

**CDC *Vital Signs* Town Hall Teleconference on
Preventing Teen Pregnancy in the United States
Transcript**

April 19, 2011
2:00pm – 3:00pm EST

Coordinator: Welcome and thank you for standing by. At this time all participants are in listen-only mode. After the presentation we will conduct a question and answer session. Today's conference is being recorded; if you have any objections, you may disconnect at this time.

I'd like to introduce your host for today's conference; Dr. Monroe, you may begin.

Dr. Judy Monroe: Well thank you. Good afternoon everyone and welcome to April's CDC *Vital Signs* town hall teleconference on teen pregnancy prevention.

I'm Dr. Judy Monroe, Director of the Office for State, Tribal, Local and Territorial Support and I want to give a warm welcome to any new health officials that we have joining us today if this is your first *Vital Signs* call.

This month's *Vital Signs* release highlights the startling statistic that despite nearly two decades of declining teenage birthrates more than 1,100 teen girls give birth every day in the United States. Unfortunately the progress we've made nationally has not translated equitably across our communities and states. Significant disparities do exist. So for example, teenage birthrates in 2008 ranged from 19.8 in New Hampshire to 65.7 in Mississippi.

My background is one of being a family doctor and I ran a large multi-disciplinary clinic before I became Indiana's state health official. And in that role, I saw the impact of teen pregnancy on individual lives and families, and

the cycle of poverty that can present with that as well. It's obvious that we need to do more around this topic: we need to do more by implementing evidence-based interventions that empower women, particularly teen girls to take control of their futures by taking care of their sexual health; we need to do more by developing active sustainable partnerships and engaging multiple levels of community organizations, clinical services, schools and school-based programs, as well as youth that are not in school; and we need to do more by sharing our best practices, ideas and strategies to help alleviate some of the planning costs across the board and lead to better—that lead to better use of already limited resources for teen pregnancy prevention, which is why we're here today. The lessons we learn from you and you learn from each other today are really key to preventing teen pregnancy.

Winning this battle has long term personal and financial benefits to our teens and to our communities. It is doable, we can make it happen and we can make it known.

At this point I'd like to turn the teleconference over to Lorine Spencer from the Knowledge Management Branch here in OSTLTS who will introduce our speakers and facilitate the discussion portion of today's meeting.

Lorine Spencer: Thank you Dr. Monroe. Good afternoon and thank you all for joining us. Before we get started I want to take a moment to direct everyone to the OSTLTS *Vital Signs* town hall website, you can find that at www.cdc.gov/ostlts, that's O-S-T-L-T-S, and you'll find at the top of the page a flash module page that—and you simply click twice on the town hall tab and that should take you to the website.

If you go to the top of the page there's also resources section with a link to the biographies for each of the presenters that will be presenting today, as well as for today's PowerPoint presentation so you can follow along with the

presentation. This is where you can give us feedback about today's meeting and you can do that by clicking on the "Email Us Your Feedback" link and I do encourage you to please look at that and we do want to know your thoughts and comments about the teleconference content and the process.

Now it's my pleasure to introduce our speakers. I'm going to introduce them all at one time and they will just go in order of presentation.

Today to provide a quick summary of this month's *Vital Signs* report we have Dr. Wanda Barfield, she's the Director of the Division of Reproductive Health in CDC's National Center for Chronic Disease Prevention and Health Promotion.

The second speaker is Deborah Kaplan; she will highlight the work she has been doing as assistant commissioner of the Bureau of Maternal, Infant and Reproductive Health at the New York City Department of Health and Mental Hygiene.

And our last presenter today is Kay Phillips, who will speak about Gaston's Youth Connected and her work as the executive director of the Adolescent Pregnancy Prevention Campaign of North Carolina.

So Dr. Barfield, welcome and if you could please start us off.

Dr. Wanda Barfield: Good morning and thank you. We're all delighted that with the support of the President's Teen Pregnancy Prevention Initiative and from our CDC director, Dr. Thomas Frieden, we can begin this action.

Vital Signs, in this month's issue, signals the beginning of a year of action in working with multiple providers to deal with issues raised by teen birth, for over 400,000 teens aged 15 to 19 give birth each year in the U.S.

This slide reminds us of this national problem affecting some parts of the country more than others, but still major problems are common to most every town in our land.

We—so who is affected? We know that beyond the national picture there are still disparities. Here you can see how teens are affecting the nation's various racial and ethnic families and communities. Although there have been declines in teen birth for white, black and Hispanic teens, Hispanic and black teens have birth rates two to three times higher than whites. This is why a great deal of our work must be focused on communities where there are disparities.

We often hear these questions: What can we do? What works? What approach might you suggest?

Well not one size fits all, but we suggest actions that include these five components. First, we need to mobilize communities. Second, we should promote evidence-based prevention programs and policies. Third, we need to improve access and the use of family planning services. Fourth, educate those invested in your communities on teen pregnancy prevention issues and strategies, and lastly to work with diverse communities. We believe communities will find what types of programs really work. And we are investing in communities who are prepared to take these actions.

So what's the good news? Well, this is not your mother's birth control method. We acknowledge that abstinence is the 100% most effective method to prevent pregnancy, as well as STDs and HIV. However, teens are talking with parents, but there's still room to promote this further since only about half of teen high school students have talked about either birth control or avoiding sex.

We're also seeing a generation of teens who are sharing responsibility to avoid pregnancy, HIV and STDs. About 10% of teens are using dual protection, which can increase—which has actually been an increase since past years, but there's still more work to be done. Also male condoms continue to be the method of choice in about 52%, but rarely are sexually active females using the most modern and perhaps the most appropriate contraceptive – the ones that we refer to as long-acting reversible contraceptives or LARC.

And that brings me to what Dr. Frieden and many others are asking: Could LARCs help prevent teen pregnancy? We think so. This would be great to discuss further today.

But with regard to contraceptives and teen pregnancy prevention, there are good options for today's teens who are sexually active. There is evidence that long-acting reversible contraceptives can be used by teens who are otherwise healthy. Our report on medical eligibility criteria for contraceptive use brought together that evidence.

Also we know some teens would use methods that are effective, can be used discreetly and don't require daily use. However, the problem is these contraceptives are not always easy to obtain – even if a provider recommends their use. A recent report on CDC's *Morbidity and Mortality [Weekly] Report* found that we still have barriers to women of all ages getting effective contraceptives.

So our *Vital Signs* message asks you to help us get teens accurate information about reproductive and sexual health, including contraceptives and healthy relationships, and to use each teachable moment that we have. Thanks to our colleagues, like Dr. Monroe, we have a chance to talk with you today.

Let me remind you that this coming May is Teen Pregnancy Prevention Month and it is when we will soon also observe National Women's Health Week and in June it's a chance to have activities during Men's Health Week, where we can focus on reaching young men directly through activities.

Also visit our website for more information to learn more about what we're doing at www.cdc.gov/teenpregnancy. Thank you, I would like to now give the mic to Ms. Deborah Kaplan.

Deborah Kaplan: Thank you so much Dr. Barfield and thank you so much for inviting me to present today about the work we're doing in New York City through the New York City Department of Health and Mental Hygiene. Can everyone hear me clearly?

Lorine Spencer: Yes.

Deborah Kaplan: Good. So I wanted to start on slide 2. On the second slide, our goal at the Health Department is to reduce unintended teen pregnancy by helping teens make informed decisions about their sexual and reproductive lives. The work we do is aimed at providing teens with evidence-based sex education programs, ensuring access to contraception and health services, and helping teens develop a positive and respectful approach to sex and sexual relationships.

Before we move to the next slide, I'd like to take a couple minutes to describe the way we've framed our work at the health department to reduce unintended teen pregnancy. We know that the vast majority of New York City's over 20,000 teen pregnancies per year or 87% are unintended and every year thousands of teens, mostly from disadvantaged backgrounds, are thrust into difficult decisions about whether to become a parent or have an abortion.

Teens who become mothers tend to come from economically disadvantaged environments that severely limit their education and job prospects. Some of the later life disadvantages faced by teen mothers, such as low high school graduation rates, can be explained by their pre-childbearing disadvantages.

As teens transition to adulthood, having the skills to avoid unintended pregnancy is fundamental to helping them stay healthy. And these skills are transferable and will serve them in other areas of their lives, equipping them to avoid sexually transmitted infections and make other healthy decisions.

As you'll see on slide 3, the 2009 New York City teen pregnancy rate was 81 per thousand teens aged 15 to 19, which was a 20% drop since 2000. So in other words in 2000, 10% of females 15 to 19 became pregnant compared to 8% in 2009. And as with the U.S. rate, New York City continues to have substantial disparities in rates by race, ethnicity, and socio-economic status.

This slide also shows the teen pregnancy rates by neighborhood poverty level for 2009. Teen pregnancy rates are about 2.5 times higher in the poorest neighborhoods where teens are less likely to have educational and employment opportunities and have less access to sexual and reproductive health services than the rates in wealthier neighborhoods.

The next slide shows contraceptive use among New York City teens in public high schools through our youth risk behavior survey data. Among sexually active New York City public high school female students, condoms are the most common method of contraception used at last sex, as was described for the U.S. Fifty-nine percent of females used condoms alone the last time they had sex and nine percent used hormonal contraception alone. Only nine percent used dual contraception, as defined as hormonal contraception or LARC – that is IUDs or Implanon® – as well as condoms, which would combine the highest level of protection against unintended pregnancy with

protection and prevention from sexually transmitted infections. Eighteen percent or almost one in five sexually active female students used no contraception the last time they had sex.

I'm now going to describe some of the work the health department is doing to prevent unintended teen pregnancy. So the next slide describes our School-based Health Center Reproductive Health Project, which is a privately funded project working to ensure that high school school-based health centers provide comprehensive sexual and reproductive health services to students, including contraceptive dispensing on site and the promotion of long-acting reversible contraception as a safe and effective contraceptive option for teens.

The project is now at the end of its third year and achievements include the following: providing training and technical assistance to school-based health center providers on evidence-based clinical practices, establishing eight LARC referral centers city-wide to increase sexually active teens access to IUDs and Implanon®—and since January 2009 over 350 insertions have taken place at these referral centers—and creating the infrastructure necessary to perform the first on-site school-based health center IUD insertions in the country—44 on-site insertions have taken place to date.

The next slide describes our efforts that we are scaling up to increase access to quality reproductive health services at community-based clinics through our healthy teens initiative, HTI. Currently working with 21 partners, HTI provides training and technical assistance to increase providers' capacity to provide hormonal contraception and LARC to sexually active teens and to promote evidence-based clinical practices. From July 2009 to June 2010, clinic partners almost doubled contraceptive coverage among teens.

The next slide describes some of our other work, which I'll mention briefly. Because school-based health centers only serve 25% of public high school

students, the health department's Office of School Health has developed the Connecting Adolescents to Comprehensive Health Services or CATCH program in which school nurses provide sexually active students with pregnancy tests, emergency contraception, and referrals to both community-based clinics and school health physicians for contraception. And the program is currently being piloted at five New York City public high schools.

The Office of School Health also administers New York City's Condom Availability Program as part of a state mandate requiring all high schools to have a health resource room where free condoms, health information, and health referrals are available to students. Approximately 250,000 teens receive condoms and education in this setting each year.

The health department develops resources that provide teens with age appropriate, medically accurate, and culturally competent reproductive health education and information. Our *Teens in New York City* booklet is a wallet-sized booklet and online resource that lists clinics in all five boroughs that provide confidential and free or very low-cost services to teens based on our own assessment of these services. The upcoming printing will have a quick response code, which is like a bar code that allows teens with smart phones to download the guide and information on contraceptive methods.

The health department also provides—produces publications for providers, such as the quick guide to contraception which provides simple state-of-the-art guidelines for busy clinicians on how to routinely assess the reproductive health needs of patients and to dispense or prescribe appropriate contraception. And this is available for free throughout—to providers throughout the city and to anyone else who's interested.

The next slide describes our newest initiative that we are delighted to have, which is funding from the Centers for Disease Control beginning this past

September for a five-year cooperative grant to implement a community-wide multi-component program to improve teen sexual and reproductive health in two South Bronx communities. And we're proud to be one of nine recipients. We've named our program the Bronx Teens Connection, which builds on our work in schools, clinics, and with other governmental agencies.

The Bronx Teens Connection will use a toolkit of evidence-based strategies, including comprehensive sexual health education, youth development and clinical practices to implement activities under five component areas as described by Dr. Barfield – each with a strong evaluation.

Again these components are community mobilization and sustainability, evidence-based and evidence-informed sex education and youth development—and in our case that will be in at least 20 high schools and with 10 youth serving organizations—access to quality clinical services, educating stakeholders, and working with diverse communities. We're excited to have this opportunity to work with the CDC and other grantees to learn from each other and share best practices and lessons learned as we implement this program in the South Bronx, an area with the highest teen pregnancy rates in New York City. In partnership with community stakeholders, we hope to implement a successful and sustainable model that can be replicated city-wide and beyond.

The next slide shows a map illustrating 2009 pregnancy rates among New York City residents aged 15 to 19. We've overlaid the locations of most of the programs I've described on this map. The concentration of programs and activities in those communities with the highest teen pregnancy rate is intentional as another part of the health department's data-driven strategy to prevent unintended teen pregnancy entails the use of neighborhood data to identify target communities for our work.

On my final slide, I wanted to discuss our policy interventions, which is a key part of our strategy. As a strategy for increasing adolescent's access to sexual and reproductive health services, the health department has been focusing policy advocacy work on improving the New York State family planning benefit program, which provides free and confidential reproductive health services to women and men aged 10 to 64 years with incomes up to 200% of the federal poverty level.

In addition, data on repeat and higher order abortions in New York City helped us to identify a new area to target. In 2009, 32% of abortions to females aged 15 to 19 were second or higher order. The health department is working to identify ways to incentivize the provision of contraceptive services at the time of abortion.

Finally, the health department is looking to leverage opportunities created by health reform to increase quality sexual and reproductive health services into the federally qualified health center, the FQHC setting.

Through a data-driven, multi-prong effort at the program and policy levels, we hope to see a significant reduction in unattended teen pregnancy rates in New York City. Thanks.

Kay Phillips: Good afternoon, this is Kay Phillips from North Carolina. It's a pleasure to be here today and I thank you for the invitation. Today I would like to talk about the project that we'll be working with in North Carolina, specifically in Gaston County, with Gaston Youth Connected: Integrating Education and Clinical Services for Gaston County Teens.

Like many of our southern neighbors, North Carolina has had historically high rates of adolescent pregnancy. While adolescent pregnancy is strongly linked to broader societal issues, such as poverty, documented public health and

education practices have been proven effective at helping states reduce their rates of adolescent pregnancy.

The five year project – with partners of the Centers for Disease Control and Prevention, Gaston County youth serving agencies, medical facilities and caring citizens – APPCNC [Adolescent Pregnancy Prevention Campaign of North Carolina] will provide primary leadership for the project.

Gaston County was selected based on the demographic data including teenage population, teen birth rate and pregnancy rate, and current infrastructure for serving youth.

This project is about providing effective pregnancy prevention education and linking that education with preventive clinical services with an aim of reaching critical numbers of Gaston County youth, with particular attention to the African-American and Latino youth.

The vision is to activate, organize, train and assist Gaston County to create a dynamic prevention network, to influence community-level support for this integrated prevention approach and to increase the likelihood that this approach can be sustained over time.

Project goals—

By September 2015, Gaston County will realize a 10% decrease in birth rate among girls aged 15 to 19, assessed by comparing baseline and close of project rates controlled by comparison to Rowan County.

By September 2015, demonstrate a reduction in teen pregnancy rates among girls aged 15 to 19 in Gaston County.

By September 2015, Gaston County will have the community infrastructure and financial support to sustain integration of evidence-based programs and youth-friendly reproductive healthcare services with the ability to reach critical numbers of Gaston County youth.

As talked about before, the key component objectives of the program implementation by September 2015 would be to increase the number of sites in Gaston County that implement the evidence-based programs with fidelity. And by September 2015, Gaston County will have reached 1,500 more African-American and Latino youth and 2,500 total youth with evidence-based programs, as compared to current participation log.

The rationale would be that we make the assumption that by using evidence-based programs, programmers can influence behavior of Gaston County youth, thereby helping us to reach the program goals. Specific youth behaviors will be measured with program-specific evaluations included in the evaluation plan.

Component two, linking teams to the quality health services—By September 2015, you're going to increase the number of Gaston youth who utilize youth-friendly reproductive healthcare services, as measured by assessing baseline utilization numbers and tracking changes in that utilization over time.

Stakeholder education—By September 2015, we're going to increase the stakeholder commitment at the state and the local level in support of effective education and access to clinical care, as measured by key informant interviews and evaluation of communication plans.

Sustainability—By 2015, community will demonstrate sustainability of evidence-based programs via diversified funding and secured partnerships, as

measured by a sustainability plan and identified sources of continued support for integrated services.

The initial strategies—the main initial strategy is to accomplish these objectives that will work with the community to identify the strengths and assess their need. The work will include providing technical assistance to assess those needs and resources to help the core partner team plan for the implementation and the outreach, which will include strengthening current programs and increasing numbers of program sites strategically placed throughout the county.

APPCNC will provide technical assistance to assess needs and resources to help the core partner team refine a plan for youth-friendly clinical services, linkages, and outreach, which will include strengthening the current clinical resources by making them more youth-friendly, expanding their services, and establishing a referral protocol to increase the number of youth referred to clinic services.

APPCNC technical assistance team will develop proactive training and technical assistance plans with all implementation sites and clinic service sites using the Getting to Outcomes™ framework where applicable.

APPCNC will provide technical assistance to the core partner team to develop a stakeholder communications plan, establishing a parent tech line, scheduling community forums on the ... Connecting Gaston County Youth project and the annual updates on their progress, developing marketing campaigns and highlighting human interest stories in media, providing technical assistance to satisfy the Healthy Youth Act, which was passed in 2009. All schools will receive technical assistance on the best way to implement the program whether through the use of an evidence-based or an evidence-based curriculum. The Healthy Youth Act was passed in 2009 where all schools in

North Carolina must teach 7th, 8th and 9th grade students an evidence-based curriculum that is comprehensive in nature.

The long-term strategies—Together with the core partner team, we will develop a sustainability plan – which will include identification of all current and potential funders and topic supporters – communications plan to disseminate information on science-based programming and integration of education and clinic services, [as well as] bi-annual updates on project progress, including the data and stories from provider and youth.

Why Gaston County? Gaston County needed a community-wide approach to preventing their teen pregnancy. With this focus of a five-year collaborative agreement between APPCNC and the Centers for Disease Control and Prevention, along with Gaston County’s youth serving organizations, medical clinics, youth and members of the general public, Gaston County fit the criteria for this project with more than 4,000 girls aged 15 to 19 and a teen birth rate greater than 45 per 1000 girls based on 2006 data.

While many North Carolina counties have had high birth rates, only 14 counties met those demographic criteria. Gaston was chosen because of its population of teen girls (6,507), teen birth rates (61.2 for every 1000), and teen pregnancy rate (65.3 pregnancies for every 1000) and that represents the 39th highest county in North Carolina.

Gaston County also has current infrastructures for serving their youth. They have many non-profit government agencies, medical clinics, coalitions, faith groups and citizens actively working to address risk factors for teen pregnancy. This initiative is intended to capitalize on their previous work by the individuals of the community with the community-wide approach.

The last slide that you see asks us where is the added value. The focus that is put on one county, the dedicated staff that will be working in this county to bring everyone together in the coordination of the entities already working on teen pregnancy prevention, the strategic investment and the dedicated funding, outreach for education and clinic services, and the significant evaluation reporting to the community—we feel that this value that is added to this county will give us outcomes that we can be proud of and that we can share across the state. Thank you very much.