



OHIO

In Fiscal Year 2010¹, the state of Ohio received:

- Personal Responsibility Education Program funds totaling \$1,916,033

In Fiscal Year 2010, local entities in Ohio received:

- Teen Pregnancy Prevention Initiative funds totaling \$405,575
- Personal Responsibility Education Innovative Strategies funds totaling \$560,344

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.”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 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.³

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.

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 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.
- 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 Teen Pregnancy, HIV/AIDS, and Sexually Transmitted Disease Data

Teen Pregnancy, Birth, and Abortion

- Ohio's teen birth rate currently ranks 26th in the United States, with a rate of 41.0 births per 1,000 young women ages 15–19 compared to the national rate of 41.5 births per 1,000.⁵ In 2008, there were a total of 15,478 live births reported to young women ages 15–19 in Ohio.⁶

O H I O

- In 2005, Ohio's teen pregnancy rate ranked 27th in the United States, with a rate of 62 pregnancies per 1,000 young women ages 15–19 compared to the national rate of 70 pregnancies per 1,000.⁷ There were a total of 24,790 pregnancies among young women ages 15–19 in Ohio.⁸
- In 2005, Ohio's teen abortion rate ranked 27th in the United States, with a rate of 14 abortions per 1,000 young women ages 15–19 compared to the national rate of 19 abortions per 1,000.⁹

HIV and AIDS

- Ohio's HIV infection rate ranks 19th in the United States, with a rate of 9.2 cases per 100,000 individuals compared to the national rate of 19.5 cases per 100,000.¹⁰
- Ohio ranks 10th in cases of HIV infection diagnosed in the United States among all age groups. In 2008, there were a total of 1,057 new cases of HIV infection diagnosed in Ohio.¹¹
- Ohio's HIV infection rate among young people ages 13–19 ranks 16th in the United States, with a rate of 7.7 cases per 100,000 young people compared to the national rate of 9.1 cases per 100,000.¹²
- Ohio ranks 14th in number of reported AIDS cases in the United States among all age groups. In 2008, there were a total of 667 new AIDS cases reported in Ohio.¹³
- Ohio's AIDS rate ranks 29th in the United States, with a rate of 5.8 cases per 100,000 individuals compared to the national rate of 12.3 cases per 100,000.¹⁴
- Ohio's AIDS rate among young people ages 13–19 ranks 16th in the United States with a rate of 1.7 cases per 100,000 young people compared to the national rate of 1.8 cases per 100,000.¹⁵

Sexually Transmitted Diseases

- Ohio ranks 11th in reported cases of Chlamydia among young people ages 15–19 in the United States, 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 United States, 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 United States, 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

FEDERAL FUNDING FOR SEX EDUCATION, TEEN PREGNANCY PREVENTION, AND ABSTINENCE-ONLY 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 \$110 million in discretionary funding for Fiscal Year 2010. 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. TPPI also dedicates \$4.5 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, underlying behavioral risk factors, or other associated risk factors.

- There is one TPPI Tier 1 grantee in Ohio, the Young Women's Christian Association of Hamilton, Ohio, which received \$405,575 for Fiscal Year 2010.

Young Women's Christian Association of Hamilton, Ohio, \$405,575 (2010–2014)

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.¹⁹ With its TPPI funding, the organization provides sexual health programming to young women and girls, ages 16–23. The overall goal of the program is to “promote healthy behavior and responsible decision making in the lives of young women.”²⁰

The program replicates *FOCUS: Preventing Sexually Transmitted Infections and Unwanted Pregnancies among Young Women*. The curriculum is an evidence-based intervention that addresses such issues as responsible behavior, relationships, and HIV/STD and pregnancy prevention in order to encourage young women to practice healthy behavior and responsible decision making. The program is appropriate for use with young women ages 17–22 in school-based or community-based settings, including clinics. *FOCUS* consists of four, two-hour sessions. Session One provides information about STDs, including HIV, and unintended pregnancy and addresses the consequences of risky sexual behavior. Session Two discusses contraception and barrier methods and teaches communication and condom negotiation skills. Session Three discusses the signs and symptoms of STD infection, including HIV/AIDS; and Session Four addresses the impact of alcohol use on sexual decision making. The sessions are primarily lecture- and discussion-based, but also incorporate some interactive activities, such as role-plays. An evaluation of the program published in *Preventive Medicine* found that at a 14-month follow-up, program participants who had been sexually inexperienced at the start of the intervention were significantly less likely to report having had multiple sexual partners at the time of the follow-up. The intervention was also found to be effective in reducing the number of unintended pregnancies and STD infections among participants compared to those in the control group.²¹

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 months and 12 months following the program, and receive an additional \$50 gift card for each survey completed and returned. The YWCA of Hamilton, Ohio, partners Miami University Hamilton's Department of Nursing, which provides third-year nursing students to act as "peer educators" and deliver the *FOCUS* curriculum.²² For their participation, the nursing students receive credit toward their service-learning requirement. The YWCA of Hamilton, Ohio, plans 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.

Personal Responsibility Education Program

The Personal Responsibility Education Program (PREP) totals \$75 million per year for Fiscal Years 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, \$3.5 million for Indian tribes and tribal organizations, and \$6.5 million for evaluation, training, and technical assistance. Details on the state-grant program and PREIS are included below. At the time of publication, the funding for tribes and tribal organizations had not yet been awarded.

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 sexually transmitted infections (STIs). 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 \$1,916,033 in federal PREP funds for Fiscal Year 2010.
- The department has issued an application announcement for available funds under the state's PREP grant program. At the time of publication, sub-grantees had not yet been determined.

The Ohio PREP state-grant program is managed through a partnership between the Ohio Department of Health, the Ohio Department of Youth Services, and the Ohio Department of Jobs and Family Services Foster Care Program. Ohio PREP gears funding toward local public and private entities to serve young people ages 14–19 in foster care and the juvenile justice system. The state-grant program aims to support efforts throughout the state to reduce rates of unintended teen pregnancy and STDs among the target populations as well as to increase the number of youth in the target populations who successfully transition into adulthood. To help achieve the latter, the program aims to increase and enhance the capacity of child welfare and juvenile justice professionals to perform workforce development by providing young people with evidence-based teen pregnancy prevention programming and adulthood preparation training.²³

Funding will be provided to up to nine grantees to conduct programs in each of the state’s nine geographical regions, with sub-grants awarded to applicants that will develop coordinated community efforts. Sub-grantees will be required to implement *Reducing the Risk* to targeted youth populations. Programming must also address the following three adulthood preparation subjects: healthy relationships, financial literacy, and educational and career success.²⁴

Reducing the Risk: Building Skills to Prevent Pregnancy, STD and HIV is an evidence-based, pregnancy-, STD-, and HIV-prevention curriculum designed for classroom use with students in the ninth and tenth grades. It is appropriate for use with multi-ethnic populations.²⁵ *Reducing the Risk* aims to reduce high-risk behaviors among participants and emphasizes strategies for abstaining from sex or practicing safer sex. The 16-lesson curriculum addresses both abstinence and contraception use and includes experiential activities that teach students to develop refusal, negotiation, and communication skills. An evaluation of the program published in *Family Planning Perspectives* found that it increased parent-child communication, especially among Latino youth, delayed the initiation of sexual intercourse, and reduced incidence of unprotected sex among lower-risk youth who participated in the program.²⁶

Personal Responsibility Education Innovative Strategies (PREIS)

The PREIS Program 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 Fiscal Year 2010.

OhioHealth Research and Innovation Institute, \$560,344 (2010–2014)

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. The program serves 600 young people annually, ages 10–19, who are predominantly racial and ethnic minorities.

The *TOPP* program 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.”²⁷ Its goal is to reduce repeat pregnancies in young women, and when unable to prevent repeat pregnancies, increase the period of time between pregnancies in order to ensure better health outcomes.

Title V State Abstinence Education Grant Program

The Title V State Abstinence Education Grant Program (Title V Abstinence-Only Program) allocates \$50 million per year to states for Fiscal Years 2010–2014. ACF administers the grant program. The Title V Abstinence-Only 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 the Title V Abstinence-Only Program 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.

- Ohio chose not to apply for Title V abstinence-only funds for Fiscal Year 2010.

Ohio TPPI, PREP, and Title V Abstinence-Only funding in FY 2010

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	
Personal Responsibility Education Program (PREP)		
<i>PREP State-Grant Program</i>		
Ohio Department of Health (federal grant)	\$1,916,033	2010
TOTAL	\$1,916,033	
<i>Personal Responsibility Education Innovative Strategies</i>		
OhioHealth Research & Innovation Institute	\$560,344	2010–2014
TOTAL	\$560,344	
GRAND TOTAL	\$2,881,952	

COMPREHENSIVE APPROACHES TO SEXUALITY 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.*²⁸

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.”²⁹ 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.³⁰

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 grades 9–12). The curricula were adapted to fit the time allotted for instruction and are taught over a number of years, with students receiving between five and seven lessons in each grade.

FLASH (Family Life and Sexual Health) is a set of comprehensive sexuality education curricula developed by the Seattle and King County, Washington public health department. The curricula are designed for students in grades five through 12 and divided by grade level into three separate curricula: *4/5/6 FLASH*, *7/8 FLASH*, and *High School FLASH*. There is also a version for special education students ages 11–21 in self-contained classes. Each curriculum contains approximately 20 lessons. *FLASH* “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.”³¹ The curricula focus on abstinence while also providing information on the prevention of pregnancy and sexually transmitted diseases (STDs), including HIV. Lessons cover such topics as human growth and development, sexual health, risk behavior and social factors associated with HIV/AIDS, interpersonal relationships, body image, gender roles, and sexual orientation, among others. *FLASH* is considered a promising model program; an examination of the most recent version of the curriculum concluded that its “concurrence with the characteristics of sex education programs that have been rigorously evaluated and found to be effective” was strong. *High School FLASH* is undergoing a longitudinal, randomized, behavioral evaluation in years 2011 through 2014, with results expected in 2015.³²

Making Proud Choices! is an evidence-based STD-, HIV-, and pregnancy-prevention curriculum designed for use with African-American, Latino, and white adolescents ages 11–13. The curriculum aims to help youth understand the poor reasoning and decision making that can lead to STD/HIV infection and/or unintended pregnancy, as well as to increase their confidence, negotiation skills, and self-efficacy in using condoms. The program consists of eight, one-hour sessions and can be implemented in school- or community-based settings. *Making Proud Choices!* includes interactive and skill-building activities that 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.”³³ An evaluation of the program published in the *Journal of the American Medical Association* showed that program participants reported more consistent condom use and less unprotected sex as well as a higher frequency of condom use than those in the control group.³⁴

Safer Choices is an evidence-based HIV-, STD-, and pregnancy-prevention program designed for students in the ninth and tenth grades. The program consists of experiential activities developed to build communication skills, skills for delaying sexual initiation, and condom-efficacy skills for those students who are or become sexually active. *Safer Choices* has five program components, including a “school health protection council” that involves students, parents, school faculty, and community members; a 20-session classroom-based curriculum; a peer team or club responsible for hosting school-wide activities; a parent education component with parent-child activities; and activities to expose and increase students’ awareness

of local support services. An evaluation of the program published in the *Journal of Adolescent Health* found that the program was effective in delaying the initiation of sexual intercourse among Latino youth. Additional evaluations of *Safer Choices* showed that among participants it increased the use of contraception, increased condom use, reduced incidence of unprotected sex, and reduced number of sexual partners with whom condoms weren't used.³⁵

During its first year of implementation, the *Responsible Sexual Behavior Initiative* was implemented 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 implemented by district staff. The program is now in its fifth year of implementation. Since the third year of the program, trained CMSD teachers have taught the curriculum's lessons in the majority of grades while instructors from local agencies have continued to teach the curriculum only in grades nine and 10. The fourth year of implementation marked the first year that the majority of CMSD physical education and health teachers were trained to implement the program by the start of the school year.

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.³⁶

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.³⁷ 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.

An evaluation of the program's fourth year, released in February 2011, showed similarly positive results.

Students who received instruction showed a significant increase in knowledge, based on pre- and post-tests results, in every grade except for grade six. Findings also showed that students who had received instruction in previous grades had higher pre-test knowledge scores than those students who had not been exposed to the program previously. Furthermore, students in grades seven through 10 who had previously received instruction had significantly higher pre-test scores on measures of skills related to responsible sexual behavior than those students in the same grades with no previous exposure to the curriculum. Lastly, ninth and 10th grade students who had previously received instruction scored significantly higher during their pre-tests on measures of behavioral intent than students in the same grades who were receiving the instruction for the first time.³⁸

In regards to curriculum delivery, an evaluation of teacher reflections showed that CMSD teachers as well as instructors from local agencies felt comfortable discussing the curriculum topics and there were few who received questions from students that they could not answer or felt uncomfortable answering. However, more than 25 percent of teacher respondents said that they needed more time to deliver instruction and 20 percent reported that they needed more training.³⁹

Support for the program remains strong among school administrators and other community stakeholders. A survey conducted among stakeholders showed that school principals were satisfied with the way the program had been implemented.⁴⁰

Efforts to sustain and institutionalize the program have also been made. In June 2009, school administrators, teachers, parents, and program supervisors developed the first guidelines for health and physical education in the district. These guidelines incorporated the lessons from the *Responsible Sexual Behavior* program in an effort to ensure that they remain a standard part of the education provided by CMSD.⁴¹

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.

POINTS OF CONTACT

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Ohio Department of Health
246 North High Street
Columbus, Ohio 43215
Phone: (614) 466-6039

ORGANIZATIONS THAT SUPPORT COMPREHENSIVE SEXUALITY EDUCATION

AIDS Resource Center Ohio
Dayton, OH
Phone: (800) 252-0827
www.arcohio.org

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

The AIDS Taskforce
of Greater Cleveland
Cleveland, OH
Phone: (216) 621-0766
www.aidstaskforce.org

Ohio AIDS Coalition
Columbus, OH
Phone: (614) 444-1683
www.ohioaidscoalition.org

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

Ohio Religious Coalition
for Reproductive Choice
Columbus, OH
Phone: (614) 221-3636
www.ohiorcrc.org

O H I O

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

Planned Parenthood Affiliates of Ohio
Columbus, Ohio
Phone: (614) 224-0761
www.ppao.org

ORGANIZATIONS THAT OPPOSE COMPREHENSIVE SEXUALITY EDUCATION

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

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

Abstinence Resource Centre
Dayton, OH
Phone: (937) 223-5250
www.abstinence.biz

Ohio Christian Alliance
Akron, OH
Phone: (330) 887-1922
www.ohioca.org

Citizens For Community Values
Cincinnati, OH
Phone: (513) 733-5775
www.ccv.org

Ohio Right to Life Society
Columbus, OH
Phone: (614) 547-0099
www.ohiolife.org

MEDIA OUTLETS

Newspapers in Ohio⁴³

Akron Beacon Journal
Akron, OH
Phone: (330) 996-3000
www.ohio.com

The Blade
Toledo, OH
Phone: (419) 724-6000
www.toledoblade.com

The Cincinnati Enquirer
Cincinnati, OH
Phone: (513) 768-8000
news.enquirer.com

The Cincinnati Post & Kentucky Post
Covington, KY
Phone: (859) 292-2600
www.kypost.com

Cleveland/ Akron Family
Willoughby, OH
Phone: (440) 510-2000
www.neohiofamily.com

The Columbus Dispatch
Columbus, Ohio
Phone: (614) 461-5200
www.dispatch.com

Dayton Daily News
Dayton, OH
Phone: (937) 222-5700
www.daytondailynews.com

The News-Herald
Port Clinton, OH
Phone: (419) 734-3141
www.portclintonnewsheald.com

The Plain Dealer
Cleveland, OH
Phone: (216) 999-5000
www.cleveland.com

The Canton Repository
Canton, OH
Phone: (330) 580-8300
www.cantonrep.com

The Vindicator
Youngstown, OH
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 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 2010 began on October 1, 2009 and ended on September 30, 2010.

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 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.

⁵ "Births: Final Data for 2008," *National Vital Statistics Report*, vol. 59, (Atlanta, GA: Centers for Disease Control and Prevention, December 2010), accessed 29 June 2011, <http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_01.pdf>, Table 12.

⁶ "VitalStats: Birth Data Files by State, Age of Mother in Years, 2008," (Atlanta, GA: Centers for Disease Control and Prevention), accessed 30 June 2011, <http://www.cdc.gov/nchs/data_access/vitalstats/VitalStats_Births.htm>.

⁷ *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.

⁸ *Ibid.*, Table 3.2.

⁹ *U.S. Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, Table 3.3.

¹⁰ *HIV Surveillance Report, 2008*, (Atlanta, GA: Centers for Disease Control and Prevention, June 2010), accessed 28 June 2011, <<http://www.cdc.gov/hiv/surveillance/resources/reports/2008report/pdf/2008SurveillanceReport.pdf>>, Table 19.

¹¹ *Ibid.*

¹² Slide 9: "Rates of Diagnoses of HIV Infection among Adolescents Aged 13–19 Years, 2009—40 States and 5 U.S. Dependent Areas," *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention, July 2011), accessed 27 September 2011, <<http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>>.

¹³ *HIV Surveillance Report, 2008*, Table 20.

¹⁴ *Ibid.*

¹⁵ Slide 18: "Rates of Diagnoses of AIDS Infection among Adolescents Aged 13–19 Years, 2009—40 States and 5 U.S. Dependent Areas," *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention, July 2011), accessed 27 September 2011, <<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 “YWCA Hamilton Programs,” YWCA of Hamilton, Ohio, accessed 14 July 2011, <<http://www.ywcahamilton.com/programs>>.
- ²⁰ “FOCUS- Teen Pregnancy Prevention Program,” YWCA of Hamilton, Ohio, accessed 14 July 2011, <<http://www.ywcahamilton.com/FOCUS>>.
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- ²² “FOCUS- Teen Pregnancy Prevention Program,” YWCA of Hamilton.
- ²³ “Personal Responsibility Education Program (PREP) for Foster Care and Adjudicated Youth – Request for Proposal,” Division of Family and Community Health Services, Ohio Department of Health, 24 March 2011, accessed 29 August 2011, 4–5.
- ²⁴ Ibid., 1–2.
- ²⁵ *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>>, 22.
- ²⁶ Ibid., 23–24.
- ²⁷ Administration for Children and Families, “Teen Pregnancy Prevention: Summary of Personal Responsibility Education Program Innovative Strategies Programs Funded in FY2010,” U.S. Department of Health and Human Services, 14 October 2010, accessed 5 September 2011, <http://www.acf.hhs.gov/programs/fysb/content/docs/prep_abstracts.htm>.
- ²⁸ 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.
- ²⁹ *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.
- ³⁰ Ibid.
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- ³³ “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>>.
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- ³⁵ *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.
- ³⁶ *Evaluation of Responsible Sexual Behavior Education in the Cleveland Metropolitan School District*, (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.
- ³⁷ Ibid.
- ³⁸ *Evaluation of the K–12 Responsible Sexual Behavior Education Initiative in the Cleveland Metropolitan School District*, Executive Summary, (New York: Philliber Research Associates, February 2011), accessed 29 August 2011, <http://www.communitysolutions.com/assets/1/Page/RSB%20CMSD%202009_2010%20evaluation%20report.pdf>, 3.
- ³⁹ Ibid., 4.
- ⁴⁰ Ibid., 5.
- ⁴¹ Ibid., 7–8.
- ⁴² The person listed represents the designated personnel in the state responsible for adolescent reproductive health.
- ⁴³ This section is a list of major newspapers in the state and is by no means exhaustive of local print outlets.