

State Profiles **FISCAL YEAR 2016**

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

- Division of Adolescent and School Health funds totaling \$74,902
- Title V State Abstinence Education Program funds totaling \$592,705
- Sexual Risk Avoidance Education Program funds totaling \$414,302

SEXUALITY EDUCATION LAW AND POLICY

STATE LAW

The [Kansas Administrative Regulations \(§ 91-31-32\)](#) requires that elementary and secondary students be taught “physical education, which shall include instruction in health and human sexuality.”² Kansas does not require schools to follow a specific curriculum; however, in order to be accredited, schools must meet the minimum “performance and quality criteria” established by the Kansas State Board of Education.³ Kansas does not require parental permission for students to participate in health and human sexuality instruction.

STATE STANDARDS

The [Kansas Model Curricular Standards for Health Education](#) outlines basic competency requirements for public schools. According to the standards, by the end of the fourth grade, schools must provide instruction on “family life and sexuality.”⁴ By the end of the eighth grade, students should be able to “describe ways to reduce risks related to adolescent growth and development,” and understand the “development of male and female reproductive organs, and risks and prevention of sexually transmitted infections.”⁵ By graduation, schools must teach students about the “importance and benefits of abstinent behavior and risk-reducing strategies” in the area of sexuality.⁶ There is no mention of human immunodeficiency virus (HIV) or acquired immunodeficiency syndrome (AIDS).

STATE LEGISLATIVE SESSION ACTIVITY

SIECUS tracks all state legislative session activity in our state legislative reports. For more information on bills related to school-based sexuality education that were introduced or passed in 2016, please see [SIECUS' 2016 Sex Ed State Legislative Year-End Report: Top Topics and Takeaways](#).

YOUTH SEXUAL HEALTH DATA

The following sexual health behavior and outcome data represent the most recent information available on adolescent sexual health in Kansas. While data can be a powerful tool to demonstrate the sexuality education and sexual health care needs of young people, it is important to be mindful that these behaviors and outcomes are impacted by systemic inequities present in our society that can and often do affect an individual's sexual health and wellbeing. Additionally, there are significant limitations as to how and what

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data are currently collected. Young people are more than outcomes; for advocates, it is important to utilize the data in a manner that tracks our progress and pushes policies forward in a way that respects and supports the dignity of all young lives.

KANSAS YOUTH RISK BEHAVIOR SURVEY (YRBS) DATA⁷

Reported ever having had sexual intercourse

- In 2013, 37.7% of female high school students and 40.3% of male high school students in Kansas 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, 49% of Hispanic high school students, 37.1% of white high school students, and 41.4% of high school students who identified as multiple races in Kansas reported ever having had sexual intercourse, compared to 49.2% of Hispanic high school students, 43.7% of white high school students, and 48.5% of high school students who identified as multiple races nationwide.

Reported having had sexual intercourse before age 13

- In 2013, 2.7% of female high school students and 3.5% of male high school students in Kansas 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, 4.1% of Hispanic high school students, 3.1% of white high school students, and 5.5% of high school students who identified as multiple races in Kansas reported having had sexual intercourse before age 13, 6.4% of Hispanic high school students, 3.3% of white high school students, and 6.7% of high school students who identified as multiple races nationwide.

Reported being currently sexually active

- In 2013, 29.5% of female high school students and 26.8% of male high school students in Kansas reported being currently sexually active, compared to 35.2% of female high school students and 32.7% of male high school students nationwide.
- In 2013, 31.9% of Hispanic high school students, 28.2% of white high school students, and 28.5% of high school students who identified as multiple races in Kansas reported being currently sexually active, compared to 34.7% of Hispanic high school students, 32.8% of white high school students, and 34% of high school students who identified as multiple races nationwide.

Reported not using a condom during last sexual intercourse

- In 2013, 50.1% of female high school students and 35.7% of male high school students in Kansas reported not using a condom during their last sexual intercourse, compared to 46.9% of female high school students and 34.2% of male high school students nationwide.
- In 2013, 41% of white high school students in Kansas reported not using a condom during their last sexual intercourse, compared to 42.9% of white high school students nationwide.

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

- In 2013, 12.9% of female high school students and 9.6% of male high school students in Kansas reported not using any method to prevent pregnancy during their last sexual intercourse, compared to 15.7% of female high school students and 11.5% of male high school students nationwide.
- In 2013, 8.3% of white high school students in Kansas reported not using any method to prevent pregnancy during their last sexual intercourse, compared to 11.1% of white high school students nationwide.

Reported having been physically forced to have sexual intercourse

- In 2013, 9.8% of female high school students and 4.9% of male high school students in Kansas reported having been physically forced to have sexual intercourse, compared to 10.5% of female high school students and 4.2% of male high school students nationwide.
- In 2013, 11.8% of Hispanic high school students, 6.5% of white high school students, and 10.4% of high school students who identified as multiple races in Kansas reported having been physically forced to have sexual intercourse, compared to 8.7% of Hispanic high school students, 6.1% of white high school students, and 11.6% of high school students who identified as multiple races nationwide.

Reported experiencing physical dating violence

- In 2013, 9.4% of female high school students and 5.9% of male high school students in Kansas reported experiencing physical dating violence in the prior year, compared to 13% of female high school students and 7.4% of male high school students nationwide.
- In 2013, 7.9% of Hispanic high school students, 7.4% of white high school students, and 14.5% of high school students who identified as multiple races in Kansas reported experiencing physical dating violence in the prior year, compared to 10.4% of Hispanic high school students, 9.7% of white high school students, and 11.8% of high school students who identified as multiple races nationwide.

Reported experiencing sexual dating violence

- In 2013, 11.6% of female high school students and 4% of male high school students in Kansas reported experiencing sexual dating violence in the prior year, compared to 14.4% of female high school students and 6.2% of male high school students nationwide.
- In 2013, 7.4% of Hispanic high school students, 7% of white high school students, and 13.1% of high school students who identified as multiple races in Kansas reported experiencing sexual dating violence in the prior year, compared to 11.5% of Hispanic high school students, 9.8% of white high school students, and 12.6% of high school students who identified as multiple races nationwide.

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

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

Teen Pregnancy, Birth, and Abortion

- In 2011, Kansas had the 28th highest teen pregnancy rate in the United States, with a rate of 48 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 52 per 1,000.⁸ There were a total of 4,730 pregnancies among young women ages 15–19 reported in Kansas in 2011.⁹
- In 2015, Kansas had the 19th highest teen birth rate in the United States, with a rate of 25.5 births per 1,000 young women ages 15–19, compared to the national rate of 22.3 per 1,000.¹⁰ There were a total of 2,674 live births to young women ages 15–19 reported in Kansas in 2014, the most recent year of available data.¹¹
- In 2011, Kansas had the 48th highest teen abortion rate in the United States, with a rate of 5 abortions per 1,000 young women ages 15–19, compared to the national rate of 14 per 1,000.¹² There were a total of 490 abortions among young women ages 15–19 reported in Kansas in 2011.¹³

HIV and AIDS

- In 2015, the rate of diagnoses of HIV infection among adolescents ages 13–19 in Kansas was 2.9 per 100,000, compared to the national rate of 5.8 per 100,000.¹⁴
- In 2015, the rate of AIDS diagnoses among adolescents ages 13–19 in Kansas was 0.4 per 100,000, compared to the national rate of 0.7 per 100,000.¹⁵
- In 2015, the rate of diagnoses of HIV infection among young adults ages 20–24 in Kansas was 12.1 per 100,000, compared to the national rate of 31.1 per 100,000.¹⁶
- In 2015, the rate of AIDS diagnoses among young adults ages 20–24 in Kansas was 1.3 per 100,000, compared to the national rate of 5.6 per 100,000.¹⁷

STDs

- In 2015, Kansas had the 32nd highest rate of reported cases of chlamydia among young people ages 15–19 in the United States, with an infection rate of 1,635.2 cases per 100,000, compared to the national rate of 1,857.8 per 100,000. In 2015, there were a total of 3,278 cases of chlamydia among young people ages 15–19 reported in Kansas.¹⁸
- In 2015, Kansas had the 34th highest rate of reported cases of gonorrhea among young people ages 15–19 in the United States, with an infection rate of 215.5 cases per 100,000, compared to the national rate of 341.8 per 100,000. In 2015, there were a total of 432 cases of gonorrhea among young people ages 15–19 reported in Kansas.¹⁹
- In 2015, Kansas had the 28th highest rate of reported cases of primary and secondary syphilis among young people ages 15–19 in the United States, with an infection rate of 3 cases per 100,000, compared to the national rate of 5.4 per 100,000. In 2015, there were a total of 6 cases of syphilis reported among young people ages 15–19 in Kansas.²⁰

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Visit the Office of Adolescent Health's (OAH) [Kansas Adolescent Health Facts](#) for additional information.

FEDERAL FUNDING FOR SEXUALITY EDUCATION, UNINTENDED TEEN PREGNANCY, HIV AND OTHER STD PREVENTION, AND ABSTINENCE-ONLY-UNTIL-MARRIAGE PROGRAMS

FISCAL YEAR 2016 FEDERAL FUNDING IN KANSAS

Grantee	Award
Division of Adolescent and School Health (DASH)	
Kansas State Department of Education	\$74,902
TOTAL	\$74,902
Title V Abstinence-Only-Until-Marriage Program (Title V AOUM)	
Kansas State Department of Health and Environment (federal grant)	\$592,705
TOTAL	\$592,705
Sexual Risk Avoidance Education Grant Program (SRAE)	
Kansas State University	\$414,302
TOTAL	\$414,302
GRAND TOTAL	
	\$1,081,909

DIVISION OF ADOLESCENT AND SCHOOL HEALTH

The Division of Adolescent and School Health (DASH), within the CDC, provides funding to state and local education agencies through several funding streams to better student health, implement HIV/STD prevention programs, collect and report data on young people's risk behaviors, and expand capacity-building partnerships.

In FY 2016, DASH provided funding to 18 state and 17 local education agencies to help districts and schools strengthen student health through exemplary sexual health education (ESHE) that emphasizes HIV and other STD prevention, increases access to key sexual health services (SHS), and establishes safe and supportive environments (SSE) for students and staff. DASH funded seven national, non-governmental organizations (NGOs) to help state and local education agencies achieve these goals.

- In FY 2016, there were no DASH grantees in Kansas funded to strengthen student health through ESHE, SHS, and SSE (1308 Strategy 2).

In addition, DASH funds local education agencies and NGOs to implement multiple program activities to meet the HIV/STD prevention needs of young men who have sex with men (YMSM) and to develop strategic partnerships and collaborations between schools and community-based, mental health, and social services organizations to accomplish this work.

- In FY 2016, there were no DASH grantees in Kansas funded to deliver YMSM programming (1308 Strategy 4).

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DASH also provides funding for state, territorial, and local education agencies and state health agencies to establish and strengthen systematic procedures to collect and report Youth Risk Behavior Surveillance (YRBS) and School Health Profiles data for policy and program improvements.

- In FY 2016, there was one DASH grantee in Kansas funded to collect and report YRBS and School Health Profiles data (1308 Strategy 1): The Kansas State Department of Education (\$74,902).

TEEN PREGNANCY PREVENTION PROGRAM

The Office of Adolescent Health (OAH), within the U.S. Department of Health and Human Services (HHS), administers the Teen Pregnancy Prevention Program (TPPP), which funds evidence-based (or innovative evidence-informed), medically accurate, and age-appropriate programs to reduce teen pregnancy. OAH provides program support, implementation evaluation, and technical assistance to grantees. In FY 2016, total funding for TPPP was \$101 million, with an additional \$6.8 million authorized for evaluation purposes, supporting a total of 84 states, cities, non-profit organizations, school districts, universities, community-based organizations, and tribal organizations that were in year two of five TPPP funding tiers' five-year cooperative agreements in 33 states and territories, including the District of Columbia and the Marshall Islands. OAH provides program support, implementation evaluation, and technical assistance to grantees and receives an additional \$6.8 million in funding for evaluation purposes. There are five TPPP funding tiers:

Tier 1A: Capacity building to support replication of evidence-based TPP programs.

Tier 1B: Replicating evidence-based TPP programs to scale in communities with the greatest need.

Tier 2A: Supporting and enabling early innovation to advance adolescent health and prevent teen pregnancy.

Tier 2B: Rigorous evaluation of new or innovative approaches to prevent teen pregnancy.

Tier 2C: Effectiveness of TPP programs designed specifically for young males.

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

PERSONAL RESPONSIBILITY EDUCATION PROGRAM

The Family and Youth Services Bureau (FYSB), within the Administration for Children and Families (ACF) division of HHS, administers the Personal Responsibility Education Program (PREP), which includes \$75 million for the state-grant program; local entities through the competitively awarded Personal Responsibility Education Innovative Strategies (PREIS) program; and the Tribal PREP, which funds tribes and tribal organizations. In addition, provisions within the PREP statute enable a competitive application process for community- and faith-based organizations within states and territories that do not directly seek PREP state grants to apply for funding. Details on the state grants, PREIS, Tribal PREP, and CPREP are included below.

PREP State-Grant Program

State-grant PREP supports evidence-based programs that provide young people with medically accurate and age-appropriate information for the prevention of unintended pregnancy, HIV/AIDS, and other STDs. In FY 2016, 43 states, the District of Columbia, the Federated States of Micronesia, Guam, Puerto Rico, and the Virgin Islands received PREP state-grant funds. The grant does not require states to provide matching funds. Funded programs must discuss abstinence and contraception and place substantial emphasis on both. Programs must also address at least three of the following adulthood preparation subjects: healthy relationships, positive adolescent development, financial literacy, parent-child communication skills,

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education and employment skills, and healthy life skills.

- In FY 2016, Kansas declined PREP funds.

Personal Responsibility Education Innovative Strategies (PREIS)

PREIS supports research and demonstration programs to develop, replicate, refine, and test innovative models for preventing unintended teen pregnancy.

- In FY 2016, there were no PREIS grantees in Kansas.

Tribal Personal Responsibility Education Program (Tribal PREP)

Tribal PREP supports the development and implementation of teen pregnancy prevention programs within tribes and tribal communities. Tribal PREP programs target young people ages 10–19 who are in or are aging out of foster care, young people experiencing homelessness, young people living with HIV/AIDS, young people who live in areas with high rates of adolescent births, and young people under age 21 who are pregnant and/or parenting. In FY 2016, eight tribes and tribal organizations from seven states received a total of \$3,436,621.

- In FY 2016, there were no Tribal PREP grantees in Kansas.

Competitive Personal Responsibility Education Program (CPREP)

CPREP grants support evidence-based programs that provide young people with medically accurate and age-appropriate information for the prevention of unintended pregnancy, HIV/AIDS, and other STDs. Only organizations and institutions in states and territories that did not apply for PREP state grants in either of the first two fiscal years after the call for PREP state-grant applications were eligible to submit competitive applications for CPREP grants. In FY 2016, 21 CPREP grants, totaling \$10.3 million, were awarded to 21 organizations in Florida, Indiana, North Dakota, Texas, and Virginia, as well as in American Samoa, Guam, and the Northern Mariana Islands.

- In FY 2016, Kansas chose not to apply for CPREP funds.

TITLE V STATE ABSTINENCE EDUCATION GRANT PROGRAM

The Title V state abstinence education grant program for abstinence-only-until-marriage (AOUM) programming, or the Title V AOUM program, is administered by FYSB, within ACF of HHS, and was funded at \$75 million in FY 2016. The Title V AOUM program requires states to provide three state-raised dollars, or the equivalent in services, for every four federal dollars received. The state match may be provided in part or in full by local groups. All programs funded by Title V AOUM must exclusively promote abstinence from sexual activity and may provide mentoring, counseling, and adult supervision toward this end. Programs must be medically accurate and age-appropriate and must encourage abstinence as an expected outcome.

- In FY 2016, the Kansas State Department of Health and Environment received \$592,705 in federal Title V AOUM funding.²¹
- The department chose to sub-grant most of the funds to the Children's Alliance of Kansas, Inc. (\$580,000).²²
- In Kansas, the match is provided by the sub-grantee through in-kind funds.

The Kansas State Department of Health and Environment's Bureau of Family Health administers the state's Title V AOUM grant in collaboration with the single sub-grantee, the Children's Alliance of Kansas, Inc. The Children's Alliance promotes programming statewide and focuses on young people ages 10–19 who are

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in custody or at-risk of entering the child welfare or juvenile justice systems, particularly those in foster care and out-of-home placements. The sub-grantee uses the curricula [All Stars](#), [Healthy Relationships](#), and [Healthy Empowering Adolescent Relationship Training \(HEART\)](#).²³

“SEXUAL RISK AVOIDANCE EDUCATION” GRANT PROGRAM

Administered by FYSB within ACF of HHS, the “sexual risk avoidance education” (SRAE), i.e., the AOUM grant program, provides competitive funding for programs that “teach young people to voluntarily refrain from non-marital sexual activity and prevent other youth risk behaviors.” These programs are also required by statute to “teach the benefits associated with self-regulation, success sequencing for poverty prevention, healthy relationships, goal setting, and resisting sexual coercion, dating violence, and other youth risk behaviors such as underage drinking or illicit drug use without normalizing teen sexual activity.” In FY 2016, \$10 million was appropriated for the SRAE grant program and \$8.98 million was awarded to 21 grantees in 12 states through a competitive application process.

- In FY 2016, there was one SRAE grantee in Kansas: Kansas State University (\$414,302).²⁴

KANSAS STATE UNIVERSITY, \$414,302 (FY 2016)

Kansas State University (KSU) uses [Love Notes](#) to serve 8th grade students in school-based settings.²⁵ At the time of publication, more information about how KSU uses SRAE funds was unknown.

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¹ This refers to the federal government's fiscal year, which begins on October 1 and ends on September 30. The fiscal year is designated by the calendar year in which it ends; for example, FY 2016 began on October 1, 2015, and ended on September 30, 2016.

² Kan. Admin. Regs. § 91-31-32(b)(9), www.kssos.org/pubs/KAR%5C2009%5C4%20091_91-Department%20of%20Education,%202009%20KAR%20Vol%204.pdf#page=83.

³ Ibid.

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

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

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

⁷ "High School YRBS," Centers for Disease Control and Prevention, <https://nccd.cdc.gov/youthonline/App/Default.aspx>.

⁸ Kost, K., and Maddow-Zimet, I., *U.S. Teenage Pregnancies, Births, and Abortions, 2011: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2014), www.guttmacher.org/sites/default/files/report_pdf/us-teen-pregnancy-state-trends-2011_4.pdf, Table 1.1.

⁹ Ibid., Table 1.2.

¹⁰ "Teen Birth Rate Comparison, 2015 Among Girls Age 15-19," The National Campaign to Prevent Teen and Unplanned Pregnancy, <https://thenationalcampaign.org/data/compare/1701>.

¹¹ "Teen Births in Kansas, Girls 15-19," The National Campaign to Prevent Teen and Unplanned Pregnancy, <https://thenationalcampaign.org/data/state/Kansas>.

¹² Kost, K., and Maddow-Zimet, I., *U.S. Teenage Pregnancies, Births, and Abortions, 2011: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2014), www.guttmacher.org/sites/default/files/report_pdf/us-teen-pregnancy-state-trends-2011_4.pdf, Table 1.1.

¹³ Ibid., Table 1.2.

¹⁴ Slide 17: "Rates of Diagnoses of HIV Infection among Adolescents Aged 13–19 Years 2015—United States and 6 Dependent Areas," *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2015.pdf.

¹⁵ Slide 20: "Rates of Diagnosed HIV Infection Classified as Stage 3 (AIDS) among Adolescents Aged 13–19 Years, 2015—United States and 6 Dependent Areas," *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2015.pdf.

¹⁶ Slide 18: "Rates of Diagnoses of HIV Infection among Young Adults Aged 20–24 Years 2015—United States and 6 Dependent Areas," *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2015.pdf.

¹⁷ Slide 21: "Rates of Diagnosed HIV Infection Classified as Stage 3 (AIDS) among Young Adults Aged 20–24 Years, 2015—

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United States and 6 Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2015.pdf.

¹⁸ NCHHSTP Atlas, “STD Surveillance Data” (Atlanta, GA: Centers for Disease Control and Prevention), <http://gis.cdc.gov/GRASP/NCHHSTPAtlas/main.html>.

¹⁹ Ibid.

²⁰ Ibid.

²¹ “2016 Title V State Abstinence Education Program Grant Awards,” Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, www.acf.hhs.gov/fysb/resource/2016-title-v-grant-awards.

²² Information provided by Debbie Richardson, Home Visiting Program Manager, Kansas Department of Health and Environment, April 13, 2017.

²³ Ibid.

²⁴ “2016 Sexual Risk Avoidance Education (SRAE) Program Grant Awards,” Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, www.acf.hhs.gov/fysb/resource/2016-srae-grant-awards.

²⁵ “Sexual Risk Avoidance Education Program Grantee Profiles,” Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, April 13, 2017.