

State Profiles **FISCAL YEAR 2016**

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

- Division of Adolescent and School Health funds totaling \$80,000
- Personal Responsibility Education Program funds totaling \$702,361
- Title V Abstinence Education Program funds totaling \$1,144,262
- Sexual Risk Avoidance Education Program funds totaling \$433,996

SEXUALITY EDUCATION LAW AND POLICY

STATE LAW

[Kentucky Revised Statute 156:160](#) requires that the Kentucky Board of Education promulgate administrative regulations establishing standards “that public school districts shall meet.” With that authority, [704 KAR 3:305](#) was promulgated, which requires students take 0.5 credits of health education in order to graduate, and it requires the health education course to include the content standards delineated in the Kentucky Core Academic Standards. Furthermore, [704 KAR 3:303](#) adopted into law the *Kentucky Academic Standards June 2015*.

Kentucky statute does not require parental permission for students to participate in sexuality or human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS)-related instruction.

STATE STANDARDS

Sexuality education is mentioned within the “Practical Living (Health and Physical Education)” section of the [Kentucky Academic Standards](#), which the statute above requires schools to follow. 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 wellbeing of an individual.”² Students also learn about the basic reproductive system and functions. No specific curriculum is required.

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 Kentucky. While data can be a powerful tool to demonstrate the sexuality

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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 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.

KENTUCKY YOUTH RISK BEHAVIOR SURVEY (YRBS) DATA³

Reported ever having had sexual intercourse

- In 2015, 41.4% of female high school students and 42.3% of male high school students in Kentucky reported ever having had sexual intercourse, compared to 39.2% of female high school students and 43.2% of male high school students nationwide.
- In 2015, 60.8% of lesbian, gay, or bisexual (LGB) high school students, 37.4% of high school students who were unsure of their sexual orientation, and 40.2% of heterosexual high school students in Kentucky reported ever having had sexual intercourse, compared to 50.8% of LGB high school students, 31.6% of high school students who were unsure of their sexual orientation, and 40.9% of heterosexual high school students nationwide.
- In 2015, 43% of Hispanic high school students and 40.8% of white high school students in Kentucky reported ever having had sexual intercourse, compared to 42.5% of Hispanic high school students and 39.9% of white high school students nationwide.

Reported having had sexual intercourse before age 13

- In 2015, 4.1% of female high school students and 5.4% of male high school students in Kentucky reported having had sexual intercourse before age 13, compared to 2.2% of female high school students and 5.6% of male high school students nationwide.
- In 2015, 12.5% of LGB high school students, 7.3% of high school students who were unsure of their sexual orientation, and 4% of heterosexual high school students in Kentucky reported having had sexual intercourse before age 13, compared to 7.3% of LGB high school students, 8.8% of high school students who were unsure of their sexual orientation, and 3.4% of heterosexual high school students nationwide.
- In 2015, 14.3% of Hispanic high school students and 3.4% of white high school students in Kentucky reported having had sexual intercourse before age 13, 5% of Hispanic high school students and 2.5% of white high school students nationwide.

Reported being currently sexually active

- In 2015, 29.6% of female high school students and 31% of male high school students in Kentucky reported being currently sexually active, compared to 29.8% of female high school students and 30.3% of male high school students nationwide.
- In 2015, 39.7% of LGB high school students, 19.2% of high school students who were unsure

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of their sexual orientation, and 29.7% of heterosexual high school students in Kentucky reported being currently sexually active, compared to 35.1% of LGB high school students, 22.9% of high school students who were unsure of their sexual orientation, and 30.1% of heterosexual high school students nationwide.

- In 2015, 30.9% of Hispanic high school students and 30.1% of white high school students in Kentucky reported being currently sexually active, compared to 30.3% of Hispanic high school students and 30.3% of white high school students nationwide.

Reported not using a condom during last sexual intercourse

- In 2015, 56.2% of female high school students and 35.4% of male high school students in Kentucky reported not using a condom during their last sexual intercourse, compared to 48% of female high school students and 38.5% of male high school students nationwide.
- In 2015, 74.3% of LGB high school students and 42.6% of heterosexual high school students in Kentucky reported not using a condom during their last sexual intercourse, compared to 52.5% of LGB high school students and 42.2% of heterosexual high school students nationwide.
- In 2015, 45% of white high school students in Kentucky reported not using a condom during their last sexual intercourse, compared to 43.2% of white high school students nationwide.

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

- In 2015, 17.5% of female high school students and 11.6% of male high school students in Kentucky reported not using any method to prevent pregnancy during their last sexual intercourse, compared to 15.2% of female high school students and 12.2% of male high school students nationwide.
- In 2015, 31.7% of LGB high school students and 12.5% of heterosexual high school students in Kentucky reported not using any method to prevent pregnancy during their last sexual intercourse, compared to 26.4% of LGB high school students and 12.4% of heterosexual high school students nationwide.
- In 2015, 13.9% of white high school students in Kentucky reported not using any method to prevent pregnancy during their last sexual intercourse, compared to 10.4% of white high school students nationwide.

Reported never having been tested for HIV

- In 2015, 87.1% of female high school students and 89.9% of male high school students in Kentucky reported never having been tested for HIV, compared to 88.9% of female high school students and 90.7% of male high school students nationwide.
- In 2015, 77.4% of LGB high school students, 89.4% of high school students who were unsure of their sexual orientation, and 89.6% of heterosexual high school students in Kentucky reported never having been tested for HIV, compared to 81.8% of LGB high school students, 87.2% of

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high school students who were unsure of their sexual orientation, and 90.7% of heterosexual high school students nationwide.

- In 2015, 84.6% of black high school students, 77.6% of Hispanic high school students, 89.9% of white high school students, and 84.4% of high school students who identified as multiple races in Kentucky reported never having been tested for HIV, compared to 83.4% of black high school students, 88.9% of Hispanic high school students, 92% of white high school students, and 86.6% of high school students who identified as multiple races nationwide.

Reported having been physically forced to have sexual intercourse

- In 2015, 14.1% of female high school students and 6.5% of male high school students in Kentucky reported having been physically forced to have sexual intercourse, compared to 10.3% of female high school students and 3.1% of male high school students nationwide.
- In 2015, 27% of LGB high school students, 9.4% of high school students who were unsure of their sexual orientation, and 8.6% of heterosexual high school students in Kentucky reported having been physically forced to have sexual intercourse, compared to 17.8% of LGB high school students, 12.6% of high school students who were unsure of their sexual orientation, and 5.4% of heterosexual high school students nationwide.
- In 2015, 14.7% of black high school students, 14.3% of Hispanic high school students, 8.9% of white high school students, and 25.3% of high school students who identified as multiple races in Kentucky reported having been physically forced to have sexual intercourse, compared to 7.3% of black high school students, 7% of Hispanic high school students, 6% of white high school students, and 12.1% of high school students who identified as multiple races nationwide.

Reported experiencing physical dating violence

- In 2015, 12.1% of female high school students and 5.3% of male high school students in Kentucky reported experiencing physical dating violence in the prior year, compared to 11.7% of female high school students and 7.4% of male high school students nationwide.
- In 2015, 22.5% of LGB high school students, 27.4% of high school students who were unsure of their sexual orientation, and 6.3% of heterosexual high school students in Kentucky reported experiencing physical dating violence in the prior year, compared to 17.5% of LGB high school students, 24.5% of high school students who were unsure of their sexual orientation, and 8.3% of heterosexual high school students nationwide.
- In 2015, 12.8% of Hispanic high school students and 8% of white high school students in Kentucky reported experiencing physical dating violence in the prior year, compared to 9.7% of Hispanic high school students and 9% of white high school students nationwide.

Reported experiencing sexual dating violence

- In 2015, 13.8% of female high school students and 6.1% of male high school students in Kentucky reported experiencing sexual dating violence in the prior year, compared to 15.6% of

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female high school students and 5.4% of male high school students nationwide.

- In 2015, 20.8% of LGB high school students, 14% of high school students who were unsure of their sexual orientation, and 8.5% of heterosexual high school students in Kentucky reported experiencing sexual dating violence in the prior year, compared to 22.7% of LGB high school students, 23.8% of high school students who were unsure of their sexual orientation, and 9.1% of heterosexual high school students nationwide.
- In 2015, 17.4% of Hispanic high school students and 8.8% of white high school students in Kentucky reported experiencing sexual dating violence in the prior year, compared to 10.6% of Hispanic high school students and 10.1% of white high school students nationwide.

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

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

Teen Pregnancy, Birth, and Abortion

- In 2011, Kentucky had the 11th highest teen pregnancy rate in the United States, with a rate of 59 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 52 per 1,000.⁴ There were a total of 8,250 pregnancies among young women ages 15–19 reported in Kentucky in 2011.⁵
- In 2015, Kentucky had the 7th highest teen birth rate in the United States, with a rate of 32.4 births per 1,000 young women ages 15–19, compared to the national rate of 22.3 per 1,000.⁶ There were a total of 4,877 live births to young women ages 15–19 reported in Kentucky in 2014, the most recent year of available data.⁷
- In 2011, Kentucky had the 42nd highest teen abortion rate in the United States, with a rate of 6 abortions per 1,000 young women ages 15–19, compared to the national rate of 14 per 1,000.⁸ There were a total of 830 abortions among young women ages 15–19 reported in Kentucky in 2011.⁹

HIV and AIDS

- In 2015, the rate of diagnoses of HIV infection among adolescents ages 13–19 in Kentucky was 3.8 per 100,000, compared to the national rate of 5.8 per 100,000.¹⁰
- In 2015, the rate of AIDS diagnoses among adolescents ages 13–19 in Kentucky was 0.3 per 100,000, compared to the national rate of 0.7 per 100,000.¹¹
- In 2015, the rate of diagnoses of HIV infection among young adults ages 20–24 in Kentucky was 21.5 per 100,000, compared to the national rate of 31.1 per 100,000.¹²
- In 2015, the rate of AIDS diagnoses among young adults ages 20–24 in Kentucky was 3.5 per 100,000, compared to the national rate of 5.6 per 100,000.¹³

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STDs

- In 2015, Kentucky had the 27th highest rate of reported cases of chlamydia among young people ages 15–19 in the United States, with an infection rate of 1,701.9 cases per 100,000, compared to the national rate of 1,857.8 per 100,000. In 2015, there were a total of 4,835 cases of chlamydia among young people ages 15–19 reported in Kentucky.¹⁴
- In 2015, Kentucky had the 22nd highest rate of reported cases of gonorrhea among young people ages 15–19 in the United States, with an infection rate of 313.3 cases per 100,000, compared to the national rate of 341.8 per 100,000. In 2015, there were a total of 890 cases of gonorrhea among young people ages 15–19 reported in Kentucky.¹⁵
- In 2015, Kentucky had the 38th 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 2.1 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 Kentucky.¹⁶

Visit the Office of Adolescent Health's (OAH) [Kentucky 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 KENTUCKY

Grantee	Award
Division of Adolescent and School Health (DASH)	
Kentucky Department of Education	\$80,000
TOTAL	\$80,000
Personal Responsibility Education Program (PREP)	
PREP State-Grant Program	
Kentucky Cabinet for Health and Families (federal grant)	\$702,361
TOTAL	\$702,361
Title V Abstinence-Only-Until-Marriage Program (Title V AOUM)	
Kentucky Cabinet for Health and Families (federal grant)	\$1,144,262
TOTAL	\$1,144,262
Sexual Risk Avoidance Education Grant Program (SRAE)	
Lake Cumberland District Health Department	\$433,996
TOTAL	\$433,996

	GRAND TOTAL	\$2,360,619
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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 Kentucky 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 Kentucky funded to deliver YMSM programming (1308 Strategy 4).

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 Kentucky funded to collect and report YRBS and School Health Profiles data (1308 Strategy 1): The Kentucky Department of Education (\$80,000).

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.

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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 Kentucky.

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, education and employment skills, and healthy life skills.

- In FY 2016, the Kentucky Department for Public Health, Division of Women's Health received \$702,361 in federal PREP funds.¹⁷
- The department provides sub-grants to 22 local health departments. The sub-grantee information is listed below.¹⁸

Sub-grantee	Serving	Amount
Allen County Health Department	Allen County	Not reported
Barren River District Health Department	Barren, Hart, Logan, Simpson, Warren Counties	Not reported
Boyd/Ashland Health Department	Boyd County	Not reported
Brighton Center Health Department	Campbell and Kenton Counties	Not reported
Clark County Health Department	Clark Day Treatment and George Rogers Clark High School	Not reported
Estill County Health Department	Estill County Middle School and Estill County High School	Not reported
Garrard County Health Department	Garrard County High School	Not reported
Gateway Health Department	Bath County Middle School and Menifee High School	Not reported

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Graves County Health Department	Gateway Academy, Genesis Center-Children's Home, Graves County Alternative School, Graves County and Mayfield High Schools, Mayfield Youth Development Center, and New Pathways Children's Home	Not reported
Green River District Health Department	Davies, Henderson, Ohio, and Hancock Counties	Not reported
Jessamine County Health Department	Jessamine County	Not reported
Kentucky River District Health Department	Buckhorn, Cordia, Hazard, Jenkins, Knott County, Lee County, Leslie County, Letcher County, Owsley County, Perry Central, and Wolfe County High Schools	Not reported
Knox County Health Department	Knox County	Not reported
Lake Cumberland Health Department	Campbellsville Ind., Casey County, Clinton County, Cumberland County, McCreary County, Pulaski County, Russell County, Somerset Ind., Southwestern, Taylor County, and Wayne County High Schools	Not reported
Lawrence County Health Department	Lawrence County	Not reported
Lincoln County Health Department	Lincoln County	Not reported
Lincoln Trail District Health Department	Central Hardin, John Hardin, Larue County, Marion County, and North Hardin High Schools and Lincoln Village Juvenile Detention Center	Not reported
Magoffin County Health Department	Herald Whitaker Middle School and Magoffin County High School	Not reported
Marshall County Health Department	Marshall County High School	Not reported
Montgomery County Health Department	Hillcrest Hall and Montgomery County High School	Not reported
Purchase District Health Department	Ballard County Middle School and Fulton County High School	Not reported
Whitley County Health Department	Corbin Educational Center, Rockhold Opportunity Center, and Williamsburg Ind. Alternative School	Not reported

The Kentucky Department of Public Health coordinates the state's PREP grant program. Sub-grantees use either [Reducing the Risk](#) to target young people in 9th grade in public schools, alternative schools, residential homes, and juvenile justice centers, or they use [Teen Outreach Program \(TOP\)](#) to target young people in middle and high school from at-risk families.¹⁹ For [Reducing the Risk](#), adolescent development, parent-child communication, healthy life skills, and healthy relationships will be addressed. For [Teen Outreach Program \(TOP\)](#), adolescent development, parent-child communication, healthy life skills, financial literacy, healthy

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relationships, and educational and career success will be addressed.²⁰

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 Kentucky.

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 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. 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, Kentucky received PREP state-grant funding; therefore, entities in Kentucky were not eligible for CPREP.

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 Kentucky Cabinet for Health and Families received \$1,144,262 in federal Title V AOUM funding.²¹
- The department provides sub-grants to 27 local public entities. The sub-grantee information is listed below.²²
- In Kentucky, the match is provided by in-kind services through the sub-grantees and direct state revenues.

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Sub-grantee	Serving	Amount
Allen County Health Department	Allen County Middle School	\$5,696
Barren River District Health Department	Memorial and Munfordville Elementary Schools and Drakes Creek, Franklin-Simpson Moss, Russellville, and Warren East Middle Schools	\$42,355
Bullitt County Health Department	Eastside, Mt. Washington, and Zoneton Middle Schools	\$10,705
Christian County Health Department	Christian County, Hopkinsville, and Mahaffey Middle Schools, Heritage Christian Academy, and University Heights Academy	\$35,726
Clark County Health Department	Clark County Middle School	\$7,199
Fayette County Health Department	Day Treatment Center, Fayette Juvenile Detention Center, Providence Montessori Elementary School, and Bryan Station, Beaumont, Edith Hayes, Morton, and Winburn Middle Schools	\$67,102
Garrard County Health Department	Garrard County Middle School	\$20,112
Gateway District Health Department	Bath, Morgan, and Rowan Counties	\$13,831
Graves County	Graves County and Mayfield Middle Schools	\$10,000
Green River District	North and South Middle School 1 Club	\$21,122
Jessamine County	East Jessamine Middle School	\$25,350
Kentucky River District	Arlie Boggs, Hazard Ind., Jenkins, Neon, RW Combs, Viper, Whitesburg, and Willard Elementary Schools and Buckhorn, Lee County, Letcher, Owsley County, and Wolfe County Middle Schools	\$55,941
Knox County	Central, Barbourville, and Lay Elementary Schools and Knox Middle School	\$18,350
Lawrence County	Blaine and Fallsburg Elementary Schools	\$3,879
Lincoln Trail District	St. Charles Elementary School and Lebanon and Washington County Middle Schools	\$16,562
Marshall County	Benton, North Marshall, and South Marshall Middle Schools	\$10,430
Mercer County	Bergen and King Middle Schools and Mercer County Freshmen Academy	\$5,696
Monroe County	Monroe County Middle School	\$16,788
Montgomery County	McNabb Middle School	\$8,000
New Beginnings Winchester	Conkwright, Calvary, and Powell County Middle Schools	\$12,751
New Hope Center	Camp Ernst, Campbell County, Grant County, Gray, Homes, Ockerman, Twenhofel, Tichenor, R.A. Jones, Sharp, Summit View, Williamstown, and Woodland Middle Schools	\$57,440
North Central District	Shelby East and Shelby West	\$49,404

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Purchase District	Heath, Lone Oak, and Paducah Middle Schools	\$4,340
Todd County	Todd County Middle School	\$4,137
WEDCO District	Georgetown, Nicholas County, and Royal Springs Middle School	\$6,871
Whitley County	Whitley County Middle School and Williamsburg Ind.	\$7,532
Woodford County	St. Leo School and Woodford County Middle School	\$6,379

The Kentucky Department of Public Health administers the Title V AOUM grant program to provide mostly school-based and some community-based programming. With Title V AOUM funding, sub-grantees will serve an estimated 25,000 young people grades 6–8 in 56 counties annually. Sub-grantees use one of the following curricula: [*Choosing the Best*](#), [*Postponing Sexual Involvement*](#), [*Positive Potential*](#), or [*Teen Outreach Program \(TOP\)*](#).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 Kentucky: Lake Cumberland District Health Department (\$433,996).²⁴

LAKE CUMBERLAND DISTRICT HEALTH DEPARTMENT, \$433,996 (FY 2016)

The Lake Cumberland District Health Department (LCDHD) offers on-site clinics and off-site programs and engages communities to adopt health-focused policies and initiatives. Their services use research- and outcome-based programs.²⁵ With its SRAE funds, LCDHD will serve rural white young people in grades 4-6 using [*Making a Difference!*](#) curriculum.²⁶ At the time of publication, more information on how LCDHD 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 "Practical Living (Health Education and Physical Education)," Kentucky Core Academic Standards, p. 649, http://education.ky.gov/curriculum/standards/kyacadstand/Documents/Kentucky%20Academic%20Standards_Final-9%2011%2015.pdf.

³ "High School YRBS," Centers for Disease Control and Prevention, <https://nccd.cdc.gov/youthonline/App/Default.aspx>.

⁴ 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.

⁵ Ibid., Table 1.2.

⁶ "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>.

⁷ "Teen Births in Kentucky, Girls 15-19," The National Campaign to Prevent Teen and Unplanned Pregnancy, <https://thenationalcampaign.org/data/state/Kentucky>.

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⁹ Ibid., Table 1.2.

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