

# State Profiles FISCAL YEAR 2016

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In Fiscal Year 2016,<sup>1</sup> the state of Ohio received:

- Division of Adolescent and School Health funds totaling \$65,000
- Personal Responsibility Education Program funds totaling \$1,890,738
- Title V State Abstinence Education Program funds totaling \$2,663,748

In Fiscal Year 2016, local entities in Ohio received:

- Division of Adolescent and School Health funds totaling \$378,750
- Teen Pregnancy Prevention Program funds totaling \$960,964
- Personal Responsibility Education Innovative Strategies funds totaling \$916,297
- Sexual Risk Avoidance Education funds totaling \$742,023

### SEXUALITY EDUCATION LAW AND POLICY

#### STATE LAW

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

- 1) Stress that students should abstain from sexual activity until after marriage;
- 2) Teach the potential physical, psychological, emotional, and social side effects of participating in sexual activity outside of marriage;
- 3) Teach that conceiving children out of wedlock is likely to have harmful consequences for the child, the child’s parents, and society;
- 4) Stress that STDs are serious possible hazards of sexual activity;
- 5) Advise students of the laws pertaining to financial responsibility of parents to children born in and out of wedlock; and
- 6) Advise students of the circumstances under which it is criminal to have sexual contact with a person under the age of 16, pursuant to section 2907.04 of the Revised Code.<sup>3</sup>

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

### STATE STANDARDS

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

### STATE LEGISLATIVE ACTIVITY

SIECUS tracks all state legislative session activity in our state legislative reports. For more information on bills related to school-based sexuality education that were introduced or passed in 2016, please see [SIECUS' 2016 Sex Ed State Legislative Year-End Report: Top Topics and Takeaways.](#)

### YOUTH SEXUAL HEALTH DATA

The following sexual health behavior and outcome data represent the most recent information available on adolescent sexual health in Ohio. While data can be a powerful tool to demonstrate the sexuality education and sexual health care needs of young people, it is important to be mindful that these behaviors and outcomes are impacted by systemic inequities present in our society that can and often do affect an individual's sexual health and wellbeing. Additionally, there are significant limitations as to how and what data are currently collected. Young people are more than outcomes; for advocates, it is important to utilize the data in a manner that tracks our progress and pushes policies forward in a way that respects and supports the dignity of all young lives.

#### OHIO YOUTH RISK BEHAVIOR SURVEY (YRBS) DATA<sup>5</sup>

##### Reported ever having had sexual intercourse

- In 2013, 47% of female high school students and 38.8% of male high school students in Ohio reported ever having had sexual intercourse, compared to 46% of female high school students and 47.5% of male high school students nationwide.
- In 2013, 62.4% of black high school students and 38.7% of white high school students in Ohio reported ever having had sexual intercourse, compared to 60.6% of black high school students and 43.7% of white high school students nationwide.

##### Reported having had sexual intercourse before age 13

- In 2013, 3.4% of female high school students and 3.9% of male high school students in Ohio reported having had sexual intercourse before age 13, compared to 3.1% of female high school students and 8.3% of male high school students nationwide.
- In 2013, 11.5% of black high school students and 1.9% of white high school students in Ohio reported having had sexual intercourse before age 13, compared to 14% of black high school students and 3.3% of white high school students nationwide.

##### Reported being currently sexually active

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- In 2013, 35.1% of female high school students and 27% of male high school students in Ohio reported being currently sexually active, compared to 35.2% of female high school students and 32.7% of male high school students nationwide.
- In 2013, 41.4% of black high school students and 28.5% of white high school students in Ohio reported being currently sexually active, compared to 26.1% of black high school students and 32.8% of white high school students nationwide.

### Reported not using a condom during last sexual intercourse

- In 2013, 53.7% of female high school students and 44% of male high school students in Ohio reported not using a condom during their last sexual intercourse, compared to 46.9% of female high school students and 34.2% of male high school students nationwide.
- In 2013, 46.2% of black high school students and 51.5% of white high school students in Ohio reported not using a condom during their last sexual intercourse, compared to 35.3% of black high school students and 42.9% of white high school students nationwide.

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

- In 2013, 12.8% of female high school students and 11% of male high school students in Ohio reported not using any method to prevent pregnancy during their last sexual intercourse, compared to 15.7% of female high school students and 11.5% of male high school students nationwide.
- In 2013, 15.1% of black high school students and 11.1% of white high school students in Ohio reported not using any method to prevent pregnancy during their last sexual intercourse, compared to 15.9% of black high school students and 11.1% of white high school students nationwide.

### Reported having been physically forced to have sexual intercourse

- In 2013, 11.2% of female high school students and 4.3% of male high school students in Ohio reported having been physically forced to have sexual intercourse, compared to 10.5% of female high school students and 4.2% of male high school students nationwide.
- In 2013, 8.8% of black high school students and 7.2% of white high school students in Ohio reported having been physically forced to have sexual intercourse, compared to 8.4% of black high school students and 6.1% of white high school students nationwide.

### Reported experiencing sexual dating violence

- In 2013, 13.4% of female high school students and 6.1% of male high school students in Ohio reported experiencing sexual dating violence in the prior year, compared to 14.4% of female high school students and 6.2% of male high school students nationwide.

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

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

### **OHIO TEEN PREGNANCY, HUMAN IMMUNODEFICIENCY VIRUS (HIV)/AIDS, AND OTHER STD DATA**

#### **Teen Pregnancy, Birth, and Abortion**

- In 2011, Ohio had the 26th highest teen pregnancy rate in the United States, with a rate of 49 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 52 per 1,000.<sup>6</sup> There were a total of 19,180 pregnancies among young women ages 15–19 reported in Ohio in 2011.<sup>7</sup>
- In 2015, Ohio had the 23rd highest teen birth rate in the United States, with a rate of 23.2 births per 1,000 young women ages 15–19, compared to the national rate of 22.3 per 1,000.<sup>8</sup> There were a total of 9,473 live births to young women ages 15–19 reported in Ohio in 2014, the most recent year of available data.<sup>9</sup>
- In 2011, Ohio had the 24th highest teen abortion rate in the United States, with a rate of 10 abortions per 1,000 young women ages 15–19, compared to the national rate of 14 per 1,000.<sup>10</sup> There were a total of 3,970 abortions among young women ages 15–19 reported in Ohio in 2011.<sup>11</sup>

#### **HIV and AIDS**

- In 2015, the rate of diagnoses of HIV infection among adolescents ages 13–19 in Ohio was 5.9 per 100,000, compared to the national rate of 5.8 per 100,000.<sup>12</sup>
- In 2015, the rate of AIDS diagnoses among adolescents ages 13–19 in Ohio was 0.6 per 100,000, compared to the national rate of 0.7 per 100,000.<sup>13</sup>
- In 2015, the rate of diagnoses of HIV infection among young adults ages 20–24 in Ohio was 24.7 per 100,000, compared to the national rate of 31.1 per 100,000.<sup>14</sup>
- In 2015, the rate of AIDS diagnoses among young adults ages 20–24 in Ohio was 4.5 per 100,000, compared to the national rate of 5.6 per 100,000.<sup>15</sup>

#### **STDs**

- In 2015, Ohio had the 11th highest rate of reported cases of chlamydia among young people ages 15–19 in the United States, with an infection rate of 2,251.3 cases per 100,000, compared to the national rate of 1,857.8 per 100,000. In 2015, there were a total of 17,391 cases of chlamydia among young people ages 15–19 reported in Ohio.<sup>16</sup>

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- In 2015, Ohio had the 10th highest rate of reported cases of gonorrhea among young people ages 15–19 in the United States, with an infection rate of 483.1 cases per 100,000, compared to the national rate of 341.8 per 100,000. In 2015, there were a total of 3,732 cases of gonorrhea among young people ages 15–19 reported in Ohio.<sup>17</sup>
- In 2015, Ohio had the 34th highest rate of reported cases of primary and secondary syphilis among young people ages 15–19 in the United States, with an infection rate of 2.5 cases per 100,000, compared to the national rate of 5.4 per 100,000. In 2015, there were a total of 19 cases of syphilis reported among young people ages 15–19 in Ohio.<sup>18</sup>

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

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

**FISCAL YEAR 2016 FEDERAL FUNDING IN OHIO**

<b>Grantee</b>	<b>Award</b>
<b>Division of Adolescent and School Health (DASH)</b>	
Cleveland Municipal School District	\$378,750
Ohio Department of Health	\$65,000
<b>TOTAL</b>	<b>\$443,750</b>
<b>Teen Pregnancy Prevention Program (TPPP)</b>	
TPPP Tier 1B	
Cuyahoga County District Board of Health	\$960,964
<b>TOTAL</b>	<b>\$960,964</b>
<b>Personal Responsibility Education Program (PREP)</b>	
PREP State-Grant Program	
Ohio Department of Health (federal grant)	\$1,890,738
<b>TOTAL</b>	<b>\$1,890,738</b>
Personal Responsibility Education Innovative Strategies (PREIS)	
OhioHealth Research and Innovation Institute	\$916,297
<b>TOTAL</b>	<b>\$916,297</b>
<b>Title V Abstinence-Only-Until-Marriage Program (Title V AOUM)</b>	
Ohio Department of Health (federal grant)	\$2,663,748
<b>TOTAL</b>	<b>\$2,663,748</b>

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<b>Sexual Risk Avoidance Education Grant Program (SRAE)</b>	
Healthy Visions	\$300,004
Elizabeth's New Life Center	\$442,019
<b>TOTAL</b>	<b>\$742,023</b>
<b>GRAND TOTAL</b>	<b>\$7,617,520</b>

**DIVISION OF ADOLESCENT AND SCHOOL HEALTH**

The Division of Adolescent and School Health (DASH), within the CDC, provides funding to state and local education agencies through several funding streams to better student health, implement HIV/STD prevention programs, collect and report data on young people's risk behaviors, and expand capacity-building partnerships.

In FY 2016, DASH provided funding to 18 state and 17 local education agencies to help districts and schools strengthen student health through exemplary sexual health education (ESHE) that emphasizes HIV and other STD prevention, increases access to key sexual health services (SHS), and establishes safe and supportive environments (SSE) for students and staff. DASH funded seven national, non-governmental organizations (NGOs) to help state and local education agencies achieve these goals.

- In FY 2016, there was one DASH grantee in Ohio funded to strengthen student health through ESHE, SHS, and SSE (1308 Strategy 2): The Cleveland Municipal School District (\$320,000).

**CLEVELAND MUNICIPAL SCHOOL DISTRICT, \$320,000 (FY 2016)**

With its 1308 Strategy 2 funds, the Cleveland Municipal School District assesses the quality of its sexual health education programs. Evaluation results will help to improve sexual health curriculum and determine the skills that staff need to teach it effectively. To make it easier for students to access needed health services, the school district develops materials that describe teen-friendly health services in the community. The materials specifically address lesbian, gay, bisexual, transgender, queer and/or questioning (LGBTQ) students to try and increase their comfort in seeking out health services.<sup>19</sup>

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

- In FY 2016, there were no DASH grantees in Ohio funded to deliver YMSM programming (1308 Strategy 4).

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

- In FY 2016, there were two DASH grantees in Ohio funded to collect and report YRBS and School Health Profiles data (1308 Strategy 1): The Cleveland Municipal School District (\$58,750) and the Ohio Department of Health (\$65,000).

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### **TEEN PREGNANCY PREVENTION PROGRAM**

The Office of Adolescent Health (OAH), within the U.S. Department of Health and Human Services (HHS), administers the Teen Pregnancy Prevention Program (TPPP), which funds evidence-based (or innovative evidence-informed), medically accurate, and age-appropriate programs to reduce teen pregnancy. OAH provides program support, implementation evaluation, and technical assistance to grantees. In FY 2016, total funding for TPPP was \$101 million, with an additional \$6.8 million authorized for evaluation purposes, supporting a total of 84 states, cities, non-profit organizations, school districts, universities, community-based organizations, and tribal organizations that were in year two of five TPPP funding tiers' five-year cooperative agreements in 33 states and territories, including the District of Columbia and the Marshall Islands. OAH provides program support, implementation evaluation, and technical assistance to grantees and receives an additional \$6.8 million in funding for evaluation purposes. There are five TPPP funding tiers:

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

- In FY 2016, there were no TPPP Tier 1A grantees in Ohio.

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

- In FY 2016, there was one TPPP Tier 1B grantee in Ohio: Cuyahoga County District Board of Health (\$960,964).

CUYAHOGA COUNTY DISTRICT BOARD OF HEALTH, \$960,964 (FY 2016)

The Cuyahoga County Board of Health (CCBH) will administer the TPPP Tier 1B grant by implementing evidence-based programming through the Cuyahoga County Teen Wellness Initiative in Cuyahoga County. Programming will be offered in seven school districts within the county's eastern suburbs. CCBH implements [\*Draw the Line/Respect the Line\*](#), [\*Reducing the Risk\*](#), and [\*All4You!\*](#) in middle schools, high schools, and LGBT Community Centers. The Board of Health aims to reach at least 2,000 young people per year.<sup>20</sup>

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

- In FY 2016, there were no TPPP Tier 2A grantees in Ohio.

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

- In FY 2016, there were no TPPP Tier 2B grantees in Ohio.

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

- In FY 2016, there were no TPPP Tier 2C grantees in Ohio.

### **PERSONAL RESPONSIBILITY EDUCATION PROGRAM**

The Family and Youth Services Bureau (FYSB), within the Administration for Children and Families (ACF) division of HHS, administers the Personal Responsibility Education Program (PREP), which includes \$75 million for the state-grant program; local entities through the competitively awarded Personal Responsibility Education Innovative Strategies (PREIS) program; and the Tribal PREP, which funds tribes and tribal organizations. In addition, provisions within the PREP statute enable a competitive application process for

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community- and faith-based organizations within states and territories that do not directly seek PREP state grants to apply for funding. Details on the state grants, PREIS, Tribal PREP, and CPREP are included below.

PREP State-Grant Program

State-grant PREP supports evidence-based programs that provide young people with medically accurate and age-appropriate information for the prevention of unintended pregnancy, HIV/AIDS, and other STDs. In FY 2016, 43 states, the District of Columbia, the Federated States of Micronesia, Guam, Puerto Rico, and the Virgin Islands received PREP state-grant funds. 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.

- In FY 2016, the Ohio Department of Health received \$1,890,738 in federal PREP funds.<sup>21</sup>
- The department sub-grants to eight local public and private entities. The sub-grantee information is listed below.<sup>22</sup>

<b>Sub-grantee</b>	<b>Serving</b>	<b>Amount</b>
Belmont County General Health District	Belmont, Coshocton, Guernsey, Harrison, Jefferson, Monroe, Morgan, Muskingum, Noble, Perry, and Washington Counties	Not reported
Cuyahoga County Board of Health	Ashtabula, Cuyahoga, Geauga, Lake, and Lorain Counties	Not reported
Lucas County Health Department	Defiance, Fulton, Hancock, Henry, Lucas, Mercer, Ottawa, Paulding, Putnam, Van Wert, Williams, and Wood Counties	Not reported
Nationwide Children’s Hospital	Delaware, Fairfield, Franklin, Knox, Licking, Morrow, Pickaway, and Union Counties	Not reported
Northwest Canton City Health Department	Columbiana, Carroll, Holmes, Mahoning, Portage, Trumbull, Tuscarawas, and Wayne Counties	Not reported
Planned Parenthood of Southeast Ohio	Adams, Athens, Gallia, Harrison, Hocking, Jackson, Jefferson, Lawrence, Meigs, Pike, Ross, Scioto, and Vinton Counties	Not reported
Planned Parenthood of Southwest Ohio	Auglaize, Allen, Brown, Butler, Champaign, Clark, Clemont, Clinton, Darke, Greene, Hamilton, Hardin, Logan, Minami, Montgomery, Preble, Shelby, and Warren Counties	Not reported



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Summit County Public Health	Ashland, Crawford, Erie, Huron, Marion, Medina, Richland, Sandusky, Seneca, Summit, and Wyandot Counties	Not reported
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The Ohio Department of Health administers the state PREP grant along with its eight sub-grantees. Programming targets young people ages 14-19 residing in foster care and the juvenile justice systems. Sub-grantees receive training before working regionally to train direct-care staff who work with young people. The [Reducing the Risk](#) curriculum is implemented by all entities and addresses the following adult preparation subjects: healthy relationships, financial literacy, and educational and career success.<sup>23</sup>

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.

- In FY 2016, there was one PREIS grantee in Ohio: OhioHealth Research and Innovation Institute (\$916,297).

OHIOHEALTH RESEARCH AND INNOVATION INSTITUTE, \$916,297 (FY 2016)

Located in Columbus, the OhioHealth Research and Innovation Institute is a branch of OhioHealth, a community hospital system, and is responsible for research projects throughout the OhioHealth system. The institute uses its PREIS grant to conduct a trial of its [Teen Options to Prevent Pregnancy \(TOPP\)](#) program in the seven obstetrics clinics and five postpartum units at five OhioHealth hospitals and its mobile wellness unit. Throughout the time period of 2011–2016, the program served 600 young people ages 10–19, all of whom are enrolled in Medicaid. The program predominantly serves racial and ethnic minorities. TOPP is “a combination of telephone-based care coordination using Motivational Interviewing and mobile contraceptive services designed to decrease attitudinal, educational, and logistic barriers to contraceptive use and adherence.”<sup>24</sup> Its goal is to reduce repeat pregnancies in young women and, when unable to prevent repeat pregnancies, to increase the period of time between pregnancies in order to ensure better health outcomes. Since the research portion of the study was complete, the TOPP team continued to see patients and, to date, has seen an additional 226 patients from the same demographic as the original TOPP patients. OhioHealth has also started a Quality Improvement project in the hospital that has included the inception of a program to place 100 sub-dermal implants in teens during the immediate postpartum period while still on the postpartum unit.<sup>25</sup>

Tribal Personal Responsibility Education Program (Tribal PREP)

Tribal PREP supports the development and implementation of teen pregnancy prevention programs within tribes and tribal communities. Tribal PREP programs target young people ages 10–19 who are in or are aging out of foster care, young people experiencing homelessness, young people living with HIV/AIDS, young people who live in areas with high rates of adolescent births, and young people under age 21 who are pregnant and/or parenting. In FY 2016, eight tribes and tribal organizations from seven states received a total of \$3,436,621.

- In FY 2016, there were no Tribal PREP grantees in Ohio.

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### Competitive Personal Responsibility Education Program (CPREP)

CPREP grants support evidence-based programs that provide young people with medically accurate and age-appropriate information for the prevention of unintended pregnancy, HIV/AIDS, and other STDs. Only organizations and institutions in states and territories that did not apply for PREP state grants in either of the first two fiscal years after the call for PREP state-grant applications were eligible to submit competitive applications for CPREP grants. In FY 2016, 21 CPREP grants, totaling \$10.3 million, were awarded to 21 organizations in Florida, Indiana, North Dakota, Texas, and Virginia, as well as in American Samoa, Guam, and the Northern Mariana Islands.

- In FY 2016, Ohio received PREP state-grant funding; therefore, entities in Ohio were not eligible for CPREP.

### **TITLE V STATE ABSTINENCE EDUCATION GRANT PROGRAM**

The Title V state abstinence education grant program for abstinence-only-until-marriage (AOUM) programming, or the Title V AOUM program, is administered by FYSB, within ACF of HHS, and was funded at \$75 million in FY 2016. The Title V AOUM program requires states to provide three state-raised dollars, or the equivalent in services, for every four federal dollars received. The state match may be provided in part or in full by local groups. All programs funded by Title V AOUM must exclusively promote abstinence from sexual activity and may provide mentoring, counseling, and adult supervision toward this end. Programs must be medically accurate and age-appropriate and must encourage abstinence as an expected outcome.

- In FY 2016, the Ohio Department of Health received \$2,663,748 in federal Title V AOUM funding.<sup>26</sup>
- The Ohio Department of Health provides a statewide sub-grant to The RIDGE Project, Inc.<sup>27</sup>
- In Ohio, the sub-grantee is required to provide the match.

The Ohio Department of Health implements the state Title V AOUM program in collaboration with The RIDGE Project, Inc., a Christian non-profit whose “outreach is founded in Jesus Christ and based upon biblical principles.”<sup>28</sup> Funding targets young people ages 11–14 in the counties with the highest teen birth rates. Programming is implemented in school-based settings, with some minimal community-based programming in juvenile detention facilities. There are 32 Appalachian, eight urban, and 10 other counties in which the programming is implemented. The RIDGE Project sub-contracts with numerous local “abstinence education” providers to provide classroom sessions; webinars for professionals and parents; and seminars and workshops for classroom teachers, community members, and parents.<sup>29</sup> A variety of curricula, reviewed for medical accuracy, are used throughout the state.<sup>30</sup>

### **“SEXUAL RISK AVOIDANCE EDUCATION” GRANT PROGRAM**

Administered by FYSB within ACF of HHS, the “sexual risk avoidance education” (SRAE), i.e., the AOUM grant program, provides competitive funding for programs that “teach young people to voluntarily refrain from non-marital sexual activity and prevent other youth risk behaviors.” These programs are also required by statute to “teach the benefits associated with self-regulation, success sequencing for poverty prevention, healthy relationships, goal setting, and resisting sexual coercion, dating violence, and other youth risk behaviors such as underage drinking or illicit drug use without normalizing teen sexual activity.” In FY 2016,

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\$10 million was appropriated for the SRAE grant program and \$8.98 million was awarded to 21 grantees in 12 states through a competitive application process.

- In FY 2016, there were two SRAE grantees in Ohio: Healthy Visions (\$300,004) and Elizabeth’s New Life Center (\$442,019).

### HEALTHY VISIONS, \$300,004 (FY 2016)

Healthy Visions “works to educate and equip youth, ages 12-18, with the critical thinking skills and knowledge needed to make healthier behavioral choices and to develop stronger relationships.”<sup>31</sup> With its SRAE funds, Healthy Visions uses *Choosing the Best* curriculum in school- and community-based settings, as well as in juvenile justice facilities to serve black and Appalachian young people ages 12-16.<sup>32</sup> At the time of publication, more information on Healthy Vision’s use of SRAE funds was unknown.

### ELIZABETH’S NEW LIFE CENTER, \$442,019 (FY 2016)

Elizabeth’s New Life Center (ENLC) is one of the largest pregnancy resource centers in the country and “empower[s] individuals to choose life by showing them the compassion and love of Christ.” ENLC serves thousands of people annually through its intervention, prevention, education, and support services.<sup>33</sup> With its SRAE funds, ENLC uses *Go for the Gold* curriculum to serve mainly black and LGBTQ young people in school- and community-based settings, as well as in juvenile justice facilities.<sup>34</sup> At the time of publication, more information on ENLC’s use of SRAE funds was unknown.

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<sup>1</sup> This refers to the federal government’s fiscal year, which begins on October 1 and ends on September 30. The fiscal year is designated by the calendar year in which it ends; for example, FY 2016 began on October 1, 2015, and ended on September 30, 2016.

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

<sup>3</sup> Ohio Rev. Code §§ 3313.6011(C)(1)-(7).

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

<sup>5</sup> “High School YRBS,” Centers for Disease Control and Prevention, <https://nccd.cdc.gov/youthonline/App/Default.aspx>.

<sup>6</sup> Kost, K., and Maddow-Zimet, I., *U.S. Teenage Pregnancies, Births, and Abortions, 2011: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2014), [www.guttmacher.org/sites/default/files/report\\_pdf/us-teen-pregnancy-state-trends-2011\\_4.pdf](http://www.guttmacher.org/sites/default/files/report_pdf/us-teen-pregnancy-state-trends-2011_4.pdf), Table 1.1.

<sup>7</sup> *Ibid.*, Table 1.2.

<sup>8</sup> “Teen Birth Rate Comparison, 2015 Among Girls Age 15-19,” The National Campaign to Prevent Teen and Unplanned Pregnancy, <https://thenationalcampaign.org/data/compare/1701>.

<sup>9</sup> “Teen Births in Ohio, Girls 15-19,” The National Campaign to Prevent Teen and Unplanned Pregnancy, <https://thenationalcampaign.org/data/state/Ohio>.

<sup>10</sup> Kost, K., and Maddow-Zimet, I., *U.S. Teenage Pregnancies, Births, and Abortions, 2011: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2014), [www.guttmacher.org/sites/default/files/report\\_pdf/us-teen-pregnancy-state-trends-2011\\_4.pdf](http://www.guttmacher.org/sites/default/files/report_pdf/us-teen-pregnancy-state-trends-2011_4.pdf), Table 1.1.

<sup>11</sup> *Ibid.*, Table 1.2.

<sup>12</sup> Slide 17: “Rates of Diagnoses of HIV Infection among Adolescents Aged 13–19 Years 2015—United States and 6 Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), [www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2015.pdf](http://www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2015.pdf).

<sup>13</sup> Slide 20: “Rates of Diagnosed HIV Infection Classified as Stage 3 (AIDS) among Adolescents Aged 13–19 Years, 2015—United States and 6 Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), [www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2015.pdf](http://www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2015.pdf).

<sup>14</sup> Slide 18: “Rates of Diagnoses of HIV Infection among Young Adults Aged 20–24 Years 2015—United States and 6 Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), [www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2015.pdf](http://www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2015.pdf).

<sup>15</sup> Slide 21: “Rates of Diagnosed HIV Infection Classified as Stage 3 (AIDS) among Young Adults Aged 20–24 Years, 2015—United States and 6 Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), [www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2015.pdf](http://www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2015.pdf).

<sup>16</sup> NCHHSTP Atlas, “STD Surveillance Data” (Atlanta, GA: Centers for Disease Control and Prevention), <http://gis.cdc.gov/GRASP/NCHHSTPAtlas/main.html>.

<sup>17</sup> *Ibid.*

<sup>18</sup> *Ibid.*

<sup>19</sup> Centers for Disease Control and Prevention, Adolescent and School Health, Funded Local Agencies, Atlanta, GA, [www.cdc.gov/healthyyouth/partners/funded\\_locals.htm#cleveland](http://www.cdc.gov/healthyyouth/partners/funded_locals.htm#cleveland).

<sup>20</sup> “Cuyahoga County District Board of Health,” Grantees (OH) – TPP Tier 1B, U.S. Department of Health and Human Services, Office of Adolescent Health, [www.hhs.gov/ash/oah/grant-programs/teen-pregnancy-prevention-program-tpp/current-grantees/cuyahoga-county-district-board-of-health/index.html](http://www.hhs.gov/ash/oah/grant-programs/teen-pregnancy-prevention-program-tpp/current-grantees/cuyahoga-county-district-board-of-health/index.html).

<sup>21</sup> “2016 State Personal Responsibility Education Program (PREP) Awards,” Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, [www.acf.hhs.gov/fysb/resource/2016-state-prep-awards](http://www.acf.hhs.gov/fysb/resource/2016-state-prep-awards).

<sup>22</sup> “Personal Responsibility Education Program (PREP) for Foster Care and Adjudicated Youth,” Ohio Department of Health, [www.odh.ohio.gov/odhprograms/chss/ad\\_hlth/Personal%20Responsibility%20Education%20Program%20for%20Foster%20Care%20and%20Adjudicated%20Youth.aspx](http://www.odh.ohio.gov/odhprograms/chss/ad_hlth/Personal%20Responsibility%20Education%20Program%20for%20Foster%20Care%20and%20Adjudicated%20Youth.aspx).

<sup>23</sup> *Ibid.*

<sup>24</sup> Administration for Children and Families, “Personal Responsibility Education Program Innovative Strategies Program Summaries,” U.S. Department of Health and Human Services, May 3, 2012, [www.acf.hhs.gov/programs/fysb/resource/preis-summaries](http://www.acf.hhs.gov/programs/fysb/resource/preis-summaries).

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- <sup>25</sup> Information provided by Robin Lutz, Project Director/Clinical Manager, Teen Options to Prevent Pregnancy, OhioHealth Community Partnerships, May 3, 2016.
- <sup>26</sup> “2016 Title V State Abstinence Education Program Grant Awards,” Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, [www.acf.hhs.gov/fysb/resource/2016-title-v-grant-awards](http://www.acf.hhs.gov/fysb/resource/2016-title-v-grant-awards).
- <sup>27</sup> Exact amount of sub-granted funding was unavailable. Information provided by Angela Norton, School and Adolescent Health Section Administrator, Ohio Department of Health, June 3, 2016.
- <sup>28</sup> “About Us,” The Ridge Project, [www.theridgeproject.com/about/ridge-culture/about-us.html](http://www.theridgeproject.com/about/ridge-culture/about-us.html).
- <sup>29</sup> “Program design,” Ohio's Abstinence Education Program—Ohio Department of Health, [www.odh.ohio.gov/odhprograms/chss/ad\\_hlth/Ohio%20Abstinence%20Education%20Program.aspx](http://www.odh.ohio.gov/odhprograms/chss/ad_hlth/Ohio%20Abstinence%20Education%20Program.aspx).
- <sup>30</sup> Specific curricula used was not available at the time of publication. Information provided by Angela Norton, School and Adolescent Health Section Administrator, Ohio Department of Health, June 3, 2016.
- <sup>31</sup> “Home,” Healthy Visions, <https://healthyvisions.org/>.
- <sup>32</sup> “Sexual Risk Avoidance Education Program Grantee Profiles,” Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, May 3, 2017.
- <sup>33</sup> “About Us,” Elizabeth’s New Life Center, <http://elizabethnewlife.org/about-us/>.
- <sup>34</sup> “Sexual Risk Avoidance Education Program Grantee Profiles,” Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, May 3, 2017.