Oregon Youth Sexual Health Plan: 2023 Final Report

GOAL 1 Youth use accurate information and well-developed skills to make thoughtful choices about relationships and sexual health

The 2009 Youth Sexual Health Plan highlighted the agency of young people to make informed decisions about their lives and health. This pushed Oregon systems to focus on **skills-based comprehensive sex education (CSE)** in both state and local policy. Key shifts over time included the following:

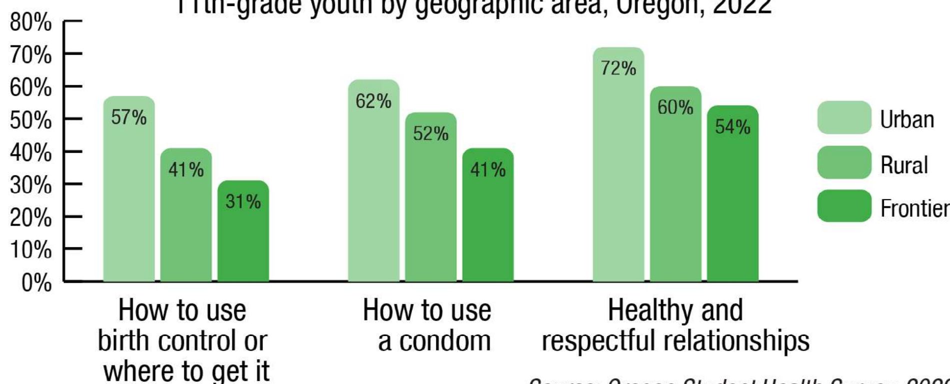
Improved funding and implementation

- Federal, state, and local funding opportunities for youth sexual health programming expanded. The funding focused on family engagement, LGBTQ2SIA+ youth, culturally specific programming and youth with disabilities.
- New state policies such as the Healthy Teen Relationships Act (2013), Erin's Law (2015) and updated K–12 health standards (2016) increased sex education at the local level.
- Launched in 2020, the Oregon Open Learning Hub is an online repository of free resources — including sex education curricula — created by local teachers and communities.

Improved transparency and accountability

- The Oregon Sexual Violence Prevention Resource Map launched in 2019. It shows survey results from local school districts regarding CSE policy and actions, encouraging transparency and accountability.
- In 2019, the Oregon Healthy Teens Survey (now the Student Health Survey) added questions about whether students received classroom instruction specific to birth control, condom use and healthy relationships.

Across Oregon, 72 percent of 11th-grade youth reported receiving some sexual health information at school during the 2021–2022 year. However, there are notable differences based on geographic area. Rural and frontier* youth were less likely than their urban peers to report being taught in school about birth control, condoms and healthy relationships.



Source: Oregon Student Health Survey, 2022

Oregon's frontier counties comprise:

- Baker
- Gilliam†
- Grant
- Harney†
- Lake
- Malheur
- Morrow
- Sherman
- Wallowa†
- Wheeler

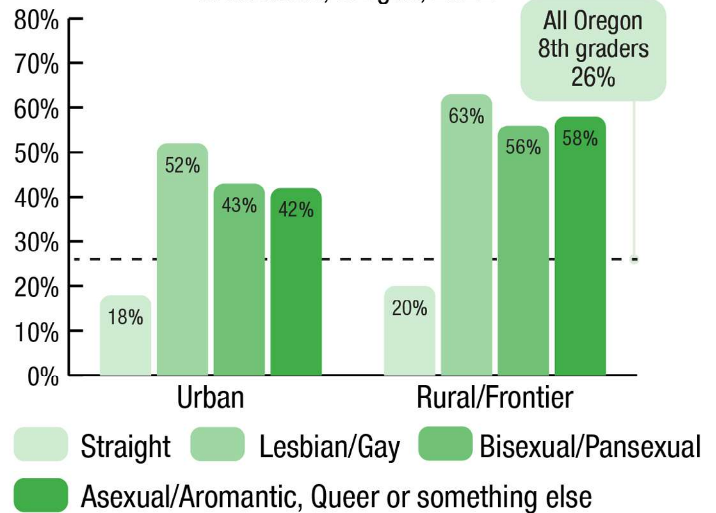
†Not represented in 2022 Oregon Student Health Survey

* The Oregon Office of Rural Health defines "rural" as any geographic area 10 or more miles from the centroid of a population center of 40,000 people or more. "Frontier" is defined as any county with six or fewer people per square mile.

Oregon Health Authority

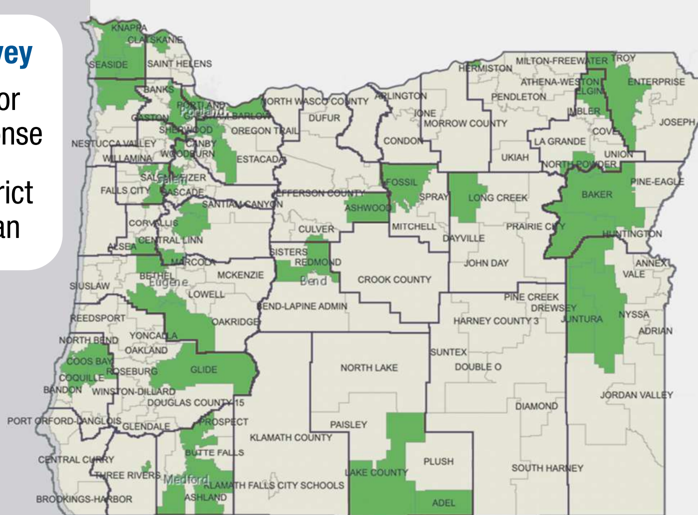
Comprehensive sex education and health equity

Connecting LGBTQ2SIA+-inclusive sexuality education and reduction in bullying can help improve mental health outcomes for gender and sexual minority students.[1] In 2022, LGBTQ2SIA+ eighth graders reported higher levels of bullying at school than their heterosexual cisgender peers. Rates of bullying also had geographical differences. For example, 56 percent of bisexual eighth graders in rural and frontier areas had experienced bullying at school within the past 30 days, compared to 43 percent of bisexual eighth-grade students in urban areas. For this reason, **sex education across the state must be LGBTQ2SIA+ inclusive, affirm all student identities and ensure that students are in safe and supportive environments.**



Action item: Community education and collective action

Oregon Health Authority and community partners developed the Oregon Sexual Violence Prevention Resource Map to **improve transparency in tracking the adoption of CSE policy in school districts across the state.** As seen below, the map shows school districts with a CSE plan of instruction in place. To address inequities in youth sexual health and youth experiencing bullying and other forms of violence, **CSE must be taught equitably across the state.**



Historically, CSE has been challenged by community members using misinformation campaigns, despite most parents supporting CSE.[2] With the 2022 U.S. Supreme Court decision to overturn Roe v. Wade and ongoing campaigns to limit access to reproductive health services, it is expected that CSE will face ongoing challenges in the future. **Support of community education efforts is vital to protecting and promoting CSE in schools.**

1. Goldfarb ES, Lieberman LD. Three decades of research: The case for comprehensive sex education. Journal of Adolescent Health [Internet]. 2020;68(1):13-27. Available from: https://doi.org/10.1016/j.jadohealth.2020.07.036
2. Eisenberg ME, Oliphant JA, Plowman S, Forstie M, Sieving RE. Increased parent support for comprehensive sex education over 15 years. Journal of Adolescent Health [Internet]. 2022;71(6):744-750. Available from: https://doi.org/10.1016/j.jadohealth.2022.08.005

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200-282000a (10/2023)

Oregon Youth Sexual Health Plan: 2023 Final Report

GOAL 2 Rates of unintended pregnancies are reduced

Access to medically accurate education and reproductive health care supports youth to make the best decisions for themselves. Oregon law requires schools to provide comprehensive and age-appropriate human sexuality education.[1] Comprehensive sexuality education provides medically accurate information on contraception and reproductive health care access. It also includes skill building for developing healthy relationships. All of these are critical in reducing unintended pregnancies more equitably through a reproductive justice lens.

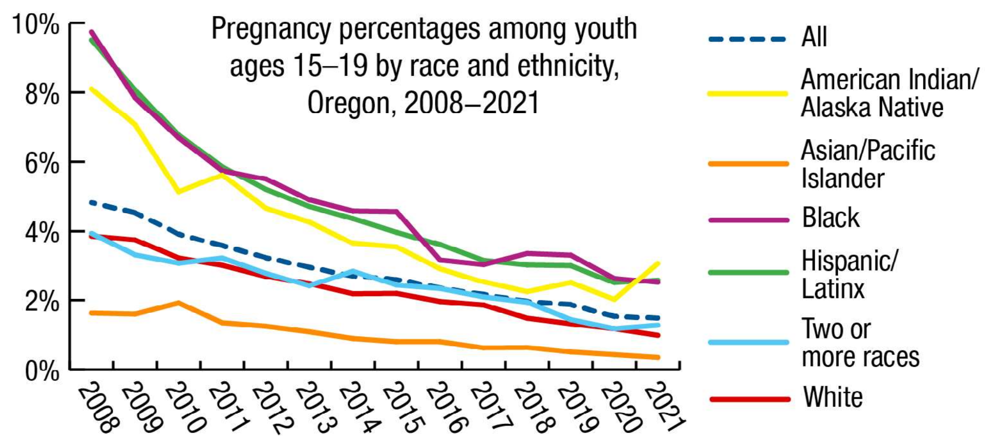
Historical approaches to teen pregnancy prevention

- Tied funding to abstinence-based sex education and fear-based instruction
- Was rooted in historical oppression (for example, forced sterilization programs)
- Used racialized stereotypes and imagery
- Viewed pregnant teens as a problem to solve rather than supporting youth in making the choice to become a parent or not
- Made economic arguments against teen pregnancy
- Was framed on white supremacist and adult-centered values
- Did not include LGBTQ2SIA+ youth

Moving toward a reproductive justice approach

- Ties funding to culturally specific programming
- Counters stereotypes with facts, such as 76 percent of teens who gave birth in 2021 were legal adults 18 or older[2]
- No longer frames teen pregnancies as a “risk” or problem behavior
- Identifies the effect of geographic, regional and cultural factors beyond individual behaviors
- Supports people to have children when they want to have them — including ensuring equitable access to health care, childcare, safe and affordable housing, and economic opportunities

The percentage of pregnant youth ages 15–19 continues to decline. With the release of the Oregon Youth Sexual Health Plan in 2009, **many statewide partners, organizations, individuals and youth themselves contributed to a supportive environment that reduced unintended pregnancies.** Pregnancies in Oregon among people ages 15–19 decreased 69 percent from 2008 to 2021.



Source: Oregon Public Health Division, 2020

Oregon Health Authority

Unintended pregnancies and health equity

Notable differences in youth pregnancy rates between racial and ethnic categories continue to exist. These inequities are linked to socioeconomic and environmental disadvantages. Racism contributes to health inequities through multiple avenues, including reproductive autonomy, access to quality health care without discrimination or stigma, access to quality education, employment opportunities and pathways to socioeconomic mobility. These factors are examples of **social determinants of health — the non-medical conditions of the environments in which people live.** Lower levels of social determinants of health such as income, education and employment are all linked to higher teen birth rates.[3]

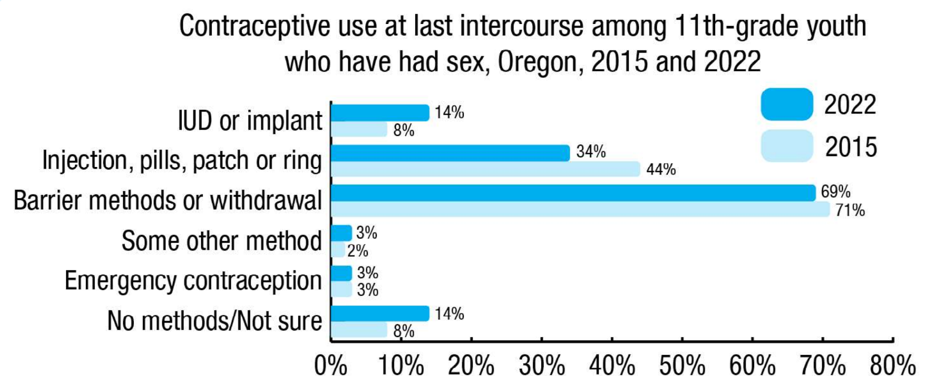
In addition to social determinants of health, racism and systemic bias affect how teen pregnancies are defined and framed in society. Past teen pregnancy prevention policies have been rooted in oppression, including forced sterilization programs. They have framed teen pregnancies as a problem to solve instead of treating youth as people with agency. **Shifting focus from preventing young people from getting pregnant to supporting people in having the children they want when they want to have them allows all youth to receive equitable and unconditional care and support.**

Action item: Birth control information and access

In 2022, **about half of 11th-grade youth and less than one-third of eight-grade youth reported being taught in school about birth control and where to find it.** Youth must have medically accurate information about all types of birth control to make informed choices about their own lives and health.

From 2015 to 2022, the proportion of sexually active 11th graders in Oregon who use **long-acting reversible contraceptives (LARCs),** such as IUDs or implants, increased from 8 percent to 14 percent. Use of other methods — such as birth control injections, pills, patches and rings — decreased.

Responses to the 2022 Oregon Student Health Survey also indicated that 33 percent of 11th-grade youth who have had sex **used more than one contraceptive method** the last time they had sex. It is essential for young people's reproductive health to ensure they have **access to all contraceptive methods** and receive health care in a stigma-free environment.



Source: Oregon Healthy Teens Survey, 2015; Oregon Student Health Survey, 2022

School-based health centers (SBHCs) are one place young people can access care. Over the past 10 years, Oregon's certified SBHCs have substantially expanded access to birth control. **Sixty-five percent of SBHCs offered LARCs on site in 2022,** compared to only 38 percent in 2015. As of 2022, **20 percent of SBHCs offer onsite access to the full range of contraceptive methods.**

1. Human sexuality education, ORS 336.455 [Internet], 2009 (Oregon). Available from: https://oregon.public.law/statutes/ors_336.455
2. Osterman MJK, Hamilton BE, Martin JA, Driscoll AK, Valenzuela CP. Births: Final data for 2020. National Vital Statistics Reports [Internet]. 2022;70(17). Available from: https://www.cdc.gov/nchs/data/nvsr/nvsr70/nvsr70-17.pdf
3. Penman-Aguilar A, Carter M, Snead MC, Kourtis AP. Socioeconomic disadvantage as a social determinant of teen childbearing in the US. Public Health Reports [Internet]. 2013;128(2). Available from: https://doi.org/10.1177/00333549131282S102

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200-282000b (10/2023)

Oregon Youth Sexual Health Plan: 2023 Final Report

GOAL 3 Rates of sexually transmitted infections (STIs) are reduced

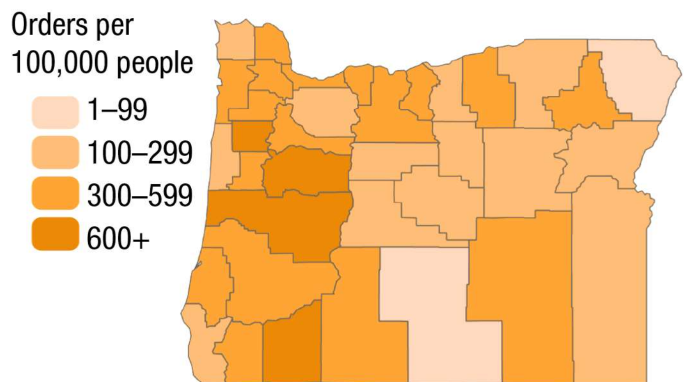
Access to education about condoms and how to use them can help reduce rates of sexually transmitted infections (STIs) among youth.[1] Since 2009, Oregon law has required school districts to teach about STIs and disease prevention as part of comprehensive human sexuality education.[2] Student responses from the 2022 Oregon Student Health Survey show that **over half of eighth- and 11th-grade youth received information on condom use to prevent STIs at school during the 2021–2022 year.**

Making sexual health services accessible

In 2021, the Oregon Health Authority launched ONE at Home, a mail order condom delivery program. Oregon residents can **receive an envelope of 20 free condoms delivered discreetly to their door** up to twice per month. As of November 2022, **over 13,000 condom orders have been filled, with 30.4 percent of them going to people under 24.** Oregon youth consistently report rates of condom use comparable to nationwide rates.[3]

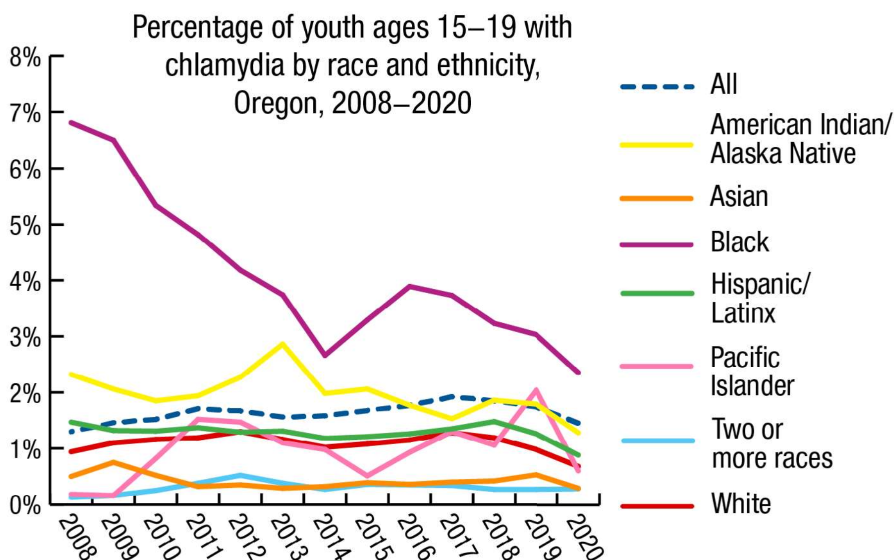
Other critical sexual health services for reducing STI rates among youth are available through health care providers across the state. This includes **free HIV/ STI testing, treatment and partner notification support.** Oregon law allows minors to receive testing and treatment for many STIs without parental consent.[4] Through a program called TakeMeHome, Oregon Health Authority has offered **free mail order HIV testing since 2020 and free mail order STI testing since 2021.**

Total condom orders delivered per 100,000 people by county, Oregon, 2023



Source: Oregon Condom Delivery Program, 2023

Percentage of youth ages 15–19 with chlamydia by race and ethnicity, Oregon, 2008–2020



Source: Oregon Public Health Division, 2020

STIs and health equity

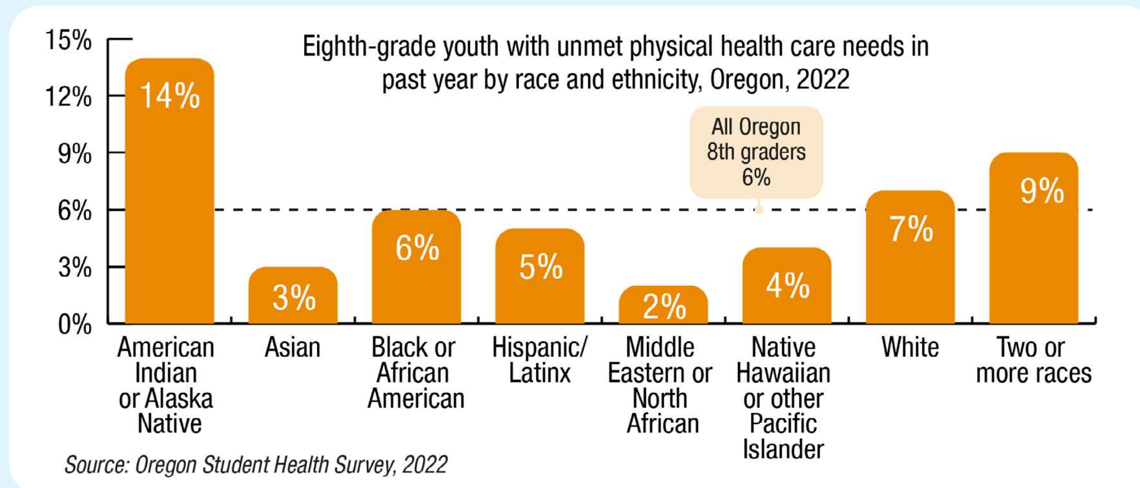
Chlamydia is the most common bacterial STI in the United States. In Oregon, the overall percentage of youth with chlamydia increased slightly between 2008 and 2020, though it has been steadily declining since 2017. Percentages among Black youth saw the greatest decrease since 2008, dropping by 66 percent. However, Black youth are also consistently affected by chlamydia at higher rates than their non-Black peers. Elevated rates among Black youth are also seen in Oregon gonorrhea data, as well as in national STI data.[5]

Oregon Health Authority

Action item: Accessible comprehensive health care for all youth

STIs disproportionately affect youth of color in the United States. These higher rates are not caused by ethnicity or heritage — they are the result of systemic oppression and social conditions that have a disproportionate impact on youth of color. Reduced access to stable housing, employment and educational opportunities; increased exposure to discrimination, racialized policing and violence; and stressors such as interpersonal discrimination and mental health care inequities have all been shown to contribute to higher STI rates among youth of color.[6]

Racism contributes to health inequities through multiple avenues, including reproductive autonomy and access to quality health care without discrimination. Youth of color in Oregon do not have access to health care at the same rate as their peers. For example, in the 2022 Oregon Student Health Survey, 14 percent of American Indian or Alaska Native eighth-grade students reported an unmet physical health care need within the past year, compared with 6 percent of all Oregon eighth graders.



Despite notable efforts in reducing STI inequities for youth of color in Oregon, there is still much progress to be made toward this goal. Unfortunately, the stigma around STIs often prevents people from seeking and receiving appropriate treatment. This makes it even more important that all Oregon youth have access to health care without discrimination. Research suggests that **increased transparency and trust between youth and health care providers, accessibility to testing clinics and reframing societal attitudes toward STIs** have the potential not only to remove obstacles to STI testing and treatment, but to involve young people more in their own communities of care.[7]

1. Bauman LJ, Watnick D, Silver EJ, Rivera A, Sclafane JH, Rodgers CRR, Leu C-S. Reducing HIV/STI risk among adolescents aged 12 to 14 years: A randomized controlled trial of Project Prepared. Prevention Science [Internet]. 2021; 22:1023-1035. Available from: https://doi.org/10.1007/s11121-021-01203-0
2. Human sexuality education, OAR 581-022-2050 [Internet], 2009 (Oregon). Available from: https://oregon.public.law/rules/oar_581-022-2050
3. Oregon Health Authority, Public Health Division. Oregon Healthy Teens Survey; Youth Risk Behavior Survey [Internet]. 2009, 2011, 2013, 2015, 2017, 2019. Available from: https://www.oregon.gov/oha/PH/BIRTHDEATHCERTIFICATES/SURVEYS/OREGONHEALTHYTEENS/Pages/index.aspx
4. Right to care for certain sexually transmitted infections without parental consent, ORS 109.610 [Internet], 2021 (Oregon). Available from: https://oregon.public.law/statutes/ors_109.610
5. Boutrin M-C, Williams DR. What racism has to do with it: Understanding and reducing sexually transmitted diseases in youth of color. Healthcare [Internet]. 2021; 9(6):673. Available from: https://doi.org/10.3390/healthcare9060673
6. Ibid.
7. Grieb SM, Reddy M, Griffin B, Marcell AV, Meade S, Slogeris B, Page KR, et al. Identifying solutions to improve the sexually transmitted infections testing experience for youth through participatory ideation [Internet]. 2018;32(8):330-335. Available from: https://www.liebertpub.com/doi/10.1089/apc.2018.0038

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200-282000c (10/2023)

Oregon Youth Sexual Health Plan: 2023 Final Report

GOAL 4 Non-consensual sexual behaviors are reduced

When the Oregon Youth Sexual Health Plan was developed in 2009, young people shared the importance of preventing sexual violence and abuse. In response, partners across the state worked to **build a stronger foundation of sex education as a strategy for reducing sexual violence.**

Improved funding and actions

- Newly passed state policies such as the Human Sexuality Education Law (2009), the Healthy Teen Relationships Act (2013) and Erin's Law (2015) require sexual violence prevention and child abuse prevention to be taught in each grade from kindergarten through high school.
- The LGBTQ2SIA+ Student Success Plan (2020) prompted the 2022 Oregon Legislature to provide funding to improve health and education outcomes for gender-expansive youth and youth with marginalized sexual orientations. This includes strategies and programs to make schools more inclusive and welcoming, and thus safer, for students of all identities.

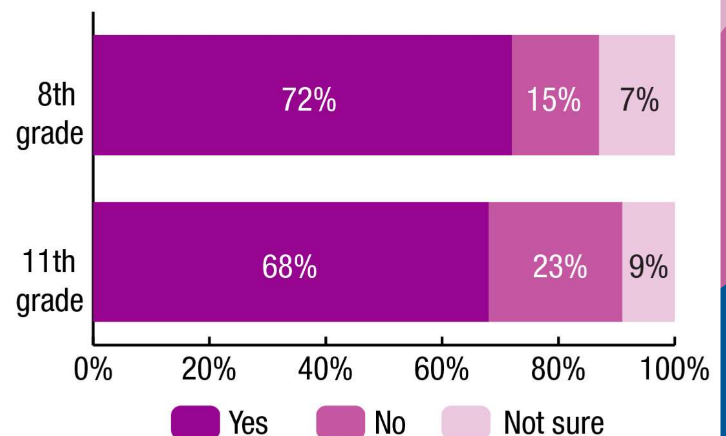
Accountability and youth-led advocacy

- The 2020 Student Health Survey (formerly Oregon Healthy Teens Survey) included more options for gender identity and sexual orientation. This provides more data around sexual violence and LGBTQ2SIA+ students.
- The Oregon Sexual Violence Prevention Resource Map launched in 2019. It shows survey results about sexual violence among 11th-grade students.
- Students across Oregon staged walkouts to bring attention to sexual harassment and violence on K–12 campuses and to demand that leadership better protect students.

Keeping students safe

In a public health approach, primary prevention of sexual violence and abuse refers to methods that prevent incidents before they begin. This is unlike other prevention methods that rely on those at risk of assault to put an end to violence. Primary prevention targets and dismantles beliefs, behaviors and environments that foster sexual violence and abuse. A K–12 comprehensive sexuality education curriculum that includes defining healthy relationships, boundaries and consent, and emotional regulation and expression is considered an essential primary prevention strategy for youth sexual violence.[1]

Most Oregon eighth- and 11th-grade students reported being taught in school about healthy and respectful relationships during the 2021–2022 year. In a 2021 online survey of Oregon school districts, respondents listed **state curriculum guidance and community resources and partners** as the most helpful factors in developing a comprehensive plan of instruction for sexuality education.[2] These results show Oregon's commitment to reducing sexual violence through primary prevention methods.

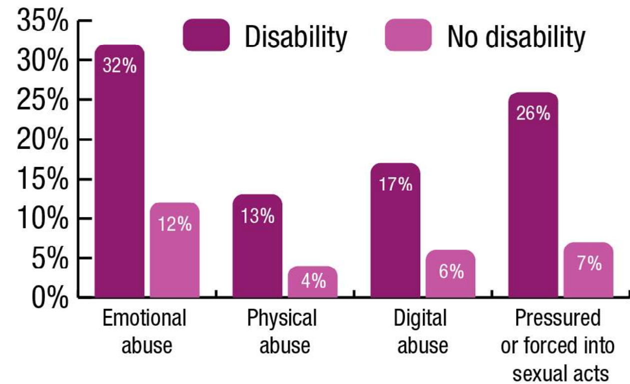


Oregon Health Authority

Only 45 percent of Oregon 11th graders reported having a trusted teacher or other adult in their school to whom they could go for help dealing with sexual assault or dating violence. **Reducing and preventing sexual violence requires all of us to support healthy communication with young Oregonians and respond appropriately and adequately if they experience personal violence.**

Sexual violence and health equity

For every item in the 2022 Student Health Survey about dating and sexual violence, 11th graders with disabilities reported statistically significantly higher rates than students without disabilities. These results in Oregon reflect national and even global outcomes, as studies consistently find higher rates of sexual and intimate partner violence experienced by people with disabilities.[3]

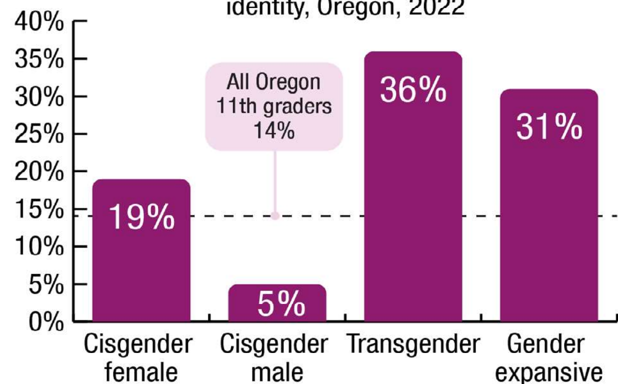


Source: Oregon Student Health Survey, 2022

Since 2020, Oregon Health Authority has partnered with Oregon Health & Science University to launch an evidence-based, federally funded, **comprehensive sexuality curriculum for transition programs serving young people with intellectual and developmental disabilities.** As of July 2023, 158 educators from 56 programs and community organizations have been trained to teach this curriculum. Plans to reach more age groups and locations are underway.

Action item: Reducing sexual violence for youth of all genders

Changes to the 2020 and 2022 Student Health Surveys provided new data on experiences of sexual violence, particularly among transgender and gender-expansive youth. These youth reported rates of sexual violence statistically significantly higher than the statewide average.



Source: Oregon Student Health Survey, 2022

Following feedback and recommendations from the legislatively mandated Oregon LGBTQ2SIA+ Student Success Plan, the Oregon Department of Education released *Supporting Gender Expansive Students: Guidance for Schools* in January 2023. This report emphasizes the need for **equity in instructional materials and all-gender instruction during sexuality education** to affirm all students' identities and right to safe environments and relationships.

1. Schneider M, Hirsch JS. Title. Comprehensive sexuality education as a primary prevention strategy for sexual violence prevention [Internet]. 2018;21(3): 427-637. Available from: https://doi.org/10.1177/1524838018772855
2. Oregon Health Authority, Public Health Division. Sexual Violence Prevention Resource Map [Internet]. 2021. Available from: https://geo.maps.arcgis.com/apps/MapSeries/index.html?appid=4bf3974813d4436793660897cb923311
3. Mailhot Amborksi A., Bussières E-L, Vaillancourt-Morel M-P, Joyal CC.). Sexual violence against persons with disabilities: A meta-analysis. Trauma, Violence, & Abuse [Internet]. 2021;23(4): 1330-1343. Available from: https://doi.org/10.1177/1524838021995975

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