

State Profiles FISCAL YEAR 2016

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

- Division of Adolescent and School Health funds totaling \$15,000
- Personal Responsibility Education Program funds totaling \$250,000

SEXUALITY EDUCATION LAW AND POLICY

STATE LAW

Wyoming statute ([§ 21-9-101](#)) requires each school district within the state to provide education in accordance with uniform standards and rules and regulations promulgated by the state board. On November 14, 2016, through authority granted in Wyoming Statute §21-2-304, the [Wyoming Content and Performance Standards](#) became an effective rule, which includes the standards required for graduation.²

STATE STANDARDS

In the [Wyoming Health Education Content and Performance Standards](#),³ “sexuality” is defined as “the sum of the physical, functional, and psychological attributes that are expressed by one’s gender identity and sexual behavior; includes accurate, factual, and developmentally appropriate information on sexuality, pregnancy prevention, and sexually transmitted infections such as human immunodeficiency virus (HIV) infection and acquired immunodeficiency syndrome (AIDS).”⁴ References to sexuality education exist throughout benchmark standards, but there is no specific curricula indicated. 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.”⁵

This educational program should:

- be taught at every level, grades K–12;
- use methods demonstrated by sound research to be effective;
- be consistent with community standards;
- follow content guidelines prepared by the Centers for Disease Control and Prevention (CDC);
- be appropriate to students’ developmental levels, behaviors, and cultural backgrounds;
- build knowledge and skills from year to year;
- stress the benefits of abstinence from sexual activity, alcohol, and other drug use;
- include accurate information on reducing the risk of HIV infection;
- address students’ own concerns;
- include means for evaluation;

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- 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.⁶

The state does not recommend a specific curriculum. School districts are encouraged to “organize a health advisory council” composed 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.”⁷ In addition, materials for HIV/AIDS and health education approved by the Department of Education are available at no cost to schools.⁸ 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).⁹ 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.¹⁰ This is referred to as an “[opt-out](#)” policy.

STATE LEGISLATIVE SESSION ACTIVITY

SIECUS tracks all state legislative session activity in our state legislative mid-year and year-end 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 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 Wyoming. 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.

WYOMING YOUTH RISK BEHAVIOR SURVEY (YRBS) DATA^{11, 12}

Reported ever having had sexual intercourse

- In 2015, 42.5% of female high school students and 41.3% of male high school students in Wyoming reported ever having had sexual intercourse, compared to 39.2% of female high school students and 43.2% of male high school students nationwide.
- In 2015, 65.1% of lesbian, gay, or bisexual (LGB) high school students, 39.0% of high school students who were unsure of their sexual orientation, and 40.3% of heterosexual high school students in Wyoming reported ever having had sexual intercourse, compared to 50.8% of LGB

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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.

- In 2015, 59.2% of American Indian/Alaska Native (AI/AN) high school students, 47.5% of Hispanic high school students, 39.8% of white high school students, and 45.4% of high school students who identified with multiple races in Wyoming reported ever having had sexual intercourse, compared to 39.1% of AI/AN high school students, 42.5% of Hispanic high school students, 39.9% of white high school students, and 49.2% of high school students who identified with multiple races nationwide.

Reported having had sexual intercourse before age 13

- In 2015, 3.1% of female high school students and 4.7% of male high school students in Wyoming reported having had sexual intercourse before age 13, compared to 2.2% of female high school students and 5.6% of male high school students nationwide.
- In 2015, 14.0% of LGB high school students, 10.9% of high school students who were unsure of their sexual orientation, and 2.9% of heterosexual high school students in Wyoming reported having had sexual intercourse before age 13, compared to 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.
- In 2015, 5.5% of AI/AN high school students, 6.4% of Hispanic high school students, 3.2% of white high school students, and 6.4% of high school students who identified with multiple races in Wyoming reported having had sexual intercourse before age 13, compared to 1.8% of AI/AN high school students, 5.0% of Hispanic high school students, 2.5% of white high school students, and 5.8% of high school students who identified with multiple races nationwide.

Reported being currently sexually active

- In 2015, 33.7% of female high school students and 29.1% of male high school students in Wyoming reported being currently sexually active, compared to 29.8% of female high school students and 30.3% of male high school students nationwide.
- In 2015, 43.2% of LGB high school students, 23.4% of high school students who were unsure of their sexual orientation, and 30.8% of heterosexual high school students in Wyoming reported being currently sexually active, compared to 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.
- In 2015, 31.5% of AI/AN high school students, 39.4% of Hispanic high school students, 30.0% of white high school students, and 17.1% of high school students who identified with multiple races in Wyoming reported being currently sexually active, compared to 31.5% of AI/AN high school students, 30.3% of Hispanic high school students, 30.3% of white high school students, and 35.7% of high school students who identified with multiple races nationwide.

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Reported not using a condom during last sexual intercourse

- In 2015, 51.7% of female high school students and 42% of male high school students in Wyoming reported not using a condom during their last sexual intercourse, compared to 48% of female high school students and 38.5% of male high school students nationwide.
- In 2015, 72.4% of LGB high school students and 44.8% of heterosexual high school students in Wyoming reported not using a condom during their last sexual intercourse, compared to 52.5% of LGB high school students and 42.2% of heterosexual high school students nationwide.
- In 2015, 48.1% of Hispanic high school students and 45.2% of white high school students in Wyoming reported not using a condom during their last sexual intercourse, compared to 44.4% of Hispanic high school students and 43.2% of white high school students nationwide.

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

- In 2015, 12.9% of female high school students and 14.1% of male high school students in Wyoming reported not using any method to prevent pregnancy during their last sexual intercourse, compared to 15.2% of female high school students and 12.2% of male high school students nationwide.
- In 2015, 31.4% of LGB high school students and 11.6% of heterosexual high school students in Wyoming reported not using any method to prevent pregnancy during their last sexual intercourse, compared to 26.4% of LGB high school students and 12.4% of heterosexual high school students nationwide.
- In 2015, 12.3% of Hispanic high school students and 11.9% of white high school students in Wyoming reported not using any method to prevent pregnancy during their last sexual intercourse, compared to 20.0% of Hispanic high school students and 10.4% of white high school students nationwide.

Reported never having been tested for HIV

- In 2015, 87.4% of female high school students and 89.9% of male high school students in Wyoming reported never having been tested for HIV, compared to 88.9% of female high school students and 90.7% of male high school students nationwide.
- In 2015, 74.3% of LGB high school students, 87.9% of high school students who were unsure of their sexual orientation, and 89.7% of heterosexual high school students in Wyoming reported never having been tested for HIV, compared to 81.8% of LGB high school students, 87.2% of high school students who were unsure of their sexual orientation, and 90.7% of heterosexual high school students nationwide.
- In 2015, 88.4% of AI/AN high school students, 86.4% of Hispanic high school students, 89.5% of white high school students, and 84.5% of high school students who identified with multiple

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racers in Wyoming reported never having been tested for HIV, compared to 88.6% of AI/AN high school students, 88.9% of Hispanic high school students, 92.0% of white high school students, and 86.6% of high school students who identified with multiple races nationwide.

Reported having been physically forced to have sexual intercourse

- In 2015, 13.2% of female high school students and 6.8% of male high school students in Wyoming reported having been physically forced to have sexual intercourse, compared to 10.3% of female high school students and 3.1% of male high school students nationwide.
- In 2015, 12.3% of LGB high school students, 20.9% of high school students who were unsure of their sexual orientation, and 7.5% of heterosexual high school students in Wyoming reported having been physically forced to have sexual intercourse, compared to 17.8% of LGB high school students, 12.6% of high school students who were unsure of their sexual orientation, and 5.4% of heterosexual high school students nationwide.
- In 2015, 9.2% of AI/AN high school students, 13.0% of Hispanic high school students, 8.6% of white high school students, and 24.1% of high school students who identified with multiple races in Wyoming reported having been physically forced to have sexual intercourse, compared to 6.6% of AI/AN high school students, 7.0% of Hispanic high school students, 6.0% of white high school students, and 12.1% of high school students who identified with multiple races nationwide.

Reported experiencing physical dating violence

- In 2015, 9.9% of female high school students and 8.1% of male high school students in Wyoming reported experiencing physical dating violence in the prior year, compared to 11.7% of female high school students and 7.4% of male high school students nationwide.
- In 2015, 23.5% of LGB high school students, 20.7% of high school students who were unsure of their sexual orientation, and 7.5% of heterosexual high school students in Wyoming reported experiencing physical dating violence in the prior year, compared to 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.
- In 2015, 12.9% of Hispanic high school students and 7.3% of white high school students in Wyoming reported experiencing physical dating violence in the prior year, compared to 9.7% of Hispanic high school students and 9.0% of white high school students nationwide.

Reported experiencing sexual dating violence

- In 2015, 10.7% of female high school students and 5.1% of male high school students in Wyoming reported experiencing sexual dating violence in the prior year, compared to 15.6% of female high school students and 5.4% of male high school students nationwide.

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- In 2015, 17.2% of LGB high school students, 16.3% of high school students who were unsure of their sexual orientation, and 6.9% of heterosexual high school students in Wyoming reported experiencing sexual dating violence in the prior year, compared to 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.
- In 2015, 10.7% of Hispanic high school students and 6.2% of white high school students in Wyoming reported experiencing sexual dating violence in the prior year, compared to 10.6% of Hispanic high school students and 10.1% of white high school students nationwide.

Visit the Centers for Disease Control and Prevention's (CDC) [Youth Online](#) database and [Health Risks Among Sexual Minority Youth](#) report for additional information on sexual behaviors.

WYOMING TEEN PREGNANCY, HIV/AIDS, AND OTHER SEXUALLY TRANSMITTED DISEASE (STD) DATA

Teen Pregnancy, Birth, and Abortion

- In 2011, Wyoming had the 23rd highest teen pregnancy rate in the United States, with a rate of 52 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 52 per 1,000.¹³ There were a total of 920 pregnancies among young women ages 15–19 in Wyoming in 2011.¹⁴
- In 2015, Wyoming had the 12th highest teen birth rate in the United States, with a rate of 29.2 births per 1,000 young women ages 15–19, compared to the national rate of 22.3 per 1,000.¹⁵ There were a total of 545 live births to young women ages 15–19 reported in Wyoming in 2014, the most recent year of available data.¹⁶
- In 2011, Wyoming had the 29th highest teen abortion rate in the United States, with a rate of 9 abortions per 1,000 young women ages 15–19, compared to the national rate of 14 per 1,000.¹⁷ There were a total of 160 abortions among young women ages 15–19 reported in Wyoming in 2011.¹⁸

HIV and AIDS

- In 2015, the rate of diagnoses of HIV infection among adolescents ages 13–19 in Wyoming was 2.0 per 100,000, compared to the national rate of 5.8 per 100,000.¹⁹
- In 2015, the rate of AIDS diagnoses among adolescents ages 13–19 in Wyoming was 0.0 per 100,000, compared to the national rate of 0.7 per 100,000.²⁰
- In 2015, the rate of diagnoses of HIV infection among young adults ages 20–24 in Wyoming was 9.5 per 100,000, compared to the national rate of 31.1 per 100,000.²¹
- In 2015, the rate of AIDS diagnoses among young adults ages 20–24 in Wyoming was 2.4 per 100,000, compared to the national rate of 5.6 per 100,000.²²

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STDs

- In 2015, Wyoming had the 35th highest rate of reported cases of chlamydia among young people ages 15–19 in the United States, with an infection rate of 1,574.6 cases per 100,000, compared to the national rate of 1,857.8 per 100,000. In 2015, there were a total of 592 cases of chlamydia among young people ages 15–19 reported in Wyoming.²³
- In 2015, Wyoming had the 44th highest rate of reported cases of gonorrhea among young people ages 15–19 in the United States, with an infection rate of 95.7 cases per 100,000, compared to the national rate of 341.8 per 100,000. In 2015, there were a total of 36 cases of gonorrhea among young people ages 15–19 reported in Wyoming.²⁴
- In 2015, Wyoming had the 49th 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 0.0 cases per 100,000, compared to the national rate of 5.4 per 100,000. In 2015, there were 0 cases of syphilis reported among young people ages 15–19 in Wyoming.²⁵

Visit the Office of Adolescent Health’s (OAH) [Wyoming 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 WYOMING

Grantee	Award
Division of Adolescent and School Health (DASH)	
Wyoming Department of Education	\$15,000
TOTAL	\$15,000
Personal Responsibility Education Program (PREP)	
PREP State-Grant Program	
Wyoming Department of Health (federal grant)	\$250,000
TOTAL	\$250,000
GRAND TOTAL	\$265,000

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

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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 were no DASH grantees in Wyoming funded to strengthen student health through ESHE, SHS, and SSE (1308 Strategy 2).

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 Wyoming 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 Wyoming funded to collect and report YRBS and School Health Profiles data (1308 Strategy 1): The Wyoming Department of Education (\$15,000).

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.

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

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

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

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

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- In FY 2016, there were no TPPP grantees in Wyoming.

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 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 Wyoming Department of Health received \$250,000 in federal PREP funds.²⁶

The Wyoming state PREP grant is administered by the Wyoming Department of Health and managed collaboratively between the Communicable Disease and Adolescent Health programs. The Wyoming PREP grant program is implemented in both school- and community-based settings statewide. The program targets adolescents between the ages of 15 and 19 years, with a special outreach focus on foster youth and youth with developmental disabilities, while school-based programming is targeted at ninth grade.²⁷ The program will use the [Reducing the Risk](#) and [Making Proud Choices!](#) curricula and will address adolescent development, parent-child communication, and healthy relationships. An estimated 1,000 young people are served annually in Fremont County, Teton County, and Sweetwater County.²⁸ At the time of publication, more information on sub-grantees was unknown.

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.

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

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

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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 were no Tribal PREP grantees in Wyoming.

Competitive Personal Responsibility Education Program (CPREP)

CPREP grants support evidence-based programs that provide young people with medically accurate and age-appropriate information for the prevention of unintended pregnancy, HIV/AIDS, and other STDs. 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, Wyoming received PREP state-grant funding; therefore, local entities in Wyoming were not eligible for CPREP.

TITLE V STATE ABSTINENCE EDUCATION GRANT PROGRAM

The Title V state abstinence education grant program for 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, Wyoming 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 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 Wyoming.

POINTS OF CONTACT

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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 Wyo. Admin. R. & Regs., Wyoming Department of Education, Wyoming Content and Performance Standards, Chapter 10, <https://rules.wyo.gov/Search.aspx>.

³ WY. Stat. § 21-9-101, <http://legisweb.state.wy.us/statutes/statutes.aspx?file=titles/Title21/T21CH9AR1.htm>.

⁴ Wyoming Health Education, Content and Performance Standards, <https://edu.wyoming.gov/downloads/standards/final-2012-health-standardsb.pdf>.

⁵ *HIV/AIDS Model Policy for Wyoming Public Schools* (Cheyenne, WY; Wyoming Department of Education, 1998), <http://search.library.wisc.edu/catalog/ocm48204347>.

⁶ *Ibid.*

⁷ *Ibid.*, 14.

⁸ “HIV, STD, & Unintended Pregnancy Prevention,” Wyoming Department of Education, <http://edu.wyoming.gov/in-the-classroom/health-safety/std-pregnancy-prevention>.

⁹ *HIV/AIDS Model Policy for Wyoming Public Schools*, 15.

¹⁰ *Ibid.*, 8.

¹¹ “High School YRBS,” Centers for Disease Control and Prevention, <https://nccd.cdc.gov/youthonline/App/Default.aspx>.

¹² Kann, Laura, et al., “Sexual Identity, Sex of Sexual Contacts, and Health-Related Behaviors Among Students in Grades 9–12 – United States and Selected Cities, 2015,” *Surveillance Summaries*, Vol. 65, No. 9 (August 12, 2016), www.cdc.gov/mmwr/volumes/65/ss/ss6509a1.htm.

¹³ 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.

¹⁴ *Ibid.*, Table 1.2.

¹⁵ “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>.

¹⁶ “Teen Births in Wyoming, Girls 15-19,” The National Campaign to Prevent Teen and Unplanned Pregnancy, <https://thenationalcampaign.org/data/state/wyoming>.

¹⁷ 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.

¹⁸ *Ibid.*, Table 1.2.

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¹⁹ 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.

²⁰ 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.

²¹ 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.

²² 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.

²³ NCHHSTP Atlas, “STD Surveillance Data” (Atlanta, GA: Centers for Disease Control and Prevention), <http://gis.cdc.gov/GRASP/NCHHSTPAtlas/main.html>.

²⁴ Ibid.

²⁵ Ibid.

²⁶ “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.

²⁷ “Key information about Wyoming,” National Campaign to Prevent Teen and Unplanned Pregnancy” https://thenationalcampaign.org/sites/default/files/resource-supporting-download/wy_summary_for_hill.pdf

²⁸ “Personal Responsibility Education Program Grantee Profiles,” Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, March 29, 2017.