

Adolescent Health and Sexually Transmitted Infections

Dr. Kineka Hull: Welcome to Elevate Youth Programming, a podcast for adolescent pregnancy prevention programs and other youth-serving agencies. In each episode, we will discuss best practices, tips, and strategies to strengthen your programming. Each episode will cover a specific topic discussed with experts from the field. Listen along as our guests join me to discuss these relevant topics. I'm your host, Dr. [00:00:30] Kineka Hull.

In this episode, we sat down with Christy Altidor and Jerrica Davis from the National Coalition of STD Directors to discuss STI/HIV trends and tools and resources to advance adolescent sexual health. Ms. Altidor leads NCSA's adolescent sexual health work, supporting capacity building and technical assistance to state leaders in health and education [00:01:00] throughout the country. She also serves as a subject matter expert for training, program management, and empowerment of disease intervention specialist. She is passionate about STI and HIV prevention and is an advocate for reproductive health, health justice, and equity. Ms. Davis also supports capacity building and technical assistance on adolescent sexual health to NCSA partners throughout the country. Her expertise includes [00:01:30] facilitation of school-based, social-emotional learning and sexual health education programs for teen girls.

Welcome to the Elevate Youth Programming Podcast, Christy and Jerrica. I'm so excited to have you on this episode.

Jerrica Davis: Thank you, we're excited to be here.

Christy Altidor: Yes, thanks for inviting us.

Dr. Kineka Hull: I am so passionate about adolescent health, and I will say that I found both of your LinkedIn pages and information about the National Coalition of STD Directors, and immediately [00:02:00] thought about you and how we could collaborate on a podcast to provide information to our grantees and other youth-serving providers on sexually transmitted infections and HIV trends, and the resources to advance youth sexual health. So, let's jump in. Let's start with introducing listeners to NCSA. Tell us about your organization.

Christy Altidor: The National Coalition of STD Directors, or also known as NCSA, we are [00:02:30] a national public health membership organization located in Washington, DC, and we serve to support state STD leaders, directors, and health departments across the country, across all 50 states, seven large territories to support their STI prevention efforts and programming. We do this by capacity building, training, technical assistance, and honestly, convening folks to come together from different intersections of public health [00:03:00] to advance STI prevention and treatment in the U.S.

Dr. Kineka Hull: Excellent. So, you mentioned a lot of things; coalitions, capacity buildings, trainings. Tell us what resources, assistance, and support that our listeners can come to your website or contact you about that may be helpful as they try to advance youth sexual health.

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- Christy Altidor: There's a unique and specialized place for adolescent health resources and materials on the National Coalition of STD director's webpage where you can contact Jerrica or myself [00:03:30] if you have any questions or suggestions to advance your adolescent sexual health in your jurisdiction.
- Jerrica Davis: We have all kinds of things that we offer to both the jurisdictions that we serve through our grant work, and then for anyone that just have any questions or want to connect.
- Dr. Kineka Hull: So, listeners, look for the link to the NCSD website in our resource card. So, one thing that was recently [00:04:00] released that I want to talk about, because a lot of our grantees are required to develop a referral system for youth centered services, especially for sexual health services. And so, you all just released a wonderful toolkit on best practices to establish a comprehensive referral system. So also, that link is in our product card for this episode. What are some key takeaways that our grantees and other youth serving providers should think about when they're developing [00:04:30] a referral system?
- Christy Altidor: Yeah. I can get us started and then I'll toss it over to you Jerrica to add in. So just a little background around the toolkit. It was originally developed in 2016 and it had a sole focus on sexual health services, and we thought it was super fitting to revise it this past year to really focus on a broader lens, tying in mental health, the unique needs of marginalized youth, especially LGBTQ+ youth and youth that have those identities, [00:05:00] supportive services and truly providing referrals and flexible tools such as telehealth, especially thinking about future outbreaks or pandemics such as COVID-19. So, this revised toolkit, we thought it was really important to tie in health equity and acknowledging those groups of students, students of color, and certain populations that experience disparities and hardship and require certain considerations with access to their care and to referrals. So really [00:05:30] we hope that this toolkit will provide a framework for folks that are serving youth in health spaces to consider implementing a comprehensive referral health system and tying that into school districts and jurisdictions as well.
- Jerrica Davis: Yeah. The other reason why we're super excited about this toolkit is so COVID taught us a lot, COVID showed us a lot about a lot of things, but particularly just how much of a crisis our young people are in when [00:06:00] it comes to their health and their wellbeing, and particularly their sexual health. Also with the current landscape, we know that it is pretty much hit or miss. It depends on what state you're in, whether a young person can receive the necessary services and care in school through a school-based health center or if they have to find a clinic or another way to access their care.
- So, this referral toolkit is also designed to help those who may not necessarily be able to offer these services to youth in school or in [00:06:30] the setting that they're in, but they can refer them to a place where they can access that care. And so, the toolkit is really there to help youth-serving professionals learn how to create the most robust referral system so that even if I can't personally

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provide you with those services, here's a well-developed system so I can guide you to the services from where you can access them. And as Christy mentioned, we really wanted to focus on health equity, bringing it A, up to the times because it was originally written in 2016, but also adding [00:07:00] in considerations for COVID and what we learned from that.

Dr. Kineka Hull: Thank you, Christy, for mentioning that when we're thinking about a comprehensive referral system for youth, we're not just thinking about sexual health, we're thinking about mental health and other outcomes that can impact youth. What are some other risk-taking behaviors that youth service providers should be aware of that impact sexual health?

Jerrica Davis: I would say all of them.

Dr. Kineka Hull: Yes.

Jerrica Davis: Factors that [00:07:30] contribute to adolescent health, wellbeing overall, it's all connected, right? None of it operates in silos. So, you mentioned mental health. If a young person is experiencing violence, like we know from the YRBS that young people that are experiencing violence, including sexual violence, those rates have gone up. If a young person is struggling with substance abuse, all of that also contributes to worsening sexual health outcomes. So, it's important to look at all aspects of a young person's health, physical, mental, emotional, because all of those can impact [00:08:00] their sexual health and all of those things.

Christy Altidor: Just to add on really considering the social determinants of health, so transportation, access to internet services to access information or attending a telehealth appointment, housing. We know and we see how all of these factors lend into how a young person makes decisions that impact their sexual health and how they evolve into a sexually active adult. So, all things to consider and assess.

Dr. Kineka Hull: [00:08:30] I enjoyed reading the toolkit. I am hoping that all of our listeners will check it out. We are recommending it to all of our grantees, but I think you hit on a lot of different things. Like we are very focused on making sure that we're able to pivot in case there is another pandemic or any other type of occurrence that shifts how we're able to deliver care and serve youth. We're trying to be reflective of the times. I like how you said, making things current. Telehealth is huge. Young people are very [00:09:00] technologically savvy. So, making sure that we have something that they can respond to in a youth centered way that keeps them engaged and allows them to also move more freely or navigate more easily through the things that we do provide for them or recommend. So, I'm very excited to see the change that the toolkit will be able to bring about for our listeners and for other youth serving providers.

So, health equity, we know that there are a lot of disparities, especially [00:09:30] when it comes to youth sexual health. We know that despite

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significant declines in teen pregnancies, we know that there are almost half of new STI occurring among youth age 15 to 24, which are the priority age population for our grantees and those health inequities. So, disparities are seen, as you said, among youth of color, lower socioeconomic status, gender diverse youth, and that's [00:10:00] often impacted by discrimination and then lack of quality of access to care. So, a lot of our grantees serve youth who are in rural areas, which is why that referral system is so important to make sure that youth know what's available, who through centered, and how to get to them.

So, we all know that comprehensive, developmentally appropriate, evidence-based sexual health education is the best method to increase consistent and correct use of barrier methods and decrease [00:10:30] STIs. Let's talk about data. We all know that these disparities and discrimination occurred, but the Youth Risk Behavioral Survey was recently released for 2021 and it noted several sexual health behaviors trending in the wrong direction. What are some current trends in youth STI and HIV rates that grantees should be aware of?

Christy Altidor:

Yeah, that's a really good question. So, the YRBS that was recently reported does look at trends from 2011 [00:11:00] to 2021. So, we're looking at a 10-year dataset. A lot of the information there unfortunately wasn't surprising. So, we're still seeing that more than half of the new STIs that were reported in 2020, which range around 20 million, were among youth aged 15 to 24. So that group is still being impacted by STIs in that space. So, seeing that this end point of when this whole report is being published that youth are still counting [00:11:30] for such a high rate of new infections and knowing that young people are also counting for 20% of all new HIV diagnosis.

So, definitely shed some light to some of those behaviors that are occurring. And we know that these numbers are even more skewed for youth of color and LGBTQ youth who face additional struggles and challenges with accessing care and being able to receive comprehensive sexual health education. We're finding, like Jerrica mentioned around the political landscape, some of [00:12:00] the states that might be having some discussion around what sex ed looks like in their state, we know that large portions of youth of color and LGBTQ+ youth, youth that really need the care and their services, they live in those states that have the high morbidity. So, it really just shed some light for folks that work in this space to think through programs and interventions to address some of those disparities.

Jerrica Davis:

This was actually the first data that we have around youth post COVID. [00:12:30] So as Christy said, it unfortunately wasn't surprising, I think for a lot of folks, just because we predicted, we knew anecdotally that youth were not doing well during COVID. They actually were doing worse. We just didn't have the numbers to show that. And now that we have the numbers to show like, yeah, a lot of these things are continuing to trend in the wrong direction. Now, it's even more important that we do what we can to address this, right? Because young people already needed help before COVID [00:13:00] and all COVID did was make it worse. And so, we need to step in and as Christy said, especially for

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those youth of color and LGBTQ youth and those in marginalized populations, we really need to step in and do what we can to help trend these numbers in the opposite direction.

Dr. Kineka Hull: Thank you. I feel like we're just taking away so many lessons learned, some positive, some that are, again, like you said, highlighting disparities post COVID, but I like the fact that [00:13:30] we'll be more prepared going forward. And so, in the YRBSS data, there was also information on trends on condom use and STI/HIV testing. What is some information that our listeners should know about those two?

Christy Altidor: We noticed just some of those trends in youth sexual behavior. In general, sexual activity declined among all youth. So, I think that that's even more likely to see that sexual activities being reported as coming less, [00:14:00] but STI rates are going higher, so that's an interesting correlation to look at. And then also safer sex practices. So, looking at condom usage, STI/HIV testing also declined among sexually active youth. So, it's really telling just on the general picture of what's going on and that there really is a need to create robust referral health systems in schools and in areas around schools to support [00:14:30] young people to understand just some of the outcomes that are associated with having STI diagnosis and just understanding, okay, these practices are declining, what's the cause for it, especially among youth that are sexually active? So yeah, it's really telling.

Dr. Kineka Hull: So you hit on something that talked about, which is very interesting, like you said, that we're seeing an increase in rates, but we're seeing a decline in sexual activity. And so, as we think about that correlation, [00:15:00] condom use and HIV testing, what are some things that we can do to make sure that we are increasing knowledge of this data or lessons learned from this information in vulnerable populations? So, like you said, the political landscape around sexual education varies by state. We are all dedicated to improving health and improving better health outcomes for youth, but sometimes it's challenging. [00:15:30] What are some things that you could recommend to our listeners to say, "Hey, stay encouraged. Here are some best practices or tips that you could include in implementation that can still impact the lives of young people"?

Jerrica Davis: Yeah. I think you hit the nail on the head earlier when you mentioned comprehensive evidence-based medically accurate sex education. That is the best way. That includes not just things such as contraception and pregnancy, [00:16:00] it also includes things like boundary setting and exploring your values and academics. So, it's very well-rounded in that sense. So that's helpful to get young people thinking about not just sex, but also myself and what do I value and how does that play into my own sexuality. But for those that are in states or jurisdictions where that's not easy or possible, I think it's also important to remember that having a trusted adult is a [00:16:30] very protective factor against a lot of these trends for young people. And so sometimes it's just a matter of being that person that that young person feels comfortable going to and opening up to and sharing things with. And it isn't necessarily always a parent, sometimes it's a teacher, sometimes it's another mentor, a coach or

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something like that. So engaging youth and being that trusted person for them can work wonders in terms of their health and improving their outcomes.

And then lastly, [00:17:00] when working with vulnerable populations, it's just really important to acknowledge the experiences of young people and validate those experiences and recognize that that young person is the expert of that experience. Especially if they come from a different background than I come from as the adult, it's my job to listen to them and validate what they're experiencing and also to have their back to work against the barriers they're facing and to fight for them.

Christy Altidor: Yeah, I was going to add, when you mentioned how folks can use this data, not utilizing in a way to [00:17:30] incite fear or using fear-based approaches like, "Look at this information. You're more than likely going to have an STI." That doesn't work. So, sex positivity and inclusive language, all of that is really important and encouraging, reducing that stigma and meeting, like Jerrica mentioned, meeting people where they are and taking a look at, okay, here's how we've been offering our youth services, are they youth centered? Are we engaging in youth with how we deliver these materials? [00:18:00] Our marketing, how we engage on social media. How do we get young people to trust what we're saying and show that we care? But also, like Jerrica mentioned, give them that autonomy to empower them in their own healthcare and hearing them out and allowing them to be the experts. So not using this information as a weapon to lecture youth on this is what you need to be doing, or this is what's going on, but finding a way to really bring them in an inclusive safe way.

Dr. Kineka Hull: Thank [00:18:30] you. So, listeners, we have a couple of items on our exchange website that can help you with the topics or best practices that Jerrica and Christy just mentioned. Listen to season one's podcast on trauma-informed care and health equity, and the links will be on our resource card for this episode. Also, check out our Creating Safe and Inclusive Spaces toolkits, the one on equity and inclusivity and the classroom, [00:19:00] and the one also on trauma-informed care. The links for both are on the resource card for this episode. Thank you. That is absolutely fantastic information. And so, another trend that I want to talk about that I noticed from the YRBSS was that although STI rates were increasing, birth rates were going down. What are your thoughts on that? What might be leading to the conflicting trends?

Christy Altidor: One thing I [00:19:30] noticed this in the recently released YRBS data from the 2021 data, and I'm not sure if this has been surveyed before by CDC. So, in 2021, a third of high school students who are currently sexually active reported using some form of hormonal birth control. So, pill, patch, IUD, things like that the last time they had sex with the opposite sex partner. So again, I'm not sure how that's trending, but I think it's interesting to note that there's a chunk of high school students that are on some [00:20:00] form of hormonal birth control, which that works for preventing pregnancy, but not for preventing STIs, HIV. So that could be one reason why, but another is also to just remember that sex

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doesn't just include vaginal penetration. So those are two theories as to why we could be seeing that those interesting rates.

Dr. Kineka Hull: I remember [00:20:30] working in the classroom and doing the contraceptive method lesson, and when we started talking about the female condom and we start talking about the male condom or I'm pulling out dental dams, a lot of the students are like, "Okay, so I don't know what some of this are." And they're tickled by some of the things that they see. And so, we have conversations about making sure that you are using a barrier method and that you are using dual contraceptive methods whenever you are trying to protect yourself [00:21:00] from not only pregnancy, but like you said, STIs. And so that's something that I know can sometimes be challenging in the classroom, especially in jurisdictions and states where you're not allowed to do conduct demonstrations and there may be some limitations on some topics that you'll be able to cover. And so, what are some recommendations or best practices that you have for grantees as they are talking about dual contraceptive methods and especially long acting [00:21:30] reversible methods, which I'm a huge fan of. What are some best practices or some ways to navigate some of those challenges?

Christy Altidor: Yeah. I'd say some of the things that we've shared before, reducing stigma. I've worked in the Florida Department of Health for a couple of years, and we would see that some providers would encourage LARCs and birth control in more of Black and brown populations and spaces and kind of pushing those methods onto Black and brown girls. So being mindful of how you're [00:22:00] sharing that information.

Dr. Kineka Hull: I think you hit that right on the head. That was going to be my next question, so thank you for jumping into that. Reproductive health justice and health equity are huge in the sexual health space, especially we're working with adolescents. And so, as you said, young people are their experts of their lived experience. But as we know in vulnerable populations, vicarious experience is huge, especially in populations of color and other vulnerable groups. And so, I think [00:22:30] sometimes that plays a huge part when it comes to certain contraceptive methods that young people are selecting or not selecting, especially when it comes to LARCs. What are some things that our grantees can think about when it comes to being equitable, not over or under prescribing or recommending things for vulnerable youth that may help them on their sexual health journey? Especially, I liked how you said, making sure that they are [00:23:00] a part of the decision making and taking into consideration all the cultural responsiveness ways that they can navigate spaces with youth.

Jerrica Davis: And that's like a large part of it too. So, recognizing that as the provider or as the teacher or nurse, I'm making this decision with the young person and not for them. So, letting it really just be a conversation about what works best for them and presenting them with all the options. So, I think that's how we can avoid what Christy [00:23:30] mentioned about how there is a tendency to over-prescribe certain forms of contraception to Black and brown girls. We can avoid

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that by making sure that no matter who I'm working with, I'm presenting all the options and I'm educating on all the options, and I'm letting you decide which is best for you based on your experience. And then back to the education piece. So, we want to educate young people, but it's also important to educate parents and families because when we go to the cultural piece, maybe there are some forms of contraception that they might not be well-informed about [00:24:00] or that they're not used to using just because of the background and the culture and things like that. So, presenting all the options to everyone involved.

Christy Altidor: Yeah. And I'd add even for providers to think about their own professional development, their staff that are providing that care because it's not just about the person that's having the one-on-one service and care to the young person and their families, but just entire experience with a visit. And so acknowledging chronic racism and discrimination, how that's been systemic, how that's [00:24:30] impacted how communities of color connect with the healthcare system and mistrust, acknowledging that is there, taking that into account and really building that trust with those spaces so that folks can feel safe and know that, okay, this place, this institution, this provider has my back and I feel safe here.

Dr. Kineka Hull: Thank you. I feel like safe spaces, trusted adults, that's something that we've hit on and a couple of different facets throughout [00:25:00] this conversation, making sure that we are listening to young people. We recently released an audio video graphic that talked with LGBTQIA2S+ youth, and they talked about their experience receiving sexual health education and sometimes the stigma that they felt or the non-inclusivity that they received with dealing with sexual health education [00:25:30] and the provision of services and care. So, we're going to stick that resource card link in this episode as well. But I think it was very telling. So, they talked about how their experiences were with things that were not tailored to them. And so we talk about being culturally responsive and culturally aware and making sure that you're doing the marketing, making sure you're doing the communication with the parents, making sure that you're tailoring things with fidelity to make sure that you are [00:26:00] being inclusive and relatable, and making sure that youth understand that this particular topic is for them.

And so, I think that's very important when it comes to STI/HIV testing, especially HIV testing and PrEP use among people of color, especially Black women. So, we don't always see ourselves reflected in some of the marketing. We don't see ourselves reflected in the commercials. And so, we say, "Oh, that's [00:26:30] not a me problem." And so, I think that as educators, we have to make sure that we are being comprehensive, back to that word, and we are giving everybody information that's tailored, applicable, and relatable to them.

This has been great information, and so I just want to thank you for taking the time to speak with us today. I am going to make sure I include your contact information in the website for NCSO so that individuals can reach out to you [00:27:00] if they like to get some more information. But before we close out, I ask that you each tell me your top three things that you want to leave with

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- youth-serving providers that they should know about STIs or HIV that they should know about anything related to youth sexual health.
- Christy Altidor: Yeah, I can start. I think that our call to action for sure would be for folks, whether that's a provider, an educator, a parent, a community partner, or just a trusted adult [00:27:30] who care for youth empowerment and to live healthy lives. I'd say that it's important to continue to support inclusive, equitable sexual healthcare, sexual health education and services and safe and supportive environments for all young people. These show to bring good outcomes to young people and their behaviors and following health outcomes that we know lend into the other factors for a person to have a healthy life. So, it's important to be vocal about those benefits and [00:28:00] sharing that with colleagues and in spaces where their voice is elevated. If you're a decision maker, you have a seat at the table. Bring those issues into that arena because sexual health lends into everything else. And when that is impacted and involved, that lends into further outcomes with maternal mortality, like other STI epidemics, HIV.
- So, it's really important to support inclusive care and to always just stay curious and learning about what's going on. There's been a ton of mis and [00:28:30] disinformation that's been put out there around sexual health education, what that is. And certain environments are just producing harmful outcomes and campaigns. So, it's just really important for folks to just stay aware, to stay connected, for parents to be involved, to be encouraged. We know that majority of parents are supportive of inclusive, comprehensive, equitable sexual health services and education. We need those voices to be loud so that young people can see, okay, parents [00:29:00] and trust their adults. They're on our side, they care for us, they want the best for us, and they're supporting us in our decision making. And then just to be aware of your own biases around sexual health stigma, challenging yourself, taking time to learn and challenge some of those biases that may come up.
- Jerrica Davis: And I think my three takeaways I would want everyone to keep in mind are first to listen to young people and believe what they are telling you. Secondly, provide and be [00:29:30] a safe and supportive space for all young people so that they are comfortable coming to you and be open to what they're telling you. And then lastly, this can be hard for us as adults because we are just trained to see adult child, but don't be afraid to be uncomfortable and kind of humble yourself and know that I am not the expert in being a young person. The young person is an expert in being the young person. So, I have to step back and not enter a space as the adult in [00:30:00] the room, and sometimes I have to enter space as the learner and let them take the lead.
- Dr. Kineka Hull: Wonderful. I like that. So, we're going to close out with, be helpful, be humble, be an active listener, and a fantastic advocate for advancing youth sexual health. Thank you so much for your time, Jerrica and Christy. I have thoroughly enjoyed this episode.
- Jerrica Davis: Thank you. It was so great to be here with you.

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Christy Altidor: Thank you for having us. This has been awesome.

Dr. Kineka Hull: We hope this episode enhances your ability to make a positive [00:30:30] impact for youth. Thank you for listening.

If you enjoyed today's conversation, be sure to like and follow Elevate Youth Programming on your podcast platform of choice. For information on today's topic and resources in adolescent pregnancy prevention, visit The Exchange at teenpregnancy.acf.hhs.gov. The Elevate Youth Programming Podcast is funded by the Family and Youth Services [00:31:00] Bureau. The content in each episode is not the opinion of FYSB, nor is training and technical assistance contractors. I'm Kineka Hull, and this has been another episode of Elevate Youth Programming.