



SIECUS

State Profile

KENTUCKY

In Fiscal Year 2013,¹ the state of Kentucky received:

- Division of Adolescent and School Health funds totaling \$65,000
- Personal Responsibility Education Program funds totaling \$665,614
- Title V Abstinence Education Program funds totaling \$770,076

In Fiscal Year 2013, local entities in Kentucky received:

- Teen Pregnancy Prevention Initiative funds totaling \$963,330

SEXUALITY EDUCATION LAW AND POLICY

There is no state law in Kentucky regarding sex education; however, all Kentucky schools follow the *Kentucky Core Academic Standards*, which were adopted by the Kentucky State Board of Education in June 2010. The *Kentucky Core Academic Standards* contain content formerly in the Kentucky Department of Education's *Program of Studies*, which required instruction for students in grades 6–12. Through personal and physical health education, students learn “how decision-making relates to responsible sexual behavior (e.g., abstinence, preventing pregnancy, preventing HIV/[sexually transmitted diseases] STDs), and impacts the physical, mental and social well being of an individual.”² Students also learn about the basic reproductive system and functions. No specific curriculum is required. However, state funds are available for local health departments to help young people postpone sexual involvement.

Kentucky 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 the *Kentucky Core Academic Standards*.

2013 STATE LEGISLATIVE SESSION ACTIVITY

Bill to Require That Sex Education Be Comprehensive

Introduced in January 2013, Kentucky's SB 31 would require that public schools that offer sexuality education provide scientific, medically accurate, evidence-based, and age-appropriate information; however, the bill would not require that public schools provide sexuality education. The legislation would allow parents or guardians the opportunity to review the curriculum upon request, and opt their children out of the program. Additionally, SB 31 would require that any programs utilizing state funding for sex education and adolescent pregnancy prevention adopt a science-based curriculum. The bill died in committee.

YOUTH SEXUAL HEALTH DATA

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

Kentucky Youth Risk Behavior Survey (YRBS) Data³

- In 2013, 43.3% of female high school students and 45.9% of male high school students in Kentucky reported ever having had sexual intercourse, compared to 46% of female high school students and 47.5% of male high school students nationwide.
- In 2013, 3.2% of female high school students and 7.5% of male high school students in Kentucky reported having had sexual intercourse before age 13, compared to 3.1% of female high school students and 8.3% of male high school students nationwide.
- In 2013, 32.3% of female high school students and 31% of male high school students in Kentucky reported being currently sexually active (defined as having had sexual intercourse in the three months prior to the survey), compared to 35.2% of female high school students and 32.7% of male high school students nationwide.
- In 2013, 11.8% of female high school students and 7.6% of male high school students in Kentucky who dated or went out with someone during the 12 months before the survey reported experiencing physical dating violence one or more times during that time period (defined as being hit, slammed into something, or injured with an object or weapon on purpose by someone they were dating or going out with), compared to 13% of female high school students and 7.4% of male high school students nationwide.

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

Kentucky Teen Pregnancy, HIV/AIDS, and Other STD Data

Teen Pregnancy, Birth, and Abortion

- In 2010, Kentucky's teen pregnancy rate ranked 16th in the United States, with a rate of 62 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 57 per 1,000.⁴ There were a total of 8,990 pregnancies among young women ages 15–19 reported in Kentucky in 2010.⁵
- In 2012, Kentucky's teen birth rate ranked 8th in the United States, with a rate of 41.5 births per 1,000 young women ages 15–19, compared to the national rate of 29.4 per 1,000.⁶ In 2012, there were a total of 5,689 live births reported to young women ages 15–19 in Kentucky.⁷
- In 2010, Kentucky's teen abortion rate ranked 46th in the United States, with a rate of six abortions per 1,000 young women ages 15–19, compared to the national rate of 15 per 1,000.⁸ There were a total of 880 abortions among young women ages 15–19 reported in Kentucky in 2010.⁹

HIV and AIDS

- In 2011, the rate of diagnoses of HIV infection among adolescents ages 13–19 in Kentucky was 4.3 per 100,000, compared to the national rate of 7.6 per 100,000.¹⁰

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- In 2011, the rate of AIDS diagnoses among adolescents ages 13–19 in Kentucky was 1.6 per 100,000, compared to the national rate of 1.9 per 100,000.¹¹
- In 2011, the rate of diagnoses of HIV infection among young adults ages 20–24 in Kentucky was 21.9 per 100,000, compared to the national rate of 36.3 per 100,000.¹²
- In 2011, the rate of AIDS diagnoses among young adults ages 20–24 in Kentucky was 3.3 per 100,000, compared to the national rate of 10.9 per 100,000.¹³

Sexually Transmitted Diseases

- In 2012, Kentucky ranked 24th in the United States for reported cases of chlamydia among young people ages 15–19, with an infection rate of 1,954.1 cases per 100,000, compared to the national rate of 2,001.7 cases per 100,000. In 2012, there were a total of 5,659 cases of chlamydia reported among young people ages 15–19 in Kentucky.¹⁴
- In 2012, Kentucky ranked 21st in the United States for reported cases of gonorrhea among young people ages 15–19, with an infection rate of 338.7 cases per 100,000, compared to the national rate of 376.8 cases per 100,000. In 2012, there were a total of 981 cases of gonorrhea reported among young people ages 15–19 in Kentucky.¹⁵
- In 2012, Kentucky ranked 26th in the United States for reported cases of primary and secondary syphilis among young people ages 15–19 in the United States, with an infection rate of 2.4 cases per 100,000, compared to the national rate of 4.1 cases per 100,000. In 2012, there were a total of seven cases of syphilis reported among young people ages 15–19 in Kentucky.¹⁶

FEDERAL FUNDING FOR SEX EDUCATION, TEEN PREGNANCY PREVENTION, AND ABSTINENCE-ONLY-UNTIL-MARRIAGE 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 FY 2013. 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. OAH utilizes the remaining appropriated funds to provide program support, implementation evaluation, and technical assistance to grantees. TPPI also dedicates \$8.5 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 and minimize underlying behavioral risk factors or other associated risk factors.

- There are no TPPI Tier 1 grantees in Kentucky.

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 is one TPPI Tier 2 Innovative Approaches grantee in Kentucky, University of Louisville Research Foundation, Inc., which received \$963,330 for FY 2013.

University of Louisville Research Foundation, Inc., \$963,330 (FY 2013)

The University of Louisville Research Foundation utilizes its Tier 2 grant to implement and test a combined adaptation of *Reducing the Risk*, and *Love Notes*. The program targets at-risk young people ages 14–19, such as immigrants, refugees, youth in foster care, youth from low-income neighborhoods, and youth from areas with high rates of teen pregnancy. The program serves approximately 360 young people each year.

TPPI Tier 2: Integrating Services, Programs, and Strategies through 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 Kentucky.

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 17 state and 19 local education agencies to help districts and schools strengthen student health through exemplary sexual health education (ESHE), that emphasizes HIV and other STD prevention, increased access to key sexual health services (SHS), and the establishment of safe and supportive environments (SSE) for students and staff. In addition, DASH funds nine national non-governmental organizations (NGOs) to help state and local education agencies achieve these goals.

- There were no DASH grantees in Kentucky funded to strengthen student health through ESHE, SHS, and SSE in FY 2013.

DASH also funds three local education agencies and one NGO 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.

- There were no DASH grantees in Kentucky funded to deliver YMSM programming in FY 2013.

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 Survey (YRBS) and School Health Profiles data for policy and program improvements.

- There is one DASH grantee in Kentucky funded to collect and report YRBS and School Health Profiles data in FY 2013, the Kentucky Department of Education (\$65,000).

Pregnancy Assistance Fund

The Pregnancy Assistance Fund (PAF), administered by OAH, provides expecting and parenting teens, women, fathers, and their families with a network of support services.

Established in FY 2010 through a 10-year authorization (FY 2010–FY 2019) in the Affordable Care Act (ACA), PAF is a \$25 million competitive grant program for state and tribal entities. PAF grants support programs that include at least one of the following four components:

1) support for expectant and parenting student services at institutions of higher education; 2) support for expectant and parenting teens, women, fathers, and their families at high schools and community centers; 3) improved services for pregnant women who are victims of domestic violence, sexual violence, sexual assault, and stalking; and 4) increased public awareness and education services for expectant and parenting teens, women, fathers, and their families. Now in the second round of awards, PAF supports 17 entities in 14 states and three tribal entities, most of which focus their efforts on serving teen parents.

- There are no PAF grantees in Kentucky.

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, \$3.1 million for Tribal PREP, for tribes and tribal organizations, and with remaining funds for evaluation, training, and technical assistance. In addition, provisions within the statute for PREP enable a competitive application process for community- and faith-based organizations within states and territories that do not directly seek PREP funding by the third year of the program; these competitive PREP (CPREP) grants were awarded to organizations in five states and three territories in FY 2013. Details on the state grant program, PREIS, Tribal PREP, and CPREP 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 STDs. 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 Kentucky Cabinet for Health and Families received \$665,614 in federal PREP funds for FY 2013.
- The agency provides sub-grants to 22¹⁷ local health departments.¹⁸

The Kentucky Cabinet for Health and Families awards funding to 22 local health departments to implement evidence-based programs in public schools. Programming serves young people ages 12–18 in 48 counties across the state with high teen birth rates. Sub-grantees are required to implement *Teen Outreach Program (TOP)* or *Reducing the Risk*, which is recommended specifically for use with high school students.¹⁹

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 Kentucky.

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 young people 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 2013, 16 tribes and tribal organizations from nine states received a total of \$3.1 million.
- There are no Tribal PREP grantees in Kentucky.

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. Organizations and institutions in states and territories that did not apply for PREP formula grants in either of the past two fiscal years were eligible to submit competitive applications for CPREP grants. Thirty-seven grants, totaling \$18.6 million, were awarded in FY 2013 to organizations in American Samoa, the Commonwealth of Northern Mariana Islands, Florida, Guam, Indiana, North Dakota, Texas, and Virginia.

- There are no CPREP grantees in Kentucky.

Title V State Abstinence Education Grant Program

The Title V abstinence-only-until-marriage (Title V AOUM) program, administered by ACF, allocates \$50 million per year to states for FYs 2010–2014. ACF administers the grant program. 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 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 Kentucky Cabinet for Health and Families received \$770,076 in federal Title V AOUM funding for FY 2013.
- The agency provides sub-grants to 27²⁰ local public and private entities.²¹
- In Kentucky, the match is provided through a combination of in-kind funds from sub-grantees and the Department for Public Health and state general funds.

The Kentucky Title V AOUM program awards funding to local and county health departments and community-based organizations to provide AOUM programs in public schools to students in grades 6–8. A total of 27 local public and private entities implement AOUM programs in schools statewide. In addition, sub-grantees are required to provide foster parent education in their locations. Sub-grantees are implementing the curricula *Choosing the Best*, *Postponing Sexual Involvement*, and *Teen Outreach Program (TOP)*.²²

Competitive Abstinence Education Grant Program

Administered by the ACF, the Competitive Abstinence Education (CAE) grant program provides grants for “abstinence education” as defined by the A–H statute in Title V of the Social Security Act, as well as for mentoring, counseling, and adult supervision that promotes abstinence outside of marriage. As currently implemented by ACF, the programs must also be medically accurate. In FY 2013, \$4.3 million was granted through a competitive application process to 10 grantees across nine states, in addition to the nine grantees implementing the second year of their CAE awards in some overlapping and additional states, for a total of 19 CAE grantees in 14 states.

- There are no CAE grantees in Kentucky.

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Kentucky TPPI, DASH, PAF, PREP, Title V AOUM, and CAE Funding in FY 2013

Grantee	Award	Fiscal Years
Teen Pregnancy Prevention Initiative (TPPI)		
<i>TPPI Tier 2: Innovative Approaches</i>		
University of Louisville Research Foundation, Inc.	\$963,330	2010–2014
TOTAL	\$963,330	
Division of Adolescent and School Health (DASH)		
Kentucky Department of Education	\$65,000	2013–2017
TOTAL	\$65,000	
Personal Responsibility Education Program (PREP)		
<i>PREP State-Grant Program</i>		
Kentucky Cabinet for Health and Families (federal grant)	\$665,614	2013
TOTAL	\$665,614	
Title V Abstinence-Only-Until-Marriage Program (Title V AOUM)		
Kentucky Cabinet for Health and Families (federal grant)	\$770,076	2013
TOTAL	\$770,076	
GRAND TOTAL		
	\$2,464,020	2013

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 2013 began on October 1, 2012, and ended on September 30, 2013.

² “Practical Living—High School,” Kentucky Core Academic Standards, p. 500, <http://education.ky.gov/curriculum/docs/pages/kentucky-core-academic-standards---new.aspx>.

³ Kann, Laura, et al., “Youth Risk Behavior Surveillance—United States, 2013,” *Surveillance Summaries, Morbidity and Mortality Weekly Report*, vol. 63, no. 4 (June 13, 2014): accessed July 17, 2014, <http://www.cdc.gov/mmwr/pdf/ss/ss6304.pdf>.

⁴ Kost, K., and S. Henshaw, *U.S. Teenage Pregnancies, Births, and Abortions, 2010: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2014), accessed July 8, 2014, <http://www.guttmacher.org/pubs/USTPtrends10.pdf>, Table 3.1.

⁵ *Ibid.*, Table 3.2.

⁶ Martin, J.A., et al., *Births: Final Data for 2012*. National Vital Statistics Reports, Vol. 62, No. 9. (December 30, 2013), accessed July 30, 2014, http://www.cdc.gov/nchs/data/nvsr/nvsr62/nvsr62_09.pdf. Table 12.

⁷ Centers for Disease Control and Prevention, VitalStats Interactive Data Tables, Hyattsville, MD: National Center for Health Statistics, <http://www.cdc.gov/nchs/vitalstats.htm>.

⁸ Kost, K., and S. Henshaw, *U.S. Teenage Pregnancies, Births, and Abortions, 2010: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2014), accessed July 8, 2014, <http://www.guttmacher.org/pubs/USTPtrends10.pdf>, Table 3.1.

⁹ *Ibid.*, Table 3.2.

¹⁰ Slide 9: “Rates of Diagnosis of HIV Infection among Adolescents Aged 13–19 Years, 2011—United States and 6 Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), accessed May 30, 2013, <http://bit.ly/1dbYpAJ>.

¹¹ Slide 18: “Rates of Stage 3 (AIDS) Classifications among Adolescents Aged 13–19 Years with HIV Infection, 2011—United States and 6 Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), accessed May 30, 2013, <http://bit.ly/1dbYpAJ>.

¹² Slide 10: “Rates of Diagnoses of HIV Infection among Young Adults Aged 20–24 Years, 2011—United States and 6 Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), accessed May 30, 2013, <http://bit.ly/1dbYpAJ>.

¹³ Slide 19: “Rates of Stage 3 (AIDS) Classifications among Adolescents Aged 20–24 Years with HIV Infection, 2011—United States and 6 Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), accessed May 30, 2013, <http://bit.ly/1dbYpAJ>.

¹⁴ NCHHSTP Atlas, “STD Surveillance Data.” (Atlanta, GA: Centers for Disease Control and Prevention), accessed June 10, 2013, <http://gis.cdc.gov/GRASP/NCHHSTPAtlas/main.html>.

¹⁵ *Ibid.*

¹⁶ *Ibid.*

¹⁷ Sub-grantees include the following local health departments: Allen (\$6,500); Barren River (\$44,260); Boyd/Ashland (\$19,000); Brighton Center (\$32,500); Clark (\$7,500); Estill (\$16,416); Floyd (\$19,000); Garrard (\$7,500); Gateway (\$38,000); Graves (\$26,500); Green River (\$121,000); KY River (\$70,881); Knox (\$18,000); Lake Cumberland (\$69,618); Lawrence (\$18,000); Lincoln (\$19,000); Lincoln Trail (\$26,000); Magoffin (\$19,000); Marshall (\$5,961); Montgomery (\$10,995); Purchase (\$36,000); and Whitley (\$13,000).

¹⁸ Information provided by Benita Decker, adolescent health initiatives coordinator, Cabinet for Health and Family Services, June 2, 2014.

¹⁹ *Ibid.*

²⁰ Sub-grantees include: Allen County Health Department (\$5,850); Barren River District (\$45,396); Bullitt County Health Department (\$11,253); Calloway County Health Department (\$3,413); Christian County Health Department (\$8,245); Clark County Health Department (\$7,471); Fayette County Health Department (\$72,092); Garrard County Health Department (\$21,401); Graves Co. (\$25,624); Green River District (\$22,491); Jessamine Co. (\$27,052); KY River District (\$60,052); Knox Co. (\$19,500); Lawrence Co. (\$3,890); Lincoln Trail District (\$17,572); Marshall Co. (\$10,957); Mercer Co. (\$5,850); Monroe Co. (\$17,815); Montgomery Co. (\$8,336); New Beginnings Winchester (\$13,461); New Hope Center (\$61,669); North Central District (\$53,000); Purchase District (\$4,388); Todd Co. (\$4,168); WEDCO District (\$7,118); Whitley Co. (\$7,830); Woodford Co. (\$6,587).

²¹ Information provided by Benita Decker, adolescent health initiatives coordinator, Kentucky Cabinet for Health & Family Services, August 13, 2014.

²² *Ibid.*

²³ The person listed represents the designated personnel in the state responsible for adolescent reproductive health.