

Session f5 – Adolescent Health: Connecting the Dots Between Data, Disparities and Innovation

AMCHP Annual Conference, 2010

Moving Ahead Together:

Celebrating the Legacy, Shaping the Future of Maternal and Child Health

Adolescent Health:

Connecting the Dots between Data, Disparities and Innovation

March 6-10, 2010

UNKNOWN SPEAKER: (Inaudible)...

CLAIR BRINDIS: I can't remember Minnesota specifically but if it wasn't part of the YRBS because we were trying to be standardized across all the states.

UNKNOWN SPEAKER: (Inaudible)...

CLAIR BRINDIS: But however when you look at...you know start playing around with it and if you say I'd really like to have NAHIC have a link to a data set that you might have in your own website, please let us know and we'll start putting it...and I also want to encourage individuals here that if you not only see this kind of data and it might not be as comprehensive as you would like or if you have certain policies that you have implemented but really have...are reflected in some of these differences, I would really like to hear about that because I would like to make this you know we've been thinking

Session f5 – Adolescent Health: Connecting the Dots Between Data, Disparities and Innovation

can we make this a blog? Or how do we make it more interactive? So we welcome your additions.

CLAUDE: Thank you for the question, next question?

Rachel Sams: Rachel Sams, Adolescent Health Coordinator in Texas. A similar question but what were the data...what were the primary data sources that were used for this information?

CLAIR BRINDIS: It's listed under our notes and I won't go into all the detail. We were...we used very parallel sources of data that were used by the CDC when it established its 2010 objectives. We thought that that was the best way to make the playing field more level. But again we appreciate that number one it's older than we would like. And number two that there may be some additional data that you all have that you'd like to add.

Claude: Thank you. Another question over here?

CLAIR BRINDIS: And you're identifying yourself.

JIM MARKS: Jim Marks, Oklahoma State Department of Health, again just looking at the data like the condom use looked like it might have been YRBS related and do you take into account...I mean in some states with respect to their participation rates have

Session f5 – Adolescent Health: Connecting the Dots Between Data, Disparities and Innovation

weighted data, other states may not have that. So I guess my question would ultimately be are we comparing apples to apples related to the state comparisons?

CLAIR BRINDIS: Yes, we are...even when we had to compromise on the fact that the data wasn't as far as I know the data is weighed exactly the same across so compare apples to apples. If by some chance you find an error, please let us know about it. But we are very careful about how the data was reported or not reported.

CLAUDE: Thank you. Another question here.

JENNIFER LACLARE: Hi, Jennifer LaClare, Division of Adolescent and School Health at CDC and my question is similar. Were you able to do statistical tests when you were showing that increase or decrease to see whether those differences were statistically significant? Given changes in populations and other things that may have been going on within the sites?

CLAIR BRINDIS: That's a really good question. We primarily did numerical changes. There's just too much variability there and we didn't want to push the data where it couldn't go.

CLAUDE: Okay, thank you for the question, another question here.

Session f5 – Adolescent Health: Connecting the Dots Between Data, Disparities and Innovation

JENNIFER: I'm Jennifer. I'm from Lawndale Christian Health Center in Chicago. I just was wondering in terms of your pregnancy data how...why is that...I mean it seems like simple...to be able to extrapolate that from like birth certificates or anything in terms of teen pregnancy. I was just wondering why that's one of the missing...data sets...yeah?

CLAIR BRINDIS: It's not missing in every single state. It's missing in a variety of states. But pregnancy data is not...I mean birth data is available but pregnancy data is much more difficult to get because of various other limitations.

CLAUDE: Okay thank you for the question. Another question?

LAURIE MONTALO: HI Laurie Montalo from Puerto Rico. We do the YRBS and we participate in the 2010 but Puerto Rico and the other territories were not included in the data, just to make a reminder.

CLAIR BRINDIS: No, it's an important point that you're making.

Claude: Okay. We want to shift to the panel and there will be more time for questions.

Thank you for participating and now we'll have Bob...to go forward.

BOB NYSTROM: Thank you everybody, can you hear me okay?

UNKNOWN SPEAKER: (Inaudible)...

Session f5 – Adolescent Health: Connecting the Dots Between Data, Disparities and Innovation

BOB NYSTROM: We're being taped so I have to wait.

AMCHP Annual Conference, 2010

Moving Ahead Together:

Celebrating the Legacy, Shaping the Future of Maternal and Child Health

Adolescent Health:

Connecting the Dots Between Data, Disparities and Innovation

March 6-10, 2010

CLAIRE BRINDIS: So this is a question for Bob. We've also added the sexual orientation question to our youth health survey and we actually added it for the first time in 2007 I believe or was it 2005, sorry, 2005. I have to bring my epidemiologist along to help me with these things. We did some analyses on that as well as briefest questions that where we had added sexual orientation questions and we found it interesting finding which is that most of the disparities were focused on the bi-sexual population not necessarily on the gay or lesbian populations and so I'm wondering if you had similar findings or had done that analysis?

BOB NYSTROM: I knew as soon as you raised your hand it would be a question for me. I think Maine gets credit because when I had heard that they had added the question and I was secretly thinking I wish we could do that in Oregon and then our tobacco folks came through and helped me push the agenda. I'm not going to directly answer the question because I would have to go look and see what specific areas we saw differences but I can tell you we did see differences. And one of the real challenges and choices in our question of our typical choices how you identify heterosexual any of it not

sure on there. One of the really important analysis issues that came up was an issue of concordance. Ernie Seso my epidemiologist tells me what the issue was and it's actually agreement among the questions so they may identify self identifying as heterosexual but they'll actually report elsewhere in the survey they've had sex with men and women. And so how do you tease that apart or how do you put them together and we wound up lumping as a group and not trying to do the analysis separately because our numbers got so small they got unstable and we're probably at a point where we could roll up now three four years worth of data and that might help us take a look at that but it's a good point.

CLAIRE BRINDIS: (Inaudible)... another follow up?

UNKNOWN SPEAKER: As you were talking I realized that our analysis was actually based on the behavior question only because we had just added the sexual orientation question in 2007 so we have really yet to be able to get the numbers to do that analysis based on orientation. Interestingly our briefest question we don't have the behaviors but we do have the orientation so it's a little bit of a mixed bag.

CLAIRE BRINDIS: Thank you for the question. Another question here?

UNKOWN SPEAKER: Another related question I'm really interested in getting more data in JOBT youth in Minnesota so I appreciate hearing what you've done, Bob and what you've also done in Maine which is wonderful. We can tease out behavior from our

Minnesota teen survey but we can't tease out identity or orientation. So that's a really interesting gap and I'd love to be able to kind of push that in our future generations of the survey so I would love to hear what your question is and also a related question for those more familiar with YRBS is there a question in YRBS around sexual orientation?

CLAIRE BRINDIS: Someone from CDC is here to my knowledge, I think that has been proposed but I...

UNKNOWN SPEAKER: There are optional questions on identity and same sex sexual behavior but they're not on the core questionnaire and if you're interested in learning more, I'd be happy to answer questions or refer you back out and also I'll give a little plug. We have some new materials that are on our website. We have a fact sheet on young men who have sex with men and HIV AIDS and they highlight some of the states and their data and what they found. And Massachusetts I was just sharing has similar findings so the question Maine just asked so I'd be happy to answer any other questions.

BOB NYSTROM: Just to give you the detail if you go out to Oregon health teen survey the actual surveys will come up and the exact wording of the question is there but it starts out with what best describes you and the answers I think are heterosexual, bi-sexual, gay or lesbian and not sure. But go out on the web and check that and one issue here with CDC weighing in too you won't find us reporting with YRBS because we sample and don't meet their criteria and actually this past year came to a conclusion

where we're no longer funded for YRBS, but we do have a state-wide survey and one of the big issues is we wanted to be able to drill down and report and have schools utilize school level or district level data and it's just not possible with a sampling frame for YRBS. That's just a state driven philosophy for Oregon.

CLAIRE BRINDIS: Okay thank you, question?

UNKNOWN SPEAKER: Thanks, I know each of you in your state capitals have a person in the State Department of Education who is the dash fund and HIV prevention coordinator and for each of maybe if you could answer this question thinking about that relationship that your program may have with the DOE, is there anything in recent memory around data gathering or data use that you've been especially happy about or success story, or if not something that's maybe on your wish list that you'd like to see happen in the future with the DOE.

BOB NYSTROM: I'm going to do a really quick answer. I've known Brian Victor for all 16 years I've been at the Oregon Public Health Division and we work side by side all the time so...

TERESA RYAN: In Oklahoma we have a really good relationship with our HIV and AIDS person there. We are in fact in discussion this week when we get home about how we can partner better with maybe some mini grants and some other possibilities working with them to do some teen pregnancy prevention and some other things. The Oklahoma

State Department of Health and Department of Ed. have an MOU to do health related efforts for our education agency and we also have and are very unique in that we have a group of MCH school nurses. Oklahoma does not have a mandate for school nurses but...and we have very few. I think proportionately there is one nurse for every 3200 students in Oklahoma. So we got the opportunity to have...I believe there may be 10 now, there were 14 at one time but 10 nurses to really address certain things and they are doing coordinated school health and some places are tougher to get in some things that others, but that's a really good opportunity for us.

GWEN WINTERS: And in Mississippi I work closely with Juanita Davis. We've been having as we call then dog and pony shows we go into our high schools talking to our 9th to 12th graders about teen pregnancy issues, sexually transmitted disease, HIV STD's. Well HIV AIDS. And we are also working on other collaboratives and we have a very strong relationship.

TERESA RYAN: Also Curt, I might at that we have our teen pregnancy prevention projects that we fund and that we contract with the schools and so we don't have many of them but the ones that we have are very good and so we have a really good report with those schools who have the coordinators have time to go in and teach the lessons and get the evaluation piece done and that kind of thing.

CLAIRE BRINDIS: Questions? I can share a little...oh in the back? Yes.

UNKNOWN SPEAKER: (Inaudible)...

CLAIRE BRINDIS: Okay the question was to clarify the letter Q and what it stands for.

BOB NYSTROM: Sure, we actually did about a one or two page sort of call out to the shift and language that's occurred especially in the last five years and the term queer used to be derogatory but it is very much now accepted sometimes as a preferred type of identification. The fact that Basic Rights of Oregon has a group Q-power which stands for Queer Power tells you about the level of acceptance in that community in terms of shifting language. And frankly if we were to extend the acronym we would add a number two at the end of it which stands for two spirit and that would be your typical Native American frame for taking a look at gay and lesbian concepts in Native American communities in which there are two spirits that might be living in the same person and I'm not...I hadn't even seen that reference until about a year or two ago in the literature and since then I've seen it a couple more times.

CLAIRE BRINDIS: There's a comment here.

UNKNOWN SPEAKER: Oh I was just going to say that in dash we use the Q as questioning but I have seen several states that add two Q's for questioning and queer so it really depends on which state you're talking about.

BOB NYSTROM: You know and you remind me that when I saw the extended acronym it was two Q's and a 2 so it was queer questioning and two spirits, so yes.

CLAIRE BRINDIS: Does he have another comment? Related to that, here's the question again.

UNKNOWN SPEAKER: Well I mean I think the data is great but what are we going to do with it? I mean how are we going to decrease our HIV rates which are on the rise for the adolescent population, our teen pregnancy rates are on the rise, we have health disparities based on race and ethnicity so what do you see happening with all of this data and with all of this collaboration? What would you like to see happen?

BOB NYSTROM: One of the examples I tried to share is if we are appropriately addressing the needs of every young person's sexual health that when we are in schools for example in Oregon teaching comprehensive sexuality education those students who need to see themselves in terms of what do I need to know in terms of a male having sex with male? What do I need to know about oral or anal sex because that might be a preferred sexual expression in my primary relationship? So until kids actually see that we're addressing their sexual health needs they're not going to get the education they need to make a good decision when they become sexually active. So that would be like one specific way I think we can begin to lay the foundation for those youths to get the information they need at the same time where quote the majority of the youth might be getting their basic information. Same with providers...how many

providers male or female really don't discuss other issues of gender and what that really means or ask specifically or ask specifically whether you're sexually active or not do you just assume that heterosexual is sexually active so there are lots of different places we can go with it that I think will make a difference.

Teresa Ryan: I know in Oklahoma one of the things that we're doing with the data that we're gathering and this whole seminar is connecting those dots you know between that data and innovation. What we're doing is as I mentioned we working very closely more and more with our HIV and STD division at the health department and they have health educators who are specifically working with youth and with schools and so we find that also a great big area of efforts that we need to address is in our county health departments and are contracting clinical sites so if those providers, those practitioners are aware or do know about what data is showing and can have information and intervention and things for the youth for when they do come in and just to be aware I think that we can make some difference.

CLAIRE BRINDIS: Yes?

UNKNOWN SPEAKER: : My question is for Gwen. Do you find your policy makers respond at all to the fact that Mississippi has the highest teen pregnancy rates or do you feel that it's strictly an economic issue? I mean in my state I find people are quite responsive when these numbers come up particularly for performing poorly compared to other states.

GWEN WINTERS: We have some legislators who have really been concerned over the years about teen pregnancy for the last 20 years and these legislators are still advocates. We have another set of legislators who are concerned about economic development and so they have decided to come together to get this law changed so that students can be equipped and have the proper tools to make healthy decisions as it relates to sexual behavior. And I do want to add we were talking about what we could do. We have teen summits where we are going to the schools providing the information to the students, educating them about the statistics, letting them know that we're almost 8000 adolescents who gave birth, letting them know about Chlamydia being the number one sexually transmitted disease in Mississippi. You know educating them and letting them be advocates to their peers and they have been successful.

CLAIRE BRINDIS: Questions, any other questions? Yes.

UNKNOWN SPEAKER: : The gentleman from Oregon mentioned that you worked with providers. I'm a pediatrician and I have done some surveys about really the lack of pediatrics family practice and all of them especially in private practice addressing any of these issues. And have you used any of your data to work with both the public but also the private sector provider community to address everything?

CLAIRE BRINDIS: Bob can respond maybe he and Claire may have a comment?

BOB NYSTROM: I can do it real quickly actually, we don't in my office in public health is not focusing...try to focus our efforts there around a single health risk area rather we are trying to focus on promoting the adolescent well visit and what should what the component of that should be. If done correctly then you do a full risk assessment including whether they're sexually active and they you take the appropriate clinical steps and ask the right questions. So we think a little bit bigger bang for our buck is to try to promote the adolescent well visit and doing that in accordance to the standards now of bright futures, we used to focus on gaps.

CLAIRE BRINDIS: And I think your point is very well taken, some work that was done by Charles Irwin out of UC San Francisco pointed out that very few teenagers actually ever get time alone with their doctor and we think that that is a symbolic time when teens might be able to talk with the provider in confidence. The work that Carol Ford has done really shows that if a doctor says our visit is confidential teenagers are more willing to disclose and not only are they more willing to disclose but those teenagers are more willing to come back for a repeat visit. A third issue is the fact that you can train doctors and you can train nurse practitioners and work that has been done out of our division of adolescent medicine by Elizabeth Ozer working with Kaiser showed that you can actually train doctors if you gave doctors clear messages about what they can say when they have three minutes or five minutes what are the real scripted kinds of messages because I think a lot of doctors feel uncomfortable including pediatricians to talk about some of these issues. So she was able to demonstrate that you can give doctors that kind of guidance. And then a last thing I want to just very briefly mention is

this is really from the voice of youth. We did a participatory research project funded by the CDC where we trained young people to be social scientists and social scientists related to school based health centers and they collected information on condoms and there used to be no policy I mean teenagers were not able to get condoms in their high schools so these young people teams of researchers that we supervised and we nurtured and we trained. We didn't just say go out and do the research, we actually worked closely with them and they collected data, they cleaned the data, they analyzed the data, they wrote up the data, but most importantly we taught them how to present the data to the school board and they were able to change the policy in Alameda County so now we have condom distribution available in the high schools and that only happened because youth voices were brought to the table. We had tried the same policy and the adults wouldn't listen to us but they did listen to the young people.

BOB NYSTROM: I just need to put a plug in for that methodology in Oregon we call it Youth Action Research. We did that as part of the basis of formulating our youth sexual health plan. It was the youth that presented at our community forums throughout the state that really helped convince policy makers we could go there with this plan.

TERESA RYAN: You know one of the things that we know is a real need we see that for adolescent health what we need is to fill that gap between the pediatrician and the adult internist. And what we need is to address those things that are really non-medical that affect the health of adolescents. And so we are in this early discussion about maybe how to get a really good comprehensive visit into the family planning adolescent visit in

Oklahoma and in sports physicals. And so we are really hoping, we are really, really hoping that we can get that at least discussed at a further higher level and we were hoping that might make a big difference and then we'd have those recommendations also for private providers on our website or with the Oklahoma AAP something like that.

GWEN WINTERS: Recently we had a national town hall meeting. Many of you may have had this event at your state and we had legislators attend this event. The focus was on HIV STD in Mississippi. And we had teens to come and they expressed themselves they talked about what they wanted in school, what information they wanted and I think that was the beginning of this movement to get the law changed.

CLAIRE BRINDIS: I think this is a powerful presentation. I would like to echo I've become a data conversion because data is powerful. In Wisconsin for example we did a ...we do YRBS and we started with the question on related to the issue of sexual partners which is a big deal to get our Department of Education to put the question into the survey. We only do high school and we've done now the two year pattern. We now have two years of data, but the data results from that has been striking in terms of the disparities around bullying those who are depressed and feeling suicidal. The numbers are clearly there. We don't have a mass of numbers but it's telling us that we need to address the issue. Secondly what happened in Milwaukee which is our largest urban area where we have extremely high teen birth rate on the HIV data that we have, 43% of the HIV cases are African American males and was men who have sex with men? It's really, really high. And in Milwaukee Public School which is the largest school system

they have for years done the YRBS survey but they're not taking any action around putting comprehensive structure in school in terms of giving out any kind of condoms. The board finally approved for the first time, they looked at the data that 54% of the kids in high school were sexually active and they were shocked that we had already known this that they needed to take some action. I think the issue is getting to the policy side. For example now we have legislation that expedited partner therapies now being pushed to the legislature because of the data. And we presented the data without any particularness of saying this is what we think should be done and then the management took that forward. I think this represents that we need to really take a closer look. Be friends with your epidemiologists. You know hang out with them. They have a lot of good information that you need to understand what that data means so you can make the presentation. So we want thank these panelists today, actual presentation let's give them a round of applause, if you have some questions to follow up you may come up here before we leave but thank you all for attending this. This has been a good discussion.