

State Profiles **FISCAL YEAR 2016**

MONTANA

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

- **Division of Adolescent and School Health funds totaling \$75,000**
- **Personal Responsibility Education Program funds totaling \$250,000**

SEXUALITY EDUCATION LAW AND POLICY

STATE LAW

[Montana Code Annotated § 20-2-121](#) requires the board of public education to adopt content standards for school districts to follow in their curriculum development, and Administrative Rule [10.55.905](#) states that “health enhancement” is a required subject for graduation. [Montana Administrative Rule §§ 10.54.2501](#) requires schools to use the content standards for the health enhancement graduation requirement. [Administrative Rules §§ 10.54.7010, 7011, 7012, and 7013](#) codify the health content standards into law. Montana does not require parental permission for students to participate in sexuality or human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS) education, nor does it say whether parents or guardians may remove their children from such classes.

STATE STANDARDS

According to the health enhancement program’s content standards, “a student must have a basic knowledge and understanding of concepts that promote comprehensive health.”² Specifically, by the end of fourth grade, students should be able to “identify personal health enhancing strategies that encompass ... injury/disease prevention, including HIV/AIDS prevention.”³ By the end of eighth grade, students should be able to understand the reproductive system, as well as personal, health-enhancing strategies about sexual activity and HIV/AIDS prevention.⁴ By graduation, students should be able to understand the impact of personal behaviors on the body, including the reproductive system, and have personal, health-enhancing strategies about sexual activity and HIV/AIDS prevention.⁵

The Montana Board of Public Education also provides [Communicable Diseases: Model Policies and Procedures for HIV Education, Infected Students and Staff, and Work Site Safety](#), designed to aid school districts in developing their HIV-education programs, and recommends that “students receive proper education about HIV before they reach the age when they may adopt behaviors which put them at risk of contracting the disease.”⁶

While the Office of Public Instruction acknowledges that sexuality education programs may be “abstinence-based, abstinence-until-marriage, or abstinence-only,” the [Montana Accreditation Standards for Health Enhancement](#) also recommends that the programs be “consistent with the most reasoned approach of public health and health education professionals.”⁷

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 Montana. 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.

MONTANA YOUTH RISK BEHAVIOR SURVEY (YRBS) DATA⁸Reported ever having had sexual intercourse

- In 2015, 44.5% of female high school students and 43.6% of male high school students in Montana 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, 58.1% of American Indian/Alaska Native (AI/AN) high school students, 52% of Hispanic high school students, 42.2% of white high school students, and 47.9% of high school students who identified as multiple races in Montana 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 as multiple races nationwide.

Reported having had sexual intercourse before age 13

- In 2015, 2.5% of female high school students and 3.6% of male high school students in Montana 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, 4% of AI/AN high school students, 8.2% of Hispanic high school students, 2.6% of white high school students, and 6.2% of high school students who identified as multiple races in Montana reported having had sexual intercourse before age 13, compared to 1.8% of AI/AN high school students, 5% of Hispanic high school students, 2.5% of white high school students, and 5.8% of high school students who identified as multiple races nationwide.

Reported being currently sexually active

- In 2015, 34.9% of female high school students and 30% of male high school students in Montana reported being currently sexually active, compared to 29.8% of female high school students and 30.3% of male high school students nationwide.

MONTANA

- In 2015, 42.7% of AI/AN high school students, 37.1% of Hispanic high school students, 31% of white high school students, and 34.7% of high school students who identified as multiple races in Montana 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 as multiple races nationwide.

Reported not using a condom during last sexual intercourse

- In 2015, 44.6% of female high school students and 36.4% of male high school students in Montana 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, 34.7% of AI/AN high school students and 41.1% of white high school students in Montana reported not using a condom during their last sexual intercourse, compared to 43.2% of white high school students nationwide.

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

- In 2015, 9.1% of female high school students and 8.4% of male high school students in Montana 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, 16.8% of AI/AN high school students and 7.2% of white high school students in Montana reported not using any method to prevent pregnancy during their last sexual intercourse, compared to 10.4% of white high school students nationwide.

Reported having been physically forced to have sexual intercourse

- In 2015, 12.7% of female high school students and 5% of male high school students in Montana 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, 11.4% of AI/AN high school students, 13.2% of Hispanic high school students, 8.1% of white high school students, and 12.7% of high school students who identified as multiple races in Montana reported having been physically forced to have sexual intercourse, compared to 6.6% of AI/AN high school students, 7% of Hispanic high school students, 6% of white high school students, and 12.1% of high school students who identified as multiple races nationwide.

Reported experiencing physical dating violence

- In 2015, 10.8% of female high school students and 5.5% of male high school students in Montana 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, 8.7% of AI/AN high school students, 15.1% of Hispanic high school students, 7.4% of white high school students, and 11.6 of high school students who identified as multiple races in Montana reported experiencing physical dating violence in the prior year, compared to 9.7% of

MONTANA

Hispanic high school students, 9% of white high school students, and 16% of high school students who identified as multiple races nationwide.

Reported experiencing sexual dating violence

- In 2015, 14.4% of female high school students and 5.6% of male high school students in Montana 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.
- In 2015, 10.1% of AI/AN high school students, 16.6% of Hispanic high school students, 9.1% of white high school students, and 15.4% of high school students who identified as multiple races in Montana reported experiencing sexual dating violence in the prior year, compared to 10.5% of AI/AN high school students, 10.6% of Hispanic high school students, 10.1% of white high school students, and 14.2% of high school students who identified as multiple races nationwide.

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

MONTANA TEEN PREGNANCY, HIV/AIDS, AND OTHER STD DATA

Teen Pregnancy, Birth, and Abortion

- In 2011, Montana had the 28th highest teen pregnancy rate in the United States, with a rate of 47 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 52 per 1,000.⁹ There were a total of 1,480 pregnancies among young women ages 15–19 reported in Montana in 2011.¹⁰
- In 2015, Montana had the 20th highest teen birth rate in the United States, with a rate of 25.3 births per 1,000 young women ages 15–19, compared to the national rate of 22.3 per 1,000.¹¹ There were a total of 807 live births to young women ages 15–19 reported in Montana in 2014, the most recent year of available data.¹²
- In 2011, Montana had the 24th highest teen abortion rate in the United States, with a rate of 10 abortions per 1,000 young women ages 15–19, compared to the national rate of 14 per 1,000.¹³ There were a total of 330 abortions among young women ages 15–19 reported in Montana in 2011.¹⁴

HIV and AIDS

- In 2015, the rate of diagnoses of HIV infection among adolescents ages 13–19 in Montana was 2.3 per 100,000, compared to the national rate of 5.8 per 100,000.¹⁵
- In 2015, the rate of AIDS diagnoses among adolescents ages 13–19 in Montana was 1.1 per 100,000, compared to the national rate of 0.7 per 100,000.¹⁶
- In 2015, the rate of diagnoses of HIV infection among young adults ages 20–24 in Montana was 5.4 per 100,000, compared to the national rate of 31.1 per 100,000.¹⁷
- In 2015, the rate of AIDS diagnoses among young adults ages 20–24 in Montana was 1.3 per

MONTANA

100,000, compared to the national rate of 5.6 per 100,000.¹⁸

STDs

- In 2015, Montana had the 22nd highest rate of reported cases of chlamydia among young people ages 15–19 in the United States, with an infection rate of 1,781.9 cases per 100,000, compared to the national rate of 1,857.8 per 100,000. In 2015, there were a total of 1,139 cases of chlamydia among young people ages 15–19 reported in Montana.¹⁹
- In 2015, Montana had the 30th highest rate of reported cases of gonorrhea among young people ages 15–19 in the United States, with an infection rate of 242.5 cases per 100,000, compared to the national rate of 341.8 per 100,000. In 2015, there were a total of 155 cases of gonorrhea among young people ages 15–19 reported in Montana.²⁰
- In 2015, Montana had the 22nd 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 4.7 cases per 100,000, compared to the national rate of 5.4 per 100,000. In 2015, there were a total of 3 cases of syphilis reported among young people ages 15–19 in Montana.²¹

Visit the Office of Adolescent Health's (OAH) [Montana 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 MONTANA

Grantee	Award
Division of Adolescent and School Health (DASH)	
Montana Office of Public Instruction	\$75,000
TOTAL	\$75,000
Personal Responsibility Education Program (PREP)	
PREP State-Grant Program	
Montana Department of Public Health and Human Services (federal grant)	\$250,000
TOTAL	\$250,000
GRAND TOTAL	
	\$325,000

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 prevention programs, collect and report data on young people's risk behaviors, and expand capacity-building

MONTANA

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 Montana 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 Montana 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 Montana funded to collect and report YRBS and School Health Profiles data (1308 Strategy 1): The Montana Office of Public Instruction (\$75,000).

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.

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

PERSONAL RESPONSIBILITY EDUCATION PROGRAM

The Family and Youth Services Bureau (FYSB), within the Administration for Children and Families (ACF)

MONTANA

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 Montana Department of Public Health and Human Services received \$250,000 in federal PREP funds.²²
- The agency provides sub-grants to six local public and private entities. The sub-grantee information is listed below.²³

Sub-grantee	Serving	Amount
Anaconda Family Resource Center	Anaconda High School (HS), Deer Lodge County, and Fred Moodry Middle School (MS)	Not reported
Anaconda-Deer Lodge County Health Department	Anaconda County, Anaconda HS, Deer Lodge County, and Job Corps	Not reported
Butte Silver-Blow County Health Department	Beaverhead County, Beaverhead HS, Butte HS, Dillon MS, East Junior High, Emerson Elementary School (ES), Hillcrest ES, Jefferson County, Jefferson HS, Kennedy ES, Margaret Leary ES, Ramsay MS, Silver Bow County, West ES, and Whittier ES	Not reported
Flathead County Health Department	Cayuse Prairie, Center for Restorative Youth Justice, Flathead County, Helena Flats MS, Linderman Educational Center, MT Academy, and West Valley	Not reported
Northern Cheyenne Reservation	Lame Deer ES, Lame Deer MS, Lame Deer Public HS, Northern Cheyenne Tribal School, Rosebud County, St. Labre Academy, Youth Detention Center	Not reported
Planned Parenthood of Montana	Browning MS, Cascade County, Glacier County, and Great Falls Juvenile Detention Center	Not reported

The Montana Department of Public Health and Human Services implements the PREP state grant and has awarded sub-grants to local public and private entities to implement both school- and community-based

MONTANA

programming. Funded programs serve young people ages 11-18, young people in grades 6-9, young people in the juvenile justice system, and young Native Americans. Sub-grantees implement both of the following evidence-based curricula: [*Draw the Line/Respect the Line*](#), [*Making Proud Choices!*](#), and [*Reducing the Risk*](#). In addition, programs are required to address education and employment success or healthy life skills. They are also required to address the following three adulthood preparation subjects: healthy relationships, healthy life skills, and adolescent development.²⁴

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 Montana.

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 Montana.

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, Montana received PREP state-grant funding; therefore, entities in Montana 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, Montana 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

MONTANA

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 Montana.

POINTS OF CONTACT

DASH Contact

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PREP State-Grant Program Contacts

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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 Mont. Admin. Rules § 10.54.7010

³ Mont. Admin. Rules § 10.54.7011(1)(d), www.mtrules.org/gateway/RuleNo.asp?RN=10.54.7011.

⁴ Mont. Admin. Rules § 10.54.7012, www.mtrules.org/gateway/RuleNo.asp?RN=10.54.7012.

⁵ Mont. Admin. Rules § 10.54.7013, www.mtrules.org/gateway/RuleNo.asp?RN=10.54.7013.

⁶ *Communicable Diseases: Model Policies and Procedures for HIV Education, Infected Students and Staff, and Work Site Safety* (Montana: Montana Board of Education, 2003), www.opi.mt.gov/pdf/HIVED/HIVModelPolicies_arch.pdf, 1.

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- ⁷ *Montana Accreditation Standards for Health Enhancement* (Montana: Montana Board of Education), www.opi.mt.gov/pdf/HIVEd/HESStandardsSexEd.pdf, 1–2.
- ⁸ “High School YRBS,” Centers for Disease Control and Prevention, <https://nccd.cdc.gov/youthonline/App/Default.aspx>.
- ⁹ 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.
- ¹⁰ *Ibid.*, Table 1.2.
- ¹¹ “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>.
- ¹² “Teen Births in Montana, Girls 15–19,” The National Campaign to Prevent Teen and Unplanned Pregnancy, <https://thenationalcampaign.org/data/state/montana>.
- 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 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.
- ¹⁶ 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.
- ¹⁷ 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.
- ¹⁸ 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.
- ¹⁹ NCHHSTP Atlas, “STD Surveillance Data” (Atlanta, GA: Centers for Disease Control and Prevention), <http://gis.cdc.gov/GRASP/NCHHSTPAtlas/main.html>.
- ²⁰ *Ibid.*
- ²¹ *Ibid.*
- ²² “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.
- ²³ Information provided by Katie Cole, Health Education Specialist, Women’s and Men’s Health Section, Department of Public Health and Human Services, April 12, 2017.
- ²⁴ *Ibid.*