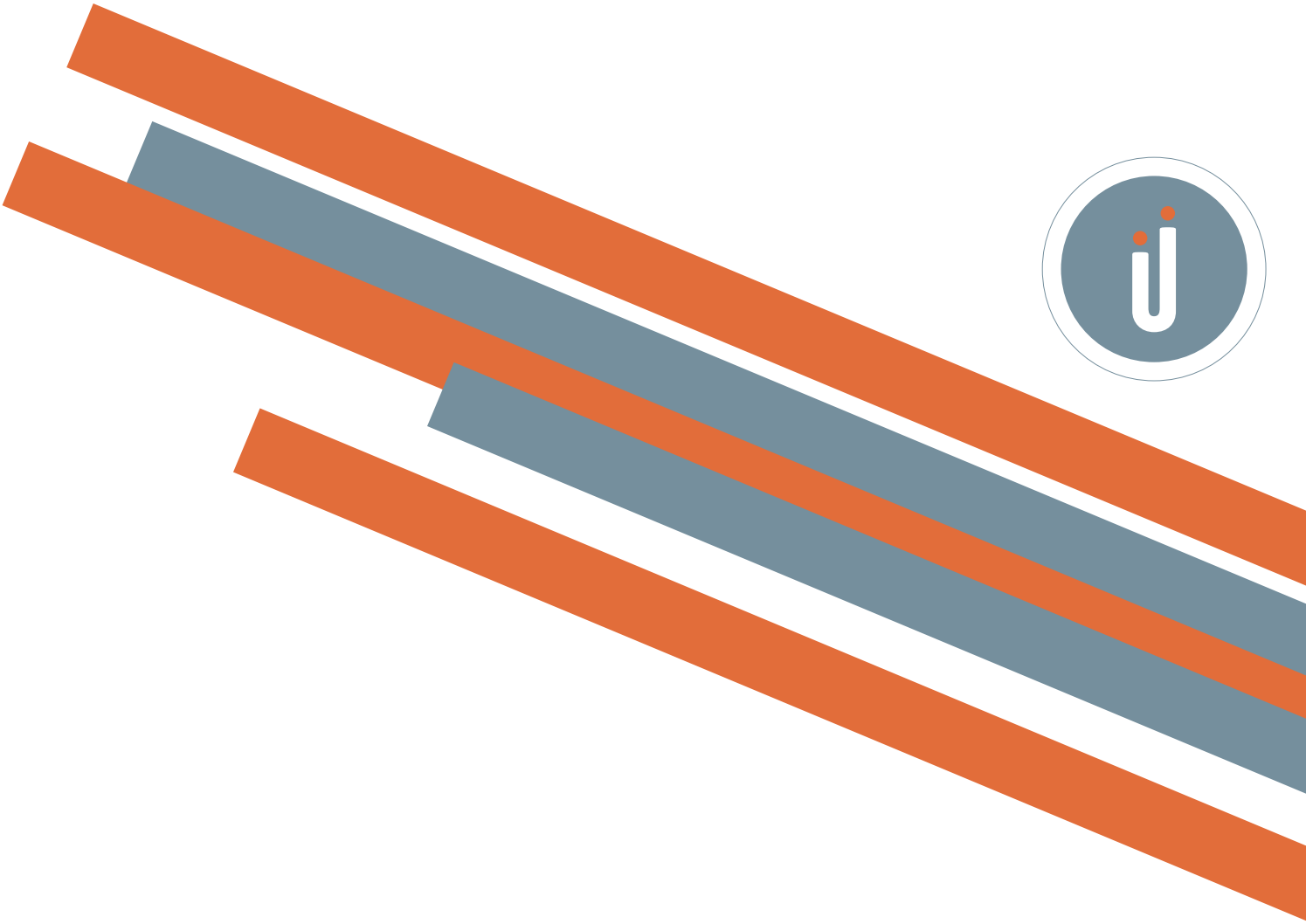

The State of Adolescent Sexual Health in Colorado 2016

a report by
colorado
youth
matter

Rec. #1: Promote the use and collection of youth sexual health research and data.

Rec. #5: Integrate positive youth development and trauma-informed approaches into programming.

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Introduction

As a statewide organization dedicated to improving the sexual health of young people, Colorado Youth Matter engages with and builds community capacity for systems-level change and seeks to strengthen leadership and advance the movement for youth sexual health. This report provides a summary of relevant, up-to-date statistics on the sexual health of young people and a snapshot of how Colorado has progressed and measured up to national trends over time.

These data are intended to inform programs and policies that support the health and well-being of all Colorado youth. Colorado Youth Matter's recommendations listed throughout the report provide a framework that communities can tailor to support youth sexual health. For additional county-specific data on teen births and sexually transmitted infections (STIs), please visit Colorado Youth Matter's interactive map: www.coloradoyouthmatter.org. Colorado Youth Matter staff are available to provide training, capacity building assistance and additional resources to support youth serving professionals, Askable Adults, families and caregivers to meet the needs of youth in their communities using positive youth development and trauma-informed approaches.

Adolescent Sexual Behavior

According to 2013 data, the average Colorado youth initiates sexual activity at age 17, and more than half (53%) of young people will have had sex before they graduate from high school. Younger youth are much less likely to have had sex—fewer than one in five 9th graders (15%) reported ever having had sex, and only 3% of high school students reported having had sex for the first time prior to the age of 13.[1]

These 2013 data show a strong correlation between a young person's perceived importance of school and sexual activity. Of sexually active youth who reported it was "very important" to finish high school, only 9% had not used birth control the last time they had sex. By comparison, 54% of sexually active youth who reported that finishing school was "not at all important" had not used birth control the last time they had sex (Figure 1).[2] Similarly, young people who report almost always hating school have approximately twice as many sexual partners as those who report never hating school (Figure 2).[2]

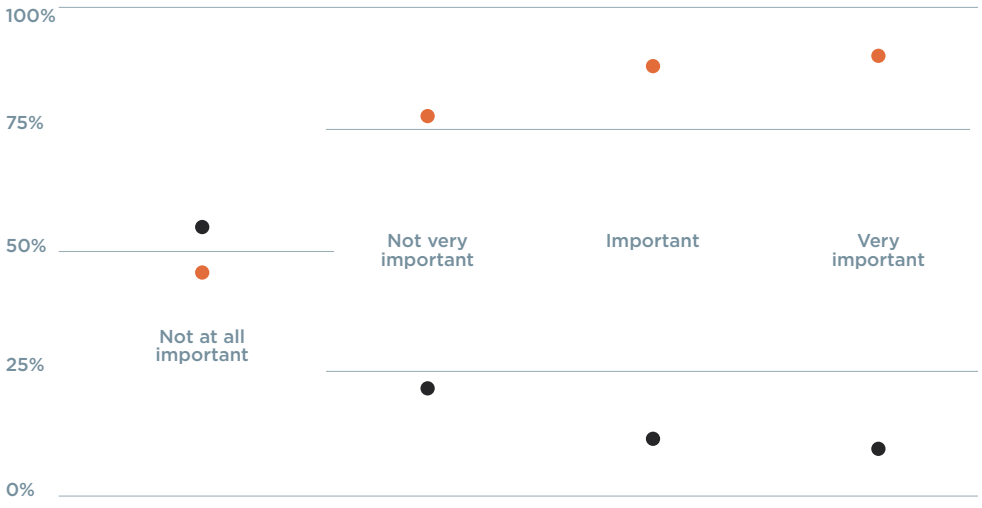
Contraception

Condom use among Colorado youth in 2013 has declined about 7% since 2011, although with 64% of sexually active youth reporting condom use during last sexual intercourse, it is still the most commonly used form of contraception, and the only kind that protects against STIs. Birth control pills are the next

Condoms are still the most commonly used form of contraception among Colorado high school students, and the only kind that protects against STIs.

Rec. #4: Promote opportunities for youth leadership development.

Figure 1: Sexual Behavior and the Importance of School[2]
Percentage of youth using or not using birth control at last sex who report the importance of finishing high school

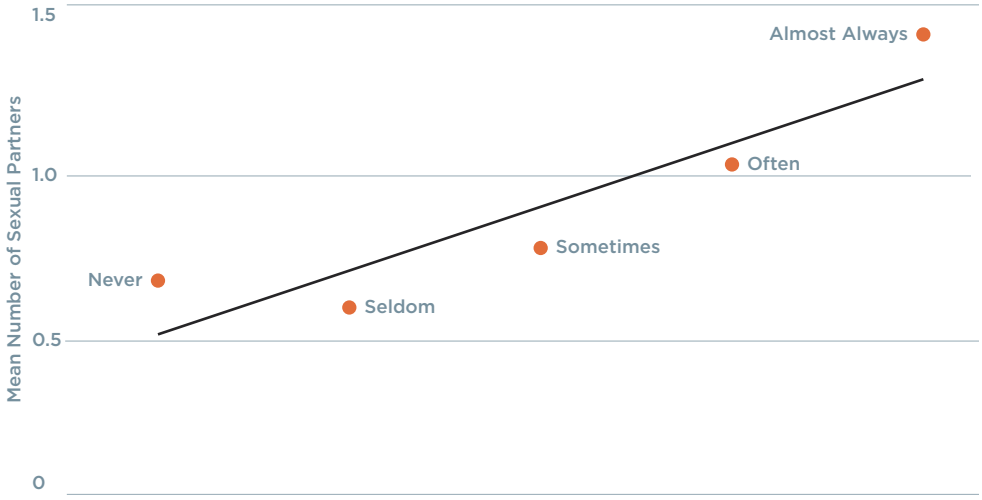


most commonly used form of contraception, with approximately one in five young people (22%) reporting that they or their partner used the birth control pills during last sexual encounter.[1]

Younger students who are sexually active are far less likely to use contraception. Of sexually active youth aged 15 and under in 2013, only 21% used an effective method of contraception (like birth control pill, IUD, implant, patch, or birth control ring) compared to 35% of sexually active youth ages 16 and older.[1] Long acting reversible contraceptives (LARC) such as IUDs and implants are widely considered the most effective forms of contraception available, and have dramatically increased in use due to improved accessibility through the Colorado Family Planning Initiative.[3]

Figure 2: Mean Number of Sexual Partners and School Satisfaction[2]

How often students hated school in the past year compared with the mean number of sexual partners



Askable Adults

Healthy Kids Colorado Survey data from 2013 show that the presence of an Askable Adult is an important protective factor when it comes to a young person's sexual activity and safety. An "Askable Adult" is a trusted adult that a young person feels comfortable speaking with about sensitive questions. Those who report having an Askable Adult are more likely to:[1]

- **Delay first sexual activity:** 29% of youth with an Askable Adult reported ever having engaged in sexual intercourse versus 43% of youth with no Askable Adult.
- **Have fewer sex partners:** 7% of youth with an Askable Adult have had four or more sex partners versus 15% of youth with no Askable Adult.
- **Use a condom during sex:** 65% of youth with an Askable Adult reported using a condom at last sexual intercourse versus 57% of youth with no Askable Adult.
- **Use an effective form of birth control:** 35% of youth with an Askable Adult reported using an effective form of birth control during last sexual intercourse versus 27% of youth with no Askable Adult.

And less likely to:[1]

- **Use alcohol or drugs during last sexual intercourse.** 20% of youth with an Askable Adult reported having used drugs or alcohol during last sexual intercourse versus 30% of those with no Askable Adult.

Approximately 6% of Colorado students surveyed identified as lesbian, gay, or bisexual (LGB) in 2013. LGB youth are more than twice as likely as their heterosexual peers to report not having an Askable Adult in their lives. This indicates an increased risk of engaging in risky sexual behaviors and suffering negative health consequences as a result. Indeed, LGB youth are significantly more likely to have had sex than heterosexual youth (56% versus 32%) and are more than five times as likely to have been forced to have sex (27% versus 5%). Of LGB respondents who have had sex, 49% reported not using a condom during their last sexual activity compared to 29% of their heterosexual peers.[2]

2015 Healthy Kids Colorado Survey results were recently released. Please find updated sexual behavior data on Colorado Youth Matter's website.

LGB youth are more than twice as likely as their heterosexual peers to report not having an Askable Adult in their lives.

Rec. #2: Provide Askable Adult trainings for families and youth-serving professionals in your community.

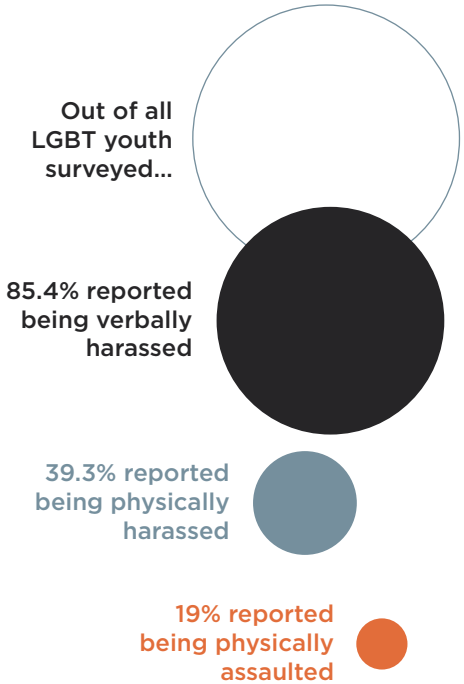
Healthy Relationships and Bullying

In Colorado high schools, approximately 9% of young women reported being forced to have sex against their wishes, compared to 4% of young men. Additionally, of students who reported dating or going out with someone during the past 12 months, one in ten had been physically hurt on purpose by the person they were dating. High school students ages 18 and older were more likely to experience dating violence: 13% of young men and 14% of young women.[1]

National studies show that intimate partner and dating violence may result in young women being less likely to access necessary health care services,[4] reduced condom and contraceptive use,[5] and increased risk of unintended pregnancy.[6]

LGB youth are at a significantly higher risk for bullying and sexual assault in school. According to 2013 Healthy Kids Colorado Survey data, they are 2.5 times more likely to report feeling unsafe at school compared to their heterosexual peers.[2] A 2013 national survey of lesbian, gay, bisexual and transgender (LGBT) students showed that almost three quarters (74%) have been bullied because of their sexual orientation, and 59% reported being sexually harassed at school.[7]

Figure 3: Harassment and Assault of LGBT youth[7]



Teen Birth Rates

In 2014 the teen birth rate reached another historic low for the United States—24.2 births per 1,000 teens ages 15–19, a 61% decline from 1991 and a 9% decline from the previous year alone.[8] Colorado is a national leader in teen pregnancy prevention, being one of three states that has achieved a decline in teen births over 50% between 2007-2014.[8]

Colorado's 2014 teen birth rate was 19.4 births per 1,000 teens ages 15–19, which is a 65% decline from 1991 and a 13% decline from 2013.[9] Colorado's teen birth rate was significantly lower for young women ages 15–17 (8.7 per 1,000 females of that age range) compared with young women ages 18–19 (34.3 births per 1,000 females of that age range). Births among 10–14-year-old females have remained extremely low and relatively unchanged in the past three years (0.1 births per 1,000 females ages 10-14).[9] Additionally, abortions among teens ages 15–19 have decreased 48% from 2009 to 2014.[3]

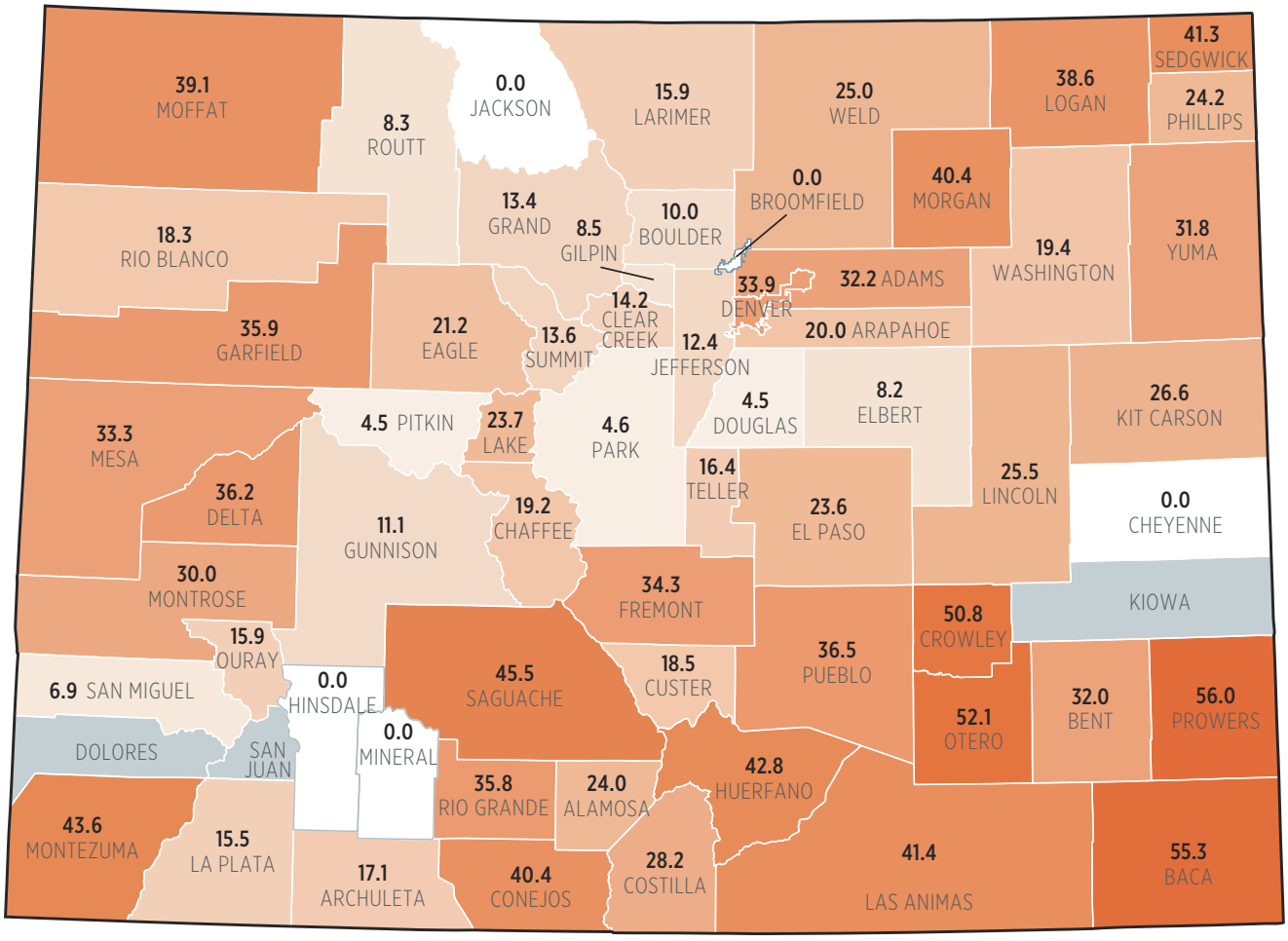
In 2014, approximately 3,340 females ages 10–19 gave birth in Colorado, almost 450 fewer births than the previous year. On average, 9 babies were born to teens in Colorado every day—or about one baby born every 160 minutes,[9]—compared to 11 babies born each day in 2013 and 17 babies born each day in 2009.

More and more counties are seeing overall decreases in teen birth rates each year. Of the 58 (of 64 total) Colorado counties with three or more teen births, 56 counties have experienced declines in average teen birth rates since 1992, while only 2 counties, Ouray and Sedgwick, have experienced slight increased average teen birth rates in that time frame (Figure 4).

On average, nine babies were born to teens in Colorado every day—or about one baby born every 160 minutes.

Rec. #3: Support a holistic approach to youth health and well-being to reduce health disparities and promote health equity.

Figure 4: Teen birth rates* (Ages 15–19) by Colorado county, 2012–2014[9] average



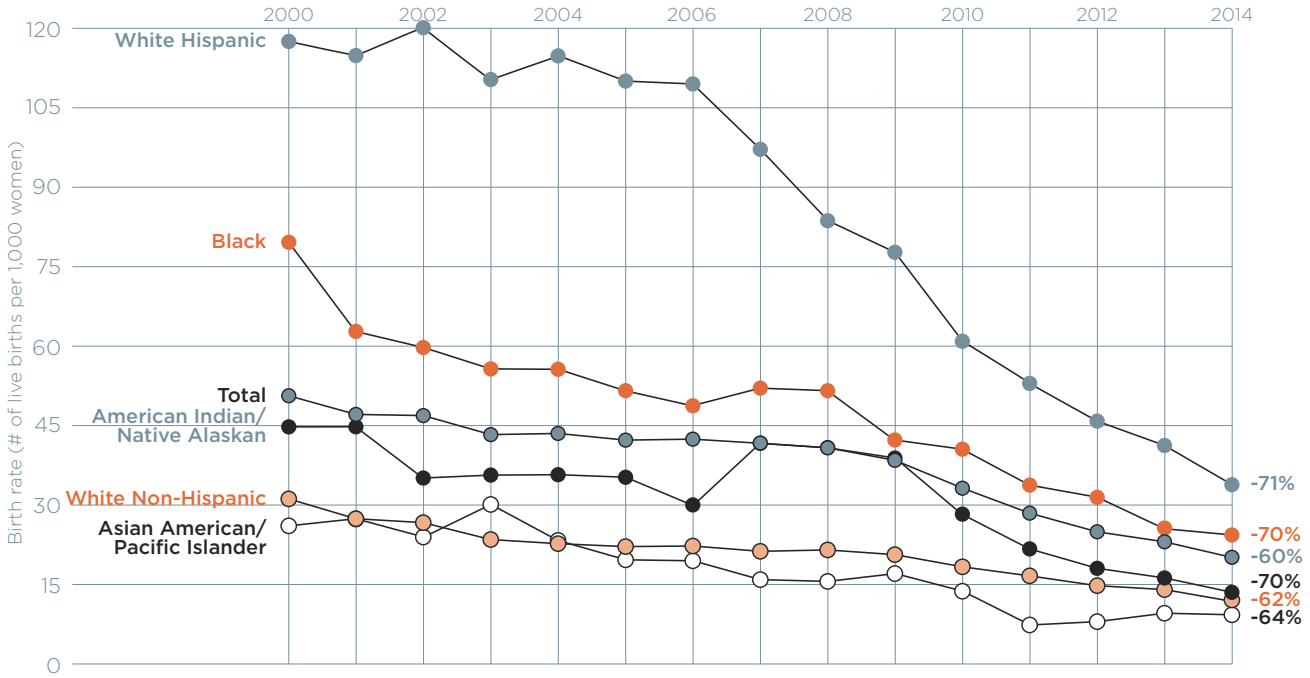
*Birth rate equals the number of births per thousand females in that age group. Darker areas indicate higher birth rates. Counties with fewer than three births are not included and indicated in gray in order to protect privacy and confidentiality.

Disparities in Teen Birth Rates

Data show that while racial disparities in teen birth rates remain, the gaps are closing as all groups are consistently experiencing significant declines over time, both in Colorado and nationally. Colorado teen birth rates are highest among Latina teens—34 births per 1,000 females ages 15–19 compared to the state rate of 19.4 births. However, Latina youth have also experienced the greatest decline in teen birth rates, a 71% decline since 2000, compared to a 60% decline among all teens statewide. Native American/Alaska Native and Black/African American females have also experienced significant declines in teen birth rates since 2000, about 70% for each group (Figure 5).[9]

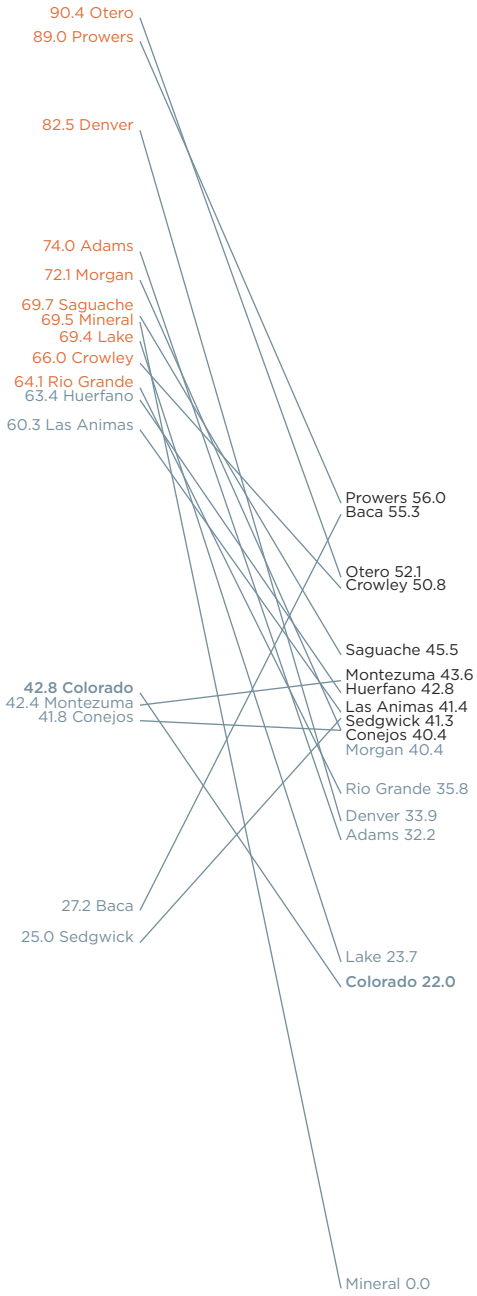
Rec. #6: Advocate for funding and political support of sexual health services and resources.

Figure 5: Birth Rates of Women (ages 15–19) in Colorado by race/ethnicity, 2000–2014[9]



Great diversity exists within each population group, especially within the Latino community. A deeper analysis is needed for an accurate depiction of the health disparities that exist among youth from diverse racial, gender, ethnic, cultural and socioeconomic backgrounds.

Figure 6: 10 Colorado counties with the highest birth rates among females ages 15–19 in 2002–04 and 2012–14[9]



In addition to disparities by race/ethnicity, there are also disparities in teen birth rates between urban and rural areas of the state. Figure 6 compares the top ten counties with the highest average teen birth rates 10 years ago and now. In the 2002–2004 average, the top ten counties with highest teen birth rates were mostly rural counties but included the urban areas of Denver and Adams counties. In the 2012–2014 average, all ten counties represent rural areas of the state, and four counties have consistently ranked in the top ten over the course of the decade: Prowers, Otero, Crowley and Saguache.[9] Despite the disparities, these ten counties have birth rates much lower than the top counties a decade ago.

Repeat Teen Birth Rates

In the United States in 2014, approximately 249,000 babies were born to women ages 15–19,[8] 82% of which were unintended.[10] Daughters of teen mothers are three times more likely to become teen mothers themselves,[11] and 15% of teen births in Colorado are repeat births.[12] While the repeat teen birth rate has declined 23% in Colorado since 1991, this is a much smaller decline than the state's overall teen birth rate, which has decreased by 65% in the same amount of time.[13]

Sexually Transmitted Infections (STIs) and HIV

HIV/AIDs

Between 2013 and 2014, the HIV rate for young people ages 15–19 almost doubled in Colorado, going from 1.7 to 3.4 (cases per 100,000).[14] While this is still significantly less than the national rate for that age group (8.7 in 2014),[15] it does raise questions about what could have caused this increase. Reported HIV cases in Colorado were mostly located in Denver County, where the overall rate went from 6.4 in 2013 to 24.5 in 2014.[14]

Chlamydia

Chlamydia is the most prevalent notifiable disease in the country, and has been the most common sexually transmitted infection (STI) since 1994.[16] From 2013 to 2014, the national chlamydia rate increased 3% to 456.1 cases per 100,000.[16] The rate among young people is significantly higher, at 1,804.0, which reflects a decrease of 3.5% from 2013 for the age group. Sixty-five percent of all cases occurred in young people ages 15–24.[16]

In Colorado, chlamydia rates increased 7.2% in 2014 after steadily decreasing from 2011–2013.[16] Young people experienced much higher rates of this STI, with one quarter (24.7%) of all chlamydia cases in Colorado occurring in young people 15–19.[17] The chlamydia rate for this age group was 1,519.8 (out of 100,000), compared to 415.0 for the general population.[16] Females ages 15–19 are diagnosed at a much higher rate: 3,026 out of 100,000 in Colorado.[17]

A notifiable disease or infection is defined by the CDC as being required by law to be reported to government authorities.

Gonorrhea

Gonorrhea is the second most common notifiable sexually transmitted disease in Colorado.[16] From 2013 to 2014, the national rate of gonorrhea in young people ages 15–19 decreased by 5%, but increased 2.8% for young adults 20–24.[16] Females are more likely to be diagnosed with gonorrhea, and females ages 20–24 represented the highest rate of any age group at 533.7 per 100,000 females. The rate for female teens ages 15–19 was 430.5 in 2014, almost double the rate for men of the same age group (221.1).[16] Almost half (45.6%) of all gonorrhea cases in Colorado occurred in young people ages 15-24.[17]

Human Papillomavirus (HPV)

Human papillomavirus (HPV) is an extremely common STI, but since it is not a notifiable disease, national and statewide data are not available. Several

Between 2013 and 2014 the HIV rate for young people ages 15–19 almost doubled in Colorado.

Rec. #1: Promote the use and collection of youth sexual health research and data.

vaccines for HPV exist which can prevent certain types of cancer, including cervical cancer. It is recommended that all young people ages 11–17 receive the vaccine, which is administered in three doses. However, data show that 40% of adolescent girls, and 60% of adolescent boys have not started the vaccine series. This reflects small increases from vaccination rates in 2013, but overall rates still remain low.[18]

Chlamydia rates among Black/African American youth are more than five and a half times that of White youth.

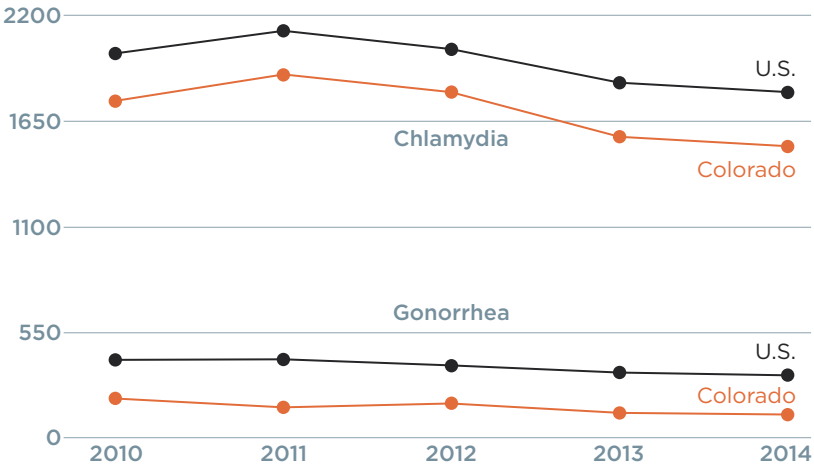
Disparities in Sexually Transmitted Infections

Across the board, Black/African American youth were significantly more likely to be diagnosed with an STI in 2014 than other minority peers. Chlamydia rates among Black/African American youth ages 15–19 are more than five and a half times that of White youth of the same age.[16] American Indian and Alaska Native youth had the next highest rate, three times that of White youth. Fifty-five percent of all gonorrhea cases (where information on race was available) occurred among Black/African American individuals, despite the fact that they make up only 4% of the overall population.[16,19] The gonorrhea rate among Black/African American youth was 14 times that of White youth (1,172.6 versus 82.4 per 100,000).[16]

Regardless of race or ethnicity, women were more likely to contract gonorrhea or chlamydia than men.[17] The CDC recommends all women get tested for chlamydia and gonorrhea, but only men who have sex with men are recommended to do so— heterosexual men rarely get tested.[20] This could influence data, or spread STIs when undiagnosed men pass the infection along.

Black/African American individuals also experience HIV at a rate more than three times that of White individuals in Colorado.[17] Men who have sex with men were also disproportionately affected by HIV, accounting for 62% of all cases in Colorado.[17] New HIV cases occurred primarily in Denver County, where the overall rate was 22.9, compared to 7.2 for the whole state, and young people 15–19 accounted for 5.3% of cases in Denver County compared to 3.4% of cases for the whole state.[17]

Figure 7: Chlamydia, gonorrhea, and HIV rates* among youth ages 15–19, U.S.[16] and Colorado,[14] 2010–2014



Health Care Coverage and Services

Thanks to the Affordable Care Act and the expansion of Medicaid to low-income families across the United States, the numbers of uninsured women of reproductive age have declined from 18% in 2013 to 14% in 2014.[21] This coverage includes essential sexual health services, such as family planning, and decreases out of pocket costs of effective methods of birth control, such as hormonal IUDs.[22] Additionally, Medicaid Expansion has increased economic output, employment opportunities, average household earnings, and increased state general fund revenue.[23]

Thanks to the Colorado Family Planning Initiative and the increased accessibility of reproductive health services, LARC use among family planning clients in Colorado increased from 4.5% at the start of the initiative to 29.6% in 2014. This is significantly higher than national LARC use of 7.2%.[3] Following this success, programs both nationwide and in Colorado are going beyond service provision by promoting school-clinic linkages to ensure that access to clinical services and resources are coupled with comprehensive sexual health education.

School-based health centers (SBHCs) are an effective way to accomplish school-clinic linkages, being conveniently located for students and families and ideally integrated into the school community. SBHCs can ensure that young people receive timely access to care without waiting periods, which can be especially important for those seeking contraception and/or sexually transmitted infection testing services. A Colorado SBHC needs analysis identified districts in Denver and Adams counties as having the highest need in urban areas and districts on the Western Slope and San Luis Valley as having the highest need in rural areas.[24]

In July 2015, the Office of Adolescent Health funded 81 grantees to support the capacity building for, replication of and evaluation on evidence-based teen pregnancy prevention programs.[25] Colorado Youth Matter was awarded funds for a projected five years to support capacity building of schools and clinics in Adams, Arapahoe and Denver counties to implement evidence-based programs and build school-clinic linkages. This project will complement other federal funding supporting youth sexual health and teen pregnancy prevention in Colorado, including the Personal Responsibility and Education Program (PREP).

LARC use among family planning clients in Colorado increased from 4.5% in 2009 to 29.6% in 2014.

Rec. #3: Support a holistic approach to youth health and well-being.

Recommendations

These recommendations are intended to inform programs and policies that support the health and well-being of all Colorado youth. We provide a broad framework that supports youth sexual health and can be tailored to meet the needs of individual communities. Visit the Colorado Youth Matter website www.coloradoyouthmatter.org for more information and resources, and contact our staff for capacity building assistance questions and implementation strategies.

1. Promote the use and collection of youth sexual health research and data to inform decision making about effective programs and prioritizing resources. Local advocacy can focus on school district participation in the Healthy Kids Colorado Survey to better understand student behavior, health and well-being. On a state and national level, encourage policy makers to continue funding the evaluation of innovative and promising programs to meet the needs of underserved youth.

2. Provide Askable Adult trainings for families and youth-serving professionals in your community to ensure that youth have identified adults with whom they feel safe to talk to about their health and well-being, and set the tone for positive and nonjudgmental conversations about sexual health early and often throughout a young person's life.

3. Support a holistic approach to youth health and well-being, by ensuring linkages and accessibility between education and healthcare services. Sexual health education should occur in conjunction with comprehensive health education so that youth understand all aspects of health including safe relationships, STI prevention, family planning, decision-making and goal-setting.

4. Promote opportunities for youth leadership development in safe and supportive environments so that youth find value in school and may reach their full potential.

5. Integrate positive youth development and trauma-informed approaches to be responsive to the needs of young people and fully incorporate their voice in programs and policies that impact their health and well-being, especially for LGBT students and young families.

6. Advocate for continued, and in some locations increased, funding and political support of clinics that provide vital sexual health services to youth and their families, including but not limited to Title X Family Planning Clinics, School-Based Health Centers, Federally Qualified Health Centers and Planned Parenthood clinics. Accessible clinical services are essential to reducing disparities and promoting health equity for all young people in Colorado.

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