



WYOMING

In Fiscal Year 2010¹, the state of Wyoming received:

- **Personal Responsibility Education Program funds totaling \$250,000**

SEXUALITY EDUCATION LAW AND POLICY

Wyoming does not require sexuality, HIV/AIDS, or sexually transmitted disease (STD)-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, kindergarten through grade twelve;
- 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.

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 <http://www.k12.wy.us/HS/cshp.asp>.

RECENT LEGISLATION

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 2009, 52% of female high school students and 50% of male high school students in Wyoming reported ever having had sexual intercourse compared to 46% of female high school students and 46% of male high school students nationwide.
- In 2009, 3% of female high school students and 9% of male high school students in Wyoming 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, 17% of female high school students and 19% of male high school students in Wyoming 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, 40% of female high school students and 35% 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 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, 57% of females and 67% of males in Wyoming 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, 31% of females and 16% of males in Wyoming 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, 19% of females and 30% of males in Wyoming 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 Wyoming reported having been taught about AIDS/HIV in school compared to 87% of high school students nationwide.

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

Teen Pregnancy, Birth, and Abortion

- Wyoming's teen birth rate currently ranks 16th in the United States, with a rate of 49.2 births per 1,000 young women ages 15–19 compared to the national rate of 41.5 births per 1,000.¹⁰ In 2008, there were a total of 648 live births reported to young women ages 15–19 in Wyoming.¹¹
- In 2005, Wyoming's teen pregnancy rate ranked 24th in the United States, with a rate of 65 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 1,190 pregnancies among young women ages 15–19 in Wyoming.¹³
- In 2005, Wyoming's teen abortion rate ranked 30th in the United States, with a rate of 12 abortions per 1,000 young women ages 15–19 compared to the national rate of 19 abortions per 1,000.¹⁴

HIV and AIDS

- Wyoming's HIV infection rate ranks 30th in the United States, with a rate of 5.7 cases per 100,000 individuals compared to the national rate of 19.5 cases per 100,000.¹⁵
- Wyoming ranks 36th in cases of HIV infection diagnosed in the United States among all age groups. In 2008, there were a total of 30 new cases of HIV infection diagnosed in Wyoming.¹⁶
- Wyoming's HIV infection rate among young people ages 13–19 ranks 38th in the United States, with a rate of 0 cases per 100,000 young people compared to the national rate of 9.1 cases per 100,000.¹⁷
- Wyoming ranks 49th in number of reported AIDS cases in the United States among all age groups. In 2008, there were a total of 15 new AIDS cases reported in Wyoming.¹⁸
- Wyoming's AIDS rate ranks 43rd in the United States, with a rate of 2.9 cases per 100,000 individuals compared to the national rate of 12.3 cases per 100,000.¹⁹
- Wyoming's AIDS rate among young people ages 13–19 ranks 41st in the United States, with a rate of 0 cases per 100,000 young people compared to the national rate of 1.8 cases per 100,000.²⁰

Sexually Transmitted Diseases

- Wyoming ranks 40th in reported cases of Chlamydia among young people ages 15–19 in the United States, with an infection rate of 13.71 cases per 1,000 compared to the national rate of 19.51 cases per 1,000. In 2008, there were a total of 509 cases of Chlamydia reported among young people ages 15–19 in Wyoming.²¹
- Wyoming ranks 41st in reported cases of gonorrhea among young people ages 15–19 in the United States, with an infection rate of 1.02 cases per 1,000 compared to the national rate of 4.52 cases per 1,000. In 2008, there were a total of 38 cases of gonorrhea reported among young people ages 15–19 in Wyoming.²²
- There are no available statewide data on the rate of syphilis among young people.

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

President's Teen Pregnancy Prevention Initiative

The President's Teen Pregnancy Prevention Initiative (TPPI) totaled \$110 million in discretionary funding for Fiscal Year 2010. The U.S. Department of Health and Human Services, Office of Adolescent Health (OAH) administers the grant program. TPPI consists of two funding tiers. 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 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) administer the grant program in partnership with OAH.

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

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 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 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 Wyoming Department of Health, Community and Public Health Division, Maternal and Family Health Section implements the state’s PREP grant. Public and private entities are eligible to apply for sub-grants, which will be awarded through a competitive application process. Funded programs will serve youth ages 10–17 in Natrona and Carbon counties and youth ages 15–19 in Fremont County. The Department of Health has selected three curricula that funded programs must use: *¡Cuidate!*, *Making Proud Choices!*, and *Teen Health Project*. Programs must also address the following three adulthood preparation topics: healthy relationships, educational and career success, and adolescent development.²³

¡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.²⁴

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.”²⁵ 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.²⁶

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.²⁷

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 Wyoming.

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 for Fiscal Years 2010–2014. ACF administers the grant. 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.

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

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

Grantee	Award	Fiscal Years
Personal Responsibility Education Program (PREP)		
<i>PREP State-Grant Program</i>		
Wyoming Department of Health (federal grant)	\$250,000	2010
TOTAL	\$250,000	
GRAND TOTAL	\$250,000	2010

COMPREHENSIVE APPROACHES TO SEXUALITY EDUCATION

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

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PREP State-Grant Coordinator

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ORGANIZATIONS THAT SUPPORT COMPREHENSIVE SEXUALITY EDUCATION

NARAL Pro-Choice Wyoming
Laramie, WY
Phone: (307) 742-9189
[www.prochoiceamerica.org/about-us/
state-affiliates/WY.html](http://www.prochoiceamerica.org/about-us/state-affiliates/WY.html)

Wyoming Health Council
Cheyenne, WY
Phone: (307) 632-3640
www.wyhc.org

Planned Parenthood
of the Rocky Mountains
Denver, CO
Phone: (303) 321-PLAN
www.pprm.org

Wyoming ACLU
Cheyenne, WY
Phone: (307) 637-4565
www.aclu-wy.org

ORGANIZATIONS THAT OPPOSE COMPREHENSIVE SEXUALITY EDUCATION

Roman Catholic Diocese of Cheyenne
Cheyenne, WY
Phone: (307) 638-1530
www.dioceseofcheyenne.org

Right to Life of Wyoming
Casper, WY
Phone: (307) 266-1234
www.prolifewyoming.com

MEDIA OUTLETS

Newspapers in Wyoming²⁹

Casper Star-Tribune

Casper, WY

Phone: (307) 266-0500

www.trib.com

Laramie Daily Boomerang

Laramie, WY

Phone: (307) 742-2176

www.laramieboomerang.com

Wyoming Tribune-Eagle

Cheyenne, WY

Phone: (307) 634-3361

www.wyomingnews.com

Political Blogs in Wyoming

hummingbirdminds

<http://hummingbirdminds.blogspot.com>

New West

<http://www.newwest.net/blog/>

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 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 27 April 2010, <<http://www.k12.wy.us/HS/hivpolicy.pdf>>, 8.

⁴ *Ibid.*

⁵ *Ibid.*, 14.

⁶ "Welcome to Comprehensive School Health Education," Wyoming Department of Education, accessed 27 April 2010, <<http://www.k12.wy.us/HS/cshp.asp>>.

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

⁸ *Ibid.*, 8.

⁹ 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>>.

¹⁰ "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.

¹¹ "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>.

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 5 March 2010, <<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 3.3.

¹⁵ *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.

¹⁶ *Ibid.*

¹⁷ 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>>.

¹⁸ *HIV Surveillance Report, 2008*, Table 20.

¹⁹ *Ibid.*

²⁰ 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>>.

²¹ “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.

²² 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.

²³ Information provided by Molly Bruner, administrator for the Community and Public Health Division of the Wyoming Department of Health, 17 March 2011.

²⁴ “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/advyf/documents/sciencesuccess.pdf>>, 76–79.

²⁵ “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>>.

²⁶ Ibid.

²⁷ “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>>.

²⁸ The person listed represents the designated personnel in the state responsible for adolescent reproductive health.

²⁹ This section is a list of major newspapers in the state and is by no means exhaustive of local print outlets.