



### KANSAS

In Fiscal Year 2010<sup>1</sup>, the state of Kansas received:

- **Personal Responsibility Education Program funds totaling \$480,260**
- **Title V State Abstinence Education Program funds totaling \$359,879**

#### 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.”<sup>2</sup> 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.<sup>3</sup>

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.”<sup>4</sup> 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.”<sup>5</sup> By graduation, schools must teach students about the “importance and benefits of abstinent behavior and risk-reducing strategies” in the area of sexuality.<sup>6</sup>

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) Data<sup>7</sup>**

- In 2009, 46% of female high school students and 47% of male high school students in Kansas reported ever having had sexual intercourse compared to 46% of female high school students and 46% of male high school students nationwide.
- In 2009, 2% of female high school students and 7% of male high school students in Kansas reported having had sexual intercourse before age 13 compared to 3% of female high school students and 8% of male high school students nationwide.
- In 2009, 12% of female high school students and 16% of male high school students in Kansas reported having had four or more lifetime sexual partners compared to 11% of female high school students and 16% of male high school students nationwide.
- In 2009, 35% of female high school students and 33% 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 36% of female high school students and 33% of male high school students nationwide.
- In 2009, among those high school students who reported being currently sexually active, 54% of females and 66% of males in Kansas reported having used condoms the last time they had sexual intercourse compared to 54% of females and 69% of males nationwide.
- In 2009, among those high school students who reported being currently sexually active, 22% of females and 20% of males in Kansas reported having used birth control pills the last time they had sexual intercourse compared to 23% of females and 16% of males nationwide.
- In 2009, among those high school students who reported being currently sexually active, 15% of females and 25% of males in Kansas reported having used alcohol or drugs the last time they had sexual intercourse compared to 17% of females and 26% of males nationwide.
- In 2009, 84% of high school students in Kansas reported having been taught about AIDS/HIV in school compared to 87% of high school students nationwide.

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

#### *Teen Pregnancy, Birth, and Abortion*

- Kansas's teen birth rate currently ranks 19th in the United States, with a rate of 45.6 births per 1,000 young women ages 15–19 compared to the national rate of 41.5 births per 1,000.<sup>8</sup> In 2008, there were a total of 3,641 live births reported to young women ages 15–19 in Kansas.<sup>9</sup>
- In 2005, Kansas's teen pregnancy rate ranked 33<sup>rd</sup> 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.<sup>10</sup> There were a total of 5,900 pregnancies among young women ages 15–19 reported in Kansas.<sup>11</sup>

- In 2005, Kansas's teen abortion rate ranked 39<sup>th</sup> 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.<sup>12</sup>

#### *HIV and AIDS*

- Kansas's HIV infection rate ranks 29<sup>th</sup> in the United States, with a rate of 5.9 cases per 100,000 individuals compared to the national rate of 19.5 cases per 100,000.<sup>13</sup>
- Kansas ranks 27<sup>th</sup> in cases of HIV infection diagnosed in the United States among all age groups. In 2008, there were a total of 167 new cases of HIV infection diagnosed in Kansas.<sup>14</sup>
- Kansas's HIV infection rate among young people ages 13–19 ranks 29<sup>th</sup> in the United States, with a rate of 2.7 cases per 100,000 young people compared to the national rate of 9.1 cases per 100,000.<sup>15</sup>
- Kansas ranks 35<sup>th</sup> in number of reported AIDS cases in the United States among all age groups. In 2008, there were a total of 110 new AIDS cases reported in Kansas.<sup>16</sup>
- Kansas's AIDS rate ranks 38<sup>th</sup> in the United States, with a rate of 3.9 cases per 100,000 individuals compared to the national rate of 12.3 cases per 100,000.<sup>17</sup>
- Kansas's AIDS rate among young people ages 13–19 ranks 31<sup>st</sup> in the United States, with a rate of 0.8 cases per 100,000 young people compared to the national rate of 1.8 cases per 100,000.<sup>18</sup>

#### *Sexually Transmitted Diseases*

- Kansas ranks 33<sup>rd</sup> in reported cases of Chlamydia among young people ages 15–19 in the United States, with an infection rate of 15.66 cases per 1,000 compared to the national rate of 19.51 cases per 1,000. In 2008, there were a total of 3,160 cases of Chlamydia reported among young people ages 15–19 in Kansas.<sup>19</sup>
- Kansas ranks 27<sup>th</sup> in reported cases of gonorrhea among young people ages 15–19 in the United States, with an infection rate of 3.23 cases per 1,000 compared to the national rate of 4.52 cases per 1,000. In 2008, there were a total of 652 cases of gonorrhea reported among young people ages 15–19 in Kansas.<sup>20</sup>
- In 2008, there were no cases of primary and secondary syphilis reported among young people ages 15–19 in Kansas.<sup>21</sup>

## **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 \$110 million in discretionary funding for Fiscal Year 2010. 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 Fiscal Years 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 Indian tribes and tribal organizations, and \$6.5 million for evaluation, training, and technical assistance. Details on the state-grant program and PREIS are included below. At the time of publication, the funding for tribes and tribal organizations had not yet been awarded.

*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 \$480,260 in federal PREP funds for Fiscal Year 2010.
- The department provides sub-grants to three local health departments: Johnson County Health Department, Sedgwick County Health Department, and Wyandotte County Health Department.

Johnson County Health Department, \$115,000 (2010)

Johnson County Health Department uses its PREP sub-grant to provide school-based programming to middle school students as well as community-based programming to high-risk adolescent females ages 13–19 in various clinical and institutional settings.<sup>22</sup>

The health department implements *Making a Difference!* in various middle schools throughout the county. *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.<sup>23</sup>

Johnson County Health Department also delivers programming to high-risk adolescent females, including young women who are at risk for unintended pregnancy, receiving treatment for mental health disorders or substance abuse, in the juvenile justice system, and who are homeless. The department provides programming through its own teen clinic and partners with the Adolescent Treatment Center, which provides mental health and chemical dependency treatment, the Johnson County Juvenile Detention Center, and the Temporary Lodging for Needy Children and Families shelter. In each setting, PREP funds are used to implement *What Could You Do?* to adolescent females.<sup>24</sup>

*What Could You Do?* is an evidenced-based, STD risk-reduction program that uses an interactive video to encourage safer sexual behaviors among female high school students. The program is designed as a one-on-one intervention, with each participant viewing the video individually. It aims to increase participants' knowledge of STDs along with reducing their sexual risk behavior and risk of STD infection. The video includes vignettes featuring ethnically diverse young women involved in realistic scenarios related to sexual risk behavior, where the viewer must choose what action the character should take from different options. The vignettes give viewers the opportunity to practice how they would respond in different situations. The video covers sexual situations, risk reduction, reproductive health, and STDs. In addition, the video associates condom use with positive outcomes, such as pleasure and reassurance. *What Could You Do?* can be used in a physician's office or clinic setting and could potentially be used in other settings, such as schools, as long as there was enough privacy for the viewer. An evaluation of the program published in *Social Science & Medicine* found that at a six-month follow-up to the intervention, participants were almost twice as likely not to have been diagnosed with an STD as those in the control group.<sup>25</sup>

Sedgwick County Health Department, \$180,000 (2010)

The Sedgwick County Health Department implements *Reducing the Risk* to ninth grade students attending Sedgwick County public schools.<sup>26</sup> *Reducing the Risk: Building Skills to Prevent Pregnancy, STD and HIV* is an

evidence-based, pregnancy-, STD-, and HIV-prevention curriculum designed for classroom use with students in the ninth and tenth grades. It is appropriate for use with multi-ethnic populations.<sup>27</sup> *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.<sup>28</sup>

#### Wyandotte County Health Department, \$115,000 (2010)

The Wyandotte County Health Department uses its PREP funds to partner with two local organizations in an effort to serve at-risk youth ages 13–18. Through its partnership with Associated Youth Services, the health department provides programming to youth in alternative school settings. In addition, the department serves youth with “emotional and behavioral health concerns” through its partnership with the Wyandot Center PACES program. PACES provides support services to youth and their families, including therapy, psychiatric services, social skills trainings, emergency shelter, adolescent substance abuse treatment, and parenting classes among others. Programs at both partner organizations use the *Rikers Health Advocacy Program*.<sup>29</sup>

*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.<sup>30</sup> *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 then 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 solution strategies developed for avoiding risky situations. An evaluation of the program found that program participants were more likely to use condoms during intercourse than those in the control group.<sup>31</sup>

The health department also provides programming to youth in foster care and at-risk youth ages 14–18 through its partnership with Kaw Valley Center Behavioral HealthCare Kansas.<sup>32</sup> The private, non-profit organization provides child welfare services to residents throughout the state, including foster care, adoption, and behavioral health care services.<sup>33</sup> Wyandotte Health Department partners with the organization to implement *Reducing the Risk* to youth receiving in-patient care. (Please see the Sedgwick County Health Department above description for information on *Reducing the Risk*.)

#### *Personal Responsibility Education Innovative Strategies (PREIS)*

The PREIS Program 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.

**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 Fiscal Years 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 \$359,879 in federal Title V abstinence-only funding for Fiscal Year 2010.
- In Kansas, the match will be provided through a combination of direct revenue and in-kind services.

With the state’s Title V abstinence-only grant, the department will provide training to parents and foster parents to deliver abstinence-only programming to children in foster care. The program will offer training in the following two curricula: *All Stars* and *Big Decisions*.

*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.”<sup>34</sup> 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;” in addition to others. The program also emphasizes “parent attentiveness” and encourages parents to talk to their children about their values.<sup>35</sup>

*Big Decisions* is an abstinence-based sexuality education program for students in grades seven through 12. The curriculum emphasizes three key messages: “having sex is a big decision;” “abstinence is the healthiest choice;” and “teens who have sex must use condoms and birth control correctly every time.”<sup>36</sup> *Big Decisions* includes a ten-session classroom-based curriculum that addresses such topics as anatomy and reproduction, healthy relationships, STDs including HIV/AIDS, abstinence, contraception, influence of the media and peer pressure, future goals, and refusal skills for practicing abstinence.<sup>37</sup> The program also includes a parent component that provides parents with information about communicating with their children about sex.<sup>38</sup>

**Kansas TPPI, PREP, and Title V Abstinence-Only Funding in FY 2010**

<b>Grantee</b>	<b>Award</b>	<b>Fiscal Years</b>
<b>Personal Responsibility Education Program (PREP)</b>		
<i>PREP State-Grant Program</i>		
Kansas State Department of Health and Environment (federal grant)	\$480,260	2010
<i>Sub-grantees</i>		
<i>Johnson County Health Department</i>	<i>\$115,000</i>	2010
<i>Sedgwick County Health Department</i>	<i>\$180,000</i>	2010

K A N S A S

<i>Wyandotte County Health Department</i>	<i>\$115,000</i>	2010
<b>TOTAL</b>	<b>\$480,260</b>	
<b>Title V Abstinence Education Grant Program (Title V Abstinence-Only)</b>		
Kansas State Department of Health and Environment (federal grant)	<b>\$359,879</b>	<b>2010</b>
<b>TOTAL</b>	<b>\$359,879</b>	
<b>GRAND TOTAL</b>	<b>\$840,139</b>	<b>2010</b>

**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 SIECUS State Profiles. Please visit SIECUS' "Contact Us" webpage at [www.siecus.org](http://www.siecus.org) to share information. Select "state policy" as the subject heading.*

**POINTS OF CONTACT**

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**ORGANIZATIONS THAT SUPPORT COMPREHENSIVE SEXUALITY EDUCATION**

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

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

**ORGANIZATIONS THAT OPPOSE COMPREHENSIVE SEXUALITY EDUCATION**

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

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

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

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

**MEDIA OUTLETS**

**Newspapers in Kansas<sup>40</sup>**

*Lawrence Journal-World*  
Lawrence, KS  
Phone: (785) 843-1000  
[www2.ljworld.com](http://www2.ljworld.com)

*Manhattan Mercury*  
Manhattan, KS  
Phone: (785) 776-2300  
[www.themercury.com](http://www.themercury.com)

*Salina Journal*  
Salina, KS  
Phone: (785) 823-6363  
[www.salina.com](http://www.salina.com)

*Topeka Capital-Journal*  
Topeka, KS  
Phone: (785) 295-1188  
[www.cjonline.com](http://www.cjonline.com)

*The Wichita Eagle*  
 Wichita, KS  
 Phone: (316) 268-6000  
[www.kansas.com](http://www.kansas.com)

**Political Blogs in Kansas**

*Bluegrass Politics*  
[www.bluegrasspolitics.bloginky.com](http://www.bluegrasspolitics.bloginky.com)

*Kansas Liberty*  
[www.kansasliberty.com](http://www.kansasliberty.com)

*Liberal and Stuck in Kansas*  
[www.blogcatalog.com/blog/liberal-stuck-in-kansas](http://www.blogcatalog.com/blog/liberal-stuck-in-kansas)

<sup>1</sup> This refers to the federal government’s fiscal year, which begins on October 1<sup>st</sup> and ends on September 30<sup>th</sup>. The fiscal year is designated by the calendar year in which it ends; for example, Fiscal Year 2010 began on October 1, 2009 and ended on September 30, 2010.

<sup>2</sup> Kan. Admin. Regs. § 91-31-32(b)(9), <[http://www.kssos.org/pubs/KAR%5C2009%5C4%20091\\_91-Department%20of%20Education,%202009%20KAR%20Vol%204.pdf](http://www.kssos.org/pubs/KAR%5C2009%5C4%20091_91-Department%20of%20Education,%202009%20KAR%20Vol%204.pdf)>.

<sup>3</sup> Ibid.

<sup>4</sup> *Kansas Model Curricular Standards for Health Education*, p. 1, <[http://www.kshealthykids.org/KSCH\\_Docs/Standards/Health%20Standards/HealthStandards.pdf](http://www.kshealthykids.org/KSCH_Docs/Standards/Health%20Standards/HealthStandards.pdf)>.

<sup>5</sup> *Kansas Model Curricular Standards for Health Education*, p. 16, <[http://www.kshealthykids.org/KSCH\\_Docs/Standards/Health%20Standards/HealthStandards.pdf](http://www.kshealthykids.org/KSCH_Docs/Standards/Health%20Standards/HealthStandards.pdf)>.

<sup>6</sup> *Kansas Model Curricular Standards for Health Education*, p. 41, <[http://www.kshealthykids.org/KSCH\\_Docs/Standards/Health%20Standards/HealthStandards.pdf](http://www.kshealthykids.org/KSCH_Docs/Standards/Health%20Standards/HealthStandards.pdf)>.

<sup>7</sup> Danice K. Eaton, et. al., “Youth Risk Behavior Surveillance—United States, 2009,” *Surveillance Summaries, Morbidity and Mortality Weekly Report*, vol. 59, no. SS-5 (4 June 2010): 98–109, accessed 4 June 2010, <<http://www.cdc.gov/mmwr/pdf/ss/ss5905.pdf>>.

<sup>8</sup> “Births: Final Data for 2008,” *National Vital Statistics Report*, vol. 59, (Atlanta, GA: Centers for Disease Control and Prevention, December 2010), accessed 29 June 2011, <[http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59\\_01.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_01.pdf)>, Table 12.

<sup>9</sup> “VitalStats: Birth Data Files by State, Age of Mother in Years, 2008,” (Atlanta, GA: Centers for Disease Control and Prevention), accessed 30 June 2011, <[http://www.cdc.gov/nchs/data\\_access/vitalstats/VitalStats\\_Births.htm](http://www.cdc.gov/nchs/data_access/vitalstats/VitalStats_Births.htm)>.

<sup>10</sup> *U.S. Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, (Washington, DC: Guttmacher Institute, January 2010), accessed 5 March 2010, <<http://www.guttmacher.org/pubs/USTPTrends.pdf>>, Table 3.1.

<sup>11</sup> Ibid., Table 3.2.

<sup>12</sup> *U.S. Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, Table 3.3.

<sup>13</sup> *HIV Surveillance Report, 2008*, (Atlanta, GA: Centers for Disease Control and Prevention, June 2010), accessed 28 June 2011, <<http://www.cdc.gov/hiv/surveillance/resources/reports/2008report/pdf/2008SurveillanceReport.pdf>>, Table 19.

<sup>14</sup> Ibid.

<sup>15</sup> Slide 9: “Rates of Diagnoses of HIV Infection among Adolescents Aged 13–19 Years, 2009—40 States and 5 U.S. Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention, July 2011), accessed 27 September 2011, <<http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>>.

<sup>16</sup> *HIV Surveillance Report, 2008*, Table 20.

<sup>17</sup> Ibid.

<sup>18</sup> Slide 18: “Rates of Diagnoses of AIDS Infection among Adolescents Aged 13–19 Years, 2009—40 States and 5 U.S. Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention, July 2011), accessed 27 September 2011, <<http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>>.

<sup>19</sup> “Wonder Database: Selected STDs by Age, Race/Ethnicity, and Gender, 1996–2008 Results,” (Atlanta, GA: Centers for Disease Control and Prevention), 30 June 2009, accessed 5 March 2010, <<http://wonder.cdc.gov>>; see also Table 10: “Chlamydia: Reported Cases and Rates Per 100,000 Population by Age Group and Sex: United States, 2004–2008,” *Sexually*

*Transmitted Disease Surveillance 2008*, (Atlanta, GA: Centers for Disease Control and Prevention, Division of STD Prevention, November 2009), accessed 5 March 2010, <<http://www.cdc.gov/std/stats08/surv2008-Complete.pdf>>, 95.

<sup>20</sup> Ibid; see also Table 20: “Gonorrhea—Reported Cases and Rates per 100,000 Population by Age Group and Sex: United States, 2004–2008,” *Sexually Transmitted Disease Surveillance 2008*, 106.

<sup>21</sup> Ibid; see also Table 33: “Primary and Secondary Syphilis—Reported Cases and Rates per 100,000 Population by Age Group and Sex: United States, 2004–2008,” *Sexually Transmitted Disease Surveillance 2008*, 121.

<sup>22</sup> Information provided by Sandra Springer, HIV/AIDS director for the Kansas Department of Health and Environment, 21 February 2011.

<sup>23</sup> “Making a Difference!” Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed 1 July 2011,

<<http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=127&PageTypeID=2>>.

<sup>24</sup> Information provided by Sandra Springer, HIV/AIDS director for the Kansas Department of Health and Environment.

<sup>25</sup> “What Could You Do?” Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed 25 August 2011,

<<http://www.etr.org/RECAPP/index.cfm?fuseaction=pages.ebpDetail&PageID=617&PageTypeID=2>>.

<sup>26</sup> Information provided by Sandra Springer, HIV/AIDS director for the Kansas Department of Health and Environment.

<sup>27</sup> *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 30 March 2010,

<<http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf>>, 22.

<sup>28</sup> Ibid., 23–24.

<sup>29</sup> Information provided by Sandra Springer, HIV/AIDS director for the Kansas Department of Health and Environment.

<sup>30</sup> “Rikers Health Advocacy Program (RHAP)” Evidence-Based Program, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed 23 August 2011,

<<http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=612&PageTypeID=2>>.

<sup>31</sup> Ibid.

<sup>32</sup> Information provided by Sandra Springer, HIV/AIDS director for the Kansas Department of Health and Environment.

<sup>33</sup> “About KVC Kansas,” Kaw Valley Center Behavioral HealthCare Kansas, accessed 29 August 2011,

<<http://www.kvc.org/kansas/about-kvc-kansas>>.

<sup>34</sup> “All Stars Programs,” All Stars, accessed 29 August 2011, <<http://www.allstarsprevention.com/programs.asp>>; see also “All Stars Objectives,” All Stars, accessed 29 August 2011.

<sup>35</sup> “All Stars Core,” All Stars, accessed 29 August 2011, <<http://www.allstarsprevention.com/programs/core/coreMain.asp>>.

<sup>36</sup> “Big Decisions – Key Messages,” Big Decisions, accessed 29 August 2011, <<http://www.bigdecisions.org/wp-content/uploads/2009/10/BD-2009-KEY-MESSAGES-E-S.pdf>>.

<sup>37</sup> “Big Decisions – Sexuality Curriculum Outline,” Big Decisions, accessed 29 August 2011, <<http://www.bigdecisions.org/wp-content/uploads/2009/09/BD-2009-Curriculum-Outline-Eng-Sp.pdf>>.

<sup>38</sup> “Big Decisions – Parent Session,” Big Decisions, accessed 29 August 2011, <<http://www.bigdecisions.org/wp-content/uploads/2009/10/BD-2009-Parent-SessionC.pdf>>.

<sup>39</sup> The person listed represents the designated personnel in the state responsible for adolescent reproductive health.

<sup>40</sup> This section is a list of major newspapers in the state and is by no means exhaustive of local print outlets.