HIV, STI, & Viral Hepatitis Sentinel Network

Virtual Meeting

November 26, 2018

Audio:
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Agenda

• Introductions
• Adolescent Health Survey Results
• Discussion
• Wrap Up
Introductions
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Purpose:
• Assess local health department (LHD) efforts, needs, challenges, and successes
• Advance NACCHO's ability to fulfill its mission to be a leader, partner, catalyst, and voice for LHDs

Membership:
• Open to all LHDs
• Currently more than 100 LHDs from over 40 states

Member Responsibilities:
• Complete brief surveys on an approximately quarterly basis
Adolescent Health Survey

Purpose

• To assess LHD adolescent health priorities, programs, and partnerships, and determine what LHDs need to advance adolescent health and well-being in their communities

Respondents

• 64 LHDs out of 114 Sentinel Network members (56% response rate)
• 35 states represented in results

For the purpose of this query, adolescent(s) refers to young people between 10-19 years of age.
Why Adolescent Health?

Adolescence is a critical period of human development characterized by:

- **Significant physical, cognitive, social, and emotional development**
- **Risk-taking**, driven by biological changes and complex social dynamics, that includes substance use, reckless driving, and unprotected sex
- An incomparable **opportunity to promote healthy behaviors**, as the habits developed during this period continue into adulthood
Why Adolescent Health?

Adolescents experience distinct health challenges:

- Young people living with **HIV** are the least likely to know their status, receive care, and have a suppressed viral load\(^1\)

- Young people aged 15-24 account for half of the 20 million new **STIs** that occur in the US each year\(^2\)

- 1 in 7 high school students have misused **prescription opioids**\(^3\)

- One third of high school students feel persistently **sad or hopeless**\(^3\)

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Why Adolescent Health?

Adolescents face unique barriers in accessing health services:

- Stigma, embarrassment, and confidentiality concerns, particularly as it relates to sexual health services
- Inability to pay
- Lack of transportation
- Conflicts between clinic and school schedules
Survey Results

Opportunities and Challenges Related to Advancing Adolescent Health through Local Health Department-Community Partnerships
Adolescent Health Activities & Priorities

- **Part of LHD’s adolescent health work**: 97%
- **LHD’s priority areas for adolescent health**: 73%

### STIs
- HIV: 16%
- STIs: 73%

### Priorities for Unintended Pregnancy
- HIV: 42%
- Substance use: 48%
- Mental/behavioral health: 44%

### Other Priorities
- LGBTQ+ health: 8%
- Sexual and/or dating violence: 6%
- Viral hepatitis: 2%
- Chronic diseases: 8%
- Adverse Childhood Experiences: 15%
- Harassment, bullying, school climate: 8%
- Juvenile justice or corrections: 6%
- Homelessness: 3%
- Community violence: 6%

*Respondents indicated top 3 priority areas*
Adolescent Health Activities & Priorities

Part of LHD’s adolescent health work: 97%

LHD’s priority areas for adolescent health:

- STIs: 73%
- HIV: 16%
- Unintended pregnancy: 42%
- Substance use: 48%
- LGBTQ+ health: 8%
- Sexual and/or dating violence: 6%
- Viral hepatitis: 2%
- Mental/behavioral health: 44%
- Chronic diseases: 8%
- Adverse Childhood Experiences: 15%
- Harassment, bullying, school climate: 8%
- Juvenile justice or corrections: 6%
- Homelessness: 3%
- Community violence: 6%

Sexual health is central to LHDs’ adolescent health work:

- Sexual health: 76%
- HIV: 16%
- Unintended pregnancy: 42%
- Substance use: 48%
- LGBTQ+ health: 8%
- Sexual and/or dating violence: 6%
- Viral hepatitis: 2%
- Mental/behavioral health: 44%
- Chronic diseases: 8%
- Adverse Childhood Experiences: 15%
- Harassment, bullying, school climate: 8%
- Juvenile justice or corrections: 6%
- Homelessness: 3%
- Community violence: 6%

* Respondents indicated top 3 priority areas
Adolescent Health Activities & Priorities

- **Sexual health** is central to LHDs’ adolescent health work:
  - 76% as part of LHD’s adolescent health work
  - 16% for HIV
  - 42% for Unintended pregnancy
  - 48% for Substance use

- **Mental/behavioral health** is the only area reported more often as a priority than an actual part of the respondents’ adolescent health work:
  - 39% as part of LHD’s adolescent health work
  - 8% for LGBTQ+ health
  - 2% for Viral hepatitis
  - 44% for Mental/behavioral health

- Additional top priorities:
  - 37% for Sexual and/or dating violence
  - 35% for Chronic diseases
  - 29% for Adverse Childhood Experiences
  - 27% for Harassment, bullying, school climate
  - 21% for Juvenile justice or corrections
  - 13% for Homelessness
  - 11% for Community violence

*Respondents indicated top 3 priority areas*
Adolescent Health Activities & Priorities

While substance use is a leading priority, the **infectious disease consequences** of the opioid epidemic are not.

![Bar Chart]

- **Part of LHD’s adolescent health work**
  - 76% HIV
  - 53% Substance use
  - 37% Viral hepatitis

- **LHD’s priority areas for adolescent health**
  - 16% HIV
  - 48% Substance use
  - 2% Viral hepatitis

* Respondents indicated top 3 priority areas
Shifting Priorities

In the past 3 years, adolescent health priorities have changed for 51% of LHDs, primarily due to the opioid and STI epidemics.

Why and how have priority areas for adolescent health changed?

- Adolescent STI rates
- Greater need for mental health services
- Soaring STIs and Opioid Crisis
- Increased focus on at risk youth that are most vulnerable
- Awareness of ACEs [adverse childhood experiences] and becoming a trauma-informed agency
- Opioid epidemic
Adolescent Health Partners

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<th>Category</th>
<th>Existing partners</th>
<th>Desired partners</th>
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<td>Philanthropy</td>
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Adolescent Health Partners

While the **education sector** is the most common partner, challenges and limitations in these partnerships were reported.

**Existing partners**
- Education: 85%
- Community-based organizations: 79%
- Community health centers: 45%
- Primary care providers: 39%
- School-based health centers: 37%
- Hospitals: 35%
- Mental/behavioral health providers: 35%
- Faith communities: 35%
- Substance use disorder treatment providers: 31%
- Law enforcement: 31%
- Criminal justice system: 31%
- Media: 19%
- Housing: 15%
- Private sector: 13%
- Philanthropy: 8%

**Desired partners**
- Education: 13%
- Community-based organizations: 14%
- Community health centers: 29%
- Primary care providers: 30%
- School-based health centers: 25%
- Hospitals: 25%
- Mental/behavioral health providers: 45%
- Faith communities: 13%
- Substance use disorder treatment providers: 30%
- Law enforcement: 21%
- Criminal justice system: 38%
- Media: 36%
- Housing: 20%
- Private sector: 30%
- Philanthropy: 20%
Adolescent Health Partners

While the education sector is the most common partner, challenges and limitations in these partnerships were reported.

Mental and behavioral health providers are the most desired partner for LHDs’ adolescent health work.
LHDs across the country report *similar barriers* to advancing adolescent health and well-being in their communities. The most common barriers include:

- Funding
- Competing priorities
- Fear of backlash
- Lack of political will
- Partnership challenges
Challenges and Successes

Collaborating with local faith based organization on a needle exchange program

Our collaborative approach to youth violence prevention

The local schools are challenging to get into to provide services. We are allowed to provide education but not prevention supplies related to sexual health.

With funding from the state, our HIV/STD program participates in the chlamydia and gonorrhea screening project at the juvenile facility.

In our community it seems that adolescent health often falls through the cracks.

A barrier is the provision of partner expedited STD therapy is not allowed if either the client or the partner are under 18.

We have strong relationships with school nurses in many of the schools.

We have a youth advisory panel that advises the health department on all things STD/Substance Abuse.

Challenges are often seen with respect to policy and advocacy, or knowing how to approach non-traditional partnerships.
Conclusions

• LHDs are advancing adolescent health and well-being **holistically** in partnership with diverse stakeholders

• **Sexual health** is central to LHD adolescent health efforts

• The **opioid and STI epidemics** are impacting LHD adolescent health priorities and activities

• While substance use is a priority, the **infectious disease consequences** of the opioid epidemic are not

• **Mental/behavioral health** is a priority, but many LHDs do not have the resources or partnerships to fully address it

• Barriers—including inflexible **funding**, limited **staff capacity**, and **low prioritization** of adolescent health—**inhibit** LHDs from addressing upstream factors impacting adolescent health
Q&A
NACCHO is seeking a Technical Consultant to work with our STI program to develop an implementation support package for the CDC’s forthcoming *Recommendations for Providing Quality STD Clinical Services*. The consultant will provide context expertise, guidance, and input on the operationalization of the *Recommendations* including writing content and the designing of tools.

Resources

• Action Planning for Adolescent Sexual Health: A Guide to Strengthening Community Partnerships and Taking Steps to Improve Adolescent Health and Well-Being

• Celebrating Success: Local Health Department and School Partnerships for Adolescent HIV and STI Prevention

Visit our Adolescent Sexual Health webpage at: bit.ly/nacchoash
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