

State Profiles FISCAL YEAR 2017

The complete FY 2017 State Profiles comprise individual state-specific documents along with four other accompanying documents. The Executive Summary details the current state of sexuality education across the country, highlighting trends observed over the past few decades. Additionally, it is critical to examine the information from each state within the larger context of the laws and federal funding streams across the country. Please reference the following documents to inform and contextualize broader sexuality education trends:

- [Executive Summary](#)
- [Federal Funding Overview](#) – compared to [Ohio's federal funding](#)
- [Sex/Sexuality and HIV and other STIs Education Laws by State](#) – compared to [Ohio's education laws](#)
- [Descriptions of Curricula and Programs across the United States](#)

OHIO

In Fiscal Year 2017,¹ the state of Ohio received:

- Division of Adolescent and School Health funds totaling \$65,000
- Personal Responsibility Education Program funds totaling \$1,737,571
- Title V State Abstinence Education Program funds totaling \$2,558,222

In Fiscal Year 2017, local entities in Ohio received:

- Division of Adolescent and School Health funds totaling \$378,636
- Teen Pregnancy Prevention Program funds totaling \$960,964
- Personal Responsibility Education Innovative Strategies funds totaling \$800,721
- Sexual Risk Avoidance Education funds totaling \$1,335,222

SEXUALITY EDUCATION LAW AND POLICY

STATE LAW

Ohio does not require schools to teach sexuality education. However, [Ohio Revised Code Sections 3313.60](#) and [3313.6011](#) state that the board of education of each school district must establish a health education curriculum for “all schools under their control.” The health education curriculum must include “[v]eneral disease education,” which must emphasize that “abstinence from sexual activity is the only protection that is [100 percent] effective against unwanted pregnancy, sexually transmitted disease [STD], and the sexual transmission of a virus that causes acquired immunodeficiency syndrome [AIDS].”² Additionally, it must:

- 1) Stress that students should abstain from sexual activity until after marriage;
- 2) Teach the potential physical, psychological, emotional, and social side effects of participating in sexual activity outside of marriage;

- 3) Teach that conceiving children out of wedlock is likely to have harmful consequences for the child, the child’s parents, and society;
- 4) Stress that STDs are serious possible hazards of sexual activity;
- 5) Advise students of the laws pertaining to financial responsibility of parents to children born in and out of wedlock; and
- 6) Advise students of the circumstances under which it is criminal to have sexual contact with a person under the age of 16, pursuant to section 2907.04 of the Revised Code.³

Upon written request of a parent or guardian, a student may be excused from receiving any or all of this instruction. [This is referred to as an “opt-out” policy.](#)

STATE STANDARDS

Ohio law does not permit the State Board of Education to adopt the Health Education Standards in Ohio.⁴

STATE LEGISLATIVE 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 the most recent analysis of state legislative activity, [SIECUS’ 2016 Sex Ed State Legislative Year-End Report: Top Topics and Takeaways.](#)

YOUTH SEXUAL HEALTH DATA

Young people are more than their health behaviors and outcomes. For those wishing to support the sexual health and wellbeing of young people, it is important to utilize available data in a manner that tracks our progress and pushes policies forward while respecting and supporting the dignity of all young lives.

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 affect an individual’s sexual health and wellbeing. That is, the context in which a young person’s health behavior and decision-making happens is not reflected in individual data points. Notably, one example demonstrating such inequities are the limitations as to how and what data are currently collected; please be mindful of populations who may not be included in surveys or who may be misrepresented by the data. The data categories and any associated language are taken directly from the respective surveys and are not a representation of SIECUS’ positions or values. For more information regarding SIECUS’ use of data, please read the FY 2017 Executive Summary, [A Portrait of Sexuality Education in the States.](#)

OHIO YOUTH RISK BEHAVIOR SURVEY (YRBS) DATA⁵

The following sexual health behavior and outcome data represent some of the most recent information available on the health of young people who attend high schools in Ohio. Though not perfect—for instance, using broad race and ethnicity categories can often distort and aggregate the experiences of a diverse group of respondents—the YRBS is a critical resource for understanding the health behaviors of

young people when used carefully and with an awareness of its limitations. Any missing data points indicate either a lack of enough respondents for a subcategory or the state's decision not to administer a question on the survey. SIECUS commends the Centers for Disease Control and Prevention (CDC) for conducting decades' worth of field studies to improve the accuracy and relevancy of the YRBS. Like the CDC, SIECUS underlines that "school and community interventions should focus not only on behaviors but also on the determinants of those behaviors."⁶

Reported ever having had sexual intercourse

- In 2013, 47% of female high school students and 38.8% of male high school students in Ohio 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, 62.4% of black high school students and 38.7% of white high school students in Ohio reported ever having had sexual intercourse, compared to 60.6% of black high school students and 43.7% of white high school students nationwide.

Reported having had sexual intercourse before age 13

- In 2013, 3.4% of female high school students and 3.9% of male high school students in Ohio 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, 11.5% of black high school students and 1.9% of white high school students in Ohio reported having had sexual intercourse before age 13, compared to 14% of black high school students and 3.3% of white high school students nationwide.

Reported being currently sexually active

- In 2013, 35.1% of female high school students and 27% of male high school students in Ohio 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, 41.4% of black high school students and 28.5% of white high school students in Ohio reported being currently sexually active, compared to 26.1% of black high school students and 32.8% of white high school students nationwide.

Reported not using a condom during last sexual intercourse

- In 2013, 53.7% of female high school students and 44% of male high school students in Ohio 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, 46.2% of black high school students and 51.5% of white high school students in Ohio reported not using a condom during their last sexual intercourse, compared to 35.3% of black high school students and 42.9% of white high school students nationwide.

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

- In 2013, 12.8% of female high school students and 11% of male high school students in Ohio 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, 15.1% of black high school students and 11.1% of white high school students in Ohio reported not using any method to prevent pregnancy during their last sexual intercourse, compared to 15.9% of black high school students and 11.1% of white high school students nationwide.

Reported having had drunk alcohol or used drugs during last sexual intercourse⁷

- In 2013, 13.6% of female high school students and 24% of male high school students in Ohio reported having had drunk alcohol or used drugs during their last sexual intercourse, compared to 19.3% of female high school students and 25.9% of male high school students nationwide.
- In 2013, 23.4% of black high school students and 16.5% of white high school students in Ohio reported having had drunk alcohol or used drugs during their last sexual intercourse, compared to 22.8% of black high school students and 21.3% of white high school students nationwide.

Reported having been physically forced to have sexual intercourse

- In 2013, 11.2% of female high school students and 4.3% of male high school students in Ohio 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, 8.8% of black high school students and 7.2% of white high school students in Ohio reported having been physically forced to have sexual intercourse, compared to 8.4% of black high school students and 6.1% of white high school students nationwide.

Reported experiencing sexual dating violence

- In 2013, 13.4% of female high school students and 6.1% of male high school students in Ohio 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, 9% of black high school students and 9.3% of white high school students in Ohio reported experiencing sexual dating violence in the prior year, compared to 8.9% of black high school students and 9.8% of white high school students nationwide.

Visit the CDC [Youth Online](#) database for additional information on youth risk behaviors.

OHIO SCHOOL HEALTH PROFILES DATA⁸

In 2015, the CDC released the School Health Profiles, which measures school health policies and practices and highlights which health topics were taught in schools across the country. Since the data was collected from self-administered questionnaires completed by schools' principals and lead health education teachers, the CDC notes that one limitation of the School Health Profiles is bias toward the reporting of more positive policies and practices.⁹ In the School Health Profiles, the CDC identifies 16 sexual education topics that it believes are critical to a young person's sexual health. Below are key instruction highlights for secondary schools in Ohio as reported for the 2013–2014 school year.

16 CRITICAL SEXUAL EDUCATION TOPICS IDENTIFIED BY THE CDC

- 1) How to create and sustain healthy and respectful relationships
- 2) Influences of family, peers, media, technology, and other factors on sexual risk behavior
- 3) Benefits of being sexually abstinent
- 4) Efficacy of condoms
- 5) Importance of using condoms consistently and correctly
- 6) Importance of using a condom at the same time as another form of contraception to prevent both STDs and pregnancy
- 7) How to obtain condoms
- 8) How to correctly use a condom
- 9) Communication and negotiation skills
- 10) Goal-setting and decision-making skills
- 11) How HIV and other STDs are transmitted
- 12) Health consequences of HIV, other STDs, and pregnancy
- 13) Influencing and supporting others to avoid or reduce sexual risk behaviors
- 14) Importance of limiting the number of sexual partners
- 15) How to access valid and reliable information, products, and services related to HIV, STDs, and pregnancy
- 16) Preventive care that is necessary to maintain reproductive and sexual health.

Source: School Health Profiles, 2014

Reported teaching all 16 critical sexual health education topics

- 12.6% of Ohio secondary schools taught students all 16 critical sexual health education topics in a required course in any of grades 6, 7, or 8.¹⁰
- 32.2% of Ohio secondary schools taught students all 16 critical sexual health education topics in a required course in any of grades 9, 10, 11, or 12.¹¹

Reported teaching about the benefits of being sexually abstinent

- 73% of Ohio secondary schools taught students about the benefits of being sexually abstinent in a required course in any of grades 6, 7, or 8.¹²
- 91.4% of Ohio secondary schools taught students about the benefits of being sexually abstinent in a required course in any of grades 9, 10, 11, or 12.¹³

Reported teaching how to access valid and reliable information, products, and services related to HIV, other sexually transmitted diseases (STDs), and pregnancy

- 53.8% of Ohio secondary schools taught students how to access valid and reliable information, products, and services related to HIV, other STDs, and pregnancy in a required course in any of grades 6, 7, or 8.¹⁴
- 85.7% of Ohio secondary schools taught students how to access valid and reliable information, products, and services related to HIV, other STDs, and pregnancy in a required course in any of grades 9, 10, 11, or 12.¹⁵

Reported teaching how to create and sustain healthy and respectful relationships

- 67.1% of Ohio secondary schools taught students how to create and sustain healthy and respectful relationships in a required course in any of grades 6, 7, or 8.¹⁶
- 88.9% of Ohio secondary schools taught students how to create and sustain healthy and respectful relationships in a required course in any of grades 9, 10, 11, or 12.¹⁷

Reported teaching about preventive care that is necessary to maintain reproductive and sexual health

- 48.2% of Ohio secondary schools taught students about preventive care that is necessary to maintain reproductive and sexual health in a required course in any of grades 6, 7, or 8.¹⁸
- 81.5% of Ohio secondary schools taught students about preventive care that is necessary to maintain reproductive and sexual health in a required course in any of grades 9, 10, 11, or 12.¹⁹

Reported teaching how to correctly use a condom

- 17.3% of Ohio secondary schools taught students how to correctly use a condom in a required course in any of grades 6, 7, or 8.²⁰
- 40.5% of Ohio secondary schools taught students how to correctly use a condom in a required course in any of grades 9, 10, 11, or 12.²¹

Reported teaching about all seven contraceptives

- 32.1% of Ohio secondary schools taught students about all seven contraceptives—birth control pill, patch, ring, and shot; implants; intrauterine device; and emergency contraception—in a required course in any of grades 9, 10, 11, or 12.²²

Reported providing curricula or supplementary materials relevant to lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth

- 20.4% of Ohio secondary schools provided students with curricula or supplementary materials that included HIV, STD, or pregnancy prevention information relevant to LGBTQ youth.²³

Visit the CDC's [School Health Profiles](#) report for additional information on school health policies and practices.

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

The following data from the CDC and the Guttmacher Institute represent the most recent state-specific statistics documenting teen pregnancy, birth, abortion, HIV/AIDS, and other STDs. For those wishing to support the sexual health and wellbeing of young people, it is important to use the data to advance their access to comprehensive education, resources, and services. However, the data is not intended to be used in a manner that is stigmatizing or shaming: Young people have the right to make informed decisions about their health and wellbeing, but this right must be accompanied by the ability to access and understand all available choices. Therefore, the following data should be used to advance a young person's right to make informed decisions about their body and health.

Teen Pregnancy, Birth, and Abortion

- In 2013, Ohio had the 26th highest reported teen pregnancy rate in the United States, with a rate of 41 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 43 per 1,000.²⁴ There were a total of 15,700 pregnancies among young women ages 15–19 reported in Ohio in 2013.²⁵
- In 2015, Ohio had the 23rd highest reported teen birth rate in the United States, with a rate of 23.2 births per 1,000 young women ages 15–19, compared to the national rate of 22.3 per 1,000.²⁶ There were a total of 8,755 live births to young women ages 15–19 reported in Ohio in 2015.²⁷
- In 2013, Ohio had the 24th highest reported teen abortion rate²⁸ in the United States, with a rate of 8 abortions per 1,000 young women ages 15–19, compared to the national rate of 11 per 1,000.²⁹ There were a total of 2,980 abortions among young women ages 15–19 reported in Ohio in 2013.³⁰

HIV and AIDS

- In 2015, the reported rate of diagnoses of HIV infection among adolescents ages 13–19 in Ohio was 5.9 per 100,000, compared to the national rate of 5.8 per 100,000.³¹
- In 2015, the reported rate of AIDS diagnoses among adolescents ages 13–19 in Ohio was 0.6 per 100,000, compared to the national rate of 0.7 per 100,000.³²
- In 2015, the reported rate of diagnoses of HIV infection among young adults ages 20–24 in Ohio was 24.7 per 100,000, compared to the national rate of 31.1 per 100,000.³³
- In 2015, the reported rate of AIDS diagnoses among young adults ages 20–24 in Ohio was 4.5 per 100,000, compared to the national rate of 5.6 per 100,000.³⁴

STDs

- In 2015, Ohio had the 11th highest rate of reported cases of chlamydia among young people ages 15–19 in the United States, with an infection rate of 2,251.3 cases per 100,000, compared to the national rate of 1,857.8 per 100,000. In 2015, there were a total of 17,391 cases of chlamydia among young people ages 15–19 reported in Ohio.³⁵
- In 2015, Ohio had the 10th highest rate of reported cases of gonorrhea among young people ages 15–19 in the United States, with an infection rate of 483.1 cases per 100,000, compared to the national rate of 341.8 per 100,000. In 2015, there were a total of 3,732 cases of gonorrhea among young people ages 15–19 reported in Ohio.³⁶
- In 2015, Ohio had the 34th 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 2.5 cases per 100,000, compared to the national rate of 5.4 per 100,000. In 2015, there were a total of 19 cases of syphilis reported among young people ages 15–19 in Ohio.³⁷

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

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

FISCAL YEAR 2017 FEDERAL FUNDING IN OHIO

Grantee	Award
Division of Adolescent and School Health (DASH)	
Cleveland Municipal School District	\$378,636
Ohio Department of Health	\$65,000
TOTAL	\$443,636
Teen Pregnancy Prevention Program (TPPP)	
TPPP Tier 1B	
Cuyahoga County District Board of Health	\$960,964
TOTAL	\$960,964
Personal Responsibility Education Program (PREP)	
PREP State-Grant Program	
Ohio Department of Health (federal grant)	\$1,737,571
TOTAL	\$1,737,571
Personal Responsibility Education Innovative Strategies (PREIS)	

OhioHealth Research and Innovation Institute	\$800,721
TOTAL	\$800,721
Title V Abstinence-Only-Until-Marriage Program (Title V AOUM)	
Ohio Department of Health (federal grant)	\$2,558,222
TOTAL	\$2,558,222
Sexual Risk Avoidance Education Grant Program (SRAE)	
Healthy Visions	\$372,005
Elizabeth's New Life Center	\$548,103
Operation Keepsake	\$415,114
TOTAL	\$1,335,222
GRAND TOTAL	
	\$7,836,336

DIVISION OF ADOLESCENT AND SCHOOL HEALTH

The CDC's school-based HIV prevention efforts include funding and technical assistance 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 2017, through the CDC's Division of Adolescent and School Health (DASH), 18 state education agencies and 17 school districts received funding to help the 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 six national, non-governmental organizations (NGOs) to help state and local education agencies achieve these goals.

- In FY 2017, there was one DASH grantee in Ohio funded to strengthen student health through ESHE, SHS, and SSE (1308 Strategy 2): The Cleveland Municipal School District (\$320,000).

CLEVELAND MUNICIPAL SCHOOL DISTRICT, \$320,000 (FY 2017)

With its 1308 Strategy 2 funds, the Cleveland Municipal School District assesses the quality of its sexual health education programs. Evaluation results will help to improve sexual health curriculum and determine the skills that staff need to teach it effectively. To make it easier for students to access needed health services, the school district develops materials that describe teen-friendly health services in the community. The materials specifically address LGBTQ students to try and increase their comfort in seeking out health services.³⁸

In addition, DASH funds local education agencies and NGOs to implement multiple program activities to meet the HIV- and other 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 2017, there were no DASH grantees in Ohio 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 YRBS and School Health Profiles data for policy and program improvements.

- In FY 2017, there were two DASH grantees in Ohio funded to collect and report YRBS and School Health Profiles data (1308 Strategy 1): The Cleveland Municipal School District (\$58,636) and the Ohio Department of Health (\$65,000).

TEEN PREGNANCY PREVENTION PROGRAM (TPPP)

The OAH, within the U.S. Department of Health and Human Services (HHS), administers TPPP, which funds evidence-based or innovative evidence-informed, medically accurate, and age-appropriate programs to reduce teen pregnancy. In FY 2017, total funding for TPPP was \$101 million, supporting 84 states, cities, non-profit organizations, school districts, universities, community-based organizations, and tribal organizations. These grantees were in year three of five TPPP funding tiers' five-year cooperative agreements in 33 states, the District of Columbia, and the Marshall Islands. In June 2017, however, 81 of the 84 grantees were notified, without cause or explanation, that their project periods were shortened to just three years, to end on June 30, 2018. Since the other three grantees are on a different grant cycle, they had not yet received notice on the status of their funding at the time of publication. OAH provides program support, implementation evaluation, and technical assistance to grantees and receives an additional \$6.8 million in funding for evaluation purposes. Below is information on the five TPPP funding tiers:

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

- In FY 2017, there were no TPPP Tier 1A grantees in Ohio.

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

- In FY 2017, there was one TPPP Tier 1B grantee in Ohio: Cuyahoga County District Board of Health (\$960,964).

CUYAHOGA COUNTY DISTRICT BOARD OF HEALTH (CCBH), \$960,964 (FY 2017)

CCBH will administer the TPPP Tier 1B grant by implementing evidence-based programming through the Cuyahoga County Teen Wellness Initiative in Cuyahoga County. Programming will be offered in seven school districts within the county's eastern suburbs. CCBH implements [*Draw the Line/Respect the Line*](#), [*Reducing the Risk*](#), and [*All4You!*](#) in middle schools, high schools, and LGBT Community Centers. CCBH aims to reach at least 2,000 young people per year.³⁹

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

- In FY 2017, there were no TPPP Tier 2A grantees in Ohio.

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

- In FY 2017, there were no TPPP Tier 2B grantees in Ohio.

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

- In FY 2017, there were no TPPP Tier 2C grantees in Ohio.

PERSONAL RESPONSIBILITY EDUCATION PROGRAM (PREP)

The Family and Youth Services Bureau (FYSB), within the Administration for Children and Families (ACF) division of HHS, administers PREP, which was authorized for a total of \$75 million in FY 2017 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 through the Competitive Personal Responsibility Education Program (CPREP).

Similar to other programs highlighted in the State Profiles, the grants for the various PREP programs are awarded throughout the year, with several awarded in the final month of the fiscal year for use and implementation throughout the following year. SIECUS reports on funding amounts appropriated in FY 2017 and any programmatic activities that occurred during FY 2017, or October 1, 2016–September 30, 2017. It is important to remember, however, that reported programmatic activities for this period may have utilized FY 2016 funds. Details on the state grants, PREIS, Tribal PREP, and CPREP are included below. More information and clarification surrounding funding announcements are also included below, as well as in the FY 2017 Executive Summary, [A Portrait of Sexuality Education in the States](#).

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, and other STDs. In FY 2017, 44 states, the District of Columbia, the Federated States of Micronesia, Guam, Puerto Rico, the Republic of Palau, and the Virgin Islands received PREP state-grant 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 2017, the Ohio Department of Health received \$1,737,571 in federal PREP funds.⁴⁰
- At the time of publication, information as to Ohio’s use of FY 2017 PREP state-grant funds was unknown. The following information reflects implementation of FY 2013 funds during FY 2014.
- The Department sub-grants to eight local public and private entities. The sub-grantee information is listed below.⁴¹

Sub-grantee	Serving	Amount
Belmont County General Health District	Belmont, Coshocton, Guernsey, Harrison, Jefferson, Monroe, Morgan, Muskingum, Noble, Perry, and Washington Counties	Not reported
Cuyahoga County Board of Health	Ashtabula, Cuyahoga, Geauga, Lake, and Lorain Counties	Not reported

Lucas County Health Department	Defiance, Fulton, Hancock, Henry, Lucas, Mercer, Ottawa, Paulding, Putnam, Van Wert, Williams, and Wood Counties	Not reported
Nationwide Children’s Hospital	Delaware, Fairfield, Franklin, Knox, Licking, Morrow, Pickaway, and Union Counties	Not reported
Northwest Canton City Health Department	Columbiana, Carroll, Holmes, Mahoning, Portage, Trumbull, Tuscarawas, and Wayne Counties	Not reported
Planned Parenthood of Southeast Ohio	Adams, Athens, Gallia, Harrison, Hocking, Jackson, Jefferson, Lawrence, Meigs, Pike, Ross, Scioto, and Vinton Counties	Not reported
Planned Parenthood of Southwest Ohio	Auglaize, Allen, Brown, Butler, Champaign, Clark, Clermont, Clinton, Darke, Greene, Hamilton, Hardin, Logan, Minami, Montgomery, Preble, Shelby, and Warren Counties	Not reported
Summit County Public Health	Ashland, Crawford, Erie, Huron, Marion, Medina, Richland, Sandusky, Seneca, Summit, and Wyandot Counties	Not reported

The Ohio Department of Health administers the state PREP grant along with its eight sub-grantees. Programming targets young people ages 14-19 residing in foster care and the juvenile justice systems. Sub-grantees receive training before working regionally to train direct-care staff who work with young people. The [Reducing the Risk](#) curriculum is implemented by all entities and addresses the following adult preparation subjects: healthy relationships, financial literacy, and educational and career success.⁴²

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, HIV, and other STDs.

- In FY 2017, there was one PREIS grantee in Ohio: OhioHealth Research and Innovation Institute (\$800,721).⁴³

OHIOHEALTH RESEARCH AND INNOVATION INSTITUTE, \$800,721 (FY 2017)

Located in Columbus, the OhioHealth Research and Innovation Institute is a branch of OhioHealth, a community hospital system, and is responsible for research projects throughout the OhioHealth system. The institute uses its PREIS grant “to provide [HAT Healthy Adolescent Transitions](#): a comprehensive program for adolescent mothers.”⁴⁴ OhioHealth will conduct a randomized controlled study of young people ages 14-19 who are 25-34 weeks pregnant and receive Medicaid insurance in Franklin and surrounding counties in central Ohio. There will be 250 participants in the intervention group and 250 in the control group. During the program, “the 250 in intervention will [receive] home visits from nurses and social workers over a three-month period to set personal responsibility goals in the areas of education/job attainment, financial

literacy, healthy eating, [human papillomavirus] (HPV) vaccine, attaining a medical home, and healthy birth spacing.”⁴⁵ Participants will receive phone application notifications with reminders of the goals they have set with the nurse and social worker. Recruitment began in July 2017, and OhioHealth plans to recruit approximately 25 participants a month. OhioHealth also sub-grants some of its PREIS funds to Nationwide Children’s Hospital (\$200,000) and to Directions for Youth and Families (\$80,000).⁴⁶

Tribal Personal Responsibility Education Program (Tribal PREP)

Tribal PREP supports the development and implementation of pregnancy-, HIV-, and other STD-prevention programs among young people 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, 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 2017, eight tribes and tribal organizations from seven states received a total of \$3,271,693.

- In FY 2017, there were no Tribal PREP grantees in Ohio.

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, and other STDs. Only organizations and institutions in states and territories that did not apply for PREP state grants are eligible to submit competitive applications for CPREP grants. In FY 2017, 21 CPREP grants, totaling \$10.2 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 2017, Ohio received PREP state-grant funding; therefore, entities in Ohio were not eligible for CPREP.

TITLE V “ABSTINENCE EDUCATION” STATE GRANT PROGRAM

The Title V “abstinence education” state grant program for AOUM programming, or the Title V AOUM program, is administered by FYSB, within ACF of HHS, and was authorized at \$75 million for FY 2017. 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.⁴⁷

- In FY 2017, the Ohio Department of Health received \$2,558,222 in federal Title V AOUM funding.⁴⁸
- At the time of publication, information as to Ohio’s use of FY 2017 Title V AOUM funds was unknown. The following information reflects implementation of FY 2015 funds during FY 2016.
- The Ohio Department of Health provides a statewide sub-grant to The RIDGE Project, Inc.⁴⁹
- In Ohio, the sub-grantee is required to provide the match.

The Ohio Department of Health implements the state Title V AOUM program in collaboration with the RIDGE Project, Inc., a Christian non-profit organization whose “outreach is founded in Jesus Christ and based upon biblical principles.”⁵⁰ Funding targets young people ages 11–14 in the counties with the highest teen birth rates. Programming is implemented in school-based settings, with some minimal community-

based programming in juvenile detention facilities. There are 32 Appalachian, eight urban, and 10 other counties in which the programming is implemented. The RIDGE Project sub-contracts with numerous local “abstinence education” providers to provide classroom sessions; webinars for professionals and parents; and seminars and workshops for classroom teachers, community members, and parents.⁵¹ During FY 2017, Ohio implemented [Choosing the Best](#), [Relationships Under Construction](#), [Rites of Passage](#), [Responsible Social Values Program \(RSVP\)](#), [For Keeps](#), [Choices Matter](#), and [Abstinence and Marriage](#) curricula.

“SEXUAL RISK AVOIDANCE EDUCATION” (SRAE) GRANT PROGRAM

Administered by FYSB within ACF of HHS, the SRAE program—a rebranding of the competitive AOUM grant program—provides funding for public and private entities 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 2017, \$15 million was appropriated for the SRAE grant program, and \$13.5 million was awarded to 27 grantees in 14 states through a competitive application process.

- In FY 2017, there were three SRAE grantees in Ohio: Healthy Visions (\$372,005), and Elizabeth’s New Life Center (\$548,103), and Operation Keepsake (\$415,114).⁵²
- At the time of publication, no information as to Operation Keepsake’s use of SRAE funds was available.

HEALTHY VISIONS, \$372,005 (FY 2017)

Healthy Visions “works to educate and equip youth, ages 12-18, with the critical thinking skills and knowledge needed to make healthier behavioral choices and to develop stronger relationships.”⁵³ With its SRAE funds, Healthy Visions uses [Choosing the Best](#) curriculum in school- and community-based settings, as well as in juvenile justice facilities to serve black and Appalachian young people ages 12-16.⁵⁴

ELIZABETH’S NEW LIFE CENTER (ENLC), \$548,103 (FY 2017)

ENLC is one of the largest pregnancy resource centers in the country and “empower[s] individuals to choose life by showing them the compassion and love of Christ.” ENLC serves thousands of people annually through its intervention, prevention, education, and support services.⁵⁵ With its SRAE funds, ENLC uses [Go for the Gold](#) curriculum to serve mainly black and young LGBTQ people in school- and in community-based settings, as well as in juvenile justice facilities.⁵⁶

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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 2017 began on October 1, 2016, and ended on September 30, 2017.

² Ohio Rev. Code § 3313.6011(B), <http://codes.ohio.gov/orc/3313#3313.6011>.

³ Ohio Rev. Code §§ 3313.6011(C)(1)-(7).

⁴ Ohio Rev. Code §3301.0718 <http://codes.ohio.gov/orc/3301.0718>.

⁵ "Youth Online," Centers for Disease Control and Prevention, <https://nccd.cdc.gov/youthonline/App/Default.aspx>.

⁶ "Methodology of the Youth Risk Behavior Surveillance System – 2013," pg. 17, Centers for Disease Control and Prevention, www.cdc.gov/mmwr/pdf/rr/rr6201.pdf.

⁷ It is critical to examine social determinants when analyzing potentially stigmatizing data. Accounting for differences in people's lived experiences based on race, ethnicity, sexual orientation, socioeconomic status, etc., is a vital part of understanding the context in which the data exist. We encourage readers to exercise caution when using the data and warn readers against using the data in a manner that conflates correlation with causation. Please visit the FY 2017 Executive Summary, [A Portrait of Sexuality Education in the States](#), for more context.

⁸ "School Health Profiles 2014," Centers for Disease Control and Prevention, <https://nccd.cdc.gov/youthonline/App/Default.aspx>.

⁹ Ibid., pg. 51.

¹⁰ Ibid., Table 9c.

¹¹ Ibid., Table 11c.

¹² Ibid., Table 9a.

¹³ Ibid., Table 11a.

¹⁴ Ibid., Table 9a.

¹⁵ Ibid., Table 11a.

¹⁶ Ibid., Table 9b.

¹⁷ Ibid., Table 11b.

¹⁸ Ibid., Table 9b.

¹⁹ Ibid., Table 11b.

²⁰ Ibid., Table 9c.

²¹ Ibid., Table 11c.

²² Ibid., Table 13.

²³ Ibid., Table 39.

²⁴ Arpaia, A., Kost, K., and Maddow-Zimet, I., *Pregnancies, Births and Abortions Among Adolescents and Young Women in the United States, 2013: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2017), https://www.guttmacher.org/sites/default/files/report_downloads/us-adolescent-pregnancy-trends-2013_tables.pdf, Table 2.5.

²⁵ Ibid., Table 2.6.

- ²⁶ “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>.
- ²⁷ United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2007-2015, on CDC WONDER Online Database, February 2017. Accessed at <http://wonder.cdc.gov/nativity-current.html>.
- ²⁸ “Abortion” used in this context refers to legally induced abortions. This rate does not include abortions that occur outside of health care facilities or are unreported. Unfortunately, there is no reliable source of information for actual rates of abortion.
- ²⁹ Arpaia, A., Kost, K., and Maddow-Zimet, I., *Pregnancies, Births and Abortions Among Adolescents and Young Women in the United States, 2013: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2017), https://www.guttmacher.org/sites/default/files/report_downloads/us-adolescent-pregnancy-trends-2013_tables.pdf, Table 2.5.
- ³⁰ *Ibid.*, Table 2.6.
- ³¹ 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.
- ³² 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.
- ³³ 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.
- ³⁴ Slide 21: “Rates of Diagnosed HIV Infection Classified as Stage 3 (AIDS) 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.
- ³⁵ NCHHSTP Atlas, “STD Surveillance Data” (Atlanta, GA: Centers for Disease Control and Prevention), <http://gis.cdc.gov/GRASP/NCHHSTPAtlas/main.html>.
- ³⁶ *Ibid.*
- ³⁷ *Ibid.*
- ³⁸ Centers for Disease Control and Prevention, Adolescent and School Health, Funded Local Agencies, Atlanta, GA, www.cdc.gov/healthyyouth/partners/funded_locals.htm#cleveland.
- ³⁹ “Cuyahoga County District Board of Health,” Grantees (OH) – TPP Tier 1B, U.S. Department of Health and Human Services, Office of Adolescent Health, www.hhs.gov/ash/oah/grant-programs/teen-pregnancy-prevention-program-tpp/current-grantees/cuyahoga-county-district-board-of-health/index.html.
- ⁴⁰ “2017 State Personal Responsibility Education Program (PREP) Awards,” Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, www.acf.hhs.gov/fysb/resource/2017-state-prep-awards.
- ⁴¹ “Personal Responsibility Education Program (PREP) for Foster Care and Adjudicated Youth,” Ohio Department of Health, www.odh.ohio.gov/odhprograms/chss/ad_hlth/Personal%20Responsibility%20Education%20Program%20for%20Foster%20Care%20and%20Adjudicated%20Youth.aspx.
- ⁴² *Ibid.*
- ⁴³ “Personal Responsibility Education Innovative Strategies (PREIS) Program Awards FY2017,” Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, <https://www.acf.hhs.gov/fysb/preis-awards-fy2017>.
- ⁴⁴ Information provided by Robin Lutz, Project Director for HAT, OhioHealth Community Partnerships, June 23, 2017.
- ⁴⁵ *Ibid.*
- ⁴⁶ *Ibid.*
- ⁴⁷ 42 U.S.C. 710, Title V, Section 510 of the Social Security Act, the authorization for the Title V AOUM grant program, defines “abstinence education” as “an educational or motivational program which:
- (A) has as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;
 - (B) teaches abstinence from sexual activity outside marriage as the expected standard for all school-age children;
 - (C) teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems;

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- (D) teaches that a mutually faithful monogamous relationship in context of marriage is the expected standard of human sexual activity;
- (E) teaches that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects;
- (F) teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child's parents, and society;
- (G) teaches young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances; and
- (H) teaches the importance of attaining self-sufficiency before engaging in sexual activity.”
- www.ssa.gov/OP_Home/ssact/title05/0510.htm.

⁴⁸ “2017 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/2017-aeep-awards.

⁴⁹ Exact amount of sub-granted funding was unavailable. Information provided by Angela Norton, School and Adolescent Health Section Administrator, Ohio Department of Health, June 3, 2016.

⁵⁰ “About Us,” The Ridge Project, www.theridgeproject.com/about/ridge-culture/about-us.html.

⁵¹ “Program design,” Ohio's Abstinence Education Program—Ohio Department of Health, www.odh.ohio.gov/odhprograms/chss/ad_hlth/Ohio%20Abstinence%20Education%20Program.aspx.

⁵² “Sexual Risk Avoidance Education (SRAE) Grantees FY2017,” Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, <https://www.acf.hhs.gov/fysb/sexual-risk-avoidance-grantees-fy2017>.

⁵³ “Home,” Healthy Visions, <https://healthyvisions.org/>.

⁵⁴ “Sexual Risk Avoidance Education Program Grantee Profiles,” Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, <https://www.acf.hhs.gov/fysb/resource/srae-profiles>.

⁵⁵ “About Us,” Elizabeth's New Life Center, <http://elizabethnewlife.org/about-us/>.

⁵⁶ “Sexual Risk Avoidance Education Program Grantee Profiles,” Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, <https://www.acf.hhs.gov/fysb/resource/srae-profiles>.