



IDAHO

In Fiscal Year 2011¹, the state of Idaho received:

- **Personal Responsibility Education Program funds totaling \$284,709**

SEXUALITY EDUCATION LAW AND POLICY

Idaho Statute §33-1608 states that the “primary responsibility of family life and sex education” rests with a student’s home and church “and the schools can only complement and supplement those standards which are established in the family.”² Local school boards are charged with the decision of whether to offer sexuality education, and if a school board decides to institute sexuality education, the program must place “major emphasis” on the home—including “appreciation of the important place the family home holds in the social system of our culture”—family, and church as areas of importance for learning such knowledge.³ School boards must include parents and community groups in all aspects of instituting and evaluating sexuality education programs.

In addition, the statute states that programs should give youth “the scientific, psychological information for understanding sex and its relation to the miracle of life.” It must also include “knowledge of the power of the sex drive and the necessity of controlling that drive by self-discipline.”⁴

According to the *Idaho Content Standards of Health*, by the end of the 12th grade, students should be able to “assess the consequence of sexual activity (unplanned pregnancy, STDs, emotional distress).”⁵

Parents or guardians wishing to excuse their children from sexuality education must file a written request to the school board. The school board will then supply the parent with necessary forms to remove the child from the class. This is referred to as an “opt-out” policy.

See *Idaho Code Annotated* §§ 33-1608–1611, and *Idaho Content Standards for Health*.

RECENT LEGISLATION

SIECUS is not aware of any proposed legislation regarding sexuality education in Idaho.

YOUTH SEXUAL HEALTH DATA

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

Idaho Youth Risk Behavior Survey (YRBS) Data⁶

- In 2011, 39% of female high school students and 41% of male high school students in Idaho reported ever having had sexual intercourse, compared to 46% of female high school students and 49% of male high school students nationwide.

- In 2011, 2% of female high school students and 5% of male high school students in Idaho reported having had sexual intercourse before age 13, compared to 3% of female high school students and 9% of male high school students nationwide.
- In 2011, 11% of female high school students and 17% of male high school students in Idaho 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, 82% of high school students in Idaho reported having been taught about AIDS/HIV in school, compared to 84% of high school students nationwide.

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

Teen Pregnancy, Birth, and Abortion

- Idaho's teen birth rate currently ranks 25th in the United States, with a rate of 33 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 1,862 live births reported to young women ages 15–19 in Idaho.⁸
- In 2005, Idaho's teen pregnancy rate ranked 38th in the United States, with a rate of 55 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 2,940 pregnancies among young women ages 15–19 in Idaho in 2005.¹⁰
- In 2005, Idaho's teen abortion rate ranked 43rd in the United States, with a rate of nine 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 diagnoses of HIV infection among adolescents aged 13-19 years in Idaho was 1.3 per 100,000 compared to the national rate of 7.9 per 100,000.¹²
- In 2010, the rate of AIDS diagnoses among adolescents 13-19 years in Idaho was 1.4 per 100,000 compared to the national rate of 1.9 per 100,000.¹³
- In 2010, the rate of diagnoses of HIV infection among young adults aged 20-24 years in Idaho was 3.8 per 100,000 compared to the national rate of 36.9 per 100,000.¹⁴
- In 2010, the rate of AIDS diagnoses among young adults aged 20-24 years in Idaho was 1.9 per 100,000 compared to the national rate of 10.4 per 100,000.¹⁵

Sexually Transmitted Diseases

- Idaho ranks 44th in reported cases of chlamydia among young people ages 15–19 in the United States, with an infection rate of 11.84 cases per 1,000, compared to the national rate of 20.03 cases per 1,000. In 2009, there were a total of 1,361 cases of chlamydia reported among young people ages 15–19 in Idaho.¹⁶
- Idaho ranks 49th in reported cases of gonorrhea among young people ages 15–19 in the United States, with an infection rate of 0.24 cases per 1,000, compared to the national rate of 4.04 cases per

1,000. In 2009, there were a total of 28 cases of gonorrhea reported among young people ages 15–19 in Idaho.¹⁷

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 are no TPPI Tier 1 grantees in Idaho.

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 are no TPPI Tier 2 Innovative Approaches grantees in Idaho.

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 Idaho.

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 Idaho Department of Health and Welfare received \$284,709 in federal PREP funds for FY 2011.
- The agency provides sub-grants to seven¹⁸ local public and private entities.¹⁹

The Idaho Department of Health and Welfare administers the state's PREP grant in collaboration with seven sub-grantees. The PREP funds are used to expand upon the state's pregnancy prevention efforts through their TANF (Temporary Assistance for Needy Families) program, which supports the majority of pregnancy prevention efforts in Idaho. Programming takes place in both school and community-based settings, targeting students in grades 7–12, and specifically, Latino youth ages 13–18. Sub-grantees are providing programming in Ada, Bannock, Bingham, Bonneville, Canyon, Elmore, Gooding, Jefferson, Lewis, Minidoka, Nez Perce, Twin Falls, and Valley counties by implementing *Reducing the Risk* and *¡Cuidate!*²⁰

Reducing the Risk: Building Skills to Prevent Pregnancy, STD and HIV is an evidence-based, pregnancy-, STD-, and HIV-prevention curriculum designed for classroom use with students in the ninth and tenth grades. It is appropriate for use with multi-ethnic populations.²¹ *Reducing the Risk* aims to reduce high-risk behaviors among participants and emphasizes strategies for abstaining from sex or practicing safer sex. The 16-lesson curriculum addresses both abstinence and contraception use and includes experiential activities that teach students to develop refusal, negotiation, and communication skills. An evaluation of the program published in *Family Planning Perspectives* found that it increased parent-child communication, especially among Latino youth, delayed the initiation of sexual intercourse, and reduced incidence of unprotected sex among lower-risk youth who participated in the program.²²

¡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.²³

Personal Responsibility Education Innovative Strategies (PREIS)

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

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 Idaho.

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.

- Idaho chose not to apply for Title V abstinence-only funds for FY 2011.

Idaho TPPI, PREP, and Title V Funding in FY 2011

Grantee	Award	Fiscal Years
Personal Responsibility Education Program (PREP)		
<i>PREP State-Grant Program</i>		
Idaho Department of Health and Welfare (federal grant)	\$284,709	2011
TOTAL	\$284,709	
GRAND TOTAL		
	\$284,709	2011

COMPREHENSIVE APPROACHES TO SEX EDUCATION

SIECUS has identified some examples of model programs, policies, and best practices being implemented in Idaho public schools that provide a more comprehensive approach to sex education for young people.²⁴

Comprehensive Sex Education Programs in Public Schools
Idaho Adolescent Pregnancy Prevention Program

The Idaho Adolescent Pregnancy Prevention (APP) program is an initiative of the Idaho Department of Health and Welfare, Bureau of Community and Environmental Health. Since 1997, the program has used a comprehensive approach to sexuality education to forward efforts to reduce adolescent pregnancy in the state. Currently, APP collaborates with the state's seven public health districts to implement *Reducing the Risk*, an evidence-based, STD/HIV-prevention curriculum, to high school students at seven public schools across the state. APP plans to use funding provided by the state's PREP grant to expand programming to additional schools. (Please see the PREP State Grant section above for more information about the state's grant program and *Reducing the Risk*.)

The state also implements *Wise Guys*, a pregnancy-prevention program for young males, and is currently implementing a pilot pregnancy-prevention program for college students.²⁵ *Wise Guys* is a teen pregnancy prevention curriculum designed for adolescent males ages 11–17. The curriculum was developed by the Family Life Council of Greensboro, North Carolina. *Wise Guys* focuses on equipping youth to “make wiser and more responsible decisions” about their sexual health.²⁶ The curriculum includes 10 lessons that address self-esteem, personal and family values, goal-setting, stereotypes of masculinity, communication skills, reproductive anatomy, puberty, STDs (including HIV), delaying sexual intercourse, the consequences of teenage pregnancy/early parenthood, and other topics.²⁷ *Wise Guys* is appropriate for use in both school- and community-based settings.

APP also manages a website that provides comprehensive sexual health information to parents and teens. The website addresses topics such as abstinence, pregnancy- and STD/HIV-risk, birth control methods (including condoms), sexual decision making, and how to communicate about sex, as well as providing additional resources, including Idaho teen pregnancy data and links to external information websites.²⁸ One part of the website for teens defines the different types of sex and offers information about sexual risk behavior. In part, the information states: “Abstinence is making the choice to NOT have sex. It’s a choice people make at different times in their lives, and for different reasons. Some teens choose to not have sex because of religious reasons, while other teens choose not to have sex so they can focus on school. And some teens abstain in order to avoid [a sexually transmitted infection] and pregnancy. If you choose to have sex, knowing the facts about birth control/condoms will help reduce your chance of [a sexually transmitted infection] and pregnancy. But remember, abstinence is the most effective way to prevent [sexually transmitted infections] and pregnancy.”²⁹

Northwest Coalition for Adolescent Health

The Northwest Coalition for Adolescent Health provides evidence-based teen pregnancy prevention programming to youth in school and community-based settings across five states in the Northwest. The coalition consists of six Planned Parenthood affiliates, including Planned Parenthood of the Great Northwest, Planned Parenthood of Greater Washington and North Idaho, Planned Parenthood of Columbia Willamette, Planned Parenthood of Montana, Planned Parenthood of Southwest Oregon, and Mt. Baker Planned Parenthood.

The coalition provides programming to young people with the support of a TPPI Tier 1 grant totaling \$4,000,000 over five years. Programming targets high-risk African American, Native American, Russian, and Ukrainian youth in grades 7–12 living in both rural and urban communities with substantially high teen birth and pregnancy rates and health disparities. The coalition will implement *Teen Outreach Program (TOP)* at 73 schools and community agencies in 27 counties across Alaska, Idaho, Montana, Oregon, and Washington. Approximately 2,000 youth will be served annually through the program.

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.”³⁰ 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.³¹ 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.³²

TOP will be primarily implemented during classroom instruction while in some communities the program will be implemented as after-school programming. Participants will meet once a week for a minimum of 25 meetings over the nine-month period of the program. The service-learning component will take place on weekday evenings and on weekends.³³

We encourage you to submit any updated or additional information on comprehensive approaches to sex education being implemented in Idaho 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 Contact³⁴

Mercedes Muñoz, MPA
Manager
Sexual Violence Prevention/Adolescent Pregnancy Prevention
Bureau of Community & Environmental Health
Department of Health and Welfare
450 West State Street, Sixth Floor
Boise, ID 83720
Phone: (208) 334-4970

PREP State-Grant Coordinator

Katherine Humphrey, MS, CHES
Health Program Specialist
Adolescent Pregnancy Prevention
Bureau of Community & Environmental Health
Department of Health and Welfare
450 West State Street, Sixth Floor
Boise, ID 83720
Phone: (208) 334-4961

ORGANIZATIONS THAT SUPPORT COMPREHENSIVE SEXUALITY EDUCATION

ACLU of Idaho
Boise, ID
Phone: (208) 344-9750
www.acluidaho.org

PFLAG Eastern Idaho Chapter
Idaho Falls, ID
Phone: (208) 522-1057
www.ifpflag.com

Allies Linked for the Prevention
of HIV and AIDS
Boise, ID
Phone: (208) 424-7799
www.alphaidaho.org

Planned Parenthood of Idaho
Boise, ID
Phone: (208) 376-2277
www.plannedparenthood.org/idaho

Inland Oasis, Inc.
Moscow, ID
www.inlandoasis.org

Planned Parenthood of Greater Washington and
North Idaho
Yakima, WA
Phone: 1 (866) 904-7721
<http://www.plannedparenthood.org/ppgwni>

ORGANIZATIONS THAT OPPOSE COMPREHENSIVE SEXUALITY EDUCATION

Idaho Chooses Life
Boise, ID
Phone: (208) 344-8709
www.idahochooseshlife.org

Life Choices Clinic
Lewiston, ID
Phone: (208) 746-9704
www.lifechoicesclinic.info

MEDIA OUTLETS

Newspapers in Idaho³⁵

Coeur d'Alene Press
Coeur D'Alene, ID
Phone: (208) 664-8176
www.cdapress.com

Idaho Press-Tribune
Nampa, ID
Phone: (208) 465-8124
www.idahopress.com

Idaho State Journal
Pocatello, ID
Phone: (208) 232-4161
www.journalnet.com

The Idaho Statesman
Boise, ID
Phone: (208) 377-6400
www.idahostatesman.com

Political Blogs in Idaho

43rd State Blues
www.43rdstateblues.com

Ida Blue
www.idablue.blogspot.com

The Mountain Goat Report
www.mountaingoatreport.typepad.com

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 Idaho Code Ann. § 33-1608, <http://legislature.idaho.gov/idstat/Title33/T33CH16SECT33-1608.htm>.

³ Idaho Code Ann. § 33-1608(a), <http://legislature.idaho.gov/idstat/Title33/T33CH16SECT33-1608.htm>.

⁴ Idaho Code Ann. § 33-1608(b), <http://legislature.idaho.gov/idstat/Title33/T33CH16SECT33-1608.htm>.

⁵ Idaho Content Standards for Health, <http://www.sde.idaho.gov/contentstandards/docs/Health%20Standards/Healthall.pdf>.

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>. Note: Idaho did not participate in the full 2011 YRBS.

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 9: “Rates of Diagnoses of HIV Infection among Adolescents Aged 13–19 Years, 2010—46 States and 5 U.S. Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention), accessed January 3, 2013, <http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>.

¹³ 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>.

¹⁴ Slide 10: “Rates of Diagnoses of HIV Infection among Young Adults Aged 20–24 Years, 2010—46 States and 5 U.S. Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention), accessed January 3, 2013, <http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>.

¹⁵ 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>.

¹⁶ “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>.

¹⁷ Ibid.

¹⁸ Sub-grantees include: Public Health – Idaho North Central District; Southwest District Health; Central District Health Department; South Central Public Health District; Southeastern Idaho Public Health; Eastern Idaho Public Health District; El Centro de Comunidad y Justicia.

¹⁹ Information provided by Mercedes Muñoz, Bureau of Community & Environmental Health Manager, Idaho Department of Health and Welfare, December 11, 2012.

²⁰ Ibid.

²¹ *Science and Success: Sex Education and Other Programs That Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections* (Washington, DC: Advocates for Youth, 2008), accessed March 30, 2010, <http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf>, 22.

²² Ibid., 23–24.

²³ *Cuidate!* Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed May 5, 2010, <http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=577&PageTypeID=2>; see also *Science and Success: Sex Education and Other Programs That Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections, Second Edition* (Washington, DC: Advocates for Youth, 2008), accessed March 30, 2010, <http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf>, 76–79.

²⁴ 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.

²⁵ Information provided by Mercedes Muñoz, program manager for the Idaho Adolescent Pregnancy Prevention program, February 17, 2011.

²⁶ “Welcome,” Wise Guys, accessed August 15, 2011, <http://www.wiseguysnc.org/default.asp>.

²⁷ “Curriculum Chapter Synopsis,” Wise Guys, accessed August 15, 2011, http://www.wiseguysnc.org/ch_synopsis.htm.

²⁸ “Idaho Adolescent Pregnancy Prevention,” Idaho Adolescent Pregnancy Prevention, accessed August 29, 2011, <http://www.idahoteenpregnancy.com/>.

²⁹ “What is Your Sexpertise?” Idaho Adolescent Pregnancy Prevention, accessed August 29, 2011, <http://www.idahoteenpregnancy.com/teen-sexpertise.html>.

³⁰ 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.

³¹ *Ibid*, 9.

³² “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.

³³ Information provided by Willa Marth, Director of Education and Organizational Effectiveness for Planned Parenthood of the Great Northwest, June 21, 2011.

³⁴ The person listed represents the designated personnel in the state responsible for adolescent reproductive health.

³⁵ This section is a list of major newspapers in the state and is by no means exhaustive of local print outlets.