



NEBRASKA

In Fiscal Year 2011¹, the state of Nebraska received:

- **Personal Responsibility Education Program funds totaling \$295,289**
- **Title V State Abstinence Education Program funds totaling \$217,136**

In Fiscal Year 2011, local entities in Nebraska received:

- **Personal Responsibility Education Innovative Strategies funds totaling \$759,039**

SEXUALITY EDUCATION LAW AND POLICY

Nebraska law does not require sexuality education, nor does it limit or prescribe what can be taught in such classes or recommend a specific curriculum. However, in its *Nebraska Health Education Frameworks*, the Nebraska State Board of Education supports “an abstinence approach to risk behaviors associated with...sexual activity” and declares that all “state monies shall be dedicated to abstinence programs.”² The state board of education also adopted specific abstinence guidelines to be used in any school unit involving family life or sexuality education. The guidelines include teaching that “abstinence from sexual activity outside marriage is the expected standard for all school-age children” and “a mutually faithful monogamous relationship in the context of marriage is the expected standard of human sexual activity.”³ The guidelines also note that the best way to develop family life or sexuality education units is for parents, school boards, and teachers to work together with schools, districts, and communities “so all have a voice in the process and content.”⁴

Nebraska state law does not require parental permission for students to participate in sexuality or HIV/AIDS education nor does it say whether parents or guardians may remove their children from such classes; however, the board of education does recommend that school districts “inform parents of intended activities and permit parents to have their children excluded from the activities.”⁵

See Nebraska [Revised Statutes Chapter 79](#), and [Nebraska Health Education Frameworks](#).

RECENT LEGISLATION

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

YOUTH SEXUAL HEALTH DATA

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

Nebraska Youth Risk Behavior Survey (YRBS) Data⁶

- In 2011, 37% of female high school students and 37% of male high school students in Nebraska reported ever having had sexual intercourse, compared to 46% of female high school students and 49% of male high school students nationwide.
- In 2011, 3% of female high school students and 5% of male high school students in Nebraska 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, 10% of female high school students and 11% of male high school students in Nebraska 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, 29% of female high school students and 26% of male high school students in Nebraska reported being currently sexually active (defined as having had sexual intercourse in the three months prior to the survey), compared to 34% of female high school students and 33% of male high school students nationwide.
- In 2011, among those high school students who reported being currently sexually active, 56% of females and 69% of males in Nebraska reported having used condoms the last time they had sexual intercourse, compared to 54% of females and 67% of males nationwide.
- In 2011, among those high school students who reported being currently sexually active, 26% of females and 17% of males in Nebraska reported having used birth control pills the last time they had sexual intercourse, compared to 23% of females and 13% of males nationwide.
- In 2011, among those high school students who reported being currently sexually active, 18% of females and 21% of males in Nebraska reported having used alcohol or drugs the last time they had sexual intercourse, compared to 18% of females and 26% of males nationwide.
- In 2011, 78% of high school students in Nebraska reported having been taught about AIDS/HIV in school, compared to 84% of high school students nationwide.

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

Teen Pregnancy, Birth, and Abortion

- Nebraska's teen birth rate currently ranks 29th in the United States, with a rate of 31.1 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 1,958 live births to young women ages 15–19 reported in Nebraska.⁸
- In 2005, Nebraska's teen pregnancy rate ranked 42nd in the United States, with a rate of 50 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 3,120 pregnancies among young women ages 15–19 in Nebraska in 2005.¹⁰

- In 2005, Nebraska's teen abortion rate ranked 47th in the United States, with a rate of eight 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 Nebraska was 3.0 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 Nebraska was 0.0 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 Nebraska was 16.9 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 Nebraska was 3.3 per 100,000 compared to the national rate of 10.4 per 100,000.¹⁵

Sexually Transmitted Diseases

- Nebraska ranks 41st in the United States for reported cases of chlamydia among young people ages 15–19, with an infection rate of 13.34 cases per 1,000, compared to the national rate of 20.03 cases per 1,000. In 2009, there were a total of 1,741 cases of chlamydia among young people ages 15–19 reported in Nebraska.¹⁶
- Nebraska ranks 28th in the United States for reported cases of gonorrhea among young people ages 15–19, with an infection rate of 2.8 cases per 1,000, compared to the national rate of 4.04 cases per 1,000. In 2009, there were a total of 366 cases of gonorrhea among young people ages 15–19 reported in Nebraska.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 Nebraska.

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 Nebraska.

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 Nebraska.

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 Nebraska Department of Health and Human Services received \$295,289 in federal PREP funds for FY 2011.
- There are six sub-grantees for the Nebraska PREP state-grant program: Douglas County Health Department (\$49,600); Nebraska Children's Home Society (\$49,600); Lutheran Family Services of Nebraska (\$49,600); University of Nebraska–Lincoln (\$49,600); West Central District Health Department (\$24,800); and the Community Action Partnership of Western Nebraska (\$24,800).¹⁸

The Nebraska Department of Health and Human Services, Lifespan Health Services Unit implements the state's PREP state-grant program. Funding from the grant supports six local entities in providing the *Teen*

Outreach Program (TOP) to youth ages 10–14, focusing on racial/ethnic minorities and youth in foster care or the juvenile system. The sub-grantees will facilitate at least one *TOP* club in their community and will be required to use *TOP's Changing Scenes* curriculum. Programming takes place in Douglas, Hall, Dawson, Lincoln, and Scottsbluff counties.¹⁹

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.”²⁰ 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.²¹ 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.²²

Personal Responsibility Education Innovative Strategies (PREIS)

PREIS supports research and demonstration programs to develop, replicate, refine, and test innovative models for preventing unintended teen pregnancy. The Administration for Children and Families 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 is one PREIS grantee in Nebraska, Father Flanagan’s Boys’ Home, which received \$759,039 for FY 2011.

Father Flanagan’s Boys’ Home, \$759,039 (FY 2011)

Father Flanagan’s Boys’ Home, also known as Boys Town, is a nonprofit, faith-based organization that provides child and family care services for behavioral, emotional, physical, and academic problems. The organization offers a number of residential, group, and family treatment services as well as foster care services for both boys and girls.²³ Father Flanagan’s Boys’ Home is a prominent abstinence-only-until-marriage program provider that previously received funding through the now-defunct Community-Based Abstinence Education (CBAE) and Adolescent Family Life Act (AFLA) federal funding streams. In 2008 the organization was awarded a five-year CBAE grant and received \$1.17 million in funding before the funding stream was eliminated in 2010. It also received a five-year AFLA grant for abstinence-only-until-marriage programming in 2007 and received approximately \$900,000 in funding before the program was eliminated. The organization’s training manager, Laura Buddenberg, also sits on the board of the National Abstinence Education Association, the lobbying arm of the abstinence-only-until-marriage movement.

With its PREIS grant, Father Flanagan’s Boys’ Home implements the program *Your Health, Your Body, Your Responsibility: Promoting Health Behaviors among Teens in Foster Care*, which is an adaptation of the *It’s Your Game: Keep it Real* curriculum. *It’s Your Game: Keep it Real* is an evidence-based HIV-, STD-, and pregnancy-prevention curriculum designed for seventh and eighth grade students. The curriculum consists of 24 classroom-based lessons designed to encourage participants to delay sexual initiation and to use condoms and contraception if and when they become sexually active. It incorporates group activities, computer-based sessions, role modeling, journaling, and group discussion and addresses how to set personal limits for risk behaviors, how to be aware of vulnerable situations that may challenge those limits, and how to use refusal and other skills to maintain limits. Topics addressed in seventh grade include healthy friendships, setting personal limits, human growth and development, and refusal skills, among others. Eighth grade topics include healthy dating relationships, the importance of STD and

pregnancy testing, and skills for using condoms and contraceptives. An evaluation of the curriculum published in the *Journal of Adolescent Health* found, at a ninth grade follow-up, that students who were sexually inexperienced at the start of the program were significantly less likely to report having initiated sex than sexually inexperienced participants in the control group.²⁴

Your Health, Your Body, Your Responsibility serves youth in the foster care system ages 14–19 living in the Omaha metropolitan area. The program adapts *It's Your Game: Keep it Real* for this population by targeting a broader age range of youth, adapting the lessons so that the course can be completed in 6 months, “developing a combination of group activities and one-on-one consultations with a health educator, . . . adapting materials and activities for use with foster parents; and building in a stronger health component that will enable teens in foster care to develop a reproductive life plan with the help of a primary care clinician.”²⁵ The goals of the program are to “create an environment in which teens feel comfortable seeking advice and medically accurate information on reproductive health care” and to assist young people in learning “how to establish relationships with primary care providers and accept greater responsibility for their own health into adulthood.”²⁶

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 Nebraska.

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 Nebraska Department of Health and Human Services received \$217,136 in federal Title V abstinence-only funding for FY 2011.
- The Nebraska Department of Health and Human Services sub-grants to three local agencies: St. Elizabeth Foundation (\$56,777); Garfield-Loup-Wheeler Children’s Council (\$78,452); and Youth for Christ (\$50,726).²⁷
- In Nebraska, sub-grantees will be required to meet the match through in-kind or cash cost sharing.

The Nebraska Title V Abstinence-Only Program provides funding to three local entities to serve youth ages 10–14 in Lancaster, Platte/Colfax, and Garfield/Loup/Wheeler counties. Programs target African-American, Latino, and Native-American youth as well as youth in foster care and the juvenile justice

system. Funded programs use the *WAIT (Why Am I Tempted?) Training* and *STARS (Students Teaching About Relationships and Success) Mentoring Program*.²⁸

WAIT Training is an abstinence-only-until-marriage curriculum that uses fear- and shame-based tactics to promote abstinence as the only appropriate behavior outside of marriage. SIECUS reviewed the most recent edition of *WAIT Training* and found that, similar to previous editions, it includes little medical or biological information about puberty and reproduction. Instead, it contains information and statistics promoting the benefits of marriage, activities and skill-building exercises for developing healthy relationships, and information on STDs, including HIV. It also contains messages promoting biased views of gender, sexual orientation, and family structure. For example, *WAIT Training* explains, “When it comes to sex, men are like microwaves and women are like crockpots. . . [M]en respond sexually by what they see and women respond sexually by what they hear and how they feel about it.”²⁹

STARS is an abstinence-only-until marriage mentoring program developed by Friends First Executive Director Gina Harris. The program is designed for students in grades five through 12 and provides “peer role-models for students choosing or wanting to return to abstinence.”³⁰ *STARS* consists of 11 weekly, two-hour, after-school sessions and is intended to reinforce abstinence-only-until-marriage classroom instruction.³¹ The program pairs middle school students with high school mentors and aims to “develop the foundation of skills necessary and conducive to stable, successful, long-term, monogamous marriage relationships” among participants. *STARS* includes lessons on goal-setting, self-control, the consequences of sexual activity, setting boundaries, assertiveness and refusal skills, healthy relationships, and the “benefits of abstinence until marriage.”³² An evaluation of the program has not been published in a peer-reviewed, scientific journal showing proven effectiveness in delaying sexual activity.

Nebraska TPPI, PREP, and Title V Abstinence-Only funding in FY 2011

Grantee	Award	Fiscal Years
Personal Responsibility Education Program (PREP)		
<i>PREP State-Grant Program</i>		
Nebraska Department of Health and Human Services (federal grant)	\$295,289	2011
<i>Personal Responsibility Education Innovative Strategies</i>		
Father Flanagan’s Boys’ Home	\$759,039	2010–2014
TOTAL	\$1,054,328	
Title V Abstinence Education Grant Program (Title V Abstinence-Only)		
Nebraska Department of Health and Human Services (federal grant)	\$217,136	2011
TOTAL	\$217,136	
GRAND TOTAL	\$1,271,464	2011

COMPREHENSIVE APPROACHES TO SEXUALITY EDUCATION

SIECUS is not aware of any examples of model programs, policies, or best practices being implemented in Nebraska public schools that provide a more comprehensive approach to sex education for young people.

We encourage you to submit any updated or additional information on comprehensive approaches to sex education being implemented in Nebraska 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 Contact³³

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PREP and Title V Abstinence-Only State-Grant Coordinator

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ORGANIZATIONS THAT SUPPORT COMPREHENSIVE SEXUALITY EDUCATION

ACLU of Nebraska
Lincoln, NE
Phone: (402) 476-8091
www.aclunebraska.org

Planned Parenthood of Nebraska and
Council Bluffs
Lincoln, NE
Phone: (402) 441-3332

Nebraska AIDS Project
Omaha, NE
Phone: (402) 552-9260
www.nap.org

Stop AIDS Nebraska
Lincoln, NE
www.stopaidsnebraska.info

Nebraska Religious Coalition for
Reproductive Choice
Omaha, NE
Phone: (402) 320-0070

ORGANIZATIONS THAT OPPOSE COMPREHENSIVE SEXUALITY EDUCATION

Family First
Lincoln, NE
Phone: (402) 435-3210
www.familyfirst.org

Nebraska Right to Life Committee
Lincoln, NE
Phone: (402) 438-4802
www.nerighttolife.org

MEDIA OUTLETS

Newspapers in Nebraska³⁴

Columbus Telegram
Columbus, NE
Phone: (402) 564-2741
www.columbustelegram.com

Hastings Tribune
Hastings, NE
Phone: (402) 462-2131
www.hastingstribune.com

Lincoln Journal Star
Lincoln, NE
Phone: (402) 473-7150
www.journalstar.com

North Platte Telegraph
North Platte, NE
Phone: (308) 532-6000
www.nptelegraph.com

Omaha World-Herald
Omaha, NE
Phone: (402) 444-1000
www.omaha.com

Political Blogs in Nebraska

Blog for Rural America
www.cfra.org/blog

New Nebraska Network
www.newnebraska.net

¹ This refers to the federal government's fiscal year, which begins on October 1st and ends on September 30th. The fiscal year is designated by the calendar year in which it ends; for example, Fiscal Year 2011 began on October 1, 2010, and ended on September 30, 2011.

² *Nebraska Health Education Frameworks* (Lincoln, NE; Nebraska Department of Education, 1998), accessed April 13, 2010, <http://www.education.ne.gov/HEALTH/PDFs/framework.pdf>, 1.

³ *Ibid.*, 16.

⁴ *Ibid.*

⁵ *Ibid.*, 1.

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

- ⁷ “Birth rate for U.S. teenagers reach historic lows for all age and ethnic groups,” NCHS data brief, no. 89, (Hyattsville, MD: National Center for Health Statistics, 2012), accessed June 27, 2012, <http://www.cdc.gov/nchs/data/databriefs/db89.pdf>, Data table for figure 6.
- ⁸ Ibid.
- ⁹ U.S. *Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, (Washington, DC: Guttmacher Institute, January 2010), accessed May 7, 2012, <http://www.guttmacher.org/pubs/USTPtrends.pdf>, Table 3.1.
- ¹⁰ Ibid., Table 3.2.
- ¹¹ U.S. *Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, Table 3.1.
- ¹² Slide 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 Information provided by Linda Henningsen, Adolescent Health Coordinator for the Nebraska Department of Health and Human Services, Division of Public Health, March 14, 2012.
- ¹⁹ Ibid.
- ²⁰ 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.
- ²¹ Ibid, 9.
- ²² “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.
- ²³ “About Boys Town,” Father Flanagan’s Boys’ Home, accessed September 5, 2011, <http://www.boysstown.org/about-boys-town>.
- ²⁴ *It’s Your Game: Keep it Real*, 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=574&PageTypeID=2>.
- ²⁵ Administration for Children and Families, “Teen Pregnancy Prevention: Summary of Personal Responsibility Education Program Innovative Strategies Programs Funded in FY2010,” U.S. Department of Health and Human Services, October 14, 2010, accessed September 5, 2011, http://www.acf.hhs.gov/programs/fysb/content/docs/prep_abstracts.htm.
- ²⁶ “Your Health, Youth Body, Your Responsibility: Promoting Healthy Behaviors among Teens in Foster Care,” *Application for Federal Funds SF-424*, FY10 Teenage Pregnancy Prevention: Research and Demonstration Programs (Tier 2) and Personal Responsibility Education Program, Father Flanagan’s Boys’ Home (June 2010), 6. Information obtained through a Freedom of Information Act request submitted to the U.S. Department of Health and Human Services, Office of Adolescent Health.
- ²⁷ Information provided by Linda Henningsen, Adolescent Health Coordinator, Division of Public Health/Lifespan Health Services Unit, Nebraska Department of Health and Human Services, March 14, 2012.
- ²⁸ Ibid.
- ²⁹ Joneen Krauth-Mackenzie, *WAIT (Why Am I Tempted) Training, Second Edition* (Greenwood Village, CO: WAIT Training). For more information, see SIECUS’ review of *WAIT Training* at http://www.communityactionkit.org/curricula_reviews.html.
- ³⁰ *STARS Mentoring Program* – Background, FRIENDS FIRST, Inc., accessed July 14, 2011, https://www.friendsfirst.org/index.php?option=com_content&view=article&id=117&Itemid=225.
- ³¹ “Part IV: Implementation Plan,” Title V State Abstinence Grant 2011, FRIENDS FIRST, Inc., submitted January 19, 2011, 4. Information obtained from the Colorado Department of Education through a Colorado

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Records Act request; see also *STARS Mentoring Program* – Description, FRIENDS FIRST, Inc., accessed July 14, 2011, https://www.friendsfirst.org/index.php?option=com_content&view=article&id=116&Itemid=224.

³² Ibid.

³³ The person listed represents the designated personnel in the state responsible for adolescent reproductive health.

³⁴ This section is a list of major newspapers in the state and is by no means exhaustive of local print outlets.