



WISCONSIN

In Fiscal Year 2010¹, the state of Wisconsin received:

- **Personal Responsibility Education Program funds totaling \$930,024**

In Fiscal Year 2010, local entities in Wisconsin received:

- **Teen Pregnancy Prevention Initiative funds totaling \$596,723**

SEXUALITY EDUCATION LAW AND POLICY

Wisconsin state law encourages, but does not require, school boards to provide “age-appropriate instruction in human growth and development” to grades K–12.² Such instruction is meant to provide students with “the knowledge, skills, and support necessary to make healthy decisions” throughout the lifespan regarding their sexual behavior.³ The law specifies that instruction teach “medically accurate information,” defined as information “supported by the weight of research conducted in compliance with accepted scientific methods” and, where appropriate, “published in peer-reviewed journals” and “recognized as accurate by relevant leading professional organizations or agencies such as the “American Medical Association, the American Public Health Association, or the American Academy of Pediatrics.”⁴

Such instruction must address the following:

- the importance of parent-child communication regarding “sexuality and decision making about sexual behavior;”
- “reproductive and sexual anatomy and physiology,” including the “biological, psychosocial, and emotional changes” that occur to the human body;
- “puberty, pregnancy, parenting, body image, and gender stereotypes;”
- “the skills needed to make responsible decisions about sexuality and sexual behavior,” including how to practice appropriate social behavior and “recognize, rebuff, and report any unwanted or inappropriate verbal, physical, and sexual behaviors;”
- “the benefits of and reasons for abstaining from sexual activity” that stresses “the value of abstinence as the most reliable way to prevent pregnancy” and sexually transmitted diseases (STDs);
- “the health benefits, side effects, and proper use of contraceptives and barrier methods” to prevent STDs;
- skills for goal-setting, responsible decision making, communication and stress management;
- “how alcohol and drug use affect responsible decision making;” and

- how the media and peers influence an individual's "thoughts, feelings, and behaviors related to sexuality."⁵

An educational program in human growth and development must also "use instructional methods and materials that do not promote bias against pupils of any race, gender, religion, sexual orientation, or ethnic or cultural background or against sexually active pupils or children with disabilities."⁶ If a school board provides instruction in any of these areas, it must "also provide instruction in marriage and parental responsibility."⁷

The Department of Public Instruction (DPI) is authorized to develop a health education program that includes instruction about STDs, including HIV/AIDS. The program also may include instruction on human growth and development; however, state law specifies that participation in this component of the health education program is voluntary and DPI is prohibited from requiring local school boards to use a specific human growth and development curriculum.⁸

The DPI created the *Wisconsin School HIV/AIDS Policy Tool Kit* in 2003 to "increase the number of Wisconsin schools implementing scientifically and legally based policies and procedures related to HIV/AIDS," including those for curriculum evaluation and selection.⁹ The DPI also produced *Human Growth and Development: A Resource Packet to Assist School Districts in Program Development, Implementation and Assessment* which provides information on teen sexual behavior, locally developed materials, other curriculum resources, and evaluation tools.

School boards that choose to provide instruction must provide annual notification to parents outlining the curriculum used for their child's particular grade level.¹⁰ Parents and guardians must be given the opportunity to review all materials related to sexuality education classes. If such classes are offered, school boards must form advisory councils consisting of "parents, teachers, school administrators, pupils, health care professionals, members of the clergy, and other residents of the school district"¹¹ to review the curricula at least every three years.

Parents or guardians may remove their children from sexuality education classes with a written request to the teacher or principal.¹² This is referred to as an "opt-out" policy.

See Wisconsin Statutes §§ 115.35, 118.01, and 118.019; *Wisconsin School HIV/AIDS Policy Tool Kit*, and *Human Growth and Development: A resource packet to assist school districts in program development, implementation and assessment*.

RECENT LEGISLATION

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

YOUTH SEXUAL HEALTH DATA

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

Wisconsin Youth Risk Behavior Survey (YRBS) Data¹³

- In 2009, 41% of female high school students and 41% of male high school students in Wisconsin reported ever having had sexual intercourse compared to 46% of female high school students and 46% of male high school students nationwide.

W I S C O N S I N

- In 2009, 3% of female high school students and 4% of male high school students in Wisconsin 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, 9% of female high school students and 11% of male high school students in Wisconsin 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, 32% of female high school students and 27% of male high school students in Wisconsin 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, 60.59% of females and 69% of males in Wisconsin 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, 33% of females and 20% of males in Wisconsin 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, 14% of females and 19% of males in Wisconsin 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, 90% of high school students in Wisconsin reported having been taught about AIDS/HIV in school compared to 87% of high school students nationwide.

Milwaukee, Wisconsin

- In 2009, 59% of female high school students and 68% of male high school students in Milwaukee, Wisconsin reported ever having had sexual intercourse compared to 46% of female high school students and 46% of male high school students nationwide.
- In 2009, 5% of female high school students and 20% of male high school students in Milwaukee, Wisconsin 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, 16% of female high school students and 33% of male high school students in Milwaukee, Wisconsin 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, 43% of female high school students and 45% of male high school students in Milwaukee, Wisconsin 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, 60% of females and 74% of males in Milwaukee, Wisconsin 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, 11% of females and 11% of males in Milwaukee, Wisconsin 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, 13% of females and 22% of males in Milwaukee, Wisconsin 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, 85% of high school students in Milwaukee, Wisconsin reported having been taught about AIDS/HIV in school compared to 87% of high school students nationwide.

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

Teen Pregnancy, Birth, and Abortion

- Wisconsin's teen birth rate currently ranks 41st in the United States, with a rate of 31.3 births per 1,000 young women ages 15–19 compared to the national rate of 41.5 births per 1,000.¹⁴ In 2008, there were a total of 5,023 live births reported to young women ages 15–19 in Wisconsin.¹⁵
- In 2005, Wisconsin's teen pregnancy rate ranked 45th 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 1,000.¹⁶ There were a total of 9,300 pregnancies among young women ages 15–19 in Wisconsin.¹⁷
- In 2005, Wisconsin's teen abortion rate ranked 39th in the United States, with a rate of 10 abortions per 1,000 young women ages 15–19 compared to the national rate of 19 abortions per 1,000.¹⁸

HIV and AIDS

- Wisconsin's HIV infection rate ranks 32nd in the United States, with a rate of 4.9 cases per 100,000 individuals compared to the national rate of 19.5 cases per 100,000.¹⁹

- Wisconsin ranks 24th in cases of HIV infection diagnosed in the United States among all age groups. In 2008, there were a total of 274 new cases of HIV infection diagnosed in Wisconsin.²⁰
- Wisconsin's HIV infection rate among young people ages 13–19 ranks 27th in the United States, with a rate of 3.5 cases per 100,000 young people compared to the national rate of 9.1 cases per 100,000.²¹
- Wisconsin ranks 32nd in number of reported AIDS cases in the United States among all age groups. In 2008, there were a total of 167 new AIDS cases reported in Wisconsin.²²
- Wisconsin's AIDS rate ranks 40th in the United States, with a rate of 3 cases per 100,000 individuals compared to the national rate of 12.3 cases per 100,000.²³
- Wisconsin's AIDS rate among young people ages 13–19 ranks 35th in the United States, with a rate of 0.6 cases per 100,000 young people compared to the national rate of 1.8 cases per 100,000.²⁴

Sexually Transmitted Diseases

- Wisconsin ranks 28th in reported cases of Chlamydia among young people ages 15–19 in the United States, with an infection rate of 18.26 cases per 1,000 compared to the national rate of 19.51 cases per 1,000. In 2008, there were a total of 7,290 cases of Chlamydia reported among young people ages 15–19 in Wisconsin.²⁵
- Wisconsin ranks 20th in reported cases of gonorrhea among young people ages 15–19 in the United States, with an infection rate of 5.12 cases per 1,000 compared to the national rate of 4.52 cases per 1,000. In 2008, there were a total of 2,046 cases of gonorrhea reported among young people ages 15–19 in Wisconsin.²⁶
- Wisconsin ranks 31st in reported cases of primary and secondary syphilis among young people ages 15–19 in the United States, with an infection rate of 0.01 cases per 1,000 compared to the national rate of 0.04 cases per 1,000. In 2008, there were a total of 4 cases of syphilis reported among young people ages 15–19 in Wisconsin.²⁷

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 Wisconsin, the Irwin A. and Robert D. Goodman Community Center, Inc., which received \$596,723 for Fiscal Year 2010.

Irwin A. and Robert D. Goodman Center, \$596,723 (2010–2014)

The Irwin A. and Robert D. Goodman Center (Goodman Community Center) is a non-profit, community resource center located in Madison, Wisconsin. Its mission is to facilitate a community atmosphere; identify and respond to community needs; collaborate with individuals and other agencies to provide help; promote recreational and cultural events; and create and coordinate meeting space, programs, information, and services that reflect the community's ethnic and economic diversity.²⁸ Its services include social development for at-risk children, short-term emergency food relief, and assistance with referrals to social services and organizations.

With its TPPI funding, Goodman Community Center implements the “Madison Empowering Responsibility in Teens” (MERIT) program, which targets low-income, predominantly African-American and Latino youth. The MERIT program uses a comprehensive, holistic approach to teen pregnancy-prevention that includes direct education, discussion, and relationship building, in addition to a variety of academic, leadership, community service, and enrichment opportunities for participants. The organization plans to reach approximately 175 youth annually with the program. Goodman Community Center partners with Kennedy Heights Community Center and the Lussier Community Education Center in implementation. MERIT uses two comprehensive sexuality education curricula: *Be Proud! Be Responsible!* and *¡Cuidate!* as well as *Making a Difference!*, an abstinence-based youth development curriculum.

Be Proud! Be Responsible! is an evidence-based HIV-prevention curriculum originally designed for urban, African-American males ages 13–18.²⁹ 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.³⁰ 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.³¹

¡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.³²

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.³³

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 Wisconsin.

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 Wisconsin.

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 Wisconsin Department of Health Services received \$930,024 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 Wisconsin Department of Health Services has contracted with the Medical College of Wisconsin, Milwaukee Adolescent Health Program to implement the state's PREP grant. The department will provide funding to six local community-based organizations to implement programming in Beloit, Racine, and Milwaukee. Specifically, sub-grants of \$100,000 each will be awarded to three organizations in Milwaukee, two organizations in Racine, and one organization in Beloit. All three cities have high rates of teen birth, STD infection, and school drop-out. Programming will primarily target African-American and Latino youth, runaway and homeless youth, and youth in foster care ages 10–19.³⁴ Funding will be awarded to community service providers with experience providing programming to the targeted youth populations.

Grantees must implement one of the following programs: *¡Cuidate!*, *Making Proud Choices!*, or *Street Smart*. (Please see the *TPPI Tier 1: Evidence-Based Programs* section above for more information on *¡Cuidate!*.) All grantees must undergo training in their chosen curriculum. In addition, Wisconsin PREP-funded programs must address the following three adulthood preparation subjects: financial literacy, “educational attainment,” and healthy relationships. The Wisconsin Department of Instruction will provide technical assistance to grantees to implement financial literacy education. Local contractors will also be employed to provide trainings to funded grantees on financial literacy education. Educational attainment instruction will seek to curb school drop-out among participants. And healthy relationships education will address gender-based stereotypes, “how to show caring and affection without having sex,” and “skills to identify and safely end unhealthy relationships” in addition to other topics. Funded programs must use a holistic approach and include interactive activities.³⁵ In addition, all funded programs must inform youth participants of the availability of Badger Care Family Planning Only Services, public reproductive health services provided by the state.

Making Proud Choices! is an evidence-based STD-, HIV-, and pregnancy-prevention curriculum designed for use with African-American, Latino, and white adolescents ages 11–13. The curriculum aims to help youth understand the poor reasoning and decision making that can lead to STD/HIV infection and/or unintended pregnancy, as well as to increase their confidence, negotiation skills, and self-efficacy in using condoms. The program consists of eight, one-hour sessions and can be implemented in school- or community-based settings. *Making Proud Choices!* includes interactive and skill-building activities that are designed to “increase comfort with practicing condom use, address concerns about negative effects of practicing safer sex, and build skills in condom use and negotiation.”³⁶ An evaluation of the program published in the *Journal of the American Medical Association* showed that program participants reported more consistent condom use and less unprotected sex as well as a higher frequency of condom use than those in the control group.³⁷

Street Smart is an HIV/STD-prevention education program designed for use with runaway and homeless youth ages 11–18. The program aims to equip youth to practice safe sexual behaviors and reduce drug and alcohol use. It consists of eight, skills-based instruction sessions as well as one individual

counseling session and a visit to a community-based health care agency. The curriculum teaches such skills as coping and negotiation, assertiveness, problem-solving, decision making, identifying and addressing behavioral risk activities, and reducing harmful behaviors. Interactive activities include role-plays and video production. The program is appropriate for use in community-based settings and can be adapted for use with other at-risk populations.³⁸

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 Wisconsin.

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.

- Wisconsin chose not to apply for Title V abstinence-only funds for Fiscal Year 2010.

Wisconsin 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>		
Irwin A and Robert D Goodman Community Center, Inc.	\$596,723	2010–2014
TOTAL	\$596,723	
Personal Responsibility Education Program (PREP)		
<i>PREP State-Grant Program</i>		
Wisconsin Department of Health Services (federal grant)	\$930,024	2010
TOTAL	\$930,024	
GRAND TOTAL		2010

COMPREHENSIVE APPROACHES TO SEXUALITY EDUCATION

*SIECUS has identified some examples of model programs, policies, and best practices being implemented in Wisconsin public schools that provide a more comprehensive approach to sex education for young people.*³⁹

Revised State Sex Education Policy

The *Healthy Youth Act*, Wisconsin Act 134, was signed into law by Governor Jim Doyle on February 24, 2010. The legislation permits school districts to teach age-appropriate and medically accurate comprehensive sexuality education. The *Healthy Youth Act* establishes additional requirements for human sexuality instruction than what previously existed under state law and repeals former statute that, among other stipulations, required instruction to stress “abstinence from sexual activity before marriage [as] the most effective way to prevent pregnancy” and STDs, including HIV/AIDS and present abstinence “as the preferred choice of behavior in relationship to all sexual activity for unmarried pupils.”⁴⁰

The revised law emphasizes positive youth development and ensures that students receive complete and accurate information—regarding sexuality, human growth and development, abstinence, and effective prevention methods to reduce the risk of unintended pregnancy, STDs, and HIV—and develop the skills necessary to maintain healthy relationships, delay sexual initiation, and practice sexual health behavior and decision making. Furthermore, the law positions Wisconsin to apply for federal funding to support comprehensive approaches for delaying sexual activity, increasing contraceptive use, and otherwise reduce the risk of unintended pregnancy among adolescents.

We encourage you to submit any updated or additional information on comprehensive approaches to sex education being implemented in Wisconsin 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 Contact⁴¹

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PREP State-Grant Coordinator

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Medical College of Wisconsin
Milwaukee Adolescent Health Program
Downtown Health Center
1020 North 12th Street
Milwaukee, WI 53233
Phone: (414) 277-8905

ORGANIZATIONS THAT SUPPORT COMPREHENSIVE SEXUALITY EDUCATION

ACLU of Wisconsin
Milwaukee, WI
Phone: (414) 272-4032
www.aclu-wi.org

Planned Parenthood Advocates of Wisconsin
Madison, WI
Phone: (608) 256-7549
www.ppawi.org

Fair Wisconsin
Madison, WI
Phone: (608) 441-0143
www.fairwisconsin.org

NARAL Pro-Choice Wisconsin
Madison, WI
Phone: (608) 287-0016
www.prochoicewisconsin.org

Milwaukee LGBT Community
Center
Milwaukee, WI
www.mkelgbt.org

Wisconsin AIDS Fund
Milwaukee, WI
Phone: (414) 272-5805
www.wisconsinaidfund.org

ORGANIZATIONS THAT OPPOSE COMPREHENSIVE SEXUALITY EDUCATION

Pro-Life Wisconsin
Brookfield, WI
Phone: (262) 796-1111
www.prolifewisconsin.org

Wisconsin Family Action
Madison, WI
Phone: (608) 268-5074
www.wifamilyaction.org

MEDIA OUTLETS

Newspapers in Wisconsin⁴²

The Capital Times
Madison, WI
Phone: (608) 252-6400
www.madison.com

Green Bay Press-Gazette
Green Bay, WI
Phone: (920) 431-8400
www.greenbaypressgazette.com

The Journal Times
Racine, WI
Phone: (262) 634-3322
www.journaltimes.com

Kenosha News
Kenosha, WI
Phone: (262) 657-1000
www.kenoshanews.com

Milwaukee Journal Sentinel
Milwaukee, WI
Phone: (414) 224-2919
www.jsonline.com

Oshkosh Northwestern
Oshkosh, WI
Phone: (920) 235-7700
www.thenorthwestern.com

The Post-Crescent
Appleton, WI
Phone: (920) 733-4411
www.postcrescent.com

Political Blogs in Wisconsin*Blogging Blue*www.bloggingblue.com*Eye on Wisconsin*www.eye-on-wisconsin.blogspot.com*Forward our Motto*www.forwardourmotto.blogspot.com*Uppity Wisconsin*www.uppitywis.org

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 Wis. Stat § 118.01(1) and (2),

<[http://nxt.legis.state.wi.us/nxt/gateway.dll/Statutes%20Related/Wisconsin%20Statutes/5859/5861?f=templates\\$fn=document-frameset.htm\\$eq=\[field%20folio-destination-name:%27118.01%27\]\\$x=Advanced#0-0-0-173673](http://nxt.legis.state.wi.us/nxt/gateway.dll/Statutes%20Related/Wisconsin%20Statutes/5859/5861?f=templates$fn=document-frameset.htm$eq=[field%20folio-destination-name:%27118.01%27]$x=Advanced#0-0-0-173673)>.

³ Wis. Stat § 118.01(1).

⁴ Wis. Stat § 118.01(2)(b)1–3.

⁵ Wis. Stat § 118.019(2)(a)1–9.

⁶ Wis. Stat § 118.019(2)(b).

⁷ Wis. Stat § 118.019(2m)(a).

⁸ Wis. Stat. § 115.35(1), <<http://nxt.legis.state.wi.us/nxt/gateway.dll?f=templates&fn=default.htm&d=stats&jd=115.35>>.

⁹ *Wisconsin School HIV/AIDS Policy Tool Kit* (Madison, WI: Wisconsin Department of Public Instruction, 2003), accessed 15 April 2010, <<http://dpi.wi.gov/sspw/pdf/hivtoolkit.pdf>>, 9.

¹⁰ Wis. Stat § 118.019(3),

<[http://nxt.legis.state.wi.us/nxt/gateway.dll/Statutes%20Related/Wisconsin%20Statutes/5859/5864?f=templates\\$fn=document-frameset.htm\\$eq=\[field%20folio-destination-name:%27118.019%27\]\\$x=Advanced#0-0-0-173679](http://nxt.legis.state.wi.us/nxt/gateway.dll/Statutes%20Related/Wisconsin%20Statutes/5859/5864?f=templates$fn=document-frameset.htm$eq=[field%20folio-destination-name:%27118.019%27]$x=Advanced#0-0-0-173679)>.

¹¹ Wis. Stat § 118.019(5),

<[http://nxt.legis.state.wi.us/nxt/gateway.dll/Statutes%20Related/Wisconsin%20Statutes/5859/5864?f=templates\\$fn=document-frameset.htm\\$eq=\[field%20folio-destination-name:%27118.019%27\]\\$x=Advanced#0-0-0-173679](http://nxt.legis.state.wi.us/nxt/gateway.dll/Statutes%20Related/Wisconsin%20Statutes/5859/5864?f=templates$fn=document-frameset.htm$eq=[field%20folio-destination-name:%27118.019%27]$x=Advanced#0-0-0-173679)>.

¹² Wis. Stat § 118.019(4),

<[http://nxt.legis.state.wi.us/nxt/gateway.dll/Statutes%20Related/Wisconsin%20Statutes/5859/5864?f=templates\\$fn=document-frameset.htm\\$eq=\[field%20folio-destination-name:%27118.019%27\]\\$x=Advanced#0-0-0-173679](http://nxt.legis.state.wi.us/nxt/gateway.dll/Statutes%20Related/Wisconsin%20Statutes/5859/5864?f=templates$fn=document-frameset.htm$eq=[field%20folio-destination-name:%27118.019%27]$x=Advanced#0-0-0-173679)>.

¹³ 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: Milwaukee also participated in the 2009 YRBS.

¹⁴ “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.

¹⁵ “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>.

¹⁶ *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.

¹⁷ *Ibid.*, Table 3.2.

¹⁸ *U.S. Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, Table 3.3.

¹⁹ *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.

²⁰ *Ibid.*

²¹ 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>>.

²² *HIV Surveillance Report, 2008*, Table 20.

²³ *Ibid.*

²⁴ 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>>.

²⁵ “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.

²⁶ 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.

²⁷ Ibid; see also Table 33: “Primary and Secondary Syphilis—Reported Cases and Rates per 100,000 Population by Age Group and Sex: United States, 2004–2008,” *Sexually Transmitted Disease Surveillance 2008*, 121.

²⁸ “Mission & Goals,” Goodman Community Center, accessed 15 June 2011, <<http://www.goodmancenter.org/about-center/mission-goals>>.

²⁹ *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.

³⁰ “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>.

³¹ *Science and Success: Sex Education and Other Programs That Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections*, 56–59.

³² “Cuidate!” 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.

³³ “Making a Difference!” 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=127&PageTypeID=2>>.

³⁴ “Request for Applications – Personal Responsibility Education Program Grant,” Medical College of Wisconsin, Milwaukee Adolescent Health Program, accessed 24 August 2011, <<http://www.mcw.edu/FileLibrary/Groups/PedsAdolescentMedicine/MAHP/PREPRFA.pdf>>, 2–4; see also “Funding Opportunity: Personal Responsibility Education Program (PREP) Grant,” Medical College of Wisconsin, accessed 24 August 2011, <<http://www.mcw.edu/mahp/FundingOpportunity.htm>>.

³⁵ Ibid.

³⁶ “Making Proud Choices!” Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed 15 April 2010, <<http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=128>>.

³⁷ Ibid.

³⁸ “Request for Applications – Personal Responsibility Education Program Grant,” Medical College of Wisconsin, Milwaukee Adolescent Health Program, accessed 24 August 2011, <<http://www.mcw.edu/FileLibrary/Groups/PedsAdolescentMedicine/MAHP/PREPRFA.pdf>>, 4.

³⁹ This is by no means a complete list of all comprehensive programming and policies related to sexuality education, but rather some examples of best practices and model programs that SIECUS identified.

⁴⁰ Previous Wis. Stat § 118.019(2m)(b)(2) and (1).

⁴¹ The person listed represents the designated personnel in the state responsible for adolescent reproductive health.

⁴² This section is a list of major newspapers in the state and is by no means exhaustive of local print outlets.