Chairman Dolan, Vice-Chair Gavarone, Ranking Member Sykes, and members of the Senate Finance Committee, my name is David Mahan and I am the Director of Policy for the Center for Christian Virtue (CCV). I am submitting this testimony in support of increased funding for the Ohio Adolescent Health Centers (OAHC), and to remind the committee of Ohio Revised Code Section 3313.6011 which requires that venereal disease education a. **Emphasize abstinence from sexual activity** as the only 100% effective protection against unwanted pregnancy and transmission of the AIDS virus and other sexually transmitted diseases, and b. **Stresses** that students should **abstain from sexual activity until after marriage**.

In addition to my policy role at CCV, I've spent over 20 years implementing Character and Sexual Risk Avoidance (SRA) education in communities all across the country, including here in Ohio. I've had the great pleasure of working with students from a variety of backgrounds from detention centers to public and private schools. Where most merely make assumptions about what is being taught in classrooms, I benefit from the first-hand experience of regularly delivering content to multiplied thousands of students and teachers over the years from inner-city, rural, and suburban communities. In addition, I am a husband of 27 years, a father of 3 daughters and a son, and it is from this perspective and experience that I will be addressing you today.

Let's begin with some **Good News**. Not Everybody's "Doing it". While opponents of SRA would say that it is unrealistic to expect students to delay sexual onset, the CDC says that, not only are the majority of teens not having sex, but that percent has improved 32% in the past 26 years.(1) This **should be** wonderful news! Why would anyone **not** support such a positive trend? This is why the Ohio Adolescent Health Centers and the State of Ohio mandate that a Primary Prevention Model focused on helping students achieve optimal health outcomes be employed related to sexual health education, rather than a secondary prevention model that solely attempts to reduce the risks associated with what some assume to be inevitable teenage behavior.

Another piece of good news is that kids are still capable of self-control and delayed gratification, and these assets are available to EVERYONE regardless of race, class, gender, or past experience. Teen sexual activity has decreased significantly since the advent of federal funding for SRA education, even as teens are confronted with an increasingly sexualized culture. There are several peer-reviewed studies showing that students in SRA classes are: a) more likely to delay sexual initiation, and b) if sexually active, more likely to discontinue or decrease sexual activity, and no less likely to use a condom.(2) Why is this important? The research shows that when teens engage in sexual activity, besides the risk of pregnancy and STD's the following negative life outcomes are more likely to occur, often persisting into adulthood: Less academic achievement,(3) Decreased physical and psychological

health, including depression,(4) More involvement in other risky behaviors such as smoking, drinking, and drugs,(5) More likely to participate in anti-social or delinquent behavior,(6) Less likely to exercise self-efficacy and self-regulation,(7) Less financial net worth and more likely to live in poverty (8). The SRA approach focuses on prevention, with solution-oriented approaches that address causes rather than just the effects. SRA programs are universally transferable principles from which all students can benefit including: Sexual delay, fewer lifetime partners, developing healthy relationships, setting boundaries, and reserving sex for a monogamous and unaffected partner are all protective factors that help ALL TEENS avoid risk. OAHC programs also teach the Success Sequence, which found that if youth could just graduate high school, work a full-time job, and get married before having children, in that order, they risk only a 3% chance of living in poverty as adults (9). Again, there is plenty of good news to go around for those who choose not to ignore it, and OAHC is at the forefront of making sure that hundreds of thousands of Ohio children receive the knowledge and skills necessary to achieve these optimal health outcomes!

The following is MORE GOOD OAHC NEWS from Central Ohio Educators

"...The Common Sense Culture Program (CSC) is our local [OAHC] provider of Relationship and Risk Avoidance Education. Our school district has used this program for several years. ... I have had the privilege of bringing CSC into several Westerville buildings. The students and staff are blown away each time. I am constantly thinking of ways to introduce these services to as many students as possible. The feedback I receive from students and staff continues to be positive... We couldn't be more impressed with these programs.
- **Administrator, Westerville City Schools**

"Thanks again for scheduling with Pickerington North. I told my classes this year that there is so much in my curriculum to teach in a short semester that I would never give any speaker 4 days of my time to speak to my students. [This speaker] is the exception. he is able to cover so much information and make it appealing to the students. My students are glued to every word he says throughout the 4 days. As a teacher that has heard the presentation every semester, 6 times a day, for the past several years, I still learn something new in the presentations. I really appreciate that he keeps up with not only the culture but the statistics, and modifies his presentations from year-to-year. He is able to hit so many of our Health standards and benchmarks that I truly appreciate everything he brings to my Health Classes. Thanks for all you do!!!!" **- Teacher, Pickerington North High School**

Again, the Ohio Revised Code requires that venereal disease education must a. **Emphasize abstinence from sexual activity**, and b. **Stress** that students should **abstain from sexual activity until after marriage**. The reality is, nobody does this better in Ohio than OAHC. And for the thousands of teachers who invite them to educate tens of thousands of students each year, **thats good news**. Thank you!

Footnotes

(1) *CDC Youth Risk Surveillance Survey*, 2017
(2) 2 USDepartmentofHealthandHumanServices&theAdministrationforChildrenand Families (2007, May). *Review of Comprehensive Sex Education Curricula.*
(3) *Kagesten*, A., *Blum*, R (2015, April) *Characteristics of youth who re- port early sexual experiences in Sweden. Archives of Sexual Behavior.*
44:679-694
(4) *Sandfort*,T.,*Orr*,M.,*Hirsch*,J.,*Santelli*,J.(2008)*Long-TermHealthCorrelatesofTiming ofSexualDebut:ResultsFromaNationalUSStudyAmericanJournalofPublicHealth.* 98:155-161
(5) *Kastborn*, A., *Sydsjo*, G., *Bladh*, M., *Preibe*, G., *Svedin*, C. (2015, *May* 4).*Sexual debutbe fore the age of* 14 *leads to poorer psychosocial health and riskybehavior in later life. Acta Paediatrica* 104: 91-100.
(6) *Armour*, S., *Haynie* , D. (2007) *Adolescent Sexual Debut and Later Delinquency. J Youth Adolescence* 36:141–152
(7) *Kastborn*,A.,*Sydsjo*,G.,*Bladh*,M.,*Preibe*,G.,*Svedin*,C.(2015,*May* 4).*Sexualdebutbeforetheageof*14*leadstopoorerpsychosocialhealthandriskybehav- ior in later life. Acta Paediatrica* 104: 91-100.
(8) *Scott*, M., *Wildsmith*, E., *Welti*, K., *Ryan*, S., *Schelar*, E.,*Steward-Streng* , N. (2011). *Risky Adolescent Sexual Behaviors and Reproductive Health in Young Adult- hood. Perspectives on Sexual and Reproductive Health.*
43(2):110–118,
(9) *Wang*, W., *Wilcox*, B., (2017). *The Millennial Success Sequence. Washington, DC: American Enterprise Institute.*

THE OHIO ADOLESCENT HEALTH CENTERS PROJECT
A Collaboration of Sexual Risk Avoidance Providers

EXECUTIVE SUMMARY

A recent initiative funded by the U.S. Department of Health and Human Services supported the Ohio Adolescent Health Centers Project (OAHC Project) in implementing and evaluating three Sexual Risk Avoidance Education (SRAE) programs in high need areas in Ohio, primarily among youth ages 11-14. The three organizations whose SRAE programs were evaluated are: Maximum Freedom, Operation Keepsake, and Relationships Under Construction. This report summarizes the effects of the OAHC Project's sexual risk avoidance programs that were implemented in 20 schools in Ohio, compared against the results from five control schools not implementing the program.

The results of the randomized controlled trial presented in this report examine the combined impacts across all three programs relative to a control group. Survey measures were collected prior to the intervention (or wave 1), immediately following the intervention about one week after baseline (or wave 2), and two to three months after wave two (or wave 3). Comparisons of relative change for wave one and wave two represent immediate intervention effects and comparisons of relative change for wave one to wave three represent sustained intervention effects. Sustained intervention effects are generally more compelling than immediate intervention effects, as they represent whether the intervention had a long-term impact.

Survey questions measured immediate and sustained changes in four categories: 1) Knowledge, 2) Beliefs and Attitudes, 3) Behavioral Intentions / Future Orientation, and 4) Actual Behavior. Our findings show that the OAHC Project's efforts were indeed successful in causing both immediate and sustained effects in:

1) increasing teens' evidence-based and medically accurate **knowledge** about the potential negative physical, emotional, psychological, and financial effects of pre-marital sex;
2) generating increased positive **beliefs and attitude** toward avoiding pre-marital sex and other teen risky behaviors;
3) motivating sexual risk avoidance **intentions / future orientation**; and
4) forestalling **risky behavior.**

The pivotal question we sought to answer was, "What is the success rate of the OAHC Project?" To answer that question, we looked at the results for Q29 "Ever Had Sex?" and found that the control group's rate rose from 15.2% to 23.4%, while the intervention group also started at about 15% and remained constant. **That equates to a 35% success rate [or (23.4 - 15.2)/23.4]**.

An ROI analysis was conducted by extrapolating the findings from our study of 4,284 students to the 219,838 students who received OAHC Project SRAE training over the last four years. That analysis shows that the value of future outcomes is projected to be $185,087,706. Since the four-year investment in the OAHC Project was $9,933,286, then we divide $185,087,706 by $9,933,286, and see that **$18.63 is returned for every $1.00 invested in the OAHC Project**.