

State Profiles **FISCAL YEAR 2016**

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In Fiscal Year 2016,¹ the state of Oregon received:

- **Division of Adolescent and School Health funds totaling \$17,500**
- **Personal Responsibility Education Program funds totaling \$599,531**
- **Title V State Abstinence Education Program funds totaling \$818,631**

In Fiscal Year 2016, local entities in Oregon received:

- **Teen Pregnancy Prevention Program funds totaling \$1,249,999**
- **Tribal Personal Responsibility Education Program funds totaling \$327,867**

SEXUALITY EDUCATION LAW AND POLICY

STATE LAW

[Oregon Revised Statutes §§ 336.035, 336.455, and 336.465](#), as well as [Oregon Administrative Rules §§ 581-022-1210 and 581-022-1440](#), mandate human sexuality education and instruction in infectious diseases, including human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (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, [336.455](#) states that:

- 2) Course Instruction shall:
 - a) Be medically accurate. ...
 - c) Include information about responsible sexual behaviors and hygienic practices that eliminate or reduce the risks of pregnancy and the risks of exposure to HIV, hepatitis B, hepatitis C, and other infectious or STDs. Information about those risks shall be presented in a manner designed to allay fears concerning risks that are scientifically groundless.⁴
 - d) Promote abstinence for school-age youth and mutually monogamous relationships as the safest way to prevent pregnancy and STDs; however, abstinence must not be taught to the exclusion of other material and instruction on contraceptive and disease reduction measures;⁵

Furthermore, the comprehensive plan of instruction must include information that:

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- d. Provides balanced, accurate information, and skills-based learning on the risks and benefits of contraceptive and disease reduction measures that reduce the risk of unintended pregnancy, exposure to HIV, hepatitis B/C, and other sexually transmitted infections (STIs) and diseases;⁶ ...
- h. Discusses the benefits of delaying pregnancy beyond the adolescent years as a means to better ensure a healthy future for parents and their children. Students shall be provided with statistics based on the latest medical information regarding both the health benefits and the possible side effects of all forms of contraceptives, including the success and failure rates for prevention of pregnancy, STIs and diseases;⁷ ...
- l. Encourages positive family communication and involvement and helps students learn to make responsible, respectful and healthy decisions;⁸ ...
- p. Validates through course material and instruction the importance of honesty with oneself and others, respect for each person's dignity and wellbeing, and responsibility for one's actions;⁹ and
- q. Uses inclusive materials, language, and strategies that recognizes different sexual orientations, gender identities, and gender expression.¹⁰

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 must not devalue or ignore students who have engaged in sexual intercourse.¹¹

Teachers may not “be subject to discipline or removal for teaching or refusing to teach courses concerning” STDs.¹² Parents or guardians may remove their children from sexuality education and/or STD/HIV education classes.¹³ [This is referred to as an “opt-out” policy.](#)

Furthermore, 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.¹⁴

STATE STANDARDS

Oregon's [Health Education Standards and Benchmarks](#) provide a foundation for curricula development. The promotion of sexual health constitutes its own “strand” of learning. Concepts covered include “recogniz[ing] diversity among relationships including age, disability, national origin, race, color, marital status, sex, sexual orientation, and gender identity,” “set[ting] a personal goal to avoid an unintended pregnancy,” and “demonstrat[ing] ways to communicate decisions about whether or when to engage in sexual behaviors, and to practice safer sex.”

STATE LEGISLATIVE SESSION ACTIVITY

SIECUS tracks all state legislative session activity in our state legislative reports. For more information on bills related to school-based sexuality education that were introduced or passed in 2016, please see [SIECUS' 2016 Sex Ed State Legislative Year-End Report: Top Topics and Takeaways.](#)

YOUTH SEXUAL HEALTH DATA

The following sexual health behavior and outcome data represent the most recent information available on adolescent sexual health in Oregon. While data can be a powerful tool to demonstrate the sexuality education and sexual health care needs of young people, it is important to be mindful that these behaviors and outcomes are impacted by systemic inequities present in our society that can and often do affect an individual's sexual health and wellbeing. Additionally, there are significant limitations as to how and what data are currently collected. Young people are more than outcomes; for advocates, it is important to utilize the data in a manner that tracks our progress and pushes policies forward in a way that respects and supports the dignity of all young lives.

OREGON HEALTHY TEENS SURVEY DATA

- In 2015, 9.3% of students in grade eight and 41.1% of students in grade 11 in Oregon reported having had sexual intercourse.¹⁵
- In 2015, 16.1% of American Indian/Alaska Native (AI/AN), 6.5% of Asian or Pacific Islander (API), 16.3% of African American, 10.6% of Latino, and 8.2% of white students in grade eight in Oregon reported having had sexual intercourse.¹⁶
- In 2015, 55.3% of AI/AN, 23.5% of API, 39.2% of African American, 42.7% of Latino, and 40.9% of white students in grade 11 in Oregon reported having had sexual intercourse.¹⁷
- In 2015, 3.3% of students in grade eight and 2.1% of students in grade 11 in Oregon reported having had sexual intercourse before age 13.¹⁸
- In 2015, 3.3% of students in grade eight and 24.7% of students in grade 11 in Oregon said they have had sexual intercourse with one person in the past three months, while 1.9% of students in grade eight and 5.1% of students in grade 11 said they have had sex with two or more people in the past three months.¹⁹
- In 2015, 19.9% of students in grade eight and 7.8% of students in grade 11 in Oregon reported not using any method to prevent pregnancy or were not sure of having used any method to prevent pregnancy during their last sexual intercourse.²⁰
- In 2015, 17% of AI/AN, 10.4% of API, 25.6% of African American, 19.1% of Latino, and 21.1% of white students in grade eight in Oregon reported not using any method to prevent pregnancy or were not sure of having used any method to prevent pregnancy during their last sexual intercourse.²¹
- In 2015, 12.2% of AI/AN, 7% of API, 18.3% of African American, 10.3% of Latino, and 6.3% of white students in grade 11 in Oregon reported not using any method to prevent pregnancy or were not sure of having used any method to prevent pregnancy during their last sexual intercourse.²²
- In 2015, 4.5% of students in grade 11 in Oregon reported being hit, slapped, or physically hurt on purpose by a boyfriend or girlfriend.²³

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- In 2015, 5.7% of students in grade 11 in Oregon reported being physically forced to have sexual intercourse when they did not want to.²⁴

Visit Oregon's [Healthy Teens Survey](#) database for additional information on youth risk behaviors.

OREGON TEEN PREGNANCY, HIV/AIDS, AND OTHER STD DATA

Teen Pregnancy, Birth, and Abortion

- In 2011, Oregon had the 35th highest teen pregnancy rate in the United States, with a rate of 44 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 52 per 1,000.²⁵ There were a total of 5,270 pregnancies among young women ages 15–19 reported in Oregon in 2011.²⁶
- In 2015, Oregon had the 32nd highest teen birth rate in the United States, with a rate of 19.0 births per 1,000 young women ages 15–19, compared to the national rate of 22.3 per 1,000.²⁷ There were a total of 2,390 live births to young women ages 15–19 reported in Oregon in 2014, the most recent year of available data.²⁸
- In 2011, Oregon had the 20th highest teen abortion rate in the United States, with a rate of 11 abortions per 1,000 young women ages 15–19, compared to the national rate of 14 per 1,000.²⁹ There were a total of 1,370 abortions among young women ages 15–19 reported in Oregon in 2011.³⁰

HIV and AIDS

- In 2015, the rate of diagnoses of HIV infection among adolescents ages 13–19 in Oregon was 1.2 per 100,000, compared to the national rate of 5.8 per 100,000.³¹
- In 2015, the rate of AIDS diagnoses among adolescents ages 13–19 in Oregon was 0.6 per 100,000, compared to the national rate of 0.7 per 100,000.³²
- In 2015, the rate of diagnoses of HIV infection among young adults ages 20–24 in Oregon was 8.6 per 100,000, compared to the national rate of 31.1 per 100,000.³³
- In 2015, the rate of AIDS diagnoses among young adults ages 20–24 in Oregon was 0.7 per 100,000, compared to the national rate of 5.6 per 100,000.³⁴

STDs

- In 2015, Oregon had the 30th highest rate of reported cases of chlamydia among young people ages 15–19 in the United States, with an infection rate of 1,669.5 cases per 100,000, compared to the national rate of 1,857.8 per 100,000. In 2015, there were a total of 4,080 cases of chlamydia among young people ages 15–19 reported in Oregon.³⁵
- In 2015, Oregon had the 43rd highest rate of reported cases of gonorrhea among young people ages 15–19 in the United States, with an infection rate of 111.7 cases per 100,000, compared to the national rate of 341.8 per 100,000. In 2015, there were a total of 273 cases of gonorrhea among young people ages 15–19 reported in Oregon.³⁶

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- In 2015, Oregon had the 30th highest rate of reported cases of primary and secondary syphilis among young people ages 15–19 in the United States, with an infection rate of 2.9 cases per 100,000, compared to the national rate of 5.4 per 100,000. In 2015, there were a total of 7 cases of syphilis reported among young people ages 15–19 in Oregon.³⁷

Visit the Office of Adolescent Health’s (OAH) [Oregon Adolescent Health Facts](#) for additional information.

FEDERAL FUNDING FOR SEXUALITY EDUCATION, UNINTENDED TEEN PREGNANCY, HIV AND OTHER STD PREVENTION, AND ABSTINENCE-ONLY-UNTIL-MARRIAGE PROGRAMS

FISCAL YEAR 2016 FEDERAL FUNDING IN OREGON

Grantee	Award
Division of Adolescent and School Health (DASH)	
Oregon Health Authority	\$17,500
TOTAL	\$17,500
Teen Pregnancy Prevention Program (TPPP)	
TPPP Tier 1B	
Multnomah County Health Department	\$1,249,999
TOTAL	\$1,249,999
Personal Responsibility Education Program (PREP)	
PREP State-Grant Program	
Oregon Health Authority (federal grant)	\$599,531
TOTAL	\$599,531
Tribal Personal Responsibility Education Program (Tribal PREP)	
Confederated Tribes of Grand Ronde	\$327,867
TOTAL	\$327,867
Title V Abstinence-Only-Until-Marriage Program (Title V AOUM)	
Oregon Department of Human Services (federal grant)	\$818,631
TOTAL	\$818,631
GRAND TOTAL	\$ 3,013,528

DIVISION OF ADOLESCENT AND SCHOOL HEALTH

The Division of Adolescent and School Health (DASH), within the CDC, provides funding to state and local education agencies through several funding streams to better student health, implement HIV/STD prevention programs, collect and report data on young people’s risk behaviors, and expand capacity-building partnerships.

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In FY 2016, DASH provided funding to 18 state and 17 local education agencies to help districts and schools strengthen student health through exemplary sexual health education (ESHE) that emphasizes HIV and other STD prevention, increases access to key sexual health services (SHS), and establishes safe and supportive environments (SSE) for students and staff. DASH funded seven national, non-governmental organizations (NGOs) to help state and local education agencies achieve these goals.

- In FY 2016, there were no DASH grantees in Oregon funded to strengthen student health through ESHE, SHS, and SSE (1308 Strategy 2).

In addition, DASH funds local education agencies and NGOs 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.

- In FY 2016, there were no DASH grantees in Oregon funded to deliver YMSM programming (1308 Strategy 4).

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 Surveillance (YRBS) and School Health Profiles data for policy and program improvements.

- In FY 2016, there was one DASH grantee in Oregon funded to collect and report YRBS and School Health Profiles data (1308 Strategy 1): The Oregon Health Authority (\$17,500).

TEEN PREGNANCY PREVENTION PROGRAM

The Office of Adolescent Health (OAH), within the U.S. Department of Health and Human Services (HHS), administers the Teen Pregnancy Prevention Program (TPPP), which funds evidence-based (or innovative evidence-informed), medically accurate, and age-appropriate programs to reduce teen pregnancy. OAH provides program support, implementation evaluation, and technical assistance to grantees. In FY 2016, total funding for TPPP was \$101 million, with an additional \$6.8 million authorized for evaluation purposes, supporting a total of 84 states, cities, non-profit organizations, school districts, universities, community-based organizations, and tribal organizations that were in year two of five TPPP funding tiers' five-year cooperative agreements in 33 states and territories, including the District of Columbia and the Marshall Islands. OAH provides program support, implementation evaluation, and technical assistance to grantees and receives an additional \$6.8 million in funding for evaluation purposes. There are five TPPP funding tiers:

Tier 1A: Capacity building to support replication of evidence-based TPP programs.

- In FY 2016, there were no TPPP Tier 1A grantees in Oregon.

Tier 1B: Replicating evidence-based TPP programs to scale in communities with the greatest need.

- In FY 2016, there was one TPPP Tier 1B grantee in Oregon: The Multnomah County Health Department (\$1,249,999).

MULTNOMAH COUNTY HEALTH DEPARTMENT, \$1,249,999 (FY 2016)

The Multnomah County Health Department will administer the TPPP Tier 1B funds through the Adolescents and Community Together project. The project will serve young people ages 10-19, particularly African American, Latino, and Native American youth in Multnomah County. The project will provide programming in middle school, high school, and culturally specific community-based settings. The following

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curricula will be implemented: [Get Real](#), [Making Proud Choices!](#), and [Reducing the Risk](#). The Adolescents and Community Together project aims to serve 12,870 young people each year during the grant period.³⁸

Tier 2A: Supporting and enabling early innovation to advance adolescent health and prevent teen pregnancy.

- In FY 2016, there were no TPPP Tier 2A grantees in Oregon.

Tier 2B: Rigorous evaluation of new or innovative approaches to prevent teen pregnancy.

- In FY 2016, there were no TPPP Tier 2B grantees in Oregon.

Tier 2C: Effectiveness of TPP programs designed specifically for young males.

- In FY 2016, there were no TPPP Tier 2C grantees in Oregon.

PERSONAL RESPONSIBILITY EDUCATION PROGRAM

The Family and Youth Services Bureau (FYSB), within the Administration for Children and Families (ACF) division of HHS, administers the Personal Responsibility Education Program (PREP), which includes \$75 million for the state-grant program; local entities through the competitively awarded Personal Responsibility Education Innovative Strategies (PREIS) program; and the Tribal PREP, which funds tribes and tribal organizations. In addition, provisions within the PREP statute enable a competitive application process for community- and faith-based organizations within states and territories that do not directly seek PREP state grants to apply for funding. Details on the state grants, PREIS, Tribal PREP, and CPREP are included below.

PREP State-Grant Program

State-grant PREP 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. In FY 2016, 43 states, the District of Columbia, the Federated States of Micronesia, Guam, Puerto Rico, and the Virgin Islands received PREP state-grant funds. 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.

- In FY 2016, the Oregon Health Authority received \$599,531 in federal PREP funds.³⁹
- The department provides sub-grants to four sub-grantees. The sub-grantee information is listed below.⁴⁰

Sub-grantee	Serving	Amount
Deschutes County Health Services	Deschutes County	Not reported
Jackson County Public Health Department	Jackson County	Not reported
Kalamath County Health Department	Kalamath County	Not reported
Maleur County Health Department	Maleur County	Not reported
Adelante Mujeres	Not reported	Not reported

The Oregon Health Authority, Public Health Division, implements the PREP state-grant program in both community- and school-based settings in collaboration with four local county health departments and one local entity. The programs are open to all young people ages 15-19, with an emphasis on young Native Americans, Latinos, and African Americans through implementation of [Family Life and Sexual Health](#)

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[*\(FLASH\)*](#); Rights, Respect, Responsibility; and [*Cuidate!*](#). Sub-grantees aim to serve 300 young people a year.⁴¹

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.

- In FY 2016, there were no PREIS grantees in Oregon.

Tribal Personal Responsibility Education Program (Tribal PREP)

Tribal PREP supports the development and implementation of 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, young people experiencing homelessness, young people living with HIV/AIDS, young people who live in areas with high rates of adolescent births, and young people under age 21 who are pregnant and/or parenting. In FY 2016, eight tribes and tribal organizations from seven states received a total of \$3,436,621.

- In FY 2016, there was one Tribal PREP grantee in Oregon: The Confederated Tribes of Grand Ronde (\$327,867).⁴²

THE CONFEDERATED TRIBES OF GRAND RONDE, \$327,867 (FY 2016)

The Confederated Tribes of Grand Ronde (CTGR) strives to improve the quality of life for Tribal people by providing them with opportunities and services and to provide a sustainable economic foundation for future generations.⁴³ With its Tribal PREP funds, CTGR will serve an estimated 150 Tribal youth in the Grand Ronde area, specifically at Willamina Middle School.⁴⁴ At the time of publication, more information on CTGR's use of Tribal PREP funds was unavailable.

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. Only organizations and institutions in states and territories that did not apply for PREP state grants in either of the first two fiscal years after the call for PREP state-grant applications were eligible to submit competitive applications for CPREP grants. In FY 2016, 21 CPREP grants, totaling \$10.3 million, were awarded to 21 organizations in Florida, Indiana, North Dakota, Texas, and Virginia, as well as in American Samoa, Guam, and the Northern Mariana Islands.

- In FY 2016, Oregon received PREP state-grant funding; therefore, entities in Oregon were not eligible for CPREP.

TITLE V STATE ABSTINENCE EDUCATION GRANT PROGRAM

The Title V state abstinence education grant program for abstinence-only-until-marriage (AOUM) programming, or the Title V AOUM program, is administered by FYSB, within ACF of HHS, and was funded at \$75 million in FY 2016. 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 exclusively promote abstinence from sexual activity and may provide mentoring, counseling, and adult supervision toward this end. Programs must be medically accurate and age-appropriate and must encourage abstinence as an expected outcome.

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- In FY 2016, the Oregon Department of Human Services received \$818,631 in federal Title V AOUM funding.⁴⁵
- The department provides sub-grants to 14 county health departments and local school districts. The sub-grantee information is listed below.⁴⁶
- In Oregon, the match is provided through in-kind services.

Sub-grantee	Serving	Amount
Benton County Health Department	Benton County	Not reported
Clatsop County Juvenile Department	Clatsop County	Not reported
Crook County Health Department	Crook County	Not reported
Deschutes County Health Department	Deschutes County	Not reported
Grant County Education Service District	Grant County	Not reported
Jefferson County Health Department	Jefferson County	Not reported
Klamath County Public Health	Klamath County	Not reported
Lane County Educational Service District	Lane County	Not reported
Multnomah County Health Department	Multnomah County	Not reported
Umatilla County Health Department	Umatilla County	Not reported
Yamhill County Health Department	Yamhill County	Not reported
Hillsboro School District	Hillsboro District	Not reported
Salem-Keizer School District	Salem-Keizer District	Not reported
Phoenix-Talent School District	Phoenix-Talent District	Not reported

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 14 local entities that are required to provide training, implementation, and support of the *My Future-My Choice* program to sixth- and seventh-grade students in Oregon.⁴⁷ At the time of publication, more information on Oregon’s use of Title V AOUM funds was unknown.

“SEXUAL RISK AVOIDANCE EDUCATION” GRANT PROGRAM

Administered by FYSB within ACF of HHS, the “sexual risk avoidance education” (SRAE), i.e., the AOUM grant program, provides competitive funding for programs that “teach young people to voluntarily refrain from non-marital sexual activity and prevent other youth risk behaviors.” These programs are also required by statute to “teach the benefits associated with self-regulation, success sequencing for poverty prevention, healthy relationships, goal setting, and resisting sexual coercion, dating violence, and other youth risk behaviors such as underage drinking or illicit drug use without normalizing teen sexual activity.” In FY 2016, \$10 million was appropriated for the SRAE grant program and \$8.98 million was awarded to 21 grantees in 12 states through a competitive application process.

- In FY 2016, there were no SRAE grantees in Oregon.

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 2016 began on October 1, 2015, and ended on September 30, 2016.

² Ore. Rev. Stat. § 336.455(1), 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. Rev. Stat. § 336.455(2)(c).

⁵ Ore. Rev. Stat. § 336.455(2)(d).

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

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

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

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

¹⁰ 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.

¹¹ Ore. Rev. Stat. § 336.455(2)(i) and (3), www.oregonlaws.org/ors/336.455.

¹² Ore. Rev. Stat. § 336.035(3), www.oregonlaws.org/ors/336.035.

¹³ Ore. Rev. Stat. § 336.465(1)(b), www.oregonlaws.org/ors/336.465.

¹⁴ Ore. Admin. Rules § 581-022-1440(3) and (4), http://arcweb.sos.state.or.us/pages/rules/oars_500/oar_581/581_022.html.

¹⁵ “Oregon Healthy Teens Survey,” Oregon State Public Health Division, 2014/2015 School Year Survey (Grades 8 and 11), Table 89, https://public.health.oregon.gov/BirthDeathCertificates/Surveys/OregonHealthyTeens/Documents/2015/2015_OHT_State_Report.pdf.

¹⁶ “Oregon Healthy Teens 2015 Race/Ethnicity – 8th Grade,” Oregon State Public Health Division, 2015 Race and Ethnicity Results, Pg. 6, <https://public.health.oregon.gov/BirthDeathCertificates/Surveys/OregonHealthyTeens/Documents/2015/RaceEth/OHT2015RaceEth8.pdf>.

¹⁷ “Oregon Healthy Teens 2015 Race/Ethnicity – 11th Grade,” Oregon State Public Health Division, 2015 Race and Ethnicity Results, Pg. 6, <https://public.health.oregon.gov/BirthDeathCertificates/Surveys/OregonHealthyTeens/Documents/2015/RaceEth/OHT2015RaceEth11.pdf>.

¹⁸ “Oregon Healthy Teens Survey,” Oregon State Public Health Division, 2014/2015 School Year Survey (Grades 8 and 11), Table 90, https://public.health.oregon.gov/BirthDeathCertificates/Surveys/OregonHealthyTeens/Documents/2015/2015_OHT_State_Report.pdf.

¹⁹ Ibid, Table 92.

²⁰ Ibid, Table 93.

²¹ “Oregon Healthy Teens 2015 Race/Ethnicity – 8th Grade,” Oregon State Public Health Division, 2015 Race and Ethnicity Results, Pg. 6, <https://public.health.oregon.gov/BirthDeathCertificates/Surveys/OregonHealthyTeens/Documents/2015/RaceEth/OHT2015RaceEth8.pdf>.

²² “Oregon Healthy Teens 2015 Race/Ethnicity – 11th Grade,” Oregon State Public Health Division, 2015 Race and Ethnicity Results, Pg. 6, <https://public.health.oregon.gov/BirthDeathCertificates/Surveys/OregonHealthyTeens/Documents/2015/RaceEth/OHT2015RaceEth11.pdf>.

²³ ²³ “Oregon Healthy Teens Survey,” Oregon State Public Health Division, 2014/2015 School Year Survey (Grades 8 and 11), Table 98, https://public.health.oregon.gov/BirthDeathCertificates/Surveys/OregonHealthyTeens/Documents/2015/2015_OHT_State_Report.pdf.

²⁴ Ibid, Table 95.

²⁵ Kost, K., and Maddow-Zimet, I., *U.S. Teenage Pregnancies, Births, and Abortions, 2011: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2014), www.guttmacher.org/sites/default/files/report_pdf/us-teen-pregnancy-state-trends-2011_4.pdf, Table 1.1.

²⁶ Ibid., Table 1.2.

²⁷ “Teen Birth Rate Comparison, 2015 Among Girls Age 15-19,” The National Campaign to Prevent Teen and Unplanned Pregnancy, <https://thenationalcampaign.org/data/compare/1701>.

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- ²⁸ “Teen Births in Oregon, Girls 15-19,” The National Campaign to Prevent Teen and Unplanned Pregnancy, <https://thenationalcampaign.org/data/state/Oregon>.
- ²⁹ Kost, K., and Maddow-Zimet, I., *U.S. Teenage Pregnancies, Births, and Abortions, 2011: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2014), www.guttmacher.org/sites/default/files/report_pdf/us-teen-pregnancy-state-trends-2011_4.pdf, Table 1.1.
- ³⁰ *Ibid.*, Table 1.2.
- ³¹ Slide 17: “Rates of Diagnoses of HIV Infection among Adolescents Aged 13–19 Years 2015—United States and 6 Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2015.pdf.
- ³² Slide 20: “Rates of Diagnosed HIV Infection Classified as Stage 3 (AIDS) among Adolescents Aged 13–19 Years, 2015—United States and 6 Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2015.pdf.
- ³³ Slide 18: “Rates of Diagnoses of HIV Infection among Young Adults Aged 20–24 Years 2015—United States and 6 Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2015.pdf.
- ³⁴ Slide 21: “Rates of Diagnosed HIV Infection Classified as Stage 3 (AIDS) among Young Adults Aged 20–24 Years, 2015—United States and 6 Dependent Areas,” *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2015.pdf.
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- ⁴¹ *Ibid.*
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