What is sexual health?

Sexual health is a set of life skills. Young people may not need all sexual health skills during youth. But youth is the time to lay a strong foundation for lifelong sexual health.

A sexually healthy person:

• Understands human anatomy and reproductive physiology
• Can identify the risks and benefits of different activities and relationships
• Knows an unhealthy relationship from a healthy one
• Can assertively advocate for needs, wants, goals, and values
• Knows how to avoid getting pregnant or causing a pregnancy
• Understands the influence of peers and the media
• Is an educated consumer of health information
• Can talk about sexual health with medical professionals, partners, and family
The teen years are a critical time when young people develop the habits, knowledge, and sense of personal responsibility they will carry with them into adulthood. If we can guide them and prepare them well, they will be North Carolina’s next generation of good, solid adults.

The sexual health of North Carolina’s young people is deeply connected to their overall wellbeing now and for the rest of their lives. Sexual health – not to be confused with sexual activity – encompasses their ability to understand their bodies, build healthy relationships, conduct themselves in a safe and responsible manner, act assertively on deeply held values in real world situations, and save pregnancy for a time when they’re emotionally, physically, and financially able.

The state of adolescent sexual health in North Carolina has steadily improved. High teen pregnancy rates are a Southern story – one that is thankfully fading into our past. Like many of our southern neighbors, our state faced historically high teen pregnancy rates, along with sad corollaries like poverty, poor access to health care, and ineffective sexual health education. Those days are over.

North Carolina’s teen pregnancy rate is down nearly 53% since its peak in 1991. That decline has saved North Carolina taxpayers more than $7.7 billion. Moreover, fewer teen pregnancies means more healthy people, more financial stability, more educations finished, and more opportunities for young people and their communities.

Now is the time to build on our shared progress. We still have more to do. North Carolina still has the 14th highest teen pregnancy rate in the nation, a figure that costs taxpayers approximately $400 million each year.

North Carolina stands in a position to capitalize on what we already have: proven strategies, strong policies, and smart investments. If we can build on our success and move smartly ahead, we can lower North Carolina’s teen pregnancy rate by 30% by 2020.

This book outlines strategies that leaders from Murphy to Raleigh to Manteo can use to work toward a vision that matters to all of us: healthier young people, healthier communities, and a healthier state.
Where are we going?

North Carolina has made tremendous progress in helping young people stay healthy. The 53% decline in our state’s teen pregnancy rate over the past 20 years is strong evidence of that. However, North Carolina still lags behind the rest of the nation.

Rather than resting on past success, North Carolina has the opportunity to redouble efforts to push the teen pregnancy rate even lower. This can be accomplished — even in the face of economic uncertainty — by building on current policies, leveraging current investments, and incorporating science-based practices.

Continuing to reduce teen pregnancy rates will boost North Carolina’s wellbeing and competitiveness by improving dropout rates, increasing families’ self-sufficiency, and reducing preventable costs to taxpayers.

A Shared Goal

In 2011, the Adolescent Pregnancy Prevention Campaign of North Carolina convened a workgroup of public health experts to ask one question: How far can North Carolina go? The group reviewed past trends, available resources, and the current realities of North Carolina’s economy and communities to develop a shared goal to reduce teen pregnancy.

North Carolina will reduce teen pregnancy by 30% by 2020.

If we meet our goal...

Reducing our teen pregnancy rate by 30% means our teen pregnancy rate will drop from 49.7 to 34.8. This translates into:

- Nearly 5,000 fewer teen pregnancies each year.
- Fewer than 9,000 babies born to teen parents each year.
- A ten-year cumulative savings of nearly $500 million to taxpayers.

These are the short-term benefits. The bigger impact is in the long-term. Teen pregnancy has an impact that lasts for generations. Children of teen parents are more likely to struggle in school, be incarcerated, and become teen parents themselves.

Moreover, the skills it takes to not get pregnant or cause a pregnancy are life skills! The reduction in pregnancies is really the impact of more people who know how to be safe, healthy, and responsible.
Reducing teen pregnancy 30% by 2020 will take shared commitment. The following have endorsed the state goal to indicate their shared belief that reducing teen pregnancy 30% by 2020 is a good thing for North Carolina. Endorsement of the goal does not mean endorsement of or knowledge of the recommendations contained in the State of Adolescent Sexual Health Report or Action Plan.

2011 Executive Committee of the New Hanover, Pender County Medical Society
ACLU of North Carolina
Action for Children North Carolina
Advocates for Youth
Asheboro City Schools School Health Advisory Council
Representative Alma Adams
American Social Health Association
Answer, Rutgers University
Carrera Adolescent Pregnancy Prevention Program of the Children’s Aid Society
Cemala Foundation
Children’s Home Society of North Carolina
Communities in Schools of North Carolina
Cone Health Foundation
Davidson County School Health Advisory Council
Elkin City Schools School Health Advisory Council
Representative Rick Glazier
Greene County Schools School Health Advisory Council
Healthy Teen Network
HiTOPS Adolescent Health and Education Center
Institute for Emerging Issues
IPAS
JSI Research and Training Institute, Inc.
The National Campaign to Prevent Teen and Unplanned Pregnancy
NARAL Pro-Choice North Carolina
National Association of Social Workers, North Carolina Chapter
North Carolina Center for Health & Wellness
North Carolina Department of Public Instruction, Healthy Schools
North Carolina Division of Public Health
North Carolina Pediatric Society
North Carolina Institute of Medicine
North Carolina Parents as Teachers
North Carolina Rural Economic Development Center
North Carolina School Boards Association
North Carolina School Community Health Alliance
North Carolina School Health Training Center
Representative Diane Parfitt
Planned Parenthood of Central North Carolina
Prevent Child Abuse North Carolina
Princeton Center for Leadership Training
Sampson County Schools School Health Advisory Council
Scotland County Schools School Health Advisory Council
University of North Carolina — Chapel Hill, School of Social Work

If you would like to add your endorsement to the state goal, please contact APPCNC. Your support is welcome at any point during the next 10 years.
North Carolina Teen Pregnancies
per 1,000 15-19 year old girls

1990
state of adolescent sexual health

Sexual Activity

Data from the 2009 North Carolina and national Youth Risk Behavior Surveys show North Carolina students are more likely to be sexually active and less likely to use condoms than their national peers.

<table>
<thead>
<tr>
<th></th>
<th>North Carolina Students</th>
<th>National Peers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ever had sexual intercourse</td>
<td>51.1%</td>
<td>46.0%</td>
</tr>
<tr>
<td>Used a condom at last intercourse</td>
<td>60.7%</td>
<td>61.1%</td>
</tr>
<tr>
<td>12th graders who have had sexual intercourse</td>
<td>68%</td>
<td>62.3%</td>
</tr>
<tr>
<td>Had sexual intercourse for the first time before age 13</td>
<td>7.5%</td>
<td>5.9%</td>
</tr>
</tbody>
</table>


In the past three decades, the number of teenagers who have ever had sex has declined significantly. Most teens who have not had sex either credit moral beliefs or not having found the right relationship. Researchers also point to increasing busyness of teens and rising obesity rates as additional factors.

Number of US Teens Who Have Ever Had Sexual Intercourse

Contraceptive Use

Contraceptive use among sexually active teenagers is at the highest level in history. In addition, teens are increasingly using more effective and long-lasting methods.

Percentage of US females age 15-19 who have ever used the following contraceptive methods

<table>
<thead>
<tr>
<th></th>
<th>1995</th>
<th>2002</th>
<th>2006-2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any method</td>
<td>96.2</td>
<td>97.7</td>
<td>98.9</td>
</tr>
<tr>
<td>Condom</td>
<td>93.5</td>
<td>93.7</td>
<td>95.9</td>
</tr>
<tr>
<td>The Pill</td>
<td>51.6</td>
<td>61.4</td>
<td>55.6</td>
</tr>
<tr>
<td>Injectable</td>
<td>9.7</td>
<td>20.7</td>
<td>20.3</td>
</tr>
<tr>
<td>Contraceptive Patch or Ring</td>
<td>n/a</td>
<td>1.5</td>
<td>15.5</td>
</tr>
<tr>
<td>Emergency Contraceptive</td>
<td>n/a</td>
<td>8.1</td>
<td>13.7</td>
</tr>
</tbody>
</table>

Teen pregnancy rates in North Carolina have decreased 53% since they peaked in 1990, and declined most sharply in 2009 and 2010 with respective 6% and 11% drops.

**North Carolina Teen Pregnancy Rates Per 1,000 15-19 Year Old Girls**

![Graph showing the decrease in teen pregnancy rates from 1990 to 2010.](chart)

**Key Facts**
- Highest Rate: 105.4 in 1990
- Lowest Rate: 49.7 in 2010
- Biggest Year-to-Year Drop: 11% (2009-2010)

**Racial and Ethnic Disparities in Teen Pregnancy Rates**

<table>
<thead>
<tr>
<th>Race</th>
<th>2010 Teen Pregnancies</th>
<th>2010 Teen Pregnancy Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>All girls</td>
<td>16,239</td>
<td>49.7</td>
</tr>
<tr>
<td>White</td>
<td>6,525</td>
<td>34.4</td>
</tr>
<tr>
<td>African-American</td>
<td>6,292</td>
<td>70.2</td>
</tr>
<tr>
<td>Hispanic</td>
<td>2,456</td>
<td>82.7</td>
</tr>
</tbody>
</table>

Source: North Carolina State Center for Health Statistics

**Sexually Transmitted Diseases**

**North Carolina Chlamydia Diagnoses, 2010**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-14 year olds</td>
<td>20</td>
<td>398</td>
</tr>
<tr>
<td>15-19 year olds</td>
<td>1,989</td>
<td>12,789</td>
</tr>
</tbody>
</table>

**North Carolina Gonorrhea Diagnoses, 2010**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-14 year olds</td>
<td>17</td>
<td>83</td>
</tr>
<tr>
<td>15-19 year olds</td>
<td>1,079</td>
<td>2,838</td>
</tr>
</tbody>
</table>

**North Carolina HIV Diagnoses, 2010**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-14 year olds</td>
<td>&gt;5</td>
<td>&gt;5</td>
</tr>
<tr>
<td>15-19 year olds</td>
<td>65</td>
<td>15</td>
</tr>
</tbody>
</table>


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action plan
It takes a strong team to help young people stay safe and healthy now and become healthy adults – a team that includes parents, schools, medical professionals, policymakers, and young people themselves.

The following pages contain proven – and doable – strategies that can help young people become healthy adults and can help North Carolina reduce teen pregnancy by 30% by 2020.

Some of the strategies in the pages ahead apply to parents or doctors, some to schools, some to community groups, some to policymakers. The strategies are not all-inclusive, but they offer effective answers to one very important question: What can you do to help young people become healthy adults?
provide basic knowledge through effective sexuality education

Middle and high school coincide with a crucial developmental stage when young people are honing their ability to make sound decisions, think critically, and assert their own needs and values. Providing the basic education needed to be responsible and lead safe, healthy lives is one of the most fundamental steps communities can take toward helping young people become healthy adults.

Decades of research have given public health and education professionals a strong understanding of what kind of age-appropriate education best helps young people develop the skills they need to be healthy, safe, and responsible. This research shows comprehensive sexuality education is the best way to help young people delay sexual activity and use contraceptives and/or condoms when they do become sexually active.

Moreover, well-designed comprehensive sexuality education classes incorporate important skills to help young people negotiate relationships, mitigate unhealthy media messages and peer pressure, avoid unhealthy or abusive relationships, and put the values they’ve learned at home and in the community into practice in the real world.

In 2009, the North Carolina General Assembly revised the state’s sexuality education requirements to more closely align with effective education practices and parent opinion. While sex education is often treated as a controversial subject, North Carolina parents are largely in agreement: 91.8% of parents want their children to receive school-based sex education, and nearly all of those who do want that sexuality education to be comprehensive.

What does “comprehensive” mean?

No single definition of comprehensive sexuality education exists.

In general, a “comprehensive” curriculum or program includes strategies both to be or stay abstinent and to use contraceptives when sexually active. In receiving lessons on both, young people have the ability to keep themselves safe and healthy during youth, as well as in their adult years.

North Carolina parents overwhelmingly favor comprehensive education, as does scientific research. Large-scale studies have proven comprehensive programs are more effective at promoting abstinence than abstinence-only programs, and are the most effective educational method for increasing birth control and condom use during sexual activity.
The following solutions can help North Carolina increase the number of students who benefit from effective sexuality education:

**Fully Implement the Healthy Youth Act**

Almost every North Carolina school district has made the local policy changes required by the Healthy Youth Act. However, many of these districts have not enacted changes at the classroom level. All school systems should provide the education required under the Healthy Youth Act.

**Examine Additional School Policies**

Each school district is responsible for implementing its own policy to provide sexuality education under the Healthy Youth Act. However, many school systems have policies that undermine the provision of effective sexuality education. Do outside speakers undermine medically accurate lessons? Do referral policies send students to clinics capable of providing services? Do bullying policies ensure a safe classroom? School districts should examine these policies to make sure they support the spirit of the law and local students.

**Integrate Evidence-Based Curricula**

Schools can ensure the effectiveness of sexuality education by implementing an evidence-based program. By investing in these programs, schools can know they are providing education that is thorough, age-appropriate, medically accurate, and proven-to-work. Furthermore, teacher training for evidence-based programs boosts educators’ capacity to comfortably provide health education.

**Expand Sexuality Education**

North Carolina’s sexuality education law provides only for Reproductive Health and Safety Education in grades 7 through 9. Local school boards should consider offering additional coverage of sexual health, especially in grades 10 through 12 when more students are likely to be sexually active.

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**Success: Thomasville City Schools**

Small-town Thomasville, NC faced the dual issues of high teen pregnancies and rising school dropout rates. In 2000, the Thomasville City School System took a proactive approach to identify risk and protective factors in the local population, and to select effective curricula that addressed those factors. The focus on children’s needs and on proven-effective programs convinced the conservative school board to move forward with a broad range of programs beginning with 5th grade puberty education and up to a peer-led program for high school juniors and seniors.

Teen PEP — or the Teen Peer Education Program — is an elective class for students at Thomasville High School. Students gain content knowledge and facilitation skills that help them become widely respected reproductive health and safety experts in the school. Teen PEP students lead workshops on a variety of topics including pregnancy and STD prevention for younger students. They also serve as role models and resources in the hallways. They develop leadership and presentation skills. Most importantly, students become advocates for issues they deem as critically important to teens in their community.

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concentrate on the most vulnerable young people

All young people need knowledge, guidance, and care. However, it comes as no surprise that some of North Carolina’s young people face a far greater risk of getting pregnant or causing a pregnancy. No effort to drastically reduce teen pregnancy can succeed without affording special attention to our most at-risk youth.

A focused effort on reaching vulnerable youth is part of the reason North Carolina has seen a decline in teen pregnancy. North Carolina communities must address:

**Young Families**

Our most vulnerable young people are already mothers and fathers. In 2010, 27% of teen pregnancies were to a girl who has been pregnant before. A project of the NC Division of Public Health’s Teen Pregnancy Prevention Initiatives (TPPI), the Adolescent Parenting Program works to help young parents overcome the odds by avoiding a subsequent pregnancy while focusing on good parenting, finishing school, and becoming self-sufficient.

**Sexual Minority Youth**

North Carolina’s lesbian, gay, or bisexual and/or transgender or intersex youth may be an afterthought when it comes to sexual health education and reproductive health care. Studies show, however, these young people are still at risk for getting pregnant or causing a pregnancy. They, too, need the knowledge, skills, and guidance it takes to become a sexually healthy adult.

**Older Teens**

Sixty-nine percent of the state’s teen pregnancies happen in 18 and 19 year olds. While this may still be culturally acceptable in some communities, these parents and their children will face significant challenges compared to families with parents just a few years older. North Carolina’s 18 and 19 year olds face the additional challenge of having been educated under the state’s old ineffective abstinence-only-until-marriage system, leaving them with no formal education that can help them make sexual health decisions. Furthermore, these young people are likely to be exposed to gaps in health care coverage and access as they transition to living on their own.

**Rural and Underserved Youth**

Teen pregnancy is deeply tied to poverty, and disproportionately affects North Carolina’s poorer areas, be they rural counties or urban neighborhoods. TPPI’s Adolescent Pregnancy Prevention Program has wisely focused state resources by prioritizing the 25 counties with the highest teen pregnancy rates. Young people in these counties gain access to evidence-based pregnancy prevention programs, many of which offer additional youth development skills.

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moving forward

The following solutions can help North Carolina’s most vulnerable young people have the same opportunities to be healthy, safe, and responsible as other North Carolina youth:

**Protect State Programs for Vulnerable Youth**
North Carolina’s state-funded Teen Pregnancy Prevention Initiatives (TPPI) bring the most effective pregnancy prevention programs to the state’s most in-need youth. Their Adolescent Pregnancy Prevention Program and Adolescent Parenting Program should be preserved and expanded to help the state continue to reduce teen pregnancy and encourage health in two key sets of vulnerable youth: teen parents and rural and underserved youth.

**Help Young Families Finish School**
Pregnant and parenting students have a legal right to attend school, and schools are obligated to accommodate their needs. Schools should ensure their policies comply with state and federal law, make staff and students aware of these policies, and look for other barriers to education that could be addressed.

**Build Cultural Competency**
All youth-serving professionals need to build cultural competency skills for working with the young people they encounter. Training to work with sexual or racial/ethnic minority young people is critical for developing effective services and healthy environments.

**Protect Federally Funded Teen Pregnancy Prevention Programs**
In FY 2010, the federal budget included new competitive grants to help states implement evidence-based teen pregnancy programs. North Carolina was able to leverage approximately $35 million of these funds over a five-year time frame. These projects are currently serving thousands of youth, and increasing the state’s infrastructure to serve youth for years to come. Federal funding for these grants should be preserved.

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**Success: The Onslow County Adolescent Parenting Program**
The Onslow County Adolescent Parenting Program, one of 29 such state-funded programs in North Carolina, is actively helping young parents get back on track. The program, which collaborates with local government agencies and nonprofits, serves both mothers and fathers. Through a combination of individual meetings, case management, group classes, peer support groups, and mentoring, the 52 APP members learn about child development and parenting skills, life management, healthy relationships, and career planning. They also get sexuality education. Of the program’s graduates last year, 70% went on to higher education, 20% found employment, and 10% started military careers. What’s more, not a single APP member has gotten pregnant since 2007.
increase access to health care

Increased use of birth control is the primary cause of North Carolina's twenty-year decline in teen pregnancies, births, and abortions. According to the Centers for Disease Control and Prevention (CDC), 96% of teen girls have used contraceptives at some point and 8 in 10 teen boys now use condoms the first time they have sex. This is a sharp departure from both past usage rates and stereotypes of teen behavior. Unfortunately, these statistics cannot indicate whether contraceptives are used consistently or correctly, nor whether they are uniformly available.

Whether they are sexually active or not, North Carolina's young people need access to affordable and age-appropriate sexual health care. For youth who are engaged in sexual activity, access to care means access to birth control to prevent pregnancy, HIV and STD testing to access treatment and stem the spread of illnesses in communities, and an opportunity to speak with a medical professional about healthy habits. For youth who are not sexually active, accessing medical care gives them an important opportunity to ask questions, discuss healthy habits, and develop a level of comfort with seeking medical care they'll need for the rest of their lives.

Title X is one current resource creating a major positive impact on the of young people. The federally funded Title X health services give young North Carolinians access to basic sexual health care, including Pap tests, contraceptives, and HIV and STI testing. According to an analysis by the Guttmacher Institute, contraceptives provided by Title X prevented more than 7,000 teen pregnancies in North Carolina in 2006. Without those funds, North Carolina's teen pregnancy rate would be 32% higher.

In addition to building on the impact of Title X, North Carolina is particularly well-positioned to build on the infrastructure of school-based health centers. Because they are located where young people are — in school — school-based health centers have the unique ability to provide young people with affordable, high quality, and easily accessible physical and mental health care. North Carolina is widely considered a national leader in the movement to increase school-based health centers.
The following solutions can help ensure North Carolina’s young people have access to the health care they need to stay healthy and safe and be responsible:

Protect Federal Funding for Title X

Historically popular with both political parties, Title X was threatened during federal budget negotiations in 2011. Eliminating Title X would have dire and immediate consequences for young people in North Carolina and on teen pregnancy rates. Access to Title X services must be maintained.

Allow School-Based Health Centers to Offer Preventative Services

Because North Carolina law prohibits the distribution of contraceptives on school grounds, the state’s School-Based Health Centers cannot provide the full range of preventative care services young people need. Studies have shown that providing contraceptives in a school setting does not encourage teens to have sex, and additional research shows the critical need for teen-friendly facilities. North Carolina lawmakers should allow medical facilities on school grounds to offer the preventative services young people need.

Protect Minor’s Consent for Health Services

While parental involvement in all areas of medical care is ideal, studies show youth forgo sexual health care altogether when parental consent is required — an unacceptable consequence when it comes to preventing pregnancy, promoting prenatal care and HIV/STD testing, curbing the spread of disease, and protecting minors from child sexual abuse and incest. The most effective clinics for youth couple these confidentiality policies with outreach and support to encourage parent-child communications. North Carolina’s decades old minor’s consent law allows young people to access testing and treatment for pregnancy, STDs, mental health concerns, and substance abuse problems without a parent’s involvement. North Carolina’s minor’s consent for health services law should be protected.
build parental confidence and involvement

When it comes to guiding young people toward becoming sexually healthy adults, there's no disagreement: parents matter!

According to The National Campaign to Prevent Teen and Unplanned Pregnancy’s 2010 report “With One Voice”, American teens say their parents most influence their decisions about sex – more than the media or friends. That’s great news! In the same report, eight in ten teens say it would be easier to delay sex if they could talk to a parent more openly about it.

Unfortunately, many parents experience a crisis of confidence when it comes to talking about sex. Many underestimate their influence. Some worry that mentioning sex might be interpreted as condoning sex. These worries are real, but unfounded. In addition, some newer parents were educated under North Carolina’s old abstinence-only-until-marriage education law, and never received medically accurate sexual health information to pass along to their children.

Got kids? It’s time to talk!

If you’re a parent, talking to your kids is one of the most important things you can do to help them become healthy people. Start talking early. When the time is right, here are some good things to talk about:

- Proper names for their body parts
- Good touch/bad touch
- What a healthy relationship is
- Where babies come from
- What they just saw on TV or the Internet
- Your hopes for them
- How boyfriends and girlfriends act together
- Birth control
- The house rules
- Appropriate texting and Facebook use
- How she’ll have a period and what to do when she does
- When they should and shouldn’t have sex
- How to talk openly with a doctor
- The difference between reality and movies
- Respect
- How to put on a condom
- That dirty lyric in their favorite song
- Crashes, rejection, first dates and breakups
- Hormones
- How to be confident and assertive
- How to know when they’re ready for sex
- Your family’s values
- What things were like when you were young
- How you define sex
- What love is
- Internet safety and online pornography
- Responsibility
- That they can ask you anything
- That you love them
moving forward

The following solutions can help North Carolina parents provide their children with a strong foundation for lifelong sexual health:

**Increase Resources to Help Parents Talk About Sex**

Parents have heard the oft-repeated message that they should talk to their children about sex. Communities need to increase resources to help parents understand what to say, when to say it, and that their messages are wanted and effective. Parent-child communications classes or social marketing campaigns are two ways this could be accomplished.

**Help Parents Understand Contraceptive Choices**

How many parents know that the new, safe IUD can protect their daughter from pregnancy all the way through college? Few resources exist to help parents understand contraceptive choices for their children. In addition, changes to insurance coverage for contraceptives under the Affordable Care Act give families a wider range of affordable options. North Carolina should consider a social marketing campaign to help parents understand this.

**Offer Comprehensive Sexual Health Education**

Parents need partners in helping their children develop into sexually healthy adults. A 2009 survey of North Carolina public school parents found 91.8% of parents want schools to provide sexual health education, and nearly all of those want sexual health education to be comprehensive. Surveys of parents in more conservative communities and states like Mississippi have shown similar levels of support. Schools should respond to parents’ needs and requests by ensuring sexual health education is complete and comprehensive.

**Promote Talking About Sex as a Social Norm**

North Carolina should consider a social norms campaign to help encourage parental engagement. Goals of this campaign should focus on building parents’ skills to talk about sex and to strengthen their partnerships with schools and medical professionals.
make health care work for teens

Providing accessible and usable health care is a critical component of helping young people stay healthy. Creating unnecessary barriers that prevent sexually active youth from seeking care is bad for their health and for public health. Furthermore, these barriers inhibit the development of important life skills like discussing behaviors with a doctor or interpreting and using health information.

In 2010, the National Alliance to Advance Adolescent Health surveyed young people to understand how they experience America’s health care system. Young people’s health care experiences had been overwhelmingly negative. Primary reasons cited were long wait times and feeling like providers were too busy to provide information and answer questions. They also expressed concern about confidentiality and the overall friendliness of clinic staff.

Focus groups in North Carolina echo these concerns. Many worry about whether or not services are confidential, as required by law. Some worry medical staff will make them feel ashamed or embarrassed for asking questions or seeking care. Cost, transportation, and wait time pose additional concerns.

Both groups offered helpful advice that medical providers should heed:

- Facilities should make confidentiality policies clear
- Staff should be smart, friendly, and nonjudgmental
- Information should be developed for teens, so young people don’t have to navigate information for adults
- Providers should take time to ask and answer questions
- Same-day and walk-in hours help teens make and keep appointments

Success: Starting From Scratch

Two-thirds of teens say they want a medical space designed just for them. The Gaston County Health Department is taking that advice and will open its new just-for-teens clinic in the Spring of 2012.

Initial planning for the teen clinic included youth focus groups to assess what teens thought of current services and what the department could do to boost its teen friendliness. Privacy topped their list of interests. They said no teen wants to be seen going from the waiting room to the STD testing area. Teens also worked closely with contractors to give the space a youth-oriented vibe.

When it opens, the new teen clinic will be a model for teen friendliness. Processes and procedures will reflect teens’ need for privacy and information. Youth will create tour videos to market the clinic through Facebook and YouTube. The waiting room will be stocked with Seventeen and Sports Illustrated instead of Women’s Day or Highlights. Whether it’s for a stubbed toe, a sports physical, or birth control, Gaston County youth will know where to go.
moving forward

The following solutions can help North Carolina medical providers incorporate youth-friendly policies and procedures into their facilities:

**Adopt Bright Futures Checklists**

Bright Futures, a nationally available and evaluated initiative of the American Academy of Pediatrics, provides pre-visit and supplemental questionnaires that can be used by any health professional. The Bright Futures questionnaires are designed to be age-appropriate and help health professionals assess risk. All medical facilities should consider adopting the Bright Futures pre-visit and supplemental questionnaires.

**Offer Quick Start**

Young people who start contraceptives the day of their clinic visit — a method known as Quick Start — have fewer unintended pregnancies than those who wait until their next menstrual cycle to begin using contraceptives. All prescribing medical staff should become familiar with the Quick Start Algorithm and use it with adolescent patients.

**Offer LARCs**

Long-acting reversible contraceptives (LARCs) are a safe and smart option for adolescent patients who need birth control. Options include Depo Provera, Implanon, and today’s new-and-improved IUDs. LARCs include some of the most effective contraceptives, and they are especially youth-friendly because they last longer, have fewer repeat costs, and are not subject to the same level of human error as daily contraceptive methods.

**Assess and Address Policies and Procedures**

Medical facilities should look at their processes and procedures to ensure adolescents are served in age-appropriate ways. Recognize that adolescents have distinctly different needs from pediatric and adult patients. Changes may be needed with regard to appointments, in-take forms, billing, time spent with patients, facilities, and health education materials.

**Be a Medical Home — Or Act Like It**

A recent four-year study of insured adolescents found that 33% of study participants had no preventative care visits during the study period, and 40% had only one preventative care visit during that time. Adolescents see doctors infrequently, typically only when care is needed. Ideally young people should have regular preventative care visits. However, knowing face-time with a medical professional is rare, all visits should include a full health assessment.
Young people will learn about sex, relationships, and health from a variety of channels as they develop. Ideally, they will hear a multitude of healthy messages: their parents will start talking to them early and continue talking with them as they age; their schools will fulfill their legal obligation to provide medically accurate information; and medical facilities will provide direct services. But, youth need these services as a part of a bigger, more empowering picture.

The Adolescent Pregnancy Prevention Campaign of North Carolina’s Teen Health Now youth group works to inform young people of their rights and responsibilities. This work has revealed shortcomings in knowledge among North Carolina youth that may go unaddressed by parents, schools, or doctors.

In addition, because of the tremendous stake young people have in North Carolina’s infrastructure to ensure sexual health, we need to hear their voices. Young people need opportunities to speak for their needs, and to help decision makers incorporate a youth perspective into planning processes.

The following solutions can help North Carolina’s young people become active participants in their health and in their communities:

**Launch a Teen-Focused Campaign**
Many of North Carolina’s young people do not understand their right to consent to health services, how to access services, or the importance of their developing sexual health habits. North Carolina should launch a widespread social marketing campaign aimed at helping teens become more informed about pregnancy and STD/HIV prevention, as well as how to become sexually healthy people.

**Increase Youth Leadership Opportunities**
Helping youth become peer educators or advocates, start clubs, or meet with local decision makers boosts both important sexual health knowledge, as well as general leadership skills. Communities should increase opportunities for youth to become engaged in groups or projects that affect their futures and the futures of their peers.
“In college, I was a member of the Teen Health Now Youth Council with the Adolescent Pregnancy Prevention Campaign. I’ve been passionate about prevention and public health since I was in high school, when my grandparents passed away from diseases related to their tobacco use. Working with APPCNC as a member of the council gave me experience educating elected officials, speaking in public, and working with diverse coalitions.

After I graduated from college, I decided to run for Town Council in Chapel Hill. My work in sexual health gave me knowledge of local policy measures, and the confidence that I could compete in a room with adults significantly older than me. On November 8th, I was elected to the Council with over 4,000 votes.

As we work to decrease teen pregnancy in our state, we must keep young people involved. Young people are making decisions that impact our state now. It’s often said that young people are the leaders of tomorrow, but we are the leaders of today.”

Lee Storrow

Lee is a member of the APPCNC Board of Directors and is the youngest elected official in North Carolina.
definitions and vocabulary

Below are commonly accepted definitions for the public health terms used in the Adolescent Sexual Health Report.

**Abstinence**

In terms of sexual health, abstinence means refraining from willing participation in oral, anal, or vaginal sex, or sexual/genital contact that could result in pregnancy or Sexually Transmitted Diseases (STDs). Many people hold a limited definition of abstinence that only includes refraining from vaginal intercourse. Therefore, it is important to provide a clear definition when using the term.

**Abstinence-only education**

Sexual health education programs that focus only on abstinence as a means of reducing pregnancy or STDs. These programs exclude information on condoms and contraceptives, and many include false or misleading information on condoms and contraceptives.

**Abstinence-only-until-marriage education**

Sexual health education programs are abstinence-only programs that include the additional message that only sex within a heterosexual marriage is acceptable.

**Age-appropriate**

Information or curricula designed to teach concepts, information, and skills based on a child's social, cognitive, and emotional readiness, as well as likely exposure to topics.

**Adolescent**

A person in the developmental stage of adolescence, which ranges from ages 10 to 24. Adolescent is used interchangeably with teen, teenager, youth, or young person.

**Comprehensive education**

A curriculum or program that includes information and strategies to help adolescents both be or stay abstinent and use condoms and/or contraceptives when sexually active. Such programs are skills-based, and focus on medically accurate information to help adolescents exercise responsibility regarding sexual relationships during adolescence and for the rest of their lives.

**Evidence-based**

Programs that have been rigorously evaluated in peer-reviewed studies and have been shown effective at achieving the desired results. Evidence-based is used interchangeably with science-based.

**Fidelity**

The degree to which a program is implemented as intended by the program developer. Significant variations in a program (adaptations) can impact the effectiveness of a program. Also called model fidelity.

**Healthy Youth Act**

The 2009 update to North Carolina's sexuality education law. Amends the state's abstinence-only-until-marriage education law to include information on all FDA-approved contraceptive methods, STD/HIV transmission and prevention, and healthy relationships. The new education is called Reproductive Health and Safety Education and applies to public school students in grades 7 through 9. All local education agencies are required to provide the education as prescribed by the Healthy Youth Act, but may broaden education at the local level if desired.

**Population-based public health**

Focuses on creating policy, systems, and environmental changes by using unique implementation and communication strategies with the goal of changing social norms related to a health concern.
Pregnancy rate
The number of girls who get pregnant for every 1,000 girls in an area. Pregnancy rates include all pregnancies whether or not the pregnancy results in a live birth.

Promising program
Programs that use elements that have a scientifically demonstrated history of having the desired effect on participants. Many are modeled on evidence-based programs and have a strong theoretical and pedagogical basis. However, they have not yet been subjected to a peer-reviewed evaluation.

Protective factor
A personal or environmental characteristic that protects a person from a risk.

Public health
An approach to medicine, policy, education, economics, and infrastructure that considers the health of the community as a whole.

Repeat pregnancy
A pregnancy to a girl who has been pregnant before.

Risk factor
A personal or environmental characteristic that increases a person’s risk level.

School-based health center
A medical facility on school grounds. School-based health centers provide a wide range of health care and education, including nutrition, obesity prevention, immunizations, illness and injury treatment and prevention, management of chronic illnesses and other health services.

Sexual health
A part of overall health that guides the physical, emotional, intellectual, and social aspects of human development and reproduction, interpersonal relationships, communications, health, and wellbeing. (World Health Organization definition: Sexual health is a state of physical, emotional, mental, and social wellbeing in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination, and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected, and fulfilled.)

Sexual minority
Includes people who are lesbian, gay, or bisexual, and/or transgender or intersex.

Sexuality education
Education that may include sexual health, relationships, human reproduction, risk avoidance or reduction, and influences on sexual behavior. Also called sex education, sex ed, or sexual health education.

Social determinant
The circumstances in which people are born, grow up, live, work, learn, and age. These circumstances can influence a person’s ability to be and stay healthy.

Social norm
A concept that is accepted as or believed to be normal behavior.

Teen
A person between the ages of 13 and 19. Teen is used interchangeably with adolescent, young person, or youth.

Youth-friendly
Incorporates age-appropriate policies, procedures, and information. The goal of providing youth-friendly services and/or information is to increase the ability and likelihood of youth access.
sources and resources

Sources for the State of Adolescent Sexual Health Report


Health Data Sources for the State of Adolescent Sexual Health Report

Teen Pregnancy Rates: http://appcnc.org/statistics

North Carolina Youth Risk Behavior Surveys: http://www.nchealthyschools.org/data/yrbs/


About Effective Sexuality Education

Advocates for Youth: http://www.advocatesforyouth.org/sex-education-home

Answer, Rutgers University: http://answer.rutgers.edu/

ETR Associates: http://www.etr.org/

North Carolina Comprehensive School Health Training Center: http://www.ncshtc.appstate.edu/

North Carolina Healthy Schools: http://www.nchealthyschools.org/


SIECUS: http://www.siecus.org/

About Serving Vulnerable Young People


Healthy Teen Network, Young Families Research and Resources: http://www.healthyteennetwork.org/index.asp?Type=B_BASIC&SEC={FF940445-238E-44B1-BFD2-85729DDE028E}

GLSEN: http://www.glsen.org

Sexual Health Disparities Among Disenfranchised Youth, Oregon Health Authority: http://public.health.oregon.gov/HealthyPeopleFamilies/Youth/YouthSexualHealth/Pages/index.aspx
About Access to Health Care and Youth-Friendly Health Care

American Academy of Pediatrics: http://www.aap.org
The American Congress of Obstetricians and Gynecologists, Adolescent Care: http://www.acog.org/About_ACOG/ACOG_Departments/Adolescent_Health_Care
Bright Futures, American Academy of Pediatrics: http://brightfutures.aap.org/
Cicatelli Associates: http://www.cicatelli.org
National Alliance to Advance Adolescent Health: http://www.thenationalalliance.org
National Assembly on School-Based Health Care: http://www.nasbhc.org
North Carolina School Community Health Alliance: http://ncscha.org/

Just for Parents

American Social Health Association, I Wanna Know Parent Page: http://www.iwannaknow.org/parents/overview.html
Answer, Rutgers University, Parent Resources: http://answer.rutgers.edu/page/parentresources
KidsHealth, For Parents: http://kidshealth.org/parent
The National Campaign to Prevent Teen and Unplanned Pregnancy, For Parents: http://www.thenationalcampaign.org/parents

Just for Youth

Amplify: http://www.amplifyyourvoice.org
American Social Health Association, I Wanna Know: http://www.iwannaknow.org/teens/index.html
Bedsider: http://www.bedsider.org
MTV It's Your Sex Life: http://www.itsyoursexlife.com
Scarleteen: http://www.scarleteen.org
Sex, Etc.: http://www.sexetc.org
StayTeen: http://www.stayteen.org
TeensHealth: http://teenshealth.org/teen

www.appcnc.org
about appcnc

For almost 30 years, the Adolescent Pregnancy Prevention Campaign of North Carolina (APPCNC) has been leading the state’s fight to prevent adolescent pregnancy and help young people become healthy adults. It is the only statewide nonprofit that holds teen pregnancy prevention as its core mission.

Vision
Every North Carolina adolescent has the combined benefit of effective sexuality education, family and community support, and health care needed to prevent teen and unplanned pregnancy and become a healthy adult.

Mission
To support North Carolina communities in preventing adolescent pregnancy through advocacy, collaboration, and education.

our services

professional development
Workshops, on-demand trainings, and an annual conference help youth-serving professionals, program managers and facilitators, support staff, board members, and caring North Carolinians find effective ways to reduce teen pregnancy and promote adolescent health.

facilitator training
Teachers and program facilitators can become certified to provide evidence-based sexuality education programs.

library
A resource to provide North Carolina residents with access to information on sexual health, education, adolescent development, parenting, nonprofit management, and more.

teen health now
The Teen Health Now youth leadership program helps North Carolina young people build leadership skills and engage in promoting adolescent health needs at the state, local, and national levels.

BrdnsNBz text message warm line
Youth ages 13-19 can submit sexual health and relationship questions via text message. Users receive a confidential, medically accurate answer within 24 hours.

young families support services
An APPCNC staff person can help adolescent parents understand their educational and parenting rights and responsibilities, and help youth-serving professionals understand how to support local young families.

hispanic outreach
Support to help local programs build cultural competency and skills for working with Hispanic and Latino families.

wise
The Working to Institutionalize Sex Education (WISE) project works with North Carolina school districts to help them build capacity to provide effective school-based sexuality education.

gaston youth connected
One of eight CDC-funded projects in the United States to test an integrated, community-wide pregnancy prevention model. The project includes evidence-based programs, community engagement, and clinical services.

Learn more!
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