



SIECUS

State Profile

OHIO

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

- **Division of Adolescent and School Health funds totaling \$65,000**
- **Personal Responsibility Education Program funds totaling \$1,788,594**
- **Title V State Abstinence Education Program funds totaling \$1,792,086**

In Fiscal Year 2013, local entities in Ohio received:

- **Teen Pregnancy Prevention Initiative funds totaling \$405,575**
- **Division of Adolescent and School Health funds totaling \$275,000**
- **Personal Responsibility Education Innovative Strategies funds totaling \$560,344**
- **Competitive Abstinence Education Grant Program funds totaling \$462,142**

SEXUALITY EDUCATION LAW AND POLICY

Ohio does not require schools to teach sexuality education. However, 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 one hundred per cent [sic] effective against unwanted pregnancy, sexually transmitted disease, and the sexual transmission of a virus that causes acquired immunodeficiency syndrome.”² Additionally, it must:

- stress that students should abstain from sexual activity until after marriage;
- teach the potential physical, psychological, emotional, and social side effects of participating in sexual activity outside of marriage;
- teach that conceiving children out of wedlock is likely to have harmful consequences for the child, the child’s parents, and society;
- stress that sexually transmitted diseases (STDs) are serious possible hazards of sexual activity;
- advise students of the laws pertaining to financial responsibility of parents to children born in and out of wedlock; and
- 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.

See Ohio Revised Code Sections 3313.60 and 3313.6011.

2013 STATE LEGISLATIVE SESSION ACTIVITY

SIECUS is not aware of any recent legislation regarding sexuality education in Ohio.

YOUTH SEXUAL HEALTH DATA

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

Ohio Youth Risk Behavior Survey (YRBS) Data⁴

- 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, 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, 35.1% of female high school students and 27% of male high school students in Ohio reported being currently sexually active (defined as having had sexual intercourse in the three months prior to the survey), compared to 35.2% of female high school students and 32.7% of male high school students nationwide.

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

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

Teen Pregnancy, Birth, and Abortion

- In 2010, Ohio's teen pregnancy rate ranked 26th in the United States, with a rate of 54 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 57 per 1,000.⁵ There were a total of 21,600 pregnancies among young women ages 15–19 in Ohio in 2010.⁶
- In 2012, Ohio's teen birth rate ranked 23rd in the United States, with a rate of 29.4 births per 1,000 young women ages 15–19, compared to the national rate of 29.4 per 1,000.⁷ In 2012, there were a total of 11,437 live births to young women ages 15–19 reported in Ohio.⁸
- In 2010, Ohio's teen abortion rate ranked 24th in the United States, with a rate of 12 abortions per 1,000 young women ages 15–19, compared to the national rate of 15 per 1,000.⁹ There were a total of 4,630 abortions among young women ages 15–19 reported in Ohio in 2010.¹⁰

HIV and AIDS

- In 2011, the rate of diagnoses of HIV infection among adolescents ages 13–19 in Ohio was 6.4 per 100,000, compared to the national rate of 7.6 per 100,000.¹¹
- In 2011, the rate of AIDS diagnoses among adolescents ages 13–19 in Ohio was 1.1 per 100,000, compared to the national rate of 1.9 per 100,000.¹²

O H I O

- In 2011, the rate of diagnoses of HIV infection among young adults ages 20–24 in Ohio was 31.6 per 100,000, compared to the national rate of 36.3 per 100,000.¹³
- In 2011, the rate of AIDS diagnoses among young adults ages 20–24 in Ohio was 9.4 per 100,000, compared to the national rate of 10.9 per 100,000.¹⁴

Sexually Transmitted Diseases

- In 2012, Ohio ranked 13th in the United States for reported cases of chlamydia among young people ages 15–19, with an infection rate of 2,318.8 cases per 100,000, compared to the national rate of 2,001.7 per 100,000. In 2012, there were a total of 18,611 cases of chlamydia reported among young people ages 15–19 in Ohio.¹⁵
- In 2012, Ohio ranked 10th in the United States for reported cases of gonorrhea among young people ages 15–19, with an infection rate of 556.7 cases per 100,000, compared to the national rate of 376.8 per 100,000. In 2012, there were a total of 4,468 cases of gonorrhea reported among young people ages 15–19 in Ohio.¹⁶
- In 2012, Ohio ranked 18th in the United States for reported cases of primary and secondary syphilis among young people ages 15–19, with an infection rate of 4 cases per 100,000, compared to the national rate of 4.1 per 100,000. In 2012, there were a total of 32 cases of syphilis among young people ages 15–19 reported in Ohio.¹⁷

FEDERAL FUNDING FOR SEX EDUCATION, TEEN PREGNANCY PREVENTION, AND ABSTINENCE-ONLY-UNTIL-MARRIAGE PROGRAMS

President's Teen Pregnancy Prevention Initiative

The President's Teen Pregnancy Prevention Initiative (TPPI) funds medically accurate and age-appropriate programs to reduce teen pregnancy. The U.S. Department of Health and Human Services, Office of Adolescent Health (OAH) administers the grant program, which totaled \$105 million in discretionary funding for FY 2013. TPPI consists of two funding tiers that provide grants to local public and private entities. Tier 1 totals \$75 million and provides funding for the replication of evidence-based programs proven to prevent unintended teen pregnancy and address underlying behavioral risk factors. Tier 2 totals \$25 million and provides funding to develop and test additional models and innovative strategies. A portion of the Tier 2 funds, \$15.2 million, was allocated for research and demonstration grants to test innovative approaches, while the remaining funding, \$9.8 million, was allocated for grants to support communitywide initiatives. OAH utilizes the remaining appropriated funds to provide program support, implementation evaluation, and technical assistance to grantees. TPPI also dedicates \$8.5 million in funding to conduct evaluations of individual programs.

TPPI Tier 1: Evidence-Based Programs

The TPPI Tier 1 grant program supports the replication of evidence-based programs proven effective through rigorous evaluation to prevent unintended teen pregnancy and minimize underlying behavioral risk factors or other associated risk factors.

- There is one TPPI Tier 1 grantee in Ohio, the Young Women's Christian Association (YWCA) of Hamilton, Ohio, which received \$405,575 for FY 2013.

Young Women's Christian Association of Hamilton, Ohio, \$405,575 (FY 2013)

The Young Women's Christian Association of Hamilton, Ohio (YWCA Hamilton), provides services to Butler County area residents, including domestic violence-prevention education and victim advocacy, youth development programming for girls, economic advancement and literacy programs, and safe, affordable housing for low-income women.¹⁸

With its TPPI funding, the organization provides sexual health programming to young women and girls ages 16–19. The overall goal of the program is to “promote healthy behavior and responsible decision making in the lives of young women.”¹⁹ YWCA Hamilton partners with Miami University Hamilton's Department of Nursing, which provides third-year nursing students who act as “peer educators” and deliver the *FOCUS* curriculum.²⁰ For their participation, the nursing students receive credit toward their service-learning requirement. Program participants include high school juniors and seniors and some Miami University Hamilton students. Upon completion of the program, participants receive a \$50 gift card. Participants are also asked to complete two follow-up surveys four and 12 months after the program, and receive an additional \$50 gift card for each survey completed and returned. YWCA Hamilton aims for the program to reach approximately 700 youth annually.

TPPI Tier 2: Innovative Approaches

The TPPI Tier 2 grant program supports research and demonstration programs in order to develop, replicate, refine, and test additional models and innovative strategies for preventing teenage pregnancy.

- There are no TPPI Tier 2 Innovative Approaches grantees in Ohio.

TPPI Tier 2: Communitywide Initiatives

The TPPI Tier 2 grant program also supports communitywide initiatives to reduce rates of teenage pregnancy and births in communities with the highest rates. The program awards grants to national organizations as well as state- and community-based organizations. Funded national partners provide training and technical assistance to local grantees. The Centers for Disease Control and Prevention (CDC) administer the grant program in partnership with OAH.

- There are no TPPI Tier 2 Communitywide Initiatives grantees in Ohio.

Division of Adolescent and School Health

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

- There was one DASH grantee in Ohio funded to strengthen student health through ESHE, SHS, and SSE in FY 2013, the Cleveland Municipal School District (\$225,000).

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

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

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

- There are two DASH grantees in Ohio funded to collect and report YRBS and School Health Profiles data in FY 2013, the Cleveland Municipal School District (\$50,000) and the Ohio Department of Health (\$65,000).

Pregnancy Assistance Fund

The Pregnancy Assistance Fund (PAF), administered by OAH, provides expecting and parenting teens, women, fathers, and their families with a network of support services. Established in FY 2010 through a 10-year authorization (FY 2010–FY 2019) in the Affordable Care Act (ACA), PAF is a \$25 million competitive grant program for state and tribal entities. PAF grants support programs that include at least one of the following four components: 1) support for expectant and parenting student services at institutions of higher education; 2) support for expectant and parenting teens, women, fathers, and their families at high schools and community centers; 3) improved services for pregnant women who are victims of domestic violence, sexual violence, sexual assault, and stalking; and 4) increased public awareness and education services for expectant and parenting teens, women, fathers, and their families. Now in the second round of awards, PAF supports 17 entities in 14 states and three tribal entities, most of which focus their efforts on serving teen parents.

- There are no PAF grantees in Ohio.

Personal Responsibility Education Program

The Personal Responsibility Education Program (PREP) totals \$75 million per year for FYs 2010–2014 and is the first-ever dedicated funding stream for more comprehensive approaches to sexuality education. The U.S. Department of Health and Human Services, Administration for Children and Families (ACF) administers the grant. PREP includes a \$55 million state grant program, \$10 million to fund local entities through the Personal Responsibility Education Innovative Strategies (PREIS) program, \$3.1 million for Tribal PREP, for tribes and tribal organizations, with remaining funds for evaluation, training, and technical assistance. In addition, provisions within the statute for PREP enable a competitive application process for community- and faith-based organizations within states and territories that do not directly seek PREP funding by the third year of the program; these competitive PREP (CPREP) grants were awarded to organizations in five states and three territories in FY 2013. Details on the state grant program, PREIS, Tribal PREP, and CPREP are included below.

PREP State-Grant Program

The PREP state-grant program supports evidence-based programs that provide young people with medically accurate and age-appropriate information for the prevention of unintended pregnancy, HIV/AIDS, and other STDs. The grant program totals \$55 million per year and allocates funding to individual states. The grant does not require states to provide matching funds. Funded programs must discuss abstinence and contraception, and place substantial emphasis on both. Programs must also address at least three of the following adulthood preparation subjects: healthy relationships, positive adolescent development, financial literacy, parent-child communication skills, education and employment skills, and healthy life skills.

- The Ohio Department of Health received \$1,788,594 in federal PREP funds for FY 2013.
- The agency provides sub-grants to eight²¹ local public and private entities.²²

The Ohio PREP state-grant program is a collaboration between the Ohio Department of Health, the Ohio Department of Jobs and Family Services, and the Ohio Department of Youth Services, but is administered solely by the Department of Health. Ohio PREP directs funding toward eight local public and private entities to serve young people ages 14–19 in foster care and the juvenile justice system.

“Youth residing in foster care and/or involved with juvenile justice agencies have unique circumstances that contribute to their increased vulnerability for unplanned teen pregnancies and higher rates of sexually transmitted infections. Youth in these systems are highly mobile, often moving between group homes, foster families, detention centers and biological families. One consequence of this mobility can be irregular or interrupted school attendance impacting learning and the opportunity to obtain health information. PREP funding provides education outside of the school day to youth on both abstinence and contraception for the prevention of pregnancy and sexually transmitted infections, including HIV/AIDS and on three adulthood preparation subjects to assist youth as they transition out of placement into independent living.”²³ Ohio’s PREP grant has divided the state into nine regions. Sub-grantees in the nine regions are required to implement *Reducing the Risk* to the targeted youth populations.²⁴

Personal Responsibility Education Innovative Strategies (PREIS)

PREIS supports research and demonstration programs to develop, replicate, refine, and test innovative models for preventing unintended teen pregnancy. ACF administers the grant program in collaboration with OAH and provides a total of \$10 million in funding directly to local public and private entities.

- There is one PREIS grantee in Ohio, OhioHealth Research and Innovation Institute, which received \$560,344 for FY 2013.²⁵

OhioHealth Research and Innovation Institute, \$560,344 (FY 2013)

Located in Columbus, Ohio, 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 conduct a trial of its *Teen Options to Prevent Pregnancy (TOPP)* program in the obstetrics clinics at four OhioHealth hospitals and its mobile wellness unit. Each year, the program serves 600 young people ages 10–19, all of whom receive Medicaid. The program predominantly serves racial and ethnic minorities.

TOPP is “a combination of telephone-based care coordination and mobile contraceptive services designed to decrease attitudinal, educational, and logistic barriers to contraceptive use and adherence.”²⁶ Its goal is to reduce repeat pregnancies in young women and, when unable to prevent repeat pregnancies, to increase the period of time between pregnancies in order to ensure better health outcomes.

Tribal Personal Responsibility Education Program (Tribal PREP)

Tribal PREP supports the development and implementation of comprehensive teen pregnancy prevention programs within tribes and tribal communities. Tribal PREP programs target young people ages 10–19 who are in or are aging out of foster care, homeless youth, youth with HIV/AIDS, pregnant and/or parenting youth who are under 21 years of age, and youth who live in areas with high adolescent birth rates. Programs must address at least three of the following adulthood preparation subjects: healthy relationships, positive adolescent development, financial literacy, parent-child communication skills, education and employment skills, and healthy life skills.

- In FY 2013, 16 tribes and tribal organizations from nine states received a total of \$3.1 million.
- There are no Tribal PREP grantees in 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/AIDS, and other STDs. Organizations and institutions in states and territories that did not apply for PREP formula grants in either of the past two fiscal years were eligible to submit competitive applications for CPREP grants. Thirty-seven grants, totaling \$18.6 million, were awarded in FY 2013 to organizations in American Samoa, the Commonwealth of Northern Mariana Islands, Florida, Guam, Indiana, North Dakota, Texas, and Virginia.

- There are no CPREP grantees in Ohio.

Title V State Abstinence Education Grant Program

The Title V State abstinence-only-until-marriage (Title V AOUM) program, administered by ACF, allocates \$50 million per year to states for FYs 2010–2014. The Title V AOUM program requires states to provide three state-raised dollars or the equivalent in services for every four federal dollars received. The state match may be provided in part or in full by local groups. All programs funded by Title V AOUM must promote abstinence from sexual activity as their exclusive purpose and may provide mentoring, counseling, and adult supervision toward this end. Programs must be medically accurate and age-appropriate and must ensure abstinence is an expected outcome.

- The Ohio Department of Health received \$1,792,086 in federal Title V AOUM funding for FY 2013.
- The Ohio Department of Health provides a statewide sub-grant to The RIDGE Project, Inc.²⁷
- 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 nonprofit whose “outreach is founded in Jesus Christ and based upon biblical principles.”²⁸ 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.²⁹ A variety of curricula, reviewed for medical accuracy, are used throughout the state.³⁰

Competitive Abstinence Education Grant Program

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

- There is one CAE grantee in Ohio, the Alliance for Healthy Youth, which received \$462,142 in FY 2013. At the time of publication, more information on this grantee was not available.

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

Grantee	Award	Fiscal Years
Teen Pregnancy Prevention Initiative (TPPI)		
<i>TPPI Tier 1: Replication of Evidence-Based Programs</i>		
Young Women’s Christian Association of Hamilton, Ohio	\$405,575	2010–2014
TOTAL	\$405,575	
Division of Adolescent and School Health (DASH)		
Cleveland Municipal School District	\$275,000	2013–2017
Ohio Department of Health	\$65,000	2013–2017
TOTAL	\$340,000	

OHIO

Grantee	Award	Fiscal Years
Personal Responsibility Education Program (PREP)		
<i>PREP State-Grant Program</i>		
Ohio Department of Health (federal grant)	\$1,788,594	2013
TOTAL	\$1,788,594	
<i>Personal Responsibility Education Innovative Strategies</i>		
OhioHealth Research and Innovation Institute	\$560,344	2010–2014
TOTAL	\$560,344	
Title V Abstinence-Only-Until-Marriage Program (Title V AOUM)		
State of Ohio-Ohio Department of Health	\$1,792,806	2013
TOTAL	\$1,792,806	
Competitive Abstinence Education Grant (CAE)		
Alliance for Healthy Youth	\$462,142	2013
TOTAL	\$462,142	
GRAND TOTAL		
	\$5,349,461	2013

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¹ This refers to the federal government's fiscal year, which begins on October 1 and ends on September 30. The fiscal year is designated by the calendar year in which it ends; for example, FY 2013 began on October 1, 2012, and ended on September 30, 2013.

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

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

⁴ Kann, Laura, et al., "Youth Risk Behavior Surveillance—United States, 2013," *Surveillance Summaries, Morbidity and Mortality Weekly Report*, Vol. 63, No. 4 (June 13, 2014): accessed July 17, 2014, <http://www.cdc.gov/mmwr/pdf/ss/ss6304.pdf>. Note: Ohio did not participate in the full 2013 YRBS.

⁵ Kost, K., and S. Henshaw, U.S. *Teenage Pregnancies, Births, and Abortions, 2010: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2014), accessed July 8, 2014, <http://www.guttmacher.org/pubs/USTPtrends10.pdf>, Table 3.1.

⁶ *Ibid.*, Table 3.2.

⁷ Martin, J.A., et al., *Births: Final Data for 2012*. National Vital Statistics Reports, Vol. 62, No. 9 (December 30, 2013), accessed July 30, 2014, http://www.cdc.gov/nchs/data/nvsr/nvsr62/nvsr62_09.pdf, Table 12.

⁸ Centers for Disease Control and Prevention, VitalStats Interactive Data Tables, Hyattsville, MD: National Center for Health Statistics, <http://www.cdc.gov/nchs/vitalstats.htm>.

⁹ Kost, K., and S. Henshaw, U.S. *Teenage Pregnancies, Births, and Abortions, 2010: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2014), accessed July 8, 2014, <http://www.guttmacher.org/pubs/USTPtrends10.pdf>, Table 3.1.

¹⁰ *Ibid.*, Table 3.2.

¹¹ Slide 9: "Rates of Diagnosis of HIV Infection among Adolescents Aged 13–19 Years, 2011—United States and 6 Dependent Areas," *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), accessed May 30, 2013, <http://bit.ly/1mYVJHs>.

¹² Slide 18: "Rates of Stage 3 (AIDS) Classifications among Adolescents Aged 13–19 Years with HIV Infection, 2011—United States and 6 Dependent Areas," *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), accessed May 30, 2013, <http://bit.ly/1mYVJHs>.

¹³ Slide 10: "Rates of Diagnoses of HIV Infection among Young Adults Aged 20–24 Years, 2011—United States and 6 Dependent Areas," *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), accessed May 30, 2013, <http://bit.ly/1mYVJHs>.

¹⁴ Slide 19: "Rates of Stage 3 (AIDS) Classifications among Adolescents Aged 20–24 Years with HIV Infection, 2011—United States and 6 Dependent Areas," *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), accessed May 30, 2013, <http://bit.ly/1mYVJHs>.

¹⁵ NCHHSTP Atlas, "STD Surveillance Data." (Atlanta, GA: Centers for Disease Control and Prevention), accessed June 10, 2013, <http://gis.cdc.gov/GRASP/NCHHSTPAtlas/main.html>.

¹⁶ *Ibid.*

¹⁷ *Ibid.*

¹⁸ "YWCA Hamilton Programs," YWCA of Hamilton, Ohio, accessed July 14, 2011, <http://www.ywcahamilton.com/programs>.

¹⁹ "FOCUS—Teen Pregnancy Prevention Program," YWCA of Hamilton, Ohio, accessed April 15, 2014, <http://ywcahamilton.com/focus-teen-pregnancy-prevention-program/>.

²⁰ "FOCUS—Teen Pregnancy Prevention Program," YWCA of Hamilton.

²¹ The FY2013 sub-grantees are: Canton City Health Department (\$159,308.87), Cuyahoga County Board of Health (\$175,000), Lucas County Regional Health District (\$175,000), Nationwide Children's Hospital (\$175,000), Planned Parenthood of Greater Ohio (\$166,508.87), Summit County Public Health (\$160,591.27), and West Central & Southwest: Planned Parenthood Southwest Ohio Region (\$350,000).

²² Information provided by Henry Lustig, PREP project manager, Ohio Department of Health, June 25, 2014.

²³ "Personal Responsibility Education Program (PREP) for Foster Care and Adjudicated Youth," Adolescent Health—Ohio Department of Health, accessed February 16, 2014, http://www.odh.ohio.gov/odhprograms/chss/ad_hlth/Personal%20Responsibility%20Education%20Program%20for%20Foster%20Care%20and%20Adjudicated%20Youth.aspx.

²⁴ Ibid.

²⁵ Information provided by Robin Lutz, project director/coordinator, Teen Options to Prevent Pregnancy, OhioHealth Community Partnerships, June 2, 2014.

²⁶ Administration for Children and Families, “Personal Responsibility Education Program Innovative Strategies Program Summaries,” U.S. Department of Health and Human Services, October 1, 2010, accessed October 23, 2012, <http://www.acf.hhs.gov/programs/fysb/resource/preis-summaries>.

²⁷ Exact amount of sub-granted funding was unavailable. Information provided by Angela Norton, school and adolescent health section administrator, Ohio Department of Health, August 20, 2013.

²⁸ Overview, The Ridge Project, accessed April 28, 2014, <http://www.theridgeproject.com/#/about-us>.

²⁹ “Program design,” Ohio's Abstinence Education Program—Ohio Department of Health, accessed February 16, 2014, http://www.odh.ohio.gov/odhprograms/chss/ad_hlth/Ohio%20Abstinence%20Education%20Program.aspx.

³⁰ Specific curricula used was not available at the time of publication. Information provided by Sara Lowe, program consultant, Ohio Department of Health, July 11, 2014.

³¹ The person listed represents the designated personnel in the state responsible for adolescent reproductive health.