



VIRGINIA

In Fiscal Year 2011¹, the state of Virginia received:

- **Title V State Abstinence Education Program funds totaling \$828,200**

In Fiscal Year 2011, local entities in Virginia received:

- **Personal Responsibility Education Innovative Strategies funds totaling \$582,344**

SEXUALITY EDUCATION LAW AND POLICY

Virginia law states that all curriculum decisions are to be left to local school boards; however, programs of instruction must meet or exceed the “requirements of the [State] Board of Education.”² Virginia gives permission for local school boards to develop family life education programs with the “goals of reducing the incidence of pregnancy and sexually transmitted diseases [STDs] and substance abuse among teenagers.”³ The state Board of Education’s family life education standards and curriculum guidelines for grades kindergarten through 12 suggest programs be age-appropriate and address:

[T]he benefits, challenges, responsibilities, and value of marriage for men, women, children, and communities; abstinence education; the value of postponing sexual activity; the benefits of adoption as a positive choice in the event of an unwanted pregnancy; human sexuality; human reproduction; dating violence, the characteristics of abusive relationships, steps to take to avoid sexual assault, and the availability of counseling and legal resources, and, in the event of such sexual assault, the importance of immediate medical attention and advice, as well as the requirements of the law; the etiology, prevention and effects of sexually transmitted diseases; and mental health education and awareness.⁴

Virginia Administrative Code also requires each local school board to place “special emphasis on the thorough evaluation of materials related to controversial or sensitive topics such as sex education, moral education, and religion.”⁵

Virginia Board of Education guidelines mandate that any school district that develops a family life education program must consult a “community involvement team, or school health advisory board” that should include:

individuals such as a person from the central office, an elementary school principal, a middle school principal, a high school principal, teachers, a school board member, parents, one or more members of the clergy, a member of the medical profession, a mental health practitioner, and others in the community.⁶

Each school board must create a summary of the family life education program available for distribution to parents and guardians for review. The law states that parents or guardians may remove their students from any class.⁷ This is referred to as an “opt-out” policy. Virginia Administrative Code also

directs that parents “should be required to justify their requests.”⁸

See Virginia Code Annotated §§ 22.1-200, 22.1-207.1, 22.1-207.2, and 22.1-253.13.1; Title 8 Virginia Administrative Code §§ 20-131-50, 20-131-80, 20-131-90, 20-131-100, 20-131-170, and 20-320-10; and Family Life Education Board of Education Guidelines and Standards of Learning for Virginia Public Schools.

RECENT LEGISLATION

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

YOUTH SEXUAL HEALTH DATA

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

Virginia Youth Risk Behavior Survey (YRBS) Data⁹

- In 2011, 87% of high school students in Virginia reported having been taught about AIDS/HIV in school, compared to 84% of high school students nationwide.

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

Teen Pregnancy, Birth, and Abortion

- Virginia’s teen birth rate currently ranks 36th in the United States, with a rate of 27.4 births per 1,000 young women ages 15–19, compared to the national rate of 34.3 births per 1,000.¹⁰ In 2010 there were a total of 7,373 live births to young women ages 15–19 reported in Virginia.¹¹
- In 2005, Virginia’s teen pregnancy rate ranked 30th in the United States, with a rate of 61 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 70 pregnancies per 1,000.¹² There were a total of 15,560 pregnancies among young women ages 15–19 in Virginia in 2005.¹³
- In 2005, Virginia’s teen abortion rate ranked 15th in the United States, with a rate of 18 abortions per 1,000 young women ages 15–19, compared to the national rate of 19 abortions per 1,000.¹⁴

HIV and AIDS

- In 2010, the rate of diagnoses of HIV infection among adolescents aged 13-19 years in Virginia was 9.6 per 100,000 compared to the national rate of 7.9 per 100,000.¹⁵
- In 2010, the rate of AIDS diagnoses among adolescents 13-19 years in Virginia was 2.4 per 100,000 compared to the national rate of 1.9 per 100,000.¹⁶
- In 2010, the rate of diagnoses of HIV infection among young adults aged 20-24 years in Virginia was 41.2 per 100,000 compared to the national rate of 36.9 per 100,000.¹⁷
- In 2010, the rate of AIDS diagnoses among young adults aged 20-24 years in Virginia was 8.3 per 100,000 compared to the national rate of 10.4 per 100,000.¹⁸

Sexually Transmitted Diseases

VIRGINIA

- Virginia ranks 21st in the United States for reported cases of chlamydia among young people ages 15–19 in the United States, with an infection rate of 19.17 cases per 1,000, which is equal to the national rate of 20.03 cases per 1,000. In 2009, there were a total of 10,400 cases of chlamydia among young people ages 15–19 reported in Virginia.¹⁹
- Virginia ranks 19th in the United States for reported cases of gonorrhea among young people ages 15–19 in the United States, with an infection rate of 4.27 cases per 1,000, compared to the national rate of 4.04 cases per 1,000. In 2009, there were a total of 2,315 cases of gonorrhea among young people ages 15–19 reported in Virginia.²⁰
- Virginia ranks ninth in the United States for reported cases of primary and secondary syphilis among young people ages 15–19, with an infection rate of 0.06 cases per 1,000, compared to the national rate of 0.05 cases per 1,000. In 2009, there were a total of 33 cases of syphilis among young people ages 15–19 reported in Virginia.²¹

FEDERAL FUNDING FOR SEX EDUCATION, TEEN PREGNANCY PREVENTION, AND ABSTINENCE-ONLY PROGRAMS

President's Teen Pregnancy Prevention Initiative

The President's Teen Pregnancy Prevention Initiative (TPPI) funds medically accurate and age-appropriate programs to reduce teen pregnancy. The U.S. Department of Health and Human Services, Office of Adolescent Health (OAH) administers the grant program, which totaled \$105 million in discretionary funding for Fiscal Year (FY) 2011. TPPI consists of two funding tiers that provide grants to local public and private entities. Tier 1 totals \$75 million and provides funding for the replication of evidence-based programs proven to prevent unintended teen pregnancy and address underlying behavioral risk factors. Tier 2 totals \$25 million and provides funding to develop and test additional models and innovative strategies. A portion of the Tier 2 funds, \$15.2 million, was allocated for research and demonstration grants to test innovative approaches, while the remaining funding, \$9.8 million, was allocated for grants to support communitywide initiatives. TPPI also dedicates \$4.5 million in funding to conduct evaluations of individual programs.

TPPI Tier 1: Evidence-Based Programs

The TPPI Tier 1 grant program supports the replication of evidence-based programs proven effective through rigorous evaluation to prevent unintended teen pregnancy, underlying behavioral risk factors, or other associated risk factors.

- There are no TPPI Tier 1 grantees in Virginia.

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 Virginia.

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 Virginia.

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.

- Virginia chose not to apply for PREP funds for FY 2011.

Personal Responsibility Education Innovative Strategies (PREIS)

PREIS supports research and demonstration programs to develop, replicate, refine, and test innovative models for preventing unintended teen pregnancy. The Administration for Children and Families administers the grant program in collaboration with OAH and provides a total of \$10 million in funding directly to local public and private entities.

- There is one PREIS grantee in Virginia, Lighthouse Outreach, Inc., which received \$582,344 for FY 2011.

Lighthouse Outreach, Inc., \$582,344 (FY 2011)

Lighthouse Outreach, Inc., is a nonprofit, community-based organization located in Hampton, Virginia. Its “activities are designed to provide an intervention that promotes sexual abstinence until marriage among adolescents.”²² The organization previously received federal abstinence-only-until-marriage funding through the now-defunct Community-Based Abstinence Education (CBAE) grant program. In 2007, it was awarded a five-year CBAE grant and received \$1.7 million in funding before the program was eliminated in 2010.

The organization’s PREIS grant supports its abstinence program, which “provides the foundation for personal responsibility and enduring marital commitment.” The program serves primarily African-American young people ages 10–19 in the Hampton Roads area, concentrating on areas with high rates of teenage pregnancy, STDs, and poverty. It employs a “community saturation model that includes school, community- and faith-based abstinence education classes, youth development activities with out-of-school programs, abstinence education workshops for parents, community forums, rallies, an annual summit, and a media marketing campaign.”²³ It plans to reach 2,600 young people each year.

VIRGINIA

The program uses *Choosing the Best* curricula as well as *Possessing Your Power*. The *Choosing the Best* series is one of the more popular abstinence-only-until-marriage programs in the country. The series is comprised of a number of curricula for students from sixth grade through high school: *Choosing the Best WAY* (sixth grade), *Choosing the Best PATH* (seventh grade), *Choosing the Best LIFE* (eighth grade), *Choosing the Best JOURNEY* (ninth and 10th grades), and *Choosing the Best SOULMATE* (11th and 12th grades). The series has been recently revised and the information about STDs is now medically accurate. However, *Choosing the Best* curricula continue to promote heterosexual marriage, rely on messages of fear and shame, and include biases about gender, sexual orientation, and pregnancy options. For example, *Choosing the Best PATH* asks students to brainstorm the “emotional consequences” of premarital sex. Suggested answers include “guilt, feeling scared, ruined relationships, broken emotional bonds.”²⁴ *Possessing Your Power* is an interactive, multimedia character development curriculum.

Tribal Personal Responsibility Education Program (Tribal PREP)

Tribal PREP supports the development and implementation of comprehensive teen pregnancy prevention programs within tribes and tribal communities. Tribal PREP programs target youth ages 10–19 who are in or are aging out of foster care, homeless youth, youth with HIV/AIDS, pregnant and/or parenting youth who are under 21 years of age, and youth who live in areas with high adolescent birth rates. Programs must address at least three of the following adulthood preparation subjects: healthy relationships, positive adolescent development, financial literacy, parent-child communication skills, education and employment skills, and healthy life skills.

- In FY 2011, 16 tribes and tribal organizations from nine states received a total of \$6.5 million.
- There are no Tribal PREP grantees in Virginia.

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 Virginia Department of Health received \$828,200 in federal Title V abstinence-only funding for FY 2011.
- The Virginia Department of Health provides sub-grants to seven local health districts: Alexandria (\$75,000), Crater (\$75,000), Eastern Shore (\$80,000), Portsmouth (\$80,000), Rappahannock-Rapidan (\$75,000), Richmond (\$100,000), and Southside (\$75,000).²⁵
- In Virginia, the match can be reached by use of state funds, local government dollars, private dollars, in-kind support, or any combination of the above.

The Virginia Department of Health administers the Title V abstinence-only funding in collaboration with seven local health districts to provide programming to youth in both community-based and school-based settings. The state’s abstinence-only program specifically targets Latino youth ages 10–14 in grades six through eight. Funded programs use the following curricula: *¡Cuidate!*, *Making a Difference!*, and *Choosing the Best*.²⁶

¡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

VIRGINIA

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.²⁷

Making a Difference! is an evidence-based pregnancy-, STD-, and HIV-prevention education curriculum that emphasizes abstinence from sexual activity. Adapted from the evidence-based curriculum *Be Proud! Be Responsible!*, *Making a Difference!* aims to increase participants’ knowledge about HIV, STD, and pregnancy prevention as well as their confidence to negotiate sexual pressure and intention to abstain from sex. It is designed for use with African-American, Latino, and white adolescents ages 11–13 and can be implemented in school- or community-based settings. The curriculum includes interactive activities, small group discussions, and skill-building exercises, including role-plays, aimed to increase comfort and efficacy with practicing abstinence. An evaluation of the curriculum published in the *Journal of American Medical Association* found that, at a three-month follow-up, participants in the program were less likely to report having had sexual intercourse in the three months prior than peers in the control group. Evaluation results also showed that the program helped to delay sexual initiation among program participants who were sexually inexperienced.²⁸

The *Choosing the Best* series is one of the more popular abstinence-only-until-marriage programs in the country. The series is comprised of a number of curricula for students from sixth grade through high school: *Choosing the Best WAY* (sixth grade), *Choosing the Best PATH* (seventh grade), *Choosing the Best LIFE* (eighth grade), *Choosing the Best JOURNEY* (ninth and 10th grades), and *Choosing the Best SOULMATE* (11th and 12th grades). The series has been recently revised and the information about STDs is now medically accurate. However, *Choosing the Best* curricula continue to promote heterosexual marriage, rely on messages of fear and shame, and include biases about gender, sexual orientation, and pregnancy options. For example, *Choosing the Best PATH* asks students to brainstorm the “emotional consequences” of premarital sex. Suggested answers include “guilt, feeling scared, ruined relationships, broken emotional bonds.”²⁹

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

Grantee	Award	Fiscal Years
Personal Responsibility Education Program (PREP)		
<i>Personal Responsibility Education Innovatives Strategies</i>		
Lighthouse Outreach, Inc.	\$582,344	2010–2014
TOTAL	\$582,344	
Title V Abstinence Education Grant Program (Title V Abstinence-Only)		
Virginia Department of Health (federal grant)	\$828,200	2011
TOTAL	\$828,200	
GRAND TOTAL		
	\$1,410,544	2011

COMPREHENSIVE APPROACHES TO SEXUALITY EDUCATION

SIECUS is not aware of any examples of model programs, policies, or best practices being implemented in Virginia 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 Virginia 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 Contact³⁰

The position is currently vacant.

Title V Abstinence-Only Grant Coordinator

Charletta Barringer-Brown, Ed.D
Abstinence Education Program Director
Division of Child and Family Health
Virginia Department of Health
109 Governor Street, 8th Floor
Richmond, VA 23219
Phone: (804) 864-7758

ORGANIZATIONS THAT SUPPORT COMPREHENSIVE SEXUALITY EDUCATION

Arlington Gay and Lesbian Alliance
Arlington, VA
www.agla.org

Equality Virginia
Richmond, VA
Phone: (804) 643-4816
www.equalityvirginia.org

Planned Parenthood Advocates of Virginia
Richmond, VA
Phone: (804) 482-6134
www.ppav.org

Virginia HIV/AIDS Resource and
Consultation Center
Norfolk, VA
Phone: (757) 446-6170
www.evms.edu/evms-aids-research-center/virginia-hiv-aids-resource-and-consultation-center.html

ORGANIZATIONS THAT OPPOSE COMPREHENSIVE SEXUALITY EDUCATION

American Life League
Stafford, VA
Phone: (540) 659-4171
www.all.org

The Family Foundation
Richmond, VA
Phone: (804) 343-0010
www.familyfoundation.org

MEDIA OUTLETS

Newspapers in Virginia³¹

Daily Press
Newport News, VA
Phone: (757) 247-4600
www.dailypress.com

The Free Lance-Star
Fredericksburg, VA
Phone: (540) 368-5055
www.fredericksburg.com

Richmond Times-Dispatch
Richmond, VA
Phone: (804) 649-6990
www.timesdispatch.com

The News & Advance
Lynchburg, VA
Phone: (434) 385-5440
www.newsadvance.com

The Roanoke Time & World News
Roanoke, VA
Phone: (540) 981-3340
www.roanoke.com

The Virginian-Pilot
Norfolk, VA
Phone: (757) 446-2319
www.hamptonroads.com

Political Blogs in Virginia

Blue Virginia
www.bluevirginia.us

Leaving my Mark
www.leavingmymarc.com

Left of the Hill
www.leftofthehill.blogspot.com

Not Larry Sabato
www.notlarrysabato.typepad.com

The Richmonder
www.therichmonder.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 Va. Code Ann. § 22.1-253.13:1(c), <http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+22.1-253.13C>.

³ 8 Va. Admin. Code § 20-131-170, <http://leg1.state.va.us/cgi-bin/legp504.exe?000+reg+8VAC20-131-170>.

⁴ Va. Code Ann. § 22.1-207.1, <http://leg1.state.va.us/cgi-bin/legp504.exe?000+reg+8VAC20-131-170>.

⁵ 8 Va. Admin. Code § 20-170-10(8), <http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+22.1-207.1>.

⁶ *Family Life Education Board of Education Guidelines and Standards of Learning for Virginia Public Schools* (Richmond, VA: Commonwealth of Virginia Department of Education, 2009), accessed April 15, 2010, http://www.doe.virginia.gov/testing/sol/standards_docs/family_life/familylife_guidelines_standards.pdf, 9.

⁷ Va. Code Ann. § 22.1-207.2.

⁸ 8 Va. Admin. Code § 20-170-10(9).

-
- ⁹ 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>. Note: Virginia did not participate in the full 2011 YRBS.
- ¹⁰ “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.
- ¹¹ Ibid.
- ¹² 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.
- ¹³ Ibid., Table 3.2.
- ¹⁴ U.S. *Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, Table 3.1.
- ¹⁵ 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>.
- ¹⁶ 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>.
- ¹⁷ 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>.
- ¹⁸ 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>.
- ¹⁹ “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>.
- ²⁰ Ibid.
- ²¹ Ibid.
- ²² “Lighthouse Outreach Mission,” Lighthouse Outreach Incorporated, accessed September 25, 2012, <http://lighthouse-outreach.org/about-us/lighthouse-mission.html>.
- ²³ Administration for Children and Families, “Teen Pregnancy Prevention: Summary of Personal Responsibility Education Program Innovative Strategies Programs Funded in FY2010,” U.S. Department of Health and Human Services, October 14, 2010, accessed September 25, 2012, http://www.acf.hhs.gov/programs/fysb/content/docs/prep_abstracts.htm.
- ²⁴ Bruce Cook, *Choosing the Best* (Marietta, GA: *Choosing the Best*, Inc., 2001–2007). For more information, see SIECUS’ review of the *Choosing the Best* series at http://www.communityactionkit.org/curricula_reviews.html.
- ²⁵ Information provided by Charletta Barringer-Brown, Abstinence Education Program Coordinator, Division of Child and Family Health, Virginia Department of Health, November 6, 2012.
- ²⁶ Ibid.
- ²⁷ *Cuidate!* Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed May 5, 2010, <http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=577&PageTypeID=2>; see also *Science and Success: Sex Education and Other Programs That Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections, Second Edition* (Washington, DC: Advocates for Youth, 2008), accessed March 30, 2010, <http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf>, 76–79.
- ²⁸ *Making a Difference!* Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed July 1, 2011, <http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=127&PageTypeID=2>.
- ²⁹ Bruce Cook, *Choosing the Best* (Marietta, GA: *Choosing the Best*, Inc., 2001–2007). For more information, see SIECUS’ review of the *Choosing the Best* series at http://www.communityactionkit.org/curricula_reviews.html.
- ³⁰ The person listed represents the designated personnel in the state responsible for adolescent reproductive health.
- ³¹ This section is a list of major newspapers in the state and is by no means exhaustive of local print outlets.