



SOUTH DAKOTA

In Fiscal Year 2010¹, the state of South Dakota received:

- **Personal Responsibility Education Program funds totaling \$250,000**
- **Title V State Abstinence Education Program funds totaling \$122,552**

In Fiscal Year 2010, local entities in South Dakota received:

- **Teen Pregnancy Prevention Initiative funds totaling \$1,199,202**

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 2009, 47% of female high school students and 47% of male high school students in South Dakota reported ever having had sexual intercourse compared to 46% of female high school students and 46% of male high school students nationwide.
- In 2009, 4% of female high school students and 8% 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 8% of male high school students nationwide.
- In 2009, 14% of female high school students and 16% of male high school students in South Dakota reported having had four or more lifetime sexual partners compared to 11% of female high school students and 16% of male high school students nationwide.
- In 2009, 39% of female high school students and 34% 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 36% of female high school students and 33% of male high school students nationwide.
- In 2009, among those high school students who reported being currently sexually active, 55% of females and 69% of males in South Dakota reported having used condoms the last time they had sexual intercourse compared to 54% of females and 69% of males nationwide.
- In 2009, among those high school students who reported being currently sexually active, 25% of females and 19% of males in South Dakota reported having used birth control pills the last time they had sexual intercourse compared to 23% of females and 16% of males nationwide.
- In 2009, among those high school students who reported being currently sexually active, 23% of females and 24% of males in South Dakota reported having used alcohol or drugs the last time they had sexual intercourse compared to 17% of females and 26% of males nationwide.
- In 2009, 78% of high school students in South Dakota reported having been taught about AIDS/HIV in school compared to 87% 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 29th in the United States, with a rate of 40 births per 1,000 young women ages 15–19 compared to the national rate of 41.5 births per 1,000.⁷ In 2008, there were a total of 969 live births reported to young women ages 15–19 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.¹⁰

- In 2005, South Dakota's teen abortion rate ranked 49th in the United States, with a rate of 6 abortions per 1,000 young women ages 15–19 compared to the national rate of 19 abortions per 1,000.¹¹

HIV and AIDS

- South Dakota's HIV infection rate ranks 33rd in the United States, with a rate of 4.8 cases per 100,000 individuals compared to the national rate of 19.5 cases per 100,000.¹²
- South Dakota ranks 35th in cases of HIV infection diagnosed in the United States among all age groups. In 2008, there were a total of 38 new cases of HIV infection diagnosed in South Dakota.¹³
- South Dakota's HIV infection rate among young people ages 13–19 ranks 38th in the United States, with a rate of 0 cases per 100,000 young people compared to the national rate of 9.1 cases per 100,000.¹⁴
- South Dakota ranks 50th in number of reported AIDS cases in the United States among all age groups. In 2008, there were a total of 11 new AIDS cases reported in South Dakota.¹⁵
- South Dakota's AIDS rate ranks 51st in the United States, with a rate of 1.4 cases per 100,000 individuals compared to the national rate of 12.3 cases per 100,000.¹⁶
- South Dakota's AIDS rate among young people ages 13–19 ranks 41st in the United States with a rate of 0 cases per 100,000 young people compared to the national rate of 1.8 cases per 100,000.¹⁷

Sexually Transmitted Diseases

- South Dakota ranks 31st in reported cases of Chlamydia among young people ages 15–19 in the United States, with an infection rate of 16.73 cases per 1,000 compared to the national rate of 19.51 cases per 1,000. In 2008, there were a total of 972 cases of Chlamydia reported among young people ages 15–19 in South Dakota.¹⁸
- South Dakota ranks 37th in reported cases of gonorrhea among young people ages 15–19 in the United States, with an infection rate of 1.65 cases per 1,000 compared to the national rate of 4.52 cases per 1,000. In 2008, there were a total of 96 cases of gonorrhea reported among young people ages 15–19 in South Dakota.¹⁹
- There are no available statewide data on the rate of syphilis among young people.

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 \$110 million in discretionary funding for Fiscal Year 2010. 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 Fiscal Year 2010.

Rural America Initiatives, \$599,621 (2010–2014)

Rural America Initiatives (RAI) is a non-profit, 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.²⁰ 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 Fiscal Year 2010, 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.²¹ 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.²² 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.²³ *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.²⁴

The overall goal of the program is to reduce risks associated with sexual behavior, 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 Fiscal Year 2010.

Rural America Initiatives, \$599,581 (2010–2014)

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 (Adult Identity Mentoring)* 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 Fiscal Years 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 Indian tribes and tribal organizations, and \$6.5 million for evaluation, training, and technical assistance. Details on the state-grant program and PREIS are included below. At the time of publication, the funding for tribes and tribal organizations had not yet been awarded.

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 Fiscal Year 2010.
- The department sub-grants the funds to other state agencies. At the time of publication, contracts with other state agencies had not been finalized.

The South Dakota Department of Health implements the state's PREP grant and will award sub-grants to other state agencies. The programs will serve young people ages 14–18 in three communities and one juvenile correctional facility.²⁵ Sub-grantees will be required to implement one of the following programs: *All4You!*; *Assisting in Rehabilitating Kids*; *Be Proud! Be Responsible!*; *Botvin Life Skills Training*; *Reducing the Risk*; and *What Could You Do?*. Grantees will provide programming in both school- and community-based settings.

All4You! is an evidence-based pregnancy-, STD-, and HIV-prevention program designed for students ages 14–18 attending alternative high schools. It is adapted from two existing evidence-based programs, *Be Proud! Be Responsible!* and *Safer Choices*. The program, which includes both classroom instruction and a service learning component, aims to reduce the frequency of unprotected sex among participants. The 14-session classroom curriculum consists of nine lessons, which address: STD-, HIV and pregnancy-prevention, the risk of STD transmission and unintended pregnancy, negotiation skills, and condom-use skills, among other topics. *All4You!* includes interactive activities such as role-playing, condom demonstration, group discussion, and educational games. The service learning component engages participants in volunteer activities. An evaluation of the program published in *AIDS Education and Prevention* compared the behavior of participants to that of peers in a control group six months after the intervention. Program participants reported a significantly lower frequency of having sex without a condom in the previous three months, were significantly more likely to report having used a condom at last sexual intercourse, and reported a significantly lower frequency of sexual intercourse in the previous three months than participants in the control group.²⁶

Be Proud! Be Responsible! is an evidence-based HIV-prevention curriculum originally designed for urban, African-American males ages 13–18.²⁷ The curriculum seeks to provide young people with the knowledge, motivation, and skills necessary to reduce their risk of HIV, other STDs, and causing unintended pregnancy. It also aims to impact sexual behavior by equipping youth with negotiation, refusal, and condom-use skills. The curriculum uses a “sense-of-community” approach that emphasizes how HIV/AIDS has affected inner-city communities and discusses the importance of protecting the community in order to instill accountability, sexual responsibility, and a sense of pride in participants. Although originally designed for use with small groups of six to 12 participants, the curriculum has been used with larger groups and is appropriate for both school-based and community-based settings.²⁸ An evaluation of the program published in the *American Journal of Community Psychology* found that the intervention reduced the number of female sexual partners participants had as well as the number of non-monogamous female sexual partners (those who were simultaneously involved with other male partners). In addition, the study found that the intervention decreased the frequency of vaginal and heterosexual anal intercourse, and increased condom use among participants.²⁹

Reducing the Risk: Building Skills to Prevent Pregnancy, STD and HIV is an evidence-based, pregnancy-, STD-, and HIV-prevention curriculum designed for classroom use with students in the ninth and tenth grades. It is appropriate for use with multi-ethnic populations.³⁰ *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.³¹

What Could You Do? is an evidenced-based, STD risk-reduction program that uses an interactive video to encourage safer sexual behaviors among female high school students. The program is designed as a one-on-one intervention, with each participant viewing the video individually. It aims to increase participants' knowledge of STDs along with reducing their sexual risk behavior and risk of STD infection. The video includes vignettes featuring ethnically diverse young women involved in realistic scenarios related to sexual risk behavior, where the viewer must choose what action the character should take from different options. The vignettes give viewers the opportunity to practice how they would respond in different situations. The video covers sexual situations, risk reduction, reproductive health, and STDs. In addition, the video associates condom use with positive outcomes, such as pleasure and reassurance. *What Could You Do?* can be used in a physician's office or clinic setting and could potentially be used in other settings, such as schools, as long as there was enough privacy for the viewer. An evaluation of the program published in *Social Science & Medicine* found that at a six-month follow-up to the intervention, participants were almost twice as likely not to have been diagnosed with an STD as those in the control group.³²

Personal Responsibility Education Innovative Strategies (PREIS)

The PREIS Program 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.

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 Fiscal Years 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 \$122,552 in federal Title V abstinence-only funding for Fiscal Year 2010.
- The department has issued an application announcement for available funds under the state's Title V abstinence-only grant program. At the time of publication, sub-grantees had not yet been determined.
- In South Dakota, the match will be made with in-kind services.

The South Dakota Title V Abstinence-Only Program aims to reduce the rate of teen pregnancy and the rate of Chlamydia among young women ages 15–19 in the state.³³ The Department of Health will award sub-grants to public and private entities through a competitive application process. Funded programs will serve young people ages 9–11.

SOUTH DAKOTA

South Dakota TPPI, PREP, and Title V Abstinence-Only funding in FY 2010

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	2010
TOTAL	\$250,000	
Title V Abstinence Education Grant Program (Title V Abstinence-Only)		
South Dakota Department of Health (federal grant)	\$122,552	2010
TOTAL	\$122,552	2010
GRAND TOTAL		
	\$1,571,754	2010

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 SIECUS State Profiles. Please visit SIECUS' "Contact Us" webpage at www.siecus.org to share information. Select "state policy" as the subject heading.

POINTS OF CONTACT

Adolescent Health Contact³⁴

Jenny Williams, RN
 Office of Community Health Services
 South Dakota Department of Health
 600 East Capitol Avenue
 Pierre, SD 57501
 Phone: (605) 773-3361

Title V Abstinence-Only Grant Coordinator

Darlene Bergeleen, RN, BSN
Family and Community Health Services Administrator
Office of Community Health Services
South Dakota Department of Health
615 East Fourth Street
Pierre, SD 57501
Phone: (605) 773-3737

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.catholic-social-services.net

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

MEDIA OUTLETS

Newspapers in South Dakota³⁵

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 2010 began on October 1, 2009 and ended on September 30, 2010.

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 14 April 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, 2009," *Surveillance Summaries, Morbidity and Mortality Weekly Report*, vol. 59, no. SS-5 (4 June 2010): 98–109, accessed 4 June 2010, <<http://www.cdc.gov/mmwr/pdf/ss/ss5905.pdf>>.

⁷ "Births: Final Data for 2008," *National Vital Statistics Report*, vol. 59, (Atlanta, GA: Centers for Disease Control and Prevention, December 2010), accessed 29 June 2011, <http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_01.pdf>, Table 12.

⁸ "VitalStats: Birth Data Files by State, Age of Mother in Years, 2008," (Atlanta, GA: Centers for Disease Control and Prevention), accessed 30 June 2011, <http://www.cdc.gov/nchs/data_access/vitalstats/VitalStats_Births.htm>.

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 5 March 2010, <<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 3.3.

¹² *HIV Surveillance Report, 2008*, (Atlanta, GA: Centers for Disease Control and Prevention, June 2010), accessed 28 June 2011, <<http://www.cdc.gov/hiv/surveillance/resources/reports/2008report/pdf/2008SurveillanceReport.pdf>>, Table 19.

¹³ *Ibid.*

¹⁴ Slide 9: "Rates of Diagnoses of HIV Infection among Adolescents Aged 13–19 Years, 2009—40 States and 5 U.S. Dependent Areas," *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention, July 2011), accessed 27 September 2011, <<http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>>.

¹⁵ *HIV Surveillance Report, 2008*, Table 20.

¹⁶ *Ibid.*

¹⁷ Slide 18: "Rates of Diagnoses of AIDS Infection among Adolescents Aged 13–19 Years, 2009—40 States and 5 U.S. Dependent Areas," *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention, July 2011), accessed 27 September 2011, <<http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>>.

¹⁸ "Wonder Database: Selected STDs by Age, Race/Ethnicity, and Gender, 1996-2008 Results," (Atlanta, GA: Centers for Disease Control and Prevention), 30 June 2009, accessed 5 March 2010, <<http://wonder.cdc.gov/>>; see also Table 10: "Chlamydia: Reported Cases and Rates Per 100,000 Population by Age Group and Sex: United States, 2004–2008," *Sexually Transmitted Disease Surveillance 2008*, (Atlanta, GA: Centers for Disease Control and Prevention, Division of STD Prevention, November 2009), accessed 5 March 2010, <<http://www.cdc.gov/std/stats08/surv2008-Complete.pdf>>, 95.

¹⁹ *Ibid.*; see also Table 20: "Gonorrhea—Reported Cases and Rates per 100,000 Population by Age Group and Sex: United States, 2004–2008," *Sexually Transmitted Disease Surveillance 2008*, 106.

²⁰ Rural America Initiatives, accessed 14 July 2011, <<http://lhatten.qwestoffice.net/index.html>>.

- ²¹ “Adult Identity Mentoring (Project AIM)” Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed 1 July 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 18 August 2011, <http://www.cdc.gov/hiv/topics/prev_prog/rep/packages/pdf/aim.pdf>.
- ²² “Adult Identity Mentoring (Project AIM)” Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed 1 July 2011, <<http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=573>>.
- ²³ “Adult Identity Mentoring (AIM),” Promising Practices, San Bernardino County Department of Public Health, accessed 1 July 2011, <<http://www.healthysanbernardinocounty.org/modules.php?op=modload&name=PromisePractice&file=promisePractice&pid=3633>>.
- ²⁴ “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 1 July 2011, <http://www.hhs.gov/ash/oah/prevention/research/programs/adult_identity_mentoring_project_aim.html>.
- ²⁵ Information provided by Darleen Bergeleen, Family and Community Health Services administrator for the South Dakota Department of Health, 25 February 2011.
- ²⁶ “Pregnancy Prevention Intervention Implementation Report: Be Proud! Be Responsible!” Programs for Replication – Intervention Implementation Reports, U.S. Department of Health and Human Services, accessed 1 July 2011, <http://www.hhs.gov/ash/oah/prevention/research/programs/all_4_you.html>.
- ²⁷ *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 1 July 2011, <<http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf>>, 56–59.
- ²⁸ “Be Proud! Be Responsible!” Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed 1 July 2011, <<http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=1&PageTypeID=2>>; *see also* “Pregnancy Prevention Intervention Implementation Report: Be Proud! Be Responsible!” Programs for Replication – Intervention Implementation Reports, U.S. Department of Health and Human Services, accessed 1 July 2011, <http://www.hhs.gov/ash/oah/prevention/research/programs/be_proud_responsible.html>.
- ²⁹ *Science and Success: Sex Education and Other Programs That Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections*, 56–59.
- ³⁰ *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 30 March 2010, <<http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf>>, 22.
- ³¹ *Ibid.*, 23–24.
- ³² “What Could You Do?,” Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed 25 August 2011, <<http://www.etr.org/RECAPP/index.cfm?fuseaction=pages.ebpDetail&PageID=617&PageTypeID=2>>.
- ³³ “Abstinence Education,” State of South Dakota Department of Health, Office of Family and Community Health, Request for Proposal, 2.
- ³⁴ The person listed represents the designated personnel in the state responsible for adolescent reproductive health.
- ³⁵ This section is a list of major newspapers in the state and is by no means exhaustive of local print outlets.