



SOUTH DAKOTA

In Fiscal Year 2011¹, the state of South Dakota received:

- Personal Responsibility Education Program funds totaling \$250,000
- Title V State Abstinence Education Program funds totaling \$116,169

In Fiscal Year 2011, local entities in South Dakota received:

- Teen Pregnancy Prevention Initiative funds totaling \$1,199,202
- Tribal Personal Responsibility Education Program funds totaling \$686,917

SEXUALITY EDUCATION LAW AND POLICY

South Dakota law does not specifically mention sexuality education; however, public schools must conform to the educational standards established by the state Board of Education.² The *South Dakota Health Education Standards* specify that a comprehensive health education program should include instruction on sexuality.³ The *Standards* also include the connection between sexual activity and sexually transmitted diseases (STDs) as a suggested objective of comprehensive health education beginning in grade eight.⁴ In addition, schools are required to teach “character development instruction,” which includes sexual abstinence.⁵

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

See [South Dakota Codified Laws §§ 13-33-1 and 13-33-6.1](#) and the [South Dakota Health Education Standards](#).

RECENT LEGISLATION

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

YOUTH SEXUAL HEALTH DATA

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

South Dakota Youth Risk Behavior Survey (YRBS) Data⁶

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

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- In 2011, 3% of female high school students and 5% of male high school students in South Dakota 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, 15% of female high school students and 15% of male high school students in South Dakota 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, 38% of female high school students and 33% of male high school students in South Dakota 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, 52% of females and 71% of males in South Dakota 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, 31% of females and 14% of males in South Dakota 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, 21% of females and 27% of males in South Dakota 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, 80% of high school students in South Dakota reported having been taught about AIDS/HIV in school, compared to 84% of high school students nationwide.

South Dakota Teen Pregnancy, HIV/AIDS, and Sexually Transmitted Disease Data

Teen Pregnancy, Birth, and Abortion

- South Dakota's teen birth rate currently ranks 22nd in the United States, with a rate of 34.9 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 975 live births to young women ages 15–19 reported in South Dakota.⁸
- In 2005, South Dakota's teen pregnancy rate ranked 40th in the United States, with a rate of 51 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 1,480 pregnancies among young women ages 15–19 in South Dakota in 2005.¹⁰
- In 2005, South Dakota's teen abortion rate ranked 50th in the United States, with a rate of six 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 South Dakota was 1.3 per 100,000 compared to the national rate of 7.9 per 100,000.¹²
- In 2010, the rate of AIDS diagnoses among adolescents 13-19 years in South Dakota 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 South Dakota was 5.1 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 South Dakota was 1.8 per 100,000 compared to the national rate of 10.4 per 100,000.¹⁵

Sexually Transmitted Diseases

- South Dakota ranks 39th in the United States for reported cases of chlamydia among young people ages 15–19, with an infection rate of 14.48 cases per 1,000, compared to the national rate of 20.03 cases per 1,000. In 2009, there were a total of 848 cases of chlamydia among young people ages 15–19 reported in South Dakota.¹⁶
- South Dakota ranks 37th in the United States for reported cases of gonorrhea among young people ages 15–19, with an infection rate of 1.25 cases per 1,000, compared to the national rate of 4.04 cases per 1,000. In 2009, there were a total of 73 cases of gonorrhea among young people ages 15–19 reported in South Dakota.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 is one TPPI Tier 1 grantee in South Dakota, Rural America Initiatives, which received \$599,621 for FY 2011.

Rural America Initiatives, \$599,621 (FY 2011)

Rural America Initiatives (RAI) is a nonprofit, Native American-governed social services agency that serves the Native American population of Rapid City, South Dakota. The organization provides health, economic, human, educational, and housing services to 500 low-income Native American families in Rapid City.¹⁸ Its programs include a development and educational program for infants and toddlers, fatherhood mentoring, and substance abuse treatment.

The organization previously received federal abstinence-only-until-marriage funding through the now-defunct Community-Based Abstinence Education (CBAE) and Adolescent Family Life Act grant programs. In 2008, the organization was awarded a five-year CBAE grant and received nearly \$1.5 million in funding before the program was eliminated in 2010.

In FY 2011, RAI was awarded both a TPPI Tier 1: Evidence-Based Programs grant and a Tier 2: Innovative Approaches grant. With its TPPI funding, RAI implements the Ateyapi Identify Mentoring Program (AIMP), which targets Native-American youth ages 11–14 attending public middle schools and their parents. The program uses *Project AIM (Adult Identity Monitoring)*, an evidence-based youth development program designed to help adolescents identify their future goals and consider how engaging in risky behavior may negatively impact their ability to achieve those goals. The program is based on the “Theory of Possible Selves,” which proposes that an individual’s motivation is determined by the ability to imagine his future self. Those that are capable of imagining both possible positive and negative futures are therefore more inclined to work toward their life goals.¹⁹ The school-based intervention consists of 10 sessions which are divided into four units: 1) Legacy, Role Models, and Peers; 2) Self-Projection: Expanding Visions of Possible Selves; 3) Self-Expression through Work: Development of Possible Self; and 4) Skills of Fulfilling Positive Future Possible Selves.²⁰ The lessons consist of group discussions, interactive activities, and role-playing exercises to encourage youth to explore their personal interests, social surroundings, and their goals for their future adult life.²¹ *Project AIM* is designed for use with African-American youth ages 11–14 and is also appropriate for use with Latino youth. Although it is a school-based program, it can also be implemented in community-based settings. An evaluation of the program published in the *Journal of Adolescent Medicine* found that at a 19-week follow-up, adolescents who participated in the program were significantly less likely to report having had sexual intercourse than participants in the control group; and, at a one-year follow-up, male participants were significantly less likely to report having had sexual intercourse than participants in the control group.²²

The overall goal of the program is to reduce risks associated with sexual behavior by specifically encouraging youth to delay sexual initiation and increasing their knowledge base regarding safe sexual behaviors. RAI plans for the program to serve approximately 120 youth annually.

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 South Dakota, Rural America Initiatives, which received \$599,581 for FY 2011.

Rural America Initiatives, \$599,581 (FY 2011)

Rural America Initiatives uses its TPPI Tier 2 funding to support its Ateyapi Identity Mentoring Program. With the funding, Rural America Initiatives implements a hybrid curriculum that combines *Project AIM* with the Lakota Indian Vision Quest ritual. The Lakota Vision Quest ritual is a rite of passage for Native-

American youth in which the individual receives spiritual guidance and makes important life decisions. The program will serve approximately 120 Native American youth ages 11–14 per year. (Please see the *TPPI Tier 1: Evidence-Based Programs* section above for additional information on the organization and its programming.)

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 South Dakota.

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 South Dakota Department of Health received \$250,000 in federal PREP funds for FY 2011.
- There are two sub-grantees for the South Dakota PREP state-grant program: The South Dakota Department of Corrections and the South Dakota Department of Social Services.²³

The South Dakota Department of Health implements the state’s PREP grant program in collaboration with the South Dakota Department of Corrections and the South Dakota Department of Social Services. The Department of Corrections provides school-based programming within their high school program for incarcerated youth and the Department of Social Services provides community-based programming for youth in foster care. The programs serve young people ages 14–18 and implement the following programs: *Becoming a Responsible Teen (BART)*, *Botvin Life Skills Training*, and *Reducing the Risk*.

BART is an evidence-based HIV/AIDS-prevention education curriculum designed for African-American youth ages 14–18. *BART* teaches students to reduce sexual risk taking by promoting safer sex practices while also teaching that abstinence is the most effective way to prevent HIV and unintended pregnancy. The curriculum combines education with behavioral skills training on assertion, refusal, self-management, problem solving, risk recognition, and correct condom use.²⁴ *BART* includes interactive

activities, group discussions, and role-plays developed by teens. It is designed for implementation in community-based settings and with single-sex groups. An evaluation of the program published in the *Journal of Consulting and Clinical Psychology* found that it increased participant knowledge of HIV and AIDS and increased participants' ability to manage the pressure to engage in unprotected sex as well as to provide information to their peers regarding safe sexual practices. The program was also found to delay the initiation of sexual intercourse, reduce the frequency of sex and the incidence of unprotected sex, and reduce the incidence of unprotected anal sex. Among male participants, the program was found to increase condom use.²⁵

Botvin Life Skills Training is a substance abuse and violence prevention program designed to promote positive health and personal development for youth. Based on the *Life Skills Training* curriculum, the objectives of this program are to help adolescents navigate life challenges and prepare them for the independence and responsibilities that they will encounter as young adults.²⁶ The *Life Skills Training* program aims to develop personal, interpersonal, and drug resistance skills. The curriculum is designed to help "students develop strategies for making healthy decisions, strengthen their communication skills and learn how to build healthy relationships."²⁷

Reducing the Risk: Building Skills to Prevent Pregnancy, STD and HIV is an evidence-based, pregnancy-, STD-, and HIV-prevention curriculum designed for classroom use with students in the ninth and 10th grades. It is appropriate for use with multiethnic populations.²⁸ *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.²⁹

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 South Dakota.

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.
- The Great Plains Tribal Chairmen's Health Board received \$686,917 in Tribal PREP funds for FY 2011. At the time of publication, more information on this grantee was not available.

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 South Dakota Department of Health received \$116,169 in federal Title V abstinence-only funding for FY 2011.
- The South Dakota Department of Health sub-grants to two local agencies: Boys and Girls Club of Watertown (\$55,002) and Youth and Family Services, Inc. (\$44,219).³⁰
- In South Dakota, the match is made with in-kind services from the sub-grantees.

The South Dakota Department of Health administers the Title V Abstinence-Only Program in collaboration with two local agencies. The funded programs target young people ages nine through 11, with preference for Native American youth. Programming is provided in the counties of Brown, Brookings, Moody, Codington, Corson, Fall River, Pennington, Hughes, Dewey, and Charles Mix. Sub-grantees use components of the following curricula: *Smart Moves*, *Girls Inc. Preventing Adolescent Pregnancy Program*, and *Wise Guys*.³¹

Smart Moves, a curriculum developed by the Boys & Girls Clubs of America, targets young people ages six to 15 and includes a component called *Start Smart* to help preteens identify and resist peer, social, and media pressures to use drugs and become sexually involved. SIECUS reviewed *Smart Moves* and identified it as an “Abstinence Program without Fear.”

Girls Inc. Preventing Adolescent Pregnancy is a program that aims to help “girls acquire the knowledge and skills for taking charge of and making informed decisions about their sexual health.”³² It allows participants to explore their values, practice responses in different scenarios, and identify ways and reasons to avoid early pregnancy and sexually transmitted infections, including HIV. The component, *Growing Together* is intended for girls ages nine to 11 and a parent/adult. It addresses puberty, sexual development, and values and expectations for teen sexual behavior. *Growing Together* includes five workshops designed to “help parents and their daughters learn new information and develop the skills they need to talk about sexuality issues.”³³

Wise Guys is a teen pregnancy prevention curriculum designed for adolescent males ages 11–17. The curriculum was developed by the Family Life Council of Greensboro, North Carolina. *Wise Guys* focuses on equipping youth to “make wiser and more responsible decisions” about their sexual health.³⁴ The curriculum includes 10 lessons that address self-esteem, personal and family values, goal-setting, stereotypes of masculinity, communication skills, reproductive anatomy, puberty, STDs (including HIV), delaying sexual intercourse, the consequences of teenage pregnancy/early parenthood, and other topics.³⁵ *Wise Guys* is appropriate for use in both school- and community-based settings.

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

Grantee	Award	Fiscal Years
Teen Pregnancy Prevention Initiative (TPPI)		
<i>TPPI Tier 1: Replication of Evidence-Based Programs</i>		
Rural America Initiatives	\$599,621	2010–2014
TOTAL	\$599,621	
<i>TPPI Tier 2: Innovative Approaches</i>		
Rural America Initiatives	\$599,581	2010–2014
TOTAL	\$599,581	
Personal Responsibility Education Program (PREP)		
<i>PREP State-Grant Program</i>		
South Dakota Department of Health (federal grant)	\$250,000	2011
TOTAL	\$250,000	
<i>Tribal Personal Responsibility Education Program</i>		
Great Plains Tribal Chairmen’s Health Board	\$686,917	2010–2014
TOTAL	\$686,917	
Title V Abstinence Education Grant Program (Title V Abstinence-Only)		
South Dakota Department of Health (federal grant)	\$116,169	2011
TOTAL	\$116,169	2011
GRAND TOTAL		2011
\$2,252,288		

COMPREHENSIVE APPROACHES TO SEXUALITY EDUCATION

SIECUS is not aware of any examples of model programs, policies, or best practices being implemented in South Dakota 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 South Dakota 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 Contact³⁶

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SOUTH DAKOTA

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Title V Abstinence-Only Grant Coordinator

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Family and Community Health Services Administrator
Office of Community Health Services
South Dakota Department of Health
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ORGANIZATIONS THAT SUPPORT COMPREHENSIVE SEXUALITY EDUCATION

ACLU of the Dakotas
Sioux Falls, SD
Phone: (605) 332-2508
www.aclusd.org

NARAL Pro-Choice South Dakota
Sioux Falls, SD
Phone: (605) 334-5065
www.prochoicesd.org

Equality South Dakota
Sioux Falls, SD
www.eqsd.org

Planned Parenthood of South Dakota
Rapid City, SD
www.ppmns.org

ORGANIZATIONS THAT OPPOSE COMPREHENSIVE SEXUALITY EDUCATION

Abstinence Clearinghouse
Sioux Falls, SD
Phone: (605) 335-3643
www.abstinence.net

South Dakota Family Policy Council
Sioux Falls, SD
Phone: (605) 335-8100
www.sdfamily.org

Catholic Social Services
Rapid City, SD
Phone: (605) 348-6086
www.catholicsocialservicesrapidcity.com

South Dakota Right to Life
Pierre, SD
Phone: (605) 224-9181
www.sdrl.org

MEDIA OUTLETS

Newspapers in South Dakota³⁷

Aberdeen American News
Aberdeen, SD
Phone: (605) 622-4100
www.aberdeennews.com

Argus Leader
Sioux Falls, SD
Phone: (605) 331-2300
www.argusleader.com

Brookings Register
Brookings, SD
Phone: (605) 692-6271
www.brookingsregister.com

Capital Journal
Pierre, SD
Phone: (605) 224-7301
www.capijournal.com

Rapid City Journal
Rapid City, SD
Phone: (605) 394-8402
www.rapidcityjournal.com

Political Blogs in South Dakota

Dakota Today
www.dakotatoday.typepad.com

Madville Times
www.madvilletimes.blogspot.com

Robbinsdale Radical
www.rr57701.blogspot.com

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

² S.D. Codified Laws § 13-33-1, <http://legis.state.sd.us/statutes/DisplayStatute.aspx?Type=Statute&Statute=13-33-1>.

³ *South Dakota Health Education Standards: A Resource Guide for Achieving Health Literacy* (Pierre, SD: South Dakota Department of Education and Cultural Affairs, 2000), accessed April 14, 2010, <http://doe.sd.gov/schoolhealth/documents/K-12HealthEducationstandards.pdf>, 3.

⁴ *Ibid.*, 55.

⁵ S.D. Codified Laws § 13-33-6.1.

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 Rural America Initiatives, accessed July 14, 2011, <http://lhatten.qwestoffice.net/index.html>.

¹⁹ *Adult Identity Mentoring (Project AIM) 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=573>; see also *Project AIM: Adult Identity Mentoring, A Youth Development Intervention for HIV Risk Reduction*, Centers for Disease Control and Prevention, Division of HIV/AIDS Prevention, accessed August 18, 2011, http://www.cdc.gov/hiv/topics/prev_prog/rep/packages/pdf/aim.pdf.

²⁰ *Adult Identity Mentoring (Project AIM) 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=573>.

²¹ *Adult Identity Mentoring (AIM)*, Promising Practices, San Bernardino County Department of Public Health, accessed July 1, 2011, <http://www.healthysanbernardinocounty.org/modules.php?op=modload&name=PromisePractice&file=promisePractice&pid=3633>.

²² “Pregnancy Prevention Intervention Implementation Report: Adult Identity Mentoring (Project AIM),” 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/adult_identity_mentoring_project_aim.pdf.

²³ Exact amount of awards to sub-grantees were unavailable. Information provided by Darleen Bergeleen, Family and Community Health Services administrator for the South Dakota Department of Health, September 24, 2012.

²⁴ *Becoming A Responsible Teen*, 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=2&PageTypeID=2>.

²⁵ *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>, 76–78.

²⁶ *Botvin Lifeskills Training High School Program*, National Health Promotion Associates, accessed October 4, 2012, http://www.lifeskillstraining.com/lst_hs.php.

²⁷ Ibid.

²⁸ *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.

²⁹ Ibid., 23–24.

³⁰ Information provided by Darleen Bergeleen, Family and Community Health Services Administrator for the South Dakota Department of Health, September 24, 2012.

³¹ Ibid.

³² “About the Program: Girls Inc. Preventing Adolescent Pregnancy,” Girls Incorporated, accessed October 4, 2012, <http://www.girlsinc.org/about/programs/adolescent-pregnancy.html>.

³³ Ibid.

³⁴ “Welcome,” Wise Guys, accessed August 15, 2011, <http://www.wiseguysnc.org/default.asp>.

³⁵ “Curriculum Chapter Synopsis,” Wise Guys, accessed August 15, 2011, http://www.wiseguysnc.org/ch_synopsis.htm.

³⁶ The person listed represents the designated personnel in the state responsible for adolescent reproductive health.

³⁷ This section is a list of major newspapers in the state and is by no means exhaustive of local print outlets.