



## MINNESOTA

**In Fiscal Year 2011<sup>1</sup>, the state of Minnesota received:**

- **Personal Responsibility Education Program funds totaling \$866,929**
- **Title V State Abstinence Education Program funds totaling \$569,374<sup>2</sup>**

**In Fiscal Year 2011, local entities in the state of Minnesota received:**

- **Teen Pregnancy Prevention Initiative funds totaling \$3,287,453**

### SEXUALITY EDUCATION LAW AND POLICY

Minnesota law requires every school district to develop and implement a comprehensive risk-reduction program “including but not exclusive to human immune deficiency virus and human papilloma virus.” The law also requires that curricula include information “helping students to abstain from sexual activity until marriage.”<sup>3</sup>

While the state has not developed a specific curriculum or set of standards, each school district must have “a comprehensive, technically accurate, and updated curriculum that includes helping students to abstain from sexual activity until marriage” and must target “adolescents, especially those who may be at high risk of contracting sexually transmitted infections and diseases, for prevention efforts.”<sup>4</sup>

Minnesota also requires each school district to:

[H]ave a procedure for a parent, guardian, or an adult student, 18 years of age or older, to review the content of the instructional materials to be provided to a minor child or to an adult student and, if the parent, guardian, or adult student objects to the content, to make reasonable arrangements with school personnel for alternative instruction.<sup>5</sup>

This is referred to as an “opt-out” policy.

See [Minnesota Statutes §§ 120B.20](#) and [121A.23](#).

### RECENT LEGISLATION

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

### YOUTH SEXUAL HEALTH DATA

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

## Minnesota Student Survey Data

### *Sexual Behavior*

- In 2010, 10% of males in the ninth grade in Minnesota said they have had sexual intercourse once or twice while 12% of ninth grade males said they have had sexual intercourse three times or more.<sup>6</sup>
- In 2010, 7% of females in the ninth grade in Minnesota said they have had sexual intercourse once or twice while 11% of ninth grade females said they have had sexual intercourse three times or more.<sup>7</sup>
- In 2010, 10% of males in the 12th grade in Minnesota said they have had sexual intercourse once or twice while 41% of 12th grade males said they have had sexual intercourse three times or more.<sup>8</sup>
- In 2010, 7% of females in the 12th grade in Minnesota said they have had sexual intercourse once or twice while 43% of 12th grade females said they have had sexual intercourse three times or more.<sup>9</sup>
- In 2010, 41% of males and 47% of females in the ninth grade in Minnesota said they have talked with every partner at least once about protecting themselves from getting STDs/HIV/AIDS, compared to 44% of males and 55% of females in the 12th grade.<sup>10</sup>
- In 2010, 47% of males and 55% of females in the ninth grade in Minnesota said they have talked with every partner at least once about preventing pregnancy, compared to 57% of males and 69% of females in the 12th grade.<sup>11</sup>
- In 2010, 28% of males and 35% of females in the ninth grade in Minnesota said they used a condom the last time they had sexual intercourse, compared to 35% of males and 43% of females in the 12th grade.<sup>12</sup>

## Minnesota Teen Pregnancy, HIV/AIDS, and Sexually Transmitted Disease Data

### *Teen Pregnancy, Birth, and Abortion*

- Minnesota's teen birth rate currently ranks 42nd in the United States, with a rate of 22.5 births per 1,000 young women ages 15–19, compared to the national rate of 34.3 births per 1,000.<sup>13</sup> In 2010, there were a total of 4,035 live births to young women ages 15–19 reported in Minnesota.<sup>14</sup>
- In 2005, Minnesota's teen pregnancy rate ranked 47th in the United States, with a rate of 43 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 70 pregnancies per 1,000.<sup>15</sup> There were a total of 7,890 pregnancies among young women ages 15–19 reported in Minnesota in 2005.<sup>16</sup>
- In 2005, Minnesota's teen abortion rate ranked 36th in the United States, with a rate of 11 abortions per 1,000 young women ages 15–19, compared to the national rate of 19 abortions per 1,000.<sup>17</sup>

### *HIV and AIDS*

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- In 2010, the rate of diagnoses of HIV infection among adolescents aged 13-19 years in Minnesota was 4.1 per 100,000 compared to the national rate of 7.9 per 100,000.<sup>18</sup>
- In 2010, the rate of AIDS diagnoses among adolescents 13-19 years in Minnesota was 0.5 per 100,000 compared to the national rate of 1.9 per 100,000.<sup>19</sup>
- In 2010, the rate of diagnoses of HIV infection among young adults aged 20-24 years in Minnesota was 18.7 per 100,000 compared to the national rate of 36.9 per 100,000.<sup>20</sup>
- In 2010, the rate of AIDS diagnoses among young adults aged 20-24 years in Minnesota was 3.8 per 100,000 compared to the national rate of 10.4 per 100,000.<sup>21</sup>

### *Sexually Transmitted Diseases*

- Minnesota ranks 42nd in the United States for reported cases of chlamydia among young people ages 15–19, with an infection rate of 12.17 cases per 1,000, compared to the national rate of 20.03 cases per 1,000. In 2009, there were a total of 4,478 cases of chlamydia among young people ages 15–19 reported in Minnesota.<sup>22</sup>
- Minnesota ranks 35th in the United States for reported cases of gonorrhea among young people ages 15–19, with an infection rate of 1.66 cases per 1,000, compared to the national rate of 4.04 cases per 1,000. In 2009, there were a total of 610 cases of gonorrhea among young people ages 15–19 reported in Minnesota.<sup>23</sup>

## **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 Minnesota, Hennepin County, which received \$3,287,453 for FY 2011.

Hennepin County, \$3,287,453 (FY 2011)

The Hennepin County Research, Planning, and Development Department (RPD) implements the county's TPPI Tier 1 grant. The department "engages in research, planning and analysis" to "support and inform public policy and county practice."<sup>24</sup> With the TPPI funding, RPD expanded upon its teen pregnancy prevention initiative, "Better Together Hennepin: Healthy Communities, Healthy Youth," and now operates the "It's Your Future" program in all eight cities in Hennepin County with teen birth rates above the Minnesota state rate, including Brooklyn Center, Brooklyn Park, Crystal, Hopkins, Minneapolis, New Hope, Richfield, and Robbinsdale.<sup>25</sup> The overall goal of the program is to reduce pregnancy and related risky sexual behaviors among participants.

"Better Together Hennepin: Healthy Communities, Healthy Youth" began as an initiative to prevent teen pregnancy in 2006. The programming consisted of four elements: healthy youth development programs, open and consistent communication with parents about sex and relationships, responsible sex education, and accessible reproductive health services. (Please see the Comprehensive Approaches to Sex Education section below for more information on the initial program.) Through the expanded It's Your Future teen pregnancy prevention program, Hennepin County plans to implement *Teen Outreach Program (TOP)* to approximately 13,000 middle and high school students and to implement *Safer Sex* to approximately 14,000 adolescents. Local teachers co-facilitate *TOP* with staff from community agencies in the classrooms of 15 middle and high schools. In addition, seven local healthcare agencies implement *Safer Sex* to youth clients.<sup>26</sup>

*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."<sup>27</sup> 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.<sup>28</sup> 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.<sup>29</sup>

*Safer Sex* is a clinic-based intervention designed for female adolescents. The intervention is delivered to participants in a one-on-one setting and seeks to reduce their incidence of STD infection and improve their efficacy of condom use. The intervention is administered by a female health educator and begins with the viewing of a brief video clip that uses celebrities to dramatize buying condoms as well as negotiating condom use. The video is followed by a 30-minute discussion with the health educator, which is tailored to meet the interests and risk level of the individual participant. The discussion addresses the consequences of having unprotected sex; methods for preventing unintended pregnancy and STDs, including HIV; secondary abstinence; and condom-use skills. Participants also conduct a self-assessment to evaluate their sexual risk and are provided with written information about safer sex and contraception use. In addition, the intervention includes one-, three-, and six-month booster sessions, at which time participants are invited back to the clinic for follow-up. An evaluation of the program published in the *Archives of Pediatrics and Adolescent Medicine* found, at a six-month follow-up, that the intervention reduced the incidence of multiple sexual partners among participants.<sup>30</sup>

#### *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 Minnesota.

*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 Minnesota.

**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 Minnesota Department of Health State Treasurer received \$866,929 in federal PREP funds for FY 2011.
- The department has issued an application announcement for available funds under the state's PREP grant program. At the time of publication, sub-grantees had not yet been determined.<sup>31</sup>

The Minnesota Department of Health administers the state PREP grant program by directing the funding towards community-based organizations, juvenile detention centers, local public health agencies, social service agencies, clinics, foster care facilities, runaway/homeless youth facilities, tribal governments, and school alternative centers. Funded programs must demonstrate that they serve at least one of the following target populations: youth ages 15–19, racial and ethnic minority youth, youth in the juvenile justice system, youth attending area learning centers, youth in foster care, runaway/homeless youth, and gay/lesbian/bisexual/transgender youth. Programming takes place in Hennepin, Ramsey, Beltrami, Cass, and Mahnommen counties, and funded programs must implement one of the following evidence-based programs: *Sexual Health and Adolescent Risk Prevention (SHARP)*, *Teen Outreach Program (TOP)*, *Making Proud Choices!*, *¡Cuidate!*, *Safer Sex*, and *Live It!*<sup>32</sup>

*SHARP* is an evidence-based program designed to reduce sexual risk behaviors among high-risk adolescents in juvenile detention centers. The intervention aims to increase condom use and reduce alcohol-related sexual behavior among participants by increasing their knowledge of STDs, including HIV, improving condom-use skills, and teaching them to set long-term goals for reducing their sexual risk behavior. Designed as a three-hour one-time intervention, the program consists of a learning component

followed by group discussion. A trained facilitator administers the program to a small group of same-sex participants. The program includes activities such as a videogame and condom-use demonstration. An evaluation of the program published in *Pediatrics* found that, at six-, nine-, and 12-month follow-ups, participants reported more consistent condom use than those in the control group.<sup>35</sup>

*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.”<sup>34</sup> 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.<sup>35</sup> 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.<sup>36</sup>

*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.”<sup>37</sup> 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.<sup>38</sup>

*¡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.<sup>39</sup>

*Safer Sex* is a clinic-based intervention designed for female adolescents. The intervention is delivered to participants in a one-on-one setting and seeks to reduce their incidence of STD infection and improve their efficacy of condom use. The intervention is administered by a female health educator and begins with the viewing of a brief video clip that uses celebrities to dramatize buying condoms as well as negotiating condom use. The video is followed by a 30-minute discussion with the health educator, which is tailored to meet the interests and risk level of the individual participant. The discussion addresses the consequences of having unprotected sex; methods for preventing unintended pregnancy and STDs, including HIV; secondary abstinence; and condom-use skills. Participants also conduct a self-assessment to evaluate their sexual risk and are provided with written information about safer sex and contraception use. In addition, the intervention includes one-, three-, and six-month booster sessions, at which time participants are invited back to the clinic for follow-up. An evaluation of the program published in the

*Archives of Pediatrics and Adolescent Medicine* found, at a six-month follow-up, that the intervention reduced the incidence of multiple sexual partners among participants.<sup>40</sup>

*Live It!* is a sexuality education and teen pregnancy prevention program put in place through the Division of Indian Work in Minneapolis and made possible through support from the Minnesota Department of Health, Eliminating Health Disparities Initiative. It is designed for American Indians by American Indians. The *Live It!* youth curriculum is designed for middle and high school youth ages 11–18. The curriculum includes 10 lessons, which typically last between one and two hours each. The program is culturally appropriate and has been designed in such a way that many different tribes can use the program with their youth. In addition to addressing topics such as puberty, healthy relationships, decision-making, and communication skills, the program also seeks to reconnect youth with Native American culture.<sup>41</sup>

#### *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 Minnesota.

#### *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 Minnesota.

### **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 Minnesota Department of Health received \$569,374 in federal Title V abstinence-only funding for FY 2011, but kept only \$279,551 due to match requirements.<sup>42</sup>
- The department chose to sub-grant the funds to St. Paul Ramsey County Public Health (\$173,000) who in turn sub-contracted with the Family Partnership (\$20,000) and the YMCA of Greater Twin Cities (\$20,000).<sup>43</sup>
- In Minnesota, the match is provided through a combination of in-kind funds and direct state revenue.

The Minnesota Title V abstinence-only program is administered by the Department of Health and focuses on Healthy Youth Development Initiatives. Programming is provided in both school and community-based settings for youth ages 11–14 residing in Ramsey County, specifically St. Paul charter

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school and White Bear Lake/Maplewood schools. The department is also implementing a parent education component and developing a community/youth mentoring project. Sub-contractors must use a curriculum that meets the federal A-H guidelines. The following have been approved for use: *Teen Outreach Program (TOP)* and *It's That Easy!*<sup>44</sup>

*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.”<sup>45</sup> 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.<sup>46</sup> 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.<sup>47</sup>

*It's That Easy!: A Guide to Raising Sexually Healthy Children* is an initiative developed by Teenwise Minnesota (formerly the Minnesota Organization on Adolescent Pregnancy, Prevention and Parenting) that serves to “[empower] parents to connect with their kids, share their family’s values and engage in meaningful conversations about sex.”<sup>48</sup> *It's That Easy!* consists of a two-day, parent educator training that provides information to educators on theories, research, and best practices for promoting healthy sexual development. The training addresses such topics as the role of parents as sexuality educators, identifying individual and cultural values as well as morals and beliefs, the power of parent-child connectedness, child and adolescent growth and development, and the influence of the media and popular culture. Along with the training, parent educators receive a resource manual with sample activities and lesson plans in order to help them tailor trainings for parents in their community.<sup>49</sup>

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

<b>Grantee</b>	<b>Award</b>	<b>Fiscal Years</b>
<b>Teen Pregnancy Prevention Initiative (TPPI)</b>		
<i>TPPI Tier 1: Replication of Evidence-Based Programs</i>		
Hennepin County	\$3,287,453	2010–2014
<b>TOTAL</b>	<b>\$3,287,453</b>	
<b>Personal Responsibility Education Program (PREP)</b>		
<i>PREP State-Grant Program</i>		
Minnesota Department of Health	\$866,929	2011
<b>TOTAL</b>	<b>\$866,929</b>	
<b>Title V Abstinence Education Grant Program (Title V Abstinence-Only)</b>		
Minnesota Department of Health (federal grant)	\$569,374*	2011
<b>TOTAL</b>	<b>\$569,374*</b>	
<b>GRAND TOTAL</b>		<b>2011</b>
<b>\$4,723,756*</b>		



\* Minnesota was awarded \$569,374 in Title V abstinence-only funds, but only took \$279,551 due to match requirements.

## COMPREHENSIVE APPROACHES TO SEXUALITY EDUCATION

SIECUS has identified some examples of model programs, policies, and best practices being implemented in Minnesota public schools that provide a more comprehensive approach to sex education for young people.<sup>50</sup>

### *Comprehensive Sex Education Programs in Public Schools*

#### Hennepin County Teen Pregnancy Prevention Initiative

In 2006, spurred by the county's high teen birth rate, the Research, Development, and Planning Department of Hennepin County developed the Hennepin County Teen Pregnancy Prevention Initiative. The initiative engages county government, schools, parents, faith-based communities, libraries, and community-based organizations in a coordinated effort to prevent teen pregnancy and early parenthood.<sup>51</sup> The vision for the initiative is for children in Hennepin County to be born into healthy, self-reliant families and for all communities in the county to develop a "strong foundation for all youth that includes information, family planning services, and hope for the future."<sup>52</sup> To this end, the initiative consists of providing young people with three key elements: comprehensive sexuality education, accessible reproductive health services, and "an array of opportunities to develop their potential and connect with caring adults."<sup>53</sup> The Minnesota Organization on Adolescent Pregnancy, Prevention, and Parenting (MOAPPP) and the University of Minnesota's Healthy Youth Development – Prevention Research Center are key strategic partners in the initiative.

The Hennepin County Teen Pregnancy Prevention Initiative established pilot programs in two cities, Richfield and Brooklyn Center, which boast the highest teen birth rates in the county. The initiative began with an evaluation and needs assessment phase conducted through focus groups and interviews with key informants in the two communities. Based on the evaluation results, during the 2008–2009 school year the initiative provided evidence-based sexuality education programs in schools and community-based settings, family planning services, and youth development programs that were tailored to meet the expressed needs of each community. This was followed up with an evaluation from which recommendations were developed for replicating the program.<sup>54</sup> Funding for the initiative was provided through the county, which allocated \$300,000. Sub-grants were distributed to local organizations through a request for proposal process.

During its pilot phase the initiative provided evidence-based sex education programs in two schools, Brooklyn Center Middle School and Richfield High School. In Brooklyn Center Middle School, sex education was implemented to eighth grade students in health class. Ninth and 10th grade students at Richfield High School received sex education instruction in biology courses. Both are required courses for students. Eighth grade students at Brooklyn Center Middle School were taught *Making A Difference!*, an evidence-based pregnancy-, STD-, and HIV-prevention education curriculum that emphasizes abstinence from sexual activity. Adapted from the evidence-based curriculum *Be Proud! Be Responsible!*, *Making a Difference!* aims to increase participants' knowledge about HIV, STD, and pregnancy prevention as well as their confidence to negotiate sexual pressure and intention to abstain from sex. It is designed for use with African-American, Latino, and white adolescents ages 11–13 and can be implemented in school- or community-based settings. The curriculum includes interactive activities, small-group discussions, and skill-building exercises, including role-plays, aimed to increase comfort and efficacy with practicing abstinence. An evaluation of the curriculum published in the *Journal of American Medical Association* found that, at a three-month follow-up, participants in the program were less likely to report having had sexual intercourse in the three months prior than peers in the control group. Evaluation results also showed that the program helped to delay sexual initiation among program participants who were sexually inexperienced.<sup>55</sup>

Hennepin County’s Research, Planning, and Development Department conducted an evaluation of the program implemented to Brooklyn Center middle school students. Pre- and post-test survey results showed significant increases in participant knowledge of the efficacy of condoms in HIV prevention and ability to identify abstinence as the safest way to prevent pregnancy and HIV. In regards to behavioral change, pre- and post-test surveys asked students four questions about “their intentions to engage in sexual behavior.”<sup>56</sup> For example, the percentage of students who “felt they definitely or probably could tell their partner to use a condom” increased from 80 to 96%.<sup>57</sup> The percent of students who felt they definitely or probably would not be embarrassed to discuss condom use or carry a condom with them also increased after the completion of the course.

Students at Richfield High School were taught *Reducing the Risk: Building Skills to Prevent Pregnancy, STD and HIV*, an evidence-based sexuality education curriculum designed for high school students in the ninth and 10th grades that is appropriate for use with multiethnic populations.<sup>58</sup> *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.<sup>59</sup>

The evaluation of the Richfield High School program conducted by the Hennepin County’s Research, Planning, and Development Department found that both ninth and 10th grade students demonstrated significant knowledge gains following the program and ninth grade students, in particular, retained this knowledge six months after the program’s end. Students also demonstrated improved self-efficacy and positive attitudes toward responsible sexual behavior; however, sexually active students in either grade “did not demonstrate improvements related to sexual behavior.”<sup>60</sup> Finally, students in both ninth and 10th grade talked more with their parents about STD and pregnancy prevention six months after their participation in the program.<sup>61</sup>

Due to its initial success, the initiative has continued to receive dedicated funding from the county and was renamed Better Together Hennepin: Healthy Communities, Healthy Youth.<sup>62</sup> The initiative also was awarded funding from the TPPI Tier 1 program and has recently expanded beyond the two original cities. (Please see the TPPI Tier 1: Evidence-Based Programs section above for a description of the initiative’s current programming.)

We encourage you to submit any updated or additional information on comprehensive approaches to sex education being implemented in Minnesota public schools for inclusion in future publications of the State Profiles. Please visit SIECUS’ “Contact Us” webpage at [www.siecus.org](http://www.siecus.org) to share information. Select “state policy” as the subject heading.

## POINTS OF CONTACT

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**ORGANIZATIONS THAT SUPPORT COMPREHENSIVE SEXUALITY EDUCATION**

GLSEN Red River Valley  
Grand Forks, ND  
Phone: (701) 777-3738  
<http://chapters.glsen.org/cgi-bin/iowa/redrivervalley/home.html>

NARAL Pro-Choice Minnesota  
Saint Paul, MN  
Phone: (651) 602-7655  
[www.prochoiceminnesota.org](http://www.prochoiceminnesota.org)

Healthy Youth Development Center  
Minneapolis, MN  
Phone: (612) 626-2820  
[www.med.umn.edu/peds/ahm](http://www.med.umn.edu/peds/ahm)

Outfront Minnesota  
Minneapolis, MN  
Phone: (612) 822-0127  
[www.outfront.org](http://www.outfront.org)

Healthy Youth Development Center  
Minneapolis, MN  
Phone: (612) 626-2820  
[www.med.umn.edu/peds/ahm](http://www.med.umn.edu/peds/ahm)

Planned Parenthood of Minnesota, North  
Dakota, South Dakota  
St. Paul, MN  
Phone: (651) 698-2401  
[www.ppmns.org](http://www.ppmns.org)

Minnesota AIDS Project  
Minneapolis, MN  
Phone: (612) 341-2060  
[www.mnaidsproject.org](http://www.mnaidsproject.org)

Teenwise  
St. Paul, MN  
Phone: (651) 644-1447  
[www.moappp.org](http://www.moappp.org)

Minnesota Religious Coalition for  
Reproductive Choice  
Minneapolis, MN  
Phone: (612) 870-0974  
[www.mnrerc.org](http://www.mnrerc.org)

**ORGANIZATIONS THAT OPPOSE COMPREHENSIVE SEXUALITY EDUCATION**

Center of the American Experiment  
Minneapolis, MN  
Phone: (612) 338-3605  
[www.amexp.org](http://www.amexp.org)

Minnesota Family Council  
Minneapolis, MN  
Phone: (612) 789-8811  
[www.mfc.org](http://www.mfc.org)

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Minnesota Citizens Concerned for Life  
Minneapolis, MN  
Phone: (612) 825-6831  
[www.mccl.org](http://www.mccl.org)

### MEDIA OUTLETS

#### Newspapers in Minnesota<sup>64</sup>

*Brainerd Daily Dispatch*  
Brainerd, MN  
Phone: (218) 829-4705  
[www.brainerddispatch.com](http://www.brainerddispatch.com)

*Daily Globe*  
Worthington, MN  
Phone: (507) 376-9711  
[www.dglobe.com](http://www.dglobe.com)

*The Free Press*  
Mankato, MN  
Phone: (507) 344-6397  
[www.mankato-freepress.com](http://www.mankato-freepress.com)

*Post-Bulletin*  
Rochester, MN  
Phone: (507) 285-7600  
[www.postbulletin.com](http://www.postbulletin.com)

*St. Paul Pioneer Press*  
St. Paul, MN  
Phone: (651) 222-1111  
[www.twincities.com/mld/pioneerpress](http://www.twincities.com/mld/pioneerpress)

*West Central Tribune*  
Willmar, MN  
Phone: (320) 235-1150  
[www.wctrib.com](http://www.wctrib.com)

*City Pages*  
Minneapolis, MN  
Phone: (612) 372-3723  
[www.citypages.com](http://www.citypages.com)

*Duluth News-Tribune*  
Duluth, MN  
Phone: (218) 723-5281  
[www.duluthnewstribune.com](http://www.duluthnewstribune.com)

*Mesabi Daily News*  
Virginia, MN  
Phone: (218) 741-5544  
[www.virginiamn.com](http://www.virginiamn.com)

*St. Cloud Times*  
St. Cloud, MN  
Phone: (320) 255-8776  
[www.sctimes.com](http://www.sctimes.com)

*Star Tribune*  
Minneapolis, MN  
Phone: (612) 673-4000  
[www.startribune.com](http://www.startribune.com)

#### Political Blogs in Minnesota

*Liberal in the Land of Conservative*  
[Liberalinthelandofconservative.blogspot.com](http://Liberalinthelandofconservative.blogspot.com)

*MinnPost*  
[www.minnpost.com](http://www.minnpost.com)

*Minnesota Network for Progressive Action*  
[www.mnpact.org](http://www.mnpact.org)

*MN Progressive Project*  
[www.mnprogressiveproject.com](http://www.mnprogressiveproject.com)

*The Power Liberal*  
[www.powerliberal.blogspot.com](http://www.powerliberal.blogspot.com)

*True North*  
[www.looktruenorth.com](http://www.looktruenorth.com)

<sup>1</sup> 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.

<sup>2</sup> The state was awarded \$569,374 in Title V abstinence-only funds, but only took \$279,551 due to match requirements.

<sup>3</sup> Minn. Stat. § 121A.23, <https://www.revisor.mn.gov/statutes/?id=121A.23>.

<sup>4</sup> Minn. Stat. §§ 121A.23(2) and (4), <https://www.revisor.mn.gov/statutes/?id=121A.23>.

<sup>5</sup> Minn. Stat. § 120B.20, <https://www.revisor.mn.gov/statutes/?id=120B.20>.

<sup>6</sup> "2010 Minnesota Student Survey," Statewide Tables Fall 2010, Table 41A, page 47, accessed March 11, 2013, <http://bit.ly/12hGwa1>.

<sup>7</sup> Ibid.

<sup>8</sup> Ibid.

<sup>9</sup> Ibid.

<sup>10</sup> "2010 Minnesota Student Survey," Statewide Tables Fall 2010, Table 41B, page 48, accessed March 11, 2013, <http://bit.ly/12hGwa1>.

<sup>11</sup> Ibid.

<sup>12</sup> Ibid.

<sup>13</sup> "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.

<sup>14</sup> Ibid.

<sup>15</sup> *U.S. Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, (Washington, DC: Guttmacher Institute, January 2010), accessed March 5, 2010, <http://www.guttmacher.org/pubs/USTPTrends.pdf>, Table 3.1.

<sup>16</sup> Ibid., Table 3.2.

<sup>17</sup> *U.S. Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, Table 3.3.

<sup>18</sup> 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>.

<sup>19</sup> 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>.

<sup>20</sup> 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>.

<sup>21</sup> 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>.

<sup>22</sup> "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>.

<sup>23</sup> Ibid.

<sup>24</sup> "Hennepin Wins \$17 Million to Fight Teen Pregnancy," Hennepin County, September 30, 2010, accessed May 7, 2011, <http://www.hennepin.us/portal/site/HennepinUS/menuitem.b1ab75471750e40fa01dfb47ccf06498/?vgnnextoid=fa2eaf63cb36b210VgnVCM2000000a124689RCRD>.

<sup>25</sup> Ibid.

<sup>26</sup> *Teen Pregnancy: It's Your Future*, Hennepin County, accessed May 7, 2011, [http://www.hennepin.us/files/HennepinUS/Public%20Affairs/PA%20Info%20&%20Media%20Outreach/Fact%20Sheets/Human%20Services%20and%20Public%20Health/TeenPregnancy\\_Its\\_Your\\_Future.pdf](http://www.hennepin.us/files/HennepinUS/Public%20Affairs/PA%20Info%20&%20Media%20Outreach/Fact%20Sheets/Human%20Services%20and%20Public%20Health/TeenPregnancy_Its_Your_Future.pdf).

<sup>27</sup> 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://wymancercenter.org/wordpress/wp-content/uploads/2011/08/TOP-Promoting-Positive-Well-Being-in-Adolescents.pdf>, 3.

<sup>28</sup> Ibid., 9.

<sup>29</sup> “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](http://www.hhs.gov/ash/oah/oah-initiatives/tpp/programs/teen_outreach_program.pdf).

<sup>30</sup> “Pregnancy Prevention Intervention Implementation Report: Safer Sex,” Programs for Replication – Intervention Implementation Reports, U.S. Department of Health and Human Services, accessed July 1, 2011, [http://www.hhs.gov/ash/oah/prevention/research/programs/safer\\_sex.html](http://www.hhs.gov/ash/oah/prevention/research/programs/safer_sex.html).

<sup>31</sup> Information provided by Gabriel McNeal, Adolescent and Youth Development Specialist, Minnesota Department of Health, December 12, 2012.

<sup>32</sup> Ibid.

<sup>33</sup> *Sexual Health and Adolescent Risk Prevention (SHARP)*, Evidence-Based Program, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed August 23, 2011, <http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=613&PageTypeID=2>.

<sup>34</sup> 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://www.wymantop.org/pdfs/TOP\\_Positive\\_Well-Being.pdf](http://www.wymantop.org/pdfs/TOP_Positive_Well-Being.pdf), 3.

<sup>35</sup> Ibid, 9.

<sup>36</sup> “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/prevention/research/programs/teen\\_outreach\\_program.html](http://www.hhs.gov/ash/oah/prevention/research/programs/teen_outreach_program.html).

<sup>37</sup> *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>.

<sup>38</sup> Ibid.

<sup>39</sup> *Cuideate!* 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.

<sup>40</sup> “Pregnancy Prevention Intervention Implementation Report: Safer Sex,” Programs for Replication – Intervention Implementation Reports, U.S. Department of Health and Human Services, accessed July 1, 2011, [http://www.hhs.gov/ash/oah/prevention/research/programs/safer\\_sex.html](http://www.hhs.gov/ash/oah/prevention/research/programs/safer_sex.html).

<sup>41</sup> Information provided by Gabriel McNeal, Adolescent and Youth Development Specialist, Minnesota Department of Health, December 12, 2012. For more information please visit <http://diw.gmcc.org>.

<sup>42</sup> Information provided by Julie Neitzel Carr, Healthy Youth Development Coordinator, Minnesota Department of Health, December 14, 2012.

<sup>43</sup> Ibid.

<sup>44</sup> Ibid.

<sup>45</sup> 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.

<sup>46</sup> Ibid, 9.

<sup>47</sup> “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](http://www.hhs.gov/ash/oah/oah-initiatives/tpp/programs/teen_outreach_program.pdf).

<sup>48</sup> “It’s That Easy! Initiative,” It’s That Easy!, accessed August 22, 2011, [http://www.itsthateasy.org/ite\\_initiative.html](http://www.itsthateasy.org/ite_initiative.html).

<sup>49</sup> Ibid.

<sup>50</sup> 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.

<sup>51</sup> “Hennepin County, Minnesota’s Teen Pregnancy Prevention Initiative,” Urban Initiative for Reproductive Health, *National Institute for Reproductive Health*, April 2010, accessed May 5, 2010, <http://www.urbaninitiative.org/>.

<sup>52</sup> “Teen Pregnancy Prevention Pilot Project,” Hennepin County, Research Planning, and Development Department, accessed May 19, 2010, <http://hennepin.us/files/HennepinUS/Research%20Planning%20and%20Development/Projects%20and%20Initiatives/Files/TeenPregnancyPrevention.pdf>; Brigid Riley, “Promoting Science-based Approaches to Preventing Teen Pregnancy, STDs and HIV: Policy, Partnerships, and Creativity,” (Washington, DC: American Public Health Association Annual Meeting and Exposition, November 2007), accessed May 19, 2010, <http://apha.confex.com/apha/135am/recordingredirect.cgi/id/17852>.

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<sup>53</sup> “Hennepin County, Minnesota’s Teen Pregnancy Prevention Initiative,” Urban Initiative for Reproductive Health.

<sup>54</sup> “Teen Pregnancy Prevention Pilot Project,” Hennepin County, Research Planning, and Development Department.

<sup>55</sup> “Making a Difference!” Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed July 1, 2011,

<http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=127&PageTypeID=2>.

<sup>56</sup> *Brooklyn Center Middle School – Reducing the Risk Evaluation*, (Minneapolis, MN: Hennepin County Research, Planning, and Development Department, February 2010), accessed May 20, 2010, 4.

<sup>57</sup> *Ibid.*, 5–6.

<sup>58</sup> *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.

<sup>59</sup> *Ibid.*, 23–24.

<sup>60</sup> *Richfield High School – Reducing the Risk Evaluation*, (Minneapolis, MN: Hennepin County Research, Planning, and Development Department, February 2010), accessed May 20, 2010, 1.

<sup>61</sup> *Ibid.*

<sup>62</sup> Email correspondence between Morgan Marshall and Katherine Meerse, principal planning analyst for the Hennepin County Research, Planning, and Development Department, May 20, 2010.

<sup>63</sup> The person listed represents the designated personnel in the state responsible for adolescent reproductive health.

<sup>64</sup> This section is a list of major newspapers in the state and is by no means exhaustive of local print outlets.