



OREGON

In Fiscal Year 2010¹, the state of Oregon received:

- **Personal Responsibility Education Program funds totaling \$591,798**
- **Title V State Abstinence Education Program funds totaling \$556,194**

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.² 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.³

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;⁴
- is balanced, medically accurate, and age-appropriate;⁵
- allays fears concerning HIV that are scientifically groundless;⁶
- communicates how responsible sexual behavior reduces the risk for STDs, HIV, and pregnancy;⁷
- provides the latest medical information regarding the success and failure rates of all forms of contraception;⁸
- 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;⁹
- uses culturally and gender-sensitive materials, language, and strategies that recognize different sexual orientations and gender roles;¹⁰
- enhances students’ understanding of sexuality as a normal and healthy part of human development;¹¹
- 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;¹²
- encourages family communication and involvement and helps students learn to make responsible decisions; and¹³
- teaches effective communication and refusal skills, as well as the development of self-esteem.¹⁴

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.”¹⁵ In addition, teachers may not “be subject to discipline or removal for teaching or refusing to teach courses concerning” STDs.¹⁶ 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.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

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

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 Youth Risk Behavior Survey (YRBS) Data

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

Oregon Teen Pregnancy, HIV/AIDS, and Sexually Transmitted Disease Data

Teen Pregnancy, Birth, and Abortion

- Oregon’s teen birth rate currently ranks 32nd in the United States, with a rate of 37.2 births per 1,000 young women ages 15–19 compared to the national rate of 41.5 births per 1,000.¹⁹ In 2008, there were a total of 3,439 live births reported to young women ages 15–19 in Oregon.²⁰
- In 2005, Oregon’s teen pregnancy rate ranked 36th in the United States, with a rate of 57 pregnancies per 1,000 young women ages 15–19 compared to the national rate of 70 pregnancies per 1,000.²¹ There were a total of 6,930 pregnancies among young women ages 15–19 in Oregon.²²
- In 2005, Oregon’s teen abortion rate ranked 20th in the United States, with a rate of 16 abortions per 1,000 young women ages 15–19 compared to the national rate of 19 abortions per 1,000.²³

HIV and AIDS

- Oregon’s AIDS rate ranks 31st in the United States, with a rate of 5.6 cases per 100,000 individuals compared to the national rate of 12.3 cases per 100,000.²⁴

- Oregon ranks 29th in number of reported AIDS cases in the United States among all age groups. In 2008, there were a total of 211 new AIDS cases reported in Oregon.²⁵
- Oregon's AIDS rate among young people ages 13–19 ranks 41st in the United States, with a rate of 0 cases per 100,000 young people compared to the national rate of 1.8 cases per 100,000.²⁶

Sexually Transmitted Diseases

- Oregon ranks 41st in reported cases of Chlamydia among young people ages 15–19 in the United States, 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.²⁷
- Oregon ranks 43rd in reported cases of gonorrhea among young people ages 15–19 in the United States, 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.²⁸
- There are no available statewide data on the rate of syphilis among young people.

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 \$110 million in discretionary funding for Fiscal Year 2010. 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. TPPI also dedicates \$4.5 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) administer 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 Fiscal Years 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 Indian tribes and tribal organizations, and \$6.5 million for evaluation, training, and technical assistance. Details on the state-grant program and PREIS are included below. At the time of publication, the funding for tribes and tribal organizations had not yet been awarded.

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 sexually transmitted infections (STIs). 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 \$591,798 in federal PREP funds for Fiscal Year 2010.
- The department will provide sub-grants to local public health authorities through a competitive bidding process. At the time of publication, sub-grantees had not yet been determined.

The Office of Family Health within the Oregon Health Authority, Public Health Division will implement the PREP state-grant program. The program will target Latino youth, ages 13–18, residing in areas with high teen pregnancy or birth rates. Sub-grants will be awarded to local public health departments to implement *¡Cuidate!* in school- or community-based settings. Up to five health departments will be granted funds. The following counties are eligible to receive programming: Baker, Crook, Deschutes, Douglas, Jackson, Jefferson, Klamath, Lincoln, Linn, Malheur, Marion, Morrow, Multnomah, Umatilla, Wasco, and Washington. The program aims to serve at least 750 youths annually.

¡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.²⁹

Personal Responsibility Education Innovative Strategies (PREIS)

The PREIS Program 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.

Title V State Abstinence Education Grant Program

The Title V State Abstinence Education Grant Program (Title V Abstinence-Only Program) allocates \$50 million per year to states for Fiscal Years 2010–2014. ACF administers the grant program. The Title V Abstinence-Only 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 Abstinence-Only 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.

- The Oregon Department of Human Services received \$556,194 in federal Title V abstinence-only funding for Fiscal Year 2010.
- The department provides sub-grants to 15 local public and private entities.
- In Oregon, the match is provided through in-kind services.

The Oregon Title V abstinence-only state grant program is implemented by the Children, Adults and Families Division of the Department of Human Services. The program awards sub-grants to county health departments to provide in-class instruction to sixth and seventh grade students. Health departments in the following counties receive funding: Benton, Clackamass, Clatsop, Crook, Deschutes, Douglas, Grant, Jackson, Jefferson, Klamath, Lane, Morrow, Umatilla, Washington, and Yamhill. No particular curriculum is required for use under the Title V abstinence-only program, however, the state-developed curriculum, *My Future-My Choice*, will be eligible for implementation.³⁰ (Please see the Comprehensive Approaches to Sexuality Education section below for more information on the *My Future-My Choice* curriculum.)

Oregon TPPI, PREP, and Title V Abstinence-Only Funding in FY 2010

Grantee	Award	Fiscal Years
Personal Responsibility Education Program (PREP)		
<i>PREP State-Grant Program</i>		
Oregon Department of Human Services (federal grant)	\$591,798	2010
TOTAL	\$591,798	

O R E G O N

Grantee	Award	Fiscal Years
Title V Abstinence Education Grant Program (Title V Abstinence-Only)		
Oregon Department of Human Services (federal grant)	\$556,194	2010
<i>Sub-grantees</i>		
<i>Benton County Health Department</i>		2010
<i>Clackamas County Health Department</i>		2010
<i>Clatsop County Health Department</i>		2010
<i>Crook County Health Department</i>		2010
<i>Deschutes County Health Department</i>		2010
<i>Douglas County Health Department</i>		2010
<i>Grant County Health Department</i>		2010
<i>Jackson County Health Department</i>		2010
<i>Jefferson County Health Department</i>		2010
<i>Klamath County Health Department</i>		2010
<i>Lane County Health Department</i>		2010
<i>Morrow County Health Department</i>		2010
<i>Umatilla County Health Department</i>		2010
<i>Washington County Health Department</i>		2010
<i>Yamhill County Health Department</i>		2010
TOTAL	\$556,194	
GRAND TOTAL		
	\$1,147,992	2010

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.*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 implement 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 implement 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 implemented 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

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 Planned Parenthood of the Great Northwest, Planned Parenthood of Greater Washington and North Idaho, Planned Parenthood of Columbia Willamette, Planned Parenthood of Montana, Planned Parenthood of Southwest Oregon, and Mt. Baker Planned Parenthood.

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 7–12 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.

Teen Outreach 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.”⁵¹ 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 nine-month curriculum that addresses such topics as relationships, peer pressure, decision making, values clarification, goal-setting, adolescent development, and sexual health.⁵² 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, ages 15–19, who participated in *TOP* were significantly less likely to report a pregnancy during the program than participants in the control group.⁵³

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.⁵⁴

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.⁵⁵

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.⁵⁶

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.⁵⁷

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.⁵⁸

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.⁵⁹ The WISE in Oregon program 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.⁶⁰

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.

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

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

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

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

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

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

Cascade AIDS Project
Portland, OR
Phone: (503) 223-5907
www.cascadeaids.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 Oregon⁶²

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
Euge.ne, 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

Loaded Orygun
www.loadedorygun.net

Progressive Party Oregon
www.progparty.org

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

¹ 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 2010 began on October 1, 2008 and ended on September 30, 2010.

² Ore. Admin. Rules § 581-022-1440(2), <http://arcweb.sos.state.or.us/rules/OARS_500/OAR_581/581_022.html>.

³ Ore. Admin. Rules § 581-022-1440(3) and (4), <http://arcweb.sos.state.or.us/rules/OARS_500/OAR_581/581_022.html>.

⁴ Ore. Rev. Stat. § 336.455(1)(c), <<http://www.leg.state.or.us/ors/336.html>>.

⁵ Ore. Admin. Rules §§ 581-022-1440(2) and (6)(c), <http://arcweb.sos.state.or.us/rules/OARS_500/OAR_581/581_022.html>.

⁶ Ore. Admin. Rules § 581-022-1440(6)(b), <http://arcweb.sos.state.or.us/rules/OARS_500/OAR_581/581_022.html>.

⁷ Ore. Admin. Rules § 581-022-1440(6)(e), <http://arcweb.sos.state.or.us/rules/OARS_500/OAR_581/581_022.html>.

⁸ Ore. Rev. Stat. § 336.455(1)(d), <<http://www.leg.state.or.us/ors/336.html>>

⁹ Ore. Admin. Rules § 581-022-1440(6)(d), <http://arcweb.sos.state.or.us/rules/OARS_500/OAR_581/581_022.html>.

¹⁰ Ore. Admin. Rules § 581-022-1440(6)(o), <http://arcweb.sos.state.or.us/rules/OARS_500/OAR_581/581_022.html>.

¹¹ Ore. Rev. Stat. § 336.455(1), <<http://www.leg.state.or.us/ors/336.html>>.

¹² Ore. Rev. Stat. § 336.455(1)(i) <<http://www.leg.state.or.us/ors/336.html>>.

¹³ Ore. Rev. Stat. § 336.455(1)(k), <<http://www.leg.state.or.us/ors/336.html>>.

¹⁴ Ore. Rev. Stat. § 336.455(1)(j), <<http://www.leg.state.or.us/ors/336.html>>.

¹⁵ Ore. Rev. Stat. § 336.035(2), <<http://www.leg.state.or.us/ors/336.html>>.

¹⁶ Ore. Rev. Stat. § 336.035(3) <<http://www.leg.state.or.us/ors/336.html>>.

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- ¹⁷ Ore. Admin. Rules § 581-022-1440(9); Ore. Rev. Stat. § 336.455(2), http://arcweb.sos.state.or.us/rules/OARS_500/OAR_581/581_022.html.
- ¹⁸ Ore. Rev. Stat. § 336.465(1)(b), <<http://www.leg.state.or.us/ors/336.html>>.
- ¹⁹ “Births: Final Data for 2008,” *National Vital Statistics Report*, vol. 59, (Atlanta, GA: Centers for Disease Control and Prevention, December 2010), accessed 29 June 2011, <http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_01.pdf>, Table 12.
- ²⁰ “VitalStats: Birth Data Files by State, Age of Mother in Years, 2008,” (Atlanta, GA: Centers for Disease Control and Prevention), accessed 30 June 2011, <http://www.cdc.gov/nchs/data_access/vitalstats/VitalStats_Births.htm>.
- ²¹ 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.
- ²² *Ibid.*, Table 3.2.
- ²³ U.S. *Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity*, Table 3.3.
- ²⁴ *HIV Surveillance Report, 2008*, (Atlanta, GA: Centers for Disease Control and Prevention, June 2010), accessed 28 June 2011, <http://www.cdc.gov/hiv/surveillance/resources/reports/2008report/pdf/2008SurveillanceReport.pdf>, Table 20.
- ²⁵ *Ibid.*
- ²⁶ Slide 18: “Rates of Diagnoses of AIDS Infection among Adolescents Aged 13–19 Years, 2009—40 States and 5 U.S. Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults*, (Atlanta, GA: Centers for Disease Control and Prevention, July 2011), accessed 27 September 2011, <<http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm>>.
- ²⁷ “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.
- ²⁸ *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.
- ²⁹ “Cuidate!” Evidence-Based Programs, Resource Center for Adolescent Pregnancy Prevention (ReCAPP), ETR Associates, accessed 5 May 2010, <<http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=577&PageTypeID=2>>; 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 30 March 2010, <<http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf>>, 76–79.
- ³⁰ Information provided by Sandra Harms, Youth Services Programs Managers of the Oregon Department of Human Services, 16 February 2011.
- 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.

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- 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 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 1 July 2011, <http://www.wymantop.org/pdfs/TOP_Positive_Well-Being.pdf>, 3.
- ⁵² Ibid, 9.
- ⁵³ “Pregnancy Prevention Intervention Implementation Report: Teen Outreach Program,” Programs for Replication – Intervention Implementation Reports, U.S. Department of Health and Human Services, accessed 1 July 2011, <http://www.hhs.gov/ash/oah/oah-initiatives/tpp/programs/teen_outreach_program.pdf>.
- ⁵⁴ Information provided by Willa Marth, Director of Education and Organizational Effectiveness for Planned Parenthood of the Great Northwest, 21 June 2011.
- ⁵⁵ 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.
- ⁵⁶ Ibid.
- ⁵⁷ 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.
- ⁵⁸ Phone conversation between Morgan Marshall and Sandra Harms, 22 April 2010.
- ⁵⁹ “Working to Institutionalize Sex Education (WISE),” Answer, Rutgers University, accessed 27 April 2010, <<https://answer.rutgers.edu/wise/>>.
- ⁶⁰ “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?=5685>>.
- ⁶¹ The person listed represents the designated personnel in the state responsible for adolescent reproductive health.
- ⁶² This section is a list of major newspapers in the state and is by no means exhaustive of local print outlets.