



### MISSOURI

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

- **Personal Responsibility Education Program funds totaling \$991,673**
- **Title V State Abstinence Education Program funds totaling \$934,278**

**In Fiscal Year 2010, local entities in Missouri received:**

- **Teen Pregnancy Prevention Initiative funds totaling \$2,443,658**

#### SEXUALITY EDUCATION LAW AND POLICY

Missouri schools are required to teach health education, including HIV/AIDS-prevention education, beginning in elementary school.<sup>2</sup> If a school chooses to provide additional sexuality education, Missouri law mandates that all instruction must be medically and factually accurate and “present abstinence from sexual activity as the preferred choice of behavior in relation to all sexual activity for unmarried pupils.”<sup>3</sup> In addition, instruction must “advise students that teenage sexual activity places them at a higher risk of dropping out of school because of the consequences of sexually transmitted diseases and unplanned pregnancy.”<sup>4</sup>

Among other requirements, the instruction must also:

- provide students with the latest medical information regarding exposure to HIV/AIDS, human papillomavirus (HPV), hepatitis, and other STDs;
- present the latest medically factual information regarding both the possible side effects and health benefits of all forms of contraception, including their success and failure rates in preventing pregnancy and STDs, or present information on contraceptives in a manner consistent with the provisions of the federal abstinence education law; and
- include a discussion of the possible emotional and psychological consequences of preadolescent and adolescent sexual activity and the consequences of adolescent pregnancy.

The specific content of human sexuality instruction must be determined by the school board of a school district or charter school.<sup>5</sup> School districts and charter schools are prohibited from providing abortion services and from allowing a person and/or entity that provides abortion services to “offer, sponsor, or furnish” course materials related to human sexuality and STDs.<sup>6</sup>

Prior to instruction, school districts and charter schools must make all curriculum materials available for public inspection.<sup>7</sup> Parents have the right to remove their child from any part of the district’s or school’s human sexuality instruction.<sup>8</sup> This is referred to as an “opt-out” policy.

See Missouri Revised Statutes § 170.015 and Missouri School Improvement Program Integrated Standards and Indicators Manual: Accreditation Standards for Public Schools in Missouri.

## RECENT LEGISLATION

### *New Guidelines for Sex Education Introduced*

Senate Bill 332, introduced in February 2011, would have revised Missouri's existing sex education law to include updated guidelines. These new guidelines would have required instruction to be comprehensive and medically accurate. In part, the measure would have removed the option of teaching abstinence-only programs by requiring schools to teach about the health benefits and side effects of all contraceptives and barrier methods as a way to prevent pregnancy and sexually transmitted diseases. Instruction also would have been required to teach students about internet safety and both the personal and legal consequences of sending inappropriate text messages, among other topics. The bill was referred to the Senate Committee on Health, Mental Health, Seniors and Families, where it died.

### *Prevention First Act Introduced*

Senate Bill 348, the *Prevention First Act*, was introduced in February 2011 and proposed identical amendments to the state's sex education law as were proposed by Senate Bill 332. In addition, the bill would have eliminated a provision that prohibited any abortion providers from supplying course materials. Further, the bill would have added new provisions to state law, requiring hospitals to give rape victims medically accurate and objective information about emergency contraception—and provide it if requested—and prohibiting any governmental entity from denying contraceptives to individuals. It also would have required licensed pharmacies to fulfill all legal requests for over-the-counter contraceptives. The bill was referred to the Senate Committee on Health, Mental Health, Seniors and Families and died in committee.

## YOUTH SEXUAL HEALTH DATA

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

### **Missouri Youth Risk Behavior Survey (YRBS) Data<sup>9</sup>**

- In 2009, 47% of female high school students and 50% of male high school students in Missouri reported ever having had sexual intercourse compared to 46% of female high school students and 46% of male high school students nationwide.
- In 2009, 3% of female high school students and 8% of male high school students in Missouri 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, 14% of female high school students and 18% of male high school students in Missouri 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.

## MISSOURI

- In 2009, 36% of female high school students and 35% of male high school students in Missouri 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, 51% of females and 69% of males in Missouri 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, 27% of females and 22% of males in Missouri 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, 19% of females and 27% of males in Missouri 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, 90% of high school students in Missouri reported having been taught about AIDS/HIV in school compared to 87% of high school students nationwide.

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

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

- Missouri's teen birth rate currently ranks 20<sup>th</sup> in the United States with a rate of 45.5 births per 1,000 young women ages 15–19 compared to the national rate of 41.5 births per 1,000.<sup>10</sup> In 2008, there were a total of 7,892 live births reported to young women ages 15–19 in Missouri.<sup>11</sup>
- In 2005, Missouri's teen pregnancy rate ranked 26<sup>th</sup> in the United States, with a rate of 63 pregnancies per 1,000 young women ages 15–19 compared to the national rate of 70 pregnancies per 1,000.<sup>12</sup> There were a total of 12,840 pregnancies among young women ages 15–19 in Missouri.<sup>13</sup>
- In 2005, Missouri's teen abortion rate ranked 34<sup>th</sup> in the United States, with a rate of 11 abortions per 1,000 young women ages 15–19 compared to the national rate of 19 abortions per 1,000.<sup>14</sup>

#### *HIV and AIDS*

- Missouri's HIV infection rate ranks 16<sup>th</sup> in the United States, with a rate of 11.5 cases per 100,000 individuals compared to the national rate of 19.5 cases per 100,000.<sup>15</sup>
- Missouri ranks 15<sup>th</sup> in cases of HIV infection diagnosed in the United States among all age groups. In 2008, there were a total of 677 new cases of HIV infection diagnosed in Missouri.<sup>16</sup>
- Missouri's HIV infection rate among young people ages 13–19 ranks 15<sup>th</sup> in the United States, with a rate of 8.6 cases per 100,000 young people compared to the national rate of 9.1 cases per 100,000.<sup>17</sup>

## MISSOURI

- Missouri ranks 19<sup>th</sup> in number of reported AIDS cases in the United States among all age groups. In 2008, there were a total of 500 new AIDS cases reported in Missouri.<sup>18</sup>
- Missouri's AIDS rate ranks 21<sup>st</sup> in the United States, with a rate of 8.5 cases per 100,000 individuals compared to the national rate of 12.3 cases per 100,000.<sup>19</sup>
- Missouri's AIDS rate among young people ages 13–19 ranks 10<sup>th</sup> in the United States with a rate of 2.1 cases per 100,000 young people compared to the national rate of 1.8 cases per 100,000.<sup>20</sup>

### *Sexually Transmitted Diseases*

- Missouri ranks 12<sup>th</sup> in reported cases of Chlamydia among young people ages 15–19 in the United States, with an infection rate of 22.61 cases per 1,000 compared to the national rate of 19.51 cases per 1,000. In 2008, there were a total of 9,364 cases of Chlamydia reported among young people ages 15–19 in Missouri.<sup>21</sup>
- Missouri ranks 15<sup>th</sup> in reported cases of gonorrhea among young people ages 15–19 in the United States, with an infection rate of 5.73 cases per 1,000 compared to the national rate of 4.52 cases per 1,000. In 2008, there were a total of 2,375 cases of gonorrhea reported among young people ages 15–19 in Missouri.<sup>22</sup>
- Missouri ranks 16<sup>th</sup> in reported cases of primary and secondary syphilis among young people ages 15–19 in the United States, with an infection rate of 0.03 cases per 1,000 compared to the national rate of 0.04 cases per 1,000. In 2008, there were a total of 14 cases of syphilis reported among young people ages 15–19 in Missouri.<sup>23</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 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.

- Local organizations in Missouri received \$2,443,658 in TPPI Tier 1 funding for Fiscal Year 2010.

- There are three TPPI Tier 1 grantees in Missouri: Better Family Life, Inc.; Washington University; and The Women’s Clinic of Kansas City.

#### Better Family Life, \$998,500 (2010–2014)

Better Family Life, Inc. (BFL) is a non-profit organization that focuses on community development. Established in 1983 in response to “the crises within the African-American family,” BFL aims to “plan and establish social, cultural, artistic, youth, economic, housing and educational programs that help to promote positive and innovative changes within the metropolitan St. Louis area.”<sup>24</sup> BFL’s programs primarily serve the unemployed, underemployed, disadvantaged, and “skill-deficient.”

BFL previously received abstinence-only-until-marriage funding through the now-defunct Community-Based Abstinence Education (CBAE) grant program. Between Fiscal Years 2005 and 2007, the organization received \$2.4 million in CBAE funds. BFL was awarded an additional five-year CBAE grant in Fiscal Year 2008 and received \$1.2 million from the grant before the program was eliminated in 2010. With the funds, BFL implemented *Choosing the Best*, one of the more popular abstinence-only-until-marriage curricula series. The organization also sponsored the “Abstinence Superstar” youth rally. The afternoon event promoted abstinence until marriage and featured local speakers, faith leaders, hip hop artists, and other performers.<sup>25</sup>

The organization’s TPPI Tier 1 program aims to reduce rates of teen pregnancy and STDs among low-income, African-American youth in St. Louis and Jennings, Missouri. BFL partners with public, private and charter schools as well as community-based organizations to implement programming to youth ages 12–19 using two evidence-based curricula: *Becoming a Responsible Teen (BART)* and *Reducing the Risk*.

*Becoming a Responsible Teen (BART)* is an evidence-based HIV/AIDS-prevention education curriculum designed for African-American youth ages 14–18. *BART* teaches students to reduce sexual risk taking by promoting safer sex practices while also teaching that abstinence is the most effective way to prevent HIV and unintended pregnancy. The curriculum combines education with behavioral skills training on assertion, refusal, self-management, problem solving, risk recognition, and correct condom use.<sup>26</sup> *BART* includes interactive activities, group discussions, and role-plays developed by teens. It is designed for implementation in community-based settings and with single-sex groups. An evaluation of the program published in the *Journal of Consulting and Clinical Psychology* found that it increased participant knowledge of HIV and AIDS and increased participants’ ability to manage the pressure to engage in unprotected sex as well as to provide information to their peers regarding safe sexual practices. The program was also found to delay the initiation of sexual intercourse; reduce the frequency of sex and the incidence of unprotected sex; and reduce the incidence of unprotected anal sex. Among male participants, the program was found to increase condom use.<sup>27</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>28</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>29</sup>

BFL partners with four middle schools to implement *BART*, including: Jennings Middle School, Langston Middle School, Normandy Middle School, and Yeatman Middle School. And implements *Reducing the Risk* in eight high schools, including: Beaumont High School, The Big Picture Charter School,

Cardinal Ritter College Preparatory High School, Jennings High School, Normandy High School, North County Technical High School, Northwest Law Academy High School, and Shearwater Education Foundation alternative high school. In addition, five organizations implement both curricula to youth in community-based settings: Fathers' Support Center of St. Louis, Fresh Start Community Outreach Organization, Girls, Inc., the Liberian Association in Missouri, and A New Cornerstone.<sup>30</sup> The program plans to reach 1,400 youth annually.

Washington University, \$400,000 (2010–2014)

Washington University, a private university located in St. Louis, offers more than 90 academic programs and provides direct services, such as health care. Washington University uses its TPPI Tier 1 funding in its existing program, “Project ARK (AIDS/HIV Resources and Knowledge),” which coordinates medical care, social support, and prevention services for women and children with HIV.<sup>31</sup> With the Tier 1 funds, “Project ARK” provides programming to young women, ages 13–17 in the city of St. Louis and St. Louis County who are in or “aging out” of foster care.<sup>32</sup> The overall goal of the program is to decrease risky sexual behaviors, including new sexual partners, among participants, ultimately leading to a decrease in teen pregnancy. The program plans to reach approximately 200 youth annually.<sup>33</sup>

“Project ARK” implements *Safer Sex*, a clinic-based intervention designed for female adolescents. The intervention is delivered to participants in a one-on-one setting and seeks to reduce their incidence of STD infection and improve their efficacy of condom use. The intervention is administered by a female health educator and begins with the viewing of a brief video clip that uses celebrities to dramatize buying condoms as well as negotiating condom use. The video is followed by a 30-minute discussion with the health educator, which is tailored to meet the interests and risk level of the individual participant. The discussion addresses the consequences of having unprotected sex, methods for preventing unintended pregnancy and STDs, including HIV, secondary abstinence, and condom-use skills. Participants also conduct a self-assessment to evaluate their sexual risk and are provided with written information about safer sex and contraception use. In addition, the intervention includes one-, three-, and six-month booster sessions at which time participants are invited back to the clinic for follow-up. An evaluation of the program published in the *Archives of Pediatrics and Adolescent Medicine* found, at a six-month follow-up, that the intervention reduced the incidence of multiple sexual partners among participants.<sup>34</sup>

The intervention takes place at The SPOT (Supporting Positive Opportunities with Teens), a drop-in teen health center at Washington University Medical Center. Program participants receive a comprehensive medical evaluation at The SPOT and also have the option of participating in the Contraceptive Choice Project, a Washington University research study that offers participants free contraception. “Project ARK” and The SPOT partner with the Children’s Division of Missouri Social Services, adolescent and pediatric health providers, mental health experts, foster care legal and policy advocates, youth-serving community organizations, and the statewide Teen Pregnancy & Prevention Partnership to implement the program.<sup>35</sup>

The Women’s Clinic of Kansas City, \$1,045,158 (2010–2014)

The Women’s Clinic of Kansas City (TWC) refers to itself as a “pregnancy resource center” serving young women in Jackson County and the greater Kansas City area; however, TWC is a known crisis pregnancy center (CPC).<sup>36</sup> In its own words, TWC is as “faith-based community supported 501(c)3 not-for-profit” that provides “free medically based crisis pregnancy intervention....”<sup>37</sup> CPCs are anti-choice organizations that often pose as family planning/reproductive health clinics. They typically advertise as providing medical services and then use anti-abortion propaganda, misinformation, and fear and shame tactics to dissuade women facing unintended pregnancy from exercising their right to choose.

Among its services, TWC provides “abortion alternative education” to its clients. The organization also hosts an annual “Walk for Life” fundraiser. The purpose of the event is to walk “for the lives of the unborn.” Participants are asked to contribute at various giving levels. A contribution of \$400, for example, will “save the life of ONE baby!”<sup>38</sup> Participants may also walk “in honor of a child that has been aborted.”<sup>39</sup>

In August 2011, TWC opened a second crisis pregnancy center in Grandview, Missouri and deliberately chose a location next to a Planned Parenthood clinic. “The Grandview [center], strategically located adjacent a Planned Parenthood, will offer alternatives to abortion for women who find themselves in an unplanned pregnancy,” the organization states on its website.<sup>40</sup> TWC aims to double its client size to 2500 families annually with the new location.

TWC is a former CBAE grantee and received \$2.2 million in funding for Fiscal Years 2005–2007. In Fiscal Year 2008, TWC was awarded an additional five-year CBAE grant and received \$1 million in funding before the grant program was eliminated in 2010. The organization used its CBAE funds to support its “LifeGuard Youth Development” program, which aims to educate youth on the “risks and consequences involved in premarital sex” and “the importance of avoiding risky behaviors such as drugs, alcohol, and sex before marriage.”<sup>41</sup> The program implemented *Choosing the Best* curricula in local schools. The *Choosing the Best* curricula series is one of the more popular abstinence-only-until-marriage programs in the county.

TWC is also an affiliate of national anti-abortion and abstinence-only organizations, including CareNet and Focus on the Family. Led by James Dobson, the mission of Focus on the Family is “to cooperate with the Holy Spirit in sharing the Gospel of Jesus Christ with as many people as possible by nurturing and defending the God-ordained institution of the family and promoting biblical truths worldwide.”<sup>42</sup> The organization is a long-time opponent of comprehensive sexuality education.

With its TPPI Tier 1 funding, TWC has revamped its “LifeGuard Youth Development” program to implement *Teen Outreach Program (TOP)* to students in grades seven through 10. *TOP* is an evidence-based youth development program that engages young people in experiential learning activities in order to “prepare for successful adulthood and avoid problem behaviors.”<sup>43</sup> The program is designed for youth ages 12–17 and focuses on reducing rates of school failure, school suspension, and teen pregnancy. *TOP* consists of a nine-month curriculum that addresses such topics as relationships, peer pressure, decision making, values clarification, goal-setting, adolescent development, and sexual health.<sup>44</sup> It also includes a 20-hour community service component that engages participants in activities to enhance knowledge and develop skills, including self-efficacy, communication, conflict-management, and self-regulation. *TOP* can be delivered as an in-school, after-school, or community-based program. An evaluation of the program published in *Child Development* found that young women, ages 15–19, who participated in *TOP* were significantly less likely to report a pregnancy during the program than participants in the control group.<sup>45</sup>

TWC partners with 20 community-based organizations and public and alternative schools to serve high-risk youth in Jackson County, Missouri and Wyandotte County, Kansas, which comprise the Kansas City metropolitan area. These partners include: Bridge Home for abused and neglected children; Central High School; Don Bosco Community Center; East High School; Gillis Center for at-risk youth and families; Kansas City Hawthorne and Leslie Unit Boys & Girls Clubs; Kansas City Public Library Bulford, Northeast and Southeast; Lee’s Summit Alternative School; Mother’s Refuge homeless shelter for pregnant and parenting teens, Northeast High School; Northwest Community Development Corporation; Paseo Academy of Fine Arts; Teen Challenge International girls’ home; Southwest Early College; Teenage Parent Center; and the YMCA of Independence, Missouri.<sup>46</sup> Programming will be implemented in both school- and community-based settings. By using *TOP*, TWC aims to “reduce teen pregnancy, school dropout rates, school suspensions rates and instill within program participants a sense of belong to and desire for service within their community.”<sup>47</sup> The program plans to reach 200 youth annually.

*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 Missouri.

*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 Missouri.

**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 Missouri Department of Health and Senior Services received \$991,673 in federal PREP funds for Fiscal Year 2010.
- The department will issue an application announcement for available funds under the state's PREP grant program. At the time of publication, the application announcement had not yet been finalized and sub-grantees had not yet been determined.

The Missouri PREP state-grant program will distribute funding to local public and private entities to serve youth residing in cities and counties with high teen birth rates and other related risk factors. Programming will target youth ages 12–18, including youth in foster care. At the time of publication, further details of the grant program had yet to be finalized.<sup>48</sup>

*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 Missouri.

### **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 to states for Fiscal Years 2010–2014. ACF administers the grant program. 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 Missouri Department of Health and Senior Services received \$934,278 in federal Title V abstinence-only funding for Fiscal Year 2010.
- The department sub-grants the funds to one local entity: Lincoln University of Missouri.
- In Missouri, the match is provided through in-kind funds.

The Missouri Title V abstinence-only program supports programming targets toward youth ages 10–19 in Dunklin, Jackson, Mississippi, New Madrid, Pemiscott, Scott, and St. Louis counties. Programming primarily serves African-American youth and youth in foster care. The Missouri Department of Health and Senior Services contracts with Lincoln University of Missouri, a historically black college located in Jefferson City, to implement the grant program. The university will determine local grantees in each targeted community to implement programming in both school- and community-based settings.

Under the requirements of the state-grant program, funded grantees must implement one of the following programs: *Character Counts*, *Choosing the Best*, and *Teen Outreach Program (TOP)*, which is the only evidence-based program approved for use. (Please see the *TPPI Tier 1: Evidence-Based Programs* section above for information on *TOP*.)

The *Choosing the Best* series is one of the more popular abstinence-only-until-marriage programs in the country. The series is comprised of a number of curricula for students from sixth grade through high school: *Choosing the Best WAY* (sixth grade), *Choosing the Best PATH* (seventh grade), *Choosing the Best LIFE* (eighth grade), *Choosing the Best JOURNEY* (ninth and 10<sup>th</sup> grades), and *Choosing the Best SOULMATE* (11<sup>th</sup> and 12<sup>th</sup> grades). The series has been recently revised and the information about STDs is now medically accurate. However, *Choosing the Best* curricula continue to promote heterosexual marriage, rely on messages of fear and shame, and include biases about gender, sexual orientation, and pregnancy options. For example, *Choosing the Best PATH* asks students to brainstorm the “emotional consequences” of premarital sex. Suggested answers include “guilt, feeling scared, ruined relationships, broken emotional bonds.”<sup>49</sup>

MISSOURI

**Missouri TPPI, PREP, and Title V Abstinence-Only funding in FY 2010**

| Grantee   | Award              | Fiscal Years |
|---|--------------------|--------------|
| <b>Teen Pregnancy Prevention Initiative (TPPI)</b>                          |                    |              |
| <i>TPPI Tier 1: Replication of Evidence-Based Programs</i>                  |                    |              |
| Better Family Life, Inc.  | \$998,500          | 2010–2014    |
| Washington University   | \$400,000          | 2010–2014    |
| The Women’s Clinic of Kansas City   | \$1,045,158        | 2010–2014    |
| <b>TOTAL</b>  | <b>\$2,443,658</b> |              |
| <b>Personal Responsibility Education Program (PREP)</b>                     |                    |              |
| <i>PREP State-Grant Program</i>   |                    |              |
| Missouri Department of Health and Senior Services<br>(federal grant)        | \$991,673          | 2010         |
| <b>TOTAL</b>  | <b>\$991,673</b>   |              |
| <b>Title V Abstinence Education Grant Program (Title V Abstinence-Only)</b> |                    |              |
| Missouri Department of Health and Senior Services<br>(federal grant)        | \$934,278          | 2010         |
| <i>Sub-grantees</i>   |                    |              |
| <i>Lincoln University of Missouri</i>                                       |                    |              |
| <b>TOTAL</b>  | <b>\$934,278</b>   |              |
| <b>GRAND TOTAL</b>  | <b>\$4,369,609</b> | <b>2010</b>  |

**COMPREHENSIVE APPROACHES TO SEXUALITY EDUCATION**

*SIECUS has identified some examples of model programs, policies, and best practices being implemented in Missouri public schools that provide a more comprehensive approach to sex education for young people.*<sup>50</sup>

*Teacher Training and Professional Development*

Teen Pregnancy & Prevention Partnership

The Teen Pregnancy & Prevention Partnership (TPPP) is a statewide initiative dedicated to bringing together “individuals and public and private organizations to improve communication and education so that youth in Missouri make choices that decrease the incidence of sexually transmitted infections and unplanned pregnancies.”<sup>51</sup> As its guiding value, the partnership believes that “the community has the responsibility to provide an environment conducive for teens to make healthy decisions.”<sup>52</sup>

The partnership provides training for education, health, and social service professionals on “best practices and current issues regarding teen pregnancy prevention” along with professional development and networking opportunities.<sup>53</sup> TPPP advocates for and supports comprehensive sexuality education programs that utilize best practices, are culturally relevant and age appropriate, and that provide skills-based instruction on delaying sexual activity along with providing medically accurate information about “biology, public and reproductive health issues, and pregnancy prevention.”<sup>54</sup>

TPPP hosts regular trainings throughout Missouri, workshops that address current issues in the field, and an annual conference. Although TPPP does not offer training on particular curricula, it provides education opportunities to support the work of a broad range of community stakeholders, professionals, institutions and agencies in creating a supportive and protective environment for young people.

*We encourage you to submit any updated or additional information on comprehensive approaches to sex education being implemented in Missouri 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**

### **Adolescent Health Contact<sup>55</sup>**

Patti Van Tuinen, M.Ed, CHES  
Adolescent Health Coordinator  
Bureau of Health Promotion  
Division of Community and Public Health  
Missouri Department of Health and Senior Services  
920 Wildwood Drive  
Jefferson City, MO 65109  
Phone: (573) 751-6188

### **PREP State-Grant Coordinator**

Patti Van Tuinen, M.Ed, CHES  
Adolescent Health Coordinator  
Bureau of Health Promotion  
Division of Community and Public Health  
Missouri Department of Health and Senior Services  
920 Wildwood Drive  
Jefferson City, MO 65109  
Phone: (573) 751-6188

### **Title V Abstinence-Only Grant Coordinator**

Jeannie Ruth  
Program Coordinator  
Bureau of Health Promotion  
Division of Community and Public Health  
Missouri Department of Health and Senior Services  
920 Wildwood Drive  
Jefferson City, MO 65109  
Phone: (573) 751-5490

MISSOURI

**ORGANIZATIONS THAT SUPPORT COMPREHENSIVE SEXUALITY EDUCATION**

ACLU of Eastern Missouri  
St. Louis, MO  
Phone: (314) 652-3111  
[www.aclu-em.org](http://www.aclu-em.org)

NARAL Pro-Choice Missouri  
St. Louis, MO  
Phone: (314) 531-8616  
[www.prochoicemissouri.org](http://www.prochoicemissouri.org)

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

Personal Rights of Missourians (PROMO)  
Saint Louis, MO  
Phone: (314) 862-4900  
[www.promoonline.org](http://www.promoonline.org)

Faith Aloud  
St. Louis, MO  
Phone: (314) 531-5010  
[www.faithaloud.org](http://www.faithaloud.org)

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

Kansas City Passages Youth Center  
Kansas City, MO  
Phone: (816) 931-0334  
[www.kcpassages.org](http://www.kcpassages.org)

Planned Parenthood of the St. Louis  
Region  
St. Louis, MO  
Phone: (314) 531-7526  
[www.plannedparenthood.org/stlouis](http://www.plannedparenthood.org/stlouis)

The Lesbian and Gay Community Center  
of Kansas City  
Kansas City, MO  
Phone: (816) 931-4420  
[www.lgcckc.org](http://www.lgcckc.org)

Teen Pregnancy & Prevention Partnership  
St. Louis, MO  
Phone: (314) 884-8ASK  
[www.teenpregnancy-stl.org](http://www.teenpregnancy-stl.org)

**ORGANIZATIONS THAT OPPOSE COMPREHENSIVE SEXUALITY EDUCATION**

Life's Silver Linings  
Florissant, MO  
Phone: (314) 830-1034  
[www.lifessilverlinings.com](http://www.lifessilverlinings.com)

Missouri Right to Life  
Jefferson City, MO  
Phone: (573) 635-5110  
[www.missourilife.org](http://www.missourilife.org)

Missouri Eagle Forum  
St. Louis, MO  
Phone: (314) 983-0680  
[www.moeagleforum.org](http://www.moeagleforum.org)

The Women's Clinic of Kansas City  
Independence, MO  
Phone: (816) 836-9000  
[www.thewomensclinic.net](http://www.thewomensclinic.net)

## MEDIA OUTLETS

### Newspapers in Missouri<sup>56</sup>

*Branson Daily News*

Branson, MO

Phone: (417) 334-3161

[www.bransondailynews.com](http://www.bransondailynews.com)

*Columbia Daily Tribune*

Columbia, MO

Phone: (573) 815-1700

[www.columbiatribune.com](http://www.columbiatribune.com)

*Daily American Republic*

Poplar Bluff, MO

Phone: (573) 785-1414

[www.darnews.com](http://www.darnews.com)

*Jefferson City Post-Tribune*

Jefferson City, MO

Phone: (573) 636-3131

[www.newstribune.com](http://www.newstribune.com)

*The Joplin Globe*

Joplin, MO

Phone: (417) 623-3480

[www.joplinglobe.com](http://www.joplinglobe.com)

*The Kansas City Star*

Kansas City, MO

Phone: (816) 234-4741

[www.kansascity.com](http://www.kansascity.com)

*The News-Leader*

Springfield, MO

Phone: (417) 836-1100

[www.springfieldnews-leader.com](http://www.springfieldnews-leader.com)

*St. Joseph News-Press*

St. Joseph, MO

Phone: (816) 271-8500

[www.stjoenews.net](http://www.stjoenews.net)

*St. Louis Post-Dispatch*

St. Louis, MO

Phone: (314) 340-8000

[www.stltoday.com](http://www.stltoday.com)

*Southeast Missourian*

Cape Girardeau, MO

Phone: (573) 335-6611

[www.semissourian.com](http://www.semissourian.com)

### Political Blogs in Missouri

*Blue Gal in a Red State*

[www.bluegalredstate.blogspot.com](http://www.bluegalredstate.blogspot.com)

*Democracy for Missouri*

[www.leftinmissouri.com](http://www.leftinmissouri.com)

*Fired Up Missouri!*

[www.firedupmissouri.com](http://www.firedupmissouri.com)

*Pamela Merritt*

[www.rhrealitycheck.org/blog/pamelamerritt](http://www.rhrealitycheck.org/blog/pamelamerritt)

*Show Me Progress*

<http://blog.showmepress.com>

*The Turner Report*

[www.rturner229.blogspot.com](http://www.rturner229.blogspot.com)

<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> Missouri School Improvement Program Integrated Standards and Indicators Manual: Accreditation Standards for Public School Districts in Missouri (Missouri: Missouri Department of Elementary and Secondary Education, 2001), accessed 13 April 2010, <<http://dese.mo.gov/divimprove/sia/msip/Fourth%20Cycle%20Standards%20and%20Indicators.pdf>>.

<sup>3</sup> Mo. Rev. Stat. § 170.015(1)(1), <<http://www.moga.mo.gov/statutes/C100-199/170000015.HTM>>.

<sup>4</sup> Ibid.

<sup>5</sup> Mo. Rev. Stat. § 170.015(6)(4),

<sup>6</sup> Mo. Rev. Stat. § 170.015(7).

<sup>7</sup> Mo. Rev. Stat. § 170.015(6)(6).

<sup>8</sup> Mo. Rev. Stat. § 170.015(6)(5)(2).

<sup>9</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>10</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>11</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>12</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>13</sup> *Ibid.*, Table 3.2.

<sup>14</sup> U.S. *Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, Table 3.3.

<sup>15</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>16</sup> *Ibid.*

<sup>17</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>18</sup> *HIV Surveillance Report, 2008*, Table 20.

<sup>19</sup> *Ibid.*

<sup>20</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>21</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>22</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>23</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>24</sup> Better Family Life, Inc., “About BFL,” accessed 2 June 2011, <<http://www.betterfamilylife.org/about.htm>>.

<sup>25</sup> “Community Based Abstinence Education,” Better Family Life, Inc. (2006), accessed 18 October 2008, <[http://www.betterfamilylife.org/yf\\_cbae.htm](http://www.betterfamilylife.org/yf_cbae.htm)>.

<sup>26</sup> “Becoming A Responsible Teen,” Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed 5 May 2010,

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

<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>>, 76–78.

<sup>28</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>29</sup> *Ibid.*, 23–24.

<sup>30</sup> “Better Family Life Teen Pregnancy Prevention Program – Project 100,” *Application for Federal Funds SF-424, FY10 Teenage Pregnancy Prevention: Replication of Evidence-Based Programs (Tier 1)*, Better Family Life, Inc., (June 2010), 22–23. Information obtained through a Freedom of Information Act request submitted to the U.S. Department of Health and Human Services, Office of Adolescent Health.

<sup>31</sup> “Program to help girls in foster care prevent unwanted pregnancy,” Washington University, accessed 2 June 2011, <<http://cvip.wustl.edu/about/News/Pages/Program-to-help-girls-in-foster-care-prevent-unwanted-pregnancy.aspx>>.

<sup>32</sup> Beth Miller, “Program to Help Girls in Foster Care Prevent Unwanted Pregnancy,” *Washington University Newsroom*, 20 October 2010, accessed 2 June 2011, <<http://news.wustl.edu/news/Pages/21351.aspx>>.

- <sup>33</sup> “Washington University,” Teenage Pregnancy Prevention: Summary of Funded Evidence-Based Programs for 2010, U.S. Department of Health and Human Services, Office of Adolescent Health, accessed 2 June 2011, <[http://www.hhs.gov/ash/oah/prevention/grantees/models\\_2010\\_programs.html](http://www.hhs.gov/ash/oah/prevention/grantees/models_2010_programs.html)>.
- <sup>34</sup> “Pregnancy Prevention Intervention Implementation Report: Safer Sex,” Programs for Replication – Intervention Implementation Reports, U.S. Department of Health and Human Services, accessed 1 July 2011, <[http://www.hhs.gov/ash/oah/prevention/research/programs/safer\\_sex.html](http://www.hhs.gov/ash/oah/prevention/research/programs/safer_sex.html)>.
- <sup>35</sup> Beth Miller, “Program to Help Girls in Foster Care Prevent Unwanted Pregnancy.”
- <sup>36</sup> “The Women’s Clinic of Kansas City,” The Women’s Clinic of Kansas City, accessed 2 June 2011, <<http://www.thewomensclinic.net/index.cfm?Page=Home>>.
- <sup>37</sup> The Women’s Clinic of Kansas City, “The Women’s Clinic of Kansas City Expands to Grandview, MO,” Press Release, accessed 29 August 2011, <<http://www.thewomensclinic.net/index.cfm?Page=PressReleases>>.
- <sup>38</sup> “Walk for Life,” The Women’s Clinic of Kansas City, accessed 29 August 2011, <<http://www.thewomensclinic.net/index.cfm?Page=WalkforLife>>.
- <sup>39</sup> “Q&A Memorial Walk
- <sup>40</sup> “The Women’s Clinic of Kansas City Opens New Location in Grandview!,” The Women’s Clinic, accessed 29 August 2011, <<http://www.thewomensclinic.net/index.cfm?Page=Grandview>>.
- <sup>41</sup> Ibid.
- <sup>42</sup> “Focus on the Family’s Foundational Values,” Focus on the Family, accessed 29 August 2011, <[http://www.focusonthefamily.com/about\\_us/guiding-principles.aspx](http://www.focusonthefamily.com/about_us/guiding-principles.aspx)>.
- <sup>43</sup> Saras Chung and Annie Philipps, *Promoting Mental Health and Well-being in Adolescents: Recommendations for Wyman’s Teen Outreach Program*, (Eureka, MO: Wyman Teen Outreach Program, 2010), accessed 1 July 2011, <[http://www.wymantop.org/pdfs/TOP\\_Positive\\_Well-Being.pdf](http://www.wymantop.org/pdfs/TOP_Positive_Well-Being.pdf)>, 3.
- <sup>44</sup> Ibid, 9.
- <sup>45</sup> “Pregnancy Prevention Intervention Implementation Report: Teen Outreach Program,” Programs for Replication – Intervention Implementation Reports, U.S. Department of Health and Human Services, accessed 1 July 2011, <[http://www.hhs.gov/ash/oah/prevention/research/programs/teen\\_outreach\\_program.html](http://www.hhs.gov/ash/oah/prevention/research/programs/teen_outreach_program.html)>.
- <sup>46</sup> “LifeGuard Youth Development,” *Application for Federal Funds SF-424, FY10 Teenage Pregnancy Prevention: Replication of Evidence-Based Programs (Tier 1)*, The Women’s Clinic of Kansas City, (June 2010), 29–32. Information obtained through a Freedom of Information Act request submitted to the U.S. Department of Health and Human Services, Office of Adolescent Health.
- <sup>47</sup> Ibid., 22.
- <sup>48</sup> Information provided by Patti Van Tuinen, state adolescent health coordinator for the Missouri Department of Health and Senior Services, 15 June 2011.
- <sup>49</sup> Bruce Cook, *Choosing the Best* (Marietta, GA: Choosing the Best, Inc., 2001-2007).
- <sup>50</sup> This is by no means a complete list of all comprehensive programming and policies related to sexuality education, but rather some examples of best practices and model programs that SIECUS identified.
- <sup>51</sup> “About Us,” Teen Pregnancy & Prevention Partnership, accessed 29 August 2011, <<http://www.teenpregnancy-stl.org/about/about.htm>>.
- <sup>52</sup> “Programs,” Teen Pregnancy & Prevention Partnership, accessed 29 August 2011, <<http://www.teenpregnancy-stl.org/prog/prog.htm>>.
- <sup>53</sup> “About Us,” Teen Pregnancy & Prevention Partnership.
- <sup>54</sup> “Programs,” Teen Pregnancy & Prevention Partnership.
- <sup>55</sup> The person listed represents the designated personnel in the state responsible for adolescent reproductive health.
- <sup>56</sup> This section is a list of major newspapers in the state and is by no means exhaustive of local print outlets.