



SIECUS

State Profile

OREGON

In Fiscal Year 2012,¹ the state of Oregon received:

- **Personal Responsibility Education Program funds totaling \$597,169**
- **Title V State Abstinence Education Program funds totaling \$562,962**

In Fiscal Year 2012, local entities in Oregon received:

- **Tribal Personal Responsibility Education Program funds totaling \$263,698**
- **Competitive Abstinence Education Grant Program funds totaling \$412,430**

SEXUALITY EDUCATION LAW AND POLICY

Oregon mandates sexuality education and instruction in infectious diseases, including HIV/AIDS and sexually transmitted disease (STD) prevention, throughout elementary and secondary schools.² Students in grades six through eight must receive instruction at least once annually, while students in grades nine through 12 must receive instruction twice annually.³ Oregon does not suggest or recommend a curriculum; however, developed from state statute, the administrative rule provides specific guidelines that communities must follow when creating their own plan. The plan must be developed locally by community members who are “knowledgeable of the latest scientific information and effective education strategies,” approved by local school boards, and reviewed biennially in accordance with new scientific information.⁴

The plan must include information that:

- promotes abstinence for school-age youth and mutually monogamous relationships as the safest way to prevent STDs and unintended pregnancy; however, abstinence must not be taught to the exclusion of other material and instruction on contraceptive and disease reduction measures;⁵
- is balanced, medically accurate, and age appropriate;⁶
- allays fears concerning HIV that are scientifically groundless;⁷
- communicates how responsible sexual behavior reduces the risk for STDs, HIV, and pregnancy;⁸
- provides the latest medical information regarding the success and failure rates of all forms of contraception;⁹
- provides balanced and accurate information on the risks and benefits of contraceptive and other disease reduction measures that reduce the risk of unintended pregnancy, HIV, and other STDs;¹⁰
- uses culturally and gender-sensitive materials, language, and strategies that recognize different sexual orientations and gender roles;¹¹
- enhances students’ understanding of sexuality as a normal and healthy part of human development;¹²
- validates through course material and instruction the importance of honesty with oneself and others, respect for each person’s dignity and well-being, and responsibility for one’s actions;¹³
- encourages family communication and involvement and helps students learn to make responsible decisions; and¹⁴
- teaches effective communication and refusal skills, as well as the development of self-esteem.¹⁵

Sexuality education courses must also include information on teen dating violence and “must be presented in a manner sensitive to the fact that there are students who have experienced sexual abuse” and does not devalue or ignore students who have engaged in sexual intercourse.¹⁶

Teachers may not “be subject to discipline or removal for teaching or refusing to teach courses concerning” STDs.¹⁷ Parents or guardians may remove their children from sexuality education and/or STD/HIV education classes.¹⁸ This is referred to as an “opt-out” policy.

See Oregon Revised Statutes §§ 336.035, 336.455, and 336.465; Oregon Administrative Rules §§ 581-022-1210 and 581-022-1440; and the Oregon Department of Education’s “Sexuality Education and Risk Behavior Prevention” website, <http://www.ode.state.or.us/search/page/?id=836>.

RECENT LEGISLATION

In March, Governor John Kitzhaber signed House Bill 4077 into law, requiring students to receive education on teen dating violence. The law goes into effect in January 2013.

YOUTH SEXUAL HEALTH DATA

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

Oregon Healthy Teens Survey Data

Sexual Behavior

- In 2011, 17% percent of males and 13% of females in the eighth grade in Oregon said they have had sexual intercourse while 48% of males and 47% of females in the 11th grade said they have had sexual intercourse.¹⁹
- In 2011, 6% of males in the eighth grade in Oregon said they have had sexual intercourse with one person, while 11% of eighth grade males said they have had sexual intercourse with two or more people.²⁰
- In 2011, 6% of females in the eighth grade in Oregon said they have had sexual intercourse with one person, and 6% of eighth grade females said they have had sexual intercourse with two or more people.²¹
- In 2011, 19% of males in the 11th grade in Oregon said they have had sexual intercourse with one person, while 30% of 11th grade males said they have had sexual intercourse with two or more people.²²
- In 2011, 21% of females in the 11th grade in Oregon said they have had sexual intercourse with one person, while 26% of 11th grade females said they have had sexual intercourse with two or more people.²³
- In 2011, 4% of males and 6% of females in the eighth grade in Oregon said they have had sex with one person in the past three months, while 5% of males and 1% of females in the eighth grade said they have had sex with two or more people in the past three months.²⁴
- In 2011, 27% of males and 29% of females in the 11th grade in Oregon said they have had sexual intercourse with one person in the past three months, while 8% of males and 6% of females in the 11th grade said they have had sex with two or more people in the past three months.²⁵

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- In 2011, 81% of males and 70% of females in the eighth grade in Oregon said they did not drink alcohol or use drugs before having sexual intercourse the last time, while 80% of males and 84% of females in the 11th grade said they did not drink alcohol or use drugs before having sexual intercourse the last time.²⁶
- In 2011, 68% of males and 63% of females in the eighth grade in Oregon said they used a condom the last time they had sexual intercourse, while 72% of males and 62% of females in the 11th grade said they used a condom the last time they had sexual intercourse.²⁷
- In 2011, 74% of males and 77% of females in the eighth grade in Oregon said they used a method of birth control to prevent pregnancy the last time they had sexual intercourse, while 87% of males and 83% of females in the 11th grade said they used a method of birth control to prevent pregnancy the last time they had sexual intercourse.²⁸

Oregon Teen Pregnancy, HIV/AIDS, and Other STD Data

Teen Pregnancy, Birth, and Abortion

- In 2008, Oregon's teen pregnancy rate ranked 31st in the United States, with a rate of 60 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 68 pregnancies per 1,000.²⁹ There were a total of 7,570 pregnancies among young women ages 15–19 in Oregon in 2008.³⁰
- In 2011, Oregon's teen birth rate ranked 35th in the United States, with a rate of 25.8 births per 1,000 young women ages 15–19, compared to the national rate of 31.3 births per 1,000.³¹ In 2011, there were a total of 3,130 live births to young women ages 15–19 reported in Oregon.³²
- In 2008, Oregon's teen abortion rate ranked 18th in the United States, with a rate of 16 abortions per 1,000 young women ages 15–19, compared to the national rate of 18 abortions per 1,000.³³

HIV and AIDS

- In 2011, the rate of diagnoses of HIV infection among adolescents ages 13–19 in Oregon was 1.5 per 100,000, compared to the national rate of 7.6 per 100,000.³⁴
- In 2011, the rate of AIDS diagnoses among adolescents ages 13–19 in Oregon was 0 per 100,000, compared to the national rate of 1.9 per 100,000.³⁵
- In 2011, the rate of diagnoses of HIV infection among young adults ages 20–24 in Oregon was 12.8 per 100,000, compared to the national rate of 36.3 per 100,000.³⁶
- In 2011, the rate of AIDS diagnoses among young adults aged 20–24 years in Oregon was 4.2 per 100,000, compared to the national rate of 10.9 per 100,000.³⁷

Sexually Transmitted Diseases

- In 2011, Oregon ranked 35th in the United States for reported cases of chlamydia among young people ages 15–19, with an infection rate of 1,671.9 cases per 100,000, compared to the national rate of 2,082.7 cases per 100,000. In 2011, there were a total of 4,261 cases of chlamydia among young people ages 15–19 reported in Oregon.³⁸

- In 2011, Oregon ranked 42nd in the United States for reported cases of gonorrhea among young people ages 15–19, with an infection rate of 89.9 cases per 100,000, compared to the national rate of 399.9 cases per 100,000. In 2011, there were a total of 229 cases of gonorrhea among young people ages 15–19 reported in Oregon.³⁹
- In 2011, Oregon ranked 37th in the United States for reported cases of primary and secondary syphilis among young people ages 15–19, with an infection rate of 1.2 cases 100,000, compared to the national rate of 3.9 cases per 100,000. In 2011, there were a total of three cases of syphilis among young people ages 15–19 reported in Oregon.⁴⁰

FEDERAL FUNDING FOR SEX EDUCATION, TEEN PREGNANCY PREVENTION, AND ABSTINENCE-ONLY PROGRAMS

President’s Teen Pregnancy Prevention Initiative

The President’s Teen Pregnancy Prevention Initiative (TPPI) funds medically accurate and age-appropriate programs to reduce teen pregnancy. The U.S. Department of Health and Human Services, Office of Adolescent Health (OAH) administers the grant program, which totaled \$105 million in discretionary funding for Fiscal Year (FY) 2012. TPPI consists of two funding tiers that provide grants to local public and private entities. Tier 1 totals \$75 million and provides funding for the replication of evidence-based programs proven to prevent unintended teen pregnancy and address underlying behavioral risk factors. Tier 2 totals \$25 million and provides funding to develop and test additional models and innovative strategies. A portion of the Tier 2 funds, \$15.2 million, was allocated for research and demonstration grants to test innovative approaches, while the remaining funding, \$9.8 million, was allocated for grants to support communitywide initiatives. OAH utilizes the remaining appropriated funds to provide program support, implementation evaluation, and technical assistance to grantees. TPPI also dedicates \$8.5 million in funding to conduct evaluations of individual programs.

TPPI Tier 1: Evidence-Based Programs

The TPPI Tier 1 grant program supports the replication of evidence-based programs proven effective through rigorous evaluation to prevent unintended teen pregnancy, underlying behavioral risk factors, or other associated risk factors.

- There are no TPPI Tier 1 grantees in Oregon.

TPPI Tier 2: Innovative Approaches

The TPPI Tier 2 grant program supports research and demonstration programs in order to develop, replicate, refine, and test additional models and innovative strategies for preventing teenage pregnancy.

- There are no TPPI Tier 2 Innovative Approaches grantees in Oregon.

TPPI Tier 2: Communitywide Initiatives

The TPPI Tier 2 grant program also supports communitywide initiatives to reduce rates of teenage pregnancy and births in communities with the highest rates.

The program awards grants to national organizations as well as state- and community-based organizations. Funded national partners provide training and technical assistance to local grantees. The Centers for Disease Control and Prevention (CDC) administers the grant program in partnership with OAH.

- There are no TPPI Tier 2 Communitywide Initiatives grantees in Oregon.

Personal Responsibility Education Program

The Personal Responsibility Education Program (PREP) totals \$75 million per year for FYs 2010–2014 and is the first-ever dedicated funding stream for more comprehensive approaches to sexuality education. The U.S. Department of Health and Human Services, Administration for Children and Families (ACF) administers the grant. PREP includes a \$55 million state-grant program; \$10 million to fund local entities through the Personal Responsibility Education Innovative Strategies (PREIS) Program; \$3.5 million for Tribal PREP, for tribes and tribal organizations; and \$6.5 million for evaluation, training, and technical assistance. Details on the state-grant program, PREIS, and Tribal PREP are included below.

PREP State-Grant Program

The PREP state-grant program supports evidence-based programs that provide young people with medically accurate and age-appropriate information for the prevention of unintended pregnancy, HIV/AIDS, and other STDs. The grant program totals \$55 million per year and allocates funding to individual states. The grant does not require states to provide matching funds. Funded programs must discuss abstinence and contraception, and place substantial emphasis on both. Programs must also address at least three of the following adulthood preparation subjects: healthy relationships, positive adolescent development, financial literacy, parent-child communication skills, education and employment skills, and healthy life skills.

- The Oregon Department of Human Services received \$597,169 in federal PREP funds for FY 2012.
- There are four sub-grantees for the Oregon PREP state-grant program: Deschutes County Health Services (\$98,493), Jackson County Public Health Department (\$93,891), Marion County Health Department (\$74,639), and Multnomah County Health Department (\$87,206).⁴¹

The Office of Family Health within the Oregon Health Authority, Public Health Division implements the PREP state-grant program in collaboration with four local county health departments. Sub-grantees provide programming in both community-based and school-based settings in Crook, Deschutes, Jackson, Jefferson, Marion, and Multnomah counties. The programs are open to all youth ages 13–18, with an emphasis on Latino youth, through implementation of *¡Cuidate!*⁴²

¡Cuidate! is an evidence-based HIV-prevention curriculum adapted from the evidence-based curriculum *Be Proud! Be Responsible!* and tailored for use with Latino youth ages 13–18. The curriculum provides information about HIV and its transmission, addresses values and beliefs related to HIV and safer sex, and includes activities aimed to increase skills and self-efficacy for condom use, negotiating abstinence, and safer sex. The intervention consists of six one-hour lessons and is designed for use with small, mixed-gender groups. It draws upon cultural beliefs, such as the importance of family and the responsibility of a man to care for his family, in order to provide messages that resonate with participants. The curriculum consists of educational games, small-group discussions, videos, learning exercises, and skill-building activities. An evaluation of the curriculum published in the *Archives of Pediatrics & Adolescent Medicine* found that it reduced the frequency of sexual intercourse, number of sexual partners, and incidence of unprotected sex, while increasing condom use, among participants.⁴³

Personal Responsibility Education Innovative Strategies (PREIS)

PREIS supports research and demonstration programs to develop, replicate, refine, and test innovative models for preventing unintended teen pregnancy.

ACF administers the grant program in collaboration with OAH and provides a total of \$10 million in funding directly to local public and private entities.

- There are no PREIS grantees in Oregon.

Tribal Personal Responsibility Education Program (Tribal PREP)

Tribal PREP supports the development and implementation of comprehensive teen pregnancy prevention programs within tribes and tribal communities. Tribal PREP programs target youth ages 10–19 who are in or are aging out of foster care, homeless youth, youth with HIV/AIDS, pregnant and/or parenting youth who are under 21 years of age, and youth who live in areas with high adolescent birth rates. Programs must address at least three of the following adulthood preparation subjects: healthy relationships, positive adolescent development, financial literacy, parent-child communication skills, education and employment skills, and healthy life skills.

- In FY 2012, 16 tribes and tribal organizations from nine states received a total of \$6.5 million.
- The Confederated Tribes of Grand Ronde received \$263,698 in Tribal PREP funds for FY 2012.

The Confederated Tribes of Grand Ronde used FY 2012 to plan their program, and no implementation took place. Funds will be used for school-based programming for seventh and eighth grade students at Willamina Middle School, targeting Native American youth. Based on a comprehensive needs assessment, the Confederated Tribes of Grand Ronde will implement *It's Your Game: Keep it Real* and cover the adulthood preparation subjects of parent-child communication, healthy relationships, and financial literacy.⁴⁴

It's Your Game: Keep it Real is an evidence-based HIV-, STD-, and pregnancy-prevention curriculum designed for seventh and eighth grade students. The curriculum consists of 24 classroom-based lessons designed to encourage participants to delay sexual initiation and to use condoms and contraception if and when they become sexually active. It incorporates group activities, computer-based sessions, role modeling, journaling, and group discussion and addresses how to set personal limits for risk behaviors, how to be aware of vulnerable situations that may challenge those limits, and how to use refusal and other skills to maintain limits. Topics addressed in seventh grade include healthy friendships, setting personal limits, human growth and development, and refusal skills, among others. Eighth grade topics include healthy dating relationships, the importance of STD and pregnancy testing, and skills for using condoms and contraceptives. An evaluation of the curriculum published in the *Journal of Adolescent Health* found, at a ninth grade follow-up, that students who were sexually inexperienced at the start of the program were significantly less likely to report having initiated sex than sexually inexperienced participants in the control group.⁴⁵

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. Organizations and institutions in states and territories that did not apply for PREP formula grants in either of the past two fiscal years were eligible to submit competitive applications for CPREP grants. Thirty-seven grants, totaling \$18.6 million, were awarded in FY 2012 to organizations in American Samoa, the Commonwealth of Northern Mariana Islands, Florida, Guam, Indiana, the Marshall Islands, North Dakota, Palau, Texas, and Virginia.

- There are no CPREP grantees in Oregon.

Title V State Abstinence Education Grant Program

The Title V abstinence-only-until-marriage program (Title V AOUM) allocates \$50 million per year to states for FYs 2010–2014. ACF administers the grant program. 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 the Title V AOUM program must promote abstinence from sexual activity as their exclusive purpose and may provide mentoring, counseling, and adult supervision toward this end. Programs must be medically accurate and age-appropriate and must ensure abstinence is an expected outcome.

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- The Oregon Department of Human Services received \$562,962 in federal Title V AOUM funding for FY 2012.
- The department provides sub-grants to 17⁴⁶ local public and private entities.⁴⁷
- In Oregon, the match is provided through in-kind services.

The Oregon Title V AOUM grant program is implemented by the Children, Adults and Families Division of the Department of Human Services. The program awards sub-grants to 17 local entities to provide in-class instruction of the *My Future—My Choice* program to sixth and seventh grade students. No particular curriculum is required for use under the Title V Abstinence-Only Program; however, the state-developed curriculum, *My Future—My Choice*, is used by the Department of Human Services.⁴⁸ (See the Comprehensive Approaches to Sexuality Education section below for more information on the *My Future—My Choice* curriculum.)

Competitive Abstinence Education (CAE) Grant

Administered by the ACF, the CAE grant program provides grants for the purpose of “abstinence education” as defined by the A–H statute in Title V of the Social Security Act, as well as for mentoring, counseling, and adult supervision aimed at the promotion of abstaining from sex outside of marriage. As currently implemented by ACF, the programs must also be medically accurate. In FY 2012, \$4.7 million was granted to nine grantees across eight states through a competitive application process.

- There is one CAE grantee in Oregon, Northwest Family Services (NWFS), which received \$412,430 in FY 2012. At the time of publication, more information on this grantee was not available.

Oregon TPPI, PREP, Title V AOUM, and CAE Funding in FY 2012

Grantee	Award	Fiscal Years
Personal Responsibility Education Program (PREP)		
<i>PREP State-Grant Program</i>		
Oregon Department of Human Services (federal grant)	\$597,169	2012
TOTAL	\$597,169	
<i>Tribal Personal Responsibility Education Program</i>		
Confederated Tribes of Grand Ronde	\$263,698	2010–2014
TOTAL	\$263,698	
Title V Abstinence-Only-Until-Marriage Program (Title V AOUM)		
Oregon Department of Human Services (federal grant)	\$562,962	2012
TOTAL	\$562,962	
Competitive Abstinence Education (CAE) Grant		
Administration for Children and Families	\$412,430	2012
TOTAL	\$412,430	
GRAND TOTAL	\$1,836,259	2012

COMPREHENSIVE APPROACHES TO SEXUALITY EDUCATION

SIECUS has identified some examples of model programs, policies, and best practices being implemented in Oregon public schools that provide a more comprehensive approach to sex education for young people.⁴⁹

Oregon Youth Sexual Health Plan

In 2008, the Oregon Department of Human Services released the *Oregon Youth Sexual Health Plan*, which serves as “a strategic action plan to address youth sexual health in a holistic manner.”⁵⁰ The plan was created by the Teen Pregnancy Prevention/Sexual Health Partnership (TPP/SHP), a statewide coalition made up of employees of the state departments of health and education, and county health departments, as well as teen pregnancy prevention, HIV/AIDS prevention, and adolescent sexual health organizations. Formed in 2005, the coalition developed the *Youth Sexual Health Plan* as a guiding framework to address young people’s “physical, emotional, mental, and social well-being in relation to sexuality.”⁵¹

The plan includes five overarching goals:

- equip youth to use accurate information and well-developed skills to make thoughtful choices about relationships and sexual health;
- eliminate sexual health inequities;
- reduce rates of unintended teen pregnancy;
- reduce rates of STDs; and
- reduce nonconsensual sexual behaviors.

As a core strategy, the plan identifies and advocates for policies that impact intersecting social issues contributing to negative sexual health outcomes among young people, including policies that “reduce poverty, discrimination, gender inequities and gender role expectations, and cultural assumptions of heterosexuality” in order to support young people in making positive choices about their sexual health.⁵²

One of the plan’s key objectives is to offer education and skill building for youth and families, which includes providing youth with comprehensive sexuality education. The plan calls for strategies to be put in place that will require youth to receive comprehensive sexuality education in school, including requiring that age-appropriate education begin in elementary school and use evidence-based, comprehensive sexual health curricula and programs throughout. According to the plan, such education “acknowledges sexuality as a natural, healthy part of being human and addresses healthy relationships, gender and sexual orientation, stereotypes, abstaining from or delaying sex, communication, decision making, pleasure, contraception, sexual protection, peer pressure, human development and community resources.”⁵³

The *Youth Sexual Health Plan* serves as a resource and reference point for communities, school districts, and state and local health departments among other stakeholders for further improving youth sexual health in Oregon. The Public Health Division of the Oregon Department of Human Services provides support and technical assistance to county health departments, school districts, and other partners throughout the state on implementing the plan.

Revised State Sex Education Policy

In May 2009, the Oregon state legislature passed House Bill 2509, which amended the state’s sex education law by further defining the type of instruction that must be provided to students.⁵⁴ While language in the previous law had stated that sex education information must promote “abstinence for school-age youth and mutually monogamous relationships as the safest way to prevent STDs and unintended pregnancy,” the revised legislation makes it clear that “abstinence must not be taught to the exclusion of other material and instruction on contraceptive and disease reduction measures.”⁵⁵

Oregon law already required human sexuality education to be comprehensive, but the revised law goes further and now requires “each school district” to provide comprehensive sexuality education “in all public elementary and secondary schools as an integral part of the health education curriculum.” In addition, the instruction must be “age-appropriate” and “medically accurate,” and must present statistics on the “health benefits,” in addition to the potential side effects, of all contraceptive methods.⁵⁶

A new section of the law also requires students to receive instruction on “Oregon laws that address young people’s rights and responsibilities related to childbearing and parenting.”⁵⁷

Additional amendments contained in the revised legislation require that instruction “enhances students’ understanding of sexuality as a normal and healthy part of human development” and “encourages family communication and involvement and helps students learn to make responsible decisions.”⁵⁸ Instruction now must also teach effective communication skills as well as refusal skills.⁵⁹

Updated State Health Education Standards

On December 3, 2009, the Oregon State Board of Education unanimously approved revisions to Oregon Administrative Rule 581-022-1440, Human Sexuality Education. The revisions further strengthen the state’s comprehensive sex education policy by aligning the state’s education standards with the updated state law. Two primary changes were made under the new revisions. First, language in the rule requiring that instruction discuss the negative impact of preadolescent and adolescent sexual intercourse was revised to state that instruction should discuss “the characteristics of the emotional, physical and psychological aspects of a healthy relationship,” as well as “the benefits of delaying pregnancy beyond the adolescent years as a means to better ensure a healthy future for parents and their children.”⁶⁰

The second key change revises the definitions of the certain terms. The previous rule defined both “gender identity” and “gender orientation” as “an individual’s actual or perceived heterosexuality, homosexuality, bisexuality or gender identity, regardless of whether the individual’s gender identity, appearance, expression or behavior differs from that traditionally associated with the individual’s sex at birth.” The revised rule more accurately uses this definition to describe the term “sexual orientation.”⁶¹

Comprehensive Sex Education Programs in Public Schools

Multnomah County Health Department

The Multnomah County Health Department works with local school districts and community-based organizations (CBOs) to implement a locally produced comprehensive sexuality education program entitled *Adolescent Health Promotion—4REAL (Relationship Education And Lifeskills) Program*. The program serves youth ages 12–17 and is adapted from the health department’s former *STARS (Students Today Aren’t Ready for Sex)* program—an abstinence-only program similar to, but distinct from, the statewide *STARS* program. (See the following Oregon Department of Human Services, Children, Adult and Families Division section for more information on the former statewide program.) Multnomah County Health Department currently partners with 56 schools and collaborates with more than 20 CBOs to implement the program, which serves approximately 12,000–14,000 youth annually.⁶²

For sixth grade students, the curriculum addresses such topics as peer pressure, myths about sex, media portrayals of sex and sexuality, setting boundaries, the impact of alcohol and drugs on decision making, and effective methods for resisting peer pressure.⁶³ The seventh grade curriculum discusses healthy relationships, potential consequences of becoming sexually active, STDs and prevention methods, internet safety, goal setting, and resisting peer pressure, among other topics.⁶⁴ In eighth grade, students discuss dating and romantic relationships, future goals and the potential impact of an early pregnancy on these goals, the experience of being a teen parent, STDs and risk-reduction methods, including condom use, and resisting peer pressure to become sexually active or engage in risky sexual behaviors.⁶⁵

High school students discuss relationships and factors that may influence relationships, including communication, conflict resolution, abuse, financial issues, and attitudes toward long-term commitment. Other topics addressed include sexual risk behaviors, making the decision to be sexually active or remain abstinent, gender identity, and maintaining healthy relationships. All lessons are implemented by trained classroom facilitators.⁶⁶

4REAL also provides community workshops for adults and youth. Parent workshops address such topics as identifying a broad understanding of human sexuality, puberty, and STDs. Youth workshop topics include truths and myths about sex and sexuality, domestic violence, healthy relationships, gang prevention, and HIV/AIDS. In addition, the program offers workshops specifically designed for teen parents and young African-American women.⁶⁷ *4REAL* also emphasizes parent-child connectedness and provides education and training to parents in order to increase their skills and confidence in talking to their children about sex.⁶⁸

Northwest Coalition for Adolescent Health

The Northwest Coalition for Adolescent Health provides evidence-based teen pregnancy prevention programming to youth in school and community-based settings across five states in the Northwest. The coalition consists of six Planned Parenthood affiliates, including Mt. Baker Planned Parenthood, Planned Parenthood of Columbia Willamette, Planned Parenthood of Greater Washington and North Idaho, Planned Parenthood of the Great Northwest, Planned Parenthood of Montana, and Planned Parenthood of Southwest Oregon.

The coalition provides programming to young people with the support of a TPPI Tier 1 grant totaling \$4,000,000 over five years. Programming targets high-risk African American, Native American, Russian, and Ukrainian youth in grades seven through twelve living in both rural and urban communities with substantially high teen birth and pregnancy rates and health disparities. The coalition will implement *Teen Outreach Program (TOP)* at 73 schools and community agencies in 27 counties across Alaska, Idaho, Montana, Oregon, and Washington. Approximately 2,000 youth will be served annually through the program.

TOP is an evidence-based youth development program that engages young people in experiential learning activities in order to “prepare for successful adulthood and avoid problem behaviors.”⁶⁹ The program is designed for youth ages 12–17 and focuses on reducing rates of school failure, school suspension, and teen pregnancy. *TOP* consists of a curriculum designed to be implemented over the course of nine months, addressing such topics as relationships, peer pressure, decision making, values clarification, goal setting, adolescent development, and sexual health.⁷⁰ It also includes a 20-hour community service component that engages participants in activities to enhance knowledge and develop skills, including self-efficacy, communication, conflict management, and self-regulation. *TOP* can be delivered as an in-school, after-school, or community-based program. An evaluation of the program published in *Child Development* found that young women who participated in *TOP* were significantly less likely to report a pregnancy during the academic year of the program than participants in the control group.⁷¹

TOP will be primarily implemented during classroom instruction, while in some communities the program will be implemented as after-school programming. Participants will meet once a week for a minimum of 25 meetings over the nine-month period of the program. The service-learning component will take place on weekday evenings and on weekends.⁷²

Oregon Department of Human Services, Children, Adult and Families Division

The Children, Adult and Families Division of the Oregon Department of Human Services provides a state-developed comprehensive sex education program to school districts and county health departments. *My Future—My Choice* is a comprehensive sexuality education curriculum designed for sixth grade students. It was developed over a three-year period by an independent contractor—a former curriculum specialist for the Oregon Department of Education—along with staff at the department of education and the state’s Teen Pregnancy Prevention/Sexual Health Partnership (TPP/SHP). The curriculum aligns with Oregon’s sex education law and state health education standards.⁷³

My Future—My Choice is adapted from the state-developed, abstinence-only curriculum, *STARS (Students Today Aren’t Ready for Sex)*, which the Department of Human Services previously implemented under the state’s former Title V abstinence-only-until-marriage program.

Based on the evidence-based curriculum *Postponing Sexual Involvement*, the Oregon *STARS* program presented a five-lesson curriculum to sixth graders led by high school students that taught students skills for abstaining from sexual activity. As a Title V abstinence-only-until-marriage-funded program, *STARS* discussed only abstinence. *My Future—My Choice* includes five additional lessons, which are adult-led and address the importance of making sexually healthy decisions. The revised curriculum is culturally sensitive and inclusive of lesbian, gay, bisexual, transgender, and questioning youth.⁷⁴

My Future—My Choice emphasizes goal setting and the importance of delaying sexual initiation while also providing additional information on anatomy, reproduction, and sexual health behavior. The first five lessons of the curriculum continue to be led by high school peer educators and discuss the advantages of postponing sexual involvement. Students gain an awareness of social pressures to engage in sex and learn assertive techniques for resisting pressure to become sexually active before they are ready. The remaining five lessons are adult-led and address sexual anatomy, including understanding the physical, social, and emotional changes that take place during adolescence and puberty; sexual health decision making, including recognizing the possible short- and long-term consequences of becoming sexually active at a young age; understanding the importance of effective communication to refuse sexual pressure; accessing appropriate resources at home, school, and in the community; recognizing healthy and unhealthy traits in a relationship; and learning methods for protecting sexual health such as abstinence, disease prevention methods, and contraceptive use. Among other activities, the curriculum includes role playing for practicing effective communication and refusal skills and a condom line-up activity in which students have to place cards in order to show the steps of correct and proper condom use.⁷⁵

The Children, Adult and Families Division first piloted *My Future—My Choice* during the 2009–2010 school year. The division contracts with county health departments, school districts, and local agencies throughout the state to implement the program in schools and currently holds 20 contracts statewide, which provide funding for curriculum materials and instructor training. Schools in approximately 25 districts across Oregon implemented the program during the 2009–2010 school year. In addition, *My Future—My Choice* was fully implemented in all three of Deschutes County’s school districts during this first year of the program.⁷⁶

WISE in Oregon

The WISE (Working to Institutionalize Sex Education) grant initiative supports efforts in nine states— California, Colorado, Georgia, Iowa, North Carolina, New York, Oregon, Washington, and West Virginia—to advance implementation of comprehensive sexuality education.⁷⁷ The WISE program in Oregon is a collaboration between the Oregon departments of Education and Human Services, local universities, county health departments, and community-based organizations to support school districts in providing quality sex education to youth in compliance with Oregon’s sex education law. WISE in Oregon provides grants of between \$3,500 and \$7,500 to eight school districts, including Clatskanie, Sheridan, St. Helens, Tigard/Tualatin, Willamina, and Woodburn. Funding supports training for school board members, administrators, and school staff on how to implement appropriate comprehensive sex education curricula in schools, including lessons on evaluating and revising school standards and assessment, mapping and aligning sex education curricula to district curriculum requirements, and assessing appropriate curricula using the Health Education Curriculum Analysis Tool (HECAT) developed by the CDC. Funding also supports developing School Health Advisory Councils and hosting community forums to inform parents, students, and other community members about sexuality education and sex education resources provided in public schools. In addition, WISE in Oregon includes a strong evaluation component to assess school districts’ progress.⁷⁸

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

O R E G O N

Visit SIECUS' "Contact Us" page (under the "About Us" section) at www.siecus.org to share information. Select "state policy" as the subject heading.

POINTS OF CONTACT

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ORGANIZATIONS THAT SUPPORT COMPREHENSIVE SEXUALITY EDUCATION

ACLU of Oregon, Portland Office
Portland, OR
Phone: (503) 227-3186
www.aclu-or.org

AIDS Education Council of Eastern Oregon
La Grande, OR
Phone: (541) 962-7048
www.eoni.com/~eastlg

Basic Rights Oregon
Portland, OR
Phone: (503) 222-6151
www.basicrights.org

Planned Parenthood of Columbia Willamette
Portland, OR
Phone: (503) 775-4931
www.plannedparenthood.org/ppcw

Equity Foundation
Portland, OR
Phone: (503) 231-5759
www.equityfoundation.org

Planned Parenthood Health Services of
Southwestern Oregon
Eugene, OR
Phone: (541) 342-6042
www.pphsso.org

ORGANIZATIONS THAT OPPOSE COMPREHENSIVE SEXUALITY EDUCATION

Oregon Right to Life
Salem, OR
Phone: (503) 463-8563
www.ortl.org

Stronger Families
Bellevue, WA
Phone: (425) 679-5671
www.strongerfamilies.org

MEDIA OUTLETS

Newspapers in Oregon⁸⁰

The Oregonian
Portland, OR
Phone: (503) 221-8100
www.oregonlive.com/oregonian

Statesman Journal
Salem, OR
Phone: (503) 399-6611
www.statesmanjournal.com

The Register-Guard
Eugene, OR
Phone: (541) 485-1234
www.registerguard.com

The Portland Observer
Portland, Oregon
Phone: (503) 288-0033
www.portlandobserver.com

Political Blogs in Oregon

Blue Oregon
www.blueoregon.com

T.A. Barnhart: A Progressive Voice from
the Pacific Northwest
www.tabarnhart.net

Progressive Party Oregon
www.progparty.org

¹ 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 2012 began on October 1, 2011, and ended on September 30, 2012. Funding amounts listed reflect the most recent funding levels known at the time of publication.

² Ore. Rev. Stat. § 336.455(1), <http://www.oregonlaws.org/ors/336.455>.

³ Ore. Admin. Rules § 581-022-1440(2), http://arcweb.sos.state.or.us/pages/rules/oars_500/oar_581/581_022.html.

⁴ Ore. Admin. Rules § 581-022-1440(3) and (4), http://arcweb.sos.state.or.us/pages/rules/oars_500/oar_581/581_022.html.

⁵ Ore. Admin. Rules § 581-022-1440(6) and (8), http://arcweb.sos.state.or.us/pages/rules/oars_500/oar_581/581_022.html.

⁶ Ore. Admin. Rules §§ 581-022-1440(2) and (6)(c), http://arcweb.sos.state.or.us/pages/rules/oars_500/oar_581/581_022.html.

⁷ Ore. Admin. Rules § 581-022-1440(6)(b), http://arcweb.sos.state.or.us/pages/rules/oars_500/oar_581/581_022.html.

⁸ Ore. Admin. Rules § 581-022-1440(6)(a) and (e), http://arcweb.sos.state.or.us/pages/rules/oars_500/oar_581/581_022.html.

⁹ Ore. Admin. Rules § 581-022-1440(6)(h), http://arcweb.sos.state.or.us/pages/rules/oars_500/oar_581/581_022.html.

¹⁰ Ore. Admin. Rules § 581-022-1440(6)(d), http://arcweb.sos.state.or.us/pages/rules/oars_500/oar_581/581_022.html.

¹¹ Ore. Admin. Rules § 581-022-1440(1)(f) and (j) and (6)(q) and (s), http://arcweb.sos.state.or.us/pages/rules/oars_500/oar_581/581_022.html.

¹² Ore. Admin. Rules § 581-022-1440(2), http://arcweb.sos.state.or.us/pages/rules/oars_500/oar_581/581_022.html.

¹³ Ore. Admin. Rules § 581-022-1440(6)(p), http://arcweb.sos.state.or.us/pages/rules/oars_500/oar_581/581_022.html.

¹⁴ Ore. Admin. Rules § 581-022-1440(6)(l), http://arcweb.sos.state.or.us/pages/rules/oars_500/oar_581/581_022.html.

¹⁵ Ore. Rev. Stat. § 336.455(1)(j), <http://www.oregonlaws.org/ors/336.455>; and Ore. Admin. Rules § 581-022-1440(7)(a), http://arcweb.sos.state.or.us/pages/rules/oars_500/oar_581/581_022.html.

¹⁶ Ore. Rev. Stat. § 336.455(2)(i) and (3), <http://www.oregonlaws.org/ors/336.455>.

¹⁷ Ore. Rev. Stat. § 336.035(3), <http://www.oregonlaws.org/ors/336.035>.

¹⁸ Ore. Rev. Stat. § 336.465(1)(b), <http://www.oregonlaws.org/ors/336.465>.

¹⁹ “Oregon Healthy Teens Survey,” Oregon State Public Health Division, 2010/2011 School Year Survey (Grades 8 and 11), Grade 8: question 78, Grade 11: question 80, accessed March 11, 2013, <https://public.health.oregon.gov/BirthDeathCertificates/Surveys/OregonHealthyTeens/results/2011/Pages/index.aspx>.

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- ²⁰ Ibid., Grade 8: question 80.
- ²¹ Ibid.
- ²² “Oregon Healthy Teens Survey,” Oregon State Public Health Division, 2010/2011 School Year Survey (Grades 8 and 11), Grade 11: question 82, accessed March 11, 2013, <https://public.health.oregon.gov/BirthDeathCertificates/Surveys/OregonHealthyTeens/results/2011/Pages/index.aspx>.
- ²³ Ibid.
- ²⁴ “Oregon Healthy Teens Survey,” Oregon State Public Health Division, 2010/2011 School Year Survey (Grades 8 and 11), Grade 8: question 81, accessed March 11, 2013, <https://public.health.oregon.gov/BirthDeathCertificates/Surveys/OregonHealthyTeens/results/2011/Pages/index.aspx>.
- ²⁵ Ibid., Grade 11: question 85.
- ²⁶ “Oregon Healthy Teens Survey,” Oregon State Public Health Division, 2010/2011 School Year Survey (Grades 8 and 11), Grade 8: question 82.x, Grade 11: question 86.x, accessed March 11, 2013, <https://public.health.oregon.gov/BirthDeathCertificates/Surveys/OregonHealthyTeens/results/2011/Pages/index.aspx>.
- ²⁷ Ibid., Grade 8: question 83.x, Grade 11: question 87.x.
- ²⁸ Ibid., Grade 8: question 84.x, Grade 11: question 88.x.
- ²⁹ Kost, K. and Henshaw, S., *U.S. Teenage Pregnancies, Births, and Abortions, 2008: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2013), accessed May 29, 2013, <http://www.guttmacher.org/pubs/USTPTrendsState08.pdf>. Table 1.1.
- ³⁰ Ibid., Table 1.2.
- ³¹ Hamilton, B.E., Mathews, T.J., and Ventura, S.J., *Declines in State Teen Birth Rates by Race and Hispanic Origin*. NCHS Data Brief, No. 123 (Maryland: National Center for Health Statistics, 2013), accessed May 29, 2013, http://www.cdc.gov/nchs/data/databriefs/db123_table.pdf, Data table for figures 2–5.
- ³² Hamilton, B.E., Mathews, T.J., and Ventura, S.J., *Births: Preliminary Data for 2011*. National Vital Statistics Reports, 61:5 (Maryland: National Center for Health Statistics, 2012), accessed May 29, 2013, http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_05_tables.pdf. Data table for figures 1–5.
- ³³ Kost, K. and Henshaw, S., *U.S. Teenage Pregnancies, Births, and Abortions, 2008: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2013), accessed May 29, 2013, <http://www.guttmacher.org/pubs/USTPTrendsState08.pdf>. Table 1.1.
- ³⁴ Slide 9: “Rates of Diagnosis of HIV Infection among Adolescents Aged 13–19 Years, 2011—United States and 6 Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), accessed May 30, 2013, <http://bit.ly/1mYVJHs>.
- ³⁵ Slide 18: “Rates of Stage 3 (AIDS) Classifications among Adolescents Aged 13–19 Years with HIV Infection, 2011—United States and 6 Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), accessed May 30, 2013, <http://bit.ly/1mYVJHs>.
- ³⁶ Slide 10: “Rates of Diagnoses of HIV Infection among Young Adults Aged 20–24 Years, 2011—United States and 6 Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), accessed May 30, 2013, <http://bit.ly/1mYVJHs>.
- ³⁷ Slide 19: “Rates of Stage 3 (AIDS) Classifications among Adolescents Aged 20–24 Years with HIV Infection, 2011—United States and 6 Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), accessed May 30, 2013, <http://bit.ly/1mYVJHs>.
- ³⁸ NCHHSTP Atlas, “STD Surveillance Data” (Atlanta, GA: Centers for Disease Control and Prevention), accessed June 10, 2013, <http://gis.cdc.gov/GRASP/NCHHSTPAtlas/main.html>.
- ³⁹ Ibid.
- ⁴⁰ Ibid.
- ⁴¹ Information provided by Jessica Duke, adolescent sexual health program coordinator, Oregon Public Health Division, Office of Family Health, June 27, 2013.
- ⁴² Ibid.
- ⁴³ “Cuidate!” Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed February 11, 2014, <http://recapp.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=577>; see also *Science and Success: Sex Education and Other Programs That Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections, Second Edition* (Washington, DC: Advocates for Youth, 2008), accessed February 11, 2014, <http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf>, 76–79.
- ⁴⁴ Information provided by Lisa Leno, Tribal Youth Prevention Supervisor, Confederated Tribes of Grand Ronde, December 10, 2013.
- ⁴⁵ “It’s Your Game: Keep it Real,” Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed February 11, 2014, <http://recapp.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=574>.
- ⁴⁶ Specific information on sub-grantees and award amounts were unavailable at the time of publication.
- ⁴⁷ Information provided by Sandra Harms, youth services programs manager, Oregon Department of Human Services, August 29, 2013.

⁴⁸ Ibid.

⁴⁹ This is by no means a complete list of all comprehensive programming and policies related to sexuality education, but rather some examples of best practices and model programs that SIECUS identified.

⁵⁰ Oregon Youth Sexual Health Plan, (Salem, OR: Oregon Department of Human Services, 2008), accessed April 19, 2010, <http://www.oregon.gov/DHS/children/teens/tpp/yhsp-021109.pdf>, 8.

⁵¹ Ibid.

⁵² Ibid.

⁵³ Ibid., 19.

⁵⁴ See SIECUS' June 2009 Policy update, "[New Sex Ed Laws Pass in Oregon and North Carolina.](#)"

⁵⁵ Ore. Rev. Stat. § 336.455(1)(c).

⁵⁶ Enrolled House Bill 2509 (HB 2509-A), *An Act Relating to health education; creating new provisions; amending ORS 336.455; and declaring an emergency*, accessed December 14, 2009, <http://www.oregon.gov/dhs/children/teens/future/docs/hb2509.pdf>.

⁵⁷ Ibid.

⁵⁸ Ore. Rev. Stat. § 336.455(1)(k); Ore. Rev. Stat. § 336.455(1)(j).

⁵⁹ Ore. Rev. Stat. § 336.455(1)(j).

⁶⁰ See Ore. Admin. Rules 581-022-1440, http://arcweb.sos.state.or.us/pages/rules/oars_500/oar_581/581_022.html; and SIECUS policy update, *Revisions Passed to Oregon Administrative Rule Further Strengthens the State's Comprehensive Sex Education Policy*, December 2009, <http://www.siecus.org/index.cfm?fuseaction=Feature.showFeature&featureID=1843>.

⁶¹ Ibid.

⁶² Information provided by Kathy Norman, manager of the 4REAL Program, Adolescent Health Promotion, Multnomah County Health Department, May 14, 2010.

⁶³ "4REAL 6th Grade," topics table, provided by Kathy Norman, manager of the 4REAL Program, May 14, 2010.

⁶⁴ "4REAL 7th Grade," topics table, provided by Kathy Norman, manager of the 4REAL Program, May 14, 2010.

⁶⁵ "4REAL 8th Grade," topics table, provided by Kathy Norman, manager of the 4REAL Program, May 14, 2010.

⁶⁶ "4REAL High School Sessions," provided by Kathy Norman, manager of the 4REAL Program, May 14, 2010.

⁶⁷ "Community Workshops," 4REAL Community Services, Multnomah County Health Department, provided by Kathy Norman, manager of the 4REAL Program, May 14, 2010.

⁶⁸ Information provided by Kathy Norman, May 14, 2010.

⁶⁹ Saras Chung and Annie Philipps, *Promoting Mental Health and Well-being in Adolescents: Recommendations for Wyman's Teen Outreach Program* (Eureka, MO: Wyman Teen Outreach Program, 2010), accessed February 11, 2014, <http://bit.ly/1eOCf7L>, 3.

⁷⁰ Ibid, 9.

⁷¹ "Pregnancy Prevention Intervention Implementation Report: Teen Outreach Program," Programs for Replication—Intervention Implementation Reports, U.S. Department of Health and Human Services, accessed February 11, 2014, <http://bit.ly/1feiyB3>.

⁷² Information provided by Willa Marth, director of education and organizational effectiveness for Planned Parenthood of the Great Northwest, June 21, 2011.

⁷³ Phone conversation between Morgan Marshall and Sandra Harms, *My Future—My Choice* program lead for the Children, Adults and Families Division of the Oregon Department of Human Services, April 22, 2010.

⁷⁴ Ibid.

⁷⁵ Ibid.; *My Future—My Choice* Curriculum Outline, provided by Sandra Harms, *My Future—My Choice* program lead for the Children, Adults and Families Division of the Oregon Department of Human Services.

⁷⁶ Phone conversation between Morgan Marshall and Sandra Harms, April 22, 2010.

⁷⁷ "WISE Home," Working to Institutionalize Sex Education (WISE) Tool Kit, The Grove Foundation, accessed October 3, 2013, <http://wisetoolkit.com>.

⁷⁸ "Wise April Newsletter" (Salem, OR: Oregon Department of Education, April 2010), accessed April 27, 2010, <http://www.ode.state.or.us/news/Announcements/announcement.aspx?=5685>.

⁷⁹ The person listed represents the designated personnel in the state responsible for adolescent reproductive health.

⁸⁰ This section is a list of major newspapers in the state and is by no means exhaustive of local print outlets.