SIECUS | Sexuality Information and Education Council of the United States

State Profiles FISCAL YEAR 2017

The complete FY 2017 State Profiles comprise individual state-specific documents along with four other accompanying documents. The Executive Summary details the current state of sexuality education across the country, highlighting trends observed over the past few decades. Additionally, it is critical to examine the information from each state within the larger context of the laws and federal funding streams across the country. Please reference the following documents to inform and contextualize broader sexuality education trends:

- Executive Summary
- Federal Funding Overview – compared to Oregon's federal funding
- Sex/Sexuality and HIV and other STIs Education Laws by State – compared to Oregon's education laws
- Descriptions of Curricula and Programs across the United States

OREGON

In Fiscal Year 2017,[1] the state of Oregon received:

- **Division of Adolescent and School Health funds totaling $15,000**
- **Personal Responsibility Education Program funds totaling $556,126**
- **Title V State Abstinence Education Program funds totaling $782,823**

In Fiscal Year 2017, local entities in Oregon received:

- **Teen Pregnancy Prevention Program funds totaling $1,249,999**
- **Tribal Personal Responsibility Education Program funds totaling $316,782**

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:

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 recognize 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, an 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 the most recent analysis of state legislative activity, SIECUS' *2016 Sex Ed State Legislative Year-End Report: Top Topics and Takeaways*.

YOUTH SEXUAL HEALTH DATA

Young people are more than their health behaviors and outcomes. For those wishing to support the sexual health and wellbeing of young people, it is important to utilize available data in a manner that tracks our progress and pushes policies forward while respecting and supporting the dignity of all young lives.

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 affect an individual's sexual health and wellbeing. That is, the context in which a young person's health behavior and decision-making happens is not reflected in individual data points. Notably, one example demonstrating such inequities are the limitations as to how and what data are currently collected; please be mindful of populations who may not be included in surveys or who may be misrepresented by the data. The data categories and any associated language are taken directly from the respective surveys and are not a representation of SIECUS' positions or values. For more information regarding SIECUS' use of data, please read the FY 2017 Executive Summary, *A Portrait of Sexuality Education in the States*.

OREGON YOUTH RISK BEHAVIOR SURVEY (YRBS) DATA[15]

The Centers for Disease Control and Prevention (CDC) monitors several behavioral health risks among young people through administration of the YRBS. Though not perfect—for instance, using broad race and ethnicity categories can often distort and aggregate the experiences of a diverse group of respondents—the YRBS is a critical resource for understanding the health behaviors of young people when used carefully and with an awareness of its limitations. Any missing data points indicate either a lack of enough respondents for a subcategory or the state's decision not to administer a question on the survey. SIECUS commends the CDC for conducting decades' worth of field studies to improve the accuracy and relevancy of the YRBS. Like the CDC, SIECUS underlines that "school and community interventions should focus not only on behaviors but also on the determinants of those behaviors."[16]

Oregon does not collect nor report YRBS data to the CDC. Instead, Oregon conducts its own student survey about sexual health behavior. The following sexual health behavior and outcome data represent some of the most recent information available on the health of young people who attend middle and high schools in Oregon.

- In 2015, 9.3% of students in grade 8 and 41.1% of students in grade 11 in Oregon reported having had sexual intercourse.[17]

- 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 8 in Oregon reported having had sexual intercourse.[18]

- 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.[19]

- In 2015, 3.3% of students in grade 8 and 2.1% of students in grade 11 in Oregon reported having had sexual intercourse before age 13.[20]

- In 2015, 3.3% of students in grade 8 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 8 and 5.1% of students in grade 11 said they have had sex with two or more people in the past three months.[21]

- In 2015, 19.9% of students in grade 8 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.[22]

- 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 8 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.[23]

- 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.[24]

- 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.[25]

- 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.[26]

Visit Oregon's Healthy Teens Survey database for additional information on youth risk behaviors.

OREGON SCHOOL HEALTH PROFILES DATA[27]

In 2015, the CDC released the School Health Profiles, which measures school health policies and practices and highlights which health topics were taught in schools across the country. Since the data

was collected from self-administered questionnaires completed by schools' principals and lead health education teachers, the CDC notes that one limitation of the School Health Profiles is bias toward the reporting of more positive policies and practices.[28] In the School Health Profiles, the CDC identifies 16 sexual education topics that it believes are critical to a young person's sexual health. Below are key instruction highlights for secondary schools in Oregon as reported for the 2013–2014 school year.

16 CRITICAL SEXUAL EDUCATION TOPICS IDENTIFIED BY THE CDC

1) How to create and sustain healthy and respectful relationships
2) Influences of family, peers, media, technology, and other factors on sexual risk behavior
3) Benefits of being sexually abstinent
4) Efficacy of condoms
5) Importance of using condoms consistently and correctly
6) Importance of using a condom at the same time as another form of contraception to prevent both STDs and pregnancy
7) How to obtain condoms
8) How to correctly use a condom
9) Communication and negotiation skills
10) Goal-setting and decision-making skills
11) How HIV and other STDs are transmitted
12) Health consequences of HIV, other STDs, and pregnancy
13) Influencing and supporting others to avoid or reduce sexual risk behaviors
14) Importance of limiting the number of sexual partners
15) How to access valid and reliable information, products, and services related to HIV, STDs, and pregnancy
16) Preventive care that is necessary to maintain reproductive and sexual health.

Source: School Health Profiles, 2014

Reported teaching all 16 critical sexual health education topics

- 24.9% of Oregon secondary schools taught students all 16 critical sexual health education topics in a required course in any of grades 6, 7, or 8.[29]

- 67.8% of Oregon secondary schools taught students all 16 critical sexual health education topics in a required course in any of grades 9, 10, 11, or 12.[30]

Reported teaching about the benefits of being sexually abstinent

- 83.3% of Oregon secondary schools taught students about the benefits of being sexually abstinent in a required course in any of grades 6, 7, or 8.[31]

- 96.9% of Oregon secondary schools taught students about the benefits of being sexually abstinent in a required course in any of grades 9, 10, 11, or 12.[32]

Reported teaching how to access valid and reliable information, products, and services related to HIV, other sexually transmitted diseases (STDs), and pregnancy

- 77.1% of Oregon secondary schools taught students how to access valid and reliable information, products, and services related to HIV, other STDs, and pregnancy in a required course in any of grades 6, 7, or 8.[33]

- 95.4% of Oregon secondary schools taught students how to access valid and reliable information, products, and services related to HIV, other STDs, and pregnancy in a required course in any of grades 9, 10, 11, or 12.[34]

Reported teaching how to create and sustain healthy and respectful relationships

- 80.6% of Oregon secondary schools taught students how to create and sustain healthy and respectful relationships in a required course in any of grades 6, 7, or 8.[35]

- 97% of Oregon secondary schools taught students how to create and sustain healthy and respectful relationships in a required course in any of grades 9, 10, 11, or 12.[36]

Reported teaching about preventive care that is necessary to maintain reproductive and sexual health

- 61% of Oregon secondary schools taught students about preventive care that is necessary to maintain reproductive and sexual health in a required course in any of grades 6, 7, or 8.[37]

- 94.6% of Oregon secondary schools taught students about preventive care that is necessary to maintain reproductive and sexual health in a required course in any of grades 9, 10, 11, or 12.[38]

Reported teaching how to correctly use a condom

- 37.7% of Oregon secondary schools taught students how to correctly use a condom in a required course in any of grades 6, 7, or 8.[39]

- 76.1% of Oregon secondary schools taught students how to correctly use a condom in a required course in any of grades 9, 10, 11, or 12.[40]

Reported teaching about all seven contraceptives

- 70.2% of Oregon secondary schools taught students about all seven contraceptives—birth control pill, patch, ring, and shot; implants; intrauterine device; and emergency contraception—in a required course in any of grades 9, 10, 11, or 12.[41]

Reported providing curricula or supplementary materials relevant to lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth

- 37% of Oregon secondary schools provided students with curricula or supplementary materials that included HIV, STD, or pregnancy prevention information relevant to LGBTQ youth.[42]

Visit the CDC's *School Health Profiles* report for additional information on school health policies and practices.

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

The following data from the CDC and the Guttmacher Institute represent the most recent state-specific statistics documenting teen pregnancy, birth, abortion, HIV/AIDS, and other STDs. For those wishing to support the sexual health and wellbeing of young people, it is important to use the data to advance their access to comprehensive education, resources, and services. However, the data is not intended to be used in a manner that is stigmatizing or shaming: Young people have the right to make informed decisions about their health and wellbeing, but this right must be accompanied by the ability to access and understand all available choices. Therefore, the following data should be used to advance a young person's right to make informed decisions about their body and health.

Teen Pregnancy, Birth, and Abortion

- In 2013, Oregon had the 34th highest reported teen pregnancy rate in the United States, with a rate of 36 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 43 per 1,000.[43] There were a total of 4,240 pregnancies among young women ages 15–19 reported in Oregon in 2013.[44]

- In 2015, Oregon had the 32nd highest reported 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.[45] There were a total of 2,284 live births to young women ages 15–19 reported in Oregon in 2015.[46]

- In 2013, Oregon had the 17th highest reported teen abortion rate[47] in the United States, with a rate of 9 abortions per 1,000 young women ages 15–19, compared to the national rate of 11 per 1,000.[48] There were a total of 1,030 abortions among young women ages 15–19 reported in Oregon in 2013.[49]

HIV and AIDS

- In 2015, the reported 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.[50]

- In 2015, the reported 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.[51]

- In 2015, the reported 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.[52]

- In 2015, the reported 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.[53]

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.[54]

- 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.[55]

- 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.[56]

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 (AOUM) PROGRAMS

FISCAL YEAR 2017 FEDERAL FUNDING IN OREGON

Grantee	Award
Division of Adolescent and School Health (DASH)	
Oregon Health Authority	$15,000
TOTAL	**$15,000**
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)	$556,126
TOTAL	**$556,126**
Tribal Personal Responsibility Education Program (Tribal PREP)	

Confederated Tribes of Grand Ronde	$316,782
TOTAL	**$316,782**
Title V Abstinence-Only-Until-Marriage Program (Title V AOUM)	
Oregon Department of Human Services (federal grant)	$782,823
TOTAL	**$782,823**
GRAND TOTAL	**$ 2,920,730**

DIVISION OF ADOLESCENT AND SCHOOL HEALTH

The CDC's school-based HIV prevention efforts include funding and technical assistance 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. In FY 2017, through the CDC's Division of Adolescent and School Health (DASH), 18 state education agencies and 17 school districts received funding to help the 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 six national, non-governmental organizations (NGOs) to help state and local education agencies achieve these goals.

- In FY 2017, 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- and other 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 2017, 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 YRBS and School Health Profiles data for policy and program improvements.

- In FY 2017, 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 ($15,000).

TEEN PREGNANCY PREVENTION PROGRAM (TPPP)

The OAH, within the U.S. Department of Health and Human Services (HHS), administers TPPP, which funds evidence-based or innovative evidence-informed, medically accurate, and age-appropriate programs to reduce teen pregnancy. In FY 2017, total funding for TPPP was $101 million, supporting 84 states, cities, non-profit organizations, school districts, universities, community-based organizations, and tribal organizations. These grantees were in year three of five TPPP funding tiers' five-year cooperative agreements in 33 states, the District of Columbia, and the Marshall Islands. In June 2017, however, 81 of the 84 grantees were notified, without cause or explanation, that their project periods were shortened to just

three years, to end on June 30, 2018. Since the other three grantees are on a different grant cycle, they had not yet received notice on the status of their funding at the time of publication. OAH provides program support, implementation evaluation, and technical assistance to grantees and receives an additional $6.8 million in funding for evaluation purposes. Below is information on the five TPPP funding tiers:

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

- In FY 2017, 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 2017, 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 2017)
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 young African Americans, Latinos, and Native Americans in Multnomah County. The project will provide programming in middle school, high school, and culturally specific community-based settings. The following curricula will be implemented: *Get Real*, *Making Proud Choices!*, and *Reducing the Risk*. The Adolescents and Community Together project aims to serve 12,868 young people each year during the grant period.[57]

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

- In FY 2017, there were no TPPP Tier 2A grantees in Oregon.

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

- In FY 2017, there were no TPPP Tier 2B grantees in Oregon.

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

- In FY 2017, there were no TPPP Tier 2C grantees in Oregon.

PERSONAL RESPONSIBILITY EDUCATION PROGRAM (PREP)
The Family and Youth Services Bureau (FYSB), within the Administration for Children and Families (ACF) division of HHS, administers PREP, which was authorized for a total of $75 million in FY 2017 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 through the Competitive Personal Responsibility Education Program (CPREP).

Similar to other programs highlighted in the State Profiles, the grants for the various PREP programs are awarded throughout the year, with several awarded in the final month of the fiscal year for use and implementation throughout the following year. SIECUS reports on funding amounts appropriated in FY 2017 and any programmatic activities that occurred during FY 2017, or October 1, 2016–September 30, 2017. It is important to remember, however, that reported programmatic activities for this period may have

utilized FY 2016 funds. Details on the state grants, PREIS, Tribal PREP, and CPREP are included below. More information and clarification surrounding funding announcements are also included below, as well as in the FY 2017 Executive Summary, *A Portrait of Sexuality Education in the States*.

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, and other STDs. In FY 2017, 44 states, the District of Columbia, the Federated States of Micronesia, Guam, Puerto Rico, the Republic of Palau, and the Virgin Islands received PREP state-grant 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 2017, the Oregon Health Authority received $556,126 in federal PREP funds.[58]
- The Oregon Health Authority did not provide sub-grants.[59]

The Oregon Health Authority, Public Health Division, implements the PREP state-grant program in both community- and school-based settings. The program is open to all young people ages 15-19 in Washington, Klamath, Jackson, Malheur, and Deschutes counties and uses the *Family Life and Sexual Health (FLASH)*; *Rights, Respect, Responsibility*; and *¡Cuídate!* curricula. The following adulthood preparation subjects are addressed: healthy relationships, adolescent development, and healthy life skills.[60]

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, HIV, and other STDs.

- In FY 2017, there were no PREIS grantees in Oregon.

Tribal Personal Responsibility Education Program (Tribal PREP)

Tribal PREP supports the development and implementation of pregnancy-, HIV-, and other STD-prevention programs among young people 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, 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 2017, eight tribes and tribal organizations from seven states received a total of $3,271,693.

- In FY 2017, there was one Tribal PREP grantee in Oregon: The Confederated Tribes of Grand Ronde ($316,782).[61]

THE CONFEDERATED TRIBES OF GRAND RONDE (CTGR), $316,782 (FY 2017)

CTGR strives to improve the quality of life for Tribal people by providing them with opportunities, services, and a sustainable economic foundation for future generations.[62] With its Tribal PREP funds, CTGR will serve an estimated 150 Tribal youth in the Grand Ronde area, specifically at Willamina Middle School. Although CTGR has not yet decided which curriculum to implement, it is strongly considering *Native It's*

Your Game!.[63] At the time of publication, additional 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, and other STDs. Only organizations and institutions in states and territories that did not apply for PREP state grants are eligible to submit competitive applications for CPREP grants. In FY 2017, 21 CPREP grants, totaling $10.2 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 2017, Oregon received PREP state-grant funding; therefore, entities in Oregon were not eligible for CPREP.

TITLE V "ABSTINENCE EDUCATION" STATE GRANT PROGRAM

The Title V "abstinence education" state grant program for AOUM programming, or the Title V AOUM program, is administered by FYSB, within ACF of HHS, and was authorized at $75 million for FY 2017. 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.[64]

- In FY 2017, the Oregon Department of Human Services received $782,823 in federal Title V AOUM funding.[65]
- At the time of publication, information as to Oregon's use of FY 2017 Title V AOUM funds was unknown. The following information reflects implementation of FY 2015 funds during FY 2016.
- The Department provides sub-grants to 14 county health departments and local school districts. The sub-grantee information is listed below.[66]
- 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 6th and 7th grade students in Oregon.[67] At the time of publication, additional information as to Oregon's use of Title V AOUM funds was unknown.

"Sexual Risk Avoidance Education" (SRAE) Grant Program

Administered by FYSB within ACF of HHS, the SRAE program—a rebranding of the competitive AOUM grant program—provides funding for public and private entities 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 2017, $15 million was appropriated for the SRAE grant program, and $13.5 million was awarded to 27 grantees in 14 states through a competitive application process.

- In FY 2017, 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 2017 began on October 1, 2016, and ended on September 30, 2017.
[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.
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[16] "Methodology of the Youth Risk Behavior Surveillance System – 2013," pg. 17, Centers for Disease Control and Prevention, www.cdc.gov/mmwr/pdf/rr/rr6201.pdf.
[17] "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.

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[19] "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.
[20] "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.
[21] Ibid, Table 92.
[22] Ibid, Table 93.
[23] "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.
[24] "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.
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[29] Ibid., Table 9c.
[30] Ibid., Table 11c.
[31] Ibid., Table 9a.
[32] Ibid., Table 11a.
[33] Ibid., Table 9a.
[34] Ibid., Table 11a.
[35] Ibid., Table 9b.
[36] Ibid., Table 11b.
[37] Ibid., Table 9b.
[38] Ibid., Table 11b.
[39] Ibid., Table 9c.
[40] Ibid., Table 11c.
[41] Ibid., Table 13.
[42] Ibid., Table 39.
[43] Arpaia, A., Kost, K., and Maddow-Zimet, I., *Pregnancies, Births and Abortions Among Adolescents and Young Women in the United States, 2013: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2017), https://www.guttmacher.org/sites/default/files/report_downloads/us-adolescent-pregnancy-trends-2013_tables.pdf, Table 2.5.
[44] Ibid., Table 2.6.
[45] "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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[49] Ibid., Table 2.6.
[50] 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.
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[56] Ibid.
[57] "Multnomah County Health Department," Grantees (OR) – TPP Tier 1B, U.S. Department of Health and Human Services, Office of Adolescent Health, www.hhs.gov/ash/oah/grants/grantees/tpp/1b/multnomah-county-health-department.html.
[58] "2017 State Personal Responsibility Education Program (PREP) Awards," Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, www.acf.hhs.gov/fysb/resource/2017-state-prep-awards.
[59] Information provided by Lindsay Weaver, Youth Sexual Health Project Coordinator, Oregon Health Authority, June 16, 2017.
[60] Ibid.
[61] "Tribal Personal Responsibility Education Program (PREP) Awards FY2017," Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, https://www.acf.hhs.gov/fysb/tribal-prep-awards-fy2017.
[62] "About," The Confederated Tribes of Grand Ronde, http://grandronde.org/about/.
[63] "Tribal Personal Responsibility Education Program (Tribal PREP) Grantee Profiles," Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, https://www.acf.hhs.gov/fysb/resource/tribal-prep-profiles.
[64] 42 U.S.C. 710, Title V, Section 510 of the Social Security Act, the authorization for the Title V AOUM grant program, defines "abstinence education" as "an educational or motivational program which:

> (A) has as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;
> (B) teaches abstinence from sexual activity outside marriage as the expected standard for all school-age children;
> (C) teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems;
> (D) teaches that a mutually faithful monogamous relationship in context of marriage is the expected standard of human sexual activity;
> (E) teaches that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects;
> (F) teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child's parents, and society;

(G) teaches young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances; and
(H) teaches the importance of attaining self-sufficiency before engaging in sexual activity."
www.ssa.gov/OP_Home/ssact/title05/0510.htm.

[65] "2017 Title V State Abstinence Education Program Grant Awards," Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, www.acf.hhs.gov/fysb/resource/2017-aegp-awards.
[66] Information provided by Sandra Harms, DHS Youth Services, Oregon Department of Human Services, May 13, 2016.
[67] Ibid.