

State Profiles **FISCAL YEAR 2016**

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

- **Division of Adolescent and School Health funds totaling \$339,981**
- **Personal Responsibility Education Program funds totaling \$884,189**
- **Title V State Abstinence Education Program funds totaling \$796,021**

In Fiscal Year 2016, local entities in the state of Minnesota received:

- **Teen Pregnancy Prevention Program funds totaling \$1,499,999**

SEXUALITY EDUCATION LAW AND POLICY

STATE LAW

[Minnesota Statutes §§ 120B.20](#) and [121A.23](#) require every school district to develop and implement a comprehensive risk-reduction program “including but not exclusive to human immunodeficiency virus [HIV] and human papilloma virus [HPV].”² While the state has not developed a specific curriculum, each school district must have “a comprehensive, technically accurate, and updated curriculum that includes helping students to abstain from sexual activity until marriage” and must target “adolescents, especially those who may be at high risk of contracting sexually transmitted infections [STIs] and diseases [STDs], for prevention efforts.”³

Minnesota also requires each school district to:

[H]ave a procedure for a parent, guardian, or an adult student, 18 years of age or older, to review the content of the instructional materials to be provided to a minor child or to an adult student and, if the parent, guardian, or adult student objects to the content, to make reasonable arrangements with school personnel for alternative instruction.⁴

[This is referred to as an “opt-out” policy.](#)

STATE STANDARDS

Minnesota’s National Health Education Standards and Minnesota Benchmarks provide guidance for local school district curriculum development. The standards do not mention contraception or condoms, but they briefly discuss HIV transmission.

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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 Minnesota. 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.

MINNESOTA STUDENT SURVEY DATA

- In 2016, 10% of females in grade nine, 35% of females in grade eleven, 13% of males in grade nine, and 36% of males in grade eleven in Minnesota reported having had sexual intercourse.⁵
- In 2016, 55% of females in grade nine, 60% of females in grade eleven, 48% of males in grade nine, and 49% of males in grade eleven in Minnesota reported that condoms were not used to prevent pregnancy during their last intercourse.⁶
- In 2016, 14% of females in grade nine, 7% of females in grade eleven, 14% of males in grade nine, and 8% of males in grade eleven reported that they did not use any method to prevent pregnancy during their last intercourse.⁷
- In 2016, 2% of females in grade eight, 3% of females in grade nine, 6% of females in grade eleven, 3% of males in grade eight, 3% of males in grade nine, and 5% of males in grade eleven in Minnesota reported having been hit, slapped, or physically hurt on purpose by a boyfriend or girlfriend in a dating or serious relationship.⁸
- In 2016, 6% of females in grade nine, 14% of females in grade eleven, 2% of males in grade nine, and 4% of males in grade eleven in Minnesota reported having been pressured into having sex when they did not want to.⁹

Visit Minnesota's [Health Statistics publications](#) for additional information on youth risk behaviors.

MINNESOTA TEEN PREGNANCY, HIV/ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS), AND OTHER STD DATA

Teen Pregnancy, Birth, and Abortion

- In 2011, Minnesota had the 49th highest teen pregnancy rate in the United States, with a rate of 31 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 52 per 1,000.¹⁰

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There were a total of 5,620 pregnancies among young women ages 15–19 reported in Minnesota in 2011.¹¹

- In 2015, Minnesota had the 45th highest teen birth rate in the United States, with a rate of 13.7 births per 1,000 young women ages 15–19, compared to the national rate of 22.3 per 1,000.¹² There were a total of 2,709 live births to young women ages 15–19 reported in Minnesota in 2014, the most recent year of available data.¹³
- In 2011, Minnesota had the 40th highest teen abortion rate in the United States, with a rate of 7 abortions per 1,000 young women ages 15–19, compared to the national rate of 14 per 1,000.¹⁴ There were a total of 1,330 abortions among young women ages 15–19 reported in Minnesota in 2011.¹⁵

HIV and AIDS

- In 2015, the rate of diagnoses of HIV infection among adolescents ages 13–19 in Minnesota was 2.4 per 100,000, compared to the national rate of 5.8 per 100,000.¹⁶
- In 2015, the rate of AIDS diagnoses among adolescents ages 13–19 in Minnesota was 0.2 per 100,000, compared to the national rate of 0.7 per 100,000.¹⁷
- In 2015, the rate of diagnoses of HIV infection among young adults ages 20–24 in Minnesota was 14.5 per 100,000, compared to the national rate of 31.1 per 100,000.¹⁸
- In 2015, the rate of AIDS diagnoses among young adults ages 20–24 in Minnesota was 2.2 per 100,000, compared to the national rate of 5.6 per 100,000.¹⁹

STDs

- In 2015, Minnesota had the 39th highest rate of reported cases of chlamydia among young people ages 15–19 in the United States, with an infection rate of 1,446.1 cases per 100,000, compared to the national rate of 1,857.8 per 100,000. In 2015, there were a total of 5,156 cases of chlamydia among young people ages 15–19 reported in Minnesota.²⁰
- In 2015, Minnesota had the 39th highest rate of reported cases of gonorrhea among young people ages 15–19 in the United States, with an infection rate of 179.5 cases per 100,000, compared to the national rate of 341.8 per 100,000. In 2015, there were a total of 640 cases of gonorrhea among young people ages 15–19 reported in Minnesota.²¹
- In 2015, Minnesota had the 31st 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 2.8 cases per 100,000, compared to the national rate of 5.4 per 100,000. In 2015, there were a total of 10 cases of syphilis reported among young people ages 15–19 in Minnesota.²²

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

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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 MINNESOTA

Grantee	Award
Division of Adolescent and School Health (DASH)	
Minnesota Department of Education	\$339,981
TOTAL	\$339,981
Teen Pregnancy Prevention Program (TPPP)	
TPPP Tier 1B	
County of Hennepin	\$1,499,999
TOTAL	\$1,499,999
Personal Responsibility Education Program (PREP)	
PREP State-Grant Program	
Minnesota Department of Health (federal grant)	\$884,189
TOTAL	\$884,189
Title V Abstinence-Only-Until-Marriage Program (Title V AOUM)	
Minnesota Department of Health (federal grant)	\$796,021
TOTAL	\$796,021
GRAND TOTAL	\$3,520,190

DIVISION OF ADOLESCENT AND SCHOOL HEALTH

The Division of Adolescent and School Health (DASH), within the Centers for Disease Control and Prevention (CDC), provides funding to 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 Minnesota funded to strengthen student health through ESHE, SHS, and SSE (1308 Strategy 2): The Minnesota Department of Education (\$320,000).

MINNESOTA DEPARTMENT OF EDUCATION, \$320,000 (FY 2016)

With its 1308 Strategy 2 funds, the Minnesota Department of Education provides training on CDC's

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[Health Education Curriculum Analysis Tool](#) to assist districts in selecting curricula and help more districts use quality sexual health education programs consistent with community norms. To improve student access, the department works with a consortium of health plans to develop materials about community-based and youth-friendly sexual health services. Additionally, to establish safe and supportive school environments for all young people, the department trains district administrators, teachers, nurses, and other staff on topics such as student-led clubs, bullying and harassment, and school-based celebrations.²³

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 Minnesota 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 Minnesota funded to collect and report School Health Profiles data (1308 Strategy 1): The Minnesota Department of Education (\$19,981). Minnesota does not collect nor report Youth Risk Behavior Survey data.

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 Minnesota.

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 Minnesota: The County of Hennepin (\$1,499,999).

COUNTY OF HENNEPIN, \$1,499,999 (FY 2016)

The Hennepin County Human Services and Public Health Department will implement the county's TPPP

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Tier 1B grant. The grant will be used to fund the *Better Together Hennepin Initiative, It's OUR Future* project. This project aims to use evidence-based programming to reduce teen birth rates among young people ages 10-19 living in the following communities in Hennepin: Brooklyn Center, Central and North Minneapolis, Richfield, and Robbinsdale. Programming will include [*Adult Identity Mentoring \(Project AIM\)*](#), [*Making Proud Choices!*](#), [*All4You!*](#), [*Be Proud! Be Responsible!*](#), [*Reducing the Risk*](#), and [*Safer Sex Initiative \(SSI\)*](#). Better Together Hennepin expects to serve more than 32,000 young people for the duration of the grant.²⁴ Better Together Hennepin began as an initiative to prevent teen pregnancy in 2006. The programming consists of four elements: sex education, high-quality reproductive health care, healthy youth development opportunities, and connections to caring adults. In its eight years, the initiative has achieved a 52% decrease in the teen birth rate and continues to work in high-risk communities.²⁵

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 Minnesota.

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

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

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

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

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 Minnesota Department of Health received \$884,189 in federal PREP funds.²⁶

Sub-grantee	Serving	Amount
Everygreen Youth and Family Services	See narrative below	Not Reported
Face to Face Health & Counseling	See narrative below	Not Reported

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Family Tree Clinic	See narrative below	Not Reported
High School for Recording Arts	See narrative below	Not Reported
myHealth for Teens & Young Adults	See narrative below	Not Reported
Neighborhood House	See narrative below	Not Reported
YWCA of Minneapolis	See narrative below	Not Reported

The Minnesota Department of Health administers the state PREP grant funds. The department provides medically accurate and evidence-based sexual education and supports, trains, and provides technical assistance to community partners. The PREP program targets young people of color and young American Indians; young people in foster care; young people in juvenile detention or on probation; young people in alternative learning centers; young people experiencing homelessness; and lesbian, gay, bisexual, or transgender (LGBT) young people.²⁷ Programming is administered in community-based organizations, juvenile detention centers, local public health agencies, social service agencies, foster care facilities, runaway/homeless youth facilities, tribal governments, and school alternative centers.²⁸ The following adult preparation subjects will be addressed: adolescent development, financial literacy, healthy life skills, and healthy relationships.²⁹ Sub-grantees will use a combination of the following curricula: [*Teen Outreach Program \(TOP\)*](#), [*Making Proud Choices!*](#), [*¡Cuidate!*](#), [*Sexual Health and Adolescent Risk Prevention \(SHARP\)*](#), and [*Safer Sex Intervention \(SSI\)*](#).³⁰

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 Minnesota.

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 were no Tribal PREP grantees in Minnesota.

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, Minnesota received PREP state-grant funding; therefore, entities in Minnesota were not eligible for CPREP.

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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, the Minnesota Department of Health received \$796,021 in federal Title V AOUM funding.³¹
- The department chose to sub-grant the funds to five local entities. The sub-grantee information is listed below.³²
- In Minnesota, the match is provided through a combination of in-kind funds and direct state revenue. Each sub-grantee, except for St. Paul Ramsey County Public Health Department, is required to provide a 75% match for the funds it receives. St. Paul Ramsey County Public Health Department is required to provide a 30% match for the funds it receives.

Sub-grantee	Serving	Amount
Hennepin County Human Services and Public Health Department	Brooklyn Park Charter School and Osseo School in Hennepin County	\$239,012
Inter School District #840 in Watonwan County	St. James, Butterfield, and Madelia Schools and afterschool settings in Watonwan	\$72,927
Westside Community Health Services	St. Paul Public Schools in St. Paul-Ramsey County	\$70,302
Division of Indian Work	Urban and rural Minnesota Tribal communities	\$72,922
St. Paul Ramsey County Public Health Department	St. Paul Charter School and White Bear Lake and Maplewood School Districts in Ramsey County	\$244,000

The Minnesota Title V AOUM program is administered by the Minnesota Department of Health and focuses on healthy youth-development initiatives. Programming is provided in both school- and community-based settings for young people ages 11-14 and their parents. Programming targets young people at high-risk of becoming pregnant or contracting a STD. Sub-contractors must use a curriculum that meets the federal A–H guidelines, and many of them include a parent education or community-youth engagement component. The following curricula have been approved for use: [*Adult Identity Mentoring \(Project AIM\)*](#), [*It's That Easy!*](#), [*Making a Difference!*](#), [*Live it! Youth and Family Component*](#), [*Making Authentic Connections*](#), and [*Teen Outreach Program \(TOP\)*](#).³³

“SEXUAL RISK AVOIDANCE EDUCATION” GRANT PROGRAM

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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 Minnesota.

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 Minn. Stat. § 121A.23, www.revisor.mn.gov/statutes/?id=121A.23.

³ Minn. Stat. §§ 121A.23(2) and (4), www.revisor.mn.gov/statutes/?id=121A.23.

⁴ Minn. Stat. § 120B.20, www.revisor.mn.gov/statutes/?id=120B.20.

⁵ "Regular Public Schools by Gender," 2016 Minnesota Student Survey Statewide Tables, September 2016, Table 47A, page 57, www.health.state.mn.us/divs/chs/mss/statewidetables/StateTablesbyGender16.pdf.

⁶ Ibid, Table 47B, page 58.

⁷ Ibid.

⁸ Ibid., Table 18, page 22.

⁹ Ibid.

¹⁰ 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.

¹¹ Ibid., Table 1.2.

¹² "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>.

¹³ "Teen Births in Minnesota, Girls 15-19," The National Campaign to Prevent Teen and Unplanned Pregnancy, <https://thenationalcampaign.org/data/state/Minnesota>.

¹⁴ 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.

¹⁵ Ibid., Table 1.2.

¹⁶ 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.

¹⁷ 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.

¹⁸ 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.

¹⁹ 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.

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

²¹ Ibid.

²² Ibid.

²³ Centers for Disease Control and Prevention, Adolescent and School Health, Funded State Agencies, Atlanta, GA, www.cdc.gov/healthyyouth/partners/funded_states.htm#mn.

²⁴ "County of Hennepin," Grantees (MN) – TPP Tier 1B, U.S. Department of Health and Human Services, Office of Adolescent Health, www.hhs.gov/ash/oah/grants/grantees/tpp/1b/county-of-hennepin.html.

²⁵ "Better Together Hennepin," Hennepin County Projects and Initiatives, www.hennepin.us/bettertogether.

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 "Target Populations for PREP – Minnesota," Minnesota Department of Health, <http://health.state.mn.us/divs/cfh/program/prep/targetpop.cfm>.

²⁸ "Key Information about Minnesota," The National Campaign to Prevent Teen and Unplanned Pregnancy, https://thenationalcampaign.org/sites/default/files/resource-supporting-download/mn_summary_for_hill.pdf.

²⁹ "PREP Adult Preparation/Life Skills Subjects," Minnesota Department of Health, <http://health.state.mn.us/divs/cfh/program/prep/adultprep.cfm>.

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³⁰ “Minnesota Evidenced-based PREP Curricula,” Minnesota Department of Health, <http://health.state.mn.us/divs/cfh/program/prep/curricula.cfm>.

³¹ “2016 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/2016-title-v-grant-awards.

³² Information provided by Sara Hollie, MPH, Healthy Youth Development Coordinator, Minnesota Department of Health, May 17, 2017.

³³ Ibid.