

# The State of **Sex Ed**



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## **2017 Community Assessment Report**

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## Executive Summary

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On October 13th, 2017, the Collaborative for Comprehensive School Age Health and the Central Ohio Coalition for Sexual Health invited organizations engaged in implementing comprehensive sex education across the state of Ohio to come together to share their work and experiences. This report is the result of that one-day community discussion and assessment, called the State of Sex Ed. This report will discuss the organizations involved in this event, the informing data for the resulting discussion and the challenges and success identified by the group. The report will also present the four key areas of focus moving forward including data, policy, continued education and shared resources.

## Acknowledgements

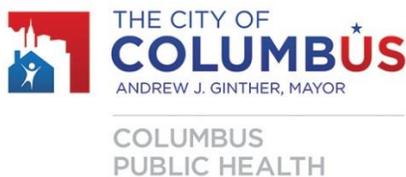
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We would like to thank all of the organizations that participated in and supported the creation of this report.

These organizations include:

- AIDS Funding Collaborative
- Beech Brook
- The Center for Community Solutions
- Central Ohio Coalition for Sexual Health
- Cleveland Metro School District
- The Collaborative for Comprehensive School Age Health
- Columbus Public Health
- Community Development 4 All People
- Cuyahoga County Board of Health
- Kaleidoscope Youth Center
- Nationwide Children's Hospital
- Ohio Department of Youth Services
- Planned Parenthood Greater Ohio
- Planned Parenthood Southwest Ohio
- Syntero
- YWCA of Northwest Ohio

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# Introduction

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This report is the result of a conversation that started between the Collaborative for Comprehensive School Age Health (the Collaborative) and the Central Ohio Coalition for Sexual Health (the Coalition) in summer of 2017. Both groups focus on networking and capacity building with local organizations that provide comprehensive sexual health education in their respective communities. Seeing the benefit of these connections, both groups felt that there was an opportunity to bring together organizations from across the state of Ohio to share information about programming, successes, challenges and resources through a structured community assessment. The meeting organizers were specifically interested in hearing about the work of organizations implementing comprehensive sexual health education in Ohio. This community assessment was called the State of Sex Ed and occurred in October 2017.

The Collaborative and Coalition offer this report as a snapshot of programming in Ohio and an overview of the discussions that occurred at the State of Sex Ed community assessment. These programs are continually evolving and may have changed since the date that this data was collected. Included in this report is background information on the Collaborative and Coalition, the data that informed the State of Sex Ed community assessment, an overview of comprehensive sex education, successes and challenges identified by participants and potential next step or areas of focus. The hope is that this report serves as a resource and conversation starter on strategies, best practices and helpful tips for people and programs that are interested in improving adolescent sexual health in Ohio.

## Collaborative for Comprehensive School Age Health

The Collaborative for Comprehensive School Age Health is a network of Northeast Ohio organizations working to ensure that children and adolescents receive age-appropriate, medically accurate and inclusive sexual health education to promote healthy and responsible decision-making.

The Collaborative grew out of a gathering convened in 2005, by The George Gund Foundation,<sup>1</sup> of all known local organizations and several key national organizations providing or supporting adolescent reproductive health care. The purpose was to identify entities committed to the concept of comprehensive sexuality education and catalyze support for local and state policies and programs promoting a comprehensive sexuality education philosophy. As a result of that meeting, participants agreed that an ongoing forum was needed to systematically advance the provision of comprehensive sexuality education to youth across northeast Ohio. The Collaborative has been meeting quarterly as a professional network ever since. The Collaborative provides technical assistance to school district and community organizations through Foundations Trainings in partnership with Answer and Cardea, and empowers young people through youth councils.

### The Collaborative's priorities are to:

- Support school districts and community organizations implementing sexual health education in Northeast Ohio
- Advocate for district level comprehensive sexual health education policies
- Create awareness of the importance of medically accurate, age-appropriate and inclusive sexual health education
- Empower young people to be change agents in their communities

## Central Ohio Coalition for Sexual Health

The Central Ohio Coalition for Sexual Health began in 2012 in an effort to better connect youth serving professionals with some focus on sexual health. Inspired by the work of the Collaborative, the Coalition has grown to become a network of over 200 organizations, health care providers, and community members. The mission of the Coalition is to promote, implement, evaluate and improve science-informed sexual health education and programs for youth and young adults in Central Ohio through organized community efforts. The driving vision is that Central Ohio youth and young adults are educated and empowered to make responsible choices for their sexual health.

Through the history of the Coalition, members have been involved in a variety of projects. These include a survey of parent communication with youth on sexual health topics, presentations at conferences on talking to youth about sexual health and the creation of materials to help foster conversations between youth and adults. In 2015, the Coalition hosted the Central Ohio Adolescent Sexual Health Conference. This event brought together over 185 educators, health care providers, behavioral health specialists, program coordinators, students and community members and focused on cultural competency and positive youth development. In 2018, local college students worked with the Coalition to develop a peer-led day-long sexual health event focused on healing, safety and activism. Currently, the Coalition meets quarterly to promote networking, plan community events, and provide education on local data, programs and best practices

### Coalition values:

- Education - We believe that sexual health information should be accessible, medically accurate, science informed, culturally inclusive and standardized.
- Community Engagement - We believe that youth, parents, and educators should be engaged and their voices should inform and guide the coalition's work and priorities.
- Affirming Youth - We value positive and affirming language around youth sexuality.
- Policy Change - We are committed to advocating for policy changes on an institutional, local and state level.

## Informing Data

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### Adolescent Sexual Health

Adolescents face significant sexual health disparities across the nation. The Centers for Disease Control and Prevention (CDC) estimates that young people (13 to 24 years old) make up a little over a quarter of the sexually active population. Adolescents thus result in about 10 million new sexually transmitted infections each year.<sup>2</sup> This number has been increasing, even as more reports show that young people are engaging in fewer sexual risk behaviors overall.<sup>3</sup>

Chlamydia highlights this disparity. In 2016, 63% of all chlamydia diagnoses occurred in adolescents age 15-24, resulting in a little more than one million new cases. During 2015-2016 young people ages 15-19 experienced a 4% increase in reported rates, compared to a 2% increase for young people ages 20-24. Gonorrhea is also on the rise among this population. In 2015-2016, 15-24 year olds experienced an 11% increase in infection rates. Ohio has also been affected by this trend. With 1 representing the state with the highest rate, Ohio ranked 7<sup>th</sup> and 10<sup>th</sup> for Gonorrhea and Chlamydia, respectively, among ages 15 to 19.<sup>4</sup> In 2016 there were over 19,000 reported infections in Ohio among those under 20 years old. There were 4,335 reported infections of Gonorrhea.<sup>567</sup>

Human immunodeficiency virus (HIV) also continues to impact young people as well, though overall rates have decreased. In 2016, youth ages 13-24 made up 21% of all new diagnoses. The majority of these cases were among gay and bisexual men, with black and Hispanic youth being most affected. The CDC estimates that 1 in 2 young people living with HIV do not know their status. In 2016, Ohio had almost 1,000 HIV diagnoses. Males in Ohio are disproportionately affected by HIV with 780 diagnoses, and the most common transmission is male to male sexual contact which was responsible for 500 cases. The age group with the most diagnosis was 20 to 24 years old with 204 diagnoses, and there were 57 HIV diagnoses in Ohio youth under 20 years old. In terms of race, Non-Hispanic black males had the most amount of diagnosis with 506, followed by non-Hispanic white males with 386.<sup>891011</sup>

Teen pregnancy has been a point of positive change. The United States is experiencing record lows in teen pregnancy and birth rates. Reductions have been shown in Hispanic, Non-Hispanic White, Non-Hispanic Black, Asian/Pacific Islander and American Indian/Alaska Native youth. Racial and geographic disparities still continue across the nation. With 1 representing the highest rate, Ohio ranked 24 out of 51 in 2015 for teen birth rates among females 15 to 19 years old, according to Health and Human Services. The 2015 Ohio birth rate was 23.2 births per 1,000 women aged 15-19. In 2015, there were 8,861 births to females under 20 years old in Ohio. The majority of mothers were non-Hispanic white with 5,576 births, followed by non-Hispanic black with 2,470 births. In the US non-Hispanic white teenagers also had the highest number of births for females under 20 years old, and it was followed closely by Hispanic females.<sup>12131415</sup>

The Youth Risk Behavior Survey (YRBS) is administered to a sample of high school students across the country. Questions about sexual health include reporting if they have ever had sexual intercourse, age of first sexual intercourse, number of sexual intercourse partners, and reporting if they drank alcohol or used drugs before last sexual intercourse. There are also questions about birth control use or pregnancy prevention methods and relationship violence and forced sex. However, this survey is not conducted statewide in Ohio, so we do not have representative data.<sup>1617</sup>

Cuyahoga County has conducted the YRBS locally in 2013, 2015, and 2017. In 2017, 13,907 high school students from 45 Cuyahoga County high schools participated in the survey. Almost 50 percent of gay, lesbian or bisexual youth reported having sexual intercourse compared to 40 percent of heterosexual youth.

About 43 percent of gay, lesbian or bisexual youth reported condom use at last sexual intercourse, compared to 58 percent of heterosexual youth. About 20 percent of all youth who took the survey said that they used drugs or alcohol before last sexual intercourse. Gay, lesbian and bisexual youth who took the survey experienced more sexual and dating violence (forced to have sexual intercourse or physically hurt) than the youth who identified as heterosexual. Another important finding from Cuyahoga County's YRBS was that 60 percent of gay, lesbian or bisexual youth reported having depressive symptoms.<sup>18</sup> These health disparities are often the result of LGBTQ youth facing high rates of stigma, bullying, rejection from families and peers, violence, and victimization because of their identities. Healthcare providers, educators and supportive adults may not be trained with the information and skills that they need to better support this population and increase protective factors that may help to reduce these disparities.<sup>19</sup>

### What is comprehensive sexual health education?

- Sexual health education should be comprehensive—ideally it is taught Kindergarten through 12th grade. Curriculum in Kindergarten would include information like hygiene and “good touch, bad touch” whereas curriculum in high school should include information about contraceptives, sexually transmitted infections and consent.
- Sexual education should be medically accurate—unfortunately, some curricula include false information about contraceptives or emotional outcomes of choosing to become sexually active before a certain age or social milestone.
- Sexual health education should be age-appropriate—if sexual education is being taught each year K-12, it should build on itself. Lessons should be geared toward the target age-group and be developmentally appropriate.
- Sex education should be evidence-informed—it should include best practices in the field and deliverables should be measurable.
- Sexual health education should be inclusive—educators should be comfortable working with diverse groups of students from different racial, ethnic, socioeconomic, gender and sexual orientation backgrounds. Young people should see their identities and experiences represented in what they are learning.

### Research shows that comprehensive sex education:

- Promotes social and emotional skills that contribute to academic success, reduced risk-taking and healthy relationships.
- Supports the prevention of child sexual abuse.
- Advances gender equity.
- Promotes healthy relationships and reduces the risk of sexual assault and intimate partner violence.
- When inclusive to LGBTQ young people, improves the health and academic achievement of LGBTQ young people and decreases bullying.
- Delays sexual initiation.
- Results in greater contraceptive use and fewer unintended pregnancies.
- Increases use of condoms and decreases incidence of HIV and other STI's.<sup>20</sup>

## Comprehensive Sex Education as Best Practice

According to the Sexuality Information and Education Council of the United States (SIECUS) less than half of all high schools and only 20% of middle schools in the United States provide all of the 16 topics identified by the CDC as critical sexual health education topics<sup>21</sup>. Unfortunately, many schools lack funding and training that would enable them to implement comprehensive sexual health education in their districts. Schools often have limited time to cover a number of topics, and students frequently receive different messages about sexual health depending on what their particular teacher chooses to focus on and what teaching methods they use.

Studies have shown that programs that do incorporate comprehensive sexual health education have been shown to have the following positive outcomes:

- Improved academic success
- Prevention of child sexual abuse, dating violence and bullying
- Delayed sexual initiation
- Reduced unintended pregnancy, HIV and other STIs
- Reduced sexual health disparities among lesbian, gay, bisexual, transgender, queer and questioning (LGBTQ) young people

### CDC's 16 Key Sexual Health Education Topics

- How to create and sustain healthy and respectful relationships
- Influences of family, peers, media, technology and other factors on sexual risk behavior
- Benefits of being sexually abstinent
- Efficacy of condoms
- Importance of using condoms consistently and correctly
- Importance of using a condom at the same time as another form of contraception to prevent both STDs and pregnancy
- How to obtain condoms
- How to correctly use a condom
- Communication and negotiation skills
- Goal-setting and decision-making skills
- How HIV and other STDs are transmitted
- Health consequences of HIV, other STDs and pregnancy
- Influencing and supporting others to avoid or reduce sexual risk behaviors
- Importance of limiting the number of sexual partners

## The National Health Education Standards

According to the Centers for Disease Control and Prevention, The National Health Education Standard were “developed to establish, promote and support health-enhancing behaviors for students in all grade levels from pre-Kindergarten through grade 12.

<b>Standard 1</b>	Students will comprehend concepts related to health promotion and disease prevention to enhance health.
<b>Standard 2</b>	Students will analyze the influence of family, peers, culture, media, technology and other factors on health behaviors.
<b>Standard 3</b>	Students will demonstrate the ability to access valid information, products, and services to

	enhance health.
<b>Standard 4</b>	Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.
<b>Standard 5</b>	Students will demonstrate the ability to use decision-making skills to enhance health.
<b>Standard 6</b>	Students will demonstrate the ability to use goal-setting skills to enhance health.
<b>Standard 7</b>	Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.
<b>Standard 8</b>	Students will demonstrate the ability to advocate for personal, family and community health.

## Snapshots of Success in Comprehensive Sex Education

### West Virginia Free

West Virginia Free (WVF) is a reproductive justice organization that advocates for comprehensive sex education and pregnancy options counseling, they lead trainings for teachers and social service providers, conduct voter engagement to support reproductive justice efforts, and they promote progressive policy and combat regressive policy.

Through their outreach to school districts, WVF determined that most school districts had policies around HIV education and most of them had not been updated in many years. WVF created Gold, Silver, and Bronze sex education policies to provide for school districts—Gold policies were most comprehensive. While Bronze were still updated and included vital elements, they were created for school districts with barriers to implement all aspects of “gold standard sex education”. The approach of speaking with school districts about the outdated HIV education policies, and providing districts with a menu of policy options has proven to be successful.

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### California

Highlighted in SIECUS’ *Advancing Sex Ed in the States*, The California Healthy Youth Act requires school districts to ensure all students in grades 7– 12 receive comprehensive sexual health education and HIV/AIDS prevention education at least once in middle school and once in high school, and mandates curricula be age appropriate, medically accurate, objective, and appropriate for “all races, genders, sexual orientations, and ethnic and cultural backgrounds; pupils with disabilities; and English learners.” The law requires instruction on gender, gender expression, gender identity, and gender stereotypes. If schools elect to offer sexuality education earlier than grade 7, they must adhere to the same requirements. No program may “promote or teach religious doctrine,” instruction must encourage parent-child communication about sex and sexuality, and instruction must cover all FDA-approved contraceptives, including emergency contraception. Parents/guardians may remove their children from instruction.<sup>22</sup>

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### Chicago, Illinois

Also highlighted in SIECUS’ *Advancing Sex Ed in the States*, Chicago Public Schools follow the National Sexuality Education Standards. Students in grades K-12 receive sexual health education once each year that is developmentally appropriate, medically accurate, culturally sensitive, and “support[s] all students

regardless of gender, race, disability, sexual orientation, gender identity, [or] gender expression.” Curricula must cover the “emotional, psychological, physiological, hygienic and social responsibility aspects of sexuality and family life,” encourage parent-child communication, and allow parents/guardians to opt out their children. Grades K-4 curricula cover anatomy, physiology, reproduction, healthy relationships, and personal safety; in grades 5-12, students learn about “abstinence, healthy relationships (including informed decision-making, sexual orientation, gender identity, and personal safety), medically-recommended contraceptives, and transmission and prevention of STIs, including HIV.”<sup>23</sup>

## Ohio Rules and Regulations

Mounting evidence suggests that comprehensive sexual health education positively impacts students.<sup>24</sup> The highlighted national models showcase successful examples of how states have worked to adopt and implement comprehensive sexual health education standards and policies. These policies, however, are not uniform across all states. Unlike all other states, Ohio has no health education standards. Ohio does, however, mandate sexual health and HIV education. As a “Home Rule” state, Ohio allows each school district to choose what sexual health and HIV education curricula are taught in their schools.<sup>25</sup> While sexual health and HIV education is not standardized across the state, the Ohio Revised Code does provide requirements and guidelines for school districts. The Ohio Revised Code dictates that schools must cover content that stresses abstinence, including the importance of sex only within marriage, and the negative outcomes of teen sex.<sup>26</sup> Furthermore, content does not have to be medically accurate, age or culturally appropriate, and is not barred from promoting religion.<sup>27</sup>

## Ohio Revised Code

The Ohio Revised Code Sections 3313.60 and 3313.6011 dictates that each school board of education in Ohio must establish a health education curriculum for their students. The health education curriculum must include “venereal disease education,” which must emphasize that “abstinence from sexual activity is the only protection that is one hundred percent [sic] effective against unwanted pregnancy, sexually transmitted disease, and the sexual transmission of a virus that causes acquired immunodeficiency syndrome.” It must:

1. Stress that students should abstain from sexual activity until 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 sexually transmitted diseases (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

There is, however, an “opt-out” policy. Parents or guardians can submit a written request for their student to be excused from receiving any or all of the above instruction.<sup>28</sup>

## Ohio Revised Code

### 3313.6011 Instruction in venereal disease education emphasizing abstinence.

(A) As used in this section, "sexual activity" has the same meaning as in section [2907.01](#) of the Revised Code.

(B) Instruction in venereal disease education pursuant to division (A)(5)(c) of section [3313.60](#) of the Revised Code shall emphasize that abstinence from sexual activity is the only protection that is one hundred per cent effective against unwanted pregnancy, sexually transmitted disease and the sexual transmission of a virus that causes acquired immunodeficiency syndrome.

(C) In adopting minimum standards under section [3301.07](#) of the Revised Code, the state board of education shall require course material and instruction in venereal disease education courses taught pursuant to division (A)(5)(c) of section [3313.60](#) of the Revised Code to do all of the following:

- (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 sexually transmitted diseases 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;
- (6) 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;
- (7) Emphasize adoption as an option for unintended pregnancies.

(D) Any model education program for health education the state board of education adopts shall conform to the requirements of this section.

(E) On and after March 18, 1999, and notwithstanding section [3302.07](#) of the Revised Code, the superintendent of public instruction shall not approve, pursuant to section [3302.07](#) of the Revised Code, any waiver of any requirement of this section or of any rule adopted by the state board of education pursuant to this section.<sup>29</sup>

## Funding Distribution

Federal funding streams for unintended teen pregnancy prevention, HIV/AIDS, and other STD prevention programs and abstinence-only-until-marriage programs have fluctuated over the past several years. These funding streams include the Personal Responsibility Education Program (PREP), the Teen Pregnancy Prevention Program (TPPP), CDC's Division of Adolescent and School Health (DASH), the Competitive Personal Responsibility Education Program (CPREP), the Tribal Personal Responsibility Education Program (TPREP), the Personal Responsibility Education Innovative Strategies (PREIS), Title V "Abstinence Education" State Grant Program (Title V AOUM) and the Sexual Risk Avoidance Education Grant Program (SRAE).<sup>30</sup>

### In Fiscal Year 2017, total grants awarded included:

- DASH funds totaling \$18.4 million
- PREP funds totaling \$63.7 million

- TPPP funds totaling \$88.5 million
  - CPREP funds totaling \$10.2 million
  - TPREP funds totaling \$3.3 million
  - PREIS funds totaling \$9.6 million
  - Title V AOUM funds totaling \$56.5 million
  - SRAE funds totaling \$13.5 million<sup>31</sup>
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**In Fiscal Year 2017, the state of Ohio received:**

- DASH funds totaling \$65,000
  - PREP funds totaling \$1,737,571
  - Title V AOUM funds totaling \$2,558,222
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**In Fiscal Year 2017, local entities in Ohio received:**

- DASH funds totaling \$378,636
- TPPP funds totaling \$960,964
- PREIS funds totaling \$800,721
- SRAE funds totaling \$1,335,222<sup>32</sup>

# Community Assessment

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On October 13th, 2017, the Collaborative and the Coalition hosted the State of Sex Ed community assessment in order to better understand the organizations in Ohio that implement comprehensive sexual health education with adolescents. Outreach was conducted through multiple community email lists and announcements. Care was taken to reach out to organizations in multiple regions of Ohio. While the meeting did not include every organization implementing education in Ohio, the Collaborative and Coalition feel that it was a representative sample. In future events the hope is to include more organizations, particularly from southern Ohio and the more rural regions that may be implementing programming. Below is a list of programs and curriculums that were represented at the State of Sex Ed Meeting. A full list of reported programs can be found in Appendix A.

## Statewide

- Planned Parenthood Greater Ohio
- Ohio Department of Youth Services

## Northwest Ohio

- YWCA of Northwest Ohio

## Northeast Ohio

- AIDS Funding Collaborative
- Beech Brook
- The Collaborative for Comprehensive School Age Health
- Cleveland Metro School District
- Cuyahoga County Board of Health

## Central Ohio

- Syntero
- Columbus Public Health
- Nationwide Children's Hospital
- Community Development 4 All People
- Kaleidoscope Youth Center

## Southwest Ohio

- Planned Parenthood Southwest Ohio

The community assessment was a day-long event. The agenda started with each attendee introducing themselves and detailing the work of their organizations with time for questions from the group. Participants then engaged with national and state data hung around the room that included information detailed in the data section above to ensure that everyone was familiar with the current data, and participants discussed the sexual health disparities among youth. The second half of the day was dedicated to small group sharing and discussions. These progressive discussions started with outlining key success and challenges that the organizations and individuals experience in implementation of their programming. The day ended with a large group discussion highlighting the themes of the day and identifying recommendations moving forward. These findings are highlighted below.

The Collaborative and Coalition utilized a variety of facilitation tools and group discussion methods to collect this information. The agenda and activities are available for any organization that would like to replicate this event with their community. Both organizations are invested in supporting community efforts that improve adolescent sexual health. Contact information can be found at the end of this report.

## Community Successes

From the State of Sex Ed Meeting there were several successes shared by many of the groups and individuals that were present. This section will highlight a few of those success found in group discussion.

### Successes

- Funding and institutional partnerships
- Implementation partnerships (state, agency, school)
- Additional service offerings (testing, birth control)
- Access to educational skill building
- Measured success through evaluations

Some of the biggest successes can be seen in the partnerships created around providing sexual education. These partnerships come in many forms, but most involve creative ways for schools, after school programs/agencies and local health departments/cities to work together. Often barriers created by the sensitivity of sexuality education in schools can be circumvented by inviting outside groups in or working with after school programs to provide education outside of school. In some cases partnerships with government agencies has helped to fund staff and resources for these programs. Due to the minimal guidelines in Ohio for sexual health education, it is left up to administrators or districts to decide how much or how little sexual health is accurately covered. Strong partnerships can allow trusted outside resources to cover sexual health topics without the school having to directly change their curriculums which may be perceived as controversial. Although, this can also be a gateway for values focused outside groups to provide medically inaccurate information to students. Overall these partnerships with trusted providers are successful at providing accurate sexual health education as well as additional health services or resources to students.

Providing additional services related to sexual and reproductive health was also discussed as a program success in Ohio. Many of these services include providing adolescents with access to birth control and long-acting reversible contraceptives (LARC), STI/HIV screenings, pregnancy testing and other referrals. Many of these services are provided by partner agencies at little to no cost. The visits involved in a student receiving these health services provide a safe confidential space for additional sexual health and risk reduction education to happen. The groups providing these services have designed programs that reduce barriers that can keep adolescents from receiving services. These programs have seen success in increasing LARC use, finding and treating positive STIs, as well as providing one on one education with student clients.

### Community Challenges

From the State of Sex Ed Meeting there were several challenges shared by many of the groups and individuals that were present. This section will highlight a few of those challenges found during group discussion.

### Challenges

- Clarifying Values
- Organizational capacity
- Building better relationships with schools
- Unclear or restrictive policies
- Gaps in programming availability
- Time constraints for quality implementation

Conversations about sex and sexual health education can be seen as taboo or awkward as it can be a very personal topic. There are often many different values or beliefs placed around sex and how it should be discussed in an educational setting. For example, some parents, teachers and administrators might feel that high school is an appropriate age to be dating, and some might find that too early developmentally. A more common example is debate about teaching proper condom use in a classroom. These clashing beliefs or values have proven to be one of the largest challenges surrounding sexual health education. Values not only influence state and district guidelines on reproductive and sexual health education, but the personal values of an educator may influence what is taught in a classroom. Conflicting values put a strain on the partnerships discussed in the successes section above, and can also cause inaccurate information to be taught. Values create barriers in partnerships and program funding, and makes policy work around health standards in Ohio difficult.

Schools are seen as an ideal partner for providing education or services to students, but there are often many challenges to building a successful relationship. Even when districts are supportive, they still may not be able to allocate enough time to implement curriculum to fidelity. As a result, sexual health is sometimes a gray area left to teachers or administrators to decide what partners can support implementation or how much is covered on the topic.

Funding for quality sexual health education is another challenge in Ohio. The lack of requirements for sexual health education in Ohio often leaves the education to be covered by outside agencies or after school programs. Much of the funding for sexual health programs comes from federal or state dollars in the form of grants. This type of funding stream can be unpredictable and easily affected by politics. Even when funding is available it usually only covers limited staff who are then challenged with educating a disproportionate amount of students or sites.

# Recommendations

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At the conclusion of the State of Sex Ed Meeting, a list of common themes and next steps were collected as a way to help gather thoughts and begin strategizing for the future of sex education in Ohio. The top ideas presented were health policy, training opportunities for the continued education of educators and a centralized resource, likely a digital space, where educators could provide support, resources and guidance to others in the field.

## Health Policy

Health policy as it relates to health education can create confusion among providers of sex education and what content should be covered in a classroom. With a lack of coverage inside of school classrooms many educators or programs choose to facilitate sex education in an afterschool setting. The restrictive content required by the Ohio Revised Code is limiting at best, and leads to questions about what it means to teach beyond the standard. Educating ourselves on health policy gives clarity to how much we can say while still meeting the requirements. Learning more about policy also gives educators a chance to make change or be a part of change happening in health policy or support current programming that is at a higher level of comprehensive coverage than required by the law.

## Continued Education

Continued education is important to any professional but is necessary in a field like sex education where data and the science are always changing. A focus of both the Coalition and the Collaborative is to provide a resource for sex educators to network and also receive that ongoing training. It is important that those resources are shared not only in urban centers, but also the surrounding rural counties. With sex education being implemented mostly by community partners it is important that information is accurate and consistent across all providers. There is a need for support among educators and for the ability to connect with peers to share ideas. Part of this support and ability to share resources could be done with a resource toolbox.

## Centralized Resources

The draft resource list was created as a list of needs or wants from the educators at the State of Sex Ed meeting. A popular idea was to have a centralized location to keep resources related to sexual health that could be accessed by anyone doing the work. A general support social media page was discussed as well as creating an online webpage to hold the resource list. An online webpage would create more equitable access to sexual health resources and allow programs to support each other without physically being in the same region. The webpage could also assist in providing updated information and continued education to providers.

## Resource List

- Strategies for partnering and building relationships with public schools
- Trainings offered by local organizations
- How to add topics like consent, HIV, PrEP to your curriculum
- Ways of framing our work
- National and local health standards and sex education policy
- Additional data
  - Parenting teens
  - LGBTQ youth
  - Abortion rates
  - By geography
- Best ways to address the psychological, emotional side effects of participating in sexual activity?
- Need a quick FAQ, “PrEP for dummies that teach sex ed.” with teen friendly language
- LGBTQ inclusive sexual education curriculum and trainings
- Resources and contacts for those who are doing provider education
- Template for risk reduction counseling
- Advocates for Youth policy templates
- In-school HIV/STI testing
- Parent involvement

## Conclusion

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Through conversations between the Coalition for Adolescent Reproductive Health and The Collaborative for Comprehensive School Aged Health, it was determined that it was necessary to bring together leaders in sexual education from around the state. There is a need for better access and more resources for adequate content and skills-based trainings. Sex educators want to know how policy impacts programming and want to be a part of advocacy efforts. Sex educators also want opportunities for support from their peers. The hope is that the community assessment in October 2017 and this report are just the first steps of an ongoing conversation and strategy towards more collaboration and support among adolescent reproductive health educators, practitioners, and advocates. This report will hopefully act as a catalyst for state-wide positive change in the area of comprehensive sex education and services for young people.

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## Appendix A: Adolescent Sexual Health Programs in Ohio

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**216Teens:** Facilitated by the Cuyahoga County Board of Health this program provides school-based sexual health education programs and partner with local health clinics, nonprofit organizations and others who are working to improve teen health and reduce the rates of teen pregnancy and spread of sexually transmitted diseases. 216Teens is our awareness campaign to prevent teen pregnancy and the spread of STDs among youth throughout our county. It is designed to educate and motivate teenagers (14 to 19 year olds) about safer sexual behaviors and to increase their use of trusted local health services and resources. Funding for this campaign is made possible by the U.S. Department of Health and Human Services' Office of Adolescent Health.

**BC4Teens:** Nationwide Children's Hospital BC4Teens Program is a place for young women up to age 22 to talk with medical experts about sex, birth control, sexually transmitted infections and get the birth control that's right for them — with no judgment.

**Draw the Line/Respect the Line:** Draw the Line/Respect the Line is a 3-year evidence-based curriculum that promotes abstinence by providing students in grades 6, 7 and 8 with the knowledge and skills to prevent HIV, other STD and pregnancy. Using an interactive approach, the program shows students how to set personal limits and meet challenges to those limits. Lessons also include the importance of respecting others' personal limits.

**Foundations:** The one-day Foundations training covers the essential skills for facilitating sex education, including: climate building in the classroom; understanding state and local sex education policies; pedagogical approaches for experiential learning; values clarification; managing personal disclosure; and handling difficult questions and harassing comments. Optional half-day modules for a second day of training include cultural competency, LGBTQ inclusion, trauma-informed approaches and facilitation skills for common sex education strategies. The foundations training was created in partnership by Answer and Cardea.

**Genderscope:** A program of Kaleidoscope Youth Center, Genderscope provides a safe, affirming space where trans, gender non-conforming, and questioning youth can come together to build community, discuss issues related to gender identity and expression, and gain support from peers who share in experience.

**Get Real:** Get Real: Comprehensive Sex Education That Works is a unique curriculum designed for implementation in both middle and high schools. Get Real emphasizes social and emotional skills as a key component of healthy relationships and responsible decision making. Information provided is medically accurate, age-appropriate and is shown to delay sex among middle school students who received Get Real.

**Health Bodies Healthy Futures:** Is a comprehensive sexual health education program from Syntero designed to empower teens. Healthy Bodies Healthy Futures teaches age-appropriate, medically accurate information and skills needed to face tough issues, make sound choices, and practice healthy behaviors. The goal of the program is to ensure that adolescents and young adults in Franklin County are able to successfully reduce risky behaviors in order to prevent the spread of infections and unintended pregnancies. This program is offered to all community members and is free of charge.

**Know Now!:** The Know Now program is an in-school sexual health screening program implemented by Columbus Public Health in Columbus City Schools. Interested students can sign up with the school nurse for a one on one testing appointment with a member of the Youth Wellness team. Appointments can include screenings for STI's, HIV and pregnancy as well as risk reduction and birth control counseling. Built in

partnership with the Teen Clinic at Columbus Public Health referrals can be made for treatment, birth control and other services.

**Our Whole Lives:** Honest, accurate information about sexuality changes lives. It dismantles stereotypes and assumptions, builds self-acceptance and self-esteem, fosters healthy relationships, improves decision making, and has the potential to save lives. For these reasons and more, we are proud to offer Our Whole Lives (OWL), a comprehensive, lifespan sexuality education curriculum for use in both secular settings and faith communities.

**Personal Responsibility Education Program (PREP):** The Personal Responsibility Education Program, created through the recently passed Health Care Reform legislation, will provide individual states with grants for comprehensive sex education that provides young people with complete, medically accurate, and age-appropriate sex education in order to help them reduce their risk of unintended pregnancy, HIV/AIDS, and other sexually transmitted infections (STIs). Programs would also address life skills so that young people can make responsible decisions and lead safe and healthy lives.

**Reducing the Risk:** Reducing the Risk is a 16-session curriculum designed to help high school students delay the initiation of sex or increase the use of protection against pregnancy and STD/HIV if they choose to have sex. This research-proven approach addresses skills such as risk assessment, communication, decision making, planning, refusal strategies and delay tactics.

**Responsible Sexual Behavior Program:** The Responsible Sexual Behavior (RSB) Initiative was implemented beginning in the fall of 2006 to provide comprehensive sexuality education programs to all K–12 students in the Cleveland (Ohio) Metropolitan School District (CMSD). Four comprehensive sexuality education curricula were specifically chosen for this initiative, All About Life (for grades K–3), F.L.A.S.H. (for grades 4–6), Making Proud Choices (grades 7–8), and Safer Choices (for grades 9–12). CMSD adopted a comprehensive health plan based on the Surgeon General’s Healthy People 2010 and the Center for Disease Control and Prevention’s Comprehensive School Health Program. The plan had four key goals for responsible sexual behavior among students: prevention of school-aged parenthood; support for pregnant and parenting school-aged students; prevention of the transmission of STDs, including HIV/AIDS, to students; support for students living with STDs, including HIV/AIDS.

**Teen Pregnancy Prevention (TPP):** The Office of Adolescent Health (OAH) Teen Pregnancy Prevention (TPP) Program is a national, evidence-based program that funds diverse organizations working to prevent teen pregnancy across the United States. OAH invests in both the implementation of evidence-based programs and the development and evaluation of new and innovative approaches to prevent teen pregnancy. The OAH TPP Program reaches adolescents age 10-19, with a focus on populations with the greatest need in order to reduce disparities in teen pregnancy and birth rates.

**Teen Outreach Program (TOP):** Wyman’s Teen Outreach Program® (TOP®) promotes the positive development of adolescents through curriculum-guided, interactive group discussions; positive adult guidance and support; and community service learning. TOP is delivered by trained adult facilitators across a school year to groups of teens (called “TOP Clubs”). TOP is designed to meet the developmental needs of middle and high school teens and can be implemented in a variety of settings, including in-school, after-school, through community-based organizations or in systems and institutional settings, including residential facilities. TOP curriculum is focused on key topics related to adolescent health and development, including building social, emotional, and life skills; developing a positive sense of self; and connecting with others.

*Note: Program descriptions were provided by organizations via survey data, and/or gathered from their website.*

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