

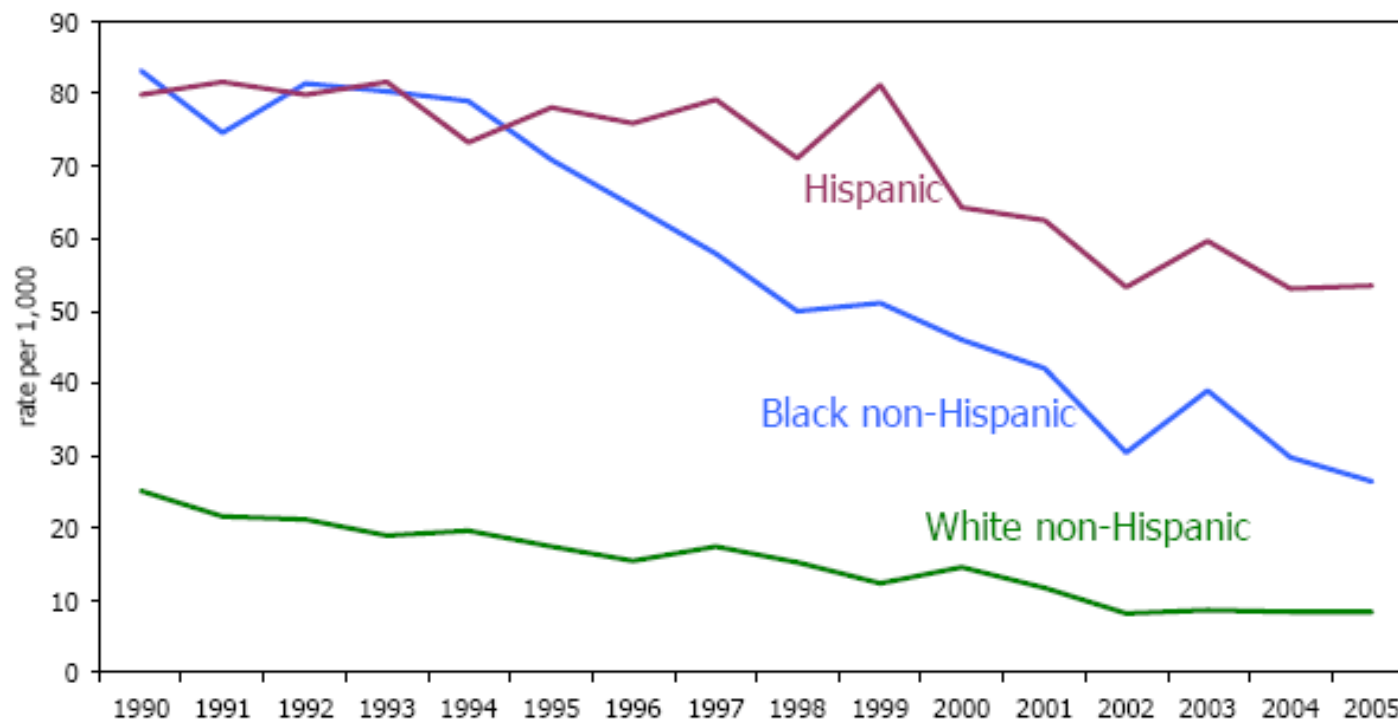


Teen Pregnancy and STI Prevention

**Presentation to CAN Community Council
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**Philip Huang, M.D., M.P.H.
Medical Director and Health Authority
Austin/Travis County Health and Human Services Dept.**

Multiyear Travis County Teen Pregnancy Rates



Teen = 13 to 17 years old



Austin/Travis County Health and Human Services Department



Teen Pregnancy and Birth Rate by Race/Ethnicity, Travis County, 2005

Race/Ethnicity	Pregnancy Rate	Birth Rate
White non-Hispanic	8.3	4.3
Black non-Hispanic	26.3	18.0
Hispanic	53.4	46.1

Rates per 1,000 13 to 17 year olds

DSHS Vital Statistics, 2005



Austin/Travis County Health and Human Services Department



How does Travis County compare?

County	Pregnancy Rate	Birth Rate
Travis	28.1	22.2
Bexar	30.3	24.7
Dallas	31.6	26.0
Harris	26.5	21.5
Tarrant	24.3	19.8
Texas	25.9	22.1

Rates per 1,000 13 to 17 year olds DSHS Vital Statistics Annual Report, 2005



Austin/Travis County Health and Human Services Department

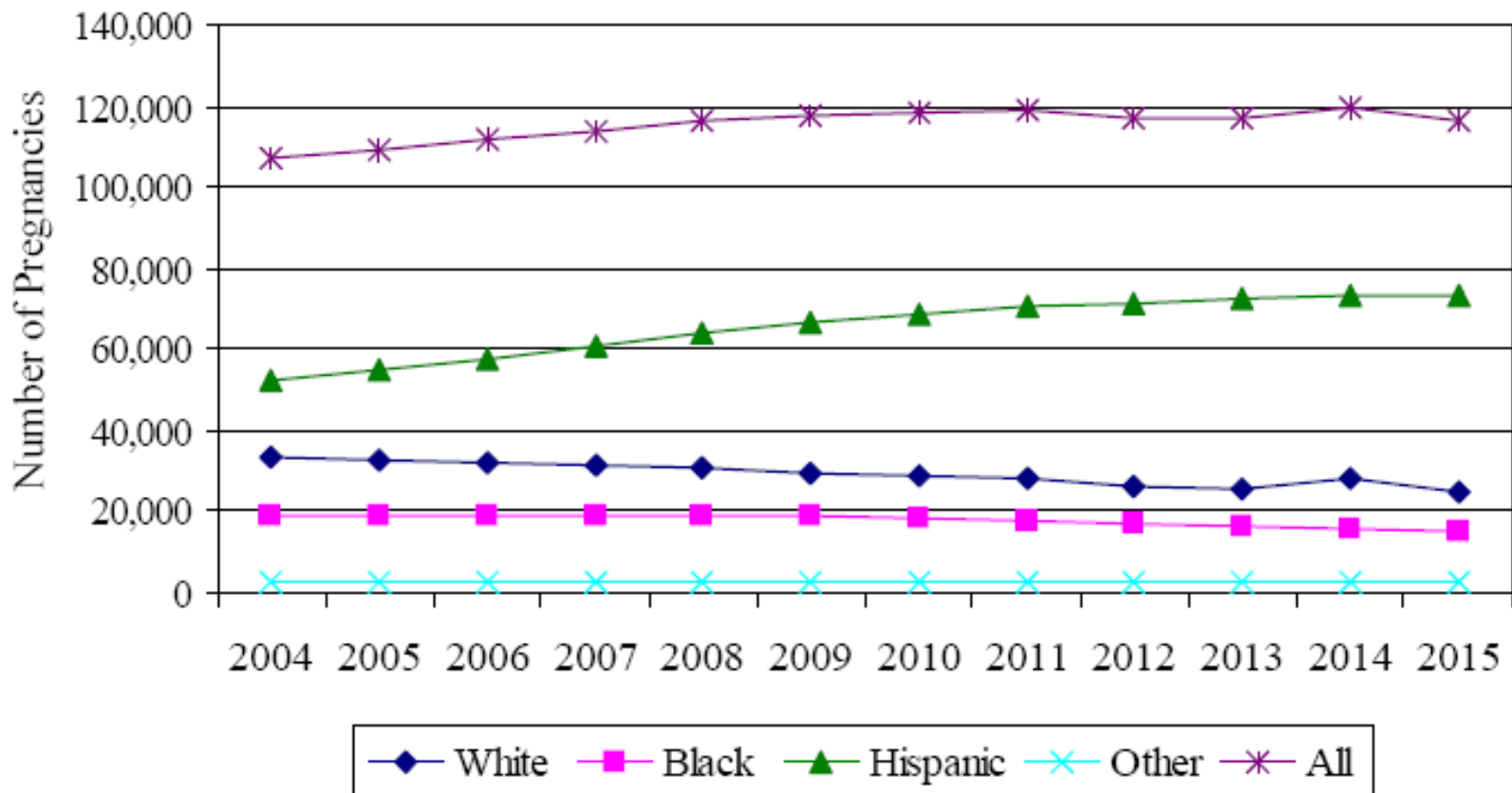


Births to Teenagers and Young Women in Travis County, 2004

- 26 births to teens ages 10-14
- 561 births to teens ages 15-17
- 952 births to teens ages 18-19
- 3409 births to women ages 20-24
 - Of these births, 1602, or 47% were to unmarried women
 - Data support that 1/3 of all unplanned pregnancies occur among unmarried women in their 20's

Ethnic Disparities in Risk Projections:

Projected number of pregnancies among 15-19 year olds by race/ethnicity in Texas



Travis County STIs in Teens, 2007

	Boys	Girls	Total in 13-17 y.o.
Chlamydia	72	491	563
Rate per 100,000	253.4	1826.4	1018.1
Gonorrhea	31	117	148
Rate per 100,000	109.1	435.2	267.6

ATCHHSD, 2008

STD rates are subject to reporting bias, and likely reflect under-reporting



Momentum in Austin and Central Texas

- Austin delegation to 2008 Urban Reproductive Health Summit
- iChoose Summit and MCH Coalition
- STD awareness media campaign in 2007 and 2008
- San Antonio Healthy Futures Alliance
- Texas Campaign to Prevent Teen Pregnancy -first meeting on October 24th

Collaborative Efforts in Austin

Leadership initiatives

- Children's Optimal Health (Focus on childhood obesity and asthma)
- African American Quality of Life Initiative
- Hispanic Quality of Life Initiative
- Travis County HIV Planning Initiative

Adolescent/reproductive health initiatives

- Teen Parenting and Prevention Network (Focus on services for teenage parents)
- Ready by 21 (Preparing youth for college, workforce readiness, leading healthy lives and civic engagement)- a CAN-affiliated coalition
- Maternal and Child Health Coalition (Reproductive health)

Local Programming and Services for Teen Pregnancy and STI Prevention

- STI awareness campaign, “Get the facts, get tested”, ran in 2007 and 2008; “They look up to you, so it’s up to you” campaign for parents in 2008 with over 1.6 million reach altogether.
- GetTestedATX.org web page for teens and parents with approx. 8,000 hits.
- Facilitator’s Trainings on WiseGuys®: Male Responsibility Curriculum which has reached 191 adolescent males through 20 various youth-serving organizations.
- Adolescent Health Symposium held for 100 health care providers in 2007 and 2008.
- Facilitator’s Trainings on BIG DECISIONS™ Sexuality Education Curriculum in 2008 which has reached over 200 adolescents both male and female through 20 organizations.



Local Programming and Services for Teen Pregnancy and STI Prevention

- iChoose Teen Summit held in 2008 with 80 participants.
- Maternal and Child Health Coalition with 20 members (ongoing monthly meetings).
- Over 2,500 sexual health education encounters at Gardner Betts Juvenile Detention center and other locations in FY 2008.
- During FY08, 66 teens between the age of 13-17 received STI testing and treatment services at the RBJ Health Clinic.
- During FY 08, 249 teens received HIV/STD risk reduction counseling and testing provided in other community-based settings



Part II: Literature Review & Evidence-based Practices

Select Risk and Protective Factors that May Affect Adolescent Sexual Behavior*

Community Level:

(-) Greater community social disorganization (violence, hunger, substance use)

Family Level:

(+) Higher parental education

(+) Live with 2 biological parents

(+) Greater parental supervision and monitoring

(+) Higher quality family interactions and connectedness

(+) Greater parent/child communication about sex

(+) Parental support of contraception if sexually active

(+) Parental disapproval of premarital or teen sex

(-) Household substance abuse

(-) Mother's early age at first birth

(-) Physical abuse

(+) = a protective factor (-) = a risk factor

*** Many other risk and protective factors exist**

Select Risk and Protective Factors, Continued*

Peer Level:

- (-) Older age of peer group
- (-) Romantic partner is older
- (-) Peers' use of drugs/alcohol
- (-) Sexually active peers
- (+) Peer use of condoms
- (+) Peer support for condoms or contraceptive use

Individual Level:

- (-) Perceive more personal and social benefits rather than costs of having sex
- (-) Alcohol/drug use
- (-) Being African American (vs. white)
- (-) Being Hispanic (vs. Non-Hispanic)
- (+) Older age of physical maturity /menarche
- (+) Greater connectedness to school
- (+) Higher academic performance
- (+) High educational aspirations / plans for the future
- (+) More positive attitudes, greater self efficacy and greater motivation to use condoms and other forms of birth control
- (+) Discussing pregnancy & STI prevention with partner
- (+) Greater motivation to avoid pregnancy, HIV and other STIs

(+) = a protective factor (-) = a risk factor

*** Many other risk and protective factors exist**

What are the Implications?

- There is no “magic bullet”- must address multiple risk and protective factors at different levels
- May need to address sexual and non-sexual risk and protective factors

Effective Approaches: Curricula

Curricula should be:

- Evidence-based
- Medically-accurate
- Focus on abstinence as well as contraceptive methods
- Include the key criteria of effective programs created by Kirby

Examples of Effective Curricula with Select Adolescent Populations

Hispanic youth: Cuidate!

African-American youth: Focus on Kids+Impact, SihLEH (clinic based), Becoming a Responsible Teen, Be Proud, Be Responsible (males only), Making Proud Choices, Aban Aya Youth Project

Female youth: Safer Sex (clinic based), Sisters Saving Sisters

All youth: Safer choices, Reducing the Risk, Get Real About AIDS, Making a Difference (middle school youth), Postponing Sexual Involvement, Positive Prevention



A few Comments about Curricula

- Multiple lists of “effective programs” can be confusing
- Few evaluated curricula designed for Hispanic teenagers
- Few programs for incarcerated youth
- Few programs that are effective with teens of all races/ethnicities (important in school settings)
- Some programs lack feasibility in schools (such as multiple year-long interventions, 20+ sessions, etc.)
- Low reach unless implemented by school districts

Effective Approaches: Youth Development

- Programs that decrease school drop out, improve attachment to school, school performance, educational and career aspirations
- Service learning programs (voluntary community service with built-in time for reflection). Examples include:
 - Reach for Health
 - Teen Outreach Project
 - CAS Carrera Project
 - Learn and Serve America
 - Quantum Opportunities Program

Kirby D. *Journal of Sex Research*, 2002

Child Trends, "Preventing teenage pregnancy, childbearing, and STIs- What the research shows", 2002

National Campaign to Prevent Teen Pregnancy, "What Works" 2008

Additional Programs that are Showing Promise

Fewer and less rigorous studies have been done to evaluate these programs, however some positive results have been demonstrated:

- Clinical interventions designed to impact provider and teen interactions on contraceptive methods and sexual health and to make services more available to teens
 - HIV Risk reduction for African American and Latina Adolescent Women program
 - Family Pact
 - Assess
 - Tailoring Family Planning Services to the Special Needs of Adolescents
- Media campaigns designed for adolescents, if sustained, tailored using audience segmentation, based in health education theory, and connected to health services

Kirby D. *Journal of Sex Research*, 2002

Keller S. and J. Brown, *Journal of Sex Research*, 2002

National Campaign to Prevent Teen Pregnancy, "What helps in providing contraceptive services for teens", 2007

What Works with Parents?

- Many studies to increase parent/child communication about sexual health have had little effectiveness and low reach
- Recent randomized control trial of the “Parents Matter” program has shown some promising results
- Most promising approach may be assigning homework assignments for teens requiring parent/teen discussion about sexual health
- Programs may be more effective if they are longer in duration and also focus on appropriate parental monitoring and on parents role modeling responsible sexual behavior

Literature Review & Evidence-based Practices Conclusion

- Must address a variety of risk and protective factors through different levels of the socio-ecological framework:
 - Individual knowledge, attitudes, and behaviors
 - Peer/Family knowledge, attitudes, and behavior
 - Schools/organizations
 - Community
 - Society
- Must address sexual and non-sexual antecedents through a combination of new or revised policies, programs, and practices



Next Steps

- An assessment of our local programs, activities, research findings, best practices, and data to review, update, confirm/enhance public health strategies to prevent teen pregnancy and sexually transmitted infection in Austin/Travis County