

Welcome!

Office for State, Tribal, Local and Territorial Support
presents...



CDC *Vital Signs* Preventing Teen Pregnancy in the United States

April 19, 2011
2:00pm – 3:00pm EST



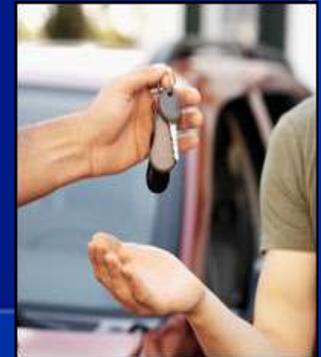
Centers for Disease Control and Prevention
Office for State, Tribal, Local and Territorial Support

Agenda

- 2:00 pm** **Welcome & Introductions**
Dr. Judy Monroe, OSTLTS Director, CDC
- 2:02 pm** **Speaker Introductions**
Lorine Spencer, RN, BSN, MBA, PhD, Facilitator
Knowledge Management Branch, OSTLTS, CDC
- 2:04 pm** ***Vital Signs* Overview**
CAPT Wanda D. Barfield, MD, MPH
Director, Division of Reproductive Health, NCCDPHP, CDC
- 2:10 pm** **Presentations**
Deborah Kaplan, MPH, R-PA
Assistant Commissioner
Bureau of Maternal, Infant and Reproductive Health
NYC Department of Health and Mental Hygiene
- Kay Phillips**
Executive Director
Adolescent Pregnancy Prevention Campaign of North Carolina
- 2:30 pm** **Q&A and Discussion**
Lorine Spencer, RN, BSN, MBA, PhD, Facilitator
- 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*



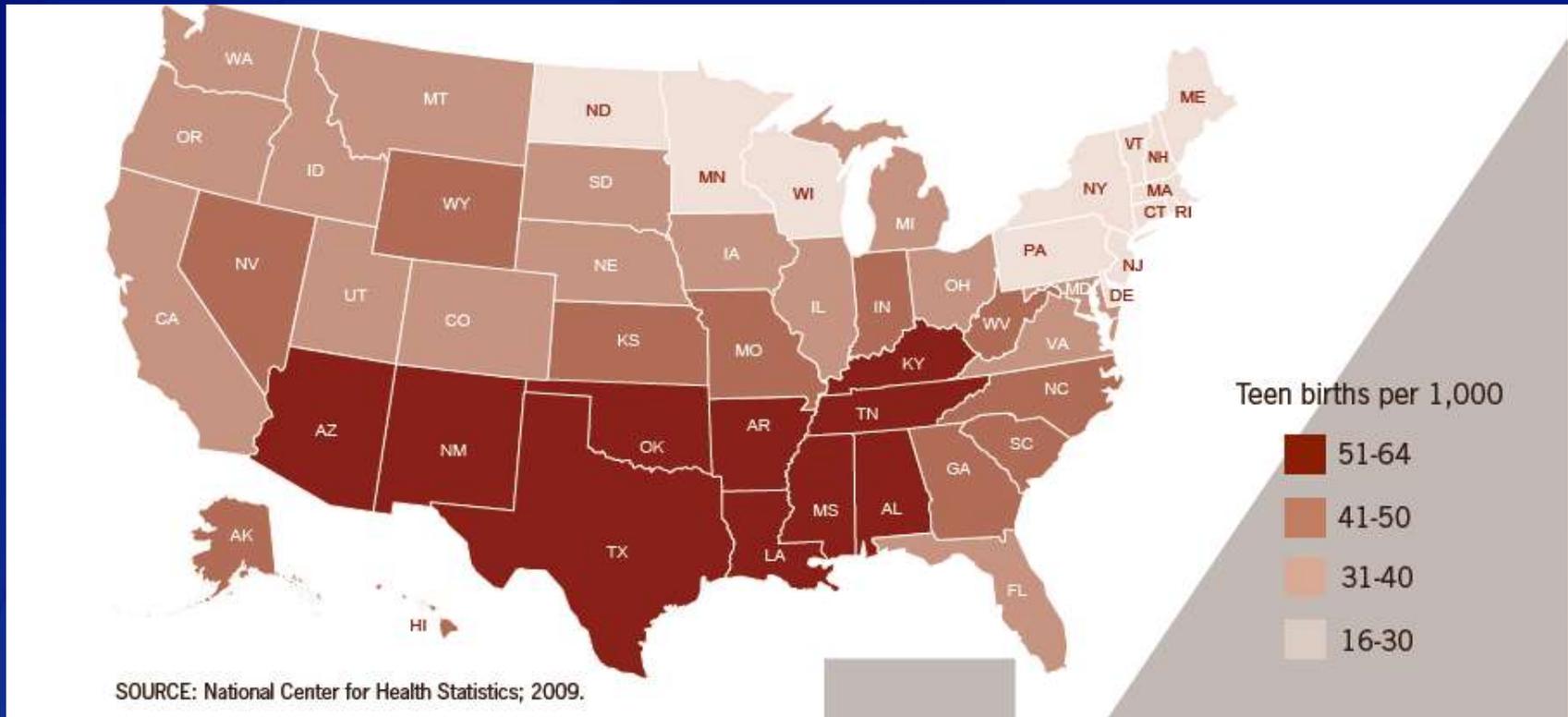
CAPT Wanda D. Barfield, MD, MPH

Director, Division of Reproductive Health

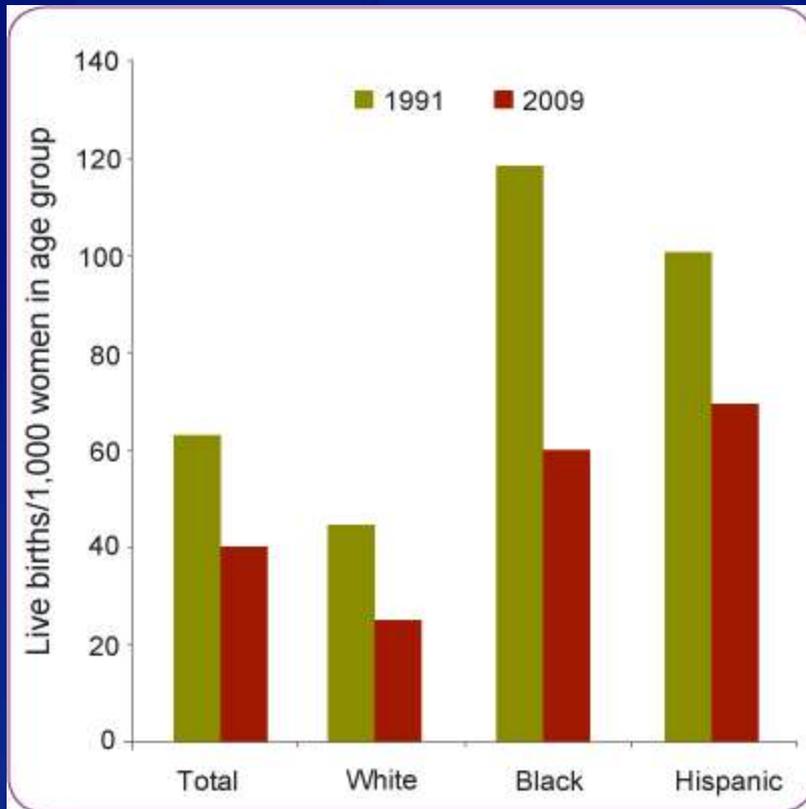
National Center for Chronic Disease Prevention and Health Promotion, CDC

Teen Births: A National Perspective

Teen birth rates by state per 1,000 girls aged 15-19 years, 2009



Declines but Still Disparities



**Birth Rate,
ages 15-19 years,
1991 and 2009**

All - 37% decrease

White - 41% decrease

Black - 50% decrease

Hispanic - 33% decrease

Community Wide Initiatives for Teen Pregnancy Prevention

- Five Key Components:
 - Mobilize communities
 - Promote evidence-based prevention programs and policies
 - Improve access and use of family planning services
 - Educate stakeholders on teen pregnancy prevention issues and strategies
 - Work with diverse communities



What is the Good News?

- **High school students reported:**

- Delaying sexual activity
- Talking with parents
- Learning how to say no to sex and about birth control
- Using dual protection
- Getting a method of birth control or prescription



Contraceptives and Teen Pregnancy Prevention

Many good options for
Sexually Active Teens




MMWR
Morbidity and Mortality Weekly Report
www.cdc.gov/mmwr

Recommendations and Reports June 18, 2010 / Vol. 59 / No. RR-4

**U.S. Medical Eligibility Criteria for
Contraceptive Use, 2010**

Adapted from the World Health Organization
Medical Eligibility Criteria for Contraceptive Use, 4th edition

Centers for Disease Control and Prevention
MMWR Morbidity and Mortality Weekly Report
Weekly / Vol. 60 / No. 1 January 14, 2011

Contraceptive Methods Available to Patients of Office-Based Physicians
and Title X Clinics — United States, 2009–2010

www.cdc.gov/teenpregnancy



Reducing Unintended Teen Pregnancy in New York City

Deborah Kaplan, MPH, R-PA
Assistant Commissioner
Bureau of Maternal, Infant, &
Reproductive Health
NYC Department of Health & Mental Hygiene



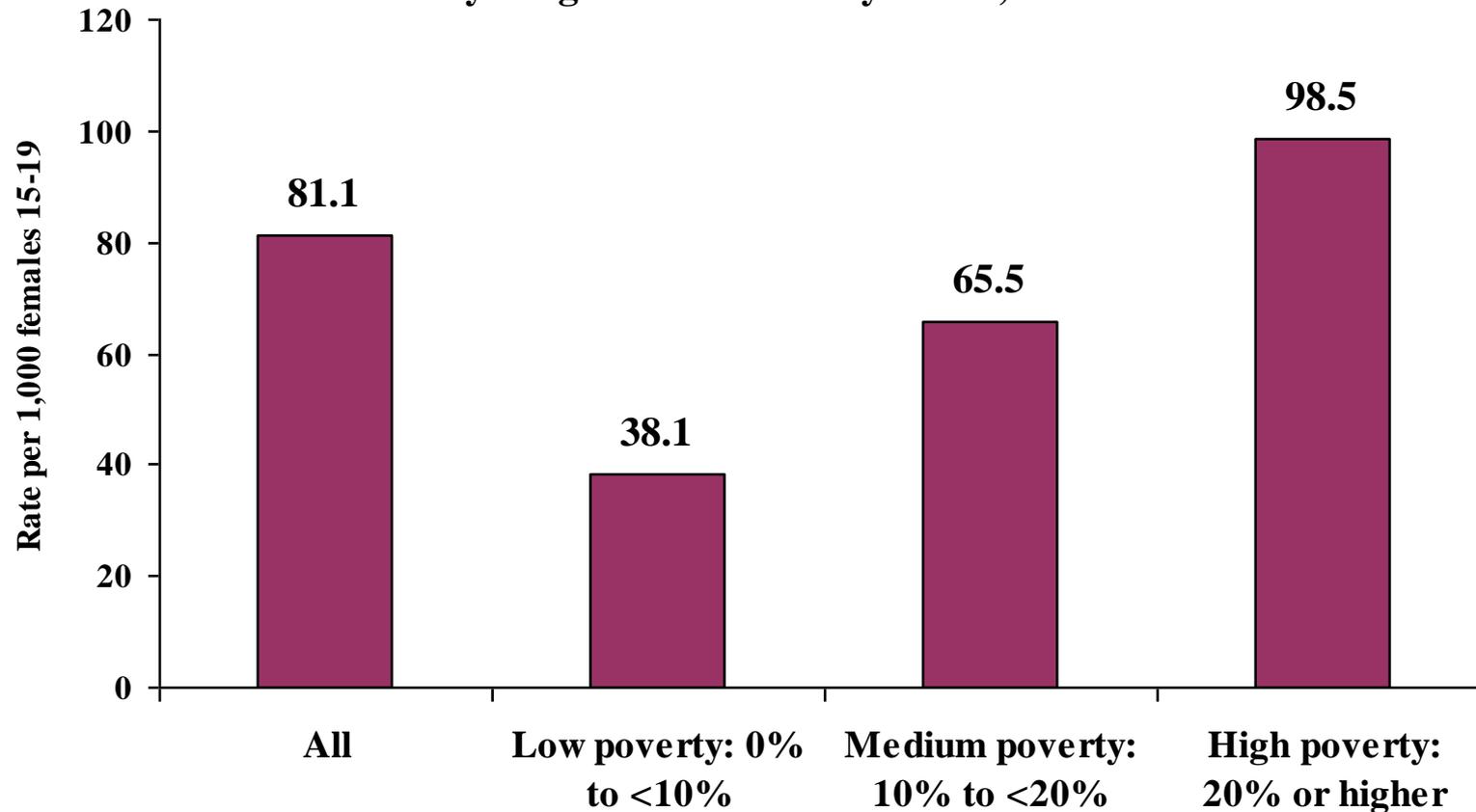


Goal of teen pregnancy prevention activities

The NYC Department of Health and Mental Hygiene (DOHMH) implements programs and supports policies that create an environment where teens have the information, skills, and resources they need to make healthy decisions about their sexual and reproductive lives

Teen pregnancy rates are highest in the poorest neighborhoods

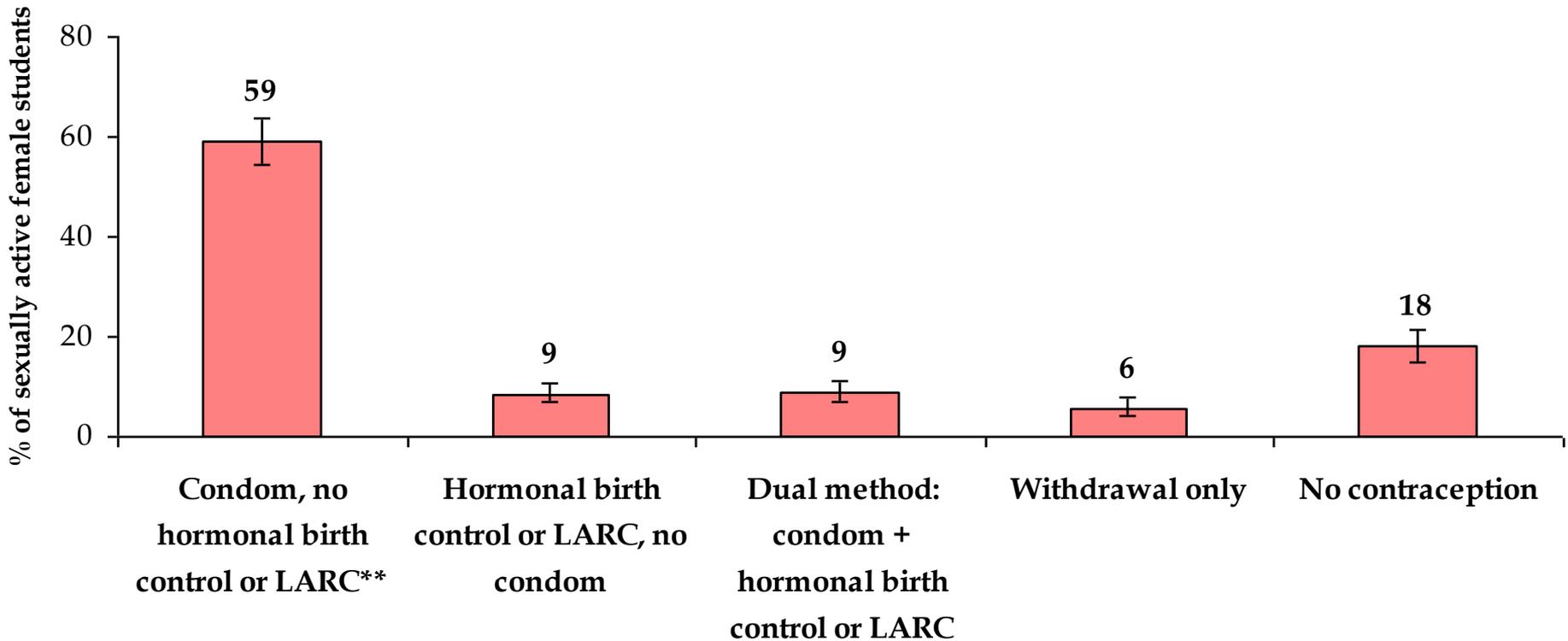
**Pregnancy Rates Among New York City Residents Ages 15-19,
by Neighborhood Poverty Rate*, 2009**



*Percent of neighborhood population with incomes below the federal poverty line in 1999.
Source: NYC DOHMH Bureau of Vital Statistics.

Condoms are the most common method of contraception among sexually active female students

Contraception at Last Sex Among Sexually Active* New York City Public High School Female Students: Youth Risk Behavior Survey, 2009



*Had sex in the last 3 months. **Hormonal birth control includes birth control pill, Depo-Provera, patch, ring, and emergency contraception. Long-acting reversible contraception (LARC) includes intrauterine device (IUD) and Implanon.

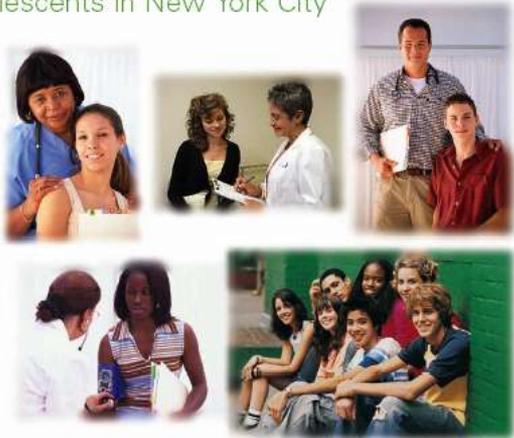
Source: NYC DOHMH Bureau of Epidemiology Services.

NYC has a science-based multi-pronged approach to reducing unintended teen pregnancy:

- **School-based Health Center Reproductive Health Project** – Aims to reduce unintended teen pregnancy by increasing access to contraceptives and reproductive health services
 - SBHC providers receive training and technical assistance on evidence-based practices for adolescents, including on-site contraception and long-acting reversible contraception (LARC)
 - 39 out of 44 public high schools with SBHCs are participating (representing 67,000, or ~25% of public high school students)
 - Established 8 LARC referral centers city-wide to increase sexually active teens' access to IUDs and Implanon; over 350 insertions have taken place since January 2009

NYC has a science-based multi-pronged approach to reducing unintended teen pregnancy:

Healthy Teens Initiative
Seven Steps to Comprehensive Sexual and Reproductive Health Care for Adolescents in New York City



A toolkit and resource guide ◀
for health care providers

Prepared by the NYC Department of Health and Mental Hygiene
and the NYC Family Planning Providers Group



Healthy Teens Initiative – Provides training and technical assistance to community-based clinics to improve sexual and reproductive health service delivery to teens, including promotion of:

- Routine sexual health assessment of teens
- On-site, same-day provision of hormonal contraception and LARC to sexually active teens
- Use of evidence-based clinical best practices such as QuickStart

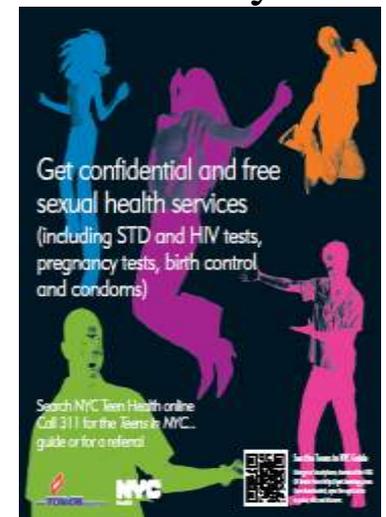
NYC has a science-based multi-pronged approach to reducing unintended teen pregnancy

- **CATCH** – School Health nurses provide sexually active students with information, pregnancy tests, and emergency contraception.
 - Students may also receive on-site oral contraceptives prescribed by a School Health physician and/or referral to a community-based clinic
 - Currently being piloted program at five NYC public high schools

- **Condom Availability Program** – Based in all NYC public high schools, provides 1.2 million condoms and education to 250,000 teens each year

- ***Teens in NYC... Guide*** – Contains information on clinics providing high-quality, confidential sexual and reproductive health services for teens

- **Quick Guide to Contraception** – Provides up-to-date evidence-based guidelines for health care providers

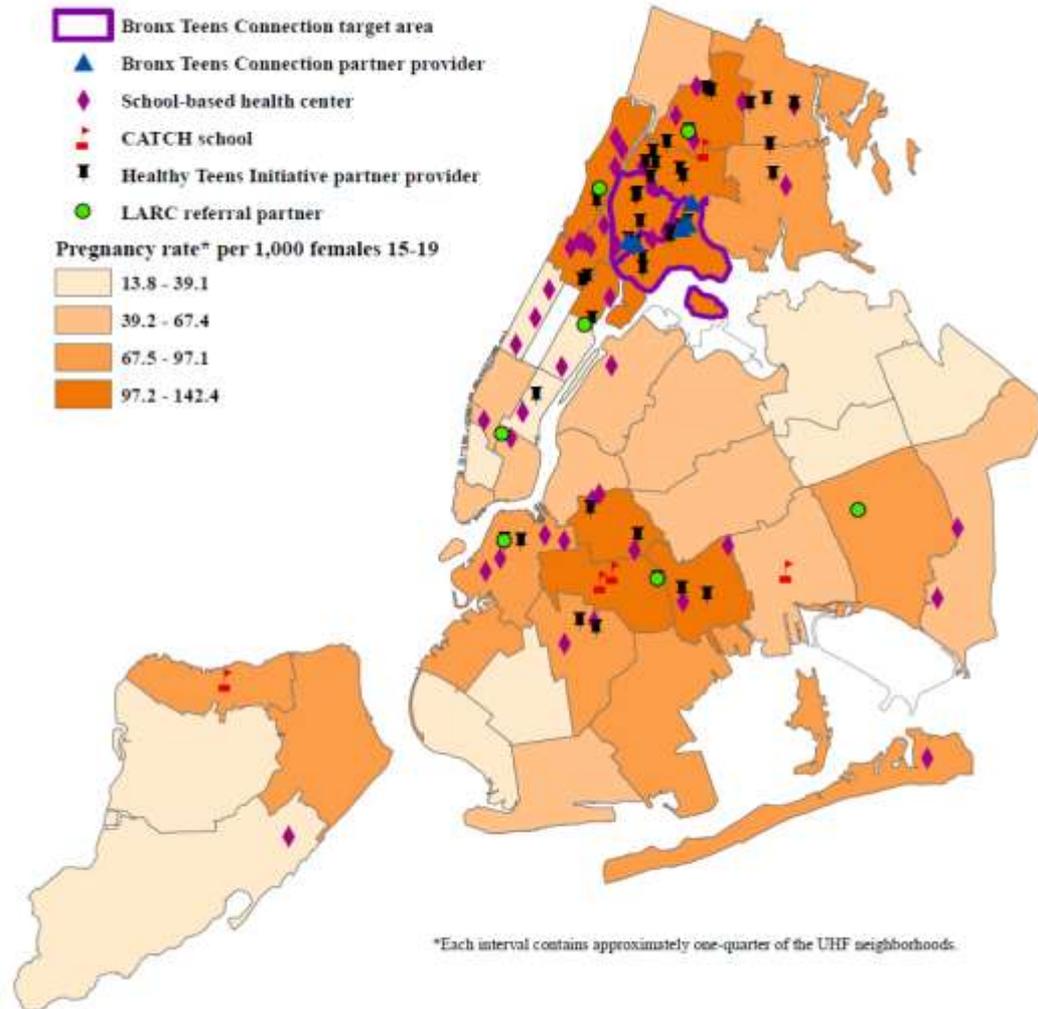


NYC has a science-based multi-pronged approach to reducing unintended teen pregnancy:

- **Bronx Teens Connection** – A five-year CDC-funded project to improve teen sexual and reproductive health in two South Bronx communities through a community-wide, multi-component initiative
 - Aims to develop a successful and sustainable model that can be replicated citywide
 - Strategies will include comprehensive sexual health education, youth development, and “teen friendly” clinical practices
 - Activities under 5 component areas, each with a strong evaluation:
 - Community mobilization and sustainability
 - Evidence-based and evidence-informed programs
 - Access to clinical services
 - Educating stakeholders
 - Working with diverse communities
 - Timeline: Planning in 2011; implementation and evaluation in 2012-2015

DOHMH's programs are concentrated in neighborhoods with the highest teen pregnancy rates

DOHMH Adolescent Reproductive Health Programs and Pregnancy Rates Among NYC Residents Ages 15-19, by United Hospital Fund (UHF) Area, 2009



Policy-level work to assure sustainable environmental changes that make healthy decisions the easy decisions

Increasing teens' access to quality sexual and reproductive health services:

- Increasing enrollment in the New York State Family Planning Benefit Program (FPBP)
- Working on the policy-level to incentivize the provision of contraceptive services at the time of abortions
 - In 2009, 32% of abortions to females aged 15-19 (3,940) were second or higher-order
- Leveraging opportunities created by health reform to integrate quality sexual and reproductive health services into the Federally Qualified Health Center (FQHC) setting

GASTON YOUTH CONNECTED

INTEGRATING EDUCATION AND CLINIC SERVICES
FOR
GASTON COUNTY TEENS

KAY PHILLIPS, EXECUTIVE DIRECTOR
ADOLESCENT PREGNANCY PREVENTION CAMPAIGN
OF NORTH CAROLINA
APRIL 19TH, 2011

(we have a
plan.)



appcnc

Adolescent Pregnancy Prevention
Campaign of North Carolina

GASTON YOUTH CONNECTED

5 YEAR PROJECT

GOALS

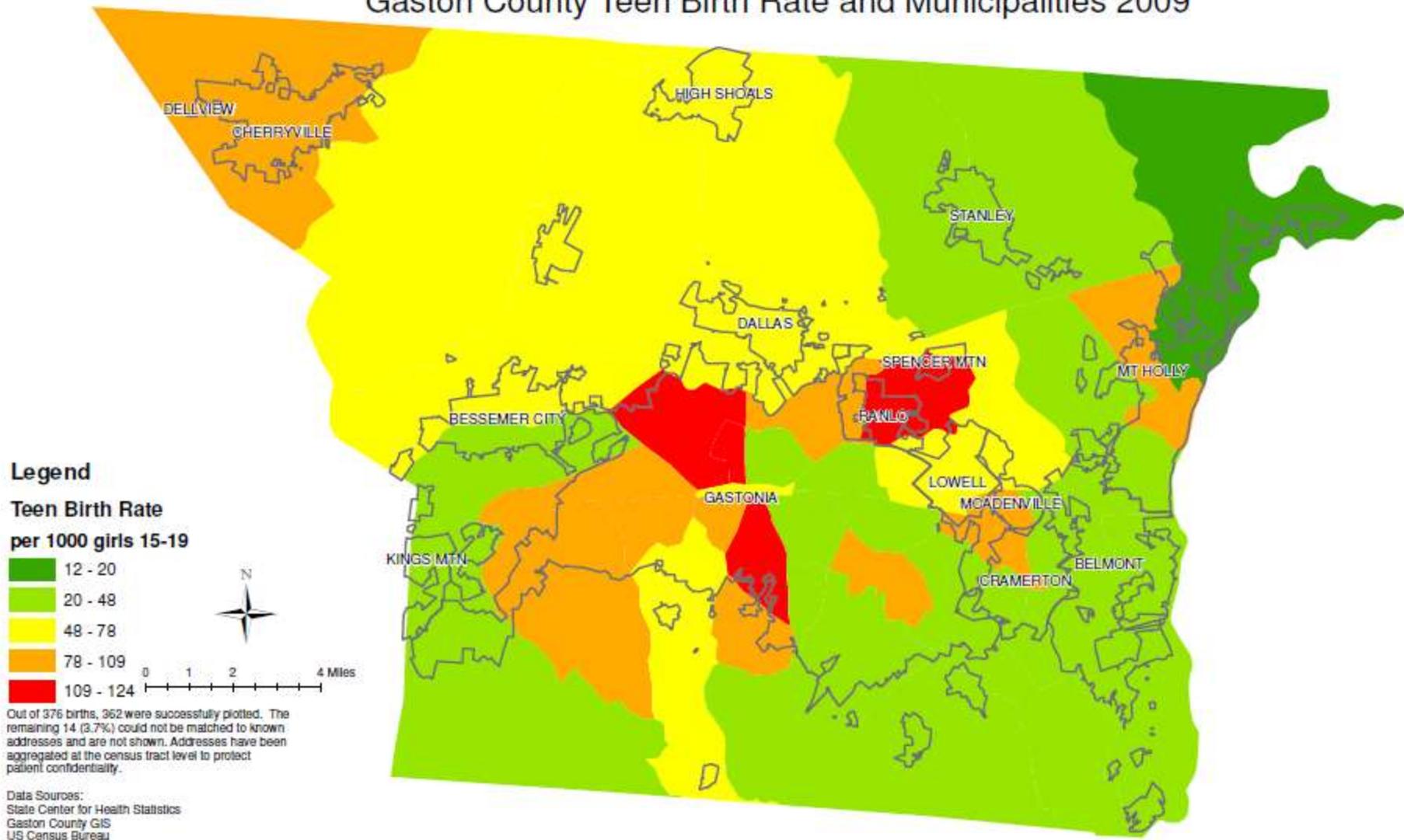
1. By September 2015, Gaston County will realize a 10% decrease in teen birth rates among girls ages 15-19 assessed by comparing baseline and close-of-project rates.
2. By September 2015, Gaston County will have the infrastructure and financial support to sustain integration of evidence-based programs and youth-friendly reproductive health care services with the ability to reach critical numbers of Gaston County Youth.



PROJECT COMPONENTS



Gaston County Teen Birth Rate and Municipalities 2009



WHERE IS THE ADDED VALUE?

- **Focus**
- **Dedicated staff**
- **Coordination of entities already working on TPP**
- **Strategic Investment**
- **Dedicated funding**
- **Outreach for Education and Clinic Services**
- **Significant Evaluation/Reporting to Community**

CDC Vital Signs Electronic Media Resources

Become a fan on Facebook-

<http://www.facebook.com/cdc>

Follow us on Twitter- <http://twitter.com/cdcgov/>

Syndicate Vital Signs on your Website-

<http://tools.cdc.gov/register/cart.aspx>

Vital Signs Interactive Buttons and Banners-

<http://www.cdc.gov/vitalsigns/SocialMedia.html>

Provide Feedback on this Teleconference:

OSTLTSFeedback@cdc.gov



Please mark your calendars for the next
OSTLTS Town Hall Teleconference:

May 10, 2011
2:00pm – 3:00pm EST

For more information please contact Centers for Disease Control and Prevention

1600 Clifton Road NE, Atlanta, GA 30333
Telephone, 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348
E-mail: cdcinfo@cdc.gov Web: www.cdc.gov

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.



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