



SIECUS

State Profile

WYOMING

In Fiscal Year 2013,¹ the state of Wyoming received:

- **Division of Adolescent and School Health funds totaling \$65,000**
- **Personal Responsibility Education Program funds totaling \$250,000**

SEXUALITY EDUCATION LAW AND POLICY

Wyoming does not require sexuality, HIV/AIDS, or sexually transmitted diseases (STDs)-prevention education, nor does it limit what can be taught if such education is offered. Schools are required to provide health education programs, and developmentally appropriate sexuality education concepts and benchmarks are included in the *Wyoming Health Content and Performance Standards*.² In addition, the Wyoming Department of Education created the *HIV/AIDS Model Policy for Wyoming Public Schools*, which recommends standards for HIV/AIDS-prevention education. According to these standards, “the goals of HIV prevention education are to promote healthful living and discourage the behaviors that put people at risk of acquiring HIV.”³

This educational program should:

- be taught at every level, grades K–12;
- use methods demonstrated by sound research to be effective;
- be consistent with community standards;
- follow content guidelines prepared by the Centers for Disease Control and Prevention (CDC);
- be appropriate to students’ developmental levels, behaviors, and cultural backgrounds;
- build knowledge and skills from year to year;
- stress the benefits of abstinence from sexual activity, alcohol, and other drug use;
- include accurate information on reducing risk of HIV infection;
- address students’ own concerns;
- include means for evaluation;
- be an integral part of a coordinated school health program;
- be taught by well-prepared instructors with adequate support; and
- involve parents, families, and communities as partners in education.⁴

The state does not recommend a specific curriculum. School districts are encouraged to “organize a health advisory council” comprised of educators, administrators, parents, students, medical professionals, representatives from minority groups, and other community members to “develop policies and approve curriculum and other materials for school health education including K–12 HIV prevention education.”⁵ In addition, materials for HIV/AIDS and health education approved by the Department of Education are available at no cost to schools.⁶ Educators are encouraged to have their students participate in extracurricular HIV/AIDS awareness activities, and are cautioned that “[a] single film, lecture, or school assembly is *not sufficient* to assure that students develop the complex understanding and skills needed to avoid HIV infection (emphasis in original).”⁷ In addition, schools should provide counseling and information about HIV-related community services.

W Y O M I N G

The *HIV/AIDS Model Policy for Wyoming Public Schools* states that parents or guardians can ask that their children not receive HIV/AIDS-prevention education.⁸ This is referred to as an “opt-out” policy.

See [Wyoming Statutes § 21-9-101](#), [Wyoming Health Education Content and Performance Standards](#), [HIV/AIDS Model Policy for Wyoming Public Schools](#), and the Wyoming Department of Education Health & Safety [website](#).

2013 STATE LEGISLATIVE SESSION ACTIVITY

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

YOUTH SEXUAL HEALTH DATA

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

Wyoming Youth Risk Behavior Survey (YRBS) Data⁹

- In 2013, 45.3% of female high school students and 48.9% of male high school students in Wyoming reported ever having had sexual intercourse, compared to 46% of female high school students and 47.5% of male high school students nationwide.
- In 2013, 3.6% of female high school students and 6.3% of male high school students in Wyoming reported having had sexual intercourse before age 13, compared to 3.1% of female high school students and 8.3% of male high school students nationwide.
- In 2013, 35.8% of female high school students and 33.8% of male high school students in Wyoming reported being currently sexually active (defined as having had sexual intercourse in the three months prior to the survey), compared to 35.2% of female high school students and 32.7% of male high school students nationwide.
- In 2013, 12.6% of female high school students and 7.4% of male high school students in Wyoming who dated or went out with someone during the 12 months before the survey reported experiencing physical dating violence one or more times during that time period (defined as being hit, slammed into something, or injured with an object or weapon on purpose by someone they were dating or going out with), compared to 13% of female high school students and 7.4% of male high school students nationwide.

Visit the CDC's [Youth Online database](#) for additional information on youth risk behaviors.

Wyoming Teen Pregnancy, HIV/AIDS, and Other STD Data

Teen Pregnancy, Birth, and Abortion

- In 2010, Wyoming's teen pregnancy rate ranked 24th in the United States, with a rate of 56 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 57 per 1,000.¹⁰ There were a total of 1,030 pregnancies among young women ages 15–19 in Wyoming in 2010.¹¹
- In 2012, Wyoming's teen birth rate ranked 14th in the United States, with a rate of 34.7 births per 1,000 young women ages 15–19, compared to the national rate of 29.4 per 1,000.¹² In 2012, there were a total of 622 live births to young women ages 15–19 reported in Wyoming.¹³

W Y O M I N G

- In 2010, Wyoming's teen abortion rate ranked 39th in the United States, with a rate of eight abortions per 1,000 young women ages 15–19, compared to the national rate of 15 per 1,000.¹⁴ There were a total of 140 abortions among young women ages 15–19 reported in Wyoming in 2010.¹⁵

HIV and AIDS

- In 2011, the rate of diagnoses of HIV infection among adolescents ages 13–19 in Wyoming was 0 per 100,000, compared to the national rate of 7.6 per 100,000.¹⁶
- In 2011, the rate of AIDS diagnoses among adolescents ages 13–19 in Wyoming was 0 per 100,000, compared to the national rate of 1.9 per 100,000.¹⁷
- In 2011, the rate of diagnoses of HIV infection among young adults ages 20–24 in Wyoming was 2.5 per 100,000, compared to the national rate of 36.3 per 100,000.¹⁸
- In 2011, the rate of AIDS diagnoses among young adults ages 20–24 in Wyoming was 0 per 100,000, compared to the national rate of 10.9 per 100,000.¹⁹

Sexually Transmitted Diseases

- In 2012, Wyoming ranked 26th in the United States for reported cases of chlamydia among young people ages 15–19, with an infection rate of 1,891.4 cases per 100,000, compared to the national rate of 2,001.7 per 100,000. In 2012, there were a total of 703 cases of chlamydia among young people ages 15–19 reported in Wyoming.²⁰
- In 2012, Wyoming ranked 51st in the United States for reported cases of gonorrhea among young people ages 15–19, with an infection rate of 21.5 cases per 100,000, compared to the national rate of 376.8 per 100,000. In 2012, there were a total of eight cases of gonorrhea among young people ages 15–19 reported in Wyoming.²¹
- In 2012, Wyoming ranked 14th in the United States for reported cases of primary and secondary syphilis among young people ages 15–19, with an infection rate of 5.4 cases per 100,000, compared to the national rate of 4.1 per 100,000. In 2012, there were a total of 2 cases of syphilis among young people ages 15–19 reported in Wyoming.²²

FEDERAL FUNDING FOR SEX EDUCATION, TEEN PREGNANCY PREVENTION, AND ABSTINENCE-ONLY-UNTIL-MARRIAGE 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 FY 2013. 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. OAH utilizes the remaining appropriated funds to provide program support, implementation evaluation, and technical assistance to grantees. TPPI also dedicates \$8.5 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 and minimize underlying behavioral risk factors or other associated risk factors.

- There are no TPPI Tier 1 grantees in Wyoming.

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 Wyoming.

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) administers the grant program in partnership with OAH.

- There are no TPPI Tier 2 Communitywide Initiatives grantees in Wyoming.

Division of Adolescent and School Health

The Division of Adolescent and School Health (DASH), within the Centers for Disease Control and Prevention (CDC), provides funding to 17 state and 19 local education agencies to help districts and schools strengthen student health through exemplary sexual health education (ESHE) that emphasizes HIV and other STD prevention, increased access to key sexual health services (SHS), and the establishment of safe and supportive environments (SSE) for students and staff. In addition, DASH funds nine national non-governmental organizations (NGOs) to help state and local education agencies achieve these goals.

- There were no DASH grantees in Wyoming funded to strengthen student health through ESHE, SHS, and SSE in FY 2013.

DASH also funds three local education agencies and one NGO to implement multiple program activities to meet the HIV/STD-prevention needs of young men who have sex with men (YMSM) and to develop strategic partnerships and collaborations between schools and community-based, mental health, and social services organizations to accomplish this work.

- There were no DASH grantees in Wyoming funded to deliver YMSM programming in FY 2013.

DASH also provides funding for state, territorial, and local education agencies and state health agencies to establish and strengthen systematic procedures to collect and report Youth Risk Behavior Survey (YRBS) and School Health Profiles data for policy and program improvements.

- There was one DASH grantee in Wyoming funded to collect and report YRBS and School Health Profiles data in FY 2013, the Wyoming Department of Education (\$65,000).

Pregnancy Assistance Fund

The Pregnancy Assistance Fund (PAF), administered by OAH, provides expecting and parenting teens, women, fathers, and their families with a network of support services. Established in FY 2010 through a 10-year authorization (FY 2010–FY 2019) in the Affordable Care Act (ACA), PAF is a \$25 million competitive grant program for state and tribal entities. PAF grants support programs that include at least one of the following four components: 1) support for expectant and parenting student services at institutions of higher education; 2) support for expectant and parenting teens, women, fathers, and their families at high schools and community centers; 3) improved services for pregnant women who are victims of domestic violence, sexual violence, sexual assault, and stalking; and 4) increased public awareness and education services for expectant and parenting teens, women, fathers, and their families. Now in the second round of awards, PAF supports 17 entities in 14 states and three tribal entities, most of which focus their efforts on serving teen parents.

- There are no PAF grantees in Wyoming.

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, \$3.1 million for Tribal PREP, for tribes and tribal organizations, and with remaining funds for evaluation, training, and technical assistance. In addition, provisions within the statute for PREP enable a competitive application process for community- and faith-based organizations within states and territories that do not directly seek PREP funding by the third year of the program; these competitive PREP (CPREP) grants were awarded to organizations in five states and three territories in FY 2013. Details on the state grant program, PREIS, Tribal PREP, and CPREP 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 STDs. 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 topics: healthy relationships, positive adolescent development, financial literacy, parent-child communication skills, education and employment skills, and healthy life skills.

- The Wyoming Department of Health received \$250,000 in federal PREP funds for FY 2013.
- At the time of publication, more information on this grantee was not available.

Personal Responsibility Education Innovative Strategies (PREIS)

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

- There are no PREIS grantees in Wyoming.

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 young people 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.

W Y O M I N G

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 2013, 16 tribes and tribal organizations from nine states received a total of \$3.1 million.
- There are no Tribal PREP grantees in Wyoming.

Competitive Personal Responsibility Education Program (CPREP)

CPREP grants support evidence-based programs that provide young people with medically accurate and age-appropriate information for the prevention of unintended pregnancy, HIV/AIDS, and other STDs. Organizations and institutions in states and territories that did not apply for PREP formula grants in either of the past two fiscal years were eligible to submit competitive applications for CPREP grants. Thirty-seven grants, totaling \$18.6 million, were awarded in FY 2013 to organizations in American Samoa, the Commonwealth of Northern Mariana Islands, Florida, Guam, Indiana, North Dakota, Texas, and Virginia.

- There are no CPREP grantees in Wyoming.

Title V State Abstinence Education Grant Program

The Title V abstinence-only-until-marriage (Title V AOUM) program, administered by ACF, allocates \$50 million per year for FYs 2010–2014. The Title V AOUM 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 Title V AOUM 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.

- Wyoming chose not to apply for Title V AOUM funds for FY 2013.

Competitive Abstinence Education Grant Program

Administered by the ACF, the Competitive Abstinence Education (CAE) grant program provides grants for “abstinence education” as defined by the A–H statute in Title V of the Social Security Act, as well as for mentoring, counseling, and adult supervision that promotes abstinence outside of marriage. As currently implemented by ACF, the programs must also be medically accurate. In FY 2013, \$4.3 million was granted through a competitive application process to 10 grantees across nine states, in addition to the nine grantees implementing the second year of their CAE awards in some overlapping and additional states, for a total of 19 CAE grantees in 14 states.

- There are no CAE grantees in Wyoming.

Wyoming TPPI, DASH, PAF, PREP, Title V AOUM, and CAE Funding in FY 2013

Grantee	Award	Fiscal Years
Division of Adolescent and School Health (DASH)		
Wyoming Department of Education	\$65,000	2013–2017
TOTAL	\$65,000	
Personal Responsibility Education Program (PREP)		
<i>PREP State-Grant Program</i>		
Wyoming Department of Health (federal grant)	\$250,000	2013
TOTAL	\$250,000	
GRAND TOTAL		2013

POINTS OF CONTACT

Adolescent Health Contact²³

Shelly L. Montgomery BSN, RN
 Adolescent Health Program Manager
 Maternal and Child Health Unit
 Public Health Division
 Wyoming Department of Health
 6101 Yellowstone Rd., Suite 420
 Cheyenne, WY 82002
 Phone: (307) 777-8225
 Email: shelly.montgomery@wyo.gov

¹ This refers to the federal government's fiscal year, which begins on October 1 and ends on September 30. The fiscal year is designated by the calendar year in which it ends; for example, FY 2013 began on October 1, 2012, and ended on September 30, 2013.

² WY. Stat. § 21-9-101, <http://legisweb.state.wy.us/statutes/statutes.aspx?file=titles/Title21/T21CH9AR1.htm>.

³ *HIV/AIDS Model Policy for Wyoming Public Schools* (Cheyenne, WY: Wyoming Department of Education, 1998), accessed September 25, 2014, <http://search.library.wisc.edu/catalog/ocm48204347>.

⁴ *Ibid.*

⁵ *Ibid.*, 14.

⁶ "HIV, STD, & Unintended Pregnancy Prevention," Wyoming Department of Education, accessed April 27, 2014, <http://edu.wyoming.gov/in-the-classroom/health-safety/std-pregnancy-prevention>.

⁷ *HIV/AIDS Model Policy for Wyoming Public Schools*, 15.

⁸ *Ibid.*, 8.

⁹ Kann, Laura, et al., "Youth Risk Behavior Surveillance—United States, 2013," *Surveillance Summaries, Morbidity and Mortality Weekly Report*, vol. 63, no. 4 (June 13, 2014): accessed July 17, 2014, <http://www.cdc.gov/mmwr/pdf/ss/ss6304.pdf>.

¹⁰ Kost, K., and S. Henshaw, *U.S. Teenage Pregnancies, Births, and Abortions, 2010: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2014), accessed July 8, 2014, <http://www.guttmacher.org/pubs/USTPtrends10.pdf>, Table 3.1.

¹¹ *Ibid.*, Table 3.2.

¹² Martin, J.A., et al., *Births: Final Data for 2012*. National Vital Statistics Reports, Vol. 62, No. 9 (December 30, 2013), accessed July 30, 2014, http://www.cdc.gov/nchs/data/nvsr/nvsr62/nvsr62_09.pdf. Table 12.

¹³ Centers for Disease Control and Prevention, VitalStats Interactive Data Tables, Hyattsville, MD: National Center for Health Statistics, <http://www.cdc.gov/nchs/vitalstats.htm>.

¹⁴ Kost, K., and S. Henshaw, *U.S. Teenage Pregnancies, Births, and Abortions, 2010: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2014), accessed July 8, 2014, <http://www.guttmacher.org/pubs/USTPtrends10.pdf>, Table 3.1.

¹⁵ *Ibid.*, Table 3.2.

¹⁶ Slide 9: "Rates of Diagnosis of HIV Infection Among Adolescents Aged 13–19 Years, 2011—United States and 6 Dependent Areas," *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), accessed May 30, 2013, <http://bit.ly/1dbYpAJ>.

¹⁷ Slide 18: "Rates of Stage 3 (AIDS) Classifications among Adolescents Aged 13–19 Years with HIV Infection, 2011—United States and 6 Dependent Areas," *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), accessed May 30, 2013, <http://bit.ly/1dbYpAJ>.

¹⁸ Slide 10: "Rates of Diagnoses of HIV Infection among Young Adults Aged 20–24 Years, 2011—United States and 6 Dependent Areas," *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), accessed May 30, 2013, <http://bit.ly/1dbYpAJ>.

¹⁹ Slide 19: "Rates of Stage 3 (AIDS) Classifications among Adolescents Aged 20–24 Years with HIV Infection, 2011—United States and 6 Dependent Areas," *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), accessed May 30, 2013, <http://bit.ly/1dbYpAJ>.

²⁰ NCHHSTP Atlas, "STD Surveillance Data" (Atlanta, GA: Centers for Disease Control and Prevention), accessed June 10, 2013, <http://gis.cdc.gov/GRASP/NCHHSTPAtlas/main.html>.

²¹ *Ibid.*

²² *Ibid.*

²³ The person listed represents the designated personnel in the state responsible for adolescent reproductive health.