The CDC Workgroup on Adolescent Sexual and Reproductive Health

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Objectives

- Provide an overview of adolescent sexual and reproductive health-funded projects across CDC.
- Discuss how various CDC Divisions and their funded partners can increase collaboration at the state and local levels.
- Discuss ways to build an integrated approach to improving adolescent sexual and reproductive health.
HIV, STD and Pregnancy Among Youth

- 47% of high school students are sexually experienced.
- 15 – 24 year-olds acquire nearly 50% of all new STDs.
- 9.1 million cases of STDs occur among 15-24 year olds each year.
- An estimated 4,824 cases of HIV/AIDS occur annually among 15-24 year olds (based on data from 33 states with confidential name-based HIV infection reporting).
- 831,000 pregnancies occur each year among 15-19 year olds.
- Racial/ethnic populations are disproportionately affected by these outcomes.
Proportion of HIV/AIDS Cases and Population among Adolescents 13 to 19 Years of Age, by Race/Ethnicity Diagnosed in 2004—33 States

HIV/AIDS cases
N* = 1,121
- <1% White, not Hispanic
- 13% Black, not Hispanic
- 15% Hispanic
- 70% Asian/Pacific Islander
- 1% American Indian/Alaska Native

Population 33 states
N = 18,660,815
- 65% White, not Hispanic
- 14% Black, not Hispanic
- 17% Hispanic
- 3% Asian/Pacific Islander
- 1% American Indian/Alaska Native

Note: Data include persons with a diagnosis of HIV infection regardless of AIDS status at diagnosis. Data from 33 states with confidential name-based HIV infection reporting since at least 2000. Data have been adjusted for reporting delays. *Includes 5 persons of unknown race or multiple races.
Estimated HIV Cases among Adolescents aged 13-24 years in 33 States, by Mode of Exposure 2003

Male:
- Heterosexual: 73%
- IDU: 13%
- MSM: 8%
- Other: 5%

Female:
- Heterosexual: 85%
- IDU: 14%
- Other: 1%


Data include persons with a diagnosis of HIV infection regardless of AIDS status at diagnosis; Data from 33 states with confidential name-based reporting since at least 2000; Data have been adjusted for reporting delays.
Percentage of High School Students Who Ever Had Sexual Intercourse, by Sex and Race/Ethnicity,* 2005

- Total: 46.8%
- Female: 45.7%
- Male: 47.9%
- White: 43.0%
- Black: 67.6%
- Hispanic: 51.0%

*B > H > W
National Youth Risk Behavior Survey, 2005
Percentage of High School Students Who Had First Sexual Intercourse Before Age 13 Years, by Sex* and Race/Ethnicity,** 2005

* M > F
** B > H > W

National Youth Risk Behavior Survey, 2005
Percentage of High School Students Who Had Sexual Intercourse with Four or More Persons During their Life, by Sex* and Race/Ethnicity,** 2005

- **B > H > W**
- **M > F**

National Youth Risk Behavior Survey, 2005
Percentage of High School Students Who Used a Condom During Last Sexual Intercourse,* by Sex** and Race/Ethnicity,*** 2005

* Among the 33.9% of students nationwide who had sexual intercourse with one or more persons during the 3 months preceding the survey
** M > F
*** B > W > H

National Youth Risk Behavior Survey, 2005
Percentage of High School Students Who Drank Alcohol or Used Drugs Before Last Sexual Intercourse,* by Sex** and Race/Ethnicity,*** 2005

* Among the 33.9% of students nationwide who had sexual intercourse with one or more persons during the three months preceding the survey
** M > F
*** W, H > B

National Youth Risk Behavior Survey, 2005
Sexually Transmitted Disease

- 15 – 24 year-olds acquire nearly 50% of all new STDs
- 9.1 million cases of STDs occur among 15-24 year olds each year
- Increased rates of some STDs, primarily because of improved screening
- Female youth and youth of color, particularly African American females, are disproportionately affected
Adolescent Pregnancy

- In 2002, an estimated 757,000 pregnancies among teenagers 15-19 years
  - 10% reduction from 2000
  - 35% lower than the peak rate in 1990
## Racial/Ethnic Disparities in Teen Birth Rates

<table>
<thead>
<tr>
<th></th>
<th>1991</th>
<th>2004</th>
<th>% Decline</th>
</tr>
</thead>
<tbody>
<tr>
<td>All races</td>
<td>61.8</td>
<td>41.1</td>
<td>33%</td>
</tr>
<tr>
<td>Non Hispanic White</td>
<td>43.4</td>
<td>26.7</td>
<td>38%</td>
</tr>
<tr>
<td>Non-Hispanic Black</td>
<td>118.2</td>
<td>63.1</td>
<td>47%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>104.6</td>
<td>82.6</td>
<td>21%</td>
</tr>
</tbody>
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*Rates per 1,000 females aged 15-19*
WASRH – A Unique CDC Effort

- Membership was voluntary and in addition to assigned duties.
- Workgroup has continued to meet bi-monthly for two years.
- Workgroup has conducted a complete inventory and report on 2005 ASRH projects from the four divisions.
- Workgroup members come from separate Centers with distinct priorities, management and budget lines.
Youth HIV/STD/Unintended Pregnancy Prevention Project Inventory (YUPPI)

- Web-based Inventory
- Designed to capture all 2005 funded ASRH activities that target or include youth ages 10-21.
- Data entered by Project Officers or other division staff with guidance and training by workgroup members.
- Questions included:
  - Funding level
  - Type of agency funded
  - Programmatic focus or target outcome
  - Program type
  - Unit of intervention
  - Characteristics of the target population
  - Narrative description (500 words or less)
YUPPI Report

- Data were qualitatively analyzed by the WASRH.
- The report was collaboratively written to reflect the background, content and findings of the YUPPI as well as some preliminary analysis of gaps and opportunities for future directions.
- Will be further reviewed by external and internal experts.
- Data are currently being used by Adolescent Goals Team
**CDC/WASRH: Youth HIV/STD/Unintended Pregnancy Prevention Project Inventory (YUPPI)**

<table>
<thead>
<tr>
<th>Project</th>
<th>Number of Projects</th>
<th>2005 Funding for Youth Projects</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>%</td>
<td>$</td>
</tr>
<tr>
<td>DASH</td>
<td>116 60.4</td>
<td>$ 32,397,789</td>
</tr>
<tr>
<td>DHAP</td>
<td>44 22.9</td>
<td>$ 35,587,307</td>
</tr>
<tr>
<td>DRH</td>
<td>22 11.5</td>
<td>$ 6,016,238</td>
</tr>
<tr>
<td>DSTDP</td>
<td>10 5.2</td>
<td>$ 3,316,159</td>
</tr>
<tr>
<td>Total</td>
<td>192 100</td>
<td>$ 77,317,493</td>
</tr>
</tbody>
</table>
# CDC/WASRH: Youth HIV/STD/Unintended Pregnancy Prevention Project Inventory (YUPPI)

<table>
<thead>
<tr>
<th>Program Type</th>
<th>Projects</th>
<th>Approximate 2005 Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research on adolescent sexual and reproductive health</td>
<td>26</td>
<td>$10.8 million</td>
</tr>
<tr>
<td>Direct service for HIV, STD, and pregnancy prevention</td>
<td>48</td>
<td>$28 million</td>
</tr>
<tr>
<td>Training, technical assistance, and capacity-building programs for adolescent sexual and reproductive health</td>
<td>126</td>
<td>$34 million</td>
</tr>
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</table>

*Projects could fall under more than one category*
CDC Surveillance

- HIV / AIDS cases
- STD cases
- Adolescent sexual behavior
  - Youth Risk Behavior Survey
  - Behavioral Risk Factor Surveillance System
  - National Survey of Family Growth
  - Pregnancy Risk Assessment Monitoring System
- School-based HIV/STD prevention activities
  - School Health Policies and Programs Study
  - School Health Profiles
Research Targeting Youth

- **DASH, DHAP, DRH, DSTDP**

- **Focus:**
  - Sexual risk behaviors: 14
  - Pregnancy: 10
  - STD: 5
  - HIV: 3 high risk, 1 HIV+

- 8 of the 26 studies had more than one focus
Research Targeting Youth: Study Designs

- **Observational/Surveillance Research (13 of 26)**
  - 6 involve one-time assessment; 7 are longitudinal

- **Intervention Research (13 of 26)**
  - **Type of Prevention**
    - All but one include primary prevention
    - 5 are also secondary or tertiary prevention
  - **Unit of Intervention**
    - 6 individual, 3 groups, 2 family, 2 community
  - **Intervention Setting**
    - 4 clinics, 3 communities, 2 schools, 1 juvenile justice, 2 multiple
DHAP has a three-phase process that identifies, packages, and disseminates evidence-based interventions.

DRH works through national organizations and state teen pregnancy coalitions to help local organizations select, adapt and implement science-based programs.

DASH monitors and synthesizes research findings to identify programs, policies and practices that are most likely to be effective.
Direct Service Programs

- DHAP and DSTDP
- Activities include STD screening and treatment, HIV counseling and testing, training for peer-based education and support, social marketing campaigns, prevention education, and behavioral interventions.
- Funds also provided for infrastructure, surveillance, and program evaluation.
Examples of DHAP and DSTDP Direct Service Programs

- DHAP funds 10 CBOs to offer prevention programs to young men of color who have sex with men. Approximately 50%–80% of the populations served across sites are aged 21 years or younger.

- 35 state and local health departments funded by DHAP to provide program services include at least 10% youth.

- 5 programs funded by DHAP target youth at high risk for HIV (e.g., MSM, female sex workers, homeless youth, youth in juvenile justice system), 2 provide services to HIV-infected youth.

- DSTDP supports Comprehensive STD Prevention Systems in 50 state health departments and 7 local health departments, as well as the Prevention of STD-Related Infertility (IPP) program.
Capacity Building Assistance (CBA) Targeting Youth

- DASH, DHAP, DRH
- Providing information, technical assistance, training and technology transfer for individuals and organizations to improve service delivery and effectiveness
Project Focus

- **DASH**
  - 18 Local Education Agencies (LEA)
  - 55 State and Territorial Education Agencies (SEA)
  - 44 National Non-governmental Organizations (NGOs)

- **DRH**
  - 9 State Teen Pregnancy Coalitions
  - 4 Title X Regional Training Centers
  - 3 National NGOs for training and technical assistance to Local Youth Serving CBOs to use science-based approaches to promote adolescent reproductive health

- **DHAP**
  - National NGOs
  - CBOs
  - State or Local Health Departments for consumer outreach, recruitment, training and leadership development, and strategic planning and coalition building
WARSH Expert Panel, Convened October 5-6, 2006
Atlanta, GA

Mary B Adam, MD, Department of Pediatrics, University of Arizona College of Medicine
Trina Menden Anglin, MD, PhD, Office of Adolescent Health, MCHB, HRSA
Claire D. Brindis, DrPH, Institute for Health Policy Studies, University of California, San Francisco
Jane Brown, PhD, School of Journalism and Mass Communication, University of North Carolina
Sarah Brown, National Campaign to Prevent Teen Pregnancy
Karin Coyle, PhD, ETR Associates
Vincent Guilamo-Ramos, PhD, School of Social Work, Columbia University
Jonathan Klein, MD MPH, Department of Pediatrics, University of Rochester Medical Center
Dawn Middleton, Cicatelli Associates
Jean McGuire, PhD, Lorraine Snell Institute on Urban Health Research, Northeastern University
Sharon Murray, MHSE CHES, Society of State Directors of Health Physical Education & Recreation
Bonita Stanton, MD, Department of Pediatrics, Wayne State University School of Medicine
Adam Tenner, Metro Teen AIDS, DC
Antonia Villarruel, PhD, RN, FAAN, School of Nursing, University of Michigan
Expert Panel Recommendations

- CDC ASRH portfolio needs to be more integrated across the four relevant divisions, in a way that plays to each division’s strengths. This includes:
  - A coordinated research agenda to make sure that prevention programs are developed for all of the relevant populations, that they are translated to be appropriate in the primary settings we fund (e.g., schools, health department clinics, family planning clinics, community-based organizations), and fully disseminated.
  - Efforts to make sure that all populations of adolescents are being reached in some setting, including out-of-school youth, young people who are not reached by HIV/STD screening programs or those who do not utilize family planning services.
  - Communication of expectations and deliverables to our funded partners that is more cohesive so that we are facilitating their work rather than hindering it with competing requirements.
Expert Panel Recommendations

- Provide practical information and guidance to the field on implementation issues:
  - Find existing successful practices from the field and disseminate these success stories, especially those that show successful integration of services and messages.
  - Articulate and make available our existing practical knowledge base regarding sustainability and implementation in a more systematic way.
  - More fully populate the cdc.gov Healthy Youth website with ASRH material.
WASRH’s Response to the Expert Panel Recommendations

- CDC integration (HIV, other STD, unintended pregnancy prevention) of ASRH efforts
  - WASRH Report
  - Fact sheet
  - Epidemiological journal article
  - Workshop on the science of diffusion and dissemination
  - Healthy Youth! Sexual Risk Behavior web page
  - RFA language
  - Adolescent Goals Action Plan
  - Closer collaboration among the four Divisions
Discussion Questions

- Is there already collaboration between groups funded by different Divisions in CDC?
  - What are the challenges?
  - What can CDC do to help facilitate collaboration?

- How is your state integrating adolescent HIV, other STDs and unintended pregnancy prevention efforts?

- Given that it will take time to institute the integration changes at CDC, what are ways to increase collaboration among state and community level groups doing work funded by different Divisions in CDC?
Thanks!!

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