

# State Profiles FISCAL YEAR 2017

The complete FY 2017 State Profiles comprise individual state-specific documents along with four other accompanying documents. The Executive Summary details the current state of sexuality education across the country, highlighting trends observed over the past few decades. Additionally, it is critical to examine the information from each state within the larger context of the laws and federal funding streams across the country. Please reference the following documents to inform and contextualize broader sexuality education trends:

- [Executive Summary](#)
- [Federal Funding Overview](#) – compared to [Wisconsin's federal funding](#)
- [Sex/Sexuality and HIV and other STIs Education Laws by State](#) – compared to [Wisconsin's education laws](#)
- [Descriptions of Curricula and Programs across the United States](#)

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**In Fiscal Year 2017,<sup>1</sup> the state of Wisconsin received:**

- **Division of Adolescent and School Health funds totaling \$415,000**
- **Personal Responsibility Education Program funds totaling \$857,978**
- **Title V State Abstinence Education Program funds totaling \$1,012,104**

**In Fiscal Year 2017, local entities in Wisconsin received:**

- **Teen Pregnancy Prevention Program funds totaling \$1,198,969**
- **Tribal Personal Responsibility Education Program funds totaling \$353,406**
- **Sexual Risk Avoidance Education Program funds totaling \$449,999**

## SEXUALITY EDUCATION LAW AND POLICY

### STATE LAW

[Wisconsin law § 115.35](#) establishes a “Health Problems Education Program,” which includes instruction in sexually transmitted diseases (STDs) and human growth and development. While teaching about STDs is a required component, schools are no longer obligated to teach the human growth and development section due to a revision of Wisconsin law [§ 118.019](#) in 2012. To see a comprehensive list of changes to the law, please see the [Department of Public Instruction \(DPI\) website](#). If it is offered, the “Health Problems Education Program” must include:

1. The importance of communication between the pupil and the pupil’s parents or guardians;

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2. Reproductive and sexual anatomy and physiology, including biological, psychosocial, emotional, and intellectual changes that accompany maturation; ...
5. The benefits of and reasons for abstaining from sexual activity, stressing the value of abstinence as the only reliable way to prevent pregnancy and STDs, and identifying the skills necessary to remain abstinent; ...
10. Adoption resources, prenatal care, and postnatal supports; and
11. The nature and treatment of STDs.<sup>2</sup>

An educational program in human growth and development must also “use instructional methods and materials that do not discriminate against a pupil based upon the pupil’s race, gender, religion, sexual orientation, or ethnic or cultural background or against sexually active pupils or children with disabilities.”<sup>3</sup>

School boards that choose to provide instruction must provide annual notification to parents outlining the curriculum used for their child’s particular grade level.<sup>4</sup> Parents and guardians must be given the opportunity to review all materials related to sexuality education classes. Parents or guardians may remove their children from the human growth and development instruction with a written request to the teacher or principal.<sup>5</sup> [This is referred to as an “opt-out” policy.](#)

### STATE STANDARDS

The DPI has produced [Human Growth and Development: A Resource Guide to Assist School Districts in Policy and Program Development and Implementation](#), which provides assistance on implementing the optional human growth and development curriculum. Furthermore, the DPI offers [Wisconsin Standards for Health Education](#), which provide guidance for the general health education curriculum. “Risky sexual behaviors” are mentioned as a component of the curriculum.<sup>6</sup>

### STATE LEGISLATIVE SESSION ACTIVITY

SIECUS tracks all state legislative session activity in our state legislative reports. For more information on bills related to school-based sexuality education that were introduced or passed in 2016, please see the most recent analysis of state legislative activity, [SIECUS’ 2016 Sex Ed State Legislative Year-End Report: Top Topics and Takeaways](#).

### YOUTH SEXUAL HEALTH DATA

Young people are more than their health behaviors and outcomes. For those wishing to support the sexual health and wellbeing of young people, it is important to utilize available data in a manner that tracks our progress and pushes policies forward while respecting and supporting the dignity of all young lives.

While data can be a powerful tool to demonstrate the sexuality education and sexual health care needs of young people, it is important to be mindful that these behaviors and outcomes are impacted by systemic inequities present in our society that affect an individual’s sexual health and wellbeing. That is, the context in

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which a young person's health behavior and decision-making happens is not reflected in individual data points. Notably, one example demonstrating such inequities are the limitations as to how and what data are currently collected; please be mindful of populations who may not be included in surveys or who may be misrepresented by the data. The data categories and any associated language are taken directly from the respective surveys and are not a representation of SIECUS' positions or values. For more information regarding SIECUS' use of data, please read the FY 2017 Executive Summary, [\*A Portrait of Sexuality Education in the States\*](#).

### **WISCONSIN YOUTH RISK BEHAVIOR SURVEY (YRBS) DATA<sup>7</sup>**

The following sexual health behavior and outcome data represent some of the most recent information available on the health of young people who attend high schools in Wisconsin. Though not perfect—for instance, using broad race and ethnicity categories can often distort and aggregate the experiences of a diverse group of respondents—the YRBS is a critical resource for understanding the health behaviors of young people when used carefully and with an awareness of its limitations. Any missing data points indicate either a lack of enough respondents for a subcategory or the state's decision not to administer a question on the survey. SIECUS commends the Centers for Disease Control and Prevention (CDC) for conducting decades' worth of field studies to improve the accuracy and relevancy of the YRBS. Like the CDC, SIECUS underlines that “school and community interventions should focus not only on behaviors but also on the determinants of those behaviors.”<sup>8</sup>

#### Reported ever having had sexual intercourse

- In 2013, 37.3% of female high school students and 33.1% of male high school students in Wisconsin reported ever having had sexual intercourse, compared to 46.0% of female high school students and 47.5% of male high school students nationwide.
- In 2013, 55.5% of lesbian, gay, or bisexual (LGB) high school students, 19.6% of high school students who were unsure of their sexual orientation, and 34.2% of heterosexual high school students in Wisconsin reported ever having had sexual intercourse. There is no comparable nationwide data for 2013. However, in 2015, 50.8% of LGB high school students, 31.6% of high school students who were unsure of their sexual orientation, and 40.9% of heterosexual high school students nationwide reported ever having had sexual intercourse.
- In 2013, 14.0% of Asian high school students, 61.6% of black high school students, 41.1% of Hispanic high school students, 31.8% of white high school students, and 45.9% of high school students who identified as multiple races in Wisconsin reported ever having had sexual intercourse, compared to 22.6% of Asian high school students, 60.6% of black high school students, 49.2% of Hispanic high school students, 43.7% of white high school students, and 48.5% of high school students who identified as multiple races nationwide.

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### Reported having had sexual intercourse before age 13

- In 2013, 1.4% of female high school students and 3.8% of male high school students in Wisconsin 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, 10.8% of LGB high school students, 2.5% of high school students who were unsure of their sexual orientation, and 2.1% of heterosexual high school students in Wisconsin reported having had sexual intercourse before age 13. There is no comparable nationwide data for 2013. However, in 2015, 7.3% of LGB high school students, 8.8% of high school students who were unsure of their sexual orientation, and 3.4% of heterosexual high school students nationwide reported having had sexual intercourse before age 13.
- In 2013, 1.0% of Asian high school students, 10.6% of black high school students, 6.5% of Hispanic high school students, 1.3% of white high school students, and 3.8% of high school students who identified as multiple races in Wisconsin reported having had sexual intercourse before age 13, compared to 3.5% of Asian high school students, 14.0% of black high school students, 6.4% of Hispanic high school students, 3.3% of white high school students, and 6.7% of high school students who identified as multiple races nationwide.

### Reported being currently sexually active

- In 2013, 27.5% of female high school students and 23.6% of male high school students in Wisconsin reported being currently sexually active, compared to 35.2% of female high school students and 32.7% of male high school students nationwide.
- In 2013, 41.9% of LGB high school students, 14.4% of high school students who were unsure of their sexual orientation, and 24.8% of heterosexual high school students in Wisconsin reported being currently sexually active. There is no comparable nationwide data for 2013. However, in 2015, 35.1% of LGB high school students, 22.9% of high school students who were unsure of their sexual orientation, and 30.1% of heterosexual high school students nationwide reported being currently sexually active.
- In 2013, 8.4% of Asian high school students, 38.8% of black high school students, 32.3% of Hispanic high school students, 23.6% of white high school students, and 37.2% of high school students who identified as multiple races in Wisconsin reported being currently sexually active, compared to 15.8% of Asian high school students, 42.1% of black high school students, 34.7% of Hispanic high school students, 32.8% of white high school students, and 34.0% of high school students who identified as multiple races nationwide.

### Reported not using a condom during last sexual intercourse

- In 2013, 42.2% of female high school students and 31.7% of male high school students in Wisconsin reported not using a condom during their last sexual intercourse, compared to 46.9% of female high school students and 34.2% of male high school students nationwide.

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- In 2013, 51.7% of LGB high school students and 36.3% of heterosexual high school students in Wisconsin reported not using a condom during their last sexual intercourse. There is no comparable nationwide data for 2013. However, in 2015, 52.5% of LGB high school students and 42.2% of heterosexual high school students nationwide reported not using a condom during their last sexual intercourse.
- In 2013, 35.5% of white high school students in Wisconsin reported not using a condom during their last sexual intercourse, compared to 42.9% of white high school students nationwide.

### Reported not using any method to prevent pregnancy during last sexual intercourse

- In 2013, 10.3% of female high school students and 11.1% of male high school students in Wisconsin reported not using any method to prevent pregnancy during their last sexual intercourse, compared to 15.7% of female high school students and 11.5% of male high school students nationwide.
- In 2013, 33.1% of LGB high school students and 8.5% of heterosexual high school students in Wisconsin reported not using any method to prevent pregnancy during their last sexual intercourse. There is no comparable nationwide data for 2013. However, in 2015, 26.4% of LGB high school students and 12.4% of heterosexual high school students nationwide reported not using any method to prevent pregnancy during their last sexual intercourse.
- In 2013, 5.9% of white high school students in Wisconsin reported not using any method to prevent pregnancy during their last sexual intercourse, compared to 11.1% of white high school students nationwide.

### Reported having had drunk alcohol or used drugs during last sexual intercourse<sup>2</sup>

- In 2013, 15.5% of female high school students and 29.5% of male high school students in Wisconsin reported having had drunk alcohol or used drugs during their last sexual intercourse, compared to 19.3% of female high school students and 25.9% of male high school students nationwide.
- In 2013, 34.3% of LGB high school students and 20.2% of heterosexual high school students in Wisconsin reported having had drunk alcohol or used drugs during their last sexual intercourse.
- In 2013, 19.7% of white high school students in Wisconsin reported having had drunk alcohol or used drugs during their last sexual intercourse, compared to 21.3% of white high school students nationwide.

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### Reported experiencing physical dating violence

- In 2013, 10.3% of female high school students and 6.7% of male high school students in Wisconsin reported experiencing physical dating violence in the prior year, compared to 13.0% of female high school students and 7.4% of male high school students nationwide.
- In 2013, 29.4% of LGB high school students, 10.5% of high school students who were unsure of their sexual orientation, and 6.9% of heterosexual high school students in Wisconsin reported experiencing physical dating violence in the prior year. There is no comparable nationwide data for 2013. However, in 2015, 17.5% of LGB high school students, 24.5% of high school students who were unsure of their sexual orientation, and 8.3% of heterosexual high school students nationwide reported experiencing physical dating violence.
- In 2013, 13.3% of black high school students, 6.9% of Hispanic high school students, and 7.3% of white high school students in Wisconsin reported experiencing physical dating violence in the prior year, compared to 10.3% of black high school students, 10.4% of Hispanic high school students, and 9.7% of white high school students nationwide.

### Reported experiencing sexual dating violence

- In 2013, 15.7% of female high school students and 4.0% of male high school students in Wisconsin reported experiencing sexual dating violence in the prior year, compared to 14.4% of female high school students and 6.2% of male high school students nationwide.
- In 2013, 37.2% of LGB high school students, 11.7% of high school students who were unsure of their sexual orientation, and 8.0% of heterosexual high school students in Wisconsin reported experiencing sexual dating violence in the prior year. There is no comparable nationwide data for 2013. However, in 2015, 22.7% of LGB high school students, 23.8% of high school students who were unsure of their sexual orientation, and 9.1% of heterosexual high school students nationwide reported experiencing sexual dating violence.
- In 2013, 10.4% of Hispanic high school students and 8.8% of white high school students in Wisconsin reported experiencing sexual dating violence in the prior year, compared to 11.5% of Hispanic high school students and 9.8% of white high school students nationwide.

Visit the CDC [Youth Online](#) database for additional information on youth risk behaviors in Wisconsin and in the city of Milwaukee.

### **WISCONSIN SCHOOL HEALTH PROFILES DATA<sup>10</sup>**

In 2015, the CDC released the School Health Profiles, which measures school health policies and practices and highlights which health topics were taught in schools across the country. Since the data was collected from self-administered questionnaires completed by schools' principals and lead health education teachers, the CDC notes that one limitation of the School Health Profiles is bias toward the



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reporting of more positive policies and practices.<sup>11</sup> In the School Health Profiles, the CDC identifies 16 sexual education topics that it believes are critical to a young person's sexual health. Below are key instruction highlights for secondary schools in Wisconsin as reported for the 2013–2014 school year.

### 16 CRITICAL SEXUAL EDUCATION TOPICS IDENTIFIED BY THE CDC

- 1) How to create and sustain healthy and respectful relationships
- 2) Influences of family, peers, media, technology, and other factors on sexual risk behavior
- 3) Benefits of being sexually abstinent
- 4) Efficacy of condoms
- 5) Importance of using condoms consistently and correctly
- 6) Importance of using a condom at the same time as another form of contraception to prevent both STDs and pregnancy
- 7) How to obtain condoms
- 8) How to correctly use a condom
- 9) Communication and negotiation skills
- 10) Goal-setting and decision-making skills
- 11) How HIV and other STDs are transmitted
- 12) Health consequences of HIV, other STDs, and pregnancy
- 13) Influencing and supporting others to avoid or reduce sexual risk behaviors
- 14) Importance of limiting the number of sexual partners
- 15) How to access valid and reliable information, products, and services related to HIV, STDs, and pregnancy
- 16) Preventive care that is necessary to maintain reproductive and sexual health.

*Source: School Health Profiles, 2014*

#### Reported teaching all 16 critical sexual health education topics

- 23.9% of Wisconsin secondary schools taught students all 16 critical sexual health education topics in a required course in any of grades 6, 7, or 8.<sup>12</sup>
- 54.1% of Wisconsin secondary schools taught students all 16 critical sexual health education topics in a required course in any of grades 9, 10, 11, or 12.<sup>13</sup>

#### Reported teaching about the benefits of being sexually abstinent

- 91.8% of Wisconsin secondary schools taught students about the benefits of being sexually abstinent in a required course in any of grades 6, 7, or 8.<sup>14</sup>
- 94.2% of Wisconsin secondary schools taught students about the benefits of being sexually abstinent in a required course in any of grades 9, 10, 11, or 12.<sup>15</sup>

#### Reported teaching how to access valid and reliable information, products, and services related to HIV, other sexually transmitted diseases (STDs), and pregnancy

- 69.6% of Wisconsin secondary schools taught students how to access valid and reliable information, products, and services related to HIV, other STDs, and pregnancy in a required course in any of grades 6, 7, or 8.<sup>16</sup>

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- 90.3% of Wisconsin secondary schools taught students how to access valid and reliable information, products, and services related to HIV, other STDs, and pregnancy in a required course in any of grades 9, 10, 11, or 12.<sup>17</sup>

### Reported teaching how to create and sustain healthy and respectful relationships

- 89.3% of Wisconsin secondary schools taught students how to create and sustain healthy and respectful relationships in a required course in any of grades 6, 7, or 8.<sup>18</sup>
- 93% of Wisconsin secondary schools taught students how to create and sustain healthy and respectful relationships in a required course in any of grades 9, 10, 11, or 12.<sup>19</sup>

### Reported teaching about preventive care that is necessary to maintain reproductive and sexual health

- 69.5% of Wisconsin secondary schools taught students about preventive care that is necessary to maintain reproductive and sexual health in a required course in any of grades 6, 7, or 8.<sup>20</sup>
- 90.8% of Wisconsin secondary schools taught students about preventive care that is necessary to maintain reproductive and sexual health in a required course in any of grades 9, 10, 11, or 12.<sup>21</sup>

### Reported teaching how to correctly use a condom

- 31.2% of Wisconsin secondary schools taught students how to correctly use a condom in a required course in any of grades 6, 7, or 8.<sup>22</sup>
- 63.8% of Wisconsin secondary schools taught students how to correctly use a condom in a required course in any of grades 9, 10, 11, or 12.<sup>23</sup>

### Reported teaching about all seven contraceptives

- 60.1% of Wisconsin secondary schools taught students about all seven contraceptives—birth control pill, patch, ring, and shot; implants; intrauterine device; and emergency contraception—in a required course in any of grades 9, 10, 11, or 12.<sup>24</sup>

### Reported providing curricula or supplementary materials relevant to LGB, transgender, and questioning (LGBTQ) youth

- 36.6% of Wisconsin secondary schools provided students with curricula or supplementary materials that included HIV, STD, or pregnancy prevention information relevant to LGBTQ youth.<sup>25</sup>

Visit the CDC's [School Health Profiles](#) report for additional information on school health policies and practices.



**WISCONSIN TEEN PREGNANCY, HIV/AIDS, AND OTHER STD DATA**

The following data from the CDC and the Guttmacher Institute represent the most recent state-specific statistics documenting teen pregnancy, birth, abortion, HIV/AIDS, and other STDs. For those wishing to support the sexual health and wellbeing of young people, it is important to use the data to advance their access to comprehensive education, resources, and services. However, the data is not intended to be used in a manner that is stigmatizing or shaming: Young people have the right to make informed decisions about their health and wellbeing, but this right must be accompanied by the ability to access and understand all available choices. Therefore, the following data should be used to advance a young person's right to make informed decisions about their body and health.

**Teen Pregnancy, Birth, and Abortion**

- In 2013, Wisconsin had the 45th highest reported teen pregnancy rate in the United States, with a rate of 28 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 43 per 1,000.<sup>26</sup> There were a total of 5,370 pregnancies among young women ages 15–19 reported in Wisconsin in 2013.<sup>27</sup>
- In 2015, Wisconsin had the 41st highest reported teen birth rate in the United States, with a rate of 16.2 births per 1,000 young women ages 15–19, compared to the national rate of 22.3 per 1,000.<sup>28</sup> There were a total of 3,040 live births to young women ages 15–19 reported in Wisconsin in 2015.<sup>29</sup>
- In 2013, Wisconsin had the 39th highest reported teen abortion rate<sup>30</sup> in the United States, with a rate of 5 abortions per 1,000 young women ages 15–19, compared to the national rate of 11 per 1,000.<sup>31</sup> There were a total of 850 abortions among young women ages 15–19 reported in Wisconsin in 2013.<sup>32</sup>

**HIV and AIDS**

- In 2015, the reported rate of diagnoses of HIV infection among adolescents ages 13–19 in Wisconsin was 2.1 per 100,000, compared to the national rate of 5.8 per 100,000.<sup>33</sup>
- In 2015, the reported rate of AIDS diagnoses among adolescents ages 13–19 in Wisconsin was 0.4 per 100,000, compared to the national rate of 0.7 per 100,000.<sup>34</sup>
- In 2015, the reported rate of diagnoses of HIV infection among young adults ages 20–24 in Wisconsin was 11.5 per 100,000, compared to the national rate of 31.1 per 100,000.<sup>35</sup>
- In 2015, the reported rate of AIDS diagnoses among young adults ages 20–24 in Wisconsin was 1.7 per 100,000, compared to the national rate of 5.6 per 100,000.<sup>36</sup>

**STDs**

- In 2015, Wisconsin had the 24th highest rate of reported cases of chlamydia among young people ages 15–19 in the United States, with an infection rate of 1,765.8 cases per 100,000,

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compared to the national rate of 1,857.8 per 100,000. In 2015, there were a total of 6,760 cases of chlamydia among young people ages 15–19 reported in Wisconsin.<sup>37</sup>

- In 2015, Wisconsin had the 17th highest rate of reported cases of gonorrhea among young people ages 15–19 in the United States, with an infection rate of 348.2 cases per 100,000, compared to the national rate of 341.8 per 100,000. In 2015, there were a total of 1,333 cases of gonorrhea among young people ages 15–19 reported in Wisconsin.<sup>38</sup>
- In 2015, Wisconsin had the 44th highest rate of reported cases of primary and secondary syphilis among young people ages 15–19 in the United States, with an infection rate of 1.3 cases per 100,000, compared to the national rate of 5.4 per 100,000. In 2015, there were a total of 5 cases of syphilis reported among young people ages 15–19 in Wisconsin.<sup>39</sup>

Visit the Office of Adolescent Health’s (OAH) [Wisconsin Adolescent Health Facts](#) for additional information.

**FEDERAL FUNDING FOR SEXUALITY EDUCATION, UNINTENDED TEEN PREGNANCY, HIV AND OTHER STD PREVENTION, AND ABSTINENCE-ONLY-UNTIL-MARRIAGE (AOUM) PROGRAMS**

**FISCAL YEAR 2017 FEDERAL FUNDING IN WISCONSIN**

Grantee	Award
<b>Division of Adolescent and School Health (DASH)</b>	
Wisconsin Department of Public Instruction	\$415,000
<b>TOTAL</b>	<b>\$415,000</b>
<b>Teen Pregnancy Prevention Program (TPPP)</b>	
TPPP Tier 1B	
Boys & Girls Clubs of Greater Milwaukee	\$1,198,969
<b>TOTAL</b>	<b>\$1,198,969</b>
<b>Personal Responsibility Education Program (PREP)</b>	
PREP State-Grant Program	
Wisconsin Department of Health Services (federal grant)	\$857,978
<b>TOTAL</b>	<b>\$857,978</b>
Tribal Personal Responsibility Education Program (Tribal PREP)	
Great Lakes Inter-Tribal Council, Inc.	\$353,406
<b>TOTAL</b>	<b>\$353,406</b>
<b>Title V Abstinence-Only-Until-Marriage Program (Title V AOUM)</b>	
Wisconsin Department of Health Services (federal grant)	\$1,012,104

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<b>TOTAL</b>	<b>\$1,012,104</b>
<b>Sexual Risk Avoidance Education (SRAE) Program</b>	
Center for Self-Sufficiency, Inc.	\$449,999
<b>TOTAL</b>	<b>\$449,999</b>
<b>GRAND TOTAL</b>	<b>\$4,287,456</b>

**DIVISION OF ADOLESCENT AND SCHOOL HEALTH**

The CDC’s school-based HIV prevention efforts include funding and technical assistance to state and local education agencies through several funding streams to better student health, implement HIV/STD prevention programs, collect and report data on young people’s risk behaviors, and expand capacity-building partnerships. In FY 2017, through the CDC’s Division of Adolescent and School Health (DASH), 18 state education agencies and 17 school districts received funding to help the districts and schools strengthen student health through exemplary sexual health education (ESHE) that emphasizes HIV and other STD prevention, increases access to key sexual health services (SHS), and establishes safe and supportive environments (SSE) for students and staff. DASH funded six national, non-governmental organizations (NGOs) to help state and local education agencies achieve these goals.

- In FY 2017, there was one DASH grantee in Wisconsin funded to strengthen student health through ESHE, SHS, and SSE (1308 Strategy 2): The Wisconsin Department of Public Instruction (\$320,000).

WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION, \$320,000 (FY 2017)

The Wisconsin Department of Public Instruction assesses school districts’ progress in evaluating, adopting, and implementing sexual health education curricula into their existing human growth & development curricula or programs to strengthen sexual health education. To increase access to sexual health services, the Department identifies youth-friendly community health services and resources and works with young people to provide clinical providers with information on confidentiality and youth-friendliness. The Department plans to provide safe and supportive environments for sexual minority students by providing training in selected school districts.<sup>40</sup>

In addition, DASH funds local education agencies and NGOs to implement multiple program activities to meet the HIV- and other 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.

- In FY 2017, there were no DASH grantees in Wisconsin funded to deliver YMSM programming (1308 Strategy 4).

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 YRBS and School Health Profiles data for policy and program improvements.

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- In FY 2017, there was one DASH grantee in Wisconsin funded to collect and report YRBS and School Health Profiles data (1308 Strategy 1): The Wisconsin Department of Public Instruction (\$95,000).

### **TEEN PREGNANCY PREVENTION PROGRAM (TPPP)**

The OAH, within the U.S. Department of Health and Human Services (HHS), administers TPPP, which funds evidence-based or innovative evidence-informed, medically accurate, and age-appropriate programs to reduce teen pregnancy. In FY 2017, total funding for TPPP was \$101 million, supporting 84 states, cities, non-profit organizations, school districts, universities, community-based organizations, and tribal organizations. These grantees were in year three of five TPPP funding tiers' five-year cooperative agreements in 33 states, the District of Columbia, and the Marshall Islands. In June 2017, however, 81 of the 84 grantees were notified, without cause or explanation, that their project periods were shortened to just three years, to end on June 30, 2018. Since the other three grantees are on a different grant cycle, they had not yet received notice on the status of their funding at the time of publication. OAH provides program support, implementation evaluation, and technical assistance to grantees and receives an additional \$6.8 million in funding for evaluation purposes. Below is information on the five TPPP funding tiers:

Tier 1A: Capacity building to support replication of evidence-based TPP programs.

- In FY 2017, there were no TPPP Tier 1A grantees in Wisconsin.

Tier 1B: Replicating evidence-based TPP programs to scale in communities with the greatest need.

- In FY 2017, there was one TPPP Tier 1B grantee in Wisconsin: The Boys & Girls Clubs of Greater Milwaukee (\$1,198,969).

BOYS & GIRLS CLUBS OF GREATER MILWAUKEE, \$1,198,969 (FY 2017)

The Boys & Girls Clubs of Greater Milwaukee is a youth-serving agency part of the larger Boys & Girls Clubs organization in the country. Their mission is to “inspire and empower all young people to realize their full potential as productive, caring, responsible citizens.”<sup>41</sup> The organization offers after-school and summer programming to young people ages 5-18 and serves the city of Milwaukee.<sup>42</sup> With its TPPP funding, the Boys and Girls Club implements evidence-based teen pregnancy prevention programs with the goal of reducing teen birth rates in six targeted zip codes in Milwaukee. Programming will target young people ages 11–19 using [Making Proud Choices!](#), [Safer Sex Intervention](#), and [Promoting Health Among Teens \(PHAT\) – Comprehensive](#). The Boys and Girls Club of Greater Milwaukee aims to serve 3,000 young people per year.<sup>43</sup>

Tier 2A: Supporting and enabling early innovation to advance adolescent health and prevent teen pregnancy.

- In FY 2017, there were no TPPP Tier 2A grantees in Wisconsin.

Tier 2B: Rigorous evaluation of new or innovative approaches to prevent teen pregnancy.

- In FY 2017, there were no TPPP Tier 2B grantees in Wisconsin.

Tier 2C: Effectiveness of TPP programs designed specifically for young males.

- In FY 2017, there were no TPPP Tier 2C grantees in Wisconsin.

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**PERSONAL RESPONSIBILITY EDUCATION PROGRAM (PREP)**

The Family and Youth Services Bureau (FYSB), within the Administration for Children and Families (ACF) division of HHS, administers PREP, which was authorized for a total of \$75 million in FY 2017 for the state-grant program; local entities through the competitively awarded Personal Responsibility Education Innovative Strategies (PREIS) program; and the Tribal PREP, which funds tribes and tribal organizations. In addition, provisions within the PREP statute enable a competitive application process for community- and faith-based organizations within states and territories that do not directly seek PREP state grants to apply for funding through the Competitive Personal Responsibility Education Program (CPREP).

Similar to other programs highlighted in the State Profiles, the grants for the various PREP programs are awarded throughout the year, with several awarded in the final month of the fiscal year for use and implementation throughout the following year. SIECUS reports on funding amounts appropriated in FY 2017 and any programmatic activities that occurred during FY 2017, or October 1, 2016–September 30, 2017. It is important to remember, however, that reported programmatic activities for this period may have utilized FY 2016 funds. Details on the state grants, PREIS, Tribal PREP, and CPREP are included below. More information and clarification surrounding funding announcements are also included below, as well as in the FY 2017 Executive Summary, [A Portrait of Sexuality Education in the States](#).

PREP State-Grant Program

State-grant PREP supports evidence-based programs that provide young people with medically accurate and age-appropriate information for the prevention of unintended pregnancy, HIV, and other STDs. In FY 2017, 44 states, the District of Columbia, the Federated States of Micronesia, Guam, Puerto Rico, the Republic of Palau, and the Virgin Islands received PREP state-grant 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.

- In FY 2017, the Wisconsin Department of Health Services received \$857,978 in federal PREP funds.<sup>44</sup>
- At the time of publication, information as to Wisconsin’s use of FY 2017 PREP state-grant funds was unknown. The following information reflects implementation of FY 2016 funds during FY 2017.
- The Department provides a sub-grant to the Medical College of Wisconsin to work with six local, community-based agencies. The sub-grantee information is listed below.<sup>45</sup>

Sub-grantee	Serving	Amount
AIDS Resource Center of Wisconsin (Milwaukee)	Milwaukee Public Schools (grades 9-12)	Not reported
AIDS Resource Center of Wisconsin (Green Bay)	Green Bay Public Schools and Ashwaubenon School District (grades 9-12)	Not reported
Community Action Inc. of Rock and Walworth Counties	Beloit School District (grades 8-12)	Not reported

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Neighborhood House	Milwaukee Public Schools, St. Joseph Academy, and Milwaukee Academy of Science (grades 6-12)	Not reported
Racine Family YMCA	Racine Unified School District (grade 9)	Not reported
Silver Spring Neighborhood Center	Milwaukee Public Schools (grades 9-12)	Not reported

The Family Health Section of the Wisconsin Department of Health Services administers the state’s PREP grant by providing funding to six local, community-based organizations. Programming primarily targets young people ages 11–19 and addresses the following adulthood preparation subjects: healthy relationships, financial literacy, parent-child communication, adolescent development, and educational and career success. Sub-grantees implement the following programs: [Making Proud Choices!](#), [Health Improvement Project for Teens \(HIP Teens\)](#), [Be Proud! Be Responsible!](#), or [Street Smart](#).<sup>46</sup>

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, HIV, and other STDs.

- In FY 2017, there were no PREIS grantees in Wisconsin.

Tribal Personal Responsibility Education Program (Tribal PREP)

Tribal PREP supports the development and implementation of pregnancy-, HIV-, and other STD-prevention programs among young people within tribes and tribal communities. Tribal PREP programs target young people ages 10–19 who are in or are aging out of foster care, young people experiencing homelessness, young people living with HIV, young people who live in areas with high rates of adolescent births, and young people under age 21 who are pregnant and/or parenting. In FY 2017, eight tribes and tribal organizations from seven states received a total of \$3,271,693.

- In FY 2017, there was one Tribal PREP grantee in Wisconsin: Great Lakes Inter-Tribal Council, Inc. (\$353,406).<sup>47</sup>

GREAT LAKES INTER-TRIBAL COUNCIL, INC. (GLITC), \$353,406 (FY 2017)

GLITC strives to enhance the quality of life for all Native people by implementing health and human service programs, education programs, and economic development programs.<sup>48</sup> With its Tribal PREP funds, GLITC will implement [Discovery Dating](#) to serve an estimated 270 young American Indian/Native American (AI/NA) people ages 10-19 (or up to 21 if pregnant or parenting) annually.<sup>49</sup> At the time of publication, more information on GLITC’s use of Tribal PREP funds was unknown.

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, and other STDs. Only organizations and institutions in states and territories that did not apply for PREP state grants are eligible to submit competitive applications for CPREP grants. In FY 2017, 21 CPREP grants, totaling \$10.2 million,



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were awarded to 21 organizations in Florida, Indiana, North Dakota, Texas, and Virginia, as well as in American Samoa, Guam, and the Northern Mariana Islands.

- In FY 2017, Wisconsin received PREP state-grant funding; therefore, entities in Wisconsin were not eligible for CPREP.

### **TITLE V “ABSTINENCE EDUCATION” STATE GRANT PROGRAM**

The Title V “abstinence education” state grant program for AOUM programming, or the Title V AOUM program, is administered by FYSB, within ACF of HHS, and was authorized at \$75 million for FY 2017. 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 exclusively promote abstinence from sexual activity and may provide mentoring, counseling, and adult supervision toward this end.<sup>50</sup>

- In FY 2017, the Wisconsin Department of Health Services received \$1,012,104 in federal Title V AOUM funding.<sup>51</sup>
- At the time of publication, information as to sub-grants was unavailable.

The Wisconsin Department of Health Services implements [\*Promoting Health Among Teens-Abstinence Only\*](#) in community-based organizations. It plans to serve approximately 600 young people ages 14-17 in Milwaukee annually.<sup>52</sup>

### **“SEXUAL RISK AVOIDANCE EDUCATION” (SRAE) GRANT PROGRAM**

Administered by FYSB within ACF of HHS, the SRAE program—a rebranding of the competitive AOUM grant program—provides funding for public and private entities for programs that “teach young people to voluntarily refrain from non-marital sexual activity and prevent other youth risk behaviors.” These programs are also required by statute to “teach the benefits associated with self-regulation; success sequencing for poverty prevention; healthy relationships; goal setting and resisting sexual coercion; dating violence; and other youth risk behaviors, such as underage drinking or illicit drug use, without normalizing teen sexual activity.” In FY 2017, \$15 million was appropriated for the SRAE grant program, and \$13.5 million was awarded to 27 grantees in 14 states through a competitive application process.

- In FY 2017, there was one SRAE grantee in Wisconsin: Center for Self-Sufficiency, Inc. (\$449,999).<sup>53</sup>
- At the time of publication, no information as to the Center for Self-Sufficiency, Inc.’s use of SRAE funds was available.

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<sup>1</sup> 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 2017 began on October 1, 2016, and ended on September 30, 2017.

<sup>2</sup> Wis. Stat § 118.019 (2)(a).

<sup>3</sup> Wis. Stat § 118.019(2)(d).

<sup>4</sup> Wis. Stat § 118.019(3), <http://docs.legis.wisconsin.gov/statutes/statutes/118/019>.

<sup>5</sup> Wis. Stat § 118.019(4), <http://docs.legis.wisconsin.gov/statutes/statutes/118/019>.

<sup>6</sup> Wisconsin Standards for Health Education, (Madison, Wisconsin: Wisconsin Department of Public Instruction) <http://dpi.wi.gov/sites/default/files/imce/ca/pdf/health-stds.pdf>.

<sup>7</sup> “Youth Online,” Centers for Disease Control and Prevention, <https://nccd.cdc.gov/youthonline/App/Default.aspx>.

<sup>8</sup> “Methodology of the Youth Risk Behavior Surveillance System – 2013,” pg. 17, Centers for Disease Control and Prevention, [www.cdc.gov/mmwr/pdf/rr/rr6201.pdf](http://www.cdc.gov/mmwr/pdf/rr/rr6201.pdf).

<sup>9</sup> It is critical to examine social determinants when analyzing potentially stigmatizing data. Accounting for differences in people’s lived experiences based on race, ethnicity, sexual orientation, socioeconomic status, etc., is a vital part of understanding the context in which the data exist. We encourage readers to exercise caution when using the data and warn readers against using the data in a manner that conflates correlation with causation. Please visit the FY 2017 Executive Summary, [A Portrait of Sexuality Education in the States](#), for more context.

<sup>10</sup> “School Health Profiles 2014,” Centers for Disease Control and Prevention, <https://nccd.cdc.gov/youthonline/App/Default.aspx>.

<sup>11</sup> *Ibid.*, pg. 51.

<sup>12</sup> *Ibid.*, Table 9c.

<sup>13</sup> *Ibid.*, Table 11c.

<sup>14</sup> *Ibid.*, Table 9a.

<sup>15</sup> *Ibid.*, Table 11a.

<sup>16</sup> *Ibid.*, Table 9a.

<sup>17</sup> *Ibid.*, Table 11a.

<sup>18</sup> *Ibid.*, Table 9b.

<sup>19</sup> *Ibid.*, Table 11b.

<sup>20</sup> *Ibid.*, Table 9b.

<sup>21</sup> *Ibid.*, Table 11b.

<sup>22</sup> *Ibid.*, Table 9c.

<sup>23</sup> *Ibid.*, Table 11c.

<sup>24</sup> *Ibid.*, Table 13.

<sup>25</sup> *Ibid.*, Table 39.

<sup>26</sup> Arpaia, A., Kost, K., and Maddow-Zimet, I., *Pregnancies, Births and Abortions Among Adolescents and Young Women in the United States, 2013: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2017), [https://www.guttmacher.org/sites/default/files/report\\_downloads/us-adolescent-pregnancy-trends-2013\\_tables.pdf](https://www.guttmacher.org/sites/default/files/report_downloads/us-adolescent-pregnancy-trends-2013_tables.pdf), Table 2.5.

<sup>27</sup> *Ibid.*, Table 2.6.

<sup>28</sup> “Teen Birth Rate Comparison, 2015 Among Girls Age 15-19,” The National Campaign to Prevent Teen and Unplanned Pregnancy, <https://thenationalcampaign.org/data/compare/1701>.

<sup>29</sup> United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2007-2015, on CDC WONDER Online Database, February 2017. Accessed at <http://wonder.cdc.gov/nativity-current.html>.

<sup>30</sup> “Abortion” used in this context refers to legally induced abortions. This rate does not include abortions that occur outside of health care facilities or are unreported. Unfortunately, there is no reliable source of information for actual rates of abortion.

<sup>31</sup> Arpaia, A., Kost, K., and Maddow-Zimet, I., *Pregnancies, Births and Abortions Among Adolescents and Young Women in the United States, 2013: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2017), [https://www.guttmacher.org/sites/default/files/report\\_downloads/us-adolescent-pregnancy-trends-2013\\_tables.pdf](https://www.guttmacher.org/sites/default/files/report_downloads/us-adolescent-pregnancy-trends-2013_tables.pdf), Table 2.5.

<sup>32</sup> *Ibid.*, Table 2.6.

<sup>33</sup> Slide 17: “Rates of Diagnoses of HIV Infection among Adolescents Aged 13–19 Years 2015—United States and 6 Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), [www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2015.pdf](http://www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2015.pdf).

<sup>34</sup> Slide 20: “Rates of Diagnosed HIV Infection Classified as Stage 3 (AIDS) among Adolescents Aged 13–19 Years, 2015—United States and 6 Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), [www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2015.pdf](http://www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2015.pdf).

<sup>35</sup> Slide 18: “Rates of Diagnoses of HIV Infection among Young Adults Aged 20–24 Years 2015—United States and 6 Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), [www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2015.pdf](http://www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2015.pdf).

<sup>36</sup> Slide 21: “Rates of Diagnosed HIV Infection Classified as Stage 3 (AIDS) among Young Adults Aged 20–24 Years, 2015—United States and 6 Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), [www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2015.pdf](http://www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2015.pdf).

<sup>37</sup> NCHHSTP Atlas, “STD Surveillance Data” (Atlanta, GA: Centers for Disease Control and Prevention), <http://gis.cdc.gov/GRASP/NCHHSTPAtlas/main.html>.

<sup>38</sup> Ibid.

<sup>39</sup> Ibid.

<sup>40</sup> Centers for Disease Control and Prevention, Adolescent and School Health, Funded State Agencies, Atlanta, GA, [www.cdc.gov/healthyyouth/partners/funded\\_states.htm#wi](http://www.cdc.gov/healthyyouth/partners/funded_states.htm#wi).

<sup>41</sup> “About Us,” Boys & Girls Clubs of Greater Milwaukee, [www.boysgirlsclubs.org/about-us/](http://www.boysgirlsclubs.org/about-us/).

<sup>42</sup> Ibid.

<sup>43</sup> “Boys and Girls Clubs of Greater Milwaukee,” Grantees (WI) – TPP Tier 1B, U.S. Department of Health and Human Services, Office of Adolescent Health, [www.hhs.gov/ash/oah/grants/grantees/tp/1b/boys-girls-clubs-of-greater-milwaukee.html](http://www.hhs.gov/ash/oah/grants/grantees/tp/1b/boys-girls-clubs-of-greater-milwaukee.html).

<sup>44</sup> “2017 State Personal Responsibility Education Program (PREP) Awards,” Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, [www.acf.hhs.gov/fysb/resource/2017-state-prep-awards](http://www.acf.hhs.gov/fysb/resource/2017-state-prep-awards).

<sup>45</sup> Information provided by Amber Arb, School Age and Adolescent Health Consultant, Division of Public Health, Wisconsin Department of Children and Families, April 20, 2017.

<sup>46</sup> Ibid.

<sup>47</sup> “Tribal Personal Responsibility Education Program (PREP) Awards FY2017,” Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, <https://www.acf.hhs.gov/fysb/tribal-prep-awards-fy2017>.

<sup>48</sup> “Home,” Great Lakes Inter-Tribal Council, Inc., [www.glitc.org/index.html](http://www.glitc.org/index.html).

<sup>49</sup> “Tribal Personal Responsibility Education Program (Tribal PREP) Grantee Profiles,” Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, <https://www.acf.hhs.gov/fysb/resource/tribal-prep-profiles>.

<sup>50</sup> 42 U.S.C. 710, Title V, Section 510 of the Social Security Act, the authorization for the Title V AOUM grant program, defines “abstinence education” as “an educational or motivational program which:

- (A) has as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;
- (B) teaches abstinence from sexual activity outside marriage as the expected standard for all school-age children;
- (C) teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems;
- (D) teaches that a mutually faithful monogamous relationship in context of marriage is the expected standard of human sexual activity;
- (E) teaches that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects;
- (F) teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child’s parents, and society;
- (G) teaches young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances; and
- (H) teaches the importance of attaining self-sufficiency before engaging in sexual activity.”

[www.ssa.gov/OP\\_Home/ssact/title05/0510.htm](http://www.ssa.gov/OP_Home/ssact/title05/0510.htm).

<sup>51</sup> “2017 Title V State Abstinence Education Program Grant Awards,” Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, [www.acf.hhs.gov/fysb/resource/2017-aegp-awards](http://www.acf.hhs.gov/fysb/resource/2017-aegp-awards).

<sup>52</sup> “2017 Title V State Abstinence Education Program Grantee Profiles,” Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, <https://www.acf.hhs.gov/fysb/resource/aegp-profiles>.

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<sup>53</sup> “Sexual Risk Avoidance Education (SRAE) Grantees FY2017,” Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, <https://www.acf.hhs.gov/fysb/sexual-risk-avoidance-grantees-fy2017>.