

**NC INSTITUTE OF MEDICINE
TASK FORCE ON ADOLESCENT HEALTH
JANUARY 9, 2009
10:00-3:00**

Minutes

Attendees:

Task Force/Steering Committee: Steven Cline, Carol Ford, Howard Lee, Donna Breitenstein, Barb Bowsher, Tania Connaughton-Espino, Tamera Coyne-Beasley, Jennifer Garrett, Laura Gerald, Nelle Gregory, Michelle Hughes, Dan Krowchuk, Peter Leone, Bronwyn Lucas, Sharon Mangan, Steve North, Connie Parker, Senator William Purcell, Kristin Rager, Joel Rosch, Carol Tant, Tom Vitaglione, Irene Zipper

Interested Persons and Staff: Sydney Atkinson, Angella Bellota, Kimberly Alexander-Bratcher, Phyllis Blackwell, Paula Collins, Valerie Collins Russell, Rodney Crownores, Jeffrey Engel, Rachel Fesperman, Thalia Fuller, Mark Holmes, Sarah Langer, Jesse Lichstein, Ruth Petersen, Susan Philliber, Meka Sales, Melissa Reed, Pam Silberman, Lindsay Siler, Ilene Speizer, Sally Swanson, Carol Tyson, Yvonne Wasilewski

SEXUAL HEALTH AND ADOLESCENT PREGNANCY DATA

*Jeffrey Engel, MD, Chief, Epidemiology Section
NC Division of Public Health, NC Department of Health and Human Services*

In 2007, North Carolina had a slightly higher percentage of high school students who reported having ever had sexual intercourse (52% vs 48%) and sexual intercourse with one or more people during the past 3 months (38% vs 35%) than the US average. North Carolina was similar to the nation in the percentages of high school students who have had sexual intercourse with 4 or more people in their lifetime (16%), used alcohol or drugs before the last sexual intercourse (21%), used a condom during the last sexual intercourse (61%), and used birth control pills (17%). Additionally, eight percent of students report having had sexual intercourse for the first time before age 13.

North Carolina has a higher teen pregnancy rate than the nation (72 vs 62 per 1,000 females ages 15-19 in 2004). Since peaking in 1990 at (117 pregnancies per 1,000 females ages 15-19 in 2004), the teen pregnancy rate has been steadily declining. National data indicate the teen pregnancy rate may be beginning to level off. Research shows that the decline is due primarily to increased access to birth control, although delayed age of sexual debut has also played a role. In North Carolina, the minority teen pregnancy rate is significantly higher than that of white teens(83 per 1,000 vs. 52 per 1,000).

There are many negative outcomes associated with being the child of a teenage mother. Children of teenage mothers are more likely to: drop out of high school, have decreased educational attainment, earn less money, suffer high rates of child abuse and neglect, grow up poor, live in single-parent households, enter the child-welfare system, become

teen parents themselves (daughters), and end up in prison (sons). The costs of these outcomes to the nation and the state are quite high. In 2004, it is estimated that the cost of teen childbearing was over \$250 million due to lost tax revenue, incarceration of sons of teen parents, child welfare, and health care.

North Carolina has higher rates of gonorrhea, chlamydia, syphilis (primary and secondary), and HIV among adolescents ages 15-19 than the US. There are large racial disparities in sexually transmitted disease rates among adolescents. Mode of transmission also varies by gender and disease.

Discussion/Comments: The discussion focused on what North Carolina can do to reduce North Carolina's teen pregnancy and STD/HIV rates. Dr. Engel suggested focusing on high-risk groups, particularly African-American youth. In addition to focusing on particular racial/ethnic groups, members suggested looking at the impact of social networking patterns and poverty.

OVERVIEW OF SEXUAL HEALTH ISSUES AND PREVALENCE AND WHAT WORKS: EVIDENCED-BASED & PROMISING PRACTICES

Susan Philliber, PhD, Senior Partner, Philliber Research Associates

Over the last decade, a tremendous amount has been learned about what works in preventing teen pregnancy. Teen pregnancy, births and STD rates can be reduced by stopping or reducing the incidence of sexual intercourse and/or by increasing the use of protection/contraception. A program that works will impact adolescent behavior by any of the following: delaying initiation of sex, reducing frequency of sex, reducing number of partners, increasing condom use, increasing contraceptive use, reducing pregnancy, reducing childbirth, and reducing STDs.

Research shows that programs that work focus on adolescents but do not focus on pregnant and parenting teens. There are many types of programs, including: comprehensive curricula, abstinence only curricula, clinic protocols, community programs, service learning, mother-adolescent programs, and multi-component programs.

There is strong evidence that comprehensive curricula can strongly impact teen pregnancy, birth and STD rates. The characteristics of a good comprehensive curricula are a curriculum that has been pilot tested and shown to be effective, is selected based on a good needs assessment, uses a theory-based approach that increases protective factors and decreases risk factors, has multiple activities, is age and culturally appropriate, and is implemented with fidelity. In contrast, there is no evidence that abstinence only education works and, in direct comparisons, comprehensive education produces better outcomes.

Clinic protocols that increase access to contraceptives work, but there needs to be more outreach, service and follow-up with patients to ensure maximum impact. Service learning and community programs, such as mass communication, websites, and community events have been shown to have a positive effect. Parent-teen programs show weak but promising effects. High quality early education has been shown to positively

impact teen pregnancy and birth rates. The evidence on youth development programs vary based on the individual program.

Research over the past 10 years indicates that ongoing, age-appropriate comprehensive sexual education is the most effective type of program to reduce teen pregnancy, birth and STD rates. It important to note that some comprehensive curricula hardly mention sex, but produce positive outcomes by focusing on skills building including definition and role modeling, practice skills, feedback on progress, and additional progress until achieved mastery.

Discussion/Comments: The discussion focused on the criteria of the evaluation study Dr. Philliber presented, political and community pressure on curricula choices, and how to improve sexual education in North Carolina.

SCHOOL PROGRAMS AND ACTIVITIES

*Paula Hudson Collin, Senior Policy Advisor, Healthy Responsible Students
NC State Board of Education*

GS § 115C-81(e1) guides NC public school sexuality education, but does not endorse or recommend a particular curricula. The law states that NC is an “abstinence-only state.” Specifically, the law states abstinence from sexual activity is “the only certain means of avoiding out-of-wedlock pregnancy, STDs, and other associated health and emotional problems.”

North Carolina schools are legally required to teach abstinence only education that includes information on factually accurate information on human reproduction, reasons, skills, and strategies for remaining or becoming abstinent, techniques and strategies to deal with peer pressure, the positive benefits of abstinence until marriage, and the risks of premarital sexual activity. Any instruction in the use of contraceptives or prophylactics must: provide accurate statistical information on their effectiveness and failure rates for preventing pregnancy and STDs, including HIV/AIDS in actual use among adolescents and explain clearly the difference between risk reduction and risk elimination through abstinence. Additionally the law states that contraceptives, including condoms, shall not be available or distributed on school property. Sexuality education in North Carolina public schools is primarily taught to students in grades 7-9. Each LEA may require active (need permission) participation or passive participation (assume).

Local boards of education can elect, through a public hearing process, to include comprehensive sex education. Additionally, students may receive information on obtaining contraceptive and abortion referral services, if local board of education allows.

The 2006 School Health Education Survey revealed that 18% of schools are teaching curricula that are more restrictive than the Healthful Living Standard Course of Study; 36% of schools do not teach the effectiveness and failure rates of birth control, including condoms and 7% do no teach transmission and prevention of HIV/AIDS/STDs. The 2003 NC Parent Opinion Survey shows 90.5% of parents support sex education and that 75%

support education on where to get and how to use various birth control methods as well as information on how to get tested for STDs/HIV.

Discussion/Comments: The discussion focused on the difficulties of the public hearing process and the problem of local control and LEA accountability on public health issues.

NC STD PREVENTION PROGRAMS AND ACTIVITIES

*Peter Leone, MD, Medical Director HIV/STD Prevention and Care Branch
NC Department of Health and Human Services*

North Carolina has state initiatives to reduce HIV and other STDs including chlamydia , syphilis, herpes, hepatitis B, and hepatitis A. Testing for all of these diseases is available at health departments (including STD clinics, family planning clinics), emergency departments and non-traditional testing sites as well as in primary care settings and during prenatal care.

There are approximately 32,000 individuals with HIV living in North Carolina. Thirty to forty percent of these people are not aware they are HIV positive. National research shows that individuals who are not aware of their HIV status (~30%) are responsible for over half of all new infections. Therefore identifying individuals with HIV infections is an important step in combating HIV. Over the past few years, North Carolina has made changes to laws to better meet the CDC recommendations around HIV screenings. Additionally, in 2006-2007 North Carolina's Get Real Get Tested campaign contributed to an 18% increase in HIV testing (26,000 tests).

In mid-2002, the incidence of HIV on college campuses starting increasing; the majority of cases were among African-American males who engage in sex with men or with both men and women. In response, the state launched Style, a program for African-American college men aimed at preventing HIV and other STDs. The program provides clinical care for HIV+ young men of color, linking to care and retention in care, support and client services, rapid HIV counseling and testing, and outreach and education in the community.

National studies show that approximately 40% of sexually experienced individuals have an STD. Syphilis and genital herpes facilitate HIV transmission. In 1996, NC had the highest syphilis rate in the nation. An elimination effort began in 1999. Funding is provided to state and local health departments in high morbidity areas; however, the budget has been cut by over 80%. Total federal support is approximately \$150,000.

Herpes is the main facilitator of HIV. STD clinics in NC offer four months of free suppressive therapy for herpes which reduces the frequency of outbreaks and reduces risk of transmission. NC is the second state in the nation to offer this.

Chlamydia is the #1 cause for infertility in young women; women acquire the infection from men. The Centers for Disease Control and Prevention recommends screening men, but there is no federal or state funding for male screening. To combat chlamydia, North

Carolina should fund annual chlamydia screenings for adolescents covered through Medicaid or NC Health Choice, consider screening in school-based health clinics in high prevalence areas and look into expedited partner therapy in primary care and school-based health clinics.

HPV is the most common STD and can cause genital warts and cervical cancer. There is a vaccine available for girls that can protect women from the four most common types of HPV that cause warts and cervical cancer. The CDC recommends that girls receive the vaccine between ages 11-12. To improve prevention and treatment of HPV, North Carolina should clarify consent laws and educate adolescents and their parents about the vaccine as well as provide free vaccines for youth 18 and younger, to those who are Medicaid eligible, uninsured or American Indian (funded through the CDC's Vaccines for Children program).

Discussion/Comments: The discussion focused on figuring out what else can be done to ensure people get tested—particularly how to ensure that prevention and screening activities reach high-risk populations including African-American men and men who have sex with men. In addition, members were very interested in expedited partner therapy but were concerned it would be difficult to implement.

NORTH CAROLINA PROGRAMS AND ACTIVITIES TO PREVENT TEEN PREGNANCY

*Sally Swanson, MSPH, MSW, Community Program Manager
Adolescent Pregnancy Prevention Coalition of North Carolina*

North Carolina has a number of programs that prevent teen pregnancy both primarily and secondarily. The Teen Pregnancy Prevention Initiative invests in NC youth by providing grants to local agencies to implement teen pregnancy prevention and teen parenting programs. TPPI is a program of the Division of Public Health, Women's and Children's Health Section, Women's Health Branch, Family Planning and Reproductive Health Unit and is required by NC General Statutes to administer primary and secondary pregnancy prevention programs.

- Adolescent Parenting Program (APP): Provides intensive individual case management, educational sessions, and educational or cultural enrichment activities to first time parenting and pregnant teens. APP works to help teen parents graduate from high school, utilize health care, prepare for employment, enhance their parenting skills, and prevent another pregnancy. There are 29 local APP programs across the state.
- Adolescent Pregnancy Prevention Program (APPP): Provides essential education, supports academic achievement, encourages parent/teen communication, promotes responsible citizenship, and builds self confidence through evidence-based programs. The goal of APPP is to prevent teen pregnancies by delaying sexual debut and increasing contraceptive use. There are 27 local APPP programs across the state.

The Adolescent Pregnancy Prevention Campaign of North Carolina (APPCNC) is a nonprofit organization working to reduce teen pregnancy statewide through advocacy,

training, research dissemination, resource pooling and archiving, awareness, program technical assistance, and coalition or council building assistance. Each year APPCNC and TPPI convene and co-host a conference dedicated to teen pregnancy prevention strategies and research dissemination.

Since 2002, the CDC has funded a National Project to promote science-based approaches in teen pregnancy, HIV and STD prevention. The goal of this national project is to decrease teen pregnancy, STD and HIV rates by increasing the use of research-proven practices and programs, or “science-based approaches.” Science-based programs are those that have been proven through rigorous evaluation to be effective in changing sexual risk-taking behavior. A number of science-based programs are being used in North Carolina. However, there is funding for ineffective approaches and programs in schools but, with few exceptions, no funding for effective programming in schools.

Although great progress has been made in reducing the teen pregnancy rate, much more could be done. North Carolina should invest in programs that have been proven effective in changing teen sexual behavior (as TPPI does with its grants); divest of programs and approaches that have no evidence of changing or reinforcing behavior; increase funding for Title X, the Federal Family Planning Program; and adopt a school health curriculum or guidelines that would require more complete education that is developmentally appropriate and based on what we know to work.

Discussion/Comments: The discussion focused on how effective programming leads to a reduction in the societal costs associated with teen pregnancy.

BRIEF REVIEW OF PREVENTION TASK FORCE PRELIMINARY RECOMMENDATIONS

*Pam Silberman, JD, DrPH, President & CEO
North Carolina Institute of Medicine*

The following are DRAFT recommendations from the Prevention Task Force.

Recommendation 1: Prevention Through Raising Awareness

Social marketing campaign to promote risk reduction of STDs, HIV, and unintended pregnancy among adolescents, youth, and high-risk populations. Funding: NCGA should appropriate \$1 million to DPH.

Recommendation 2: Expanding Screening and Counseling

Develop education programs for health care providers to encourage screening of high-risk individuals and counseling of all sexually active youth to promote risk reduction and the use of appropriate and effective contraception. (Collaboration between DPH, AHEC, and health professional schools)

Recommendation 3: HIV Testing Juvenile Centers

DJJDP should offer opt-out HIV screening in their institutional facilities including youth development centers and youth detention centers. Funding: NCGA should provide \$6,750 in funds to DJJDP

Recommendation 4: Sexuality Education Website

DPH and DPI should collaborate to develop a website with comprehensive, medically accurate risk reduction and sexual health education information for adolescents, youth, and parents.

Recommendation 5: Comprehensive Sexuality Education in Schools

The NCGA should enact a law requiring K-12, medically accurate, comprehensive sexuality education. DPH, DPI, NCMS, NCAFP, and NCPS should develop guidelines for an appropriate sexuality education curriculum to be taught in schools.

Recommendation 6: Pregnancy Prevention Programs

DPH should expand community-based, evidence-based pregnancy prevention programs to reach more adolescents and young adults. Funding: NCGA should appropriate \$2.5 million to DPH.

Recommendation 7: Human Papilloma Virus (HPV) Vaccinations

- a. DPH should purchase HPV vaccines and make them available to adolescent females ages 9-28 (targeting ages 11-12). Funding: NCGA should appropriate \$6.5 million to DPH.
- b. Health care providers, parents, and other care providers should assure that all adolescent girls ages 11-12 receive the HPV vaccine according to ACIP recommendations.

DISCUSSION OF POTENTIAL ADOLESCENT HEALTH TASK FORCE RECOMMENDATIONS

- 1) Youth Development: language could be included in text and other recommendations, may not need a separate recommendation, possibly use “included but not limited”, SCOS – need to address guideline and objectives
- 2) Sexuality programs: focus on public health rather than schools, differentiate between school-sanctioned and activities in schools
- 3) Accessibility of contraceptives
- 4) Permission for referral is separate from access
- 5) College health screening at public universities, offer and pay for screening for STDs/STIs (Chlamydia, HIV not GC), eliminate financial barrier