



SIECUS

State Profile

INDIANA

In Fiscal Year 2013,¹ the state of Indiana received:

- **Division of Adolescent and School Health funds totaling \$65,000**
- **Title V State Abstinence Education Program funds totaling \$1,009,060**

In Fiscal Year 2013, local entities in Indiana received:

- **Teen Pregnancy Prevention Initiative funds totaling \$998,164**
- **Competitive Personal Responsibility Education Program funds totaling \$2,230,725**
- **Competitive Abstinence Education Grant Program funds totaling \$855,702**

SEXUALITY EDUCATION LAW AND POLICY

Indiana state code requires that schools provide instruction on HIV/AIDS, and “integrate this effort to the extent possible with instruction on other dangerous communicable diseases.”² The law states that the department of education must work with the department of health to develop HIV/AIDS-prevention educational materials and make them available to school districts. These materials must “stress the moral aspects of abstinence from sexual activity” and “state that the best way to avoid AIDS is for young people to refrain from sexual activity until they are ready as adults to establish, in the context of marriage, a mutually faithful monogamous relationship.”³

State law also mandates that local school boards establish an AIDS Advisory Council, consisting of 13 “parents, students, teachers, administrators, and representatives of the state department of health.” The council must review all curricula and materials for HIV/AIDS instruction to ensure that they “are based on sound medical principles and reflect the attitude of the community,” recommend the content of HIV/AIDS instruction, and ensure that it is age appropriate.⁴

Schools are permitted to offer additional sexuality education instruction, which must meet the following criteria:

- teach abstinence from sexual activity outside of marriage as the expected standard for all school-age children;
- include in the instruction that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases (STDs), and other associated health problems; and
- include in the instruction that the best way to avoid STDs and other associated health problems is to establish a mutually faithful monogamous relationship in the context of marriage.⁵

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

See [Indiana Code 20-30-5-12](#), [20-30-5-13](#), [20-34-1-3](#), [20-34-1-13](#), and [20-34-3-17](#).

2013 STATE LEGISLATIVE SESSION ACTIVITY

Bill to Provide Comprehensive Sex Education

Introduced in January 2013, SB 454 overhauls Indiana's current abstinence focused sex education policy, requiring state accredited schools to provide comprehensive, age-appropriate, medically accurate, and culturally sensitive sexual health education. The bill provides parents and guardians an opportunity to review the curriculum as well as the opportunity to opt their children out of sex education. The bill died in committee.

YOUTH SEXUAL HEALTH DATA

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

Indiana Youth Risk Behavior Survey (YRBS) Data⁶

- In 2011, 51% of female high school students and 51% of male high school students in Indiana reported ever having had sexual intercourse, compared to 46% of female high school students and 49% of male high school students nationwide.
- In 2011, 4% of female high school students and 7% of male high school students in Indiana 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, 40% of female high school students and 37% of male high school students in Indiana 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.

Visit the Centers for Disease Control and Prevention's [Youth Online database](#) for additional information on sexual behaviors.

Indiana Teen Pregnancy, HIV/AIDS, and Other STD Data

Teen Pregnancy, Birth, and Abortion

- In 2010, Indiana's teen pregnancy rate ranked 29th in the United States, with a rate of 53 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 57 per 1,000.⁷ There were a total of 12,240 pregnancies among young women ages 15–19 reported in Indiana in 2010.⁸
- In 2012, Indiana's teen birth rate ranked 20th in the United States, with a rate of 33 births per 1,000 young women ages 15–19, compared to the national rate of 29.4 per 1,000.⁹ In 2012, there were a total of 7,370 live births reported to young women ages 15–19 in Indiana.¹⁰
- In 2010, Indiana's teen abortion rate ranked 42nd in the United States, with a rate of seven abortions per 1,000 young women ages 15–19, compared to the national rate of 15 per 1,000.¹¹ There were a total of 1,680 abortions among young women ages 15–19 reported in Indiana in 2010.¹²

HIV and AIDS

- In 2011, the rate of diagnoses of HIV infection among adolescents ages 13–19 in Indiana was 4.7 per 100,000, compared to the national rate of 7.6 per 100,000.¹³

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- In 2011, the rate of AIDS diagnoses among adolescents ages 13–19 in Indiana was 0.3 per 100,000, compared to the national rate of 1.9 per 100,000.¹⁴
- In 2011, the rate of diagnoses of HIV infection among young adults ages 20–24 in Indiana was 23.6 per 100,000, compared to the national rate of 36.3 per 100,000.¹⁵
- In 2011, the rate of AIDS diagnoses among young adults ages 20–24 in Indiana was 5.3 per 100,000, compared to the national rate of 10.9 per 100,000.¹⁶

Sexually Transmitted Diseases

- In 2012, Indiana ranked 19th in the United States for reported cases of chlamydia among young people ages 15–19, with an infection rate of 2,082.3 cases per 100,000, compared to the national rate of 2,001.7 per 100,000. In 2012, there were a total of 9,762 cases of chlamydia reported among young people ages 15–19 in Indiana.¹⁷
- In 2012, Indiana ranked 18th in the United States for reported cases of gonorrhea among young people ages 15–19, with an infection rate of 389.5 cases per 100,000, compared to the national rate of 376.8 per 100,000. In 2012, there were a total of 1,826 cases of gonorrhea reported among young people ages 15–19 in Indiana.¹⁸
- In 2012, Indiana ranked eighth in the United States for reported cases of primary and secondary syphilis among young people ages 15–19, with an infection rate of 6.8 cases per 100,000, compared to the national rate of 4.1 per 100,000. In 2012, there were a total of 32 cases of syphilis reported among young people ages 15–19 in Indiana.¹⁹

FEDERAL FUNDING FOR SEX EDUCATION, TEEN PREGNANCY PREVENTION, AND ABSTINENCE-ONLY-UNTIL-MARRIAGE 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 FY 2013. 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. OAH utilizes the remaining appropriated funds to provide program support, implementation evaluation, and technical assistance to grantees. OAH utilizes the remaining appropriated funds to provide program support, implementation evaluation, and technical assistance to grantees. TPPI also dedicates \$8.5 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 and minimize underlying behavioral risk factors or other associated risk factors.

- There are no TPPI Tier 1 grantees in Indiana.

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 Indiana, PATH, Inc., which received \$998,164 for FY 2013.

PATH (A Positive Approach to Teen Health), Inc., \$998,164 (FY 2013)

PATH describes itself as an “educational nonprofit organization committed to equipping, empowering and encouraging teens to make healthy choices.”²⁰ The organization, located in Valparaiso, Indiana, is a long-time recipient of abstinence-only-until-marriage (AOUM) funding, having received grants under the now-defunct Community-Based Abstinence Education funding stream as well as sub-grants under the Title V AOUM program.

PATH uses its Tier 2 grant to implement a three-year curriculum, *Planned Potential*, in 12 middle schools located in four rural Indiana counties: La Porte, Jasper, Pulaski, and Starke. *Planned Potential* is a combination of *Project AIM (Adult Identity Mentoring)* and a module developed by the organization called Pathblazer. The program serves 700 young people each year.

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) administers the grant program in partnership with OAH.

- There are no TPPI Tier 2 Communitywide Initiatives grantees in Indiana.

Division of Adolescent and School Health

The Division of Adolescent and School Health (DASH), within the Centers for Disease Control and Prevention (CDC), provides funding to 17 state and 19 local education agencies to help districts and schools strengthen student health through exemplary sexual health education (ESHE), that emphasizes HIV and other STD prevention, increased access to key sexual health services (SHS), and the establishment of safe and supportive environments (SSE) for students and staff. In addition, DASH funds nine national non-governmental organizations (NGOs) to help state and local education agencies achieve these goals.

- There were no DASH grantees in Indiana funded to strengthen student health through ESHE, SHS, and SSE in FY 2013.

DASH also funds three local education agencies and one NGO to implement multiple program activities to meet the HIV/STD-prevention needs of young men who have sex with men (YMSM) and to develop strategic partnerships and collaborations between schools and community-based, mental health, and social services organizations to accomplish this work.

- There were no DASH grantees in Indiana funded to deliver YMSM programming in FY 2013.

DASH also provides funding for state, territorial, and local education agencies and state health agencies to establish and strengthen systematic procedures to collect and report Youth Risk Behavior Survey (YRBS) and School Health Profiles data for policy and program improvements.

- There was one DASH grantee in Indiana funded to collect and report YRBS and School Health Profiles data in FY 2013, the Indiana State Department of Health (\$65,000).

Pregnancy Assistance Fund

The Pregnancy Assistance Fund (PAF), administered by OAH, provides expecting and parenting teens, women, fathers, and their families with a network of support services. Established in FY 2010 through a 10-year authorization (FY 2010–FY 2019) in the Affordable Care Act (ACA), PAF is a \$25 million competitive grant program for state and tribal entities. PAF grants support programs that include at least one of the following four components: 1) support for expectant and parenting student services at institutions of higher education; 2) support for expectant and parenting teens, women, fathers, and their families at high schools and community centers; 3) improved services for pregnant women who are victims of domestic violence, sexual violence, sexual assault, and stalking; and 4) increased public awareness and education services for expectant and parenting teens, women, fathers, and their families. Now in the second round of awards, PAF supports 17 entities in 14 states and three tribal entities, most of which focus their efforts on serving teen parents.

- There are no PAF grantees in Indiana.

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, \$3.1 million for Tribal PREP, for tribes and tribal organizations, and with remaining funds for evaluation, training, and technical assistance. In addition, provisions within the statute for PREP enable a competitive application process for community- and faith-based organizations within states and territories that do not directly seek PREP funding by the third year of the program; these competitive PREP (CPREP) grants were awarded to organizations in five states and three territories in FY 2013. Details on the state grant program, PREIS, Tribal PREP, and CPREP 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 STDs. 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.

- Indiana chose not to apply for PREP funds for FY 2013.

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 Indiana.

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 young people 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.

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- In FY 2013, 16 tribes and tribal organizations from nine states received a total of \$3.1 million.
- There are no Tribal PREP grantees in Indiana.

Competitive Personal Responsibility Education Program (CPREP)

CPREP grants support evidence-based programs that provide young people with medically accurate and age-appropriate information for the prevention of unintended pregnancy, HIV/AIDS, and other STDs.

Organizations and institutions in states and territories that did not apply for PREP formula grants in either of the past two fiscal years were eligible to submit competitive applications for CPREP grants. Thirty-seven grants, totaling \$18.6 million, were awarded in FY 2013 to organizations in American Samoa, the Commonwealth of Northern Mariana Islands, Florida, Guam, Indiana, North Dakota, Texas, and Virginia.

- Three local entities in Indiana received a total of \$2,230,725 in CPREP funds for FY 2013: Health Care Education and Training, Inc.; Indiana Family Health Council; and PATH, Inc.

PATH, Inc., \$691,213 (FY 2013)

PATH, Inc., describes itself as an “educational nonprofit organization committed to equipping, empowering and encouraging teens to make healthy choices.” The organization, located in Valparaiso, is using its CPREP grant to implement Horizons, a program designed “to equip, empower and educate adolescents to make responsible choices now, which will lead to healthy futures.”²¹ Horizon uses a combination of *Promoting Health Among Teens (PHAT) – Abstinence Only* and *Love U 2 Relationship Smarts Plus*.²²

At the time of publication, more information on the following grantees was not available: Health Care Education and Training, Inc. (\$789,498), and Indiana Family Health Council, Inc. (\$750,014).

Title V State Abstinence Education Grant Program

The Title V abstinence-only-until-marriage (Title V AOUM) program, administered by ACF, allocates \$50 million per year to states for FYs 2010–2014. The Title V AOUM 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 Title V AOUM 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 Indiana State Department of Health received \$1,009,060 in federal Title V AOUM funding for FY 2013.
- The Indiana State Department of Health provides sub-grants to two full-time “abstinence education coordinators” and two local entities: the Social Health Association (\$200,000); and the PEERS Project (\$200,000).²³
- In Indiana, the match is made through both in-kind dollars from sub-grantees and direct state revenue.

The Indiana State Department of Health administers the state’s Title V AOUM grant in collaboration with two community-based organizations. Funded organizations provide both school- and community-based programming for youth in middle school and high school in the following school districts: Anderson Community Schools, Clay Community Schools, Danville Middle School, East Noble School Corporation, George Washington Community Schools, Indianapolis Public Schools, the Indianapolis Public Schools Alternative Education and Retention Program, Knightstown Intermediate School, Metropolitan School District of Washington Township, Mooresville School Corporation, and the North Montgomery Community School Corporation. In addition, new community partnerships were made with the Center for Leadership Development; Habitat for Humanity of Greater Indianapolis; Life and Family Services Pregnant and Parenting Resource Center; Lutheran Child and Family Services; Serving on the Streets; Stopover, Inc.; TripGear, LLC; and White’s Residential and Family Services.

I N D I A N A

The curricula currently being used by the sub-grantees are: *Making a Difference!*, *Peers Educating Peers About Positive Values (PEP)*, and *LULA (Look Up – Look Ahead)*.²⁴

Competitive Abstinence Education Grant Program

Administered by the ACF, the Competitive Abstinence Education (CAE) grant program provides grants for “abstinence education” as defined by the A–H statute in Title V of the Social Security Act, as well as for mentoring, counseling, and adult supervision that promotes abstinence outside of marriage. As currently implemented by ACF, the programs must also be medically accurate. In FY 2013, \$4.3 million was granted through a competitive application process to 10 grantees across nine states, in addition to the nine grantees implementing the second year of their CAE awards in some overlapping and additional states, for a total of 19 CAE grantees in 14 states.

- Two local entities in Indiana received a total of \$855,702 in CAE funds for FY 2013: Evansville Christian Life Center (\$244,110) and the PEERS Project of Indiana, Inc. (\$611,592).

The PEERS Project of Indiana, Inc., \$611,592 (FY 2013)

The PEERS Project “engage[s] older youth to teach interactive lessons to their younger peers. These lessons include resisting risky behaviors such as alcohol and drug use, sexual activity, and bullying.”²⁵ The organization uses its CAE funds to implement school- and community-based programs in more than 30 school districts in 24 counties. The program serves nearly 14,000 youth per year, targeting low-income, at-risk, and rural and urban youth from grades 6–9. The PEERS Project uses its own curriculum, *Peers Educating Peers About Positive Relationships (PEP)*, and *LULA (Look Up – Look Ahead)*.²⁶

Indiana TPPI, DASH, PAF, PREP, Title V AOUM, and CAE Funding in FY 2013

| Grantee | Award | Fiscal Years |
|--|--------------------|--------------|
| Teen Pregnancy Prevention Initiative (TPPI) | | |
| <i>TPPI Tier 2: Innovative Approaches</i> | | |
| PATH (A Positive Approach to Teen Health), Inc. | \$998,164 | 2010–2014 |
| TOTAL | \$998,164 | |
| Division of Adolescent and School Health (DASH) | | |
| Indiana State Department of Health | \$65,000 | 2013–2017 |
| TOTAL | \$65,000 | |
| Competitive Personal Responsibility Education Program (CPREP) | | |
| PATH, Inc. | \$691,213 | 2012 |
| Healthcare Education and Training, Inc. | \$789,498 | 2012 |
| Indiana Family Health Council | \$750,014 | 2012 |
| TOTAL | \$2,230,725 | |
| Title V Abstinence-Only-Until-Marriage Program (Title V AOUM) | | |
| Indiana State Department of Health | \$1,009,060 | 2013 |
| TOTAL | \$1,009,060 | |

I N D I A N A

| Grantee | Award | Fiscal Years |
|---|--------------------|--------------|
| Competitive Abstinence Education Grant (CAE) | | |
| Evansville Christian Life Center | \$244,110 | 2013 |
| The PEERS Project of Indiana, Inc. | \$611,592 | 2013 |
| TOTAL | \$855,702 | |
| | | |
| GRAND TOTAL | \$5,158,651 | 2013 |

POINTS OF CONTACT

Adolescent Health Contact²⁷

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¹ This refers to the federal government’s fiscal year, which begins on October 1 and ends on September 30. The fiscal year is designated by the calendar year in which it ends; for example, FY 2013 began on October 1, 2012, and ended on September 30, 2013.

² Indiana Code 20-30-5-12, <http://codes.lp.findlaw.com/incode/20/30/5/20-30-5-12>.

³ Indiana Code 20-34-3-17, <http://codes.lp.findlaw.com/incode/20/34/3/20-34-3-17>.

⁴ Indiana Code 20-34-1-13, <http://codes.lp.findlaw.com/incode/20/34/1/20-34-1-13>.

⁵ Indiana Code 20-30-5-13, <http://codes.lp.findlaw.com/incode/20/30/5/20-30-5-13>.

⁶ Eaton, Danice K., 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>. Iowa chose not to participate in the 2013 Youth Risk Behavior Survey.

⁷ Kost, K., and S. Henshaw, *U.S. Teenage Pregnancies, Births, and Abortions, 2010: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2014), accessed July 8, 2014, <http://www.guttmacher.org/pubs/USTPTrends10.pdf>, Table 3.1.

⁸ *Ibid.*, Table 3.2.

⁹ Martin, J.A., et al., *Births: Final Data for 2012*. National Vital Statistics Reports, Vol. 62, No. 9. (December 30, 2013), accessed July 30, 2014, http://www.cdc.gov/nchs/data/nvsr/nvsr62/nvsr62_09.pdf, Table 12.

¹⁰ Centers for Disease Control and Prevention, VitalStats Interactive Data Tables, Hyattsville, MD: National Center for Health Statistics, <http://www.cdc.gov/nchs/vitalstats.htm>.

¹¹ Kost, K., and S. Henshaw, *U.S. Teenage Pregnancies, Births, and Abortions, 2010: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2014), accessed July 8, 2014, <http://www.guttmacher.org/pubs/USTPTrends10.pdf>, Table 3.1.

¹² *Ibid.*, Table 3.2.

¹³ Slide 9: “Rates of Diagnosis of HIV Infection among Adolescents Aged 13–19 Years, 2011—United States and 6 Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), accessed May 30, 2013, <http://bit.ly/1dbYpAJ>.

¹⁴ Slide 18: “Rates of Stage 3 (AIDS) Classifications among Adolescents Aged 13–19 Years with HIV Infection, 2011—United States and 6 Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), accessed May 30, 2013, <http://bit.ly/1dbYpAJ>.

¹⁵ Slide 10: “Rates of Diagnoses of HIV Infection among Young Adults Aged 20–24 Years, 2011—United States and 6 Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), accessed May 30, 2013, <http://bit.ly/1dbYpAJ>.

¹⁶ Slide 19: “Rates of Stage 3 (AIDS) Classifications among Adolescents Aged 20–24 Years with HIV Infection, 2011—United States and 6 Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), accessed May 30, 2013, <http://bit.ly/1dbYpAJ>.

¹⁷ NCHHSTP Atlas, “STD Surveillance Data.” (Atlanta, GA: Centers for Disease Control and Prevention), accessed June 10, 2013, <http://gis.cdc.gov/GRASP/NCHHSTPAtlas/main.html>.

¹⁸ Ibid.

¹⁹ Ibid.

²⁰ “About Us,” A Positive Approach to Teen Health, accessed April 19, 2014, <http://www.pathblazer.org/about/index.php>.

²¹ “About Us,” A Positive Approach to Teen Health, accessed April 19, 2014, <http://www.pathblazer.org/about/index.php>.

²² Ibid.

²³ Information provided by Jeena Siela, Maternal and Child Health Division deputy director, Indiana State Department of Health, August 26, 2013.

²⁴ Ibid., information about the curriculum *Look Up Look Ahead* was not available at the time of publication.

²⁵ “Home,” *The PEERS Project*, accessed July 22, 2014, <http://peersproject.org/what-we-do>.

²⁶ Information provided by Joe Pickard, executive director, The PEERS Project of Indiana, Inc., July 22, 2014.

²⁷ The person listed represents the designated personnel in the state responsible for adolescent reproductive health.