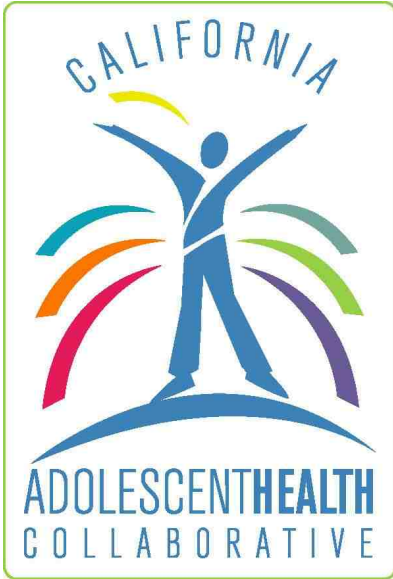


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## California Adolescent Health Collaborative

### AHC NEWS

WINTER 2007

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### WINTER 2007 Newsletter

#### AHC Update

California Adolescent Health Collaborative  
National Center for Youth Law  
National Adolescent Health Information  
Center (NAHIC) at UCSF  
Adolescent Health Working Group

With 2007 coming to a close we want to wish you a safe and happy holiday season. This year has been full of opportunity for AHC. We are grateful to each and every member of our Collaborative Community for your passion and commitment to adolescent health and well being throughout California.

Next year is already shaping up to be a good one. We will be hosting our bi-annual conference in Los Angeles in September; expect more details in our coming newsletters. As an organization we will continue to be an important resource on adolescent health and welcome the opportunity to meet the needs of our broad array of constituents across the state and the nation.

## In The News

### Hidden STD Epidemic Among California's Youth

Sexually transmitted diseases (STDs) among youth, largely unreported, are costing California more than a billion dollars a year, according to a study published in the Californian Journal of Health Promotion.

Researchers at the Public Health Institute's (PHI) Center for Research on Adolescent Health and Development concluded that the annual number of newly acquired STDs among California youth exceeded one million cases in 2005. The estimate is an astonishing 10 times higher than the actual number of cases reported that year, indicating that previously available statistics on the number of STDs in California do not provide the full picture.

"The estimated number of new cases and their associated costs illustrate that the STD epidemic among California youth remains largely hidden. This epidemic is like an iceberg - what you see is just a small part of what you have," said Dr. Petra Jerman, PHI scientist.

The researchers employed statistical estimation methods recently developed at the Centers for Disease Control and Prevention to estimate the number of new cases and associated medical costs of eight major STDs (chlamydia, gonorrhea, syphilis, genital herpes, HPV, hepatitis B, trichomoniasis and HIV) among 15 to 24- year-olds in each of California's 58 counties. Incidence and costs ranged from a low of 82 cases in Alpine and Sierra counties, at a cost of \$38,000, to a high of 360,000 cases in Los Angeles County, at a cost of \$390 million.

The study, including complete charts and background material on STDs, can be found at [STUDY](#) The published article can be downloaded from the [Californian Journal of Health Promotion](#) Web site.

### National Campaign to Prevent Teen and Unplanned Pregnancy releases "Emerging Answers 2007" Report

The National Campaign released their new report, *Emerging Answers 2007: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases*. This review summarizes research results on sexual risk behavior and its consequences. It identifies the particular types of adolescent sexual risk-taking behavior that affect pregnancy and STDs. It provides an overview of important factors that influence such sexual risk-taking.

The report describes the programs and approaches that have reduced teen sexual risk-taking and highlights information and statistics on rates of teen pregnancy or STD. It expands the list of programs with strong evidence of impact, describes the characteristics of effective sex and STD/HIV education programs contributing to their success and provides new evidence for other promising approaches to reducing sexual risk. Finally, *Emerging Answers 2007* describes promising strategies for

organizations and communities that want to select, adapt, design or implement prevention programs for their own teens. The report can be downloaded from [Emerging Answers](#).

## **Research Brief Focuses On The Decline In The Proportion Of Repeat Births To Adolescents In All States**

*Repeat Teen Childbearing: Differences Across States and by Race and Ethnicity* provides new information on trends in births to adolescent females who have given birth more than once to help state agencies and local programs address the needs of these adolescents and their children.

The research brief, produced by Child Trends, is based on data from the Natality Data Set CD Series 21, gathered and disseminated by the National Center for Health Statistics (NCHS). Supplemental information on 2004 adolescent birth rates was drawn from a recent NCHS report. The brief presents national and state-level birth statistics for females age 15-19. Statistics on repeat childbearing pertain to adolescent females who have already had a child and do not include male adolescents who may have fathered multiple children. Figures, tables, and a map are included. The brief is available at [Child Trends](#).

## **Review of Adolescent Clinic Programs Suggests Promising Elements of Success**

*What Helps in Providing Contraceptive Services for Teens* presents an overview of what is known about carefully evaluated clinic interventions that help prevent adolescent pregnancy. The monograph, produced by the National Campaign to Prevent Teen and Unplanned Pregnancy, is based on a review of 12 recent studies of adolescent clinics. The authors provide information about three basic models (clinic-based interventions, school-based or school-linked interventions, and interventions that include peer providers) and the special protocols for adolescents within these models that appear to improve adolescent contraceptive use.

The twelve most effective programs and their evaluations are presented and summarized in a chart, which includes information about the study sample, the specific behavioral impacts, and other details about the programs and the evaluation. The monograph is available at [What Helps](#).

## **Resources**

### **MHSA Brief From Fight Crime: Invest in Kids**

Fight Crime: Invest in Kids has produced a new brief encouraging counties to consider using upcoming Prop. 63/MHSA Prevention and Early Intervention funding for juvenile justice youth. The brief is available at [MHSA Brief](#)

### **Creative Approaches To Engaging Youth in Positive Youth Development:**

New publication from Healthy Teen Network focuses on how adolescent health professionals can develop new approaches to engage youth. The publication is available from [Healthy Teen Network](#).

### **Fact Sheet On Substance Abuse Among Adolescents and Young Adults Updated**

*The 2007 Fact Sheet on Substance Use: Adolescents and Young Adults* contains the most recent available data on substance use, including the use of alcohol, cigarettes, and illicit drugs, among adolescents and young adults (ages 12-25). The updated fact sheet, produced by the National Adolescent Health Information Center (NAHIC) with support from the

Maternal and Child Health Bureau, highlights key findings and presents trends in color-coded figures and text. Topics include dependence on and abuse of alcohol or illicit drugs and substance use initiation by type and major depressive episode. Data is reported by age, gender, and race and ethnicity. Information on trends and data sources are included. The fact sheet is available [here](#). A list of other NAHIC-produced briefs and fact sheets is available on the [NAHIC](#) site.

## **Workshop Summary Addresses Adolescent Health Care**

*Challenges in Adolescent Health Care: Workshop Report* summarizes the presentations and discussions that took place at two public workshops to study adolescent health care services in the United States. Also highlighted are critical health care needs, promising service models, and components of care that may strengthen and improve health care services, settings, and systems for adolescents and contribute to healthy adolescent development.

The report, published by the National Academy of Sciences, provides an integrated overview of the information and ideas that were presented and discussed at workshops convened by the Committee on Adolescent Health Care Services and Models of Care for Treatment, Prevention, and Healthy Development, National Research Council and Institute of Medicine, in November 2006 and January 2007. Topics include an overview of adolescent health issues, needs of the most vulnerable adolescents, making the system work, and issues to address. The agendas and participant lists are also provided. The report is available at [CHALLENGES](#).

## **New Resource for Teen Obesity**

Starlight Starbright Foundation developed Get Fit, Get Right (GFGR) to help overweight teens make small, sustainable changes to their eating and exercise habits in order to improve their health for the long term. Our goal is to stop the teen obesity epidemic and prevent the spread of type 2 diabetes and other obesity-related conditions in young people.

Targeting youth ages 13-18, GFGR features a "reality show" that follows six overweight teenagers as they take on the challenge of improving their eating and exercise habits; and an online social network where teens can connect with others going through similar experiences. The community is monitored 24 hours a day, seven days a week. GFGR was developed in collaboration with Dr. Francine Kaufman of Children's Hospital Los Angeles and produced by MEE Productions, a social marketing and communications firm with offices in Los Angeles, Philadelphia and Washington, DC. Click [here](#) to view the website.

## **Child Trends Released Two New Briefs In its Series On Fostering the Adoption of Evidence-Based Practices in Out-Of-School Time Programs:**

### 1) Implementing Evidence-Based Practices: Six "Drivers" of Success

The implementation of a new program or practice can be a major challenge for program providers. This report defines implementation; highlights why the effective implementation of evidence-based practices is critical to achieving outcomes; and outlines six core components or "drivers" of successful program implementation. The report is available at [Six Drivers](#).

### 2) Seven Activities for Enhancing the Replicability of Evidence-Based Practices

While research can show "what works" in programs, it is often difficult for program providers to replicate results in a variety of environments. *Seven Activities for Enhancing the Replicability of Evidence-Based Practices* describes the essential components of replicable programs and outlines seven key activities that program developers and researchers can conduct to enhance replicability of effective program models. The report is available at [Replicability](#).

## **Online Access To the Newly Released 2005/06 National Survey of Children with Special Health Care Needs**

The Child and Adolescent Health Measurement Initiative (CAHMI) is pleased to announce "point and click" online access to national- and state-level findings from the JUST RELEASED 2005/06 National Survey of Children with Special Health Care Needs (NS-CSHCN). Visit the [Data Resource Center \(DRC\) website](#) to quickly and interactively compare the new 2005/06 NS-CSHCN data for over 100 child health indicators. Users can also select and download findings for various population subgroups, including household income level, race/ethnicity, and insurance coverage.

The NS-CSHCN is a national survey sponsored and designed by the federal Maternal and Child Health Bureau. It is administered by the National Center for Health Statistics. The survey was conducted for the first time in 2000/01, and repeated again in 2005/06.

### **Policy Briefs**

#### **Assessing California's Ability to Comply with New Federal SCHIP Rules**

The U.S. Centers for Medicare and Medicaid Services (CMS) recently informed states about new requirements that could end coverage for 34,000 children in California covered by the State Children's Health Insurance Program (SCHIP). The action comes as debate in Congress continues following President Bush's veto of reauthorization of federal SCHIP funding.

The requirements, which represent a major shift in CMS policy, apply to states like California that offer SCHIP coverage to children in families earning above 250 percent of the Federal Poverty Level (FPL), now set at \$42,925 for a family of three. States seeking to expand SCHIP coverage must demonstrate compliance with the requirements, while those already covering such children must comply within 12 months or face unspecified "corrective action."

As highlighted in a new issue brief - the fourth in a series of CHCF reports examining the impact of SCHIP reauthorization on California - the directive poses a significant challenge to the state. If California cannot fully comply, a likely scenario, it will be left with three options: mount a challenge to the federal requirements as New York and other states have done, face the promised corrective action, or stop using SCHIP funds to cover children in families above 250 percent of FPL.

The requirements also represent a potential barrier to statewide health reform, as both Gov. Schwarzenegger's proposal and AB 8 - the focus of a special session in Sacramento - include plans to expand SCHIP to children in families earning up to 300 percent of FPL. The report is available at [SCHIP Issue Brief](#).

#### **House Passes Spending Bill That Includes Increases in Abstinence Education, Title X Funding**

The US House of Representatives voted 269-142 to pass an appropriations bill that combines the fiscal year 2008 Labor-HHS-Education (HR 3043) and Military Construction-Veterans Affairs (HR 2642) appropriations bills.

The measure, which has also passed a House-Senate conference committee, includes a \$27.8 million increase in funding for HHS' Community- Based Abstinence Education Program (CBAEP), bringing total funding to \$141.1 million, the level requested by President Bush. The Senate-approved version of the measure would have decreased CBAEP funding by a similar amount. The program gives grants to organizations that teach abstinence-only curricula and do not teach about contraception, except to discuss failure rates. Funding for the program in FY 2007 was \$109 million.

The measure also would allocate \$310.9 million for the Title X family planning program (HR 3043). The Title X appropriation

would be a \$27.8 million increase from FY 2007. Bush has said he would veto the Labor-HHS- Education measure by itself or as part of the conference report, if passed by the Senate. The Labor- HHS-Education bill contains \$10 billion more in discretionary spending than the Bush administration requested.

## Program Highlights

This Winter, we are taking a special opportunity to highlight two unique programs providing important services and resources for California's teens. If you have a program you would like to see publicized in our newsletter, please let us know!!

### **FACES for the Future**

Established in 2000 at Children's Hospital & Research Center Oakland, FACES for the Future is an innovative career development and academic support program for at-risk disadvantaged youth from East Bay public high schools. Founded by Dr. Tomás A. Magaña and Dr. Barbara Staggers of the Division of Adolescent Medicine, FACES is designed and implemented according to best practices in adolescent health and well-being, youth leadership development, and health careers training. The three- year internship supports 90 local public high school students in the 10th, 11th, and 12th grades who are motivated to explore the health care professions. Through classroom training, clinical internships, academic enrichment, leadership development, college preparation, and an array of intensive psychosocial supports, FACES inspires participants to complete demanding academic courses, assists them in applying for higher education, and equips them with the personal and professional skills and confidence necessary for success.

The FACES Program is a multifaceted educational "pipeline" program directed at improving health disparities by increasing diversity among health care professionals. Additionally, it strives to address adolescent health disparities by providing minority youth with opportunities for career exploration, academic support, mentoring and psychosocial intervention and assistance. The program has five guiding principles:

- To support and prepare underrepresented minority youth for the demands of college and a future career in healthcare
- To empower youth with the personal and professional skills to become agents of change for the health and well-being of their communities
- To foster academic excellence through mentoring and tutoring programs
- To address the psychosocial issues of each individual student through comprehensive assessment, prevention, and intervention plans
- To establish an extensive network of educational, community, and medical partners who can provide continuous support to underrepresented minority students in their educational journey from high school through their professional training

The program's track record is impressive. Each year, 100% of students who graduate from the program enroll in college the following fall, and 100% of graduates intend to pursue careers in the health professions. The Class of 2007 graduates were accepted to more than 40 colleges across the United States, including nine campuses of the University of California, and 82% enrolled directly into 4-year colleges this fall. For more information about the program, please visit the program website at [FACES](#)

### **Youth-Friendly Pharmacy Initiative**

Young women face unique barriers in accessing reproductive health services to effectively prevent unintended pregnancy, including access to emergency contraception (EC). This is in part due to barriers in accessing EC, including age restrictions, lack of EC awareness and its availability in pharmacies, fear of being judged by medical providers, and concern about

confidentiality and privacy.

In August 2006, the Food and Drug Administration (FDA) approved Plan B, one brand name for EC. Plan B is sold as an over-the-counter (OTC) product for consumers (women and men) 18 years of age and older. A prescription for Plan B is still required for women under 18. Pharmacists' role in furnishing Plan B to consumers is increasingly important, as consumers seeking to obtain Plan B must speak with the pharmacist whether the product is sold with a prescription, OTC or via pharmacy access. (The pharmacy access model - in CA and eight other states - allows specially trained pharmacists to provide EC directly to women regardless of age in pharmacies without requiring an advance prescription from a doctor.)

Pharmacy Access Partnership, a center of the Public Health Institute, has developed a Youth-Friendly Pharmacy Initiative to make pharmacies a useful access point to meet teens' reproductive health needs. Youth-friendly pharmacy services are designed to recognize and address the unique challenges, difficulties and obstacles facing adolescents. Pharmacies are more geographically available than clinics or doctor's offices and are often open evenings and weekends. Furthermore, pharmacists are a valued member of the health care team and can serve as an accessible resource for teens not just in responding to critical health needs arising from unprotected sex, but to promote and protect sexual health and well-being overall.

The Youth-Friendly Pharmacy Initiative will include training for pharmacists and the development of outreach materials to attract, serve and retain teen clients. Enhancing confidentiality and privacy in pharmacy settings around reproductive and sexual health topics is critical in serving teens. This initiative also focuses on collaborating with local youth-serving community-based organizations to provide their staff and the youth they serve with educational training opportunities and resources for youth about EC and pharmacy services. Youth who participate in the training sessions will assist in designing the training components for pharmacists who promote 'youth-friendly pharmacy services' at participating pharmacies.

For more information about the Youth-Friendly Pharmacy Initiative, or to become involved, please contact Nicole Monastersky Maderas at 510-272-0150 or nmaderas@phi.org. For more information about [Pharmacy Access Partnership](#) visit our website.

## Upcoming Events

### **Inaugural STD/HIV Prevention Conference Focusing on Youth and Technology Jan 22-23 2008 San Francisco, CA**

Sex::Tech is the first ever conference to focus on youth sexual health and technology! Join us at the San Francisco State University Institute for Next Generation Internet in Downtown San Francisco, to explore these exciting intersections from a youth perspective, with input from public health professionals, educators, researchers, and technology developers. Visit the website to submit abstracts, and to register for the conference. You can find out more about Fresh Focus, our Sex education video contest at [Sex::Tech](#).

### **Preteen Vaccine Week is Back! Jan 20-26 2008**

Mark your calendars! Preteen Vaccine Week is January 20-26, 2008. Preteen Vaccine Week is an observance that promotes recommended immunizations for 11-12-year olds as well as the preteen doctor visit. Preteens are at a crucial age where they're becoming more independent and seeing a health care professional now will help them make better health decisions in the future. Encourage families of preteens to schedule a preventative health care check-up.

The preteen doctor visit is an excellent time to discuss the challenges of growing up and preventative measures such as eating right, standing up to peer pressure, and getting immunized. The following immunizations are now recommended for 11-12-year-olds:

- Meningococcal vaccine (MCV4) that protects against certain serious types of bacterial meningitis and other related infections
- Tetanus booster (Tdap) that protects against diphtheria and whooping cough (pertussis)
- Human papillomavirus

(HPV) vaccine series that can protect girls against cervical cancer in adulthood · A second chickenpox (varicella) vaccine if they have never had chickenpox.

To help you promote the preteen doctor visit, the California Department of Public Health (CDPH), Immunization Branch developed multiple tools for providers, including reminder postcards, prescription pads, and a colorful poster to hang in your office. Order them now from your local health department! For more information, please visit the [CDPH Immunization Branch website](#).

Encourage your preteen patients to learn more about recommended vaccines by visiting [www.mybestshot.org](http://www.mybestshot.org), a website designed just for youth.

### **Society for Research on Adolescence Annual Meeting.**

March 6-9, 2008 Chicago, IL: For more information please click [here](#).

### **Funding**

The California Adolescent Health Collaborative is funded by The California Wellness Foundation, The California Endowment and the McKesson Foundation. AHC would like to thank these foundations for their commitment and generous contributions to improving adolescent health.

**If you have an item you would like to include in AHC's newsletter, please contact us at:**  
**[robink@californiateenhealth.org](mailto:robink@californiateenhealth.org)**

**Sincerely,**

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