



## UTAH

In Fiscal Year 2010<sup>1</sup>, the state of Utah received:

- **Personal Responsibility Education Program funds totaling \$525,624**
- **Title V State Abstinence Education Program funds totaling \$319,037**

### SEXUALITY EDUCATION LAW AND POLICY

Utah Code mandates that the state board of education establish curriculum requirements in grades eight through 12 for the prevention of communicable diseases. This instruction must stress “the importance of abstinence from all sexual activity before marriage and fidelity after marriage as methods for preventing certain communicable diseases; and personal skills that encourage individual choice of abstinence and fidelity.”<sup>2</sup>

Among other limitations on what can be taught, the Code states that “[a]t no time may instruction be provided, including responses to spontaneous questions raised by students, regarding any means or methods that facilitate or encourage the violation of any state or federal criminal law by a minor or adult.”<sup>3</sup> In Utah, consensual sexual intercourse outside of marriage is illegal.<sup>4</sup>

Utah Code further requires that materials used for instruction in health do not include:

- the intricacies of intercourse, sexual stimulation, or erotic behavior;
- the advocacy of homosexuality;
- the advocacy or encouragement of the use of contraceptive methods or devices; or
- the advocacy of sexual activity outside of marriage.<sup>5</sup>

Utah Administrative Code requires that each newly hired or newly assigned educator who teaches or who will be teaching any part of a sexuality education class must attend a state-sponsored course offered annually that outlines the state designed curriculum and Utah Code regarding the teaching of human sexuality.<sup>6</sup>

The Utah *Elementary Core Curriculum: Responsible Healthy Lifestyles 3–6* and *Secondary Health Core Curriculum* documents, suggested curriculum frameworks produced by the Utah State Office of Education, provide greater detail regarding grade level and topics to be included. The *Elementary Core Curriculum* states that in grades three through six, students should receive disease prevention and HIV/AIDS education.<sup>7</sup> According to the *Secondary Health Core Curriculum*, students should receive instruction that abstinence is the best way to prevent unintended pregnancy and sexually transmitted infections beginning in grade seven.<sup>8</sup> Instructors are told that a “strong abstinence message has *always been* and *will continue to be* an expected element” (emphasis in original) of sexuality education.<sup>9</sup>

Schools are not required to follow this framework. However, local school districts must establish a curriculum materials review committee.<sup>10</sup> This committee must make sure that all instructional material complies with “state law and state board rules” regarding sexuality education.<sup>11</sup> Curricula must be adopted after “an open and regular” school board meeting in which parents and guardians have an opportunity to testify about the curricula.<sup>12</sup>

Parents or guardians must give written permission in order for a student to participate in any form of sexuality education.<sup>13</sup> This is referred to as an “opt-in” policy.

See Utah Code § 53A-13-101; Utah Administrative Code §§ R277-474 and R277-700; Elementary Core Curriculum: Responsible Healthy Lifestyles 3–6; Secondary Health Core Curriculum; A Resource Guide for Parents and Teachers on Teaching Human Sexuality—Junior High School; and A Resource Guide for Parents and Teachers on Teaching Human Sexuality—High School.

## RECENT LEGISLATION

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

## YOUTH SEXUAL HEALTH DATA

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

### Utah Youth Risk Behavior Survey (YRBS) Data<sup>14</sup>

- In 2009, 84% of high school students in Utah reported having been taught about AIDS/HIV in school compared to 87% of high school students nationwide.

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

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

- Utah’s teen birth rate currently ranks 34<sup>th</sup> in the United States, with a rate of 35.1 births per 1,000 young women ages 15–19 compared to the national rate of 41.5 births per 1,000.<sup>15</sup> In 2008, there were a total of 2,558 live births reported to young women ages 15–19 in Utah.<sup>16</sup>
- In 2005, Utah’s teen pregnancy rate ranked 45<sup>th</sup> in the United States, with a rate of 47 pregnancies per 1,000 young women ages 15–19 compared to the national rate of 70 pregnancies per 1,000.<sup>17</sup> There were a total of 4,460 pregnancies among young women ages 15–19 in Utah.<sup>18</sup>
- In 2005, Utah’s teen abortion rate ranked 49<sup>th</sup> 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.<sup>19</sup>

#### *HIV and AIDS*

- Utah’s HIV infection rate ranks 31<sup>st</sup> in the United States, with a rate of 5.2 cases per 100,000 individuals compared to the national rate of 19.5 cases per 100,000.<sup>20</sup>
- Utah ranks 28<sup>th</sup> in cases of HIV infection diagnosed in the United States among all age groups. In 2008, there were a total of 143 new cases of HIV infection diagnosed in Utah.<sup>21</sup>
- Utah’s HIV infection rate among young people ages 13–19 ranks 37<sup>th</sup> in the United States, with a rate of 0.7 cases per 100,000 young people compared to the national rate of 9.1 cases per 100,000.<sup>22</sup>

- Utah ranks 40<sup>th</sup> in number of reported AIDS cases in the United States among all age groups. In 2008, there were a total of 75 new AIDS cases reported in Utah.<sup>23</sup>
- Utah's AIDS rate ranks 44<sup>th</sup> in the United States, with a rate of 2.7 cases per 100,000 individuals compared to the national rate of 12.3 cases per 100,000.<sup>24</sup>
- Utah's AIDS rate among young people ages 13–19 ranks 41<sup>st</sup> 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.<sup>25</sup>

#### *Sexually Transmitted Diseases*

- Utah ranks 49<sup>th</sup> in reported cases of Chlamydia among young people ages 15–19 in the United States, with an infection rate of 8.46 cases per 1,000 compared to the national rate of 19.52 cases per 1,000. In 2008, there were a total of 1,772 cases of Chlamydia reported among young people ages 15–19 in Utah.<sup>26</sup>
- Utah ranks 47<sup>th</sup> in reported cases of gonorrhea among young people ages 15–19 in the United States, with an infection rate of 0.33 cases per 1,000 compared to the national rate of 4.52 cases per 1,000. In 2008, there were a total of 69 cases of gonorrhea reported among young people ages 15–19 in Utah.<sup>27</sup>
- 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 are no TPPI Tier 1 grantees in Utah.

#### *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 Utah.

*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 Utah.

**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 State of Utah, Department of Health, Division of Family Health and Preparedness received \$525,624 in federal PREP funds for Fiscal Year 2010.
- The department has issued an application announcement for available funds under the state’s PREP grant program. At the time of publication, sub-grantees had not yet been determined.

The Utah Department of Health, Division of Family Health and Preparedness implements the state’s PREP grant, which will provide funding to local public and private entities. Funded programs will serve young people ages 14–19 that belong to racial and ethnic minority groups or reside in areas with high teenage birth rates, as well as current teenage parents. The Department of Health has identified four curricula that sub-grantees may use: *All4You!*, *Be Proud! Be Responsible! Be Protective!*, *¡Cuidate!*, and *Teen Health Project*.

*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.<sup>28</sup>

*Be Proud! Be Responsible! Be Protective!* is an evidence-based program that targets pregnant and parenting teens and focuses on the concept of maternal protectiveness to encourage adolescent mothers and soon-to-be mothers to make healthy sexual decisions; take responsibility and be accountable for their sexual activity; and decrease risky sexual behavior. The curriculum is an adaptation of *Be Proud! Be Responsible!*, an evidence-based HIV-prevention curriculum designed for African-American males. *Be Proud! Be Responsible! Be Protective!* discusses the impact of HIV/AIDS on inner-city communities and particularly addresses its impact on pregnant women and their children, providing information on preventing transmission during pregnancy and the postpartum period. The curriculum consists of eight, one-hour lessons and uses interactive activities, group discussion, and videos to educate participants. It covers such topics as HIV risk and prevention; family planning and parenting; communication; attitudes and beliefs about HIV/AIDS and safer sex; condom use skills; stress and emotion management; and staying healthy. The intervention can be delivered in four, two-hour sessions or over the course of eight days and is appropriate for use in school-based settings.<sup>29</sup> An evaluation of the program published in *Family and Community Health* found, at a six-month follow-up, that program participants reported having significantly fewer sexual partners during the previous three months than participants in the control group.<sup>30</sup>

*¡Cuidate!* is an evidence-based HIV-prevention curriculum adapted from the evidence-based curriculum, *Be Proud! Be Responsible!*, and tailored for use with Latino youth ages 13–18. The curriculum provides information about HIV and its transmission, addresses values and beliefs related to HIV and safer sex, and includes activities aimed to increase skills and self-efficacy for condom use, negotiating abstinence, and safer sex. The intervention consists of six, one-hour lessons and is designed for use with small, mixed-gender groups. It draws upon cultural beliefs, such as the importance of family and the responsibility of a man to care for his family, in order to provide messages that resonate with participants. The curriculum consists of educational games, small group discussions, videos, learning exercises, and skill-building activities. An evaluation of the curriculum published in the *Archives of Pediatrics & Adolescent Medicine* found that it reduced the frequency of sexual intercourse, number of sexual partners, and incidence of unprotected sex, while increasing condom use, among participants.<sup>31</sup>

*Teen Health Project* is a community-level, HIV risk-reduction program designed for young people ages 12–17 living in low-income housing developments. The purpose of the program is to reduce sexual activity, increase condom use and negotiation skills, and reduce risky sexual behavior among participants. The initial component of the program consists of two, three-hour workshops focusing on HIV/STD prevention and building skills. Some participants in the workshops are then nominated to the Teen Health Project Leadership Council which meets on a weekly basis during a six-month period to implement community activities and organize HIV-prevention activities for their peers. In addition, *Teen Health Project* includes a parent component which consists of a 90-minute HIV/AIDS education workshop that provides information to parents about risk reduction and talking to their children about sexual health issues. An evaluation of the program published in *AIDS* found, at a 12-month follow-up, that sexually inexperienced youth who participated in the program were significantly more likely to have remained abstinent; and, at an 18-month follow-up, sexually active youth who participated in the program were significantly more likely to report condom use at the time of last sexual intercourse than participants in the control group.<sup>32</sup>

#### *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 Utah.

**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 State of Utah, Department of Health, Division of Family Health and Preparedness received \$319,037 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 Utah, sub-grantees will provide the match.

The Utah Department of Health, Division of Family Health and Preparedness implements the state’s Title V Abstinence-Only Program. Public and private entities are eligible to apply for sub-grants that will be awarded through a competitive process. Funded programs will serve young people ages 10–16 that belong to racial and ethnic minority groups or reside in areas of the state with high teenage birth rates, as well as young people in the juvenile justice system. The Department of Health has not selected specific curricula that sub-grantees must use; however, sub-grantees must demonstrate the medical accuracy of their programs.

**Utah TPPI, PREP, and Title V Abstinence-Only Funding in FY 2010**

Grantee	Award	Fiscal Years
<b>Personal Responsibility Education Program (PREP)</b>		
<i>PREP State-Grant Program</i>		
State of Utah, Department of Health, Division of Family Health and Preparedness (federal grant)	\$525,624	2010
<b>TOTAL</b>	<b>\$525,624</b>	
<b>Title V Abstinence Education Grant Program (Title V Abstinence-Only)</b>		
State of Utah, Department of Health, Division of Family Health and Preparedness (federal grant)	\$319,037	2010
<b>TOTAL</b>	<b>\$319,037</b>	
<b>GRAND TOTAL</b>	<b>\$844,661</b>	<b>2010</b>

## COMPREHENSIVE APPROACHES TO SEXUALITY EDUCATION

*SIECUS is not aware of any examples of model programs, policies, or best practices being implemented in Utah 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 Utah public schools for inclusion in future publications of the SIECUS State Profiles. Please visit SIECUS' "Contact Us" webpage at [www.siecus.org](http://www.siecus.org) to share information. Select "state policy" as the subject heading.*

## POINTS OF CONTACT

### Adolescent Health Contact<sup>33</sup>

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Adolescent Health Coordinator  
Maternal and Infant Health Program  
Utah Department of Health  
P.O. Box 142001  
Salt Lake City, UT 84114  
Phone: (801) 538-9317

### PREP and Title V Abstinence-Only State-Grant Coordinator

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## ORGANIZATIONS THAT SUPPORT COMPREHENSIVE SEXUALITY EDUCATION

ACLU of Utah  
Salt Lake City, UT  
Phone: (801) 521-9862  
[www.acluutah.org](http://www.acluutah.org)

Utah National Organization for Women  
Murray, UT  
Phone: (801) 268-0363  
[www.utahnow.org](http://www.utahnow.org)

Planned Parenthood Action Council  
Salt Lake City, UT  
Phone: (801) 328-8939  
[www.ppacutah.org](http://www.ppacutah.org)

Utah Pride Center  
Salt Lake City, UT  
Phone: (801) 539-8800  
[www.glccu.com](http://www.glccu.com)

Planned Parenthood Association of Utah  
Salt Lake City, UT  
Phone: (801) 532-1586  
[www.plannedparenthood.org/utah](http://www.plannedparenthood.org/utah)

Utah Progressive Network  
Salt Lake City, UT  
Phone: (801) 466-0955

Utah AIDS Foundation  
Salt Lake City, Utah  
Phone: (801) 487-2323  
[www.utahaids.org](http://www.utahaids.org)

## ORGANIZATIONS THAT OPPOSE COMPREHENSIVE SEXUALITY EDUCATION

Right to Life of Utah  
Springville, UT  
Phone: (801) 491-9742

Utah Eagle Forum  
South Jordan, UT  
Phone: (801) 254-7446  
[www.utaheagleforum.org](http://www.utaheagleforum.org)

Sutherland Institute  
Crane Building  
Salt Lake City, UT  
Phone: (801) 355-1272  
[www.sutherlandinstitute.org](http://www.sutherlandinstitute.org)

## MEDIA OUTLETS

### Newspapers in Utah<sup>34</sup>

*Daily Herald*  
Provo, UT  
Phone: (801) 373-5050  
[www.heraldextra.com](http://www.heraldextra.com)

*Daily Spectrum*  
Saint George, UT  
Phone: (435) 674-6200  
[www.thespectrum.com](http://www.thespectrum.com)

*Salt Lake Tribune*  
Salt Lake City, UT  
Phone: (801) 257-8742  
[www.sltrib.com](http://www.sltrib.com)

*Deseret Morning News*  
Salt Lake City, UT  
Phone: (801) 236-6000  
[www.deseretnews.com](http://www.deseretnews.com)

*Standard-Examiner*  
Ogden, UT  
Phone: (801) 625-4270  
[www.standard.net/digital](http://www.standard.net/digital)

### Political Blogs in Utah

*Blue in Red Zion*  
[www.blueinredzion.com](http://www.blueinredzion.com)

*Bob Aagard*  
[www.bobaagard.blogspot.com](http://www.bobaagard.blogspot.com)

*One Utah*  
[www.oneutah.org](http://www.oneutah.org)

*Utah Policy*  
[www.utahpolicy.com](http://www.utahpolicy.com)



<sup>1</sup> This refers to the federal government’s fiscal year, which begins on October 1<sup>st</sup> and ends on September 30<sup>th</sup>. 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.

<sup>2</sup> Utah Code §§ 53A-13-101(1)(b)(i)(A) and (B), <[http://le.utah.gov/~code/TITLE53A/htm/53A13\\_010100.htm](http://le.utah.gov/~code/TITLE53A/htm/53A13_010100.htm)>.

<sup>3</sup> Utah Code § 53A-13-101(1)(b)(ii), <[http://le.utah.gov/~code/TITLE53A/htm/53A13\\_010100.htm](http://le.utah.gov/~code/TITLE53A/htm/53A13_010100.htm)>.

<sup>4</sup> Utah Code § 76-7-104(1), <[http://le.utah.gov/~code/TITLE76/htm/76\\_07\\_010400.htm](http://le.utah.gov/~code/TITLE76/htm/76_07_010400.htm)>.

<sup>5</sup> Utah Code §§ 53A-13-101(1)(c)(iii)(A)(I)–(IV), <[http://le.utah.gov/~code/TITLE53A/htm/53A13\\_010100.htm](http://le.utah.gov/~code/TITLE53A/htm/53A13_010100.htm)>.

<sup>6</sup> Utah Admin. Code § R277-474-5(A), <<http://www.rules.utah.gov/publicat/code/r277/r277-474.htm>>.

<sup>7</sup> *Elementary Core Curriculum: Responsible Healthy Lifestyles 3–6* (Salt Lake City, UT: Utah State Office of Education, 1997), accessed 15 April 2010, <<http://schools.utah.gov/curr/core/corepdf/RHL3-6.pdf>>, 6.

<sup>8</sup> *Secondary Health Core Curriculum* (Salt Lake City, UT: Utah State Office of Education, 1997), accessed 15 April 2010, <[http://www.schools.utah.gov/curr/pe\\_health/documents/HealthCorewithCover.pdf](http://www.schools.utah.gov/curr/pe_health/documents/HealthCorewithCover.pdf)>, 11.

<sup>9</sup> *Ibid.*, 2.

<sup>10</sup> Utah Admin. Code § R277-474-5(C).

<sup>11</sup> Utah Code § 53A-13-101(1)(c)(iii)(A).

<sup>12</sup> Utah Code § 53A-13-101(1)(c)(iii)(B).

<sup>13</sup> Utah Admin. Code § R277-474-1(H).

<sup>14</sup> 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>>. Note: Utah did not participate in the full 2009 YRBS.

<sup>15</sup> “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](http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_01.pdf)>, Table 12.

<sup>16</sup> “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](http://www.cdc.gov/nchs/data_access/vitalstats/VitalStats_Births.htm)>.

<sup>17</sup> *U.S. Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, (Washington, DC: Guttmacher Institute, January 2010), accessed 5 March 2010, <<http://www.guttmacher.org/pubs/USTPtrends.pdf>>, Table 3.1.

<sup>18</sup> *Ibid.*, Table 3.2.

<sup>19</sup> *U.S. Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, Table 3.3.

<sup>20</sup> *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.

<sup>21</sup> *Ibid.*

<sup>22</sup> 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>>.

<sup>23</sup> *HIV Surveillance Report, 2008*, Table 20.

<sup>24</sup> *Ibid.*

<sup>25</sup> 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>>.

<sup>26</sup> “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.

<sup>27</sup> *Ibid.*; see also Table 20: “Gonorrhoea—Reported Cases and Rates per 100,000 Population by Age Group and Sex: United States, 2004–2008,” *Sexually Transmitted Disease Surveillance 2008*, 106.

<sup>28</sup> “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](http://www.hhs.gov/ash/oah/prevention/research/programs/all_4_you.html)>.

<sup>29</sup> “Be Proud! Be Responsible! Be Protective!” Evidence-Based Programs Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed 5 May 2010, <<http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=607&PageTypeID=2>>.

<sup>30</sup> “Pregnancy Prevention Intervention Implementation Report: Be Proud! Be Responsible! Be Protective!” 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\\_protective.html](http://www.hhs.gov/ash/oah/prevention/research/programs/be_proud_responsible_protective.html)>.

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<sup>31</sup> “Cuideate!” Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed 5 May 2010, <<http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=577&PageTypeID=2>>; see also *Science and Success: Sex Education and Other Programs That Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections, Second Edition* (Washington, DC: Advocates for Youth, 2008), accessed 30 March 2010, <<http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf>>, 76–79.

<sup>32</sup> “Teen Health Project,” 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=576&PageTypeID=2>>.

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

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