



HAWAII

In Fiscal Year 2011¹, the state of Hawaii received:

- **Personal Responsibility Education Program funds totaling \$250,000**
- **Title V State Abstinence Education Program funds totaling \$128,422**

In Fiscal Year 2011, local entities in Hawaii received:

- **Teen Pregnancy Prevention Initiative funds totaling \$1,969,935**

SEXUALITY EDUCATION LAW AND POLICY

Hawaii law states that sexuality education programs must provide “medically accurate and factual information that is age appropriate and includes education on abstinence, contraception, and methods of disease prevention to prevent unintended pregnancy and sexually transmitted disease, including human immunodeficiency virus.”²

Hawaii’s education policy states that, “in order to help students make decisions that promote healthy behaviors, the Department of Education shall instruct students that abstention from sexual intercourse is the surest and most responsible way to prevent unintended pregnancies, sexually transmitted diseases [STDs] such as HIV/AIDS, and consequent emotional distress.”³ The policy specifies that programs shall help students remain abstinent, help currently sexually active students become abstinent, and “provide youth with information on and skill development in the use of protective devices and methods for the purpose of preventing sexually transmitted diseases and pregnancy.”⁴

Hawaii’s education policy further states that birth control devices may be discussed during human reproduction studies; however, “the distribution of condoms and other prophylactic devices to students shall be prohibited in the classroom, on the school campus, or at any school-related activities.”⁵

Hawaii’s *Content and Performance Standards* for health courses also state that sexual health should be addressed and tells schools which content areas are to be covered, but does not give curricula guidelines, suggest curricula, or go into detail regarding what topics should be discussed.

Hawaii does not require parental permission for students to participate in sexuality or HIV/AIDS education, nor does it say whether parents or guardians can remove their children from such classes.

See [Hawaii Revised Statute § 321-11.1](#); [Hawaii Board of Education Policies 2100, 2110, and 2245](#); and [Hawaii Content and Performance Standards III Database](#).

RECENT LEGISLATION

Bill to Require Comprehensive Sexuality Education in Public Schools

House Bill 685 and Senate Bill 922, identical bills introduced in January 2011, would have amended current statute on sex education to include additional provisions. The legislation would have

required “sexuality education health programs” supported by state funds to provide instruction to help students develop skills in relationships, communication, critical thinking, problem solving, decision making, and stress management in order to form healthy relationships and make “healthy decisions about sexuality...” Instruction would have also been required to encourage students to communicate with their parents and other trusted adults about sexuality. Additionally, the legislation would have required all public schools to teach medically accurate, age-appropriate, comprehensive sexuality education. Such instruction would have been required not to “discriminate on the basis of sex, race, ethnicity, national origin, disability, religion, sexual orientation, or gender identity,” among other guidelines. SB 922 passed the Senate and was referred to the House Committees on Health, Education, and Finance. No further action was taken and the legislation has been carried over to the 2012 regular session.

YOUTH SEXUAL HEALTH DATA

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

Hawaii Youth Risk Behavior Survey (YRBS) Data⁶

- In 2011, 37% of female high school students and 37% of male high school students in Hawaii reported ever having had sexual intercourse, compared to 46% of female high school students and 49% of male high school students nationwide.
- In 2011, 3% of female high school students and 8% of male high school students in Hawaii reported having had sexual intercourse before age 13, compared to 3% of female high school students and 9% of male high school students nationwide.
- In 2011, 7% of female high school students and 9% of male high school students in Hawaii reported having had four or more lifetime sexual partners, compared to 13% of female high school students and 18% of male high school students nationwide.
- In 2011, 26% of female high school students and 22% of male high school students in Hawaii reported being currently sexually active (defined as having had sexual intercourse in the three months prior to the survey), compared to 34% of female high school students and 33% of male high school students nationwide.
- In 2011, among those high school students who reported being currently sexually active, 39% of females and 51% of males in Hawaii reported having used condoms the last time they had sexual intercourse, compared to 54% of females and 67% of males nationwide.
- In 2011, among those high school students who reported being currently sexually active, 14% of females and 14% of males in Hawaii reported having used birth control pills the last time they had sexual intercourse, compared to 23% of females and 13% of males nationwide.
- In 2011, among those high school students who reported being currently sexually active, 20% of females and 22% of males in Hawaii reported having used alcohol or drugs the last time they had sexual intercourse, compared to 18% of females and 26% of males nationwide.

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

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

Teen Pregnancy, Birth, and Abortion

- Hawaii's teen birth rate currently ranks 26th in the United States, with a rate of 32.5 births per 1,000 young women ages 15–19, compared to the national rate of 34.3 births per 1,000.⁷ In 2010, there were a total of 1,347 live births to young women ages 15–19 reported in Hawaii.⁸
- In 2005, Hawaii's teen pregnancy rate ranked 17th in the United States, with a rate of 71 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 70 pregnancies per 1,000.⁹ There were a total of 2,890 pregnancies among young women ages 15–19 reported in Hawaii.¹⁰
- In 2005, Hawaii's teen abortion rate ranked seventh in the United States, with a rate of 25 abortions per 1,000 young women ages 15–19, compared to the national rate of 19 abortions per 1,000.¹¹

HIV and AIDS

- In 2010, the rate of AIDS diagnoses among adolescents 13-19 years in Hawaii was 0.0 per 100,000 compared to the national rate of 1.9 per 100,000.¹²
- In 2010, the rate of AIDS diagnoses among young adults aged 20-24 years in Hawaii was 3.7 per 100,000 compared to the national rate of 10.4 per 100,000.¹³

Sexually Transmitted Diseases

- Hawaii ranks 26th in the United States for reported cases of chlamydia among young people ages 15–19, with an infection rate of 18.08 cases per 1,000, compared to the national rate of 20.03 cases per 1,000. In 2009, there were a total of 1,451 cases of chlamydia reported among young people ages 15–19 in Hawaii.¹⁴
- Hawaii ranks 38th in the United States for reported cases of gonorrhea among young people ages 15–19, with an infection rate of 1.06 cases per 1,000, compared to the national rate of 4.04 cases per 1,000. In 2009, there were a total of 85 cases of gonorrhea reported among young people ages 15–19 in Hawaii.¹⁵

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

President's Teen Pregnancy Prevention Initiative

The President's Teen Pregnancy Prevention Initiative (TPPI) funds medically accurate and age-appropriate programs to reduce teen pregnancy. The U.S. Department of Health and Human Services, Office of Adolescent Health (OAH) administers the grant program, which totaled \$105 million in discretionary funding for Fiscal Year (FY) 2011. TPPI consists of two funding tiers that provide grants to local public and private entities. Tier 1 totals \$75 million and provides funding for the replication of evidence-based programs proven to prevent unintended teen pregnancy and address underlying

behavioral risk factors. Tier 2 totals \$25 million and provides funding to develop and test additional models and innovative strategies. A portion of the Tier 2 funds, \$15.2 million, was allocated for research and demonstration grants to test innovative approaches, while the remaining funding, \$9.8 million, was allocated for grants to support communitywide initiatives. TPPI also dedicates \$4.5 million in funding to conduct evaluations of individual programs.

TPPI Tier 1: Evidence-Based Programs

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

- There is one TPPI Tier 1 grantee in Hawaii, Hawaii Youth Services Network, which received \$999,999 for Fiscal Year 2011.

Hawaii Youth Services Network, \$999,999 (FY 2011)

Hawaii Youth Services Network (HYSN) is a nonprofit youth advocacy organization made up of over 50 youth-serving agencies and organizations across Hawaii. HYSN provides recreational, educational, preventive, treatment, counseling, and shelter services. It aims to educate Hawaii's communities and decisionmakers and to build coalitions and networks "that provide for increased effectiveness and decreased costs of youth services."¹⁶

With its TPPI funding, HYSN operates the "Teen Pregnancy Prevention Partnership of the Pacific," a coordinated effort among several local organizations to provide evidence-based teen pregnancy prevention programming to youth ages 11–15. The initiative aims to increase the number of adolescents in Hawaii who abstain from sex and delay sexual initiation, or use effective contraception and disease prevention methods and have fewer sexual partners among those who are sexually active. The program replicates *Making Proud Choices!* and *Draw the Line/Respect the Line*.

Making Proud Choices! is an evidence-based STD-, HIV-, and pregnancy-prevention curriculum designed for use with African-American, Latino, and white adolescents ages 11–13. The curriculum aims to help youth understand the poor reasoning and decision making that can lead to STD/HIV infection and/or unintended pregnancy, as well as to increase their confidence, negotiation skills, and self-efficacy in using condoms. The program consists of eight one-hour sessions and can be implemented in school- or community-based settings. *Making Proud Choices!* includes interactive and skill-building activities that are designed to "increase comfort with practicing condom use, address concerns about negative effects of practicing safer sex, and build skills in condom use and negotiation."¹⁷ An evaluation of the program published in the *Journal of the American Medical Association* showed that program participants reported more consistent condom use and less unprotected sex as well as a higher frequency of condom use than those in the control group.¹⁸

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

intercourse or having had sexual intercourse during the previous 12 months compared to participants in the control group.¹⁹

Ten organizations partner with HYSN to implement programming in school-based, community-based, after-school, residential care, and foster care settings, including Child and Family Service, Family Support Hawaii, Hale `Opio Kauai, Hale Kipa, Hui Malama Learning Center, Kokua Kalihi Valley Comprehensive Family Services, Maui Youth and Family Services, Parents and Children Together, Planned Parenthood of Hawaii, and Salvation Army Family Intervention Services. The program primarily serves Pacific Islander and Filipino youth in school-based settings. It plans to serve approximately 1,890 youth each year.²⁰

TPPI Tier 2: Innovative Approaches

The TPPI Tier 2 grant program supports research and demonstration programs in order to develop, replicate, refine, and test additional models and innovative strategies for preventing teenage pregnancy.

- There is one TPPI Tier 2 Innovative Approaches grantee in Hawaii, University of Hawaii, which received \$969,936 for FY 2011.

University of Hawaii, \$969,936 (FY 2011)

The University of Hawaii uses its Tier 2 grant to implement and evaluate a culturally relevant curriculum that it created, *Pono Choices*, in urban, suburban, and rural areas throughout Hawaii. The program is intended for middle school students in grades seven and eight and will serve approximately 6,000 young people each year.

Pono Choices “has been developed through an approach which incorporates medically accurate information, character education, and a strong focus on Hawaiian cultural values.”²¹ It has three components: the first focuses on “goals, dreams and adolescent sexuality”; the second focuses on knowledge, namely the “etiology, transmission, [beliefs about], and prevention of HIV, STDs, and teenage pregnancy”; and the third highlights self-efficacy and negotiation and refusal skills.²² The curriculum consists of 10 one-hour sessions and is appropriate for use in school- and community-based settings.

TPPI Tier 2: Communitywide Initiatives

The TPPI Tier 2 grant program supports communitywide initiatives to reduce rates of teenage pregnancy and births in communities with the highest rates. TPPI Tier 2 totals \$9.8 million. 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 Hawaii.

Personal Responsibility Education Program

The Personal Responsibility Education Program (PREP) totals \$75 million per year for FYs 2010–2014 and is the first-ever dedicated funding stream for more comprehensive approaches to sexuality education. The U.S. Department of Health and Human Services, Administration for Children and Families (ACF) administers the grant. PREP includes a \$55 million state-grant program, \$10 million to fund local entities through the Personal Responsibility Education Innovative Strategies (PREIS) Program, \$3.5 million for the Tribal PREP Program for tribes and tribal organizations, and \$6.5 million for evaluation, training, and technical assistance. Details on the state-grant program, PREIS, and Tribal PREP are included below.

PREP State-Grant Program

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

- The Hawaii State Department of Health received \$250,000 in federal PREP funds for FY 2011.
- There is one sub-grantee for the Hawaii PREP state-grant program: The Hawaii County Office of the Prosecuting Attorney.²³

The Hawaii State Department of Health partners with the Hawaii County Office of the Prosecuting Attorney to implement the state's PREP grant program. Community-based programming is provided to youth throughout Hawaii County (Hawaii Island) and targets young people ages 14–17 who have a lower economic status, live in areas with higher teen pregnancy rates, or live in areas with a higher population of Native Hawaiians, Filipinos, Asians, and Pacific Islanders. In addition, a county-wide Positive Youth Developmental Assets initiative is also funded by the grant.²⁴ Sub-grantees provide programming using the *Teen Outreach Program (TOP)*.

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.”²⁵ 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.²⁶ 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.²⁷

Personal Responsibility Education Innovative Strategies (PREIS)

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

- There are no PREIS grantees in Hawaii.

Tribal Personal Responsibility Education Program (Tribal PREP)

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

- In FY 2011, 16 tribes and tribal organizations from nine states received a total of \$6.5 million.

- There are no Tribal PREP grantees in Hawaii.

Title V State Abstinence Education Grant Program

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

- The Hawaii Department of Health received \$128,422 in federal Title V abstinence-only funding for Fiscal Year 2011.
- The Hawaii Department of Health provides a sub-grant to the Boys and Girls Club of Hawaii (\$115,000).²⁸
- In Hawaii, the Boys and Girls Club of Hawaii provide the match through in-kind and fundraising efforts.

The Hawaii Department of Health implements the state Title V Abstinence-Only Program in collaboration with the Boys and Girls Club of Hawaii. The state program targets young people ages 10–18 who have a lower economic status, live in areas with higher teen pregnancy rates, or live in areas with a higher population of Native Hawaiians, Filipinos, Asians, and Pacific Islanders. The programming is administered in the McKinley and Waianae school complexes. Funded programming uses the modules *Start Smart* and *Stay Smart* of the *SMART Moves* curriculum.²⁹

SMART Moves is a curriculum developed by the Boys and Girls Clubs of America that targets young people ages 6–15. It includes *Smart Kids*, to help kids ages 6–9 year olds develop self-awareness, decision making, and interpersonal skills; *Start Smart*, to help preteens identify and resist peer, social, and media pressures to use drugs and become sexually involved; *Stay Smart*, to help teenagers develop social, resistance, assertiveness, problem-solving, and decision-making skills; and *Smart Parents*, to augment the sessions and teach parents about adolescent drug use and sexuality. SIECUS reviewed *SMART Moves* and identified it as an “Abstinence Program without Fear.”

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

Grantee	Award	Fiscal Years
Teen Pregnancy Prevention Initiative (TPPI)		
<i>TPPI Tier 1: Replication of Evidence-Based Programs</i>		
Hawaii Youth Services Network	\$999,999	2010–2014
TOTAL	\$999,999	
<i>TPPI Tier 2: Innovative Approaches</i>		
University of Hawaii	\$969,936	2010–2014
TOTAL	\$969,936	
Personal Responsibility Education Program (PREP)		

H A W A I I

<i>PREP State-Grant Program</i>		
Hawaii State Department of Health (federal grant)	\$250,000	2011
TOTAL	\$250,000	
Title V Abstinence Education Grant Program (Title V Abstinence-Only)		
Hawaii State Department of Health	\$128,422	2011
TOTAL	\$128,422	
GRAND TOTAL	\$2,348,357	2011

COMPREHENSIVE APPROACHES TO SEXUALITY EDUCATION

SIECUS has identified some examples of model programs, policies, and best practices being implemented in Hawaii public schools that provide a more comprehensive approach to sex education for young people.³⁰

Comprehensive Sex Education Programs in Public Schools

Hawaii Youth Services Network Adaptation of *Making Proud Choices*

In 2007, the Hawaii Youth Services Network (HYSN), a coalition of more than 50 youth-serving organizations in Hawaii, implemented science-based, sex education programs in Hawaii public and charter schools to address the high rates of unintended pregnancy and teen birth among Asian/Pacific Islander (A/PI) youth in the state.³¹ HYSN worked with curriculum specialists, the Centers for Disease Control and Prevention, the Hawaii Department of Health, and local partners to adapt *Making Proud Choices!* for use with A/PI young people.³² The program was implemented in “20 public school classrooms” and two charter schools with middle and high school students.³³ As a result of HYSN’s work, more than 900 middle and high school students received programming.³⁴ The organization is currently working to expand these efforts through its Teen Pregnancy Prevention Partnership of the Pacific, which aims to serve 1,890 youth annually over the next five years.

Recent efforts by HYSN have also focused on working with the Hawaii Department of Education and local schools to implement *Making Proud Choices!* in additional middle schools and high schools, as well as training teachers to implement the curriculum. The organization is currently partnering with the department of education through its Teen Pregnancy Prevention Partnership of the Pacific to provide training and technical support to school personnel. (Please see the *TPPI Tier 1: Evidence-Based* programs section for more information on the HYSN and *Making Proud Choices!*)

We encourage you to submit any updated or additional information on comprehensive approaches to sex education being implemented in Hawaii public schools for inclusion in future publications of the 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

Adolescent Health Contact³⁵ and PREP State-Grant Coordinator

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ORGANIZATIONS THAT SUPPORT COMPREHENSIVE SEXUALITY EDUCATION

ACLU of Hawaii
Honolulu, HI
Phone: (808) 522-5900
www.acluhawaii.org

Maui AIDS Foundation
Wailuku, HI
Phone: (808) 242-4900
www.mauiids.org

Hawaii Island HIV/AIDS Foundation
Kailua-Kona, HI
Phone: (808) 313-8177
www.hihaf.org

Planned Parenthood of Hawaii
Honolulu, HI
Phone: (808) 589-1156
www.plannedparenthood.org/hawaii

Life Foundation
Honolulu, HI
Phone: (808) 521-2437
www.lifefoundation.org

ORGANIZATIONS THAT OPPOSE COMPREHENSIVE SEXUALITY EDUCATION

Hawaii Christian Coalition
Pearl City, HI
Phone: (808) 842-0707
www.hi-christian.com

Hawaii Right to Life
Honolulu, HI
Phone: (808) 585-8207
www.hrtl.org

Hawaii Family Forum
Kaneohe, HI
Phone: (808) 203-6704
www.hawaiifamilyforum.org

MEDIA OUTLETS

Newspapers in Hawaii³⁶

Honolulu Advertiser

Honolulu, HI

Phone: (808) 525-8090

www.honoluluadvertiser.com

The Maui News

Wailuku, HI

Phone: (808) 244-3981

www.mauinews.com

Civil Beat

Honolulu, HI

Phone: (808) 737-2300

www.civilbeat.com

Political Blogs in Hawaii

Hawaii Blog

www.hawaiiweblog.com

Hawaii Political Info

www.hawaiipoliticalinfo.org

Progressive Democrats of Hawaii

<http://pd-hawaii.com/blog>

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 2011 began on October 1, 2010, and ended on September 30, 2011.

² Haw. Rev. Stat. § 321-11.1(a), http://www.capitol.hawaii.gov/hrscurrent/Vol06_Ch0321-0344/HRS0321/HRS_0321-0011_0001.htm.

³ Haw. Board of Ed. Policy 2110(a), <http://lilinode.k12.hi.us/STATE/BOE/POL1.NSF/85255a0a0010ae82852555340060479d/1bb88fd5ec2ea5940a2566a3000110ef?OpenDocument>.

⁴ Haw. Board of Ed. Policy 2110(c), <http://lilinode.k12.hi.us/STATE/BOE/POL1.NSF/85255a0a0010ae82852555340060479d/1bb88fd5ec2ea5940a2566a3000110ef?OpenDocument>.

⁵ Haw. Board of Ed. Policy 2245, <http://lilinode.k12.hi.us/STATE/BOE/POL1.NSF/85255a0a0010ae82852555340060479d/da81bd16b557a9590a2566a30007780f?OpenDocument>.

⁶ Danice K. Eaton, et. al., "Youth Risk Behavior Surveillance—United States, 2011," *Surveillance Summaries, Morbidity and Mortality Weekly Report*, vol. 61, no. SS-4 (June 8, 2012): accessed June 18, 2012, <http://www.cdc.gov/mmwr/pdf/ss/ss6104.pdf>.

⁷ "Birth rate for U.S. teenagers reach historic lows for all age and ethnic groups," NCHS data brief, no. 89, (Hyattsville, MD: National Center for Health Statistics, 2012), accessed June 27, 2012, <http://www.cdc.gov/nchs/data/databriefs/db89.pdf>, Data table for figure 6.

⁸ Ibid.

⁹ *U.S. Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, (Washington, DC: Guttmacher Institute, January 2010), accessed May 7, 2012, <http://www.guttmacher.org/pubs/USTPtrends.pdf>, Table 3.1.

¹⁰ Ibid., Table 3.2.

¹¹ *U.S. Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, Table 3.1.

¹² Slide 18: "Rates of AIDS Diagnoses among Adolescents Aged 13–19 Years, 2010—United States and 6 U.S. Dependent Areas," *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention), accessed January 3, 2013, <http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>.

¹³ Slide 19: "Rates of AIDS Diagnoses among Young Adults Aged 20-24 Years, 2010—United States and 6 U.S. Dependent Areas," *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention), accessed January 3, 2013, <http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>.

¹⁴ "Wonder Database: Sexually Transmitted Disease Morbidity for selected STDs by age, race/ethnicity and gender 1996–2009 Results," (Atlanta, GA: Centers for Disease Control and Prevention, June 2011), accessed December 18, 2012, <http://wonder.cdc.gov>.

¹⁵ Ibid.

¹⁶ “About Us,” Hawaii Youth Services Network, accessed June 1, 2011, http://hysn.org/?page_id=2.

¹⁷ *Making Proud Choices!* Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed April 15, 2010, <http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=128>.

¹⁸ Ibid.

¹⁹ *Draw the Line/Respect the Line, Emerging Answers* (Washington, DC: The National Campaign to Prevent Teen and Unplanned Pregnancy, 2007), accessed July 1, 2011, http://www.thenationalcampaign.org/ea2007/desc/draw_pr.pdf; *see also* Draw the Line/Respect the Line, Programs for Replication – Intervention Implementation Reports, U.S. Department of Health and Human Services, accessed July 1, 2011, http://www.hhs.gov/ash/oah/oah-initiatives/tpp/programs/draw_the_line_respect_the_line.pdf.

²⁰ Information provided by Judith Clark, Executive Director of the Hawaii Youth Services Network, June 14, 2011.

²¹ “Pono Choices Curriculum Frequently Asked Questions (FAQs): What is the “Pono Choices” Curriculum?” University of Hawaii Center on Disability Studies, accessed August 30, 2011, <http://www.cds.hawaii.edu/ponochoices/faq/>.

²² “Pono Choices Curriculum Frequently Asked Questions (FAQs): What is the “Pono Choices” Curriculum?” University of Hawaii Center on Disability Studies, accessed August 30, 2011, <http://www.cds.hawaii.edu/ponochoices/faq/>.

²³ Exact amount of funding for sub-grantee was unavailable at time of publication. Information provided by Noella Kong, Adolescent Health Coordinator, Maternal and Child Health Branch, Hawaii Department of Health, September 21, 2012.

²⁴ Ibid.

²⁵ Saras Chung and Annie Philipps, *Promoting Mental Health and Well-being in Adolescents: Recommendations for Wyman’s Teen Outreach Program*, (Eureka, MO: Wyman Teen Outreach Program, 2010), accessed July 1, 2011, <http://wymancenter.org/wordpress/wp-content/uploads/2011/08/TOP-Promoting-Positive-Well-Being-in-Adolescents.pdf>, 3.

²⁶ Ibid, 9.

²⁷ “Pregnancy Prevention Intervention Implementation Report: Teen Outreach Program,” Programs for Replication – Intervention Implementation Reports, U.S. Department of Health and Human Services, accessed July 1, 2011, http://www.hhs.gov/ash/oah/oah-initiatives/tpp/programs/teen_outreach_program.pdf.

²⁸ Information provided by Noella Kong, Adolescent Health Coordinator, Maternal and Child Health Branch, Hawaii Department of Health, September 21, 2012.

²⁹ Ibid.

³⁰ 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.

³¹ “Hawaii Youth Services Network—Program Adaptation in Action,” Adolescent Reproductive Health: Hawaii Success Stories, Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, last modified May 17, 2010, accessed May 27, 2010, <http://www.cdc.gov/TeenPregnancy/Hawaii.htm>.

³² Ibid.

³³ Ibid.

³⁴ Ibid.

³⁵ The person listed represents the designated personnel in the state responsible for adolescent reproductive health.

³⁶ This section is a list of major newspapers in the state and is by no means exhaustive of local print outlets.