



SIECUS

State Profile

OREGON

In Fiscal Year 2013,¹ the state of Oregon received:

- **Division of Adolescent and School Health funds totaling \$15,000**
- **Personal Responsibility Education Program funds totaling \$562,744**
- **Title V State Abstinence Education Program funds totaling \$557,825**

In Fiscal Year 2013, local entities in Oregon received:

- **Pregnancy Assistance Fund dollars totaling \$1,000,382**
- **Tribal Personal Responsibility Education Program funds totaling \$137,560**
- **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 school.² Students in grades 6–8 must receive instruction at least once annually, while students in grades 9–12 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 plans 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 plans 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 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>.

2013 STATE LEGISLATIVE SESSION ACTIVITY

SI ECUS is not aware of any proposed legislation regarding sexuality education in Oregon.

YOUTH SEXUAL HEALTH DATA

SI ECUS 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 2013, 10.7% of students in grade 8 and 45.2% of students in grade 11 in Oregon said they have had sexual intercourse.¹⁹
- In 2013, 8% of students in grade 8 and 5.7% of students in grade 11 in Oregon reported having had sexual intercourse before age 13.²⁰
- In 2013, 4.2% of students in grade 8 and 26.2% of students in grade 11 in Oregon said they have had sexual intercourse with one person in the past three months, while 1.8% of students in the grade 8 and 5.5% of students in grade 11 said they have had sex with two or more people in the past three months.²¹

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

Teen Pregnancy, Birth, and Abortion

- In 2010, Oregon’s teen pregnancy rate ranked 37th in the United States, with a rate of 47 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 57 per 1,000.²² There were a total of 5,800 pregnancies among young women ages 15–19 in Oregon in 2010.²³
- In 2012, Oregon’s teen birth rate ranked 36th in the United States, with a rate of 23.8 births per 1,000 young women ages 15–19, compared to the national rate of 29.4 per 1,000.²⁴ In 2012, there were a total of 2,851 live births to young women ages 15–19 reported in Oregon.²⁵

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- In 2010, Oregon's teen abortion rate ranked 23rd in the United States, with a rate of 12 abortions per 1,000 young women ages 15–19, compared to the national rate of 15 per 1,000.²⁶ There were a total of 1,450 abortions among young women ages 15–19 reported in Oregon in 2010.²⁷

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 100,000.²⁸
- In 2011, the rate of AIDS diagnoses among adolescents ages 13–19 in Oregon was zero per 100,000, compared to the national rate of 1.9 per 100,000.²⁹
- 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 100,000.³⁰
- 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 100,000.³¹

Sexually Transmitted Diseases

- In 2012, Oregon ranked 37th in the United States for reported cases of chlamydia among young people ages 15–19, with an infection rate of 1,641.5 cases per 100,000, compared to the national rate of 2,001.7 per 100,000. In 2012, there were a total of 4,099 cases of chlamydia among young people ages 15–19 reported in Oregon.³²
- In 2012, Oregon ranked 43rd in the United States for reported cases of gonorrhea among young people ages 15–19, with an infection rate of 75.7 cases per 100,000, compared to the national rate of 376.8 per 100,000. In 2012, there were a total of 189 cases of gonorrhea among young people ages 15–19 reported in Oregon.³³
- In 2012, Oregon ranked 38th in the United States for reported cases of primary and secondary syphilis among young people ages 15–19, with an infection rate of 0.8 cases per 100,000, compared to the national rate of 4.1 per 100,000. In 2012, there were a total of two cases of syphilis among young people ages 15–19 reported in Oregon.³⁴

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 FY 2013. 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 and minimize 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.

Division of Adolescent and School Health

The Division of Adolescent and School Health (DASH), within the Centers for Disease Control and Prevention (CDC), provides funding to 17 state and 19 local education agencies to help districts and schools strengthen student health through exemplary sexual health education (ESHE) that emphasizes HIV and other STD prevention, increased access to key sexual health services (SHS), and establishing safe and supportive environments (SSE) for students and staff. In addition, DASH funds nine national non-governmental organizations (NGOs) to help state and 19 local education agencies achieve these goals.

- There were no DASH grantees in Oregon funded to strengthen student health through ESHE, SHS, and SSE in FY 2013.

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

- There were no DASH grantees in Oregon funded to deliver YMSM programming in FY 2013.

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

- There was one DASH grantee in Oregon funded to collect and report YRBS and School Health Profiles data in FY 2013, the Oregon Health Authority (\$15,000).

Pregnancy Assistance Fund

The Pregnancy Assistance Fund (PAF), administered by OAH, provides expecting and parenting teens, women, fathers, and their families with a network of support services. Established in FY 2010 through a 10-year authorization (FY 2010–FY 2019) in the Affordable Care Act (ACA), PAF is a \$25 million competitive grant program for state and tribal entities. PAF grants support programs that include at least one of the following four components: 1) support for expectant and parenting student services at institutions of higher education; 2) support for expectant and parenting teens, women, fathers, and their families at high schools and community centers; 3) improved services for pregnant women who are victims of domestic violence, sexual violence, sexual assault, and stalking; and 4) increased public awareness and education services for expectant and parenting teens, women, fathers, and their families. Now in the second round of awards, PAF supports 17 entities in 14 states and three tribal entities, most of which focus their efforts on serving teen parents.

- There is one Pregnancy Assistance Fund grantee in Oregon, the Oregon Department of Justice which received \$1,000,382 for FY 2013.

Oregon Department of Justice, \$1,000,382 (FY 2013)

The Oregon Department of Justice uses PAF to implement the Oregon Safer Futures project, which aims to improve pregnant and newly parenting women's safety and well-being by increasing access to intimate partner violence (IPV) advocacy services within child welfare and health care systems. Oregon Safer Futures funds non-profit victim advocacy organizations to place advocates on-site at Child Welfare branch offices, local Public Health departments and in other health care settings. Each site's three main strategies include 1) advocacy intervention, accompaniment, and supportive services provided by the on-site advocate; 2) case consultation and provider training and technical assistance; 3) capacity building efforts designed to sustain the project beyond the grant funding. The Oregon Department of Justice and its partners also work to train Child Welfare staff and health care professionals to better recognize IPV and to improve their assessment and response to IPV. Oregon Safer Futures' state and national partners include David Mandel & Associates LLC, Futures Without Violence, Oregon Coalition Against Domestic and Sexual Violence, Oregon Department of Human Services, Oregon Health Authority, Portland State University—Child Welfare Partnership, and Portland State University—Regional Research Institute.³⁵

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, \$3.1 million for Tribal PREP, for tribes and tribal organizations, with remaining funds for evaluation, training, and technical assistance. In addition, provisions within the statute for PREP enable a competitive application process for community- and faith-based organizations within states and territories that do not directly seek PREP funding by the third year of the program; these competitive PREP (CPREP) grants were awarded to organizations in five states and three territories in FY 2013. Details on the state grant program, PREIS, Tribal PREP, and CPREP 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 \$562,744 in federal PREP funds for FY 2013.
- 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).³⁶

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- and school-based settings in Crook, Deschutes, Jackson, Jefferson, Marion, and Multnomah counties. The programs are open to all young people ages 13–18, with an emphasis on Latino youth, through implementation of *Cuidate!*³⁷

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 young people 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 2013, 16 tribes and tribal organizations from nine states received a total of \$3.1 million.
- There is one Tribal PREP grantee in Oregon for FY 2013, the Confederated Tribes of Grand Ronde which received \$137,560.³⁸

The Confederated Tribes of Grand Ronde uses their Tribal PREP funds 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 implement *It's Your Game: Keep it Real* and cover the adulthood preparation subjects of parent-child communication, healthy relationships, and financial literacy.³⁹

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 2013 to organizations in American Samoa, the Commonwealth of Northern Mariana Islands, Florida, Guam, Indiana, North Dakota, Texas, and Virginia.

- There are no CPREP grantees in Oregon.

Title V State Abstinence Education Grant Program

The Title V abstinence-only-until-marriage (Title V AOUM) program, administered by ACF, allocates \$50 million per year to states for FYs 2010–2014. The Title V AOUM program requires states to provide three state-raised dollars or the equivalent in services for every four federal dollars received. The state match may be provided in part or in full by local groups. All programs funded by Title V AOUM must promote abstinence from sexual activity as their exclusive purpose and may provide mentoring, counseling, and adult supervision toward this end. Programs must be medically accurate and age-appropriate and must ensure abstinence is an expected outcome.

- The Oregon Department of Human Services received \$557,825 in federal Title V AOUM funding for FY 2013.
- The department provides sub-grants to 17⁴⁰ local public and private entities.⁴¹
- 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.⁴²

Competitive Abstinence Education Grant Program

Administered by the ACF, the Competitive Abstinence Education (CAE) grant program provides grants for “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 that promotes abstinence outside of marriage. As currently implemented by ACF, the programs must also be medically accurate. In FY 2013, \$4.3 million was granted through a competitive application process to 10 grantees across nine states, in addition to the nine grantees implementing the second year of their CAE awards in some overlapping and additional states, for a total of 19 CAE grantees in 14 states.

- There is one CAE grantee in Oregon, Northwest Family Services (NWFS), which received \$412,430 in FY 2013. At the time of publication, more information on this grantee was not available.

Oregon TPPI, DASH, PAF, PREP, Title V AOUM, and CAE Funding in FY 2013

Grantee	Award	Fiscal Years
Division of Adolescent and School Health (DASH)		
Oregon Health Authority	\$15,000	2013–2017
TOTAL	\$15,000	
Pregnancy Assistance Fund (PAF)		
Oregon Department of Justice	\$1,000,382	2013
TOTAL	\$1,000,382	
Personal Responsibility Education Program (PREP)		
<i>PREP State-Grant Program</i>		
Oregon Department of Human Services (federal grant)	\$562,744	2013
TOTAL	\$562,744	

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Grantee	Award	Fiscal Years
<i>Tribal Personal Responsibility Education Program</i>		
Confederated Tribes of Grand Ronde	\$137,560	2010–2014
TOTAL	\$137,560	
Title V Abstinence-Only-Until-Marriage Program (Title V AOUM)		
Oregon Department of Human Services (federal grant)	\$557,825	2013
TOTAL	\$557,825	
Competitive Abstinence Education (CAE) Grant		
Northwest Family Services	\$412,430	2013
TOTAL	\$412,430	
GRAND TOTAL		
	\$2,685,941	2013

POINTS OF CONTACT

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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, 2012/2013 School Year Survey (Grades 8 and 11), Table 86, accessed August 26, 2014,

<https://public.health.oregon.gov/BirthDeathCertificates/Surveys/OregonHealthyTeens/results/Pages/Results2013.aspx>.

²⁰ Ibid, Table 87.

²¹ Ibid, Table 89.

²² Kost, K., and S. Henshaw, *U.S. Teenage Pregnancies, Births, and Abortions, 2010: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2014), accessed July 8, 2014, <http://www.guttmacher.org/pubs/USTPtrends10.pdf>, Table 3.1.

²³ Ibid., Table 3.2.

²⁴ Martin, J.A., et al., *Births: Final Data for 2012*. National Vital Statistics Reports Vol. 62 No. 9. (December 30, 2013), accessed July 30, 2014, http://www.cdc.gov/nchs/data/nvsr/nvsr62/nvsr62_09.pdf. Table 12.

²⁵ Centers for Disease Control and Prevention, VitalStats Interactive Data Tables, Hyattsville, MD: National Center for Health Statistics, <http://www.cdc.gov/nchs/vitalstats.htm>.

²⁶ Kost, K., and S. Henshaw, *U.S. Teenage Pregnancies, Births, and Abortions, 2010: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2014), accessed July 8, 2014, <http://www.guttmacher.org/pubs/USTPtrends10.pdf>, Table 3.1.

²⁷ Ibid., Table 3.2.

²⁸ 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>.

²⁹ 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>.

³⁰ 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>.

³¹ 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>.

³² 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>.

³³ Ibid.

³⁴ Ibid.

³⁵ “Oregon Department of Justice (OR) - Pregnancy Assistance Fund,” Office of Adolescent Health, U.S. Department of Health and Human Services, accessed September 23, 2014, <http://www.hhs.gov/ash/oah/grants/grantees/paf-or.html>.

³⁶ Information provided by Jessica Duke, adolescent and school health programs manager, Office of Family Health, Oregon Public Health Division, June 5, 2014.

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³⁷ Ibid.

³⁸ Information provided is from FY 2012, by Lisa Leno, tribal youth prevention supervisor, Confederated Tribes of Grand Ronde, December 10, 2013.

³⁹ Ibid.

⁴⁰ Specific information on sub-grantees was not available at the time of publication.

⁴¹ The state declined to provide SIECUS with any information for FY 2013. Information provided is from FY 2012 by Sandra Harms, youth services programs manager, Oregon Department of Human Services, August 29, 2013.

⁴² Ibid.

⁴³ The person listed represents the designated personnel in the state responsible for adolescent reproductive health.