



OKLAHOMA

In Fiscal Year 2011¹, the state of Oklahoma received:

- **Personal Responsibility Education Program funds totaling \$620,339**
- **Title V State Abstinence Education Program funds totaling \$656,567**

In Fiscal Year 2011, local entities in Oklahoma received:

- **Teen Pregnancy Prevention Initiative funds totaling \$431,543**
- **Personal Responsibility Education Innovative Strategies funds totaling \$929,750**
- **Tribal Personal Responsibility Education Program funds totaling \$1,385,317**

SEXUALITY EDUCATION LAW AND POLICY

Oklahoma does not require schools to teach sexuality education. However, schools are required to provide HIV/AIDS-prevention education. This education must be limited to the “discussion of the disease AIDS and its spread and prevention.”² The class must be taught once during either grade five or six, once during grades seven through nine, and once during grades 10 through 12.³ All curricula and materials must be checked for medical accuracy by the Oklahoma Department of Health and must only include “factual medical information for AIDS prevention.”⁴

HIV/AIDS education must specifically teach that:

- engaging in homosexual activity, promiscuous sexual activity, intravenous drug use, or contact with contaminated blood products is now known to be primarily responsible for contact with the AIDS virus;
- avoiding the activities specified above is the only method of preventing the spread of the virus;
- artificial means of birth control are not a certain means of preventing the spread of the AIDS virus and reliance on such methods puts a person at risk for exposure to the disease; and
- sexual intercourse, with or without condoms, with any person testing positive for human immunodeficiency virus (HIV) antibodies, or any other person infected with HIV, places that individual in a high risk category for developing AIDS.⁵

If a school district does choose to teach sexuality education, all curricula and materials must be approved for medical accuracy by the state and by the district superintendent.⁶ All materials must also be available to parents for review.⁷ In addition, all sexuality education classes must have as one of their primary purposes “the teaching of or informing students about the practice of abstinence.”⁸

O K L A H O M A

A school district must provide written notification of all sexuality and HIV/AIDS-prevention classes. Parents or guardians can submit written notification if they do not want their children to participate in such classes.⁹ This is referred to as an “opt-out” policy.

See [Oklahoma Statutes 70-11-103.3, 70-11-105.1](#)

RECENT LEGISLATION

Adolescent Pregnancy Prevention Act of 2011 Introduced

House Bill 1195 and Senate Bill 535, both introduced in January 2011, would have mandated each school district to provide age-appropriate sex education in grades one through 12. Such instruction would have been required to teach “that abstinence from sexual intercourse outside of lawful marriage is the expected social standard for unmarried school-age persons” as well provide information on the health benefits and side effects of all contraceptive and barrier methods. The legislation also would have required each school district to periodically offer professional development trainings for staff who teach sex education. HB 1195 was referred to the Common Education Committee and SB 535 was referred to the Appropriations Committee. No further action was taken and the legislation has been carried over to the 2012 Regular Session.

Bill Requiring Medically Accurate Sex Education Curricula

Senate Bill 37, introduced in February 2011, would have required all local school boards to ensure that sex education curricula and materials are medically accurate. The bill offered a definition for medical accuracy, which stated in part that “the deliberate withholding of information that is needed to protect life and health and that is therefore relevant to informed decision-making shall not be considered medically accurate.” The bill was referred to the Education Committee and no further action was taken. The legislation has been carried over to the 2012 Regular Session.

Healthy Students Act of 2012 Introduced

House Bill 2581, introduced in January 2012, requires boards of education to provide medically accurate and age-appropriate sex education in grades one through 12 that must include instruction in human growth and development, interpersonal relationships, and sexually transmitted diseases. The bill establishes that the deliberate withholding of life-saving information needed to make informed decisions will not be considered medically accurate. Teachers who provide sex education should receive periodic staff development. School boards are encouraged to provide voluntary parent education sessions to help parents effectively teach their children sex education as well. The bill was referred to the House Committee on Education and is currently pending.

YOUTH SEXUAL HEALTH DATA

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

Oklahoma Youth Risk Behavior Survey (YRBS) Data¹⁰

- In 2011, 50% of female high school students and 51% of male high school students in Oklahoma reported ever having had sexual intercourse, compared to 46% of female high school students and 49% of male high school students nationwide.

O K L A H O M A

- In 2011, 3% of female high school students and 7% of male high school students in Oklahoma reported having had sexual intercourse before age 13, compared to 3% of female high school students and 9% of male high school students nationwide.
- In 2011, 15% of female high school students and 19% of male high school students in Oklahoma reported having had four or more lifetime sexual partners, compared to 13% of female high school students and 18% of male high school students nationwide.
- In 2011, 39% of female high school students and 36% of male high school students in Oklahoma reported being currently sexually active (defined as having had sexual intercourse in the three months prior to the survey), compared to 34% of female high school students and 33% of male high school students nationwide.
- In 2011, among those high school students who reported being currently sexually active, 54% of females and 61% of males in Oklahoma reported having used condoms the last time they had sexual intercourse, compared to 54% of females and 67% of males nationwide.
- In 2011, among those high school students who reported being currently sexually active, 26% of females and 14% of males in Oklahoma reported having used birth control pills the last time they had sexual intercourse, compared to 23% of females and 13% of males nationwide.
- In 2011, among those high school students who reported being currently sexually active, 16% of females and 16% of males in Oklahoma reported having used alcohol or drugs the last time they had sexual intercourse, compared to 18% of females and 26% of males nationwide.
- In 2011, 83% of high school students in Oklahoma reported having been taught about AIDS/HIV in school, compared to 84% of high school students nationwide.

Oklahoma Teen Pregnancy, HIV/AIDS, and Sexually Transmitted Disease Data

Teen Pregnancy, Birth, and Abortion

- Oklahoma's teen birth rate currently ranks fifth in the United States, with a rate of 50.4 births per 1,000 young women ages 15–19, compared to the national rate of 34.3 births per 1,000.¹¹ In 2010, there were a total of 6,496 live births to young women ages 15–19 reported in Oklahoma.¹²
- In 2005, Oklahoma's teen pregnancy rate ranked 13th in the United States, with a rate of 76 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 70 pregnancies per 1,000.¹³ There were a total of 9,370 pregnancies among young women ages 15–19 in Oklahoma in 2005.¹⁴
- In 2005, Oklahoma's teen abortion rate ranked 39th in the United States, with a rate of 10 abortions per 1,000 young women ages 15–19, compared to the national rate of 19 abortions per 1,000.¹⁵

HIV and AIDS

- In 2010, the rate of diagnoses of HIV infection among adolescents aged 13-19 years in Oklahoma was 3.1 per 100,000 compared to the national rate of 7.9 per 100,000.¹⁶
- In 2010, the rate of AIDS diagnoses among adolescents 13-19 years in Oklahoma was 0.9 per 100,000 compared to the national rate of 1.9 per 100,000.¹⁷
- In 2010, the rate of diagnoses of HIV infection among young adults aged 20-24 years in Oklahoma was 21.4 per 100,000 compared to the national rate of 36.9 per 100,000.¹⁸
- In 2010, the rate of AIDS diagnoses among young adults aged 20-24 years in Oklahoma was 5.0 per 100,000 compared to the national rate of 10.4 per 100,000.¹⁹

Sexually Transmitted Diseases

- Oklahoma ranks 17th in the United States for reported cases of chlamydia among young people ages 15–19, with an infection rate of 21 cases per 1,000, compared to the national rate of 20.03 cases per 1,000. In 2009, there were a total of 5,394 cases of chlamydia among young people ages 15–19 reported in Oklahoma.²⁰
- Oklahoma ranks 13th in the United States for reported cases of gonorrhea among young people ages 15–19 in the United States, with an infection rate of 5.39 cases per 1,000, compared to the national rate of 4.04 cases per 1,000. In 2009, there were a total of 1,384 cases of gonorrhea among young people ages 15–19 reported in Oklahoma.²¹
- Oklahoma ranks 11th in the United States for reported cases of primary and secondary syphilis among young people ages 15–19, with an infection rate of 0.04 cases per 1,000, compared to the national rate of 0.05 cases per 1,000. In 2009, there were a total of 9 cases of syphilis among young people ages 15–19 reported in Oklahoma.²²

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 Office of Adolescent Health (OAH) administers the grant program, which totaled \$105 million in discretionary funding for Fiscal Year (FY) 2011. 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 Oklahoma, Youth Services of Tulsa, Inc., which received \$431,543 for FY 2011.

Youth Services of Tulsa, Inc., \$431,543 (2010–2014)

Youth Services of Tulsa, Inc., is a nonprofit community agency that provides “innovative services and activities designed to increase self discovery and instill positive core values and decision-making skills that will keep youth safe and allow them to lead healthy and productive lives.”²³ Its services and programs include an adolescent emergency shelter, counseling, and an LGBTQ support group.

With its TPPI funding, Youth Services implements the “PregNot” program, which uses *Sexual Health and Adolescent Risk Prevention (SHARP)*. The program serves youth ages 12–19 living or participating in six Tulsa Housing Authority public housing communities, three Juvenile Bureau District Court of Tulsa County detention centers (JBDC Detention Home, Lakeside Home, and Phoenix Rising), and five programs at Youth Services (the Adolescent Emergency Shelter, Street Outreach, First Offender Diversion, home-based counseling, and Transitional Living programs).²⁴

SHARP is an evidence-based program designed to reduce sexual risk behaviors among high-risk adolescents in juvenile detention centers. The intervention aims to increase condom use and reduce alcohol-related sexual behavior among participants by increasing their knowledge of STDs (including HIV), improving condom-use skills, and teaching them to set long-term goals for reducing their sexual risk behavior. Designed as a three-hour, one-time intervention, the program consists of a learning component followed by group discussion. A trained facilitator implements the program to a small group of same-sex participants. The program includes activities such as a videogame and condom-use demonstration. An evaluation of the program published in *Pediatrics* found that, at six-, nine-, and 12-month follow-ups, participants reported more consistent condom use than those in the control group.²⁵

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 Oklahoma.

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 Oklahoma.

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, \$3.5 million for the Tribal PREP Program for tribes and tribal organizations, and \$6.5 million for evaluation, training, and technical assistance. Details on the state-grant program, PREIS, and Tribal PREP 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 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 Oklahoma State Department of Health received \$620,339 in federal PREP funds for FY 2011.
- There are two sub-grantees for the Oklahoma PREP state-grant program: Oklahoma City-County Health Department (\$296,877) and the Tulsa City-County Health Department (\$305,441).²⁶

The Oklahoma State Department of Health implements the state's PREP grant program, in collaboration with two sub-grantees, through both community-based and school-based programming. The funded programs target students ages 11–19 in Oklahoma City and Tulsa. The program incorporates a strong positive youth development approach and individual schools determine which three adulthood preparation topics to address. Oklahoma PREP uses the following three curricula: *Making a Difference!*, *Making Proud Choices!*, and *Reducing the Risk*.²⁷

Making a Difference! is an evidence-based pregnancy-, STD-, and HIV-prevention education curriculum that emphasizes abstinence from sexual activity. Adapted from the evidence-based curriculum *Be Proud! Be Responsible!*, *Making a Difference!* aims to increase participants' knowledge about HIV, STD, and pregnancy prevention as well as their confidence to negotiate sexual pressure and intention to abstain from sex. It is designed for use with African-American, Latino, and white adolescents ages 11–13 and can be implemented in school- or community-based settings. The curriculum includes interactive activities, small group discussions, and skill-building exercises, including role-plays, aimed to increase comfort and efficacy with practicing abstinence. An evaluation of the curriculum published in the *Journal of American Medical Association* found that, at a three-month follow-up, participants in the program were less likely to report having had sexual intercourse in the three months prior than peers in the control group. Evaluation results also showed that the program helped to delay sexual initiation among program participants who were sexually inexperienced.²⁸

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.”²⁹ 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.³⁰

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 10th grades. It is appropriate for use with multiethnic populations.³¹ *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.³²

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 Oklahoma, Oklahoma Institute for Child Advocacy, which received \$929,750 for FY 2011.

Oklahoma Institute for Child Advocacy, \$929,750 (FY 2011)

The Oklahoma Institute for Child Advocacy (OICA) is a community-based organization located in Oklahoma City that works to generate “positive and lasting change in meeting the needs of our state’s children” by creating awareness, taking action, and changing policy.³³ With its PREIS grant, OICA implements and evaluates the *POWER Through Choices 2010* sexuality education curriculum, an adaptation of *Power Through Choices* specifically designed for youth in foster care. The program serves young people ages 14–18 in the foster care system in Oklahoma, California, Illinois, and Maryland.

Power Through Choices is an HIV-, STD-, and pregnancy-prevention curriculum designed for youth ages 14–18 residing in group homes, foster homes, or other residential care settings.³⁴ The curriculum focuses on reducing sexual risk behaviors related to unintended pregnancy and STD/HIV infection. It engages youth in interactive exercises “to build self-empowerment and increase their decision making skills.”³⁵ Additionally, the program provides instruction to help youth gain and practice skills for using contraception, communicating effectively, and accessing available resources and health services.³⁶ *Power Through Choices* consists of ten 90-minute sessions that are designed to be implemented twice a week over a period of five to six weeks. Lessons include activities, time for reflection, and group discussion.³⁷ An evaluation of the program pilot published in *Child Welfare* showed the curriculum held promise in reducing risky sexual behaviors among program participants.³⁸

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 youth 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 2011, 16 tribes and tribal organizations from nine states received a total of \$6.5 million.
- There are three Tribal PREP grantees in Oklahoma that received funding for FY 2011: Choctaw Nation of Oklahoma (\$412,001), Iowa Tribe of Oklahoma (\$249,971), and Cherokee Nation (\$723,345). At the time of publication, more information on these grantees was not available.

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 FYs 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.

- The Oklahoma Department of Health received \$656,567 in federal Title V abstinence-only funding for FY 2011.
- The Oklahoma Department of Health sub-grants to three local agencies: YW8, Inc. (\$38,827); Committee of Concern, dba Multi-County Youth Services (\$86,950); and Oklahoma Southeast Jurisdiction COGIC, dba Sarafin Learning Center (\$15,077).³⁹
- In Oklahoma, the match is made through direct state revenue and sub-award grantee funds.

The Oklahoma Department of Health administers the Title V Abstinence-Only Program in collaboration with three local entities. The funded programs target elementary and middle school aged children grades one through eight and their parents. Sub-grantees provide programming in the following counties: Carter, Beckham, Caddo, Custer, Washita, and Oklahoma with the *Choosing the Best and Raising Healthy Children* curricula.⁴⁰

The *Choosing the Best* series is one of the more popular abstinence-only-until-marriage programs in the country. The series is comprised of a number of curricula for students from sixth grade through high school: *Choosing the Best WAY*, *Choosing the Best PATH*, *Choosing the Best LIFE*, *Choosing the Best JOURNEY*, and *Choosing the Best SOULMATE*. The series has been revised in the past few years and the information about STDs is now medically accurate. However, *Choosing the Best* curricula continue to promote heterosexual marriage, rely on messages of fear and shame, and include biases about gender, sexual orientation, and pregnancy options. For example, *Choosing the Best PATH* asks students to brainstorm the “emotional consequences” of premarital sex. Suggested answers include “guilt, feeling scared, ruined relationships, broken emotional bonds.”⁴¹

Raising Healthy Children is an evidence-based youth development program that seeks to reduce risk factors, including school failure, substance abuse, and delinquency, among students in grades one through six. It promotes positive youth development by incorporating multiple components, including individual, school, and family programming. *Raising Healthy Children* is designed as a multi-year, comprehensive, school-based program, and targets protective factors such as parent-child connectedness, children’s bonding with their school, academic achievement, interpersonal problem solving skills, refusal skills, and positive classroom behavior to support educational and life success. A long-term evaluation of the program began in 1981 and follow-up conducted with former program participants at age 18 found that, in comparison to the control group, they were significantly less likely to report ever having had sexual intercourse; and those who were sexually active reported significantly fewer lifetime sexual partners. A follow-up at age 21 found that female participants were significantly less likely to report a lifetime pregnancy or birth than females in the control group, and a follow-up at age 24 found that both male and female participants were significantly less likely to report having ever been diagnosed with an STD compared to those in the control group.⁴²

OKLAHOMA

Oklahoma TPPI, PREP, and Title V Abstinence-Only funding in FY 2011

Grantee	Award	Fiscal Years
Teen Pregnancy Prevention Initiative (TPPI)		
<i>TPPI Tier 1: Replication of Evidence-Based Programs</i>		
Youth Services of Tulsa, Inc.	\$431,543	2010–2014
TOTAL	\$431,543	
Personal Responsibility Education Program (PREP)		
<i>PREP State-Grant Program</i>		
Oklahoma State Department of Health (federal grant)	\$620,339	2011
TOTAL	\$620,339	2011
<i>Personal Responsibility Education Innovative Strategies</i>		
Oklahoma Institute for Child Advocacy	\$929,750	2010–2014
TOTAL	\$929,750	
<i>Tribal Personal Responsibility Education Program</i>		
Cherokee Nation	\$723,345	2010–2014
Chocotaw Nation of Oklahoma	\$412,001	2010–2014
Iowa Tribe of Oklahoma	\$249,971	2010–2014
TOTAL	\$1,385,317	
Title V Abstinence Education Grant Program (Title V Abstinence-Only)		
Oklahoma State Department of Health (federal grant)	\$656,567	2011
TOTAL	\$656,567	
GRAND TOTAL	\$4,023,516	2011

COMPREHENSIVE APPROACHES TO SEXUALITY EDUCATION

SIECUS has identified some examples of model programs, policies, and best practices being implemented in Oklahoma public schools that provide a more comprehensive approach to sex education for young people.⁴³

Comprehensive Sex Education Programs in Public Schools

Through the state's PREP grant program, the Oklahoma State Department of Health implements evidence-based programming in Oklahoma City and Tulsa middle schools that provides more comprehensive sexuality education to students in grades six through eight. Health educators from the local city-county health departments provide in-class instruction using one of the following curricula: *Making a Difference!*, *Making Proud Choices!*, and *Reducing the Risk*. (Please see the PREP State-Grant Program section above for more information.)

O K L A H O M A

We encourage you to submit any updated or additional information on comprehensive approaches to sex education being implemented in Oklahoma public schools for inclusion in future publications of the 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

Adolescent Health Contact⁴⁴

Ann Benson, MSN, APRN-CNP
Child and Adolescent Health Director
Oklahoma State Department of Health
1000 N.E. 10th Street
Oklahoma City, OK 73117
Phone: (405) 271-4471

PREP State-Grant Coordinator

Suzanna Dooley, MS, ARNP
Title V Maternal and Child Health Director
Oklahoma State Department of Health
1000 N.E. 10th Street
Oklahoma City, OK 73117
Phone: (405) 271-4480

Title V Abstinence-Only Grant Coordinator

Amy Dederling, MPH
Child Guidance Service Programs Manager
Oklahoma State Department of Health
1000 N.E. 10th Street
Oklahoma City, OK 73117
Phone: (405) 271-9444 ext. 56721

ORGANIZATIONS THAT SUPPORT COMPREHENSIVE SEXUALITY EDUCATION

NARAL Pro-Choice Oklahoma
Tulsa, OK
Phone: (918) 663-4278
www.prochoiceoklahoma.blogspot.com

Oklahoma AIDS Care Fund
Oklahoma City, OK
Phone: (405) 348-6600
www.okaidscarefund.com

Oklahoma Religious Coalition for
Reproductive Choice
Tulsa, OK
Phone: (918) 481-6444
www.wix.com/okrcrc/OKRCRC

Planned Parenthood of Arkansas and
Eastern Oklahoma
Tulsa, OK
Phone: (918) 587-1101
www.pppaeo.org

O K L A H O M A

Oklahomans for Equality
Tulsa, OK
Phone: (918) 743-4297
www.okeq.org

Planned Parenthood of Central Oklahoma
Oklahoma City, OK
Phone: (405) 528-2157
www.ppcok.org

ORGANIZATIONS THAT OPPOSE COMPREHENSIVE SEXUALITY EDUCATION

Oklahomans for Life
Tulsa, OK
Phone: (918) 749-5022
www.okforlife.org

MEDIA OUTLETS

Newspapers in Oklahoma⁴⁵

Bartlesville Examiner-Enterprise
Bartlesville, OK
Phone: (918) 335-8200
www.examiner-enterprise.com

The Daily Ardmoreite
Ardmore, OK
Phone: (580) 223-2200
www.ardmoreite.com

Enid News and Eagle
Enid, OK
Phone: (800) 299-6397
www.enidnews.com

The Lawton Constitution
Lawton, OK
Phone: (580) 353-0620
www.swoknews.com

Muskogee Daily Phoenix
Muskogee, OK
Phone: (918) 684-2828
[www.muskogeePhoenix.com](http://www.muskogeephoenix.com)

News-Capital & Democrat
McAlester, OK
Phone: (918) 423-1700
www.mcalesternews.com

The Norman Transcript
Norman, OK
Phone: (405) 321-1800
www.normantranscript.com

The Oklahoman
Oklahoma City, OK
Phone: (405) 475-3311
www.newsok.com

Ponca City News
Ponca City, OK
Phone: (580) 765-3311
www.ponacitynews.com

Tulsa World
Tulsa, OK
Phone: (918) 581-8400
www.tulsaworld.com

Political Blogs in Oklahoma

Alternative Tulsa
www.alternativetulsa.blogspot.com

Blue Oklahoma
www.blueoklahoma.org

Okie Funk
www.okiefunk.com

Oklahoma Women's Network
www.oklahomawomen.blogspot.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 2011 began on October 1, 2010, and ended on September 30, 2011.

² Okla. Stat. § 70-11-103.3(A), <http://www.oscn.net/applications/oscn/DeliverDocument.asp?CiteID=90134>.

³ Ibid.

⁴ Okla. Stat. § 70-11-103.3(C).

⁵ Okla. Stat. §§ 70-11-103.3(D)–(E).

⁶ Okla. Stat. § 70-11-103.3(B).

⁷ Okla. Stat. § 70-11-103.3(C).

⁸ Okla. Stat. § 70-11-105.1(B), <http://www.oscn.net/applications/oscn/DeliverDocument.asp?CiteID=90144>.

⁹ Okla. Stat. § 70-11-105.1(B).

¹⁰ Danice K. Eaton, et. al., "Youth Risk Behavior Surveillance—United States, 2011," *Surveillance Summaries, Morbidity and Mortality Weekly Report*, vol. 61, no. SS-4 (June 8, 2012): 24–29, accessed June 18, 2012, <http://www.cdc.gov/mmwr/pdf/ss/ss6104.pdf>.

¹¹ "Birth rate for U.S. teenagers reach historic lows for all age and ethnic groups," NCHS data brief, no. 89, (Hyattsville, MD: National Center for Health Statistics, 2012), accessed June 27, 2012, <http://www.cdc.gov/nchs/data/databriefs/db89.pdf>, Data table for figure 6.

¹² Ibid.

¹³ *U.S. Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, (Washington, DC: Guttmacher Institute, January 2010), accessed May 7, 2012, <http://www.guttmacher.org/pubs/USTPtrends.pdf>, Table 3.1.

¹⁴ Ibid., Table 3.2.

¹⁵ *U.S. Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, Table 3.1.

¹⁶ Slide 9: "Rates of Diagnoses of HIV Infection among Adolescents Aged 13–19 Years, 2010—46 States and 5 U.S. Dependent Areas," *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention), accessed January 3, 2013, <http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>.

¹⁷ Slide 18: "Rates of AIDS Diagnoses among Adolescents Aged 13–19 Years, 2010—United States and 6 U.S. Dependent Areas," *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention), accessed January 3, 2013, <http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>.

¹⁸ Slide 10: "Rates of Diagnoses of HIV Infection among Young Adults Aged 20–24 Years, 2010—46 States and 5 U.S. Dependent Areas," *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention), accessed January 3, 2013, <http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>.

¹⁹ Slide 19: "Rates of AIDS Diagnoses among Young Adults Aged 20–24 Years, 2010—United States and 6 U.S. Dependent Areas," *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention), accessed January 3, 2013, <http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>.

²⁰ "Wonder Database: Sexually Transmitted Disease Morbidity for selected STDs by age, race/ethnicity and gender 1996–2009 Results," (Atlanta, GA: Centers for Disease Control and Prevention, June 2011), accessed December 18, 2012, <http://wonder.cdc.gov>.

²¹ Ibid.

²² Ibid.

²³ Youth Services of Tulsa, Inc., "About Us," accessed July 14, 2011, http://www.yst.org/yst/About_Us.asp?SnID=18281247.

²⁴ Youth Services of Tulsa, Inc., "Youth Services Receives Grant to Tackle Teen Pregnancy," October 11, 2010, accessed July 14, 2011, http://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0CGUQFjAA&url=http%3A%2F%2Fwww.yst.org%2Fimages%2Fyfst%2FDocs%2FYST%2520Receives%2520Pregnancy%2520Prevention%2520Grant.doc&ei=LuJaULudEcPl0QGOYDoCA&usg=AFQjCNGWAIJTkVTfhmMdIqGu9_Mp-JQKg&sig2=m3nZT1liJpmpfLdoGAnZnA.

²⁵ *Sexual Health and Adolescent Risk Prevention (SHARP)* Evidence-Based Program, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed August 23, 2011, <http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=613&PageTypeID=2>.

²⁶ Information provided by Suzanna D. Dooley, Maternal and Child Health Service Chief, Oklahoma State Department of Health, March 27, 2012.

²⁷ Ibid.

²⁸ *Making a Difference!* Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed July 1, 2011, <http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=127&PageTypeID=2>.

²⁹ *Making Proud Choices!* Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed April 15, 2010, <http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=128>.

O K L A H O M A

³⁰ Ibid.

³¹ *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 March 30, 2010, <http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf>, 22.

³² Ibid., 23–24.

³³ “Our Mission,” Oklahoma Institute for Child Advocacy, accessed September 5, 2011, <http://www.oica.org/about-us/our-mission>.

³⁴ “Power Through Choices,” Massachusetts Alliance on Teen Pregnancy, accessed August 18, 2011, <http://www.massteenpregnancy.org/sites/default/files/PTC%20Overview.pdf>.

³⁵ “Power Through Choices – Sexuality,” NRCYS Online Catalog, accessed May 5, 2010, <http://www.nrcys.ou.edu/catalog/product.php?productid=116>.

³⁶ “Power Through Choices,” Massachusetts Alliance on Teen Pregnancy.

³⁷ Ibid.

³⁸ *Preventing Teen Pregnancy Among Marginalized Youth: Developing a Policy, Program, and Research Agenda for the Future*, (Baltimore, MD: Healthy Teen Network, September 8, 2008), accessed May 5, 2010, http://www.healthyteennetwork.org/index.asp?Type=B_PR&SEC={2AE1D600-4FC6-4B4D-8822-F1D5F072ED7B}&DE={235FD1E7-208D-4363-9854-4E6775EB8A4C}.

³⁹ Information provided by Amy Dederding, Child Guidance Service Programs Manager, Oklahoma State Department of Health, October 5, 2012.

⁴⁰ Ibid.

⁴¹ Bruce Cook, *Choosing the Best* (Marietta, GA: *Choosing the Best*, Inc., 2001–2007).

⁴² *Raising Healthy Children*, Evidence-Based Program, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed August 23, 2011, <http://www.etr.org/recapp/index.cfm?fuseaction=pages.cbpDetail&PageID=611&PageTypeID=2>.

⁴³ 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.

⁴⁴ The person listed represents the designated personnel in the state responsible for adolescent reproductive health.

⁴⁵ This section is a list of major newspapers in the state and is by no means exhaustive of local print outlets.