



OHIO

Ohio 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 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.”¹ 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 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 sixteen pursuant to section 2907.04 of the Revised Code.²

These points closely mirror the federal definition of “abstinence education.”

Upon written request of a parent or guardian, a student may be excused from taking 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.

Recent Legislation

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

Ohio’s Youth: Statistical Information of Note³

- In 2007, 44% of female high school students and 45% of male high school students in Ohio reported ever having had sexual intercourse compared to 46% of female high school students and 50% of male high school students nationwide.

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- In 2007, 4% of female high school students and 9% of male high school students in Ohio reported having had sexual intercourse before age 13 compared to 4% of female high school students and 10% of male high school students nationwide.
- In 2007, 12% of female high school students and 16% of male high school students in Ohio reported having had four or more lifetime sexual partners compared to 12% of female high school students and 18% of male high school students nationwide.
- In 2007, 36% of female high school students and 34% 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 36% of female high school students and 34% of male high school students nationwide.
- In 2007, among those high school students who reported being currently sexually active, 55% of females and 65% of males in Ohio reported having used condoms the last time they had sexual intercourse compared to 55% of females and 69% of males nationwide.
- In 2007, among those high school students who reported being currently sexually active, 19% of females and 16% of males in Ohio reported having used birth control pills the last time they had sexual intercourse compared to 19% of females and 13% of males nationwide.
- In 2007, among those high school students who reported being currently sexually active, 18% of females and 27% of males in Ohio reported having used alcohol or drugs the last time they had sexual intercourse compared to 18% of females and 28% of males nationwide.
- In 2007, 89% of high school students in Ohio reported having been taught about AIDS/HIV in school compared to 90% of high school students nationwide.

Ohio Youth Sexual Health Statistics

Teen Pregnancy, Birth, and Abortion

- Ohio's teen pregnancy rate ranks 27th in the U.S., with a rate of 62 pregnancies per 1,000 young women ages 15–19 compared to the national rate of 70 pregnancies per 1,000.⁴ There were a total of 24,790 pregnancies among young women ages 15–19 reported in 2005, the most recent year for which data are available, in Ohio.⁵
- Ohio's teen birth rate ranked 24th in the U.S. in 2005, with a rate of 38.9 births per 1,000 young women ages 15–19 compared to the national rate of 40.5 births per 1,000.⁶ In 2005, there were a total of 15,490 live births reported to young women ages 15–19 in Ohio.⁷
- In 2006, the U.S. teen birth rate increased for the first time in 15 years by 3% from 40.5 to 41.9 births per 1,000 young women ages 15–19, after having steadily declined between 1991 and 2005.⁸ Ohio's teen birth rate also increased 3% between 2005 and 2006, from 38.9 to 40.0 births per 1,000 young women ages 15–19.⁹
- Ohio's teen abortion rate ranks 21st in the U.S., with a rate of 14 abortions per 1,000 young women ages 15–19 compared to the national rate of 19 abortions per 1,000. In 2005, there were a total of 5,603 abortions reported among young women ages 15–19 in Ohio.¹⁰

HIV and AIDS

- Ohio ranks 12th in cases of HIV infection diagnosed in the U.S. among all age groups. In 2007, there were a total of 600 new cases of HIV infection diagnosed in Ohio.¹¹
- Ohio ranks 11th in cases of HIV/AIDS diagnosed among young people ages 13–19 out of the 34 states with confidential, name-based HIV infection reporting. In 2007, there were a total of 52 young people ages 13–19 diagnosed with HIV/AIDS in Ohio.¹²
- Ohio's AIDS rate ranks 32nd in the U.S., with a rate of 6.1 cases per 100,000 population compared to the national rate of 12.5 cases per 100,000.¹³
- Ohio ranks 14th in number of reported AIDS cases in the U.S. among all age groups. In 2007, there were a total of 703 new AIDS cases reported in Ohio.¹⁴
- Ohio ranks 12th in number of reported AIDS cases in the U.S. among young people ages 13–19. In 2007, there were a total of 12 AIDS cases reported among young people ages 13–19 in Ohio.¹⁵

Sexually Transmitted Diseases

- Ohio ranks 11th in reported cases of Chlamydia among young people ages 15–19 in the U.S., with an infection rate of 23.70 cases per 1,000 compared to the national rate of 19.51 cases per 1,000. In 2008, there were a total of 19,235 cases of Chlamydia reported among young people ages 15–19 in Ohio.¹⁶
- Ohio ranks 9th in reported cases of gonorrhea among young people ages 15–19 in the U.S., with an infection rate of 6.75 cases per 1,000 compared to the national rate of 4.52 cases per 1,000. In 2008, there were a total of 5,475 cases of gonorrhea reported among young people ages 15–19 in Ohio.¹⁷
- Ohio ranks 12th in reported cases of primary and secondary syphilis among young people ages 15–19 in the U.S., with an infection rate of 0.04 cases per 1,000, which is equal to the national rate of 0.04 cases per 1,000. In 2008, there were a total of 31 cases of syphilis reported among young people ages 15–19 in Ohio.¹⁸

Comprehensive Approaches to Sex Education

*SIECUS has identified some examples of model programs, policies, and best practices being implemented in Ohio public schools that provide a more comprehensive approach to sex education for young people.*¹⁹

*Comprehensive Sex Education Programs in Public Schools*Cleveland Metropolitan School District, Responsible Sexual Behavior Education Initiative

In October 2002, the Cleveland Metropolitan School (CMSD) District adopted a district-wide Comprehensive Health Plan, which outlines critical objectives for improving “the health and well-being of the District’s students, families, and staff.”²⁰ Based on the *Comprehensive School Health Program* developed by the Centers for Disease Control and Prevention and the Surgeon General’s *Healthy People 2010* report, the Comprehensive Health Plan includes a total of 117 objectives for improving health outcomes related to access to health care, immunization, tobacco use, substance abuse, responsible sexual behavior, environmental quality, mental health, injury and violence prevention, overweight and obesity, and physical activity. In regards to responsible sexual behavior, the plan includes four overarching goals:

1. Prevent school-age parenthood among male and female students.
2. Support pregnant and parenting, school-age, male and female students.
3. Prevent the transmission of STDs, including HIV/AIDS, to male and female students.
4. Support male and female students living with STDs, including HIV/AIDS.²¹

In accordance with these goals, CMSD developed the *Responsible Sexual Behavior Initiative* for grades K–12 that was first implemented in schools during the 2006–2007 school year. Through the initiative students receive comprehensive sexuality education in each grade. The program uses modified versions of four evidence-based curricula and promising models, including *All About Life* (used in grades K–3), *FLASH (Family Life and Sexual Health)* (used in grades 4–6), *Making Proud Choices* (used in grades 7–8), and *Safer Choices* (used in high school).

FLASH is a comprehensive sexuality education curriculum developed by the Seattle & King County public health department. The curriculum is designed for students in grades five through 12 and “rests on a foundation of positive and healthy sexuality across the lifespan.” Furthermore, it “focuses on the needs of public schools and diverse communities” and includes a “strong family involvement component.”²² *FLASH* addresses such issues as physical development, sexual health, disease prevention, affection, interpersonal relationships, body image, and gender roles among other topics. The instruction focuses on abstinence while also providing information on the prevention of sexually transmitted diseases (STDs), including HIV, and pregnancy. An examination of the most recent version of the curriculum showed that it closely mirrored “the characteristics of sex education programs that have been rigorously evaluated and found to be effective.”²³

Making Proud Choices! is an evidenced-based STD, HIV, and pregnancy prevention curriculum for young adolescents ages 11–13 and is appropriate for use with African-American, Latino, and white populations. The curriculum consists of activities that assist young adolescents in understanding poor reasoning and decision making related to taking risks that can lead to STD/HIV infection and/or unintended pregnancy. Such activities are designed to “increase comfort with practicing condom use, address concerns about negative effects of practicing safer sex, and build skills in condom use and negotiation.”²⁴ Findings from the program evaluation show that participants reported more consistent condom use and less unprotected sex as well as a higher frequency of condom use.²⁵

Safer Choices is an evidence-based, HIV-, STD-, and pregnancy-prevention curriculum designed for use with diverse populations of ninth and tenth grade students, including Latino youth. *Safer Choices* has many program components, including experiential activities for building communication skills, a “school health protection council,” and a peer team or club responsible for hosting school-wide activities. An evaluation of *Safer Choices* found that the curriculum was effective in delaying the initiation of sexual intercourse among Latino youth. The evaluation also showed increased use of contraception, increased condom use, reduced incidence of unprotected sex, and reduced number of sexual partners with whom condoms weren’t used among program participants.²⁶

During its first year of implementation, the *Responsible Sexual Behavior Initiative* was administered by health services liaisons employed by CMSD and educators from six local community-based organizations. The program model incorporates teacher training into the design so that by its third year it could be administered by district staff. During the second year of the initiative, an evaluation of the program was conducted which measured changes in knowledge, attitudes, skills, and behavioral intent among elementary, middle, and high school students who received instruction. Findings from the evaluation showed that there was significant increase in knowledge among students in grades four–12 after receiving comprehensive sex education.²⁷

Among high school students in particular, the evaluation found significant changes in knowledge, attitude, and behavioral intent. Specifically, high school students showed a significant shift in attitudes toward condom use, pregnancy prevention, and remaining abstinent as well as increased skills in condom negotiation.²⁸ Findings from the evaluation also showed strong parental support for the program; 97 percent of parents with children in grades seven–12 agreed that it was important or somewhat important for schools to offer sex education and 75 percent of parents with children in grades K–6 backed the program. The program is currently in its third year of implementation.

We encourage you to submit any updated or additional information on comprehensive approaches to sex education being implemented in Ohio public schools for inclusion in future publications of the SIECUS State Profiles. Please visit SIECUS' "Contact Us" webpage at www.siecus.org to share information. Select "state policy" as the subject heading.

Federal Funding for Abstinence-Only-Until-Marriage Programs

Community-based organizations in Ohio received \$4,948,806 in federal funds for abstinence-only-until-marriage programs in Fiscal Year 2009.²⁹

Title V Abstinence-Only-Until Marriage Funding

- Ohio chose not to participate in the Title V abstinence-only-until-marriage program in Fiscal Year 2009. The state was eligible for approximately \$1,547,254 in funding. Due to the expiration of the grant program on June 30, 2009, three months prior to the end of the federal fiscal year, the state would have received three quarters of the total funding allocated for the full fiscal year.

Community-Based Abstinence Education (CBAE) Funding

- Organizations in Ohio received \$4,178,071 in CBAE funding for Fiscal Year 2009.
- There are seven CBAE grantees in Ohio, including four community-based organizations, one crisis pregnancy center, one faith-based organization, and one hospital.

Adolescent Family Life Act (AFLA) Funding

- Organizations in Ohio received \$770,735 in AFLA funding for Fiscal Year 2009.
- There are two AFLA grantees in Ohio, including one faith-based organization and one hospital.

Abstinence-Only-Until-Marriage Curricula Used by Grantees

Some abstinence-only-until-marriage grantees in Ohio use commercially available curricula. These include, but are not limited to:

- *Responsible Social Values (RSVP)*
- *S.T.A.R.S. Mentoring Program*

To read reviews of abstinence-only-until-marriage curricula commonly used by federal grantees please visit the "Curricula and Speaker Reviews" webpage of SIECUS' Community Action Kit at www.communityactionkit.org.

Federal Funding for Abstinence-Only-Until-Marriage Programs in FY 2009³⁰

Abstinence-Only-Until-Marriage Grantee	Title V	CBAE (Length of Grant)	AFLA (Length of Grant)
Alliance for Healthy Youth (formerly Abstinence the Better Choice, Inc.) www.abstinencebetterchoice.com		\$600,000 (2006–2011)	

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Abstinence-Only-Until-Marriage Grantee	Title V	CBAE (Length of Grant)	AFLA (Length of Grant)
Catholic Social Services of the Miami Valley www.cssmv.org			\$470,735 (2007–2012)
Central Ohio Youth for Christ www.coyfc.org		\$600,000 (2007–2012)	
Elizabeth’s New Life Center www.elizabethnewlife.org www.saveit4real.com		\$600,000 (2008–2013)	
Mercy Saint Vincent Medical Center www.mercyweb.org		\$600,000 (2008–2013)	\$300,000 (2004–2009)
Operation Keepsake, Inc. www.operationkeepsake.com		\$578,071 (2006–2011)	
Relationships Under Construction (formerly Abstinence ‘Til Marriage Education, Inc.) www.atmeducation.com		\$600,000 (2006–2011)	
The RIDGE Project, Inc. (Reality Instruction Developing Generations of Excellence) www.theridgeproject.com		\$600,000 (2007–2012)	

Adolescent Health Contact³¹

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Ohio Department of Health
Office of Abstinence Education
246 North High Street, 7th Floor
P.O. Box 118
Columbus, OH 43216
Phone: (614) 728-4761

Ohio Organizations that Support Comprehensive Sexuality Education

AIDS Resource Center Ohio
The Kuhns Building 1883
15 West Fourth St, Suite 200
Dayton, OH 45402
Phone: (800) 252-0827
www.arcoho.org

The AIDS Taskforce of Greater Cleveland
3210 Euclid Avenue
Cleveland, OH 44115
Phone: (216) 621-0766
www.aids-taskforce.org

Family Planning Association of Northeast Ohio
54 South State Street
Painesville, OH 44077
Phone: (440) 352-0608
www.fpaneo.org

The LGBT Center of Greater Cleveland
6600 Detroit Avenue
Cleveland, OH 44102
Phone: (216) 651-5428
www.lgcsc.org

NARAL Pro-Choice Ohio
12000 Shaker Boulevard
Cleveland, OH 44120
Phone: (216) 283-2180
www.prochoiceohio.org

Ohio AIDS Coalition
48 West Whittier Street
Columbus, OH 43206
Phone: (614) 444-1683
www.ohioaidscoalition.org

Ohio Religious Coalition for Reproductive Choice
P.O. Box 82204
Columbus, OH 43202
Phone: (614) 221-3636
www.ohiorc.org

Planned Parenthood Affiliates of Ohio
206 East State Street
Columbus, Ohio 43215
Phone: (614) 224-0761
www.ppao.org

Ohio Organizations that Oppose Comprehensive Sexuality Education

Abstinence Educators' Network
P.O. Box 531
Mason, OH 45040
Phone: (513) 398-9801
<http://abednet.tripod.com>

Abstinence Resource Centre
1 Elizabeth Place, Suite 400 E
Dayton, OH 45408
Phone: (937) 223-5250
www.abstinence.biz

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Citizens For Community Values
11175 Reading Road, Suite 103
Cincinnati, OH 45241
Phone: (513) 733-5775
www.ccv.org

Ohio Christian Alliance
P.O. Box 3076
Akron, OH 44309
Phone: (330) 887-1922
www.ohioca.org

Ohio Policy Roundtable
11288 Alameda Drive
Strongsville, OH 44149
Phone: (800) 522-VOTE
www.aproundtable.org

Ohio Right to Life Society
665 East Dublin-Granville Road, Suite 200
Columbus, OH 43229
Phone: (614) 547-0099
www.ohiolife.org

Newspapers in Ohio³²

Akron Beacon Journal
Newsroom
44 East Exchange Street
Akron, OH 44308
Phone: (330) 996-3000
www.ohio.com

The Blade
Newsroom
541 North Superior Street
Toledo, OH 43660
Phone: (419) 724-6000
www.toledoblade.com

The Cincinnati Enquirer
Newsroom
312 Elm Street
Cincinnati OH 45202
Phone: (513) 768-8000
news.enquirer.com

The Cincinnati Post & Kentucky Post
Newsroom
P.O. Box 2678
Covington, KY 41012
Phone: (859) 292-2600
www.kypost.com

Cleveland/Akron Family
Newsroom
35475 Vine Street, Suite 224
Willoughby, OH, 44095
Phone: (440) 510-2000
www.neohiofamily.com

The Columbus Dispatch
Newsroom
34 South 3rd Street
Columbus, Ohio 43215
Phone: (614) 461-5200
www.dispatch.com

Dayton Daily News
Newsroom
1611 South Main Street
Dayton, OH 45409
Phone: (937) 222-5700
www.daytondailynews.com

The News-Herald
Newsroom
115 West Second Street
Port Clinton, OH 43452
Phone: (419) 734-3141
www.portclintonnewsheald.com

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The Plain Dealer
Newsroom
1801 Superior Avenue E.
Cleveland, OH 44114
Phone: (216) 999-5000
www.cleveland.com

The Canton Repository
Newsroom
500 Market Avenue S.
Canton, OH 44702
Phone: (330) 580-8300
www.cantonrep.com

The Vindicator
Newsroom
107 Vindicator Square
Youngstown, OH 44503
Phone: (330) 747-1471
www.vindy.com

Political Blogs in Ohio

Buckeye State
www.buckeyestateblog.com

DaytonOS
www.daytonos.com

Ohio Daily
www.ohiodailyblog.com

Plunderbund
www.plunderbund.com

¹ [Ohio Rev. Code § 3313.6011\(B\)](#).

² [Ohio Rev. Code §§ 3313.6011\(C\)\(1\)-\(7\)](#).

³ Danice K. Eaton, et. al., “Youth Risk Behavior Surveillance—United States, 2007,” Surveillance Summaries, Morbidity and Mortality Weekly Report 57.SS-4 (6 June 2008), accessed 4 June 2008, <<http://www.cdc.gov/HealthyYouth/yrbs/index.htm>>. Note: Ohio did not participate in the 2009 YRBS.

⁴ *U.S. Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, (Washington, DC: Guttmacher Institute, January 2010), accessed 5 March 2010, <<http://www.guttmacher.org/pubs/USTPtrends.pdf>>, Table 3.1.

⁵ *Ibid.*, Table 3.2.

⁶ Joyce A. Martin, et. al., “Births: Final Data for 2006,” *National Vital Statistics Reports*, vol. 57, number 7 (Hyattsville, MD: Centers for Disease Control and Prevention, 7 January 2009), accessed 5 March 2010, <http://www.cdc.gov/nchs/data/nvsr/nvsr57/nvsr57_07.pdf>, Table B.

⁷ *U.S. Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, Table 3.2.

⁸ Martin, et. al., “Births: Final Data for 2006,” 4.

⁹ *Ibid.*, Table B.

¹⁰ *U.S. Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, Table 3.5

¹¹ “Cases of HIV Infection and AIDS in the United States and Dependent Areas, 2007,” *HIV/AIDS Surveillance Report*, vol. 19, (Atlanta, GA: Centers for Disease Control and Prevention, February 2009), accessed 5 March 2010, <<http://www.cdc.gov/hiv/topics/surveillance/resources/reports/2007report/pdf/2007SurveillanceReport.pdf>>, Table 18.

¹² Slide 6: “Estimated Numbers of HIV/AIDS Cases among Adolescents 13 to 19 Years of Age, 2007—34 States,” *HIV/AIDS Surveillance in Adolescents and Young Adults (through 2007)*, (Atlanta, GA: Centers for Disease Control and Prevention, May 2009), accessed 25 March 2010, <<http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>>.

¹³ *Ibid.*; “AIDS Case Rate per 100,000 Population, All Ages, 2007,” (Menlo Park, CA: Kaiser Family Foundation), accessed 5 March 2010, <<http://www.statehealthfacts.org/comparetable.jsp?ind=513&cat=11&sub=120&yr=62&typ=1&sort=a>>.

¹⁴ *Ibid.*, Table 16.

- ¹⁵ Slide 15: “Reported AIDS Cases among Adolescents 13 to 19 Years of Age, 2007—United States and Dependent Areas,” *HIV/AIDS Surveillance in Adolescents and Young Adults (through 2007)*, (Atlanta, GA: Centers for Disease Control and Prevention, May 2009), accessed 25 March 2010, <<http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>>.
- ¹⁶ “Wonder Database: Selected STDs by Age, Race/Ethnicity, and Gender, 1996-2008 Results,” (Atlanta, GA: Centers for Disease Control and Prevention), 30 June 2009, accessed 5 March 2010, <<http://wonder.cdc.gov/>>; see also Table 10: “Chlamydia: Reported Cases and Rates Per 100,000 Population by Age Group and Sex: United States, 2004–2008,” *Sexually Transmitted Disease Surveillance 2008*, (Atlanta, GA: Centers for Disease Control and Prevention, Division of STD Prevention, November 2009), accessed 5 March 2010, <<http://www.cdc.gov/std/stats08/surv2008-Complete.pdf>>, 95.
- ¹⁷ Ibid; see also Table 20: “Gonorrhea—Reported Cases and Rates per 100,000 Population by Age Group and Sex: United States, 2004–2008,” *Sexually Transmitted Disease Surveillance 2008*, 106.
- ¹⁸ Ibid; see also Table 33: “Primary and Secondary Syphilis—Reported Cases and Rates per 100,000 Population by Age Group and Sex: United States, 2004–2008,” *Sexually Transmitted Disease Surveillance 2008*, 121.
- ¹⁹ This is by no means a complete list of all comprehensive programming and policies related to sexuality education, but rather some examples of best practices and model programs that SIECUS identified.
- ²⁰ *Status of Implementation of the Comprehensive Health Plan: A Report Card*, (Cleveland, Ohio: Cleveland Municipal School District, 2006), accessed 3 May 2010, <<http://www.communitysolutions.com/images/upload/resources/CompHealthReportCard06.pdf>>, 2.
- ²¹ Ibid.
- ²² “Questions About the Family Life and Sexual Health (F.L.A.S.H.) Curriculum,” Public Health – Seattle and King County, accessed 3 May 2010, <<http://www.kingcounty.gov/healthservices/health/personal/famplan/educators/FLASH/questions.aspx>>.
- ²³ Ibid.
- ²⁴ “Making Proud Choices!” Evidence Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed 15 April 2010, <<http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=128>>.
- ²⁵ Ibid.
- ²⁶ *Science and Success: Sex Education and Other Programs That Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections* (Washington, DC: Advocates for Youth, 2008), accessed 30 March 2010, <<http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf>>, 26–28.
- ²⁷ *Evaluation of Responsible Sexual Behavior Education in the Cleveland Metropolitan School District*, (Accord: New York, Philliber Research Associates, December 2008), accessed 3 May 2010, <http://www.communitysolutions.com/images/upload/resources/CMSD-K_12-Eval-2007_2008-final-report.pdf>, 5.
- ²⁸ Ibid.
- ²⁹ This refers to the federal government’s fiscal year, which begins on October 1st and ends on September 30th. The fiscal year is designated by the calendar year in which it ends; for example, Fiscal Year 2009 began on October 1, 2008 and ended on September 30, 2009.
- ³⁰ Through the Fiscal Year 2010 appropriations process, Congress eliminated all discretionary funding for abstinence-only-until-marriage programs, including the entire CBAE program and the abstinence-only-until-marriage portion of AFLA. The grant years listed in the chart reflect the years for which funding was originally approved; however, the grants effectively ended in Fiscal Year 2009.
- ³¹ SIECUS has identified this person as a state-based contact for information on adolescent health and if applicable, abstinence-only-until-marriage programs.
- ³² This section is a list of major newspapers in your state with contact information for their newsrooms. This list is by no means exhaustive and does not contain the local level newspapers which are integral to getting your message out to your community. SIECUS strongly urges you to follow stories about the issues that concern you on the national, state, and local level by using an internet news alert service such as [Google alerts](#), becoming an avid reader of your local papers, and establishing relationships with reporters who cover your issues. For more information on how to achieve your media goals visit the SIECUS [Community Action Kit](#).