



OREGON

Oregon 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. 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.¹ Oregon does not suggest or recommend a curriculum; however, state law does provide 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.²

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;³
- is balanced, medically accurate, and age-appropriate;⁴
- allays fears concerning HIV that are scientifically groundless;⁵
- communicates how responsible sexual behavior reduces the risk for STDs, HIV, and pregnancy;⁶
- provides the latest medical information regarding the success and failure rates of all forms of contraception;⁷
- 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;⁸
- uses culturally and gender-sensitive materials, language, and strategies that recognize different sexual orientations and gender roles;⁹
- enhances students’ understanding of sexuality as a normal and healthy part of human development;¹⁰
- 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;¹¹
- encourages family communication and involvement and helps students learn to make responsible decisions; and¹²
- teaches effective communication and refusal skills, as well as the development of self-esteem.¹³

All courses regarding STDs, “including recognition of causes, sources and symptoms, and the availability of diagnostic and treatment centers, may be offered to the adults in the community.”¹⁴ In addition, teachers may not “be subject to discipline or removal for teaching or refusing to teach courses concerning” STDs.¹⁵ Sexuality education courses also “must be presented in a manner sensitive to the

fact that there are students who have experienced sexual abuse” and that does not devalue or ignore students who have engaged in sexual intercourse.¹⁶

Parents or guardians may remove their children from sexuality education and/or STD/HIV education classes.¹⁷ 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

Bill Revises State Sex Education Requirements

House Bill 2509, which was introduced in March 2009, required all public elementary and secondary schools to provide “age-appropriate human sexuality education” as an “integral part of the health education curriculum.” The bill amended state law to include additional requirements under the sex education statute, such as, requiring “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 bill requires instruction to be “age-appropriate” and “medically accurate,” and to present statistics on the “health benefits,” in addition to the potential side effects, of all contraceptive methods. The bill passed the state legislature 20–9 and was signed into law by Governor Ted Kulongoski in May 2009. The new policy went into effect for the 2009–2010 school year.

Oregon’s Youth: Statistical Information of Note

Oregon did not participate in the 2009 Youth Risk Behavioral Surveillance Survey.

Oregon Youth Sexual Health Statistics

Teen Pregnancy, Birth, and Abortion

- Oregon’s teen pregnancy rate ranks 36th in the U.S., with a rate of 57 pregnancies per 1,000 young women ages 15–19 compared to the national rate of 70 pregnancies per 1,000.¹⁸ There were a total of 6,930 pregnancies among young women ages 15–19 reported in 2005, the most recent year for which data are available, in Oregon.¹⁹
- Oregon’s teen birth rate ranked 35th in the U.S. in 2005, with a rate of 33 births per 1,000 young women ages 15–19 compared to the national rate of 40.5 births per 1,000.²⁰ In 2005, there were a total of 4,001 live births reported to young women ages 15–19 in Oregon.²¹
- In 2006, the U.S. teen birth rate increased for the first time in 15 years by 3% from 40.5 to 41.9 births per 1,000 young women ages 15–19, after having steadily declined between 1991 and 2005.²² In contrast, Oregon’s teen birth rate increased 8% between 2005 and 2006, from 33 to 35.7 births per 1,000 young women ages 15–19.²³
- Oregon’s teen abortion rate ranks 15th in the U.S., with a rate of 16 abortions per 1,000 young women ages 15–19 compared to the national rate of 19 abortions per 1,000. In 2005, there were a total of 1,998 abortions reported among young women ages 15–19 in Oregon.²⁴

HIV and AIDS

- Oregon ranks 32nd in cases of HIV infection diagnosed in the U.S. among all age groups. In 2007, there were a total of 134 new cases of HIV infection diagnosed in Oregon.²⁵

- Oregon’s AIDS rate ranks 29th in the U.S., with a rate of 6.4 cases per 100,000 population compared to the national rate of 12.5 cases per 100,000.²⁶
- Oregon ranks 30th in number of reported AIDS cases in the U.S. among all age groups. In 2007, there were a total of 239 new AIDS cases reported in Oregon.²⁷
- Oregon ranks 22nd in number of reported AIDS cases in the U.S. among young people ages 13–19. In 2007, there were a total of 4 AIDS cases reported among young people ages 13–19 in Oregon.²⁸

Sexually Transmitted Diseases

- Oregon ranks 41st in reported cases of Chlamydia among young people ages 15–19 in the U.S., with an infection rate of 13.47 cases per 1,000 compared to the national rate of 19.51 cases per 1,000. In 2008, there were a total of 3,351 cases of Chlamydia reported among young people ages 15–19 in Oregon.²⁹
- Oregon ranks 43rd in reported cases of gonorrhea among young people ages 15–19 in the U.S., with an infection rate of 0.95 cases per 1,000 compared to the national rate of 4.52 cases per 1,000. In 2008, there were a total of 237 cases of gonorrhea reported among young people ages 15–19 in Oregon.³⁰
- There are no available statewide data on the rate of syphilis among young people.

Comprehensive Approaches to Sex 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.*³¹

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.”³² 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.”³³

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 sexually transmitted infections; and
- reduce non-consensual 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.³⁴

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."³⁵

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.³⁶ 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."³⁷

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.³⁸ 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."³⁹

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."⁴⁰ Instruction now must also teach effective communication skills as well as refusal skills.⁴¹

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 pre-adolescent 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."⁴²

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."⁴³

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 administer a locally produced comprehensive sexuality education program titled, *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 section, “Oregon Department of Human Services, Children, Adult and Families Division” 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 administer the program which serves approximately 12,000–14,000 youth annually.⁴⁴

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.⁴⁵ 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.⁴⁶ 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.⁴⁷ 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 administered by trained classroom facilitators.⁴⁸

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-America women.⁴⁹ 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.⁵⁰

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.⁵¹

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 administered 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.⁵²

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 both sexual anatomy, including understanding the physical, social, and emotional changes that take place during adolescence and puberty, and 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.⁵³

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 administer 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.⁵⁴

WISE in Oregon

The WISE (Working to Institutionalize Sex Education) grant initiative supports efforts in seven states, including California, Colorado, Georgia, Iowa, New York, Oregon, and Washington to advance implementation of comprehensive sexuality education.⁵⁵ The WISE in Oregon program is a collaboration of 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.⁵⁶

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 SIECUS State Profiles. Please visit SIECUS’ “Contact Us” webpage at www.siecus.org to share information. Select “state policy” as the subject heading.

Federal Funding for Abstinence-Only-Until-Marriage Programs

The Department of Human Services and community-based organizations in Oregon received \$2,217,211 in federal funds for abstinence-only-until-marriage programs in Fiscal Year 2009.⁵⁷

Title V Abstinence-Only-Until Marriage Funding

- Oregon received \$365,771 in federal Title V abstinence-only-until-marriage funding in Fiscal Year 2009. Due to the expiration of the grant program on June 30, 2009, three months prior to the end of the federal fiscal year, the state received three quarters of the total funding allocated for the full fiscal year.
- The Title V abstinence-only-until marriage grant required states to provide three state-raised dollars or the equivalent in services for every four federal dollars received. The state match could have been provided in part or in full by local groups.
- The Oregon Department of Human Services does not distribute federal Title V abstinence-only-until-marriage funds to sub-grantees; rather, it provides the statewide *STARS* abstinence-only-until-marriage program to middle school students.

Community-Based Abstinence Education (CBAE) Funding

- There is one CBAE grantee in Oregon, Northwest Family Services, which received \$600,000 in CBAE funding for Fiscal Year 2009.

Adolescent Family Life Act (AFLA) Funding

- Public and private entities in Oregon received \$1,251,440 in AFLA funding for Fiscal Year 2009.
- There are two AFLA grantees in Oregon, including one community-based organization and one local health department.

Abstinence-Only-Until-Marriage Curricula Used by Grantees

Some abstinence-only-until-marriage grantees in Oregon use commercially available curricula. These include, but are not limited to:

- *FACTS: Family Accountability Communicating Teen Sexuality*
- *STARS (Students Today Aren't Ready for Sex)*

To read reviews of abstinence-only-until-marriage curricula commonly used by federal grantees please visit the "Curricula and Speaker Reviews" webpage of SIECUS' Community Action Kit at www.communityactionkit.org.

Federal Funding for Abstinence-Only-Until-Marriage Programs in FY 2009⁵⁸

Abstinence-Only-Until-Marriage Grantee	Title V	CBAE (Length of Grant)	AFLA (Length of Grant)
Oregon Department of Human Services www.oregon.gov/DHS	\$365,771 (federal grant)		

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Abstinence-Only-Until-Marriage Grantee	Title V	CBAE (Length of Grant)	AFLA (Length of Grant)
Multnomah County Health Department www.mchealth.org			\$551,440 (2006–2011)
Northwest Family Services www.nwfs.org		\$600,000 (2006–2011)	\$700,000 (2008–2013)

Adolescent Health Contact⁵⁹

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 Adolescent Health Section & Genetics Program Manager
 Office of Family Health
 Oregon Public Health Division
 800 NE Oregon Street, Suite 805
 Portland, OR 97232
 Phone: (971) 673-0243

Oregon Organizations that Support Comprehensive Sexuality Education

<p>AIDS Education Council of Eastern Oregon PO Box 2901 La Grande, OR 97850 Phone: (541) 962-7048 www.eoni.com/~eastlg</p> <p>Basic Rights Oregon P.O. Box 40625 Portland, OR 97240 Phone: (503) 222-6151 www.basicrights.org</p> <p>Equity Foundation P.O. Box 5696 Portland, OR 97228 Phone: (503) 231-5759 www.equityfoundation.org</p>	<p>ACLU of Oregon, Portland Office P.O. Box 40585 Portland, OR 97240 Phone: (503) 227-3186 www.aclu-or.org</p> <p>Cascade AIDS Project 208 South West 5th Avenue, Suite 800 Portland, OR 97204 Phone: (503) 223-5907 www.cascadeaids.org</p> <p>Planned Parenthood of the Columbia Willamette 3727 N.E. Martin Luther King Jr. Blvd. Portland, OR 97212 Phone: (503) 775-4931 www.plannedparenthood.org/ppcw</p>
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Planned Parenthood Health Services of
Southwestern Oregon
360 East 10th, #104
Eugene, OR 97401
Phone: (541) 342-6042
www.pphsso.org

Oregon Organizations that Oppose Comprehensive Sexuality Education

Oregon Right to Life
4335 River Road N
Salem, OR 97303
Phone: (503) 463-8563
www.ortl.org

Stronger Families
P.O. Box 40584
Bellevue, WA 98015
Phone: (425) 679-5671
www.strongerfamilies.org

Newspapers in Oregon⁶⁰

The Oregonian
Newsroom
1320 S.W. Broadway
Portland, OR 97201
Phone: (503) 221-8100
www.oregonlive.com/oregonian

Statesman Journal
Newsroom
P.O. Box 13009
Salem, OR 97309
Phone: (503) 399-6611
www.statesmanjournal.com

The Register-Guard
Newsroom
P.O. Box 10188
Eugene, OR 97440
Phone: (541) 485-1234
www.registerguard.com

The Portland Observer
Newsroom
4747 N.E. Martin Luther King, Jr. Boulevard
Portland, Oregon 97211
Phone: (503) 288-0033
www.portlandobserver.com

Political Blogs in Oregon

Blue Oregon
www.blueoregon.com

Loaded Orygun
www.loadedorygun.net

Progressive Party Oregon
www.propparty.org

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

¹ Ore. Admin. Rules § 581-022-1440(2).

² Ore. Admin. Rules § 581-022-1440(3) and (4).

³ Ore. Rev. Stat. § 336.455(1)(c).

⁴ Ore. Admin. Rules §§ 581-022-1440(2) and (6)(c).

⁵ Ore. Admin. Rules § 581-022-1440(6)(b).

⁶ Ore. Admin. Rules § 581-022-1440(6)(e).

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- ⁷ Ore. Rev. Stat. § 336.455(1)(d).
- ⁸ Ore. Admin. Rules § 581-022-1440(6)(d).
- ⁹ Ore. Admin. Rules § 581-022-1440(6)(o).
- ¹⁰ Ore. Rev. Stat. § 336.455(1).
- ¹¹ Ore. Rev. Stat. § 336.455(1)(i).
- ¹² Ore. Rev. Stat. § 336.455(1)(k).
- ¹³ Ore. Rev. Stat. § 336.455(1)(j).
- ¹⁴ Ore. Rev. Stat. § 336.035(2).
- ¹⁵ Ore. Rev. Stat. § 336.035(3).
- ¹⁶ Ore. Admin. Rules § 581-022-1440(9); Ore. Rev. Stat. § 336.455(2). .
- ¹⁷ Ore. Rev. Stat. § 336.465(1)(b). .
- ¹⁸ *U.S. Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, (Washington, DC: Guttmacher Institute, January 2010), accessed 5 March 2010, <<http://www.guttmacher.org/pubs/USTPtrends.pdf>>, Table 3.1.
- ¹⁹ *Ibid.*, Table 3.2.
- ²⁰ Joyce A. Martin, et. al, “Births: Final Data for 2006,” *National Vital Statistics Reports*, vol. 57, number 7 (Hyattsville, MD: Centers for Disease Control and Prevention, 7 January 2009), accessed 5 March 2010, <http://www.cdc.gov/nchs/data/nvsr/nvsr57/nvsr57_07.pdf>, Table B.
- ²¹ *U.S. Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, Table 3.2.
- ²² Martin, et. al, “Births: Final Data for 2006,” 4.
- ²³ *Ibid.*, Table B.
- ²⁴ *U.S. Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, Table 3.5.
- ²⁵ “Cases of HIV Infection and AIDS in the United States and Dependent Areas, 2007,” *HIV/AIDS Surveillance Report*, vol. 19, (Atlanta, GA: Centers for Disease Control and Prevention, February 2009), accessed 5 March 2010, <<http://www.cdc.gov/hiv/topics/surveillance/resources/reports/2007report/pdf/2007SurveillanceReport.pdf>>, Table 18.
- ²⁶ *Ibid.*; “AIDS Case Rate per 100,000 Population, All Ages, 2007,” (Menlo Park, CA: Kaiser Family Foundation), accessed 5 March 2010, <<http://www.statehealthfacts.org/comparetable.jsp?ind=513&cat=11&sub=120&yr=62&typ=1&sort=a>>.
- ²⁷ *Ibid.*, Table 16.
- ²⁸ Slide 15: “Reported AIDS Cases among Adolescents 13 to 19 Years of Age, 2007—United States and Dependent Areas,” *HIV/AIDS Surveillance in Adolescents and Young Adults (through 2007)*, (Atlanta, GA: Centers for Disease Control and Prevention, May 2009), accessed 25 March 2010, <<http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>>.
- ²⁹ “Wonder Database: Selected STDs by Age, Race/Ethnicity, and Gender, 1996-2008 Results,” (Atlanta, GA: Centers for Disease Control and Prevention), 30 June 2009, accessed 5 March 2010, <<http://wonder.cdc.gov/>>; see also Table 10: “Chlamydia: Reported Cases and Rates Per 100,000 Population by Age Group and Sex: United States, 2004–2008,” *Sexually Transmitted Disease Surveillance 2008*, (Atlanta, GA: Centers for Disease Control and Prevention, Division of STD Prevention, November 2009), accessed 5 March 2010, <<http://www.cdc.gov/std/stats08/surv2008-Complete.pdf>>, 95.
- ³⁰ *Ibid.*; see also Table 20: “Gonorrhea—Reported Cases and Rates per 100,000 Population by Age Group and Sex: United States, 2004–2008,” *Sexually Transmitted Disease Surveillance 2008*, 106.
- ³¹ 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.
- ³² Oregon Youth Sexual Health Plan, (Salem, OR: Oregon Department of Human Services, 2008), accessed 19 April 2010, <<http://www.oregon.gov/DHS/children/teens/tpp/yhsp-021109.pdf>>, 8.
- ³³ *Ibid.*
- ³⁴ *Ibid.*
- ³⁵ *Ibid.*, 19.
- ³⁶ See SIECUS’ June 2009 Policy update, “New Sex Ed Laws Pass in Oregon and North Carolina.”
- ³⁷ Ore. Rev. Stat. § 336.455(1)(c).
- ³⁸ 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 14 December 2009, <<http://www.leg.state.or.us/09reg/measpdf/hb2500.dir/hb2509.en.pdf>>.
- ³⁹ *Ibid.*
- ⁴⁰ Ore. Rev. Stat. § 336.455(1)(k); Ore. Rev. Stat. § 336.455(1)(j).
- ⁴¹ Ore. Rev. Stat. § 336.455(1)(j).
- ⁴² See State Board of Education Administrative Rule Summary on OAR 581-022-1440, <<http://74.125.93.132/search?q=cache:paadS6Yw4R4J:www.ode.state.or.us/superintendent/yat/meetings/2009-december-4-comprehensive-sexuality-education-oar.doc+Oregon+State+Board+of+Education+approves+revisions+to+human+sexuality+policy&cd=1&hl=en&ct=clnk&gl=us&client=firefox-a>>.

⁴³ Ibid.

⁴⁴ Information provided by Kathy Norman, manager of the 4REAL Program, Adolescent Health Promotion, Multnomah County Health Department, 14 May 2010.

⁴⁵ “4REAL 6th Grade,” topics table, provided by Kathy Norman, manager of the 4REAL Program, 14 May 2010.

⁴⁶ “4REAL 7th Grade,” topics table, provided by Kathy Norman, manager of the 4REAL Program, 14 May 2010.

⁴⁷ “4REAL 8th Grade,” topics table, provided by Kathy Norman, manager of the 4REAL Program, 14 May 2010.

⁴⁸ “4REAL High School Sessions,” provided by Kathy Norman, manager of the 4REAL Program, 14 May 2010.

⁴⁹ “Community Workshops,” 4REAL Community Services, Multnomah County Health Department, provided by Kathy Norman, manager of the 4REAL Program, 14 May 2010.

⁵⁰ Information provided by Kathy Norman, 14 May 2010.

⁵¹ 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, 22 April 2010.

⁵² Ibid.

⁵³ 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.

⁵⁴ Phone conversation between Morgan Marshall and Sandra Harms, 22 April 2010.

⁵⁵ “Working to Institutionalize Sex Education (WISE),” Answer, Rutgers University, accessed 27 April 2010, <<https://answer.rutgers.edu/wise/>>.

⁵⁶ “Wise April Newsletter,” (Salem, OR: Oregon Department of Education, April 2010), accessed 27 April 2010, <<http://www.ode.state.or.us/news/Announcements/announcement.aspx?i=5685>>.

⁵⁷ This refers to the federal government’s fiscal year, which begins on October 1st and ends on September 30th. The fiscal year is designated by the calendar year in which it ends; for example, Fiscal Year 2009 began on October 1, 2008 and ended on September 30, 2009.

⁵⁸ Through the Fiscal Year 2010 appropriations process, Congress eliminated all discretionary funding for abstinence-only-until-marriage programs, including the entire CBAE program and the abstinence-only-until-marriage portion of AFLA. The grant years listed in the chart reflect the years for which funding was originally approved; however, the grants effectively ended in Fiscal Year 2009.

⁵⁹ SIECUS has identified this person as a state-based contact for information on adolescent health and if applicable, abstinence-only-until-marriage programs.

⁶⁰ This section is a list of major newspapers in your state with contact information for their newsrooms. This list is by no means exhaustive and does not contain the local level newspapers which are integral to getting your message out to your community. SIECUS strongly urges you to follow stories about the issues that concern you on the national, state, and local level by using an internet news alert service such as [Google alerts](#), becoming an avid reader of your local papers, and establishing relationships with reporters who cover your issues. For more information on how to achieve your media goals visit the SIECUS [Community Action Kit](#).