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In Fiscal Year 2011¹, the state of Kansas received:

- **Personal Responsibility Education Program funds totaling \$478,422**
- **Title V State Abstinence Education Program funds totaling \$397,282**

SEXUALITY EDUCATION LAW AND POLICY

The Kansas Administrative Regulations require elementary and secondary students to be taught “physical education, which shall include instruction in health and human sexuality.”² Kansas does not require schools to follow a specific curriculum; however, in order to be accredited, schools must meet the minimum “performance and quality criteria” established by the Kansas State Board of Education.³

The *Kansas Health Education Standards* outline basic competency requirements for public schools. According to the *Standards*, by the end of the fourth grade, schools must provide instruction on “family life and sexuality.”⁴ By the end of the eighth grade, students should be able to “describe ways to reduce risks related to adolescent growth and development,” and understand the “development of male and female reproductive organs, and risks and prevention of sexually-transmitted infections.”⁵ By graduation, schools must teach students about the “importance and benefits of abstinent behavior and risk-reducing strategies” in the area of sexuality.⁶

Kansas law does not require parental permission for students to participate in sexuality or HIV/AIDS education, nor does it say whether parents or guardians may remove their children from such classes.

See [Kansas Administrative Regulations § 91-31-32](#) and [Kansas Health Education Standards](#).

RECENT LEGISLATION

SIECUS is not aware of any proposed legislation regarding sexuality education in Kansas.

YOUTH SEXUAL HEALTH DATA

SIECUS has compiled the following data to provide an overview of adolescent sexual health in Kansas. The data collected represents the most current information available.

Kansas Youth Risk Behavior Survey (YRBS) Data⁷

- In 2011, 43% of female high school students and 43% of male high school students in Kansas reported ever having had sexual intercourse, compared to 46% of female high school students and 49% of male high school students nationwide.

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- In 2011, 2% of female high school students and 6% of male high school students in Kansas reported having had sexual intercourse before age 13, compared to 3% of female high school students and 9% of male high school students nationwide.
- In 2011, 9% of female high school students and 11% of male high school students in Kansas reported having had four or more lifetime sexual partners, compared to 13% of female high school students and 18% of male high school students nationwide.
- In 2011, 34% of female high school students and 32% of male high school students in Kansas reported being currently sexually active (defined as having had sexual intercourse in the three months prior to the survey), compared to 34% of female high school students and 33% of male high school students nationwide.
- In 2011, among those high school students who reported being currently sexually active, 53% of females and 69% of males in Kansas reported having used condoms the last time they had sexual intercourse, compared to 54% of females and 67% of males nationwide.
- In 2011, among those high school students who reported being currently sexually active, 28% of females and 16% of males in Kansas reported having used birth control pills the last time they had sexual intercourse, compared to 23% of females and 13% of males nationwide.
- In 2011, among those high school students who reported being currently sexually active, 17% of females and 23% of males in Kansas reported having used alcohol or drugs the last time they had sexual intercourse, compared to 18% of females and 26% of males nationwide.
- In 2011, 83% of high school students in Kansas reported having been taught about AIDS/HIV in school, compared to 84% of high school students nationwide.

Kansas Teen Pregnancy, HIV/AIDS, and Sexually Transmitted Disease Data

Teen Pregnancy, Birth, and Abortion

- Kansas' teen birth rate currently ranks 15th in the United States, with a rate of 39.2 births per 1,000 young women ages 15–19, compared to the national rate of 34.3 births per 1,000.⁸ In 2010, there were a total of 3,863 live births reported to young women ages 15–19 in Kansas.⁹
- In 2005, Kansas' teen pregnancy rate ranked 33rd in the United States, with a rate of 60 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 70 pregnancies per 1,000.¹⁰ There were a total of 5,900 pregnancies among young women ages 15–19 reported in Kansas in 2005.¹¹
- In 2005, Kansas' teen abortion rate ranked 41st in the United States, with a rate of 10 abortions per 1,000 young women ages 15–19, compared to the national rate of 19 abortions per 1,000.¹²

HIV and AIDS

- In 2010, the rate of diagnoses of HIV infection among adolescents aged 13-19 years in Kansas was 1.2 per 100,000 compared to the national rate of 7.9 per 100,000.¹³
- In 2010, the rate of AIDS diagnoses among adolescents 13-19 years in Kansas was 0.8 per 100,000 compared to the national rate of 1.9 per 100,000.¹⁴
- In 2010, the rate of diagnoses of HIV infection among young adults aged 20-24 years in Kansas was 11.5 per 100,000 compared to the national rate of 36.9 per 100,000.¹⁵
- In 2010, the rate of AIDS diagnoses among young adults aged 20-24 years in Kansas was 3.8 per 100,000 compared to the national rate of 10.4 per 100,000.¹⁶

Sexually Transmitted Diseases

- Kansas ranks 28th in the United States for reported cases of chlamydia among young people ages 15–19, with an infection rate of 17.11 cases per 1,000, compared to the national rate of 20.03 cases per 1,000. In 2009, there were a total of 3,431 cases of chlamydia reported among young people ages 15–19 in Kansas.¹⁷
- Kansas ranks 23rd in reported cases of gonorrhea among young people ages 15–19 in the United States, with an infection rate of 3.58 cases per 1,000, compared to the national rate of 4.04 cases per 1,000. In 2009, there were a total of 718 cases of gonorrhea reported among young people ages 15–19 in Kansas.¹⁸

FEDERAL FUNDING FOR SEX EDUCATION, TEEN PREGNANCY PREVENTION, AND ABSTINENCE-ONLY PROGRAMS

President's Teen Pregnancy Prevention Initiative

The President's Teen Pregnancy Prevention Initiative (TPPI) funds medically accurate and age-appropriate programs to reduce teen pregnancy. The U.S. Department of Health and Human Services, Office of Adolescent Health (OAH) administers the grant program, which totaled \$105 million in discretionary funding for Fiscal Year (FY) 2011. TPPI consists of two funding tiers that provide grants to local public and private entities. Tier 1 totals \$75 million and provides funding for the replication of evidence-based programs proven to prevent unintended teen pregnancy and address underlying behavioral risk factors. Tier 2 totals \$25 million and provides funding to develop and test additional models and innovative strategies. A portion of the Tier 2 funds, \$15.2 million, was allocated for research and demonstration grants to test innovative approaches, while the remaining funding, \$9.8 million, was allocated for grants to support communitywide initiatives. TPPI also dedicates \$4.5 million in funding to conduct evaluations of individual programs.

TPPI Tier 1: Evidence-Based Programs

The TPPI Tier 1 grant program supports the replication of evidence-based programs proven effective through rigorous evaluation to prevent unintended teen pregnancy, underlying behavioral risk factors, or other associated risk factors.

- There are no TPPI Tier 1 grantees in Kansas.

TPPI Tier 2: Innovative Approaches

The TPPI Tier 2 grant program supports research and demonstration programs in order to develop, replicate, refine, and test additional models and innovative strategies for preventing teenage pregnancy.

- There are no TPPI Tier 2 Innovative Approaches grantees in Kansas.

TPPI Tier 2: Communitywide Initiatives

The TPPI Tier 2 grant program also supports communitywide initiatives to reduce rates of teenage pregnancy and births in communities with the highest rates. The program awards grants to national organizations as well as state- and community-based organizations. Funded national partners provide training and technical assistance to local grantees. The Centers for Disease Control and Prevention (CDC) administer the grant program in partnership with OAH.

- There are no TPPI Tier 2 Communitywide Initiatives grantees in Kansas.

Personal Responsibility Education Program

The Personal Responsibility Education Program (PREP) totals \$75 million per year for FYs 2010–2014 and is the first-ever dedicated funding stream for more comprehensive approaches to sexuality education. The U.S. Department of Health and Human Services, Administration for Children and Families (ACF) administers the grant. PREP includes a \$55 million state-grant program, \$10 million to fund local entities through the Personal Responsibility Education Innovative Strategies (PREIS) Program, \$3.5 million for the Tribal PREP Program for tribes and tribal organizations, and \$6.5 million for evaluation, training, and technical assistance. Details on the state-grant program, PREIS, and Tribal PREP are included below.

PREP State-Grant Program

The PREP state-grant program 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 sexually transmitted infections (STIs). The grant program totals \$55 million per year and allocates funding to individual states. 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.

- The Kansas State Department of Health and Environment received \$478,422 in federal PREP funds for FY 2011.
- The department provides sub-grants to three local health departments: Johnson County Health Department (\$180,000); Sedgwick County Health Department (\$180,000); and Wyandotte County Health Department (\$180,000).¹⁹

Johnson County Health Department, \$180,000 (FY 2011)

Johnson County Health Department uses its PREP sub-grant to provide afterschool programming to students ages 11–14 in the DeSoto, Shawnee Mission, Olathe, Spring Hill, and Blue Valley school districts. The health department implements *Making a Difference!* and the programming requires the following adulthood preparation topics: healthy relationships, adolescent development, and parent-child communication.²⁰

Making a Difference! is an evidence-based pregnancy-, STD-, and HIV-prevention education curriculum that emphasizes abstinence from sexual activity. Adapted from the evidence-based curriculum *Be Proud! Be Responsible!*, *Making a Difference!* aims to increase participants' knowledge about HIV, STD, and pregnancy

prevention as well as their confidence to negotiate sexual pressure and intention to abstain from sex. It is designed for use with African-American, Latino, and white adolescents ages 11–13 and can be implemented in school- or community-based settings. The curriculum includes interactive activities, small group discussions, and skill-building exercises, including role-plays, aimed to increase comfort and efficacy with practicing abstinence. An evaluation of the curriculum published in the *Journal of American Medical Association* found that, at a three-month follow-up, participants in the program were less likely to report having had sexual intercourse in the three months prior than peers in the control group. Evaluation results also showed that the program helped to delay sexual initiation among program participants who were sexually inexperienced.²¹

Sedgwick County Health Department, \$180,000 (FY 2011)

The Sedgwick County Health Department implements *Reducing the Risk: Building Skills to Prevent Pregnancy, STD and HIV* to ninth grade students attending Sedgwick County public schools.²² *Reducing the Risk* is an evidence-based, pregnancy-, STD-, and HIV-prevention curriculum designed for classroom use with students in the ninth and 10th grades. It is appropriate for use with multiethnic populations.²³ *Reducing the Risk* aims to reduce high-risk behaviors among participants and emphasizes strategies for abstaining from sex or practicing safer sex. The 16-lesson curriculum addresses both abstinence and contraception use and includes experiential activities that teach students to develop refusal, negotiation, and communication skills. An evaluation of the program published in *Family Planning Perspectives* found that it increased parent-child communication, especially among Latino youth, delayed the initiation of sexual intercourse, and reduced incidence of unprotected sex among lower-risk youth who participated in the program.²⁴

Wyandotte County Health Department, \$180,000 (FY 2011)

The Wyandotte County Health Department uses its PREP funds to partner with Wyandotte County Corrections in an effort to serve incarcerated men. The health department implements the *Rikers Health Advocacy Program* and requires the following adulthood preparation topics: healthy relationships, adolescent development, and healthy life skills.²⁵

Rikers Health Advocacy Program is an evidence-based HIV/AIDS-prevention education program designed for high-risk youth, particularly those who are incarcerated and have issues with substance abuse. The program aims to reduce HIV-risk behaviors among participants. *Rikers Health Advocacy Program* uses a “Problem-Solving Therapy” approach, which leads participants through the steps of identifying and defining a problem, understanding the nature of the problem, developing possible solutions, engaging in decision making, and implementing a solution. The intervention was originally designed for adolescent males ages 16–19 at Rikers Island correctional facility in New York. The program consists of four one-hour sessions that are facilitated by a male instructor twice a week over a two-week time period. The instruction emphasizes active learning and addresses such topics as factors related to experimenting with drugs and drug use; risks related to sexual activity; the connection between drug use, sexual activity, and HIV risk; and how to access health care services and drug treatment.²⁶ *Rikers Health Advocacy Program* engages participants in discussions about HIV facts and beliefs, has participants identify attitudes or behaviors that place individuals at risk for HIV infection, and has participants develop possible strategies for avoiding such risks, which are then evaluated by other participants. The program includes role-plays to act out the strategies developed for avoiding risky situations. An evaluation of the program found that participants were more likely to use condoms during intercourse than those in the control group.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. ACF administers the grant program in collaboration with OAH and provides a total of \$10 million in funding directly to local public and private entities.

- There are no PREIS grantees in Kansas.

Tribal Personal Responsibility Education Program (Tribal PREP)

Tribal PREP supports the development and implementation of comprehensive teen pregnancy prevention programs within tribes and tribal communities. Tribal PREP programs target youth ages 10–19 who are in or are aging out of foster care, homeless youth, youth with HIV/AIDS, pregnant and/or parenting youth who are under 21 years of age, and youth who live in areas with high adolescent birth rates. Programs must 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 2011, 16 tribes and tribal organizations from nine states received a total of \$6.5 million.
- There are no Tribal PREP grantees in Kansas.

Title V State Abstinence Education Grant Program

The Title V State Abstinence Education Grant Program (Title V Abstinence-Only Program) allocates \$50 million per year for FYs 2010–2014. ACF administers the grant. The Title V Abstinence-Only 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 the Title V Abstinence-Only Program must promote abstinence from sexual activity as their exclusive purpose and may provide mentoring, counseling, and adult supervision toward this end. Programs must be medically accurate and age-appropriate and must ensure abstinence is an expected outcome.

- The Kansas State Department of Health and Environment received \$397,282 in federal Title V abstinence-only funding for FY 2011.
- The department chose to sub-grant the funds to Children’s Alliance (\$391,352).²⁸
- In Kansas, the match is provided by the sub-grantee through a combination of direct revenue and in-kind services.

The Kansas State Department of Health and Environment Bureau of Family Health administers the state’s Title V abstinence-only grant in collaboration with the single sub-grantee, Children’s Alliance. Children’s Alliance provides community-based programming for youth ages 10–20, targeting those in foster care. Programming takes place in 11 counties using the following curricula: *All Stars*, *Choices*, and *Healthy Relationships*.²⁹

All Stars is a series of risk-prevention curricula for grades four through 12 that address risky behaviors, including alcohol and substance abuse, tobacco use, violence, and early sexual activity to “promote positive behaviors.”³⁰ The primary *All Stars* curriculum, *All Stars Core*, is designed for young people ages 11–13 and can be implemented in both school- and community-based settings. The program teaches such concepts as “building idealism and belief in the future,” “establishing positive peer group norms,” and “establishing personal commitments to avoid risky behaviors,” among others. The program also emphasizes “parent attentiveness” and encourages parents to talk to their children about their values.³¹

Choices is a curriculum that aims to teach youth about making well thought-out decisions in a discussion-learning group setting. In addition to learning decision-making skills, participants explore how

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decisions may affect many people. Stories from the *Chicken Soup for the Soul* books are used in *Choices* as a way to begin conversations.³²

Healthy Relationships is a new approach to abstinence education in Kansas, focused on teaching youth in the foster care system about healthy relationships. The curriculum focuses on addressing “poor decision making, lack of connection with stable adult figure, low self-esteem, lack of goals or positive outlook for future, alcohol and drug involvement, a misconception of what love is due to past sexual abuse trauma, and the belief of some foster youth that a baby will provide them with the unconditional love they so desperately seek.” *Healthy Relationships* aims to increase foster/adoptive/kinship parent-child connectedness.³³

Kansas TPPI, PREP, and Title V Abstinence-Only Funding in FY 2011

Grantee	Award	Fiscal Years
Personal Responsibility Education Program (PREP)		
<i>PREP State-Grant Program</i>		
Kansas State Department of Health and Environment (federal grant)	\$478,422	2011
<i>Sub-grantees</i>		
<i>Johnson County Health Department</i>	<i>\$115,000</i>	2011
<i>Sedgwick County Health Department</i>	<i>\$180,000</i>	2011
<i>Wyandotte County Health Department</i>	<i>\$115,000</i>	2011
TOTAL	\$478,422	
Title V Abstinence Education Grant Program (Title V Abstinence-Only)		
Kansas State Department of Health and Environment (federal grant)	\$397,282	2011
TOTAL	\$397,282	
GRAND TOTAL		
	\$875,704	2011

COMPREHENSIVE APPROACHES TO SEXUALITY EDUCATION

SIECUS is not aware of any examples of model programs, policies, or best practices being implemented in Kansas public schools that provide a more comprehensive approach to sex education for young people.

We encourage you to submit any updated or additional information on comprehensive approaches to sex education being implemented in Kansas public schools for inclusion in future publications of the State Profiles. Please visit SIECUS’ “Contact Us” webpage at www.siecus.org to share information. Select “state policy” as the subject heading.

POINTS OF CONTACT

Adolescent Health Contact³⁴

Jane Stueve, RN, BSN
Adolescent/School Health Consultant
Kansas Department of Health and Environment
Curtis State Office Building
1000 S.W. Jackson, Suite 220
Topeka, KS 66612
Phone: (785) 296-1308

PREP State-Grant Coordinator

Jennifer VandeVelde STD Section Director
Kansas Department of Health and Environment
1000 S.W. Jackson, Suite 210
Topeka, KS 66612
Phone: (785) 296-5596

Title V Abstinence-Only Grant Coordinator

Linda Kenney, MPH
Bureau of Family Health Director
Kansas Department of Health and Environment
Curtis State Office Building
1000 S.W. Jackson, Suite 220
Topeka, KS 66612
Phone: (785) 296-1310

ORGANIZATIONS THAT SUPPORT COMPREHENSIVE SEXUALITY EDUCATION

ACLU of Kansas and Western Missouri
Kansas City, MO
Phone: (816) 756-3113
www.aclukswmo.org

Planned Parenthood Advocates
of Kansas and Mid-Missouri
Overland Park, KS
Phone: (913) 312-5100
www.ppkm.org

ORGANIZATIONS THAT OPPOSE COMPREHENSIVE SEXUALITY EDUCATION

Abstinence Education, Inc.
Wichita, KS
Phone: (316) 688-0840
www.abstainpureandsimple.org

Kansas For Life
Wichita, KS
Phone: (316) 687-LIFE
www.kfl.org

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Catholic Charities of Northeast Kansas
Overland Park, KS
Phone: (913) 433-2100
www.catholiccharitiesks.org

Operation Rescue West
Wichita, KS
Phone: (316) 683-6790
www.operationrescue.org

MEDIA OUTLETS

Newspapers in Kansas³⁵

Lawrence Journal-World
Lawrence, KS
Phone: (785) 843-1000
www2.ljworld.com

Manhattan Mercury
Manhattan, KS
Phone: (785) 776-2300
www.themercury.com

Salina Journal
Salina, KS
Phone: (785) 823-6363
www.salina.com

Topeka Capital-Journal
Topeka, KS
Phone: (785) 295-1188
www.cjonline.com

The Wichita Eagle
Wichita, KS
Phone: (316) 268-6000
www.kansas.com

Political Blogs in Kansas

Bluegrass Politics
www.bluegrasspolitics.bloginky.com

Kansas Liberty
www.kansasliberty.com

Liberal and Stuck in Kansas
www.blogcatalog.com/blog/liberal-stuck-in-kansas

¹ This refers to the federal government's fiscal year, which begins on October 1st and ends on September 30th. The fiscal year is designated by the calendar year in which it ends; for example, Fiscal Year 2011 began on October 1, 2010 and ended on September 30, 2011.

² Kan. Admin. Regs. § 91-31-32(b)(9), <http://www.ksde.org/Default.aspx?tabid=1787#91-31-32>.

³ Ibid.

⁴ *Kansas Model Curricular Standards for Health Education*, p. 1, http://www.kshealthykids.org/HKS_Docs/Standards/Health_Standards.pdf.

⁵ *Kansas Model Curricular Standards for Health Education*, p. 16, http://www.kshealthykids.org/HKS_Docs/Standards/Health_Standards.pdf.

⁶ *Kansas Model Curricular Standards for Health Education*, p. 41, http://www.kshealthykids.org/HKS_Docs/Standards/Health_Standards.pdf.

⁷ Danice K. Eaton, et. al., "Youth Risk Behavior Surveillance—United States, 2011," *Surveillance Summaries, Morbidity and Mortality Weekly Report*, vol. 61, no. SS-4 (June 8, 2012): accessed June 18, 2012, <http://www.cdc.gov/mmwr/pdf/ss/ss6104.pdf>.

⁸ "Birth rate for U.S. teenagers reach historic lows for all age and ethnic groups," NCHS data brief, no. 89, (Hyattsville, MD: National Center for Health Statistics, 2012), accessed June 27, 2012, <http://www.cdc.gov/nchs/data/databriefs/db89.pdf>, Data table for figure 6.

⁹ Ibid.

- ¹⁰ *U.S. Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, (Washington, DC: Guttmacher Institute, January 2010), accessed May 7, 2012, <http://www.guttmacher.org/pubs/USTPTrends.pdf>, Table 3.1.
- ¹¹ *Ibid.*, Table 3.2.
- ¹² *U.S. Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, Table 3.1.
- ¹³ Slide 9: “Rates of Diagnoses of HIV Infection among Adolescents Aged 13–19 Years, 2010—46 States and 5 U.S. Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention), accessed January 3, 2013, <http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>.
- ¹⁴ Slide 18: “Rates of AIDS Diagnoses among Adolescents Aged 13–19 Years, 2010—United States and 6 U.S. Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention), accessed January 3, 2013, <http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>.
- ¹⁵ Slide 10: “Rates of Diagnoses of HIV Infection among Young Adults Aged 20–24 Years, 2010—46 States and 5 U.S. Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention), accessed January 3, 2013, <http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>.
- ¹⁶ Slide 19: “Rates of AIDS Diagnoses among Young Adults Aged 20–24 Years, 2010—United States and 6 U.S. Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention), accessed January 3, 2013, <http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>.
- ¹⁷ “Wonder Database: Sexually Transmitted Disease Morbidity for selected STDs by age, race/ethnicity and gender 1996–2009 Results,” (Atlanta, GA: Centers for Disease Control and Prevention, June 2011), accessed December 18, 2012, <http://wonder.cdc.gov>.
- ¹⁸ *Ibid.*
- ¹⁹ Information provided by Sandra Springer, PREP Sub-Contractor for the Kansas Department of Health and Environment, September 7, 2012.
- ²⁰ *Ibid.*
- ²¹ *Making a Difference! Evidence-Based Programs*, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed September 17, 2012, <http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=127&PageTypeID=2>.
- ²² *Ibid.*, 22.
- ²³ *Science and Success: Sex Education and Other Programs That Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections* (Washington, DC: Advocates for Youth, 2008), accessed March 30, 2010, <http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf>, 22.
- ²⁴ *Ibid.*, 24.
- ²⁵ *Ibid.*, 22.
- ²⁶ *Rikers Health Advocacy Program (RHAP) Evidence-Based Program*, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed August 23, 2011, <http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=612&PageTypeID=2>.
- ²⁷ *Ibid.*
- ²⁸ Information provided by Jane Stueve, Child and School Health Consultant, Bureau of Family Health, Kansas Department of Health and Environment, November 28, 2012.
- ²⁹ *Ibid.*
- ³⁰ “All Stars Programs,” All Stars, accessed August 29, 2011, <http://www.allstarsprevention.com/programs.asp>; see also “All Stars Objectives,” All Stars, accessed August 29, 2011.
- ³¹ “All Stars Core,” All Stars, accessed August 29, 2011, <http://www.allstarsprevention.com/programs/core/coreMain.asp>.
- ³² Information provided by Sarah Jones, Kansas Title V Abstinence-Only sub-grantee, Children’s Alliance, December 6, 2012.
- ³³ *Ibid.*
- ³⁴ The person listed represents the designated personnel in the state responsible for adolescent reproductive health.
- ³⁵ This section is a list of major newspapers in the state and is by no means exhaustive of local print outlets.