Supporting Reproductive Health & Well-Being in Youth

Problem Statement

Youth and young adults are a developmentally unique population whose reproductive health and well-being are affected by a series of intertwined factors. In Nebraska (NE), **teen birth rates** exceed the national rate, with Hispanic, Native American, and Black youth experiencing higher rates. **Sexual activity** among high school students, particularly within Hispanic and Native American groups is higher than the national level. Sexual activity during these years may bring higher risks for unintended pregnancy and sexually transmitted infections (STIs) since young people are more likely to engage in high-risk sexual behavior such as having unprotected sex or using substances. **Syphilis rates** have risen steadily among females from 2018-2022. While **gonorrhea rates** did not change from 2018-2022, there were racial/ethnic disparities for both sexes. STI treatment costs are a significant financial burden, with 15-24-year-olds accounting for $4.2 billion of national STI-related expenses in 2018.[1] Rising **sexual dating violence** adds further strain on the physical and emotional well-being of youth, underscoring the need for reproductive health and well-being interventions in NE.

Criterion 1: Disproportionate Outcomes Exist Among Subgroups of the Population

In 2022, NE reported 654 cases of syphilis at all stages, including congenital syphilis in all ages.[2] The rate among females, aged 15-19, was 24.0 cases per 100,000 NE youth compared to the national rate of 16.0 cases per 100,000 youth.[3] Males aged 15-19 had a rate of 11.3 cases per 100,000 youth in NE compared to 19.3 cases per 100,000 youth nationally.[3] From 2018 to 2022, among males aged 15-19 in NE, non-Hispanic Black/African American (Black/AA) males had a rate of 55.3 cases per 100,000 people compared to 5.3 cases per 100,000 people among non-Hispanic White (White) males.[3]

Watt et al[4] identified several factors that prohibit young people from accessing reproductive health (RH) services, including a lack of knowledge about services, cultural barriers, judgmental attitudes of health professionals, and insufficient privacy in health facilities. Sexually active youth (aged 15-24) have the highest STI rates of any age group.[5] Young Nebraskans who identify as Black/AA, non-Hispanic Native American/American Indian (NA/AI), or Hispanic experience rates of chlamydia and gonorrhea infection at disproportionate rates when compared to White youth.[3] According to combined 5-year data (2018-2022) for youth aged 15-19, the largest disparity is apparent in the rate of chlamydia among Black/AA youth (7,351 per 100,000 youth) and NA/AI youth (3,091 per 100,000 youth), who have rates approximately eight and three times, respectively, higher than the rate among White youth (918 per 100,000 youth).[3] For gonorrhea during the same time period, Black/AA youth (2,299 per 100,000 youth) and NA/AI youth (748 per 100,000 youth), had rates roughly seventeen and six times, respectively, higher than the rate among White youth (135 per 100,000 youth).[3] NE rates of infection for both chlamydia and gonorrhea have remained relatively constant over time. Females are disproportionately affected by chlamydia and gonorrhea in NE.[3]

Young people are more likely to engage in high-risk behaviors like unprotected sex, multiple sexual partners, and substance use.[5] These risk factors can increase teen pregnancy and sexual violence. In 2022, NE's teen birth rate of 14.1 births per 1,000 females aged 15-19 was similar to the national average (13.6 births per 1,000).[3] For the combined 2018-2022 time period, NA/AI female youth had the highest rate of teen births at 73.4 births per 1,000 females, compared to 14.9 births per 1,000 for females of all races.[3] In 2023, 8.4% of NE high school students reported experiencing sexual dating violence (DV), compared to the national level of 5.9%.[3] Among NE students who identify as lesbian, gay, bisexual, transgender, questioning, or another non-heterosexual identity (LGBTQ+), 10.7% experienced sexual DV.[3]

Criterion 2: Strategies Exist to Address the Problem/An Effective Intervention is Available

Numerous evidence-based (EB) and evidence-informed (EI) interventions exist to address reproductive health (RH) and well-being in young people. A Teen Pregnancy Prevention Evidence Review (TPPER) is available that identifies programs with evidence of effectiveness in reducing teen pregnancy, STIs, and associated sexual risk behaviors.[6]

Positive Youth Development (PYD) is a strengths-based framework that provides young people with meaningful opportunities for growth, learning, and skill building. The Teen Outreach Program® (TOP) is an EB PYD program that appears on the TPPER list. The Nebraska Department of Health and Human Services (NDHHS) Adolescent and Reproductive Health (ARH) program currently has a network of subrecipients that implement TOP.

Moreover, the PYD framework is incorporated into some of the "best" field-based practices identified for the Adolescent Well-Visit National Performance Measure (NPM) on the MCH Evidence Accelerator.[7] The PATCH Teen Educator Program trains young people to become educators that facilitate PATCH for Providers and PATCH for Teens: Peer-to-Peer workshops. Notably, the PATCH Teen Educator Program also appears as a "best" field-based practice for the Transition to Adult Care NPM. This initiative highlights the importance of incorporating youth voice and choice when addressing RH and well-being. Pono Choices is also listed as a "best" field-based practice. It is a curriculum that provides middle school youth with RH and well-being knowledge in a culturally responsive way. Offering similar RH and well-being programming that fits the unique needs of communities in NE could advance this NPM.

According to the MCH Evidence Accelerator for the Adult Mentor NPM, incorporating RH interventions into mentorship programs is an effective approach Title V can utilize.[8] A best field-based practice for the Adult Mentor NPM is the Youth and Family Services Boys' Health Program that links vulnerable boys with mentors.[9] This field-based practice could be implemented by partnering with mentorship programs to offer EB/EI programming, professional development (PD) opportunities, and/or tools that prepare mentors to become askable adults.

Parent-child communication is an effective strategy to delay sexual initiation, increase condom use, and decrease sexual risk behaviors to prevent pregnancy and STIs.[10] Multiple tools and programs have been created to facilitate meaningful RH and well-being conversations between parents/trusted adults and youth, such as the EB Linking Families and Teens (LiFT) program. Conversation starters, which are a series of question prompts on adolescent topics, are tools that can enhance parent-child communication. The ARH program has launched a conversation starters project called Chatterbox Chats and has the capacity to launch additional topic areas.

Criterion 3: Capacity to Address the Problem

Improving the RH and well-being of NE youth is a state and local priority via federally funded programming. The previous Title V needs assessment identified STIs as a priority and work over the past 5 years has contributed to capacity to address the problem. With no state funding for adolescent or RH programming, focus has been on building systems via Title V and the Adolescent Pregnancy Prevention (APP) programs from the Family & Youth Services Bureau (FYSB) to support RH and well-being

interventions. The NDHHS Division of Public Health has received these federal funds since 2011 and continues to build capacity within those programs. Dispersed throughout the state, funded sites implement TOP, which includes RH and well-being and life skills education.

The relatively small amount of FYSB APP funding is directed to organizations in areas where teen birth and STI rates are higher and where disparities are documented. Established program implementation partnerships have built capacity to address the RH and well-being needs of young people in NE. The ARH program has been a licensed replication partner of TOP for 14 years with each team member certified as a TOP trainer. From a training and replication network coordination perspective, there is capacity to engage with additional TOP implementation providers.

The ARH program has developed strong statewide working relationships via the Title V Youth and Young Adult (Y&YA) Reproductive Health Outreach and Education program funding. Y&YA focuses on the reduction of STIs among youth and young adults through all eight subrecipients implementing outreach and education activities. These programs have generated long-standing partnerships between national, state, and local partners by which future collaboration can be leveraged to impact RH and well-being outcomes. In addition to sustained relationships, the ARH team has collaborated with external partners for PD training and strategic planning efforts as well. These established relationships between the ARH program and external partners set the stage for future collaborations.

In addition to the ARH program, the Infectious Disease and Control Program receives funds to test, treat, prevent and monitor STIs and HIV in NE. Programs include: the Ryan White HIV/AIDS Program (RWHAP) Part B; NE High-Impact HIV Prevention and Surveillance Programs; and Strengthening STD Prevention and Control for Health Departments (PCHD).

The state's Community Health Assessments, known as CHAs, also support sustained work on RH and well-being topics for adolescents. More than half (10) of the CHAs discussed RH and well-being topics that ranged from linkages to healthcare services, teen birth rates, contraception options, rates of STIs, and the need for education about and testing for STIs and HIV. Seven (7) of the Community Health Improvement Plans (CHIPs) discussed either RH and well-being topics or general adolescent health topics that relate to RH and well-being. RH and well-being care can address all these health needs for young people through both clinical and educational activities. As new cohorts of youth come of age, a continued effort to build and maintain statewide capacity to provide RH and well-being education and services is imperative to ensure these young people can make informed RH and well-being decisions.

Criterion 4: Problem is Worse than the Benchmark or Worsening

The Healthy People 2030 goal for reducing the rate of primary and secondary (P&S) syphilis among women aged 15–44 years is 4.6 per 100,000 people.[11] Per NDHHS data, NE females aged 15–19 years had a rate of 24.0 cases per 100,000 people in 2022.[3] This exceeds the Healthy People 2030 goal for females 15–44 years.[12] In 2022, the teen birth rate in NE of 14.1 births per 1,000 females aged 15–19 was similar to the national rate (13.6 births per 1,000).[3] As stated above, 8.4% of high school students in NE experienced sexual DV in 2023 while nationally 5.9% of high school students experienced sexual DV.[3]

Criterion 5: Community Readiness to Address the Problem

There is a network of youth-serving professionals throughout the state that have been trained to implement EB and EI RH and well-being programs in their communities. The ARH program has specifically trained facilitators to implement TOP and Making A Difference (MAD), and has hosted PD trainings on adolescent RH and well-being-related topics. The presence of this broad network of youth-serving professionals and their demand for (PD) indicates community readiness.

The Reproductive Health Collaborative Nebraska is a champion for RH and the Title X grantee for NE. They partner with health centers across the state to support the distribution of low-cost or free RH care. There are currently ten (10) Title X providers in NE that provide RH services and education on a sliding fee scale. RH services and education can also be accessed at Federally Qualified Health Centers, Twelve Clans Unity Hospital, NE AIDs Project, and the Lincoln-Lancaster County and Douglas County Health Departments.
The Adolescent Health Project aims to increase sexual health knowledge of youth and improve health outcomes by providing access to STI testing/treatment and contraception to reduce STIs and unintended pregnancies through their brand Access Granted. The 2021 CHA for Douglas, Sarpy and Cass Counties in NE and Pottawattamie County in IA identified sexual health as an "area of opportunity."

If this issue is selected as one of the Title V MCH priority needs in 2025, what do you expect this issue to look like five years from now? What kind of progress can you expect for the next five years?

Title V investment in RH and well-being will lead to young people having medically accurate RH knowledge and increase their utilization of RH and well-being services and thus, positively affect the chlamydia, gonorrhea, syphilis, sexual DV, and teen birth rates. Disparities in the incidence and prevalence of teen births and STIs among racial and ethnically diverse groups of young people will be reduced by the support of widespread, multitiered systemic changes in health education and delivery of healthcare to young people. These changes include evaluation of policies, practices, and capacities of all youth-serving professionals to ensure their approaches and practices are medically accurate, developmentally appropriate, culturally responsive, and youth friendly. Further, youth voice and choice will be elevated in strategic planning efforts and programming decisions. Resources, including communication tools for parents/caring adults, will be accessible and promoted to equip trusted adults across NE with skills to be able to communicate with young people about RH and well-being. While it is true that RH and well-being has been a Title V priority for a decade, a continued investment ensures that each new cohort of young people have access to the education and services they need to make informed decisions and become healthy, happy, and thriving adults.

References

1. Chesson HW, Spicknall IH, Bingham A, et al. The estimated direct lifetime medical costs of sexually transmitted infections acquired in the United States in 2018. *Sex Transm Dis.* 2021;48(4):215-221. Doi: 10.1097/OLQ.0000000000001380.
2. Centers for Disease Control and Prevention, Atlas Plus. Nebraska 2022 congenital syphilis, early non-primary, non-secondary syphilis, primary and secondary syphilis, unknown duration or late syphilis, rates and cases, all ages, all races/ethnicities, both sexes. Gis.cdc.gov. Accessed February 27, 2025. https://gis.cdc.gov/grasp/nchhstpatlas/tables.html.

3. Nebraska Department of Health and Human Services. Nebraska 2025 Title V Needs Assessment – Data Fact Sheets.
4. Watt N, Sigfrid L, Legido-Quigley H, et al. Health systems facilitators and barriers to the integration of HIV and chronic disease services: a systematic review. *Health Policy Plan*. 2017;32(Suppl 4):iv13-iv26**.** DOI: 10.1093/heapol/czw149.
5. The Impact of STDs in Different Populations. Ncsddc.org. Published August 4, 2010. Accessed February 27, 2025. https://ncsddc.org/resource/the-impact-of-stds-in-different-populations/.
6. Updated Findings from the HHS Teen Pregnancy Prevention Evidence Review (TPPER). Opa.hhs.gov. Accessed February 26, 2025. https://opa.hhs.gov/research-evaluation/teen-pregnancy-prevention-program-evaluations/tpp-evidence-review.
7. Le L, Burns B, DeFrancis Sun B, Watson K, Mayer R, Richards J. Adolescent well-visit: what works evidence accelerator. Summarizing effective strategies for MCH. Mchevidence.org. Published May 2024. Accessed February 26, 2025. https://www.mchevidence.org/documents/accelerators/Adolescent-Well-Visit-Evidence-Accelerator.pdf.
8. Burns, B, Le L, Watson K, Richards J. Adult mentor: what works evidence accelerator. Summarizing effective strategies for MCH. Mchevidence.org. Published May 2024. Accessed February 26, 2025. https://www.mchevidence.org/documents/accelerators/Adult-Mentor-Evidence-Accelerator.pdf.
9. Best Practice Youth and Family Services Boys Health Program. Amchp.org. Accessed February 26, 2025. https://amchp.org/database_entry/youth-and-family-services-boys-health-program/.
10. Dickinson D, Bingaman A, Rios Villacorta N. Promoting parent-teen connectedness and authoritative parenting. Teenpregnancy.acf.hhs.gov. Published May 2023. Accessed February 26, 2025. https://teenpregnancy.acf.hhs.gov/sites/default/files/resource-files/Promoting%20Parent-Teen-Connectedness.pdf.
11. Reduce the Syphilis Rate in Females – STI-03. Odphp.health.gov. Accessed March 13, 2025. https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/sexually-transmitted-infections/reduce-syphilis-rate-females-sti-03.