

Chlamydia Challenge

Winter 2006

A Newsletter of the Region VI Infertility Prevention Advisory Committee (RIPAC)
Arkansas, Louisiana, New Mexico, Oklahoma and Texas

ARE ABSTINENCE-ONLY PROGRAMS A THREAT TO PUBLIC HEALTH?

The Region VI Infertility Prevention Project's mission is to implement effective prevention strategies designed to reduce the prevalence of Chlamydia trachomatis and its potentially debilitating complications. Project funds are used to screen and treat women for chlamydial infections, to counsel women and their partners on safer sex practices, and to refer women for other services as appropriate. In keeping with the project's objectives, the Region VI Advisory Committee (RIPAC) has kept a watchful eye on the prevalence of disease in the adolescent population being screened in the state STD and Family Planning clinics as well as school based projects, detention centers, and other screening venues. In 2004, Regional data indicated that over 15% of young men (less than 20 years of age) screened were positive for Chlamydia and more than 10% of young women (less than 20 years) screened were positive for Chlamydia. The RIPAC has considered the implications of providing complete and medically appropriate educational messages to these adolescents at risk of disease and more serious consequences along with appropriate treatment. The following article was developed and written at the request of RIPAC by Dr. Bruce Trigg, a RIPAC member representing the STD Program in New Mexico.

In 1999, the Federal Centers for Disease Control and Prevention (CDC) issued a series of reports to celebrate the Ten Great Public Health Achievements of the 20th Century (MMWR April 02, 1999 / 48(12):241-243). Listed among the most significant public health interventions that had contributed to the dramatic improvement in health and life expectancy in the US over the past century was "Access to family planning and contraceptive services... and the use of barrier contraceptives to prevent pregnancy and transmission of human immunodeficiency virus and other STDs (sexually transmitted diseases)."

Public health professionals and educators are concerned that a massive federally funded program, directed at school age children, called "abstinence- only-until-marriage" (AOUM) threatens to undermine these public health achievements. Since 1996 more than a \$1 billion dollars has been spent on AOUM. (see page 3 for funding levels for Region VI states) These programs have created controversy within health and state education departments, and in local communities and schools throughout the nation. Public health advocates argue that the content of AOUM programs is more about the promotion

of a conservative religious and political agenda than about protecting the health of the younger generation.

Support and encouragement for abstinence, especially for young teenagers, has long been a mainstay of health education and public health practice in this country. The debate over AOUM is not about whether its proponents or critics support abstinence. Rather the issue is whether teens should be provided with unbiased scientifically accurate information and encouraged to make their own decisions. Also, whether government should be attempting to control sexual behavior by giving out medical misinformation that puts teenagers at greater risk of harm with a message that promotes a single standard of morality and uses fear, shame, and gender stereotypes to get its point across.

In 2004 Congressman Henry A. Waxman of California released a report on the content of the most widely-used AOUM curricula (available at <http://www.democrats.reform.house.gov>). The report found that 80% of the curricula "contained false, misleading, or distorted information about reproductive health." This included incorrect information about the effectiveness of condoms and con-

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trapection, misrepresenting the risks of abortion, presentation of cultural stereotypes about boys and girls as scientific fact, overt scientific errors, and the blurring of religion and science.

The issue of whether the content of AOUM programs are religious rather than educational or scientific in nature has been raised numerous times. In Louisiana, the American Civil Liberties Union (ACLU) filed suit in 2002 against the Governor's Program on Abstinence claiming that it violated the constitutional separation of church and state by using federal funds to convey religious messages and advance religion. A settlement was reached on that lawsuit but the controversy over this program continues. In August 2005, the Federal Department of Health and Human Services was ordered by a Federal court to withdraw a \$75,000 grant that had been awarded to "The Silver Ring Thing" program for "using taxpayer dollars to promote religious content, instruction, and indoctrination."

Public health critics of AOUM are also concerned that these programs may risk further isolating and stigmatizing gay and lesbian students who already experience higher suicide rates, violence victimization, STD and HIV risk behaviors, and substance abuse than do their heterosexual peers. AOUM programs either completely omit any mention of sexual orientation, or in some cases, show open bias against homosexuality.

Major behavioral surveys by the CDC show that greater than 60% American high school students have had sexual intercourse by the time they graduate (MMWR August 5, 2005 / 54(30);751). High school students, and many middle school students, need accurate information about contraceptives and emergency contraception, about the importance of screening tests for the early detection of STDs such as chlamydia, about all pregnancy options, and about how to access reproductive health services. Instead of including this vital information, the AOUM programs only teach that all sexual activity outside of marriage violates "accepted community standards" and "is likely to have harmful psychological and physical effects." However, there is no scientific evidence that students who engage in sexual intercourse are any less psychologically healthy than their abstinent peers.

Virtually every major medical and public health organization in the US supports comprehensive sexuality education that encourages abstinence until "ready" but that also provides the information that

young people need to know, whether they are already having sex, or will be in the near or distant future. There is considerable scientific evidence suggesting that sex education programs that provide information about both abstinence and contraception can delay the onset of sexual activity in teenagers, reduce their number of sexual partners, and increase the use of contraceptives when they do become sexually active. Comprehensive sex education programs seek to avoid making moral or religious judgments as well.

There is little scientific evidence to support the AOUM approach. One large study of over 12,000 students who took an abstinence until marriage pledge and were followed for six years, found that 88% of them had sexual intercourse before they were married. The study found that the pledgers delayed their sexual initiation an average of 18 months longer than their peers and had fewer sex partners. However, when they did begin to be sexually active the pledgers were less likely to use condoms, had the same STD and pregnancy rates as non-pledgers, and were less likely to be tested for STDs. To protect our young people from the consequences of STDs and unplanned pregnancy, we need to provide more information than "just say no."

State governments, health departments, and local communities have taken different approaches to this controversial federal program. In Washington State, the Department of Health and the Office of the Superintendent of Public Instruction have issued a set of voluntary Guidelines for Sexual Health and Disease Prevention in response to a bipartisan request from 41 state legislators. The Guidelines endorse a comprehensive approach that provides information about both abstinence and contraception.

In September 2005, Maine joined California and Pennsylvania in rejecting federal abstinence only funding. In April 2005, New Mexico Health Secretary Michelle Lujan Grisham, announced that AOUM programs funded through the Department of Health would be restricted to younger students in 6th grade and below.

While state governments, health departments, educators, parents, and communities continue to grapple with the many issues raised by abstinence-only-until-marriage programs, public health workers and advocates need to reaffirm our professional and ethical responsibilities to provide accurate, unbiased information and nonjudgmental reproductive health services to all of our young clients.

Federal Abstinence-Only-Until-Marriage Funding by State

	Title V	SPRANS-CBAE	AFLA	OFF **	Total
Alabama	\$975,583	\$3,154,884	\$225,000		\$4,355,467
Alaska	\$78,525	\$281,149	\$0		\$359,674
Arizona	\$1,056,905	\$2,891,232	\$198,380		\$4,146,517
Arkansas	\$660,083	\$2,757,488	\$0		\$3,417,571
California	\$0	\$2,741,805	\$1,298,214		\$4,040,019
Colorado	\$544,383	\$1,581,883	\$225,000		\$2,351,266
Connecticut	\$330,484	\$652,000	\$0		\$982,484
Delaware	\$95,866	\$0	\$0		\$95,866
Florida	\$2,200,000	\$1,074,227	\$5,754,605		\$9,028,832
Georgia	\$1,450,083	\$4,833,993	\$1,499,520		\$7,783,596
Hawaii	\$166,268	\$735,032	\$0		\$901,300
Idaho	\$212,718	\$0	\$0		\$212,718
Illinois	\$1,873,815	\$3,994,221	\$225,000		\$6,093,036
Indiana	\$857,042	\$1,790,912	\$0		\$2,647,954
Iowa	\$325,003	\$739,012	\$0		\$1,064,015
Kansas	\$391,185		\$0		\$391,185
Kentucky	\$834,775	\$680,564	\$0		\$1,515,339
Louisiana	\$1,600,000	\$798,122	\$0		\$2,398,122
Maine	\$172,468	\$499,000	\$165,000		\$836,468
Maryland	\$581,857	\$251,228	\$400,978		\$1,234,063
Massachusetts	\$739,000	\$612,632	\$209,826		\$1,561,458
Michigan	\$1,447,436	\$2,140,817*	\$404,052		\$3,992,305*
Minnesota	\$499,000	\$0	\$0		\$499,000
Mississippi	\$846,680	\$2,617,611	\$260,633		\$3,724,924
Missouri	\$904,531	\$133,992	\$0		\$1,038,523
Montana	\$175,988	\$0	\$0		\$175,988
Nebraska	\$223,418	\$898,363	\$0		\$1,121,781
Nevada	\$286,165	\$0	\$200,000		\$486,165
New Hampshire	\$96,930	\$0	\$0		\$96,930
New Jersey	\$931,051	\$2,599,519*	\$293,156		\$3,823,726*
New Mexico	\$513,536	\$536,583	\$0		\$1,050,119
New York	\$3,700,000	\$4,221,650*	\$1,425,000		\$9,346,650
North Carolina	\$1,151,876	\$46,250	\$375,000		\$1,573,126
North Dakota	\$91,000	\$0	\$0		\$91,000
Ohio	\$1,676,074	\$5,660,719	\$750,000		\$8,086,793
Oklahoma	\$705,105	\$0	\$0		\$705,105
Oregon	\$498,124	\$1,158,399	\$225,000		\$1,881,523
Pennsylvania	\$0	\$2,659,844	\$838,531	\$3,052,000	\$6,550,375
Rhode Island	\$168,811	\$400,260	\$0		\$569,071
South Carolina	\$769,000	\$637,985	\$433,937		\$1,840,922
South Dakota	\$139,295	\$294,962	\$225,000		\$659,257
Tennessee	\$630,355	\$3,628,970	\$175,000		\$4,434,325
Texas	\$4,880,089	\$6,078,694	\$1,373,656		\$12,332,439
Utah	\$294,318	\$0	\$0		\$294,318
Vermont	\$69,885	\$0	\$0		\$69,885
Virginia	\$841,329	\$0	\$369,031		\$1,210,360
Washington	\$832,000	\$1,942,352	\$0		\$2,774,352
Washington, D.C.	\$145,045	\$754,785	\$0	\$50,000	\$949,830
West Virginia	\$487,536	\$433,599	\$0		\$921,135
Wisconsin	\$615,852	\$798,000	\$377,000		\$1,790,852
Wyoming	\$74,702	\$0	\$0		\$74,702

* SIECUS was not able to obtain exact funding amounts for all SPRANS-CBAE grantees in this state, therefore the state receives more than the total amount listed in the chart above.

** Other Federal Funding

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Latebreaking Announcement

On December 22, 2005, Susan DeLisle, Branch Chief Program Development and Support Branch CDC, made the following announcement:

“I am very pleased to announce the selection of Steve Shapiro as the National Program Coordinator of Infertility Prevention within the Program Development and Support Branch. We had an outstanding slate of candidates and Steve was tops among them. He officially begins his new position on December 26, 2005. Many of you already know Steve as he has been an STD program consultant in Atlanta since 2003, providing consultative services to 6-9 STD project areas and numerous IPP regions.

Prior to joining CDC as an STD field assignee in 1989 with an assignment to the Broward County STD Program, Steve worked as a bench scientist at the University of Florida School of Veterinary Medicine investigating the bovine immune response to Brucella abortus. In 1990, he was reassigned to the Washington DC STD Control Program where he performed traditional DIS field and surveillance work. He coordinated the DC STD training and education unit until his reassignment in 1993 to the Dade County STD Program. While in Miami, Steve served as an STD clinic front-line supervisor, the Little River (night) clinic manager, and a surveillance unit manager. In May 1999, he was selected for the senior PHA position in Maine, where he was a cross-program public health advisor for the STD, HIV, and TB prevention programs, providing technical assistance and consultation regarding program operations and evaluation. In addition, Steve provided managerial support for the Maine Epidemiology and Bioterrorism Response programs. As you can see, Steve has held a variety of professional positions spanning bench science, surveillance, and cross program field experience. This provides a nice blend of skill and disciplines to move Infertility Prevention to the next phase.

As Steve transitions to his new position, he will continue to serve as program consultant to several project areas until a replacement arrives. That’s good news for us and his project areas but will pose a heavy initial work load for Steve as he moves into this very important, high visibility position.

Please join me in congratulating and welcoming Steve as the National Program Coordinator for Infertility Prevention.”

Arkansas News

Arkansas has moved one step closer toward implementing urine based testing for gonorrhea and chlamydia in our local health units. We have received approval to bill Medicaid for the testing and are currently in the process of developing the policies and procedures for the local health unit staff to follow. Training for health unit staff will take place in early 2006. We have met with the Gen-Probe representatives to work out the training schedule for the microbiologists, installation of the new equipment and the delivery of supplies.

We anticipate that by utilizing urine based testing our number of reported positive chlamydia cases will increase by 20% or about 12,000 new cases per year based on this SFY '05 figures. Even though this increase will cause a strain on the existing resources the long-term intervention and prevention benefits will offset any short-term problems.

With the development of the new policies and procedures we plan to incorporate additional screening criteria and target the testing to women 24 years old and younger or women considered high risk. Looking at the SFY '05 statistics, approximately 95% of all chlamydia reported through public health clinics were in women less than 25 years old. This should enable us to better utilize our resources. Currently we are targeting women 30 years old and younger and women considered being high risk for infection.

Over the past several years, because of funding reductions, we were forced to restrict public health funded chlamydia testing to only health department sites. We hope that the urine based testing will provide us an opportunity to expand our screening program to other non-public health settings, as juvenile detention centers, drug treatment centers, some targeted hospital settings and other sites that serve our at risk population.

Gen Probe to Collaborate on Special Project in Region VI

Gen Probe has offered to collaborate with projects in Region VI to help sponsor additional Aptima screening in Charter Schools in Texas, New Mexico, and Louisiana. Prevalence data will be collected during the special project time beginning with screening immediately in 2006 through the summer. A report of findings will be produced following the project. RIPAC wishes to thank GenProbe for their generosity and the opportunity to increase screening in an "uptapped" venue for high risk individuals. Educational materials will also be purchased by GenProbe during the special project and made available during screening services in the Charter Schools.

New Mexico News

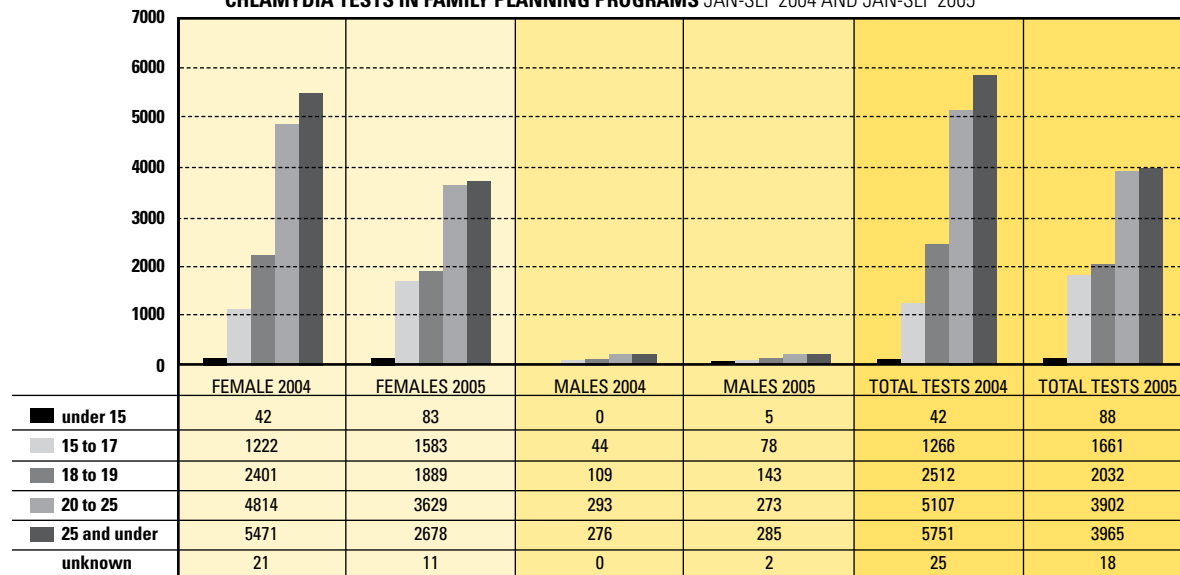
In April 2004, the New Mexico Family Planning Program (FPP) has revised its protocol on criteria for chlamydia (Ct) screening in asymptomatic clients. The protocol now includes routine screening only in female and male clients, 25 years and younger. Asymptomatic, non-pregnant, non-sexual contact clients over 25 years of age should have one of the CDC-recommended risk factors for Ct to justify the screening.

The numbers of Aptima tests performed in FPP clients by age group for the 3 quarters of 2004 and 2005 are shown in the bar chart

below. The total number of tests performed by State Laboratory Division during these 2 periods is 14,703 and 11,666, respectively. The total number of tests performed in FPP clients decreased by 3,037 in 2005 in comparison with 2004 during the same 3 quarters.

There was also less testing done in 2005 among female FPP clients ages 20 and over, particularly among those over the age of 24 (data shown in chart). The testing among male FPP clients younger than 25 years old increased slightly from 446 in 2004 to 499 in 2005 (data shown in chart).

CHLAMYDIA TESTS IN FAMILY PLANNING PROGRAMS JAN-SEP 2004 AND JAN-SEP 2005



Louisiana News

THE NEED FOR BALANCE - ABSTINENCE AND COMPREHENSIVE SEX EDUCATION

Let's start with some working definitions, not necessarily the same as those of Webster's, the American Heritage nor any medical dictionary. Most health care professionals use the word "abstinence" to mean couples not having sex - not vaginal, not oral, and not anal sex.

Most health care professionals use the term "comprehensive sex education" to mean effective age-appropriate programs that promote abstinence as the most effective way to prevent pregnancy and sexually transmitted diseases while also providing medically accurate facts and clear messages about condoms and contraceptive use to reduce the risk of pregnancy and sexually transmitted diseases. These programs are also broad enough in scope to provide activities addressing peer pressure and allowing persons to practice communication, negotiation, and refusal skills.

Health education is considered to be a very basic and important mission of public health activity. This is as true for teaching people about the prevention of sexually transmitted diseases and for teaching people about family planning as it is for teaching people about proper hygiene and the prevention of water-borne and food-borne diseases. In some people's minds, however, there seems to be a controversy about whether or not abstinence should or should not be the only aspect of health education taught to prevent sexually transmitted diseases and to teach family planning. In other people's minds, apparently, there is controversy over whether or not comprehensive sex education should or should not be the sole teaching tool of health education for people to teach the prevention of sexually transmitted diseases or to teach people about family planning. To complicate things, in some people's minds, the definition of comprehensive sex education excludes abstinence.

In everyday experience and in statistical work, also, health care professionals in Louisiana know that the people most in need of health education in these subject matters are mainly adolescents and

young adults of both sexes. For several years Louisiana has ranked very high among the states in its rates of babies born to teenagers, and in its rates of sexually transmitted diseases, such as chlamydia infection, gonorrhea and syphilis. We know from surveys, mostly informal surveys, that many babies born to teenagers are the result of unplanned pregnancies and are actually unwanted pregnancies. We also reason, that nobody really wants to be infected with chlamydia, gonorrhea or syphilis knowingly (!). Therefore, it stands to reason that **health education is a critical tool** necessary to provide the public with the knowledge needed to prevent unwanted pregnancy and to prevent sexually transmitted diseases. What is the point trying to be made here? The point is that good public health practice must include both the ideas encompassed in abstinence philosophy and teaching and in comprehensive sex education philosophy and teaching. Both should be taught, and, indeed, in Louisiana, both are taught.

Louisiana law allows local school boards to adopt state-approved comprehensive sex education curricula for use in the school systems. A state-supported abstinence program provides health education statewide. The two programs have been operative for several years. Now what is the next point trying to be made here? Good public health practice is being provided in Louisiana by having both a comprehensive sex education curriculum allowable in all school systems (albeit at local option) and an abstinence education program. We in Louisiana have been seeking balance rather than conflict to promote good public health.

As a challenge, though, we as public health professionals need to face reality. There is a glaring dearth of good scientific studies, especially long term, regarding the efficacy of comprehensive sex education and abstinence education in accomplishing goals of controlling sexually transmitted diseases and unwanted pregnancy among populations. Perhaps a more scientific approach is needed to provide even more balance to this issue than we have now, even in Louisiana!

FEDERAL GOVERNMENT & ABSTINENCE-ONLY-UNTIL-MARRIAGE PROGRAMS

For more than two decades, the federal government has consistently funded abstinence-only-until-marriage programs despite a lack of research suggesting that these programs are effective. In fact, funding for these unproven programs has grown exponentially since 1996. Currently, the federal government invests in three separate funding streams devoted to abstinence-only-until-marriage programs.

It is important to realize, however, that additional pots of money exist in numerous places within the federal budget. For example, Senator Arlen Specter (R-PA) has earmarked over 3 million dollars in federal funding for abstinence-only-until-marriage programs in his home state of Pennsylvania. Organizations such as the Abstinence Clearinghouse and the Medical Institute (formerly known as the Medical Institute for Sexual Health), also receive funds specially earmarked by Congress. And increasingly, abstinence-only-until-marriage providers are receiving funds through traditional HIV/AIDS- and STD-prevention accounts such as those administered by the Department of Health and Human Services.

For specific information on abstinence-only-until-marriage funding in your state, see SIECUS State Profiles at www.seicus.org/policy/states/index.html.

Lisa Longfellow, Jim Gilbert and Connie Bouligny represented STD, Lab and Family Planning in Oklahoma City at the last RIPAC meeting in October 2005. All are from Louisiana and although they experience the wrath of hurricanes Katrina and Rita, they were all back working at the Office Public Health.



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Web Sites of Interest

Chlamydia Prevalence
Monitoring Project
Annual Report

www.cdc.gov/std/chlamydia2004/default.htm

Lab Education from GenProbe
www.lab-education.org

Spotlights an educational program funded by GenProbe on the introduction of nucleic acid amplified testing (NAATs) in the laboratory. The slide set emphasizes tests commonly used for the diagnosis of chlamydia and gonorrhea, which include those marketed by GenProbe, BD Biosciences and Roche.

Alan Guttmacher Institute
(AGI)-The HIPAA Privacy Rule
and Adolescents:

Legal Questions and Clinical
Challenges

www.agi-usa.org/pubs/journals/3608004.html

The Health Insurance Portability and Accountability Act (HIPAA) established national standards and requirements for the electronic transmission of certain health care information. According to that law, IPP health care entities are impacted and must be compliant with the Transactions and Code Set Rules as of October 16, 2002, and compliant with the privacy rules as of April 14, 2003. This comment from the March/April 2004 issue of AGI's Perspectives on Sexual and Reproductive Health offers a helpful summary of how HIPAA affects STD and family planning providers who care for adolescents.

ETR Publishing

www.pub.etr.org

ETR Publishing offers more than 1000 pamphlets, books, posters, flip charts, displays, curricula and videos for use in schools and health care settings. Resources include a manual with practical advice for developing a school-based chlamydia screening and treatment program.

Texas News

Well before the end of the academic school year, San Antonio Metropolitan Health District had growing concerns about the statistics on sexually transmitted disease rates among high school-aged persons in our community. The numbers officials saw were significant enough to prompt public health attention. That was the first red flag.

Then came the alarming numbers of HIV positive pregnant women in Bexar County in the first quarter of 2005 — they surpassed the 2004 year end total. That was red flag number two.

Then came the young pregnant woman who tested HIV positive and revealed some concerning information during an investigation interview that led us to believe some young persons in our high schools might have been exposed to HIV without their knowledge. But, then, the investigation came to a dead end for reasons that cannot be divulged for confidentiality purposes. Public health had to do something.

Metro Health approached San Antonio ISD with this information. This “abstinence only” school district, with the guidance of the superintendent, saw the urgency of the situation. The district quickly agreed to allow public health staff access to the 13,000 high school students in the district for an educational presentation on STDs and HIV in an effort to convince the students at risk to seek testing.

Concerns were raised about the [presentation], but mostly about how parents might react. We also discussed how to best approach this situation since we were fewer than two weeks away from the end of the school year, a time when high risk behavior can increase, thanks to less supervision in the summer months.

The hour-long presentation was developed by Metro Health staff, Project Worth (a city-funded program to prevent teen pregnancy) and several community-based organizations. Letters were sent to parents of all high school students informing them of the presentation and inviting them to a preview and question/answer the night before the student presentations.

In three days, 62 presentations were delivered to 11,350 students. Metro Health expanded testing for STDs and HIV from the downtown location to ten community clinics to improve accessibility.

The media coverage was positive and the success of the endeavor has reaped praises from various agencies throughout the state. Here what we learned from this experience:

- Abstinence-only education does not eliminate sexual activity among young persons.
- Sex education is often geared at pregnancy prevention and not infection prevention.
- When we ask parents to educate their children about sex and the health risks associated with sex, we fail to realize the parents do not have the information themselves.
- Making services youth-friendly in a diverse setting is critical to the success of a program.
- Establishing working relationships with community-based organizations benefits everyone when an undertaking of this magnitude must be done.
- The need for a continued communication with our school districts regarding issues concerning the health of our youth, regardless of the social or political climate of times was highlighted.
- When the red flags are up everywhere we look with STD's and HIV in our community, chances are we only hitting the tip of the ice berg. In public health, we are hoping for the best but expecting the worst.

Most common questions from the program:

- What is oral sex? Can you get an infection from it?
- Can you give an infection to your baby if you are pregnant?
- Can you get an STD from masturbation?
- Is someone still a virgin if they have anal sex?
- Can you get an infection from having sex in a swimming pool?
- What if me and my boyfriend were both virgins, can we still get an STD?
- What about kissing, can you get an infection from that?
- Can two women get an STD from having sex with each other?

Adapted from Dr. Sandra Guerra-Cantu's original article

For more information about this high school program, contact:

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Oklahoma News

TWO RIPAC MEMBERS SERVE ON STATEWIDE COUNCIL FOR PREVENTION OF ADOLESCENT PREGNANCY AND STDs

Suzanna Dooley, M.S., A.R.N.P., Chief, Maternal and Child Health Service and Michael Harmon, M.A., Chief, HIV/STD Service serve on the Oklahoma Interagency Coordinating Council for Prevention of Adolescent Pregnancy and STDs (ICC). More than twenty-five health and education professionals from across Oklahoma meet monthly to work toward the prevention and reduction of adolescent pregnancy and sexually transmitted diseases (STDs).

Adolescent pregnancy and STD transmission is preventable, and prevention is especially crucial for Oklahoma adolescents because unintended pregnancy and disease can set the course for a lifetime in relation to health, educational attainment, economic opportunities and family stability. Expanding the quality and quantity of proven prevention efforts is imperative if Oklahoma is to increase high school completion rates, lower health care costs, improve the health and productivity of the workforce, lower welfare expenditures, improve early childhood indicators, prepare young people for careers and for life, strengthen families and their ability to provide for their children's needs and reduce other costs that are related to sexually transmitted diseases, too-early pregnancy and too-early parenting.

The ICC presented its report recently to the Honorable Brad Henry, Governor of Oklahoma on November 1, 2005. This report contained many accomplishments during 2005 ranging from a media awareness campaign that focused on parents being the primary sexuality educators of their children, to curriculum review and approval of medically accurate HIV/STD curriculum for public school educators. This new curriculum, "*The Courage to Say KNOW*", contains an abstinence component and was made available to public health educators across Oklahoma following approval by the Oklahoma State Department of Education's curriculum review panel.

During the past year, members of the ICC reviewed Oklahoma's state agency prevention activities and funding levels, while it continued to

identify data, research and "best practice strategies" for prevention. They identified a number of findings in 2005, which included a lack of consistent, mandated, fully funded and age-appropriate health education programs; lack of standards for teacher, health educator or prevention program provider training; and lack of standardized criteria to ensure the quality and accuracy of program content in Oklahoma schools resulting in a fragmented approach to health and prevention education to reduce adolescent pregnancy and STDs.

In addition, information was presented in the report on teen pregnancy prevention projects funded by the Oklahoma State Department of Health. Currently there are eight state funded abstinence-based teen pregnancy prevention projects and five federally funded abstinence-only teen pregnancy prevention projects. Four new abstinence-only projects, funded by TANF dollars, were expected to be awarded in November 2005.

Investing in a variety of quality prevention programs and services is a cost-effective public health investment and reduces negative consequences resulting from the public assistance, school failure, unemployment and lifelong health problems that result from adolescent pregnancy, and STDs, especially chlamydia that can result in infertility.

Working together, policy makers, state agency and public sector leaders, abstinence advocates, public sector leaders, state and community private sector leaders, and parents who care about young people in Oklahoma can make a difference. Commitment to increase resources is necessary to expand science-based, medically-accurate adolescent pregnancy and sexually transmitted disease prevention efforts to ensure that Oklahoma youth are better equipped to make informed, responsible decisions that will keep them healthy and help them become self-supporting, productive citizens.



Dr. Wanicha Coggins, Medical Director of Family Planning New Mexico, attended October 2005 RIPAC meeting and presented on a study done in New Mexico on comparing county STD and teen birth rates.



Lisa Onischuk and Lynn Mundt networking at the October 2005 RIPAC meeting in Oklahoma City. Lisa is the Director of the NM Lab and Lynn is the NM Family Planning Director.



The Oklahoma contingency welcomed the Regional committee to Oklahoma City in October 2005.

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Meet our New Member: Dr. Randy Owens, Arkansas Laboratories



Dr. Owens received his B.S. in Biology from University of Alabama at Birmingham (UAB) in 1979, and Ph.D. in Microbiology from UAB in 1990.

Between undergraduate and graduate school he worked for five years as a Research Associate in the Departments of Biology, and later, Microbiology at UAB. Following graduate school Dr. Owens completed a two-year postdoctoral

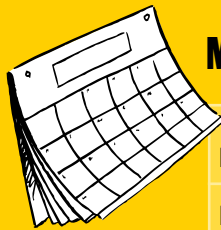
fellowship at Yale University in the Department of Pathology, studying molecular mechanisms of virus entry and assembly. In 1992 he joined the faculty at St Jude Children's Research Hospital in Memphis, continuing his studies on virus entry and assembly and establishing new studies on virus evolution and vaccine discovery. In 1996, he moved to Southern Research Institute in Frederick, Maryland conducting research on vaccine and antiviral drug discovery, and in 2000 transferred to the NIH in Bethesda to serve as a Scientific Review Administrator for the Center for Scientific Review. In 2001 Dr. Owens returned to UAB as a faculty member in the Department of Medicine, resuming his research in virology, and was recruited in 2003 by the Department of Medicine at the University of Arkansas Medical Sciences (UAMS) in Little Rock as a research faculty focusing on the molecular and cell biology of metabolic disease. Finally, in 2004 he joined the Public Health Lab at the Arkansas Department of Health and Human Services in Little Rock, where he serves as Director of Clinical and Biological Sciences for the PHL, and continues to hold a joint research appointment at UAMS.

Give us your input and feedback! Please call, fax or mail to:

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Mark Your Calendar!

Regional VI Advisory Committee Meetings

April 3-5, 2006—Albuquerque, NM

National STD Conference

May 8-11, 2006—Jacksonville, FL

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