

Oregon Youth Sexual Health Plan: 2023 Final Report

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

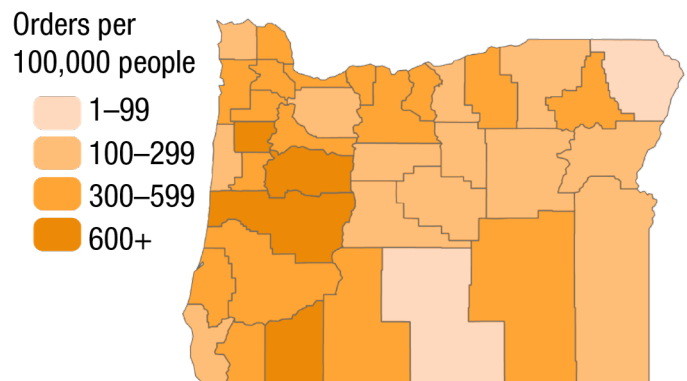
Access to education about condoms and how to use them can help reduce rates of sexually transmitted infections (STIs) among youth.¹ Since 2009, Oregon law has required school districts to teach about STIs and disease prevention as part of comprehensive human sexuality education.² Student responses from 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

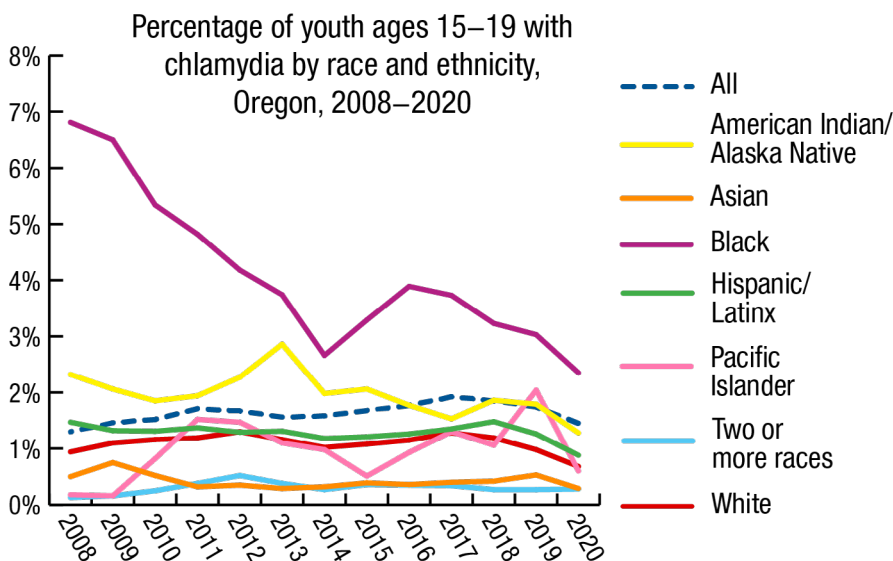
In 2021, the Oregon Health Authority launched ONE at Home, a mail order condom delivery program. Oregon residents can **receive an envelope of 20 free condoms delivered discreetly to their door** up to twice per month. As of November 2022, **over 13,000 condom orders have been filled, with 30.4 percent 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



Source: Oregon Public Health Division, 2020

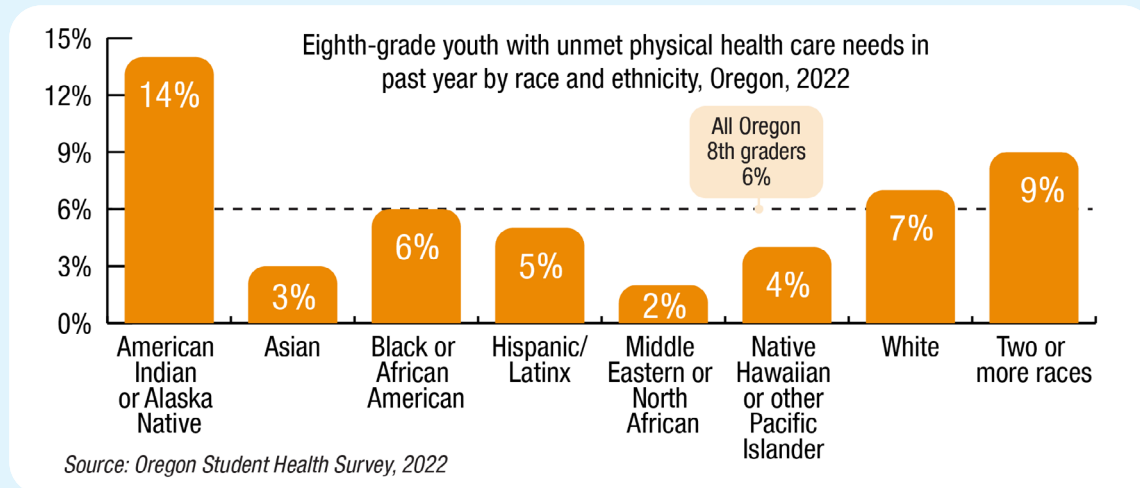
STIs and health equity

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

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>

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact the Adolescent and School Health Program at Adolescent.Program@odhsoha.oregon.gov or 503-798-2852 (voice/text). We accept all relay calls.