

State Profiles FISCAL YEAR 2016

WISCONSIN

In Fiscal Year 2016,¹ the state of Wisconsin received:

- Division of Adolescent and School Health funds totaling \$415,000
- Personal Responsibility Education Program funds totaling \$932,364

In Fiscal Year 2016, local entities in Wisconsin received:

- Teen Pregnancy Prevention Program funds totaling \$1,198,969
- Tribal Personal Responsibility Education Program funds totaling \$368,279

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;
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.²

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.”³

WISCONSIN

School boards that choose to provide instruction must provide annual notification to parents outlining the curriculum used for their child's particular grade level.⁴ 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.⁵ [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.⁶

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 [SIECUS' 2016 Sex Ed State Legislative Year-End Report: Top Topics and Takeaways](#).

YOUTH SEXUAL HEALTH DATA

The following sexual health behavior and outcome data represent the most recent information available on adolescent sexual health in Wisconsin. 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 can and often do affect an individual's sexual health and wellbeing. Additionally, there are significant limitations as to how and what data are currently collected. Young people are more than outcomes; for advocates, it is important to utilize the data in a manner that tracks our progress and pushes policies forward in a way that respects and supports the dignity of all young lives.

WISCONSIN YOUTH RISK BEHAVIOR SURVEY (YRBS) DATA⁷

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

WISCONSIN

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.

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.

WISCONSIN

- 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 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.

WISCONSIN

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 Centers for Disease Control and Prevention's (CDC) [Youth Online](#) database for additional information on youth risk behaviors in Wisconsin and in the city of Milwaukee.

WISCONSIN TEEN PREGNANCY, HUMAN IMMUNODEFICIENCY VIRUS (HIV)/ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS), AND OTHER STD DATA

Teen Pregnancy, Birth, and Abortion

- In 2011, Wisconsin had the 44th highest teen pregnancy rate in the United States, with a rate of 34 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 52 per 1,000.⁸ There were a total of 6,620 pregnancies among young women ages 15–19 reported in Wisconsin in 2011.⁹
- In 2015, Wisconsin had the 41st highest 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 1,000.¹⁰ There were a total of 3,378 live births to young women ages 15–19 reported in Wisconsin in 2014, the most recent year of available data.¹¹
- In 2011, Wisconsin had the 42nd highest teen abortion rate in the United States, with a rate of 6 abortions per 1,000 young women ages 15–19, compared to the national rate of 14 per 1,000.¹² There were a total of 1,110 abortions among young women ages 15–19 reported in Wisconsin in 2011.¹³

HIV and AIDS

- In 2015, the 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 100,000.¹⁴
- In 2015, the 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 100,000.¹⁵

WISCONSIN

- In 2015, the 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 100,000.¹⁶
- In 2015, the 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 100,000.¹⁷

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, 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.¹⁸
- 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.¹⁹
- 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.²⁰

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 PROGRAMS

FISCAL YEAR 2016 FEDERAL FUNDING IN WISCONSIN

Grantee	Award
Division of Adolescent and School Health (DASH)	
Wisconsin Department of Public Instruction	\$415,000
TOTAL	\$415,000
Teen Pregnancy Prevention Program (TPPP)	
TPPP Tier 1B	
Boys & Girls Clubs of Greater Milwaukee	\$1,198,969
TOTAL	\$1,198,969
Personal Responsibility Education Program (PREP)	
PREP State-Grant Program	
Wisconsin Department of Health Services (federal grant)	\$932,364

WISCONSIN

	TOTAL	\$932,364
Tribal Personal Responsibility Education Program (Tribal PREP)		
Great Lakes Inter-Tribal Council, Inc.		\$368,410
	TOTAL	\$368,410
	GRAND TOTAL	\$2,914,612

DIVISION OF ADOLESCENT AND SCHOOL HEALTH

The Division of Adolescent and School Health (DASH), within the CDC, provides funding 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 2016, DASH provided funding to 18 state and 17 local education agencies to help 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 seven national, non-governmental organizations (NGOs) to help state and local education agencies achieve these goals.

- In FY 2016, 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 2016)

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 youth to provide clinical providers with information on confidentiality and youth-friendliness. The district plans to provide safe and supportive environments for sexual minority students by providing training in selected school districts.²¹

In addition, DASH funds local education agencies and NGOs 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.

- In FY 2016, 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 Youth Risk Behavior Surveillance (YRBS) and School Health Profiles data for policy and program improvements.

- In FY 2016, 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).

WISCONSIN

TEEN PREGNANCY PREVENTION PROGRAM

The Office of Adolescent Health (OAH), within the U.S. Department of Health and Human Services (HHS), administers the Teen Pregnancy Prevention Program (TPPP), which funds evidence-based (or innovative evidence-informed), medically accurate, and age-appropriate programs to reduce teen pregnancy. OAH provides program support, implementation evaluation, and technical assistance to grantees. In FY 2016, total funding for TPPP was \$101 million, with an additional \$6.8 million authorized for evaluation purposes, supporting a total of 84 states, cities, non-profit organizations, school districts, universities, community-based organizations, and tribal organizations that were in year two of five TPPP funding tiers' five-year cooperative agreements in 33 states and territories, including the District of Columbia and the Marshall Islands. OAH provides program support, implementation evaluation, and technical assistance to grantees and receives an additional \$6.8 million in funding for evaluation purposes. There are five TPPP funding tiers:

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

- In FY 2016, 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 2016, 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 2016)

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.”²² The organization offers after-school and summer programming to young people ages 5-18 and serves the city of Milwaukee.²³ With its TPPP funding, the Boys and Girls Club will partner with Community Advocates, Milwaukee Public Schools, and United Way of Greater Milwaukee and Waukesha County to implement evidence-based teen pregnancy prevention programs. Programming will target young people ages 11–19 in seven high schools, 20 middle schools, nine after-school sites, and one jail in six target zip codes in Milwaukee, Wisconsin. Curricula used will include [Making Proud Choices!](#) and [Promoting Health Among Teens \(PHAT\) – Comprehensive](#). The Boys and Girls Club of Greater Milwaukee aims to serve 3,000 young people per year.²⁴

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

- In FY 2016, there were no TPPP Tier 2A grantees in Wisconsin.

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

- In FY 2016, there were no TPPP Tier 2B grantees in Wisconsin.

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

- In FY 2016, there were no TPPP Tier 2C grantees in Wisconsin.

PERSONAL RESPONSIBILITY EDUCATION PROGRAM

The Family and Youth Services Bureau (FYSB), within the Administration for Children and Families (ACF) division of HHS, administers the Personal Responsibility Education Program (PREP), which includes \$75 million 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

WISCONSIN

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. Details on the state grants, PREIS, Tribal PREP, and CPREP are included below.

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/AIDS, and other STDs. In FY 2016, 43 states, the District of Columbia, the Federated States of Micronesia, Guam, Puerto Rico, and the Virgin Islands received PREP state-grant funds. The grant does not require states to provide matching funds. Funded programs must discuss abstinence and contraception and place substantial emphasis on both. Programs must also address at least three of the following adulthood preparation subjects: healthy relationships, positive adolescent development, financial literacy, parent-child communication skills, education and employment skills, and healthy life skills.

- In FY 2016, the Wisconsin Department of Health Services received \$932,364 in federal PREP funds.²⁵
- The agency 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.²⁶

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
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*](#).²⁷

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.

WISCONSIN

- In FY 2016, there were no PREIS grantees in Wisconsin.

Tribal Personal Responsibility Education Program (Tribal PREP)

Tribal PREP supports the development and implementation of 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, young people experiencing homelessness, young people living with HIV/AIDS, 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 2016, eight tribes and tribal organizations from seven states received a total of \$3,436,621.

- In FY 2016, there was one Tribal PREP grantee in Wisconsin: Great Lakes Inter-Tribal Council, Inc. (\$368,410).

GREAT LAKES INTER-TRIBAL COUNCIL, INC., \$368,410 (FY 2016)

The Great Lakes Inter-Tribal Council, Inc., (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.²⁸ 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.²⁹ 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/AIDS, and other STDs. Only organizations and institutions in states and territories that did not apply for PREP state grants in either of the first two fiscal years after the call for PREP state-grant applications were eligible to submit competitive applications for CPREP grants. In FY 2016, 21 CPREP grants, totaling \$10.3 million, 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 2016, Wisconsin received PREP state-grant funding; therefore, entities in Wisconsin were not eligible for CPREP.

TITLE V STATE ABSTINENCE EDUCATION GRANT PROGRAM

The Title V state abstinence education grant program for abstinence-only-until-marriage (AOUM) programming, or the Title V AOUM program, is administered by FYSB, within ACF of HHS, and was funded at \$75 million in FY 2016. 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. Programs must be medically accurate and age-appropriate and must encourage abstinence as an expected outcome.

- In FY 2016, Wisconsin chose not to apply for Title V AOUM funds.

“SEXUAL RISK AVOIDANCE EDUCATION” GRANT PROGRAM

Administered by FYSB within ACF of HHS, the “sexual risk avoidance education” (SRAE), i.e., the AOUM grant program, provides competitive funding 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

WISCONSIN

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 2016, \$10 million was appropriated for the SRAE grant program and \$8.98 million was awarded to 21 grantees in 12 states through a competitive application process.

- In FY 2016, there were no SRAE grantees in Wisconsin.

POINTS OF CONTACT

DASH Contact

Molly Herrmann
Program Manager
Wisconsin Department of Public Instruction
125 S. Webster Street
Madison WI 53703
Phone: (608) 264-9550
Email: Molly.Herrmann@dpi.wi.gov

TPPP Contact

Rodney Wilson
Boys & Girls Clubs of Greater Milwaukee
Phone: (414) 267-8113
Email: RodneyW@boysgirlsclubs.org

PREP State-Grant Program Contact

Amber Arb, MS
Adolescent Health Consultant and RPE Director
Bureau of Community Health Promotion
Division of Public Health
Wisconsin Department of Children and Families
1 West Wilson Street, Room 233
Madison, WI 53703
Phone: (608) 266-1049
Email: Amber.Arb@wisconsin.gov

Tribal PREP Program Contacts

Lori Hunter
Great Lakes Inter-Tribal Council, Inc.
Lac du Flambeau, WI
Phone: (715) 588-1027
Email: lhunter@glitc.org

Lindsay Weymouth, Evaluator
University of Wisconsin
Lac du Flambeau, WI

WISCONSIN

Phone: (608) 265-4509

Email: weymouth@wisc.edu

Title V AOUM Program Contact

Yolanda D. Shelton-Morris

Email: yolandad.sheltonmorris@wisconsin.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 2016 began on October 1, 2015, and ended on September 30, 2016.

² Wis. Stat § 118.019 (2) (a).

³ Wis. Stat § 118.019(2)(d).

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

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

⁶ 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>.

⁷ “High School YRBS,” Centers for Disease Control and Prevention, <https://nccd.cdc.gov/youthonline/App/Default.aspx>.

⁸ Kost, K., and Maddow-Zimet, I., *U.S. Teenage Pregnancies, Births, and Abortions, 2011: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2014), www.guttmacher.org/sites/default/files/report_pdf/us-teen-pregnancy-state-trends-2011_4.pdf, Table 1.1.

⁹ Ibid., Table 1.2.

¹⁰ “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>.

¹¹ “Teen Births in Wisconsin, Girls 15-19,” The National Campaign to Prevent Teen and Unplanned Pregnancy, <https://thenationalcampaign.org/data/state/Wisconsin>.

¹² Kost, K., and Maddow-Zimet, I., *U.S. Teenage Pregnancies, Births, and Abortions, 2011: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2014), www.guttmacher.org/sites/default/files/report_pdf/us-teen-pregnancy-state-trends-2011_4.pdf, Table 1.1.

¹³ Ibid., Table 1.2.

¹⁴ 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.

¹⁵ 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.

¹⁶ 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.

¹⁷ 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.

¹⁸ NCHHSTP Atlas, “STD Surveillance Data” (Atlanta, GA: Centers for Disease Control and Prevention), <http://gis.cdc.gov/GRASP/NCHHSTPAtlas/main.html>.

¹⁹ Ibid.

²⁰ Ibid.

²¹ Centers for Disease Control and Prevention, Adolescent and School Health, Funded State Agencies, Atlanta, GA, www.cdc.gov/healthyyouth/partners/funded_states.htm#wi.

²² “About Us,” Boys & Girls Clubs of Greater Milwaukee, www.boysgirlsclubs.org/about-us/.

²³ Ibid.

²⁴ “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.

²⁵ “2016 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/2016-state-prep-awards.

WISCONSIN

²⁶ Information provided by Amber Arb, School Age and Adolescent Health Consultant, Division of Public Health, Wisconsin Department of Children and Families, April 20, 2017.

²⁷ Ibid.

²⁸ “Home,” Great Lakes Inter-Tribal Council, Inc., www.glitc.org/index.html.

²⁹ “Tribal Personal Responsibility Education Program Grantee Profiles,” Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, April 20, 2017.