Welcome

Office for State, Tribal, Local and Territorial Support

presents . . .

CDC *Vital Signs*

Preventing Teen Pregnancy in Younger Teens

April 15, 2014

2:00–3:00 pm (EDT)

Agenda

2:00 pm	**Welcome & Introductions**	**Dan Baden, MD** Associate Director for External Partner Outreach and Connectivity, Office for State, Tribal, Local and Territorial Support, CDC
2:04 pm	**Presentations**	**Shanna N. Cox, MSPH** Health Scientist, Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion, CDC
		Alicia Mathis, RN Clinical Coordinator/Nurse Educator, 'Think Teen' Teen Pregnancy Prevention Initiative, Mobile Teen Center, Mobile County Health Department
		Deborah O'Uhuru Clinical Linkage Coordinator, Bronx Teens Connection, New York City Department of Health and Mental Hygiene
2:30 pm	**Q&A and Discussion**	**Dan Baden, MD**
2:55 pm	**Wrap-up**	
3:00 pm	**End of Call**	

CDC Vitalsigns™ Teleconference

to support STLT efforts and build momentum around the monthly release of CDC *Vital Signs*

CDC *Vital Signs* Town Hall
Preventing Teen Pregnancy in Younger Teens

Shanna Cox, MSPH

Health Scientist

Division of Reproductive Health

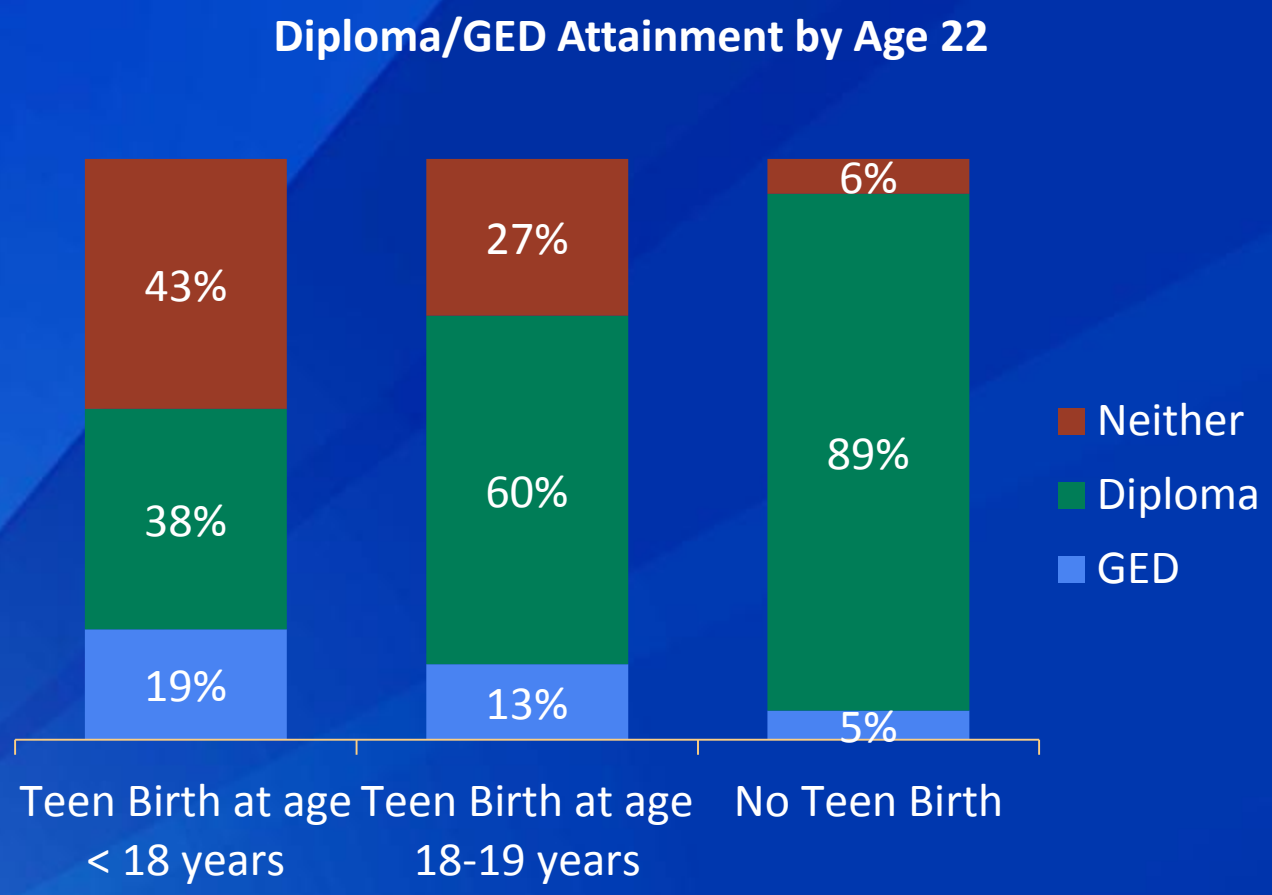
Centers for Disease Control and Prevention

April 15, 2014

Objectives

- Describe the impact of teen pregnancy in younger teens in the United States
- Describe a recent CDC study on births to younger teens aged 15–17 and opportunities for prevention

Problem



*Source: Child Trends' Analyses of National Longitudinal Survey of Youth

Vital Signs: Births to Teens Aged 15–17 Years United States, 1991–2012

Research Questions

- What are the patterns of childbearing among younger teens by race/ethnicity, by state, and over time?
- What proportion of births to teens aged 15–19 are to younger teens aged 15–17 years?
- Describe sexual experience, contraceptive use, and level of exposure to prevention opportunities among 15–17 year-old females

Methods

- **Vital statistics/Birth data 1991–2012**
  - Compiled annually by National Center for Health Statistics (NCHS) from all 50 states and DC
  - Includes demographic information such as age and race/ethnicity
  - Examined data for births to females aged 15–17

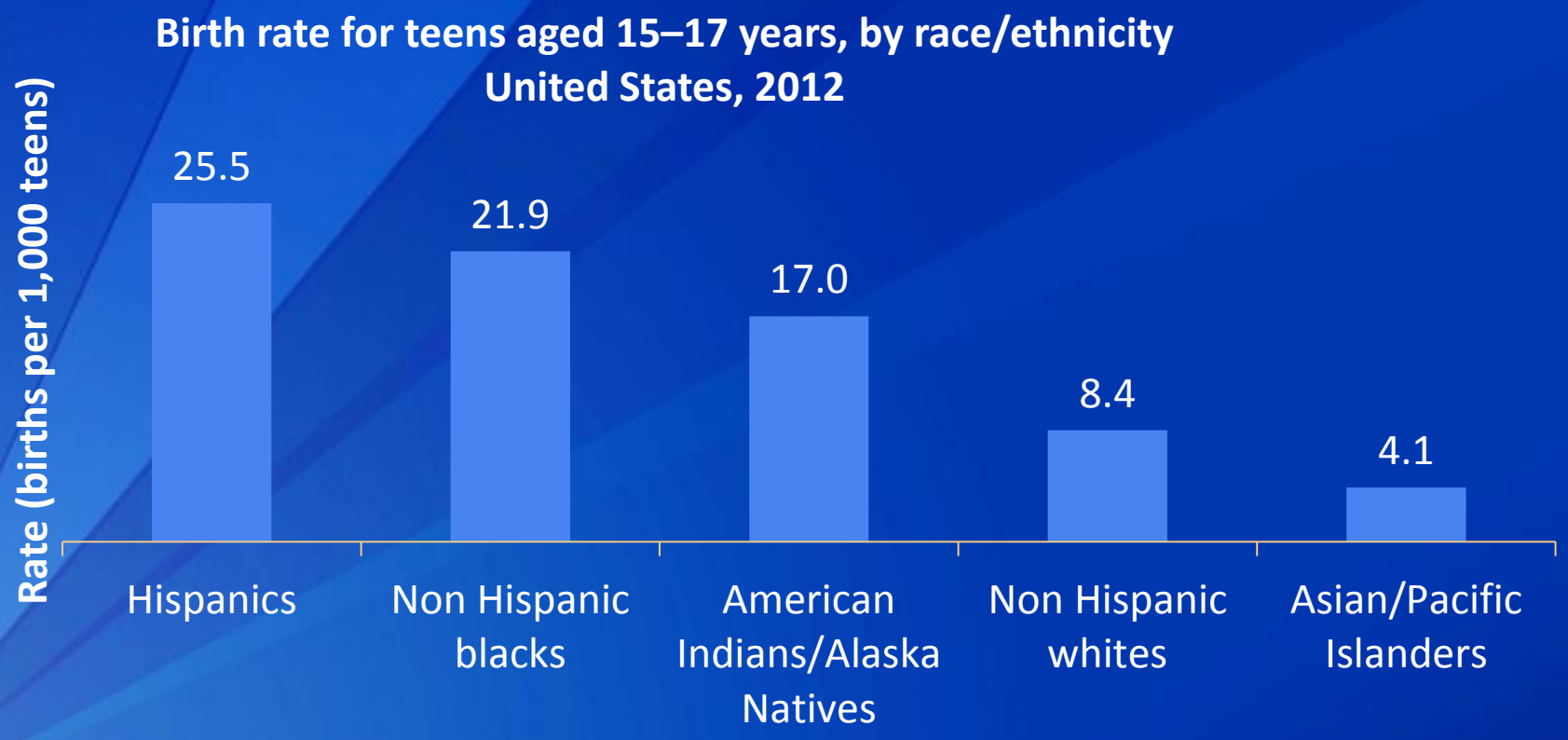
- **National Survey Family Growth (NSFG) 2006–2010**
  - In-person, household survey of females and males aged 15–44 years
  - Nationally representative estimates of sexual behaviors, attitudes, and contraceptive use
  - Data restricted to never-married female teens aged 15–17 years

Methods—NSFG (cont.)

- Pregnancy prevention opportunities
  - Information about birth control and how to say no to sex
    - Receipt of formal sex education
    - Parent communication about sex
  - Receipt of clinical birth control services in the past 12 months
    - Counseling about birth control
    - Checkup or medical test related to birth control
    - Method or prescription for birth control
  - Contraceptive use among sexually active
    - Most effective—implant, intrauterine device (IUD)
    - Moderately effective—pills, patch, shot, ring
    - Least effective—condom, cervical cap, sponge, rhythm method, withdrawal, "other"

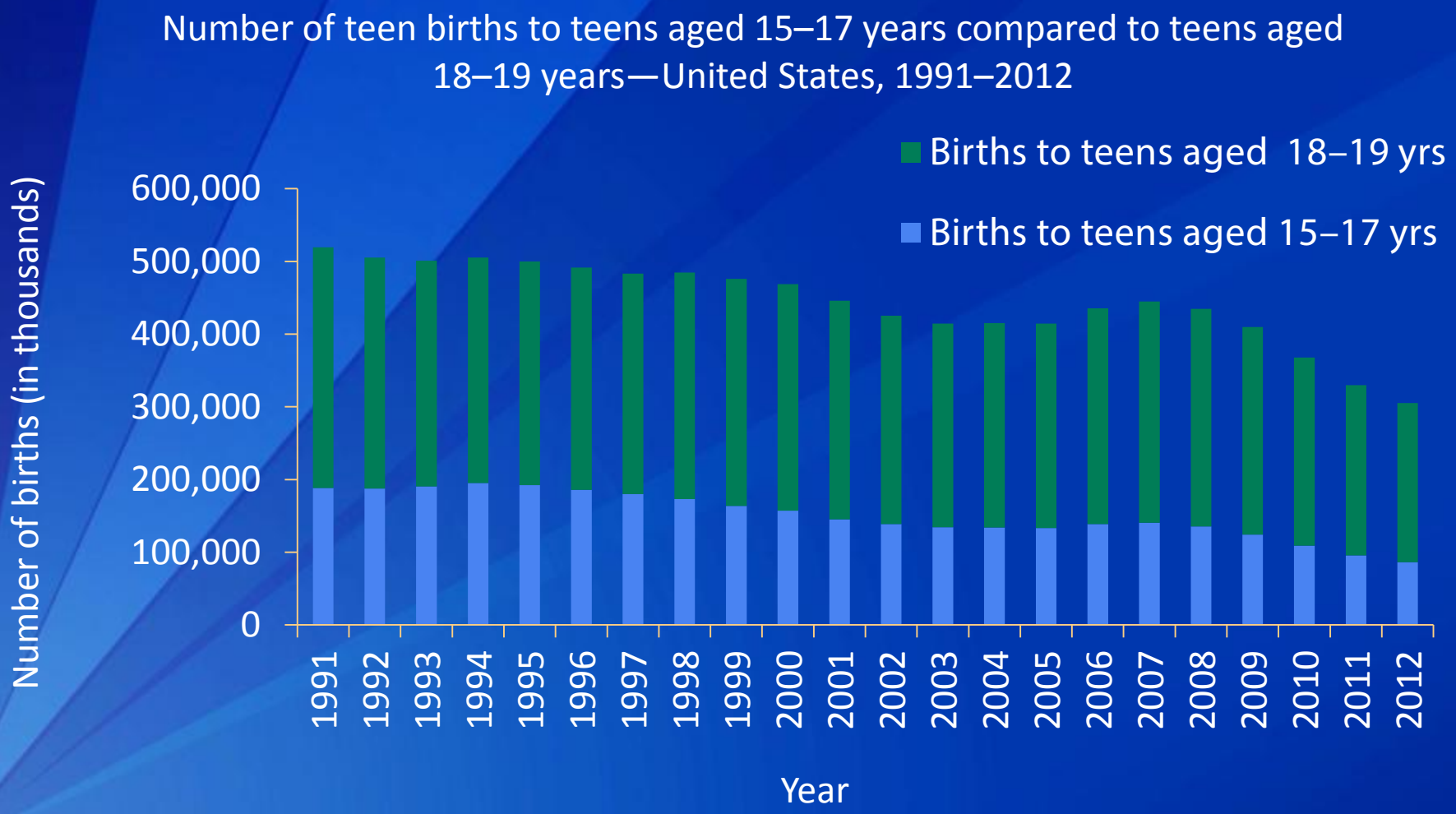
Results—Vital Statistics

- Birth rate for teens aged 15–17 years declined 63%
  - 38.6 per 1,000 teens in 1991 to 14.1 per 1,000 teens in 2012



Results—Vital Statistics

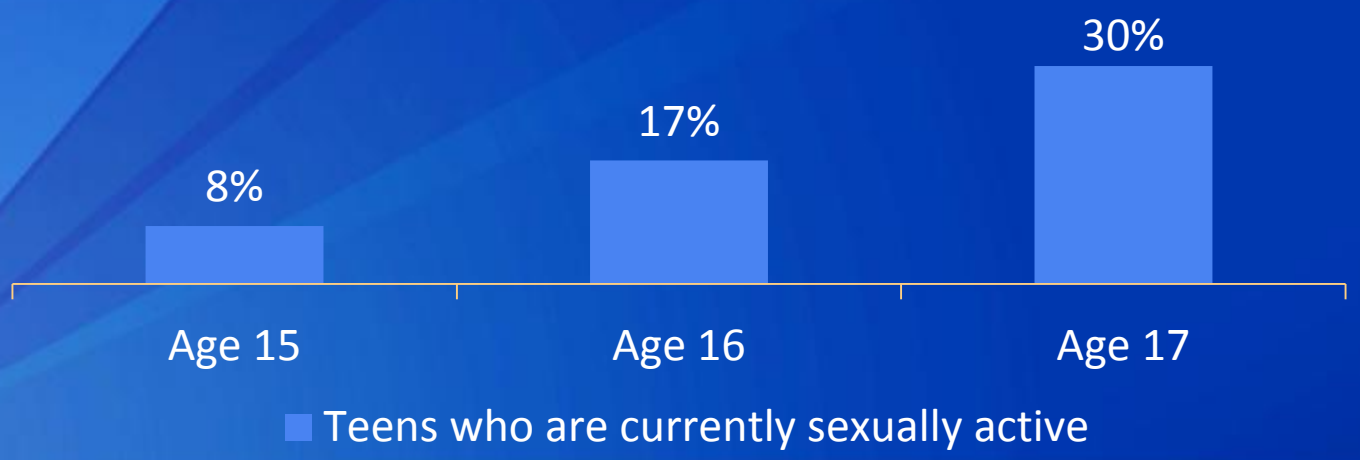
- In 2012, more than ¼ of teen births were to teens aged 15–17



Results—NSFG

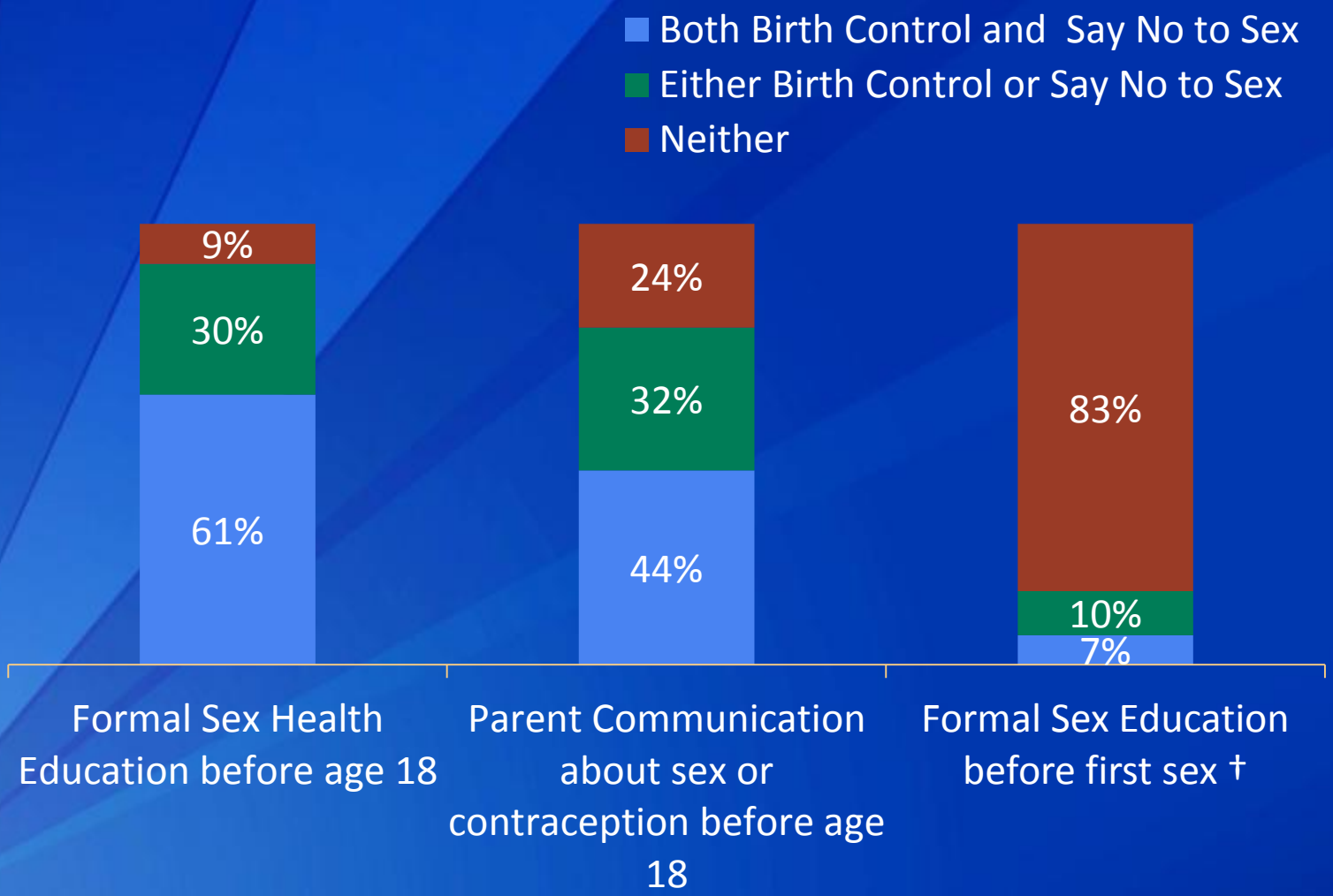
- 27% of 15–17 year-olds have ever had sex

- 18% of 15–17 year-olds are currently sexually active



Results – NSFG

Percentage of females aged 15–17 who report receipt of formal sex education or spoke with their parents about sex, by topic



Results—NSFG

- Among teens aged 15–17 at risk of pregnancy
  - 58% received clinical birth control services in the past 12 months
  - Most (92%) used contraception at last sex
  - 40% used method classified as most or moderately effective
    - Only 1% used most effective methods—IUDs or hormonal implants
  - 52% used a less effective method
    - Primarily condoms

Limitations

- Vital statistics data on births do not include miscarriages, stillbirths, or abortions
- Sexual activity, contraceptive use, and receipt of prevention opportunities are self-reported
- No information was available on the quality and quantity of formal sex education and parent communication about sex

Conclusions

- Fewer teens aged 15–17 are giving birth
- Majority of younger female teens are not yet sexually active
- Most sexually active younger teens use of some method of contraception
  - Primarily less effective methods
- Highlight opportunities to delay initiation of sex and provide contraceptive services for those who are sexually active
  - Evidence-based programs that reach youth before they initiate sex
  - Resources for parents in talking to teens about sex and contraception
  - Access to teen-friendly reproductive health-care services

Thank you!

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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

A Place to Call My Own

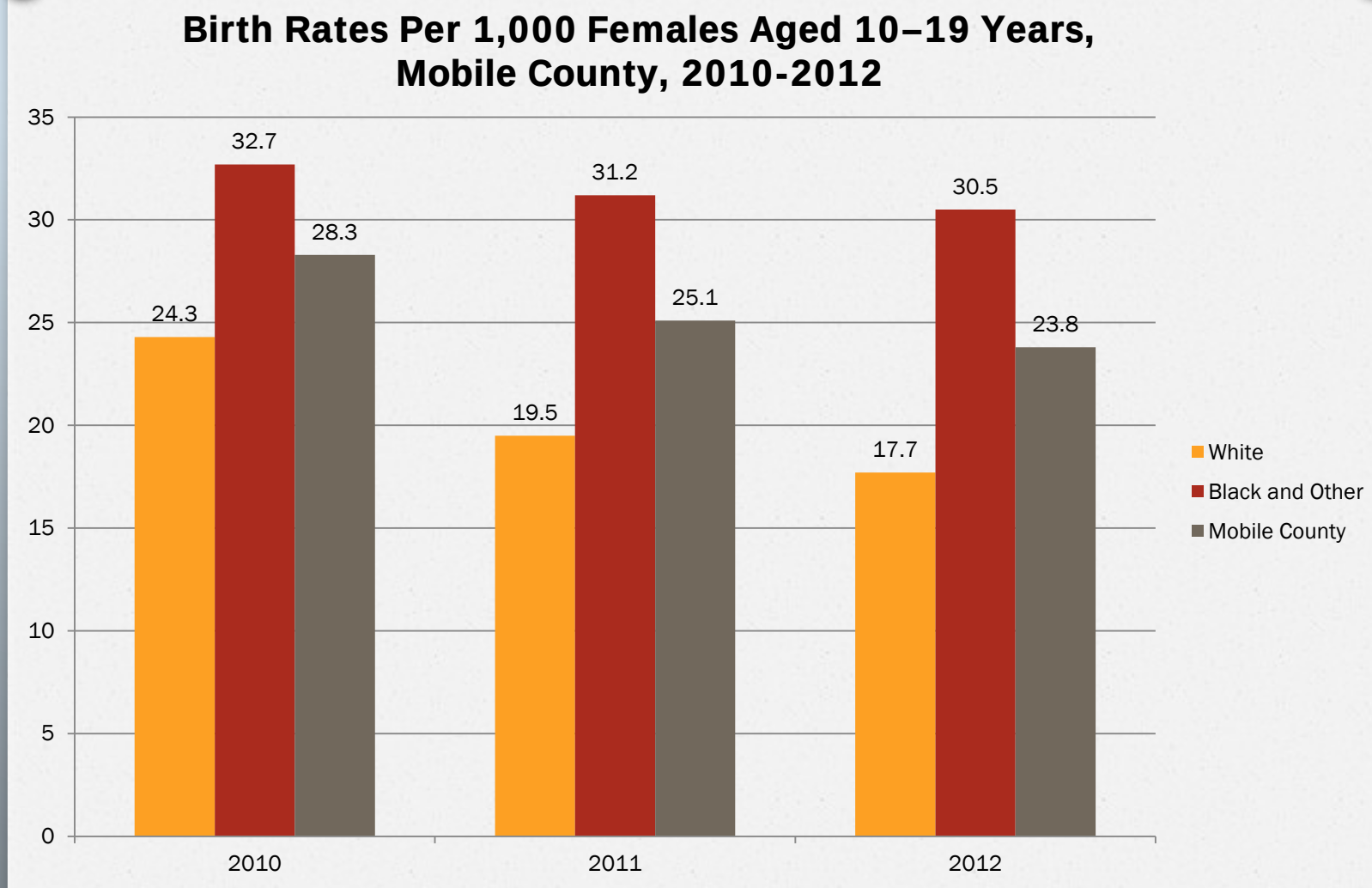
Addressing the Sexual and Reproductive Health Needs of Adolescents in Mobile County, Alabama

Alicia Mathis, RN
Nurse Educator/Clinical Coordinator
Mobile County Health Department

Mobile County, Alabama

- Mobile County teen pregnancy rate (aged 10–19)
  - 32.5 per 1,000 females (2012)[1]
- More than 29,000 females aged 10–19 years living in Mobile County (2010)[2]
- 70% of seniors graduated high school (2012)[3]
- 32.5% of children in Mobile County lived below the poverty level in 2009[4]
- Alabama taxpayers incurred costs of $192 million associated with teen childbearing in 2008[5]

[1] http://adph.org/healthstats/assets/mch12_4.pdf
[2] http://factfinder2.census.gov/faces/nav/jsf/pages/community_facts.xhtml#none
[3] http://www.mcpss.com/Default.asp?PN=Pages&SubP=Level2&DivisionID=13114&DepartmentID=13541&SubDepartmentID=0&PageID=21458&SubPageID=13863&keyword=graduation
[4] http://www.city-data.com/poverty/poverty-Mobile-Alabama.html
[5] http://thenationalcampaign.org/resource/public-costs-teen-childbearing-alabama-2008



2010-Alabama Department of Public Health (personal communication)
2011-http://adph.org/healthstats/assets/avs11tab19.pdf
2012-http://adph.org/healthstats/assets/avs12_19.pdf

Mobile County Health Department (MCHD) Think Teen Program

- Target area: 13 ZIP codes with high teen birth rates
  - 59.6 per 1,000 females aged 15–19 (2011)
  - Goal: reduce target area birth rates 10% by 2015
- Majority (88%) are African American youth (mainly urban), aged 11–19
- In- and out-of-school youth
- On-site Teen Center at health department and website offering education and clinic locator
- 10 community-based organizations
  - Local agencies, positive youth development and faith-based organizations, juvenile justice, colleges
- 6 clinic partners
  - Health department sites, private providers

2011 Alabama Department of Public Health

think about it
thinkteen.org

Youth & Parent Surveys (2012)

- Youth survey* among teens aged 13–19 years (N=216)
  - 47% report having sex
    - 70% report condom use at last sex
  - 59% feel uncomfortable talking to their parents about sex
- Parent survey* (N=200)
  - 82% believe it is important for their child to learn about sex education in public school
  - 73% believe it is important for their child to learn about abstinence in public school
- Data used to inform design of program activities for youth and parents

*Surveys conducted by Think Teen project staff with youth and parents in Mobile County.
Millner V, Turrens J, Mulekar M. 2012. University of South Alabama Evaluators for MCHD Teen Pregnancy Prevention Initiative.

A Think Teen Success Story

Creating a teen-friendly adolescent clinic to increase access to sexual and reproductive health services

think about it
thinkteen.org

Adolescent Needs in a Pediatric Clinic

- Adolescent feedback provided to staff
  - Where can I get accurate and reliable information if I can't talk to my parents?
  - Where can I go for sexual and reproductive health care and birth control?
  - But I'm not like everyone else in the clinic.

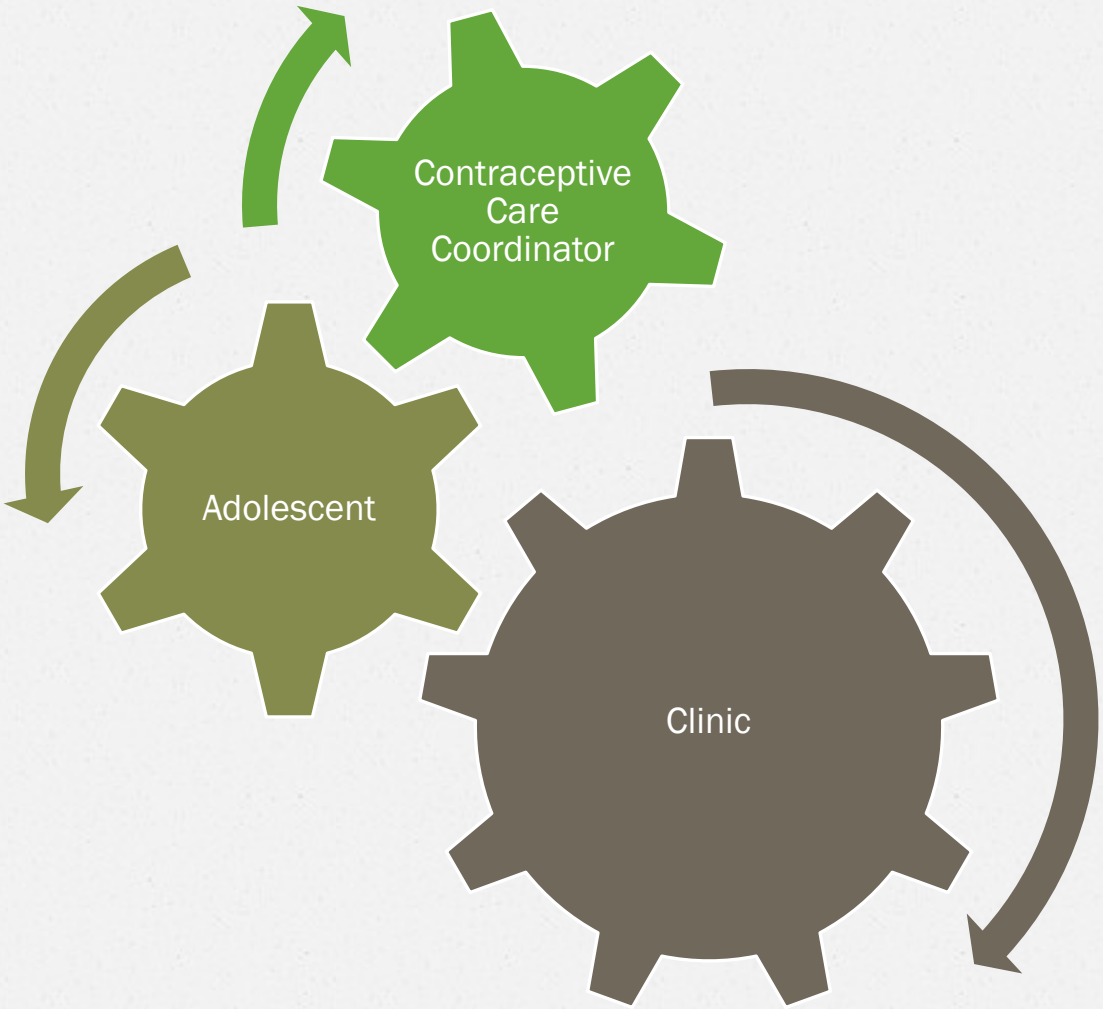
Adolescent Clinic
Developed at Pediatric Site

- Roundtable with MCHD administration
  - Data justifying the need
- The Idea
  - Clinic specifically for adolescents
- The Blueprint
  - Near but separate from pediatric clinic
  - Privacy, convenience
  - Enthusiastic, trained providers and staff
    - Trained to use teen-friendly practices
  - Welcoming, open atmosphere

Connecting the Dots:
Male & Female Contraceptive Care Coordinators

- Nurses or licensed social workers
- Bridge gap between adolescents and providers
  - Education is empowerment
  - Appointment and follow-up reminders
  - Increased visit time in private space
  - Linkages, referrals (social, emotional, financial needs)
    - Schools and community-based organizations (CBOs) implementing evidence-based practices
- Male coordinators help address needs of young men

Adolescent Clinic Model Developed



Achievements: Increased Hormonal Contraceptive Coverage

Among female adolescent clients aged 12–19 who visited the pediatric and newly added adolescent clinic (2012–2013)

- Hormonal contraceptive coverage[6] increased almost 10 percentage points from **3.1%*** in 2012 to **12.8%*** in 2013[7]
  - Oral contraceptives (e.g., pill) coverage increased from **1.6%** to **6.9%**
  - Injectable contraception (e.g., Depo Provera) coverage increased from **1.5%** to **3.8%**
  - Hormonal coverage for African American female clients increased from **2.2%** in 2012 to **13.7%**

[6] Hormonal contraceptive coverage includes the pill, patch, ring, and injectable contraceptives. It does not include long-acting methods such as implants or IUD, and excludes emergency contraception.
[7] The Adolescent Clinic opened in 2013.
*Based on 2012 and 2013 Clinical Provider Needs Assessment for Keeler Clinic (includes Pediatric and Adolescent clinics).

Conclusion: Adolescent-Focused Clinic Model is Showing Success

- Since the clinic opened, more than double the number of adolescents are receiving prescriptions for contraceptives
- Important to include male contraceptive care coordinators to meet the needs of young men
- Empowered adolescents and provided them with tailored clinical care
- Increased capacity to provide adolescent care among staff at adolescent and pediatric clinics
- Enhanced linkages and referrals as result of designated “model” adolescent clinic in Mobile County

Thank You!

For additional information, please contact

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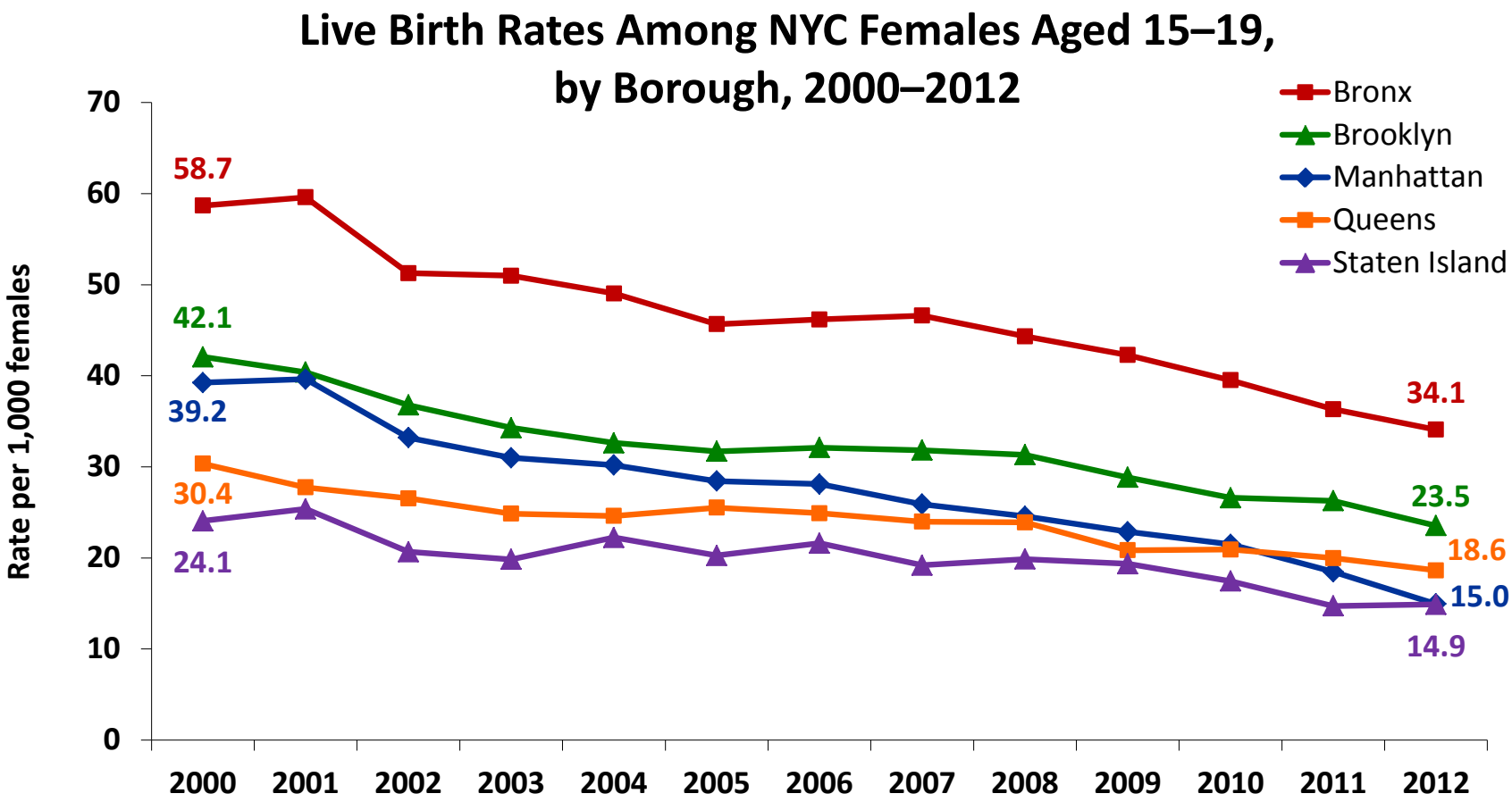
Clinic Linkage Model

Connecting South Bronx Youth to Care

Deborah O'Uhuru
Clinic Linkage Coordinator
Bronx Teens Connection
New York City Department of Health
and Mental Hygiene

Teen Births in New York City



Note: Population estimates are updated to reflect the best information available at the time and may result in differences compared with previously published rates.

Source: Bureau of Vital Statistics, prepared by the Bureau of Maternal, Infant and Reproductive Health

Bronx Teens Connection (BxTC)

- Funded by CDC and the Office of Adolescent Health through September 2015
  - Builds on previous Department of Health and Mental Hygiene efforts
- Goal: 10% reduction in births to 15–19 year-old females in Hunts Point and Morrisania by 2015
  - Build model replicable throughout NYC (and beyond)
- Community-wide approach
- Partnerships with various agencies

Bronx Teens Connection

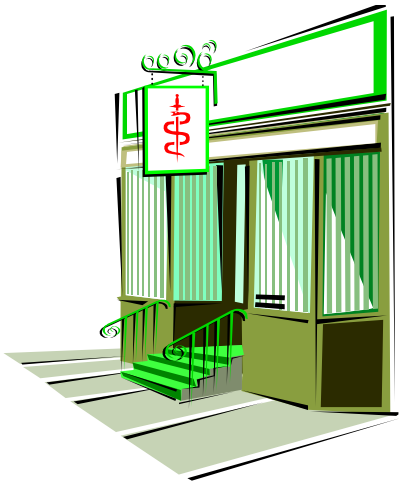
- 5 Components
  - Evidence-based programs
  - Access to quality clinical services
  - Community engagement and mobilization
  - Stakeholder education
  - Working with diverse communities

Clinic Linkage Model

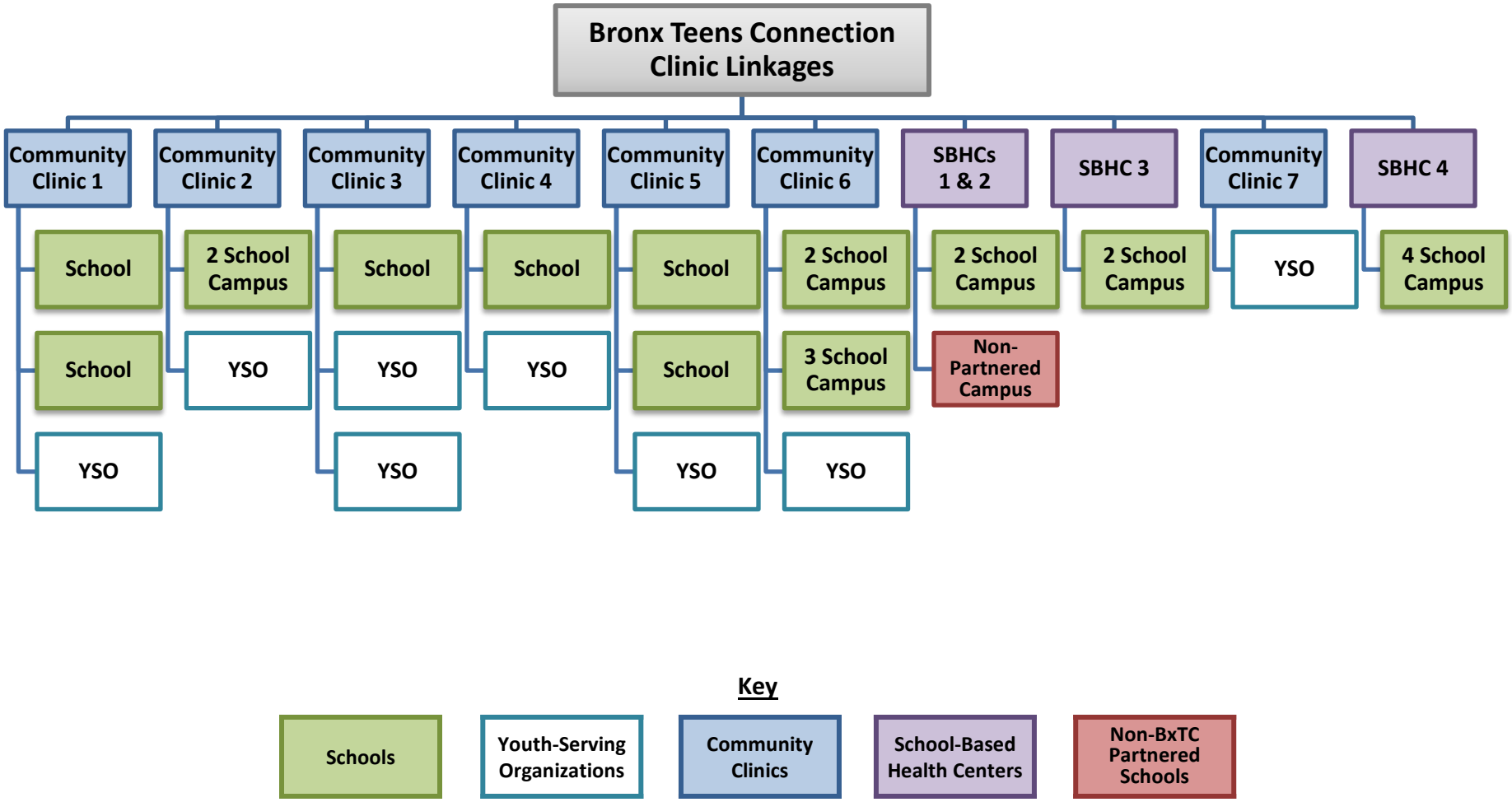
School or Youth-Serving Organization

Health Educator

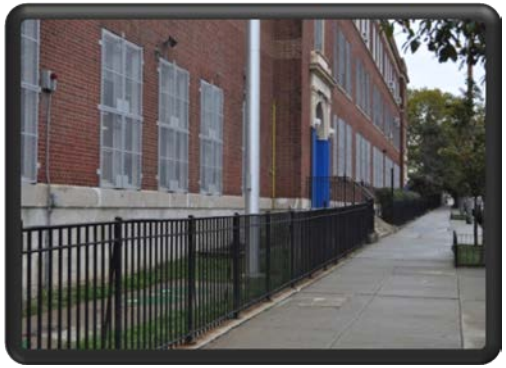
Clinic

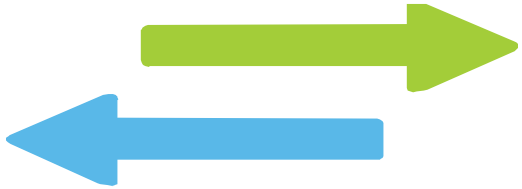


BxTC Linkages



School/Clinic Linkage

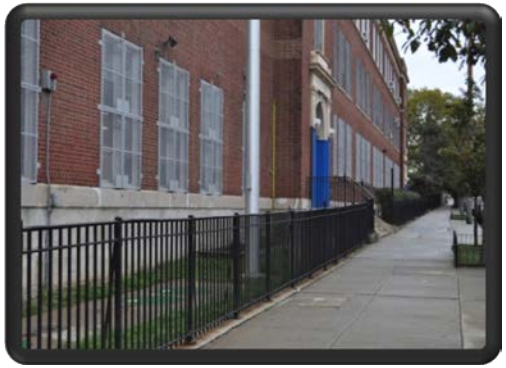


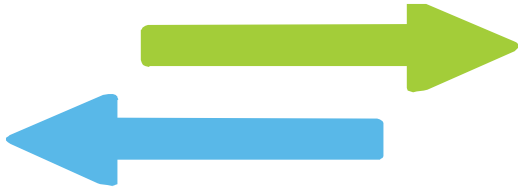


School

- Implement an evidence-based program in the school
- Provide a confidential space for health educator
- Allow health educator to present in classrooms/gatherings
- Advertise and promote health educator's and clinic's services
- Clinic Tour Field Trip—Lesson 8 of *Reducing the Risk*

School/Clinic Linkage





Clinic

- Provide a health educator/outreach worker to
  - Conduct presentations promoting clinic reproductive and sexual health services
  - Meet one-on-one with students
  - Conduct condom demonstrations and provide condoms
  - Provide information on contraceptive options
  - Schedule expedited appointments or make referrals to the clinic
  - Co-facilitate *Reducing the Risk* Lesson 8—Clinic Tour Field Trip

Clinic Tour Field Trip

- Integrated into evidence-based program
- Experiential learning
- Benefit for both students and teachers

Evaluation Tools

- Track linkage activity
  - Number of contacts with health educators
  - Number of referrals, appointments made by health educators
- Post-program changes in knowledge about adolescent reproductive health
- Feedback on clinic tours
  - Post-tour survey
  - Teacher implementation logs
  - Technical assistance visits

Results

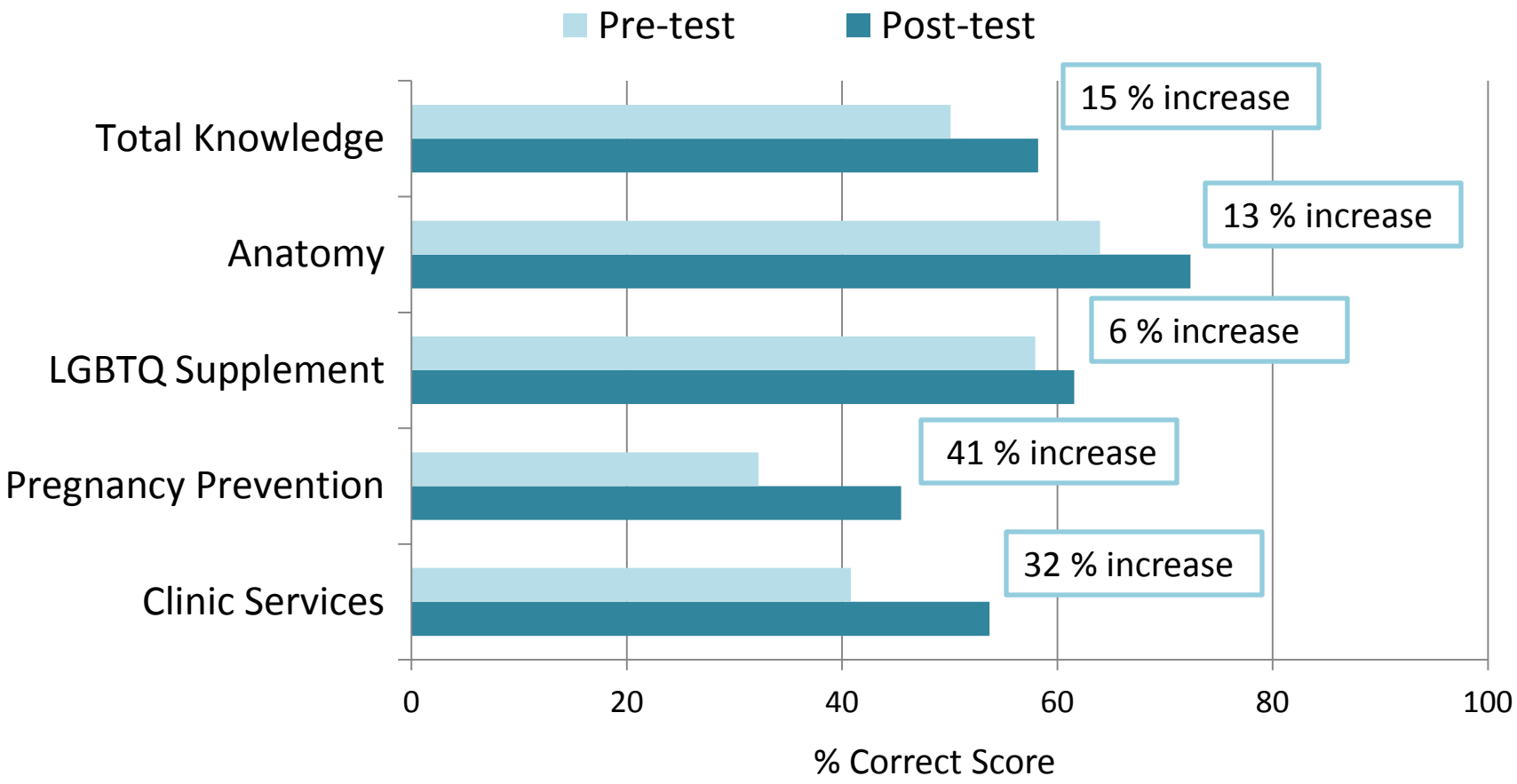
- 8,620 health educator contacts with youth
- 21% increase in number of teens seen by clinic partners from 2011 (n=4,586) to 2012 (n=6,228)
- 4,039 youth reached with evidence-based programs by schools and youth-serving organizations
- 83 classes participated in clinic tours
  - New element to curriculum

Unless otherwise noted, results on this slide are from data collected from fall 2011 through 3/15/2014.

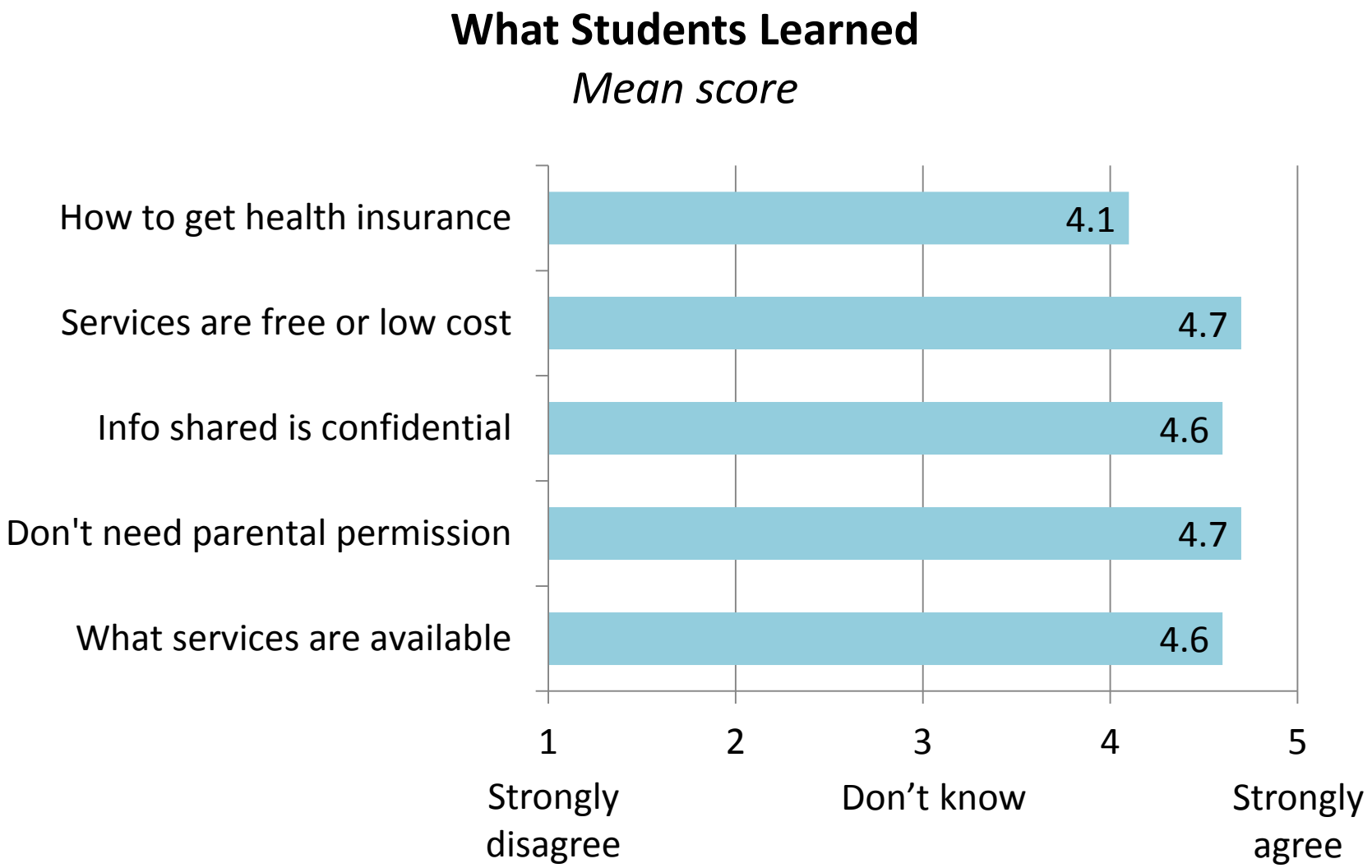
Reducing the Risk (RTR)

Does student Adolescent Sexual & Reproductive Health (ASRH) knowledge increase?

64 classrooms during spring 2012 through spring 2013



Clinic Tour Survey



Qualitative Findings

Clinic tour feedback

From Students

- *"There are multiple options to prevent pregnancy."*
- *"Is everything really free?"*
- *"You don't need parental permission."*

From Clinic & School Staff

- *"Students had so many targeted questions."*
- *"The visit to the clinic was an eye-opening experience."*
- *"Although I introduce the clinic and let them know what services they can receive, it is not until the tour that they [students] actually get it."*

Challenges & Lessons Learned

Challenges

- Partner staff turnover
- Data collection/evaluation
- Competing programs/priorities

Lessons Learned

- Stakeholder buy-in is key
- Adjust the model when needed
- Collaborative learning works

Next Steps

- Continued implementation of Community-Wide Initiative, including Clinic Linkage Model
- Continued evaluation
  - Clinic linkage
    - Clinic tour field trip
    - Tie-ins with evidence-based programs
  - Overall clinical efforts
    - Increases in numbers of clients seen
    - Increases in contraceptive coverage
    - Tracking implementation of best practices

Acknowledgments

- CDC
- BxTC Staff, Leadership, Partners, and Community Mobilization Groups
- NYC Department of Health & Mental Hygiene
  - Bureau of Maternal, Infant and Reproductive Health
  - Bronx District Public Health Office
- NYC Department of Education
  - Office of School Wellness Programs

Thank you!

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Public Health Practice Stories from the Field

- Stories about the implementation of Public Health Practice Stories from the Field

www.cdc.gov/stltpublichealth/phpracticestories

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***Vital Signs* Town Hall Teleconference**

May 13, 2014

2:00–3:00 pm (EDT)

For more information, please contact Centers for Disease Control and Prevention.

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