed 28 June 2011, <<http://www.cdc.gov/hiv/surveillance/resources/reports/2008report/pdf/2008SurveillanceReport.pdf>> Table 19.

¹¹ Ibid.

¹² Slide 9: "Rates of Diagnoses of HIV Infection among Adolescents Aged 13–19 Years, 2009—40 States and 5 U.S. Dependent Areas," *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention, July 2011), accessed 27 September 2011, <<http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>>.

¹³ *HIV Surveillance Report, 2008*, Table 20.

¹⁴ Ibid.

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

¹⁶ “Wonder Database: Selected STDs by Age, Race/Ethnicity, and Gender, 1996-2008 Results,” (Atlanta, GA: Centers for Disease Control and Prevention, 30 June 2009, accessed 5 March 2010, <<http://wonder.cdc.gov/>>; see also Table 10: “Chlamydia: Reported Cases and Rates Per 100,000 Population by Age Group and Sex: United States, 2004–2008,” *Sexually Transmitted Disease Surveillance 2008*, (Atlanta, GA: Centers for Disease Control and Prevention, Division of STD Prevention, November 2009), accessed 5 March 2010, <<http://www.cdc.gov/std/stats08/surv2008-Complete.pdf>>, 95.

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

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

¹⁹ “History and Mission,” FRIENDS FIRST, Inc., accessed 2 April 2011, <https://www.friendsfirst.org/index.php?option=com_content&view=article&id=50&Itemid=155>.

²⁰ Ibid.

²¹ “Teenage Pregnancy Prevention: Summary of Funded Evidence-Based Programs for 2010,” U.S. Department of Health & Human Services, accessed 14 April 2011, <http://www.hhs.gov/ash/oah/prevention/grantees/models_2010_programs.html>.

²² Ibid.

²³ “Adult Identity Mentoring (Project AIM)” Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed 1 July 2011,

<<http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=573>>; 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 18 August 2011, <http://www.cdc.gov/hiv/topics/prev_prog/rep/packages/pdf/aim.pdf>.

²⁴ “Adult Identity Mentoring (Project AIM)” Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed 1 July 2011,

<<http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=573>>.

²⁵ “Adult Identity Mentoring (AIM),” Promising Practices, San Bernardino County Department of Public Health, accessed 1 July 2011,

<<http://www.healthysanbernardinocounty.org/modules.php?op=modload&name=PromisePractice&file=promisePractice&pid=3633>>.

²⁶ “Pregnancy Prevention Intervention Implementation Report: Adult Identity Mentoring (Project AIM),” Programs for Replication – Intervention Implementation Reports, U.S. Department of Health and Human Services, accessed 1 July 2011,

<http://www.hhs.gov/ash/oah/prevention/research/programs/adult_identity_mentoring_project_aim.html>.

²⁷ “About Us” Denver Health and Hospital Authority, accessed 14 July 2011, <<http://denverhealth.org/AboutUs.aspx>>.

²⁸ 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 1 July 2011,

<http://www.wymantop.org/pdfs/TOP_Positive_Well-Being.pdf>, 3.

²⁹ Ibid, 9.

³⁰ “Pregnancy Prevention Intervention Implementation Report: Teen Outreach Program,” Programs for Replication – Intervention Implementation Reports, U.S. Department of Health and Human Services, accessed 1 July 2011,

<http://www.hhs.gov/ash/oah/prevention/research/programs/teen_outreach_program.html>.

³¹ “Project Abstract Summary,” Application for Federal Assistance SF-424, Teen Pregnancy Prevention Initiative, Research and Demonstration Grant Programs, Denver Health and Hospital Authority, submitted 4 June 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.

³² Ibid.

³³ “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 14 July 2011,

<http://www.hhs.gov/ash/oah/prevention/grantees/research_2010_projects.html>.

³⁴ Ibid.; see also “Circle of Life, Elementary Curriculum K–6,” North Dakota Department of Public Instruction, Coordinated School Health, accessed 14 July 2011, <<http://www.dpi.state.nd.us/health/HIV/colelementary.pdf>>.

³⁵ “Teenage Pregnancy Prevention: Summary of Funded Research and Development Programs for 2010,” U.S. Department of Health and Human Services, Office of Adolescent Health.

- ³⁶ “Personal Responsibility and Education Program (PREP) State Plan Abstract,” Colorado Department of Human Services, accessed 1 July 2011, <<http://www.colorado.gov/cs/Satellite/CDHS-ColoradoWorks/CCW/1251588039866>>.
- ³⁷ Ibid.
- ³⁸ Ibid.
- ³⁹ *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.
- ⁴⁰ *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 1 July 2011, <<http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf>>, 102–105.
- ⁴¹ “Personal Responsibility and Education Program (PREP) State Plan Abstract,” Colorado Department of Human Services.
- ⁴² Information provided by Benjie Blase, Title V Program Manager, Colorado Department of Education, Health and Wellness, 14 June 2011.
- ⁴³ “Title V Abstinence Education Grant Program Colorado State Plan,” Colorado Department of Education, Office of Teaching and Learning, accessed 14 June 2011, 1.
- ⁴⁴ Ibid., 5.
- ⁴⁵ Ibid., 6.
- ⁴⁶ 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.
- ⁴⁷ Ibid.
- ⁴⁸ “Promoting Health Among Teens! Abstinence-Only,” Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed 1 July 2011, <<http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=575&PageTypeID=2>>.
- ⁴⁹ “Pregnancy Prevention Intervention Implementation Report: Promoting Health Among Teens! Abstinence-Only Intervention,” Programs for Replication – Intervention Implementation Reports, U.S. Department of Health and Human Services, accessed 1 July 2011, <http://www.hhs.gov/ash/oah/prevention/research/programs/promoting_health.html>.
- ⁵⁰ The Center for Relationship Education Title V Application – Revised, The Center for Relationship Education, March 2011, 5–6. Information obtained from the Colorado Department of Education through a Colorado Records Act request.
- ⁵¹ 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>.
- ⁵² “Executive Summary,” Title V State Abstinence Grant 2011, FRIENDS FIRST, Inc., submitted 19 January 2011. Information obtained from the Colorado Department of Education through a Colorado Records Act request.
- ⁵³ “STARS Mentoring Program – Background,” FRIENDS FIRST, Inc., accessed 14 July 2011, <https://www.friendsfirst.org/index.php?option=com_content&view=article&id=117&Itemid=225>.
- ⁵⁴ “Part IV: Implementation Plan,” Title V State Abstinence Grant 2011, FRIENDS FIRST, Inc., submitted 19 January 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 14 July 2011, <https://www.friendsfirst.org/index.php?option=com_content&view=article&id=116&Itemid=224>.
- ⁵⁵ Ibid.
- ⁵⁶ 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.
- ⁵⁷ “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/>>.
- ⁵⁸ “Cuidate!” Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed 5 May 2010, <<http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=577&PageTypeID=2>>; *see also Science and Success: Sex Education and Other Programs That Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections, Second Edition* (Washington, DC: Advocates for Youth, 2008), accessed 30 March 2010, <<http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf>>, 76–79.
- ⁵⁹ “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>>.
- ⁶⁰ The person listed represents the designated personnel in the state responsible for adolescent reproductive health.
- ⁶¹ This section is a list of major newspapers in the state and is by no means exhaustive of local print outlets.