ORANGE COUNTY WOMEN'S HEALTH POLICY BRIEF:
TEEN REPRODUCTIVE HEALTH

October 2014

Promoting teen reproductive health by reducing disparities in the teen birth rate and reducing sexually transmitted infections

EXECUTIVE SUMMARY

The Orange County Teen Reproductive Health Task Force has determined that the teen birth rates for certain communities in Orange County are significantly higher than the county and state averages, and that sexually transmitted infections have slowly increased over time across the county. These trends contribute to poor health outcomes for local women. Accordingly, the Task Force recommends the following:

1. Ensure teen pregnancy prevention and sexual health programs for youth in Orange County are culturally competent and use a gender lens.
2. Integrate pregnancy prevention and sexual health education into delivery of basic needs and services for high-risk youth in Orange County.
3. Promote sexual health literacy among parents and adults that work with youth in Orange County.
4. Understand sexual risk behaviors among youth in Orange County.

INTRODUCTION

In 2011, the Orange County Women's Health Project (OCWHP) convened a coalition of over 30 local women's health stakeholders to begin addressing gaps in women's health needs in Orange County. The group reviewed approximately 200 data sets from national, state and local sources and assembled a set of 40 Women's Health Indicators for Orange County women. While analyzing the data, the OCWHP and its coalition partners identified three priority health issues affecting women across the county — issues that were affecting a great number of women in Orange County; issues for which local women were not doing as well as their peers or against established

benchmarks; and issues which were not otherwise being addressed collaboratively in the county and which had policy potential. These three priority health issues for Orange County women are teen reproductive health, breast & cervical cancer, and health & domestic violence.

The OCWHP presented these findings at the inaugural Orange County Women's Health Policy Summit in 2012, and based on the feedback from the event, decided to launch Task Forces to address each priority women's health issue. In the Spring of 2013, the OCWHP partnered with Planned Parenthood of Orange & San Bernardino Counties (PPOSBC) to launch the Teen Reproductive Health (TRH) Task Force, which includes over a dozen stakeholder organizations and agencies. The purpose of the TRH Task Force is twofold - to promote collaboration among a broad network of stakeholders, and to develop policy recommendations that address disparities in the teen birth rate and the increasing rate of certain sexually transmitted infections in Orange County.

The TRH Task Force is pleased to present this Policy Brief, which builds upon an analysis of available data, a scan of the literature, and input from local stakeholders; and which offers recommendations designed to reduce disparities and promote reproductive health.

KEY ISSUES

This Policy Brief is concerned with two reproductive health issues: 1) the high teen birth rate in certain pockets of Orange County, and (2) the slowly increasing rate of sexually transmitted infections (STIs) like chlamydia across the county.

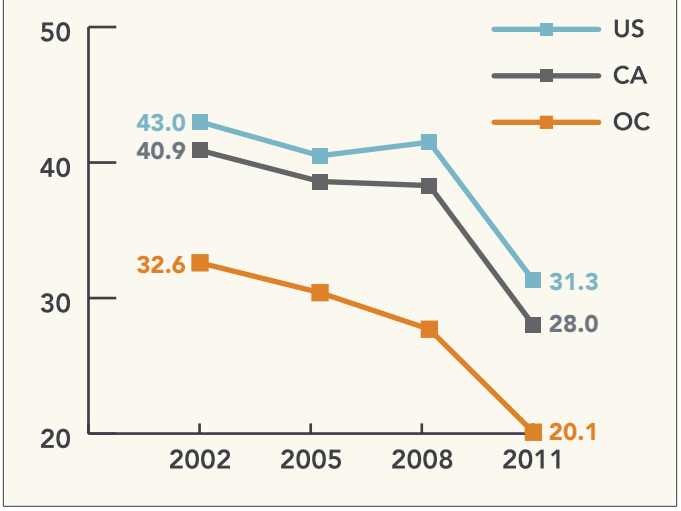
OVERVIEW

It is well established that teen pregnancy and sexually transmitted infections (STIs) have health and socio-economic implications for young women and society in general. Within Orange County, there are huge disparities among the teen birth rate in certain communities, and the STI rate is slowly increasing across the county.

Births to Teens

The teen birth rate is defined by the U.S. Centers for Disease Control and Prevention (CDC) as the number of live births per 1,000 teens ages 15-19.[1] Fortunately, the teen birth rate has dropped steadily throughout the nation over the last 20 years,[2] and California has been at the forefront of this progress, as shown in Table 1:

Table 1. **TEEN BIRTH RATE IN OC, CA & US PER 1,000 FEMALES AGES 15-19 (2002-2011)**



SOURCE: 19th Annual Report on the Conditions of Children in Orange County (2013), p. 61, citing State of California, Department of Finance.

Healthy People (HP) 2020 is a federal program that establishes science-based national objectives for improving the health of all Americans. For teen pregnancy, the HP2020 objectives (FP 8.1-8.2) set a goal of a 10% reduction in pregnancies among females age 15-19.[3]

Sexually Transmitted Infections

There are approximately 19 million new sexually transmitted infections (STIs), also referred to as sexually transmitted diseases (STDs), reported each year in the United States; nearly half are among young people ages 15-24.[4] In 2009 it was determined that one in four (26%) U.S. teenage girls ages 14-19 has an STI.[5] Untreated STIs can lead to serious long-term health consequences, especially for adolescent girls and young women. The CDC estimates that undiagnosed and untreated STIs cause at least 24,000 women in the United States each year to become infertile.[6] In 2013 the cost of STIs to the U.S. healthcare system was estimated to be as much as $16 billion annually.[7] Because many cases of STIs go undiagnosed — and some common viral infections, such as human papillomavirus (HPV) and genital herpes, are not reported to CDC at all — the reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STIs in the nation.[8]

Chlamydia infection is the most frequently reported bacterial STI in the United States and has the highest prevalence in adolescents and young adults.[9] Chlamydia can be asymptomatic and can cause severe consequences such as pelvic inflammatory disease and infertility.[10]

In California, chlamydia rates among adolescents ages 10–19 have increased more than 20% over the past decade, from 635.4 per 100,000 in 2000 to 772.6 per 100,000 in 2012.[11] Statewide and in Orange County, more female adolescents were diagnosed with both chlamydia and gonorrhea in 2012 than male adolescents.[12]

For chlamydia, the HP2020 objectives (STD 1.1-1.3) set a goal of a 10% reduction in new infection rates among young adults.[13] Similarly, the HP2020 objectives for gonorrhea (STD 6.1-6.2) set a goal of a 10% reduction in new infection rates among women and men ages 15-44.[14]

THE NEED IN ORANGE COUNTY

GENERAL DEMOGRAPHICS

According to the 2010 Census, Orange County has a population of 3,010,232 and 27.5% of this total is comprised by youth (0-19).[15] The ethnic breakdown among the youth population is Hispanic 46.7%, White 31.9%, Asian 15.2%, Black 1.3% and other 4.9%.[16]

TEEN BIRTHS IN OC

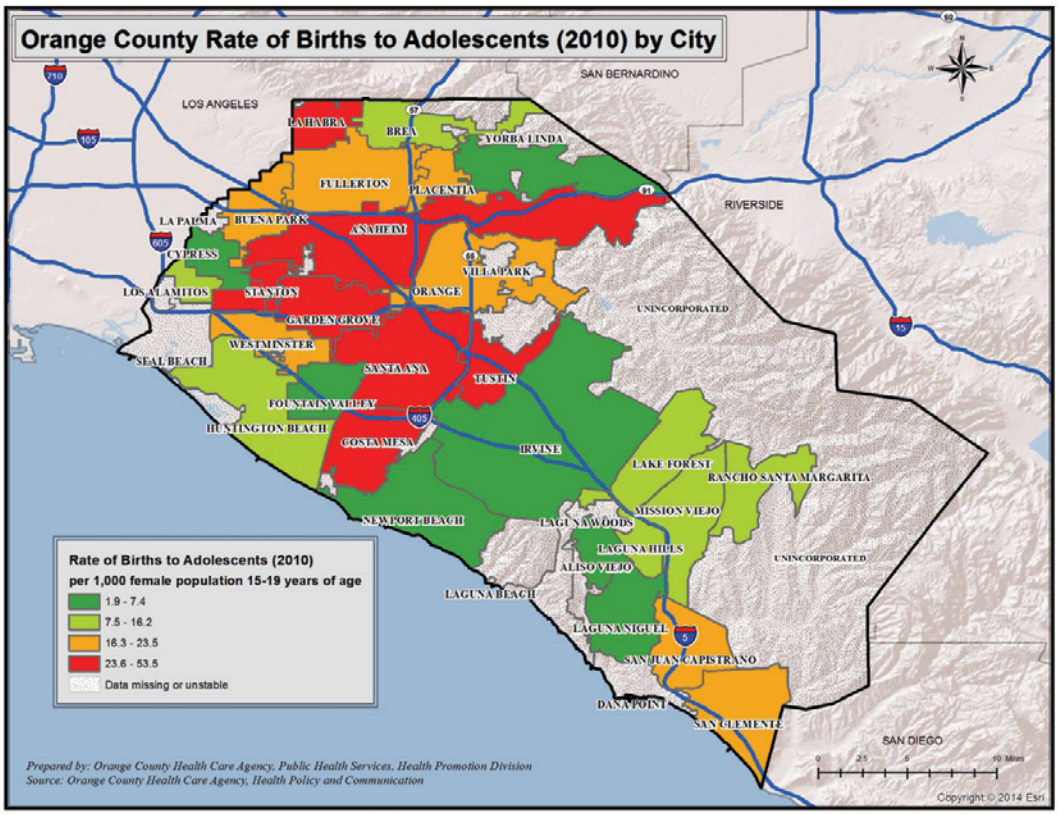
Orange County has one of the lower overall teen birth rates in the state.[17] However, there are large disparities within the county, in that certain cities have significantly higher teen birth rates than the county, state or even national averages (as illustrated in Map 1).

STIs IN OC

In Orange County, the STI rate (which includes chlamydia, gonorrhea, syphilis, and HIV/AIDS) among adolescents ages 10-17 has increased by 24% over the last decade, and the chlamydia rate alone has increased by 23% during the same period.[18] Notably, young females had approximately four times the number of chlamydia cases as young males.[19]

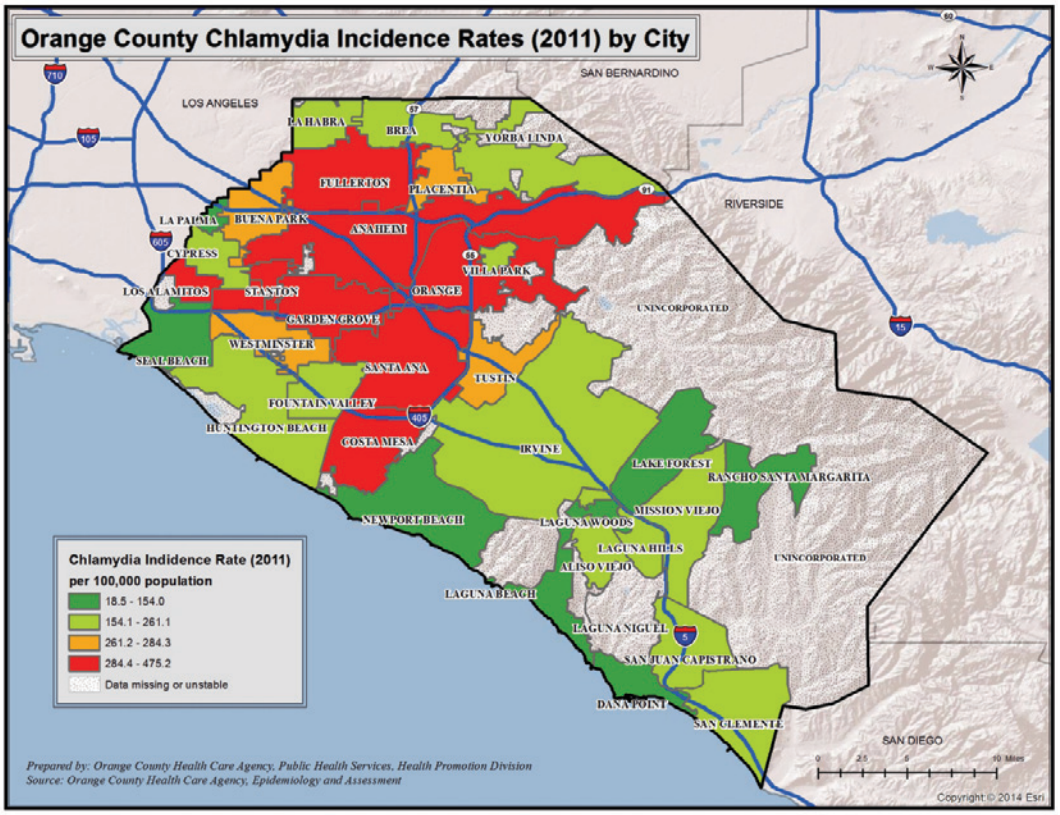
Similar to the teen birth rate, chlamydia is concentrated in certain pockets of Orange County (as illustrated in Map 2).

Map 1. **OC RATE OF BIRTHS TO ADOLESCENTS (2010) BY CITY**



SOURCE: Orange County Health Care Agency, Health Policy and Communication

Map 2. **OC CHLAMYDIA INCIDENCE RATES (2011) BY CITY**



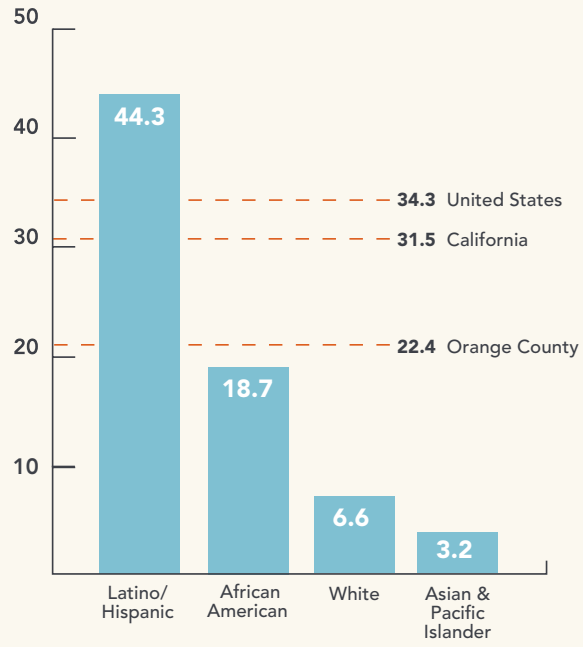
SOURCE: Orange County Health Care Agency, Epidemiology and Assessment

THE NEED IN ORANGE COUNTY (cont.)

RACE/ETHNICITY IN OC

Latina adolescents in Orange County have a significantly higher teen birth rate than the county, state or national averages, as set forth below:

Table 2. **TEEN BIRTH RATE IN OC (PER 1,000 FEMALES AGES 15-19) BY RACE/ETHNICITY (2010)**



SOURCES: Orange County Health Care Agency, Orange County Health Profile 2013, page 103. Centers for Disease Control and Prevention. NCHS data brief, no 89. National Center for Health Statistics. April 2012. Data Table for Figures 5 and 6.

RISK FACTORS

Poverty

In Orange County, 9% of adults (18 and older), and 13% of children (under 18), live below the Federal Poverty Level, as determined by the U.S. Census Bureau (2007-2009). The cities with the lowest median annual households in 2007-2009 were Seal Beach, Stanton, Santa Ana, Anaheim, Westminster, and Garden Grove.[21] These cities also had the highest teen birth rates.

High School Completion

Nationally, the high school dropout rate data for all races is 7%.[22] In Orange County, the high school dropout rate is improving, but Latinos still lag compared to their white counterparts. In 2010, Latinos had the highest dropout rates (15.1) compared to all other ethnic groups — American Indian (12.5), Black (8), White (5.1), Asian/Pacific Islander (4.2).[23] Moreover, Anaheim Union High, Santa Ana Unified and the Garden Grove Unified, which are located in the cities with the highest teen birth rates in Orange County, also had the highest dropout rates in the county.[24] Nationally, 30% of teen girls who drop out of school cite pregnancy or parenthood as the reason, and only 40% of girls who have a child before age 18 earn a high school diploma.[25]

Teen Sexual Violence

National studies reveal that intimate partner violence against women is a major public health concern and is a risk factor for teen pregnancy. When compared to teens who had never experienced abuse, teens who reported a history of sexual abuse or dating violence were more likely to have ever been pregnant, and/or were more likely to never or rarely use birth control or condoms.[26,27]

Substance Abuse

It could be inferred from studies outside of California that substance use, particularly alcohol use, is associated with these health outcomes: family violence, dating violence, and risk for HIV/AIDS.[28,29] Due to its acceptability, alcohol use could be equally prevalent among young boys and girls, increasing risk directly and indirectly for HIV and teen pregnancy, respectively.[30]

Foster Youth

In 2013, there were 2,249 children in foster care in Orange County.[31] Young women in foster care are more than twice as likely as their peers not in foster care to become pregnant by age 19,[32,33] and many of those who become pregnant experience a repeat pregnancy before they reach age 19.[34]

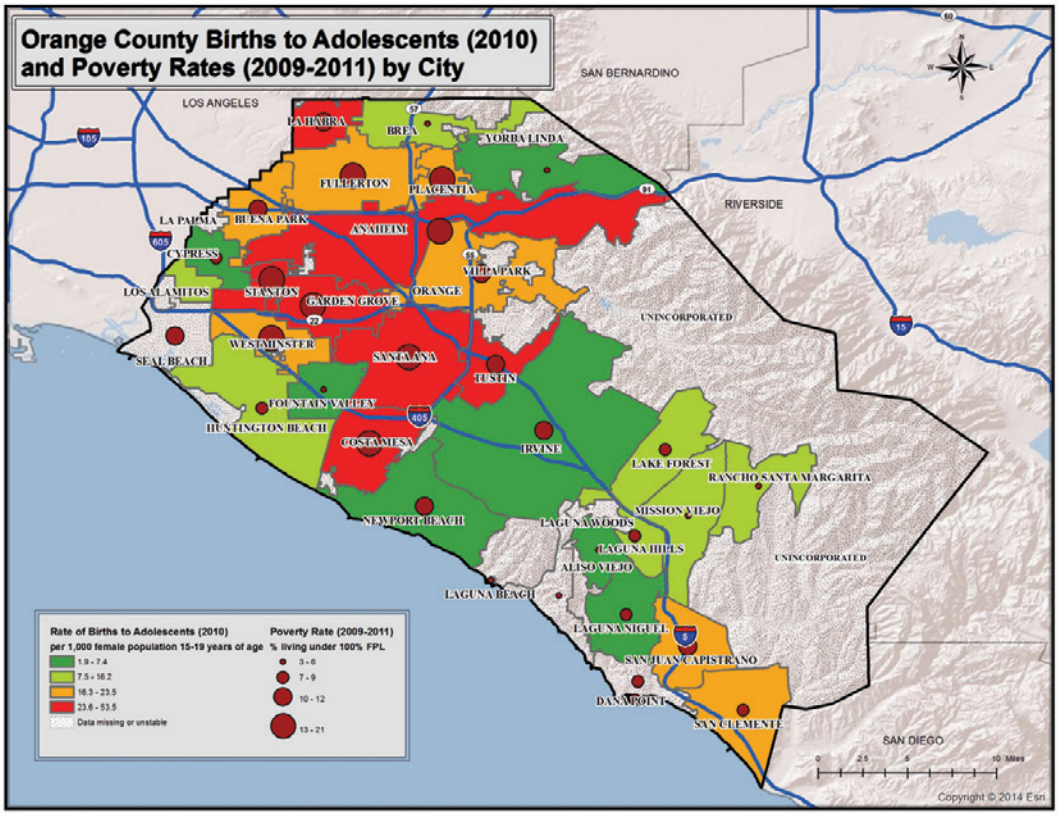
Lack of Sexual Health Education

In California, if a public school elects to teach sex education, the State Education Code requires it to teach *comprehensive* sex education, including all FDA-approved forms of contraception effective in preventing pregnancy and STIs, including but not limited to abstinence.[35] Abstinence–only education is not permitted.[36] Although California parents overwhelmingly support comprehensive sex education in public schools,[37] a 2008 audit revealed that many of Orange County's public high schools' sex education curricula were not in full compliance with the State Education Code.[38]

TEEN BIRTH RATE, CHLAMYDIA AND POVERTY IN ORANGE COUNTY

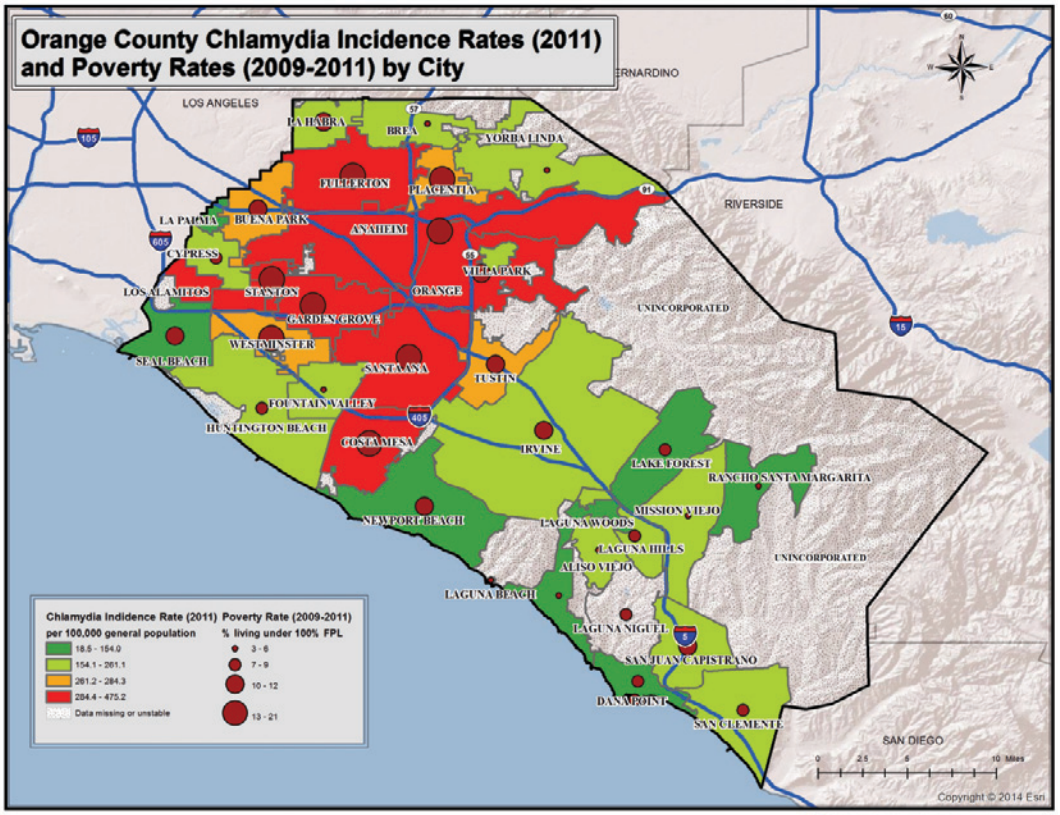
Unintended teen pregnancy and poor reproductive health do not exist in a vacuum; research shows they are often linked to poverty and educational attainment.[20] **As illustrated in the following maps, the County's highest poverty rates, teen birth rates, chlamydia incidence rates, and high school drop-out rates are concentrated in the same cities, demonstrating a compelling need for focused interventions.**

Map 3. **OC BIRTHS TO ADOLESCENTS (2010) AND POVERTY RATES (2009-2011) BY CITY**



SOURCE: Orange County Health Care Agency

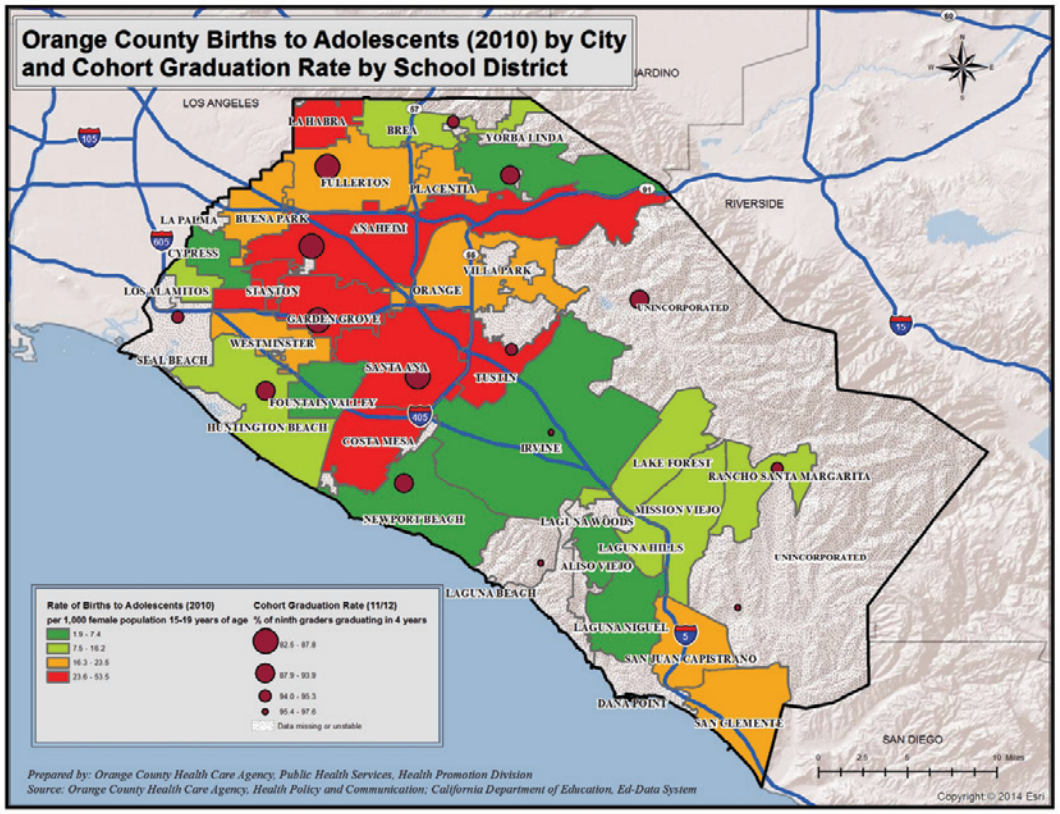
Map 4. **OC CHYLAMYDIA INCIDENCE RATES (2011) AND POVERTY RATES (2009-2011) BY CITY**



SOURCE: Orange County Health Care Agency

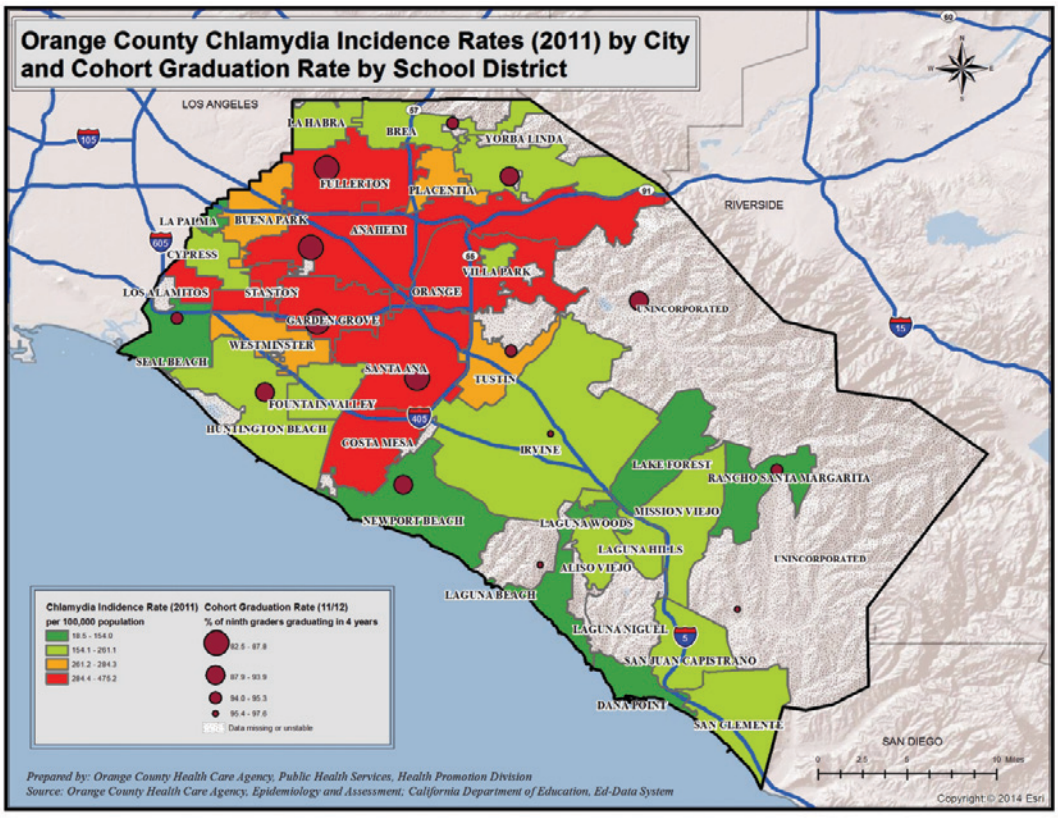
TEEN BIRTH RATE, CHLAMYDIA AND COHORT GRADUATION RATE BY SCHOOL DISTRICT

Map 5. **OC BIRTHS TO ADOLESCENTS (2010) BY CITY AND COHORT GRADUATION RATE BY SCHOOL DISTRICT**



SOURCE: Orange County Health Care Agency, California Department, Ed-Data System

Map 6. **OC CHYLAMYDIA INCIDENCE RATES (2011) BY CITY AND COHORT GRADUATION RATE BY SCHOOL DISTRICT**



SOURCE: Orange County Health Care Agency, California Department, Ed-Data System

EVIDENCE-BASED INTERVENTIONS AND RESEARCH OPPORTUNITIES

In developing policy recommendations, the Task Force considered the following interventions that are evidence-based and supported in the literature, and noted the following data gaps and research opportunities.

PARENT-CHILD COMMUNICATION ABOUT SEXUAL HEALTH & IMPORTANCE OF SEXUAL HEALTH LITERACY

Parents can have a great impact on their children's sexual behavior. Research demonstrates that teens who talk with their parents about sex delay the age at which they start engaging in sexual activity, are more likely to use birth control, have better communication with romantic partners, and have sex less frequently.[39] Unfortunately, some parents do not have enough supportive programs to equip them with such information and consequently, 1 in 4 youths report being confused about sexual health information.[40] Fortunately, there are CDC-sponsored and other promising resources available to assist parents with advising their children on sexuality and other health topics. Research has also shown that family-centered intervention programs that focus on improving family dynamics can effectively reduce high-risk behavior among Hispanic youth.[41] Existing studies show that teens who reported discussions of sexuality with parents were seven times more able to communicate with a partner about HIV/AIDS than those who had not had such discussions with their parents.[42]

Health literacy refers to the degree to which an individual has the capacity to obtain, process, and understand basic health information needed to make appropriate health decisions and access services needed to prevent or treat illness.[43]

MULTI-SECTORAL APPROACH AND INTEGRATING SEXUAL HEALTH EDUCATION WITH BASIC NEEDS SERVICE DELIVERY

Increased attention is now being given to contextual, infrastructure and multi-level interventions for the populations affected by teen pregnancy and STIs.[44,45,46,47] Although it is well established that comprehensive, culturally competent, and age-appropriate sexual health education is vital to prevent teen pregnancy and/or delay early parenting, the literature suggests that sexual health education alone is not enough; rather, it must be supported by healthy structural conditions, as well as access to care, to effectively encourage youth to delay parenting and prevent sexually transmitted infections.[48]

RESEARCH OPPORTUNITIES

Further research is required to understand sexual risk behavior among teens in Orange County. Most Orange County school districts administered the California Healthy Kids Survey (CHKS), which surveys 5th, 7th, 9th and 11th grade students and explores attitudes, beliefs, and behaviors among teens, in the 2011-2013 cycle (J. Vargas, personal communication, January 13, 2014). The survey incorporates measures on alcohol, drug, and tobacco use as well as indicators on access to health services in the community (i.e., where do you usually go for help when you are sick, need medical care, or advice about health).[49] The primary function of CHKS is for school personnel and administrators to understand their school environment and student behaviors. CHKS data are also used by agencies for planning, program design, measuring behavior changes over time, and grant applications (J. Vargas, personal communication, January 13, 2014).

The standard CHKS does not, however, include questions on sexual risk behaviors. There is a Sexual Behavior Module for the CHKS, but Orange County schools have not implemented it (J. Vargas, personal communication, January 13, 2014). Two other districts in California use the Sexual Behavioral Module within their schools. Pleasanton Unified School District administers the Sexual Behavior Module in two high schools and one alternative school. It analyzes the data to note trends and problem areas and uses the data to inform health education strategies/curriculum. The data have been shared with parents and the community as requested and are compared for

improved outcomes over time (R. Hempy, personal communication, August 11, 2014). Kern County Office of Education administers the Sexual Behavior Module in ten alternative high schools and uses the data to support curriculum development, grant writing, and educating key stakeholders and the community (S. Northrop, personal communication, September 9, 2014).

Similarly, school districts in adjoining Southern California counties (LAUSD, SBUSD, and SDUSD), administer the national Youth Risk Behavior Survey (YRBS), which surveys public and private school students in grades 9 through 12 and asks questions about sexual behavior, and receive weighted data reports that can be used to track trends and changes in behavior.[50]

In addition, a significant gap that continues to be underexplored in research is disparities among youth in foster care, who have long been recognized as a population at high risk for health problems, both physical and emotional. In recent years, researchers, caseworkers and advocates have been paying more attention to their sexual and reproductive health.[51] In 2013, California adopted SB528, which requires Social Service Agencies to collect data on parenting or pregnant youth in foster care and authorizes child welfare agencies to provide age-appropriate reproductive health information to foster youth.

In sum, additional research about youth sexual risk behavior in Orange County would not only inform future decision-making but also support the integration of multidisciplinary efforts in prevention, research and evaluation.[52]

ETHNICITY, CULTURE AND GENDER ROLES

Researchers have used ethnic identity, ethnicity, culture, acculturation, and gender as proxies to measure the level of possible risk associated with poor health outcomes.[53,54,55,56,57]

Ethnicity and Culture

For example, Latino culture plays an important role in understanding pregnancy among Latino teens, yet information about effective pregnancy prevention programs that are aligned with the cultural experiences and values of Latino youth is lacking.[58] As a result, the National Council of La Raza, the largest national Latino civil rights and

advocacy organization in the United States, has recommended strategies for effective teenage pregnancy prevention among Latinos.[59] The recommendations call for programs to have culturally sensitive, nonjudgmental staff; emphasize education and support high aspirations; be responsive to Latino subgroup differences; involve parents, families and male partners; and recognize cultural values regarding gender roles.[60] Another organization, California Latinas for Reproductive Justice, has conducted qualitative research exploring Latino youth attitudes and experience, released policy recommendations to improve Latino reproductive health outcomes, and created a Latino/a Sexuality Education Action Kit.[61]

Gender Lens

In addition, teen pregnancy and STI prevention interventions should use a gender lens and avoid traditional gender norms and roles commonly applied to women and men and the associated inequalities that result. A growing body of international research has determined that including a gender lens into programs has a positive impact on reproductive health outcomes.[62] Domestically, the National Council on Gender has begun advocating for integrating a gender focus in research, program design, service delivery, and evaluation in the United States.[63] Similarly, the California Center for Research on Women and Families has recommended the use of a gender lens to the recently formed California Office of Health Equity (OHE) and advocated for the OHE to include program staff and advisors with significant expertise in women's health; develop a strategic plan that articulates outcomes designed to improve women's health; conduct research that consistently collects, analyzes and reports data related to gender, use such research to inform policy; and provide consumer engagement and education to women's health stakeholders.[64]

COMMUNITY VOICES

COMMUNITY VOICES – TESTIMONIALS FROM YOUTH

The Task Force also considered an analysis of over 130 testimonials written by youth (ages 15-18) who participated in a local reproductive health education class throughout 2013. No formal prompts were associated with this process and the content extraction was performed by five different reviewers who did not tell each other how they decided to categorize or label the content. After conducting their individual analysis, the reviewers collectively listed themes and then built a consensus about the definition of each theme. All comments were reviewed (n=119: 52 female; 51 male; 16 unknown) and have been used to inform this brief. The resulting themes were:

- Comprehensive sex education helps decision-making
- Comprehensive sex education makes sexual health important
- Comprehensive sex education builds gender sensitivity and equity
- Comprehensive sex education promotes positive, healthy messages about abstinence and sex

COMMUNITY VOICES - FACILIATED FORUM

On June 27, 2013, the OC Teen Reproductive Health Task Force held a facilitated forum featuring six participants who provide or supervise reproductive health and education services for youth in Orange County. In addition, thirteen Task Force members who did not participate on the panel also contributed to the discussion. A semi-structured interview guide was used to lead the discussion and the input is summarized below:

1. **What are the trends you've seen regarding teen pregnancy and sexually transmitted infections in the communities you serve?**
   - Basic needs of high-risk youth that are not being met (i.e. food, housing) take priority over pregnancy and STI prevention
   - Teen pregnancies can be planned among some girls seeking to be happy, and this trend is more notable in low-income settings
   - There is still a lack of clarity on how girls can be made to feel safe talking about pregnancy or seeking condoms without fear of social stigma
   - More dialogue is needed to reconcile the values/cultural systems between American and Latino views regarding pregnancy among youth
   - Gender role assumptions persist (i.e., girls should not carry condoms, leave it to boys)
   - Many schools have eliminated health teachers due to budget cuts and there is still no accountability for comprehensive sex education, gender roles, and involvement of parents within schools
2. **What messages work/resonate among the communities you serve?**
   - Start with parents as they are the first educators and cultural influencers
   - Frame the prevention message differently – talk about postponing sex and waiting until ready, instead of waiting until marriage
   - Peers continue to be the first contact for youth when it comes to sexuality health information
3. **What sexual health issues are unique to Orange County?**
   - Need more data about sexual risk behaviors among youth – State of California implemented the national Youth Risk Behavioral Survey (YRBS), which inquires about sexual risk behaviors, but Orange County schools declined participation
4. **What do you recommend as a priority to inform programs?**
   - More funding for staff, programs for pregnancy prevention, and research to reflect mental health needs and the need for parental involvement
   - Train more people who serve/interact with youth
   - Enhance collaborations/partnerships between schools, systems, parents
   - Learn how youth communicate and understand the risks of social media
   - Raise awareness that California Department of Education can audit abstinence-only providers—how do we motivate the District to comply with Education Code?
   - Remind policymakers that teen pregnancy rates have not decreased among certain cities in Orange County

RECOMMENDATIONS

RECOMMENDATIONS FOR FUTURE PROGRAMS, POLICY AND RESEARCH

Against the backdrop of individual, cultural and environmental disparities, the provision of education and services becomes an immediate concern for the already hard-to-reach communities of Orange County. Policymakers must ensure that research and policy recommendations translate into programs that enable stakeholders at various levels to establish multi-sectorial linkages that address health disparities and help communities access sexual health information and services. The Task Force therefore offers the following recommendations:

RECOMMENDATION 1

Ensure teen pregnancy prevention and sexual health programs for youth in Orange County are culturally competent and use a gender lens.

Sample Activities/Strategies:

- Develop an inventory of local teen pregnancy prevention activities/programs
- Assess whether resources/information are language and culturally appropriate, and whether they use a gender lens
- Assess whether impacted communities have access to culturally relevant information and resources, including school-based comprehensive sex education
- Educate providers, policymakers, and the community about the importance of cultural competence and the impact of using a gender lens on reproductive health outcomes
- Advocate for funding and resources to address gaps

RECOMMENDATION 2

Integrate pregnancy prevention and sexual health education into delivery of basic needs and services for high-risk youth in Orange County.

Sample Activities/Strategies:

- Review basic needs services and programs for teens and assess for gaps in reproductive health services (especially within high-risk communities)
- Collaborate with community based organizations and service providers that serve foster and other high-risk youth (i.e. after-school programs, domestic violence providers, substance abuse programs, probation, etc.) to offer comprehensive sex education
- Advocate for Integration of prevention/education programs within after-school programs for teens within impacted communities

RECOMMENDATIONS (cont.)

RECOMMENDATION 3

Promote sexual health literacy among parents and adults who work with youth in Orange County.

Sample Activities/Strategies:

- Review best practices for achieving sexual health literacy among parents and adults who work with youth
- Partner with schools, community-based organizations, healthcare providers, and professional medical and nursing associations to provide sexual and reproductive health information to parents and adults who work with youth
- Advocate for funding and resources for culturally and gender competent sexual and reproductive health education and services for parents and adults who work with youth

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RECOMMENDATION 4

Understand sexual risk behaviors among youth in Orange County.

Sample Activities/Strategies:

- Educate the community and policymakers about the importance of collecting data about youth sexual risk behaviors
- Facilitate data collection
- Advocate for funding and resources for data collection

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