THE ROLE OF CHW'S ON TEEN PREGNANCY PREVENTION AND HPV VACCINE PROMOTION IN HISPANIC ADOLESCENT GIRLS LIVING IN PUBLIC HOUSING

Session 1: Disparities in Teen Pregnancy and HPV infection

National Center for Health in Public Housing

NCHPH
National Center for Health in Public Housing
a project of North American Management

Tuesday, March 10, 2020

NATIONAL CENTER FOR HEALTH IN PUBLIC HOUSING

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The mission of the National Center for Health in Public Housing (NCHPH) is to strengthen the capacity of federally funded Public Housing Primary Care (PHPC) health centers and other health center grantees by providing training and a range of technical assistance.

MUTE

CHAT

RAISE HAND

Q&A

OBJECTIVES

1

Identify disparities in teen pregnancy and HPV vaccination among Hispanic female

2

Describe SDOH affecting teenagers living in public housing

3

Describe risks and health complications associated with teenage pregnancy.

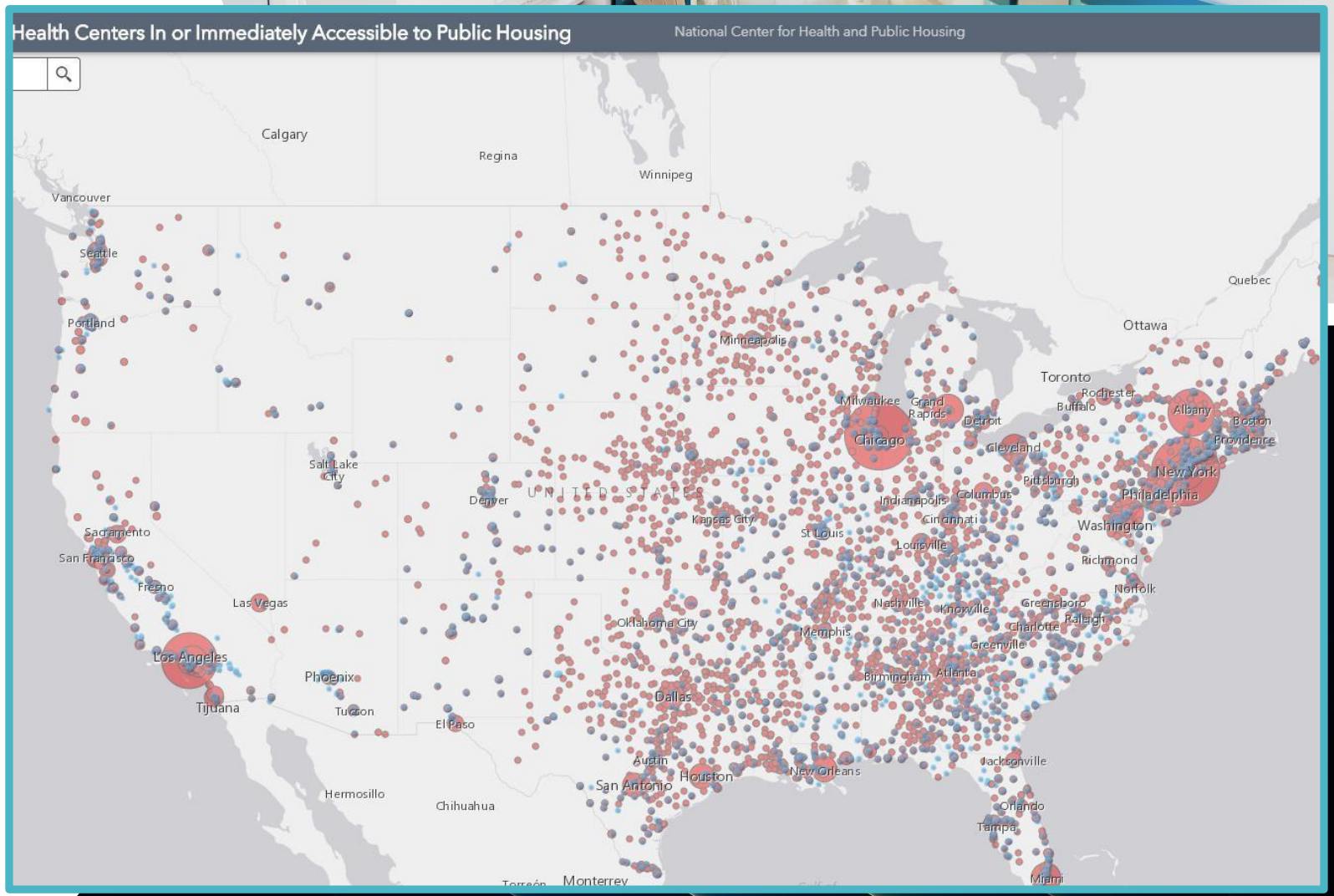
4

Learn from Cynthia Kaser, Community Development Programs Officer at La Maestra Health Centers on their At-risk youth program

HEALTH CENTERS CLOSE TO PUBLIC HOUSING

- 1,400 Federally Qualified Health Centers (FQHC) = 28.4 million
- 385 FQHCs In or Immediately Accessible to Public Housing = 4.4 million patients
- 107 Public Housing Primary Care (PHPC) = 817,123patients

Source: UDS



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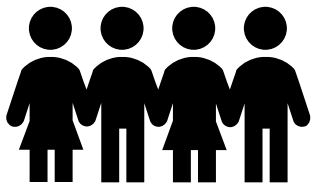
PUBLIC HOUSING DEMOGRAPHICS

2.2 million residents	2.2 persons/ household	38% children
59% female	55% less than high school diploma	83.2% below federal poverty

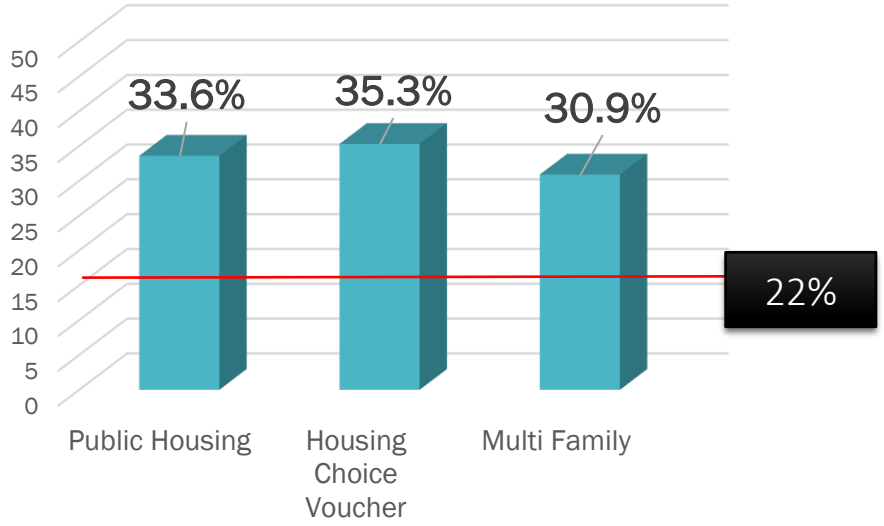





A HEALTH PICTURE OF HUD-ASSISTED ADULTS, 2006-2012

Adults in HUD-assisted housing have higher rates of chronic health conditions and are greater utilizers of health care than the general population.

Adult Smokers with Housing Assistance



Source: Helms VE, 2017

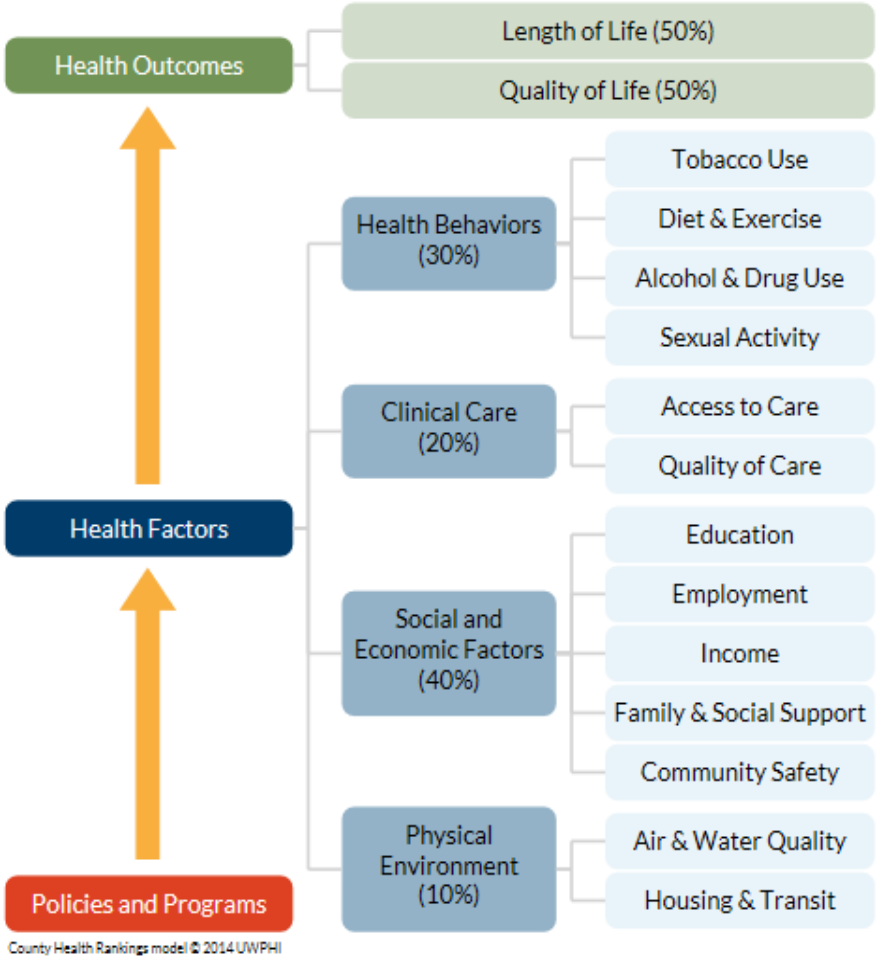
	HUD-Assisted	Low-income renters	All Adults
Fair/Poor Health	35.8%	24%	13.8%
Overweight/ Obese	71%	60%	64%
Disability	61%	42.8%	35.4%
Diabetes	17.6%	8.8%	9.5%
COPD	13.6%	8.4%	6.3%
Asthma	16.3%	13.5%	8.7%

Source: A Health Picture of HUD-Assisted Children 2006-2012

CHILD HEALTH OUTCOMES

- 76% lived at or below poverty level
- 75% in single female-headed households (compared to 27% of the gen pop)
- 4.3% in a household with a college degree or higher
- 27% lived in a household without a high school diploma or GED.
- 14.2% had two or more ER visits in the last year (compared to 8.5% in the gen pop)
- More likely to miss school due to illness or injury.
- 1 in 4 have a learning disability compared to 1 in 5 children in the general population.
- 16% have ADHD or ADD (compared to 12.7% of children in the gen pop)

IMPACTS OF HOUSING ON HEALTH



HEALTH CENTERS CAN POSITION THEMSELVES TO CARE FOR THESE VULNERABLE POPULATIONS

- Identify patients
- Screen for SDoH needs
- Create partnerships
- Track interventions
- Identify payment models to reimburse for those services
- Create care teams using care coordinators
- Shape your practice to suit the needs- times that services are available, use of telemedicine, etc.
- Act immediately to address needs

PREVENTING EARLY PREGNANCIES

Source: clafh.org

SDOH AND HEALTH EQUITY

- Social Determinants of Health

Social health determinants include a person's age and the environment in which people are born, live, learn, work, play, and worship. The health determinants affect a wide range of health issues and quality-of-life outcomes and risks. (Healthy People 2020external icon). Certain social determinants, such as high unemployment, low education, and low income, have been associated with higher teen birth rates. Interventions that address socioeconomic conditions like these can play a critical role in addressing disparities observed in US teen birth rates.

- Health Equity

Health equity is achieved when everyone has an equal opportunity to reach his or her health potential regardless of social position or other characteristics such as race, ethnicity, gender, religion, sexual identity, or disability. Health inequities are closely linked with social determinants of health.

PUBLIC HOUSING DATA

- Patients by Age and Sex
  - 59% of PHPC patients are female
  - Over 46,000 Female patients are between the ages of 13 – 19 years old
- PHPC language services
  - 31.43% of PHPC patients are best served in a language other than English
- PHPC Demographic characteristics by Hispanic or Latino ethnicity
  - 41.32% of PHPC patients are Hispanic/Latino
- Families with Children
  - 64% of public housing and 39% of Section 8 housing households are female headed with children.

Sources: https://bphc.hrsa.gov/uds/datacenter.aspx?fd=ph and https://nchph.org/wp-content/uploads/2019/08/Demographics-Fact-Sheet-2019.pdf

DISPARITIES IN TEEN PREGNANCY

US teen birth rates (births per 1,000 females aged 15 to 19 years) decreased 7% overall from 2016 to 2017.[1] Decreases occurred for teens of most racial groups races and for Hispanic teens. Despite these declines, racial/ethnic, geographic, and socioeconomic disparities persist.

Source: https://www.cdc.gov/nchs/products/databriefs/db318.htm

DISPARITIES IN TEEN PREGNANCY

- Teen birth rates declined from 2016 to 2017 for most racial groups and for Hispanics.[2] Among 15 to 19 years old, teen birth rates decreased:
- 15% for non-Hispanic Asians
- 9% for Hispanics
- 8% for non-Hispanic whites
- 6% for non-Hispanic blacks
- 6% for American Indian/Alaska Natives (AI/AN)

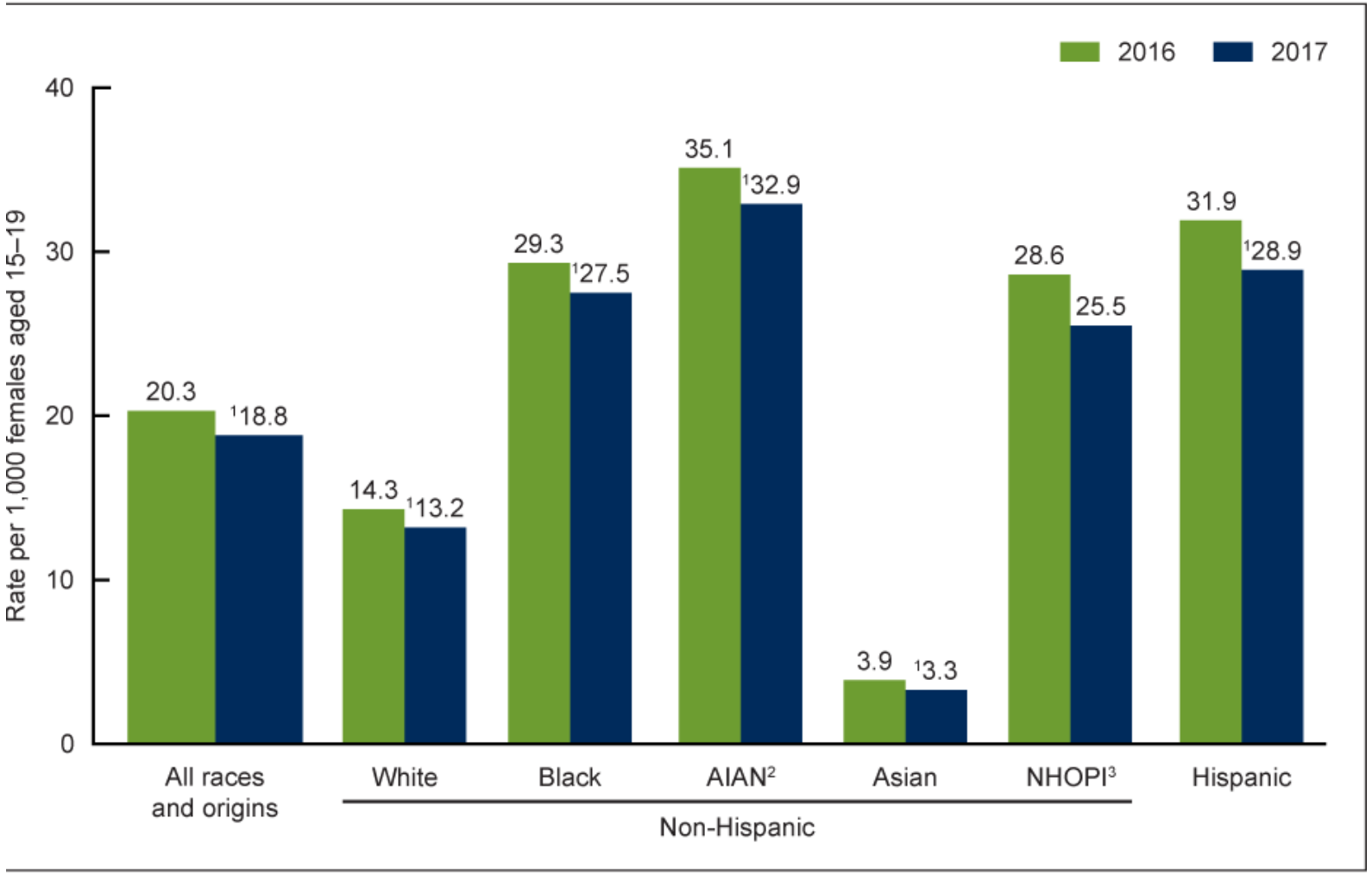
Source: https://www.cdc.gov/nchs/products/databriefs/db318.htm

FERTILITY RATES BY RACE AND HISPANIC ORIGIN OF FEMALES AGES 15 – 19

- In 2017, the birth rates of Hispanic teens (28.9) and non-Hispanic black teens (27.5) were more than two times higher than the rate for non-Hispanic white teens (13.2).

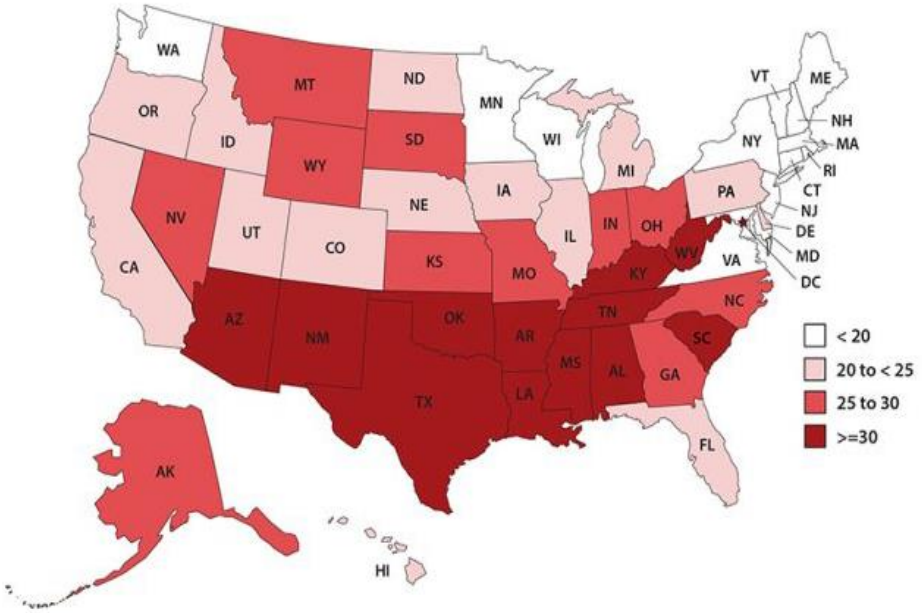
Source: National Center for Health Statistics

ure 2. Birth rates for females aged 15–19, by race and Hispanic origin of mother: United States, 2016 and 2017

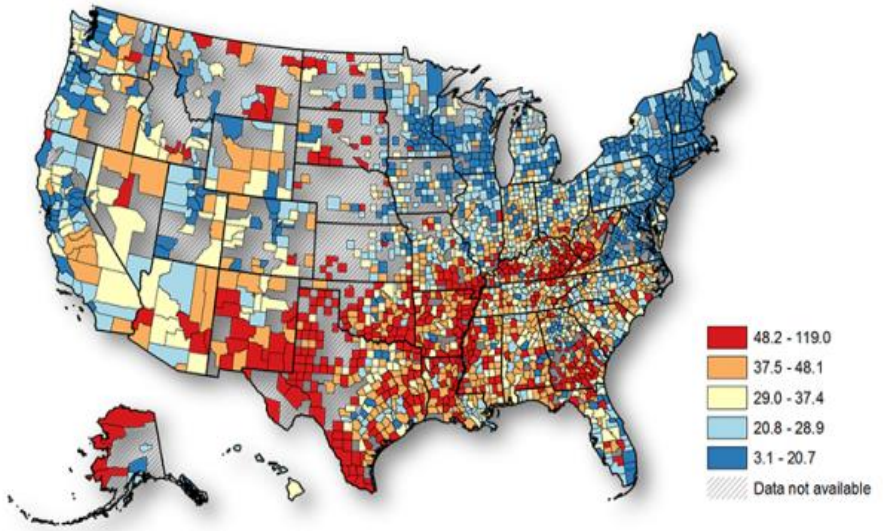


ificant decline from 2016 ($p < 0.05$).
N is American Indian or Alaska Native.
DPI is Native Hawaiian or Other Pacific Islander.
ES: Race groups are single race. Access data table for Figure 2 at: https://www.cdc.gov/nchs/data/databriefs/db318_table.pdf#2.
RCE: NCHS, National Vital Statistics System, Natality.

U.S. state teen birth rates (births per 1,000 females aged 15–19)



U.S. county teen birth rates (births per 1,000 females aged 15–19)



GEOGRAPHIC DISPARITIES

- Disparities between U.S. states persist, with state-specific 2017 teen birth rates ranging from 8.1 in Massachusetts to 32.8 in Arkansas.[1]
- Across counties, teen birth rates vary greatly:
  - Higher-rate counties are clustered in the South and Southwest, but high-rate counties also occur in states with low overall birth rates.[2]
- From 2007 through 2015, the teen birth rate was lowest in large urban counties (18.9) and highest in rural counties (30.9). [3]
- From 2007-2015, the birth rate among teens in rural counties declined only 37%, compared with the decline in large urban counties (50%) and in medium and small counties (44%) during the same period.[3]

Source: Reduced Disparities in Birth Rates among Teens Aged 15–19 Years in the United States

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SOCIOECONOMIC DISPARITIES

Source: https://www2.gmu.edu/news/390321

- Socioeconomic conditions in communities and families may contribute to high teen birth rates. Examples of these factors include the following:
  - Low education and low-income levels of a teen's family.[4]
  - Few opportunities in a teen's community for positive youth involvement.[4]
  - Neighborhood racial segregation.[4]
  - Neighborhood physical disorder (e.g., graffiti, abandoned vehicles, litter, alcohol containers, cigarette butts, glass on the ground).[4]
  - Neighborhood-level income inequality.[4]
- Teens in child welfare systems are at increased risk of teen pregnancy and birth than other groups. For example, young women living in foster care are more than twice as likely to become pregnant than those not in foster care.[5]

Source: Reduced Disparities in Birth Rates among Teens Aged 15–19 Years in the United States

TAKING ACTION TO ELIMINATE DISPARITIES AND ADDRESS SOCIAL DETERMINANTS OF TEEN PREGNANCY

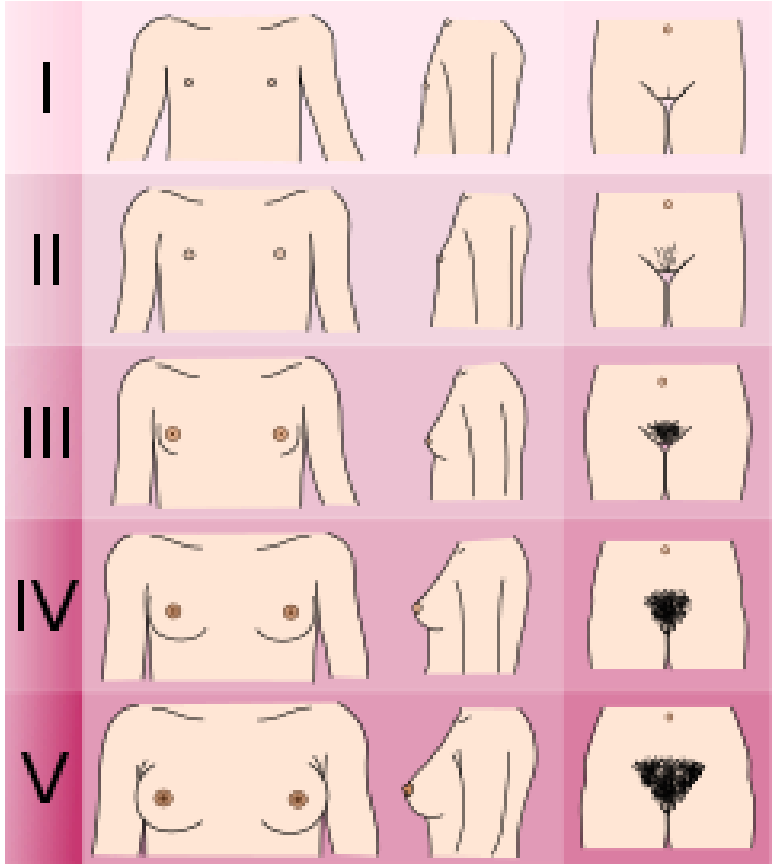
Eliminating disparities in teen pregnancy and birth rates would do the following:

- Help achieve health equity.
- Improve the life opportunities and health outcomes of young people.
- Reduce the economic costs of teen childbearing.

Source: Reduced Disparities in Birth Rates among Teens Aged 15–19 Years in the United States

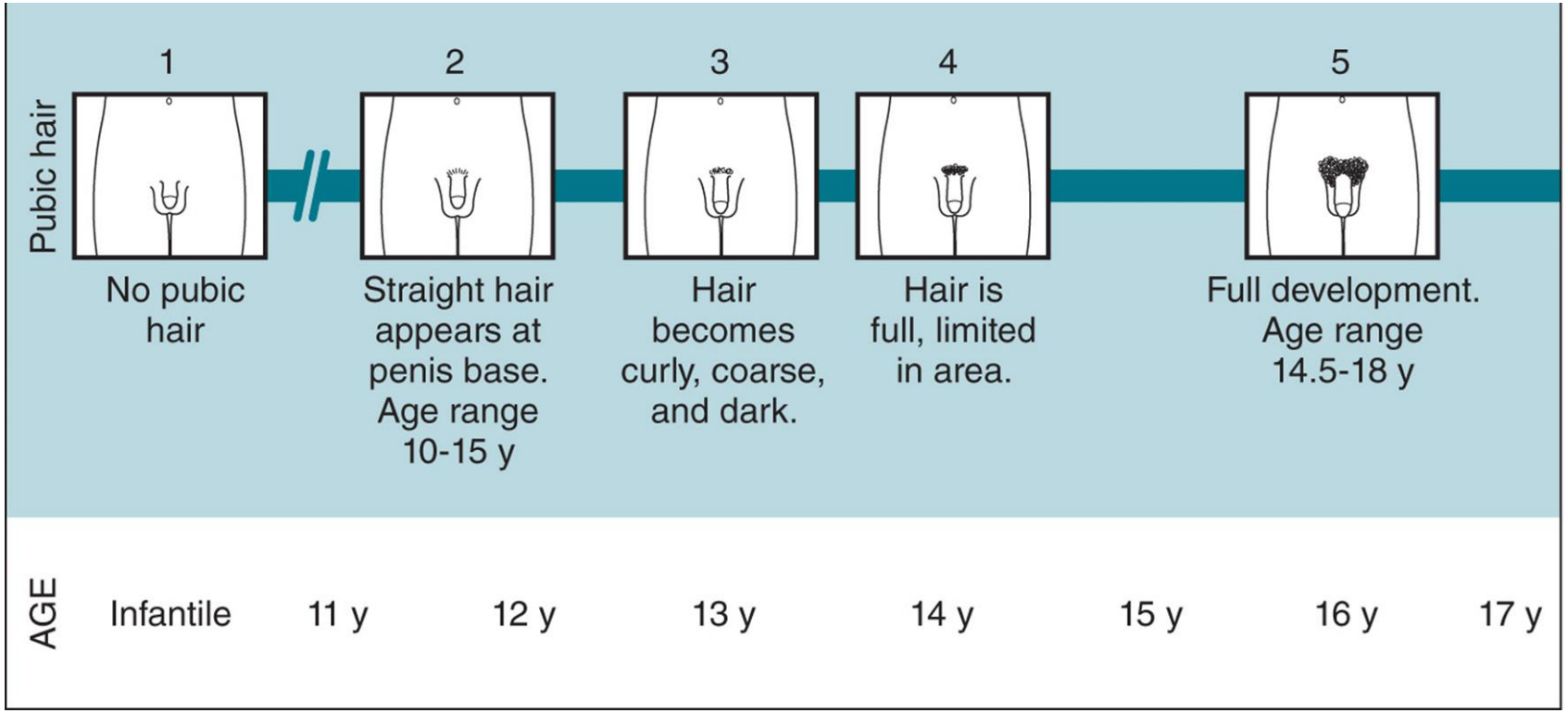
FEMALE CHANGES DURING PUBERTY

- Stage I - Age <10 yrs.
  - Preadolescent. Elevation of the papilla only
- Stage II - Age 10 - 11.5 yrs.
  - A small mount is formed by the elevation of the breast and papilla
  - Areolar diameter enlarges
- Stage III – 11.5 – 13 yrs.
  - Further enlargement of breast and areola
- Stage IV – 13 – 15 yrs.
  - Projection of the areola and papilla to form a secondary mound above the level of the breast
- Stage V – 15+ yrs.
  - Mature breast
  - Areola recessed to the general contour of the breast



Source: https://doctorlib.info/pediatric/case-files-pediatrics/34.html

MALE CHANGES DURING PUBERTY

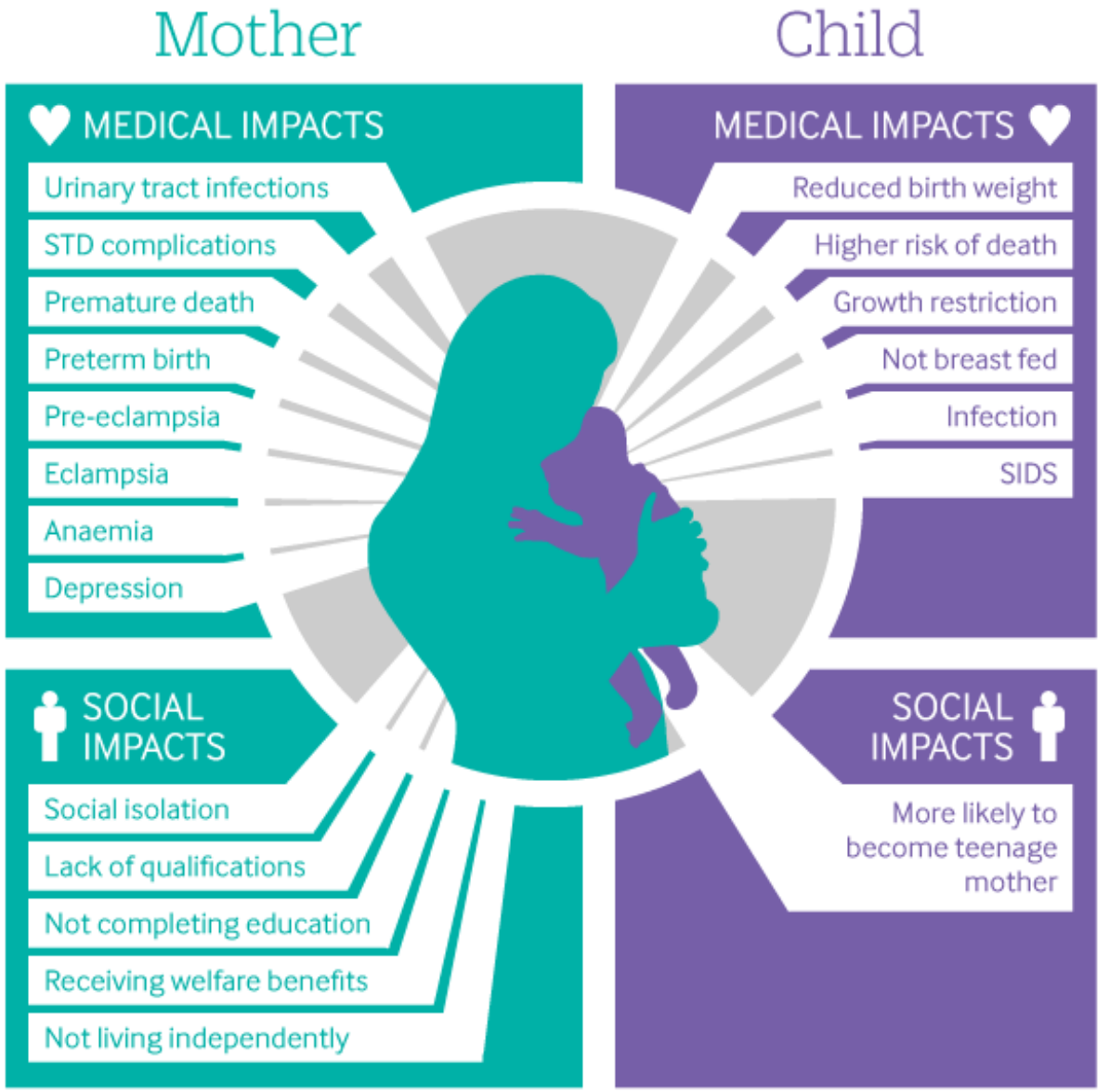


Source: https://doctorlib.info/pediatric/case-files-pediatrics/34.html

RISKS FOR COMPLICATIONS FOR TEENAGE MOTHER

- More likely to be impoverished and live in communities and families that are socially and economically disadvantaged.
- Mental health problems such as:
  - Depression, substance abuse, PTSD
- Circumstances may adversely affect behavior outcomes for their children, maternal mental health, and parenting.

Source: Addressing the Mental Health Needs of Pregnant and Parenting Adolescents

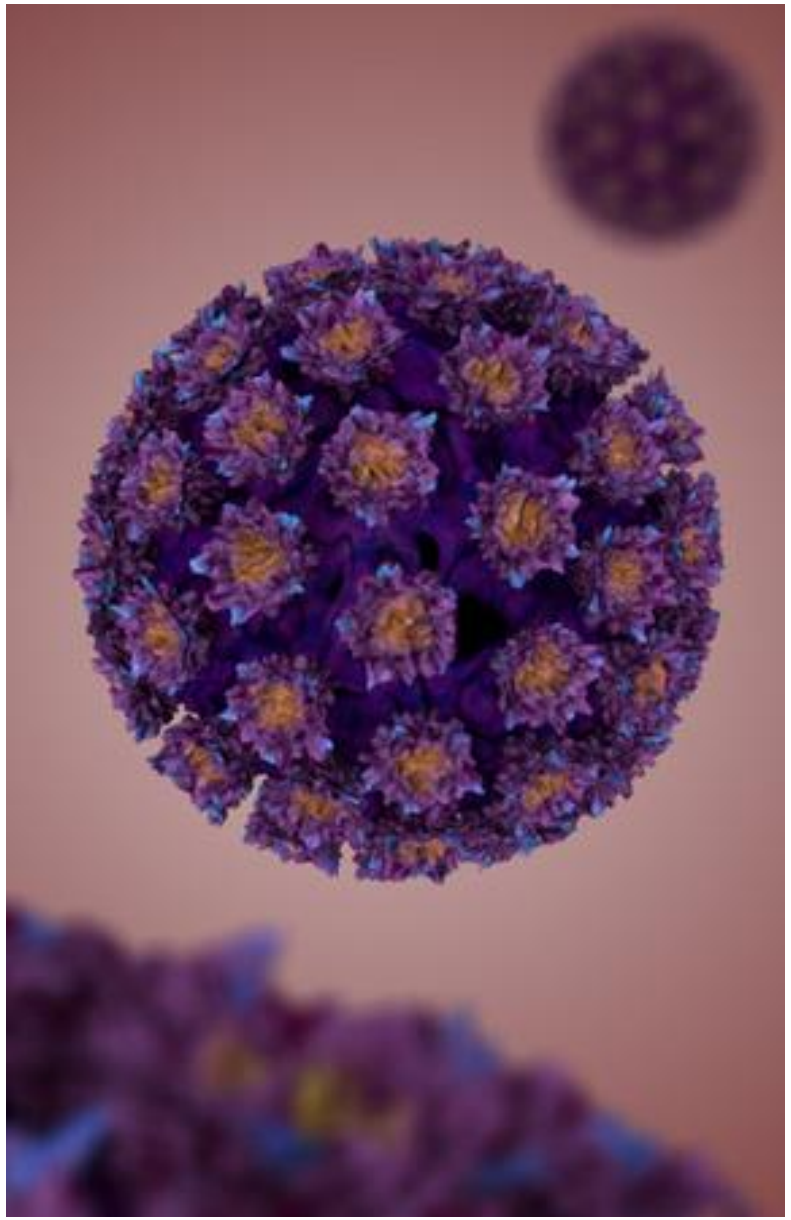


Source: https://www.bmj.com/content/349/bmj.g5887

ADOLESCENT PREGNANCY CASE

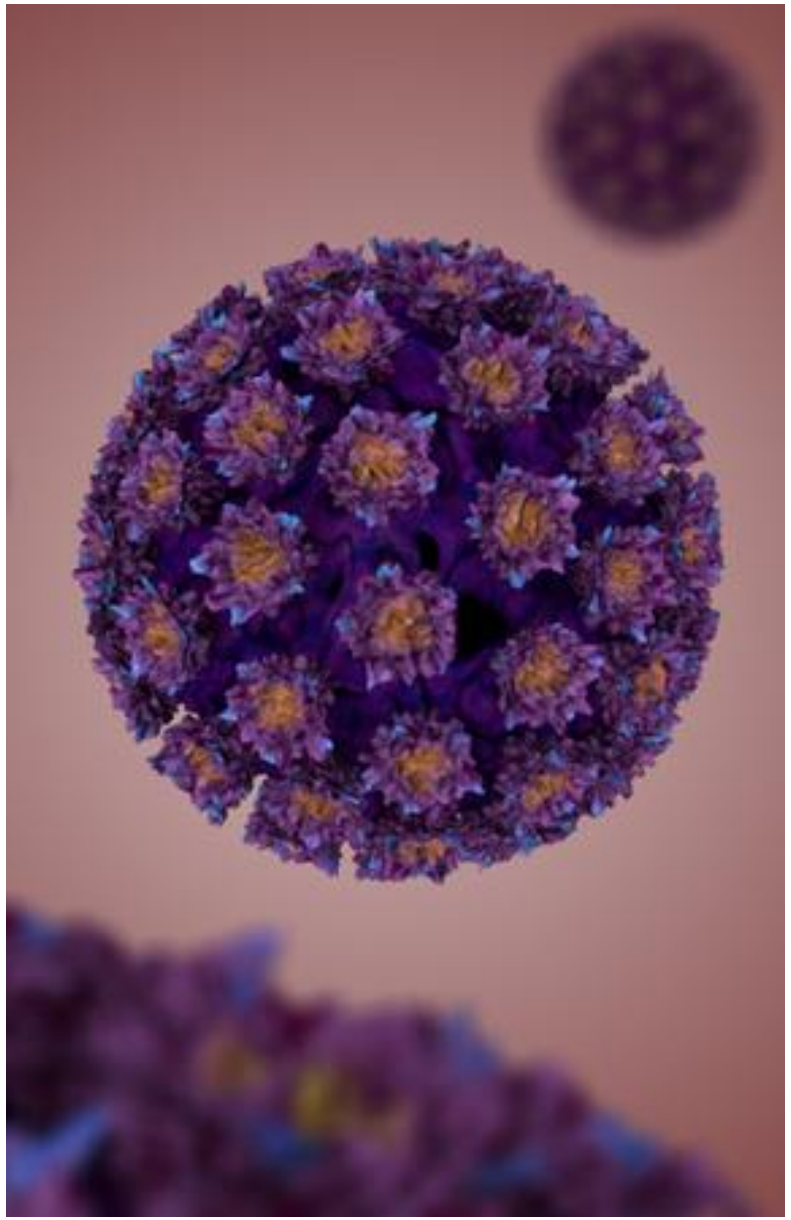
A 14- year old female comes to the clinic for a missed period. Her pregnancy test is positive. She initially does not want any family members informed and needs to be evaluated and counseled. She is followed through her pregnancy and struggles with the realities of being a teen parent after the delivery.

HPV INFECTION PREVENTION



HPV INFECTION

- HPV is the most common sexually transmitted infection (STI). HPV is a different virus than HIV and HSV (herpes). 79 million Americans, most in their late teens and early 20s, are infected with HPV. There are many different types of HPV. Some types can cause health problems including genital warts and cancers. But there is a vaccine that can stop these health problems from happening.



HOW IS IT SPREAD?

- You can get HPV by having vaginal, anal, or oral sex with someone who has the virus. It is most commonly spread during vaginal or anal sex. HPV can be passed even when an infected person has no signs or symptoms.

- Anyone who is sexually active can get HPV, even if you have had sex with only one person. You also can develop symptoms years after you have sex with someone who is infected. This makes it hard to know when you first became infected.

DOES HPV CAUSE HEALTH PROBLEMS?

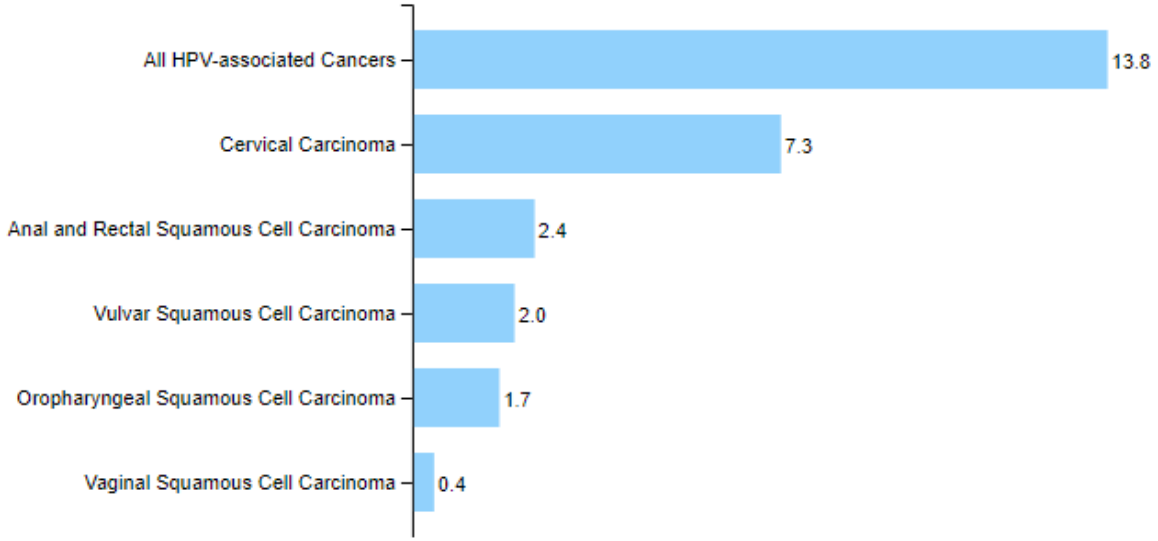
- In most cases, HPV goes away on its own and does not cause any health problems. But when HPV does not go away, it can cause health problems like genital warts and cancer.
- Genital warts usually appear as a small bump or group of bumps in the genital area. They can be small or large, raised or flat, or shaped like a cauliflower. A healthcare provider can usually diagnose warts by looking at the genital area.

HPV-ASSOCIATED CANCERS BY TYPE AND BY STATE

Rate of New HPV-associated Cancers by Cancer Type

HPV-associated Cancers, Female, United States, 2016
Rate per 100,000 women

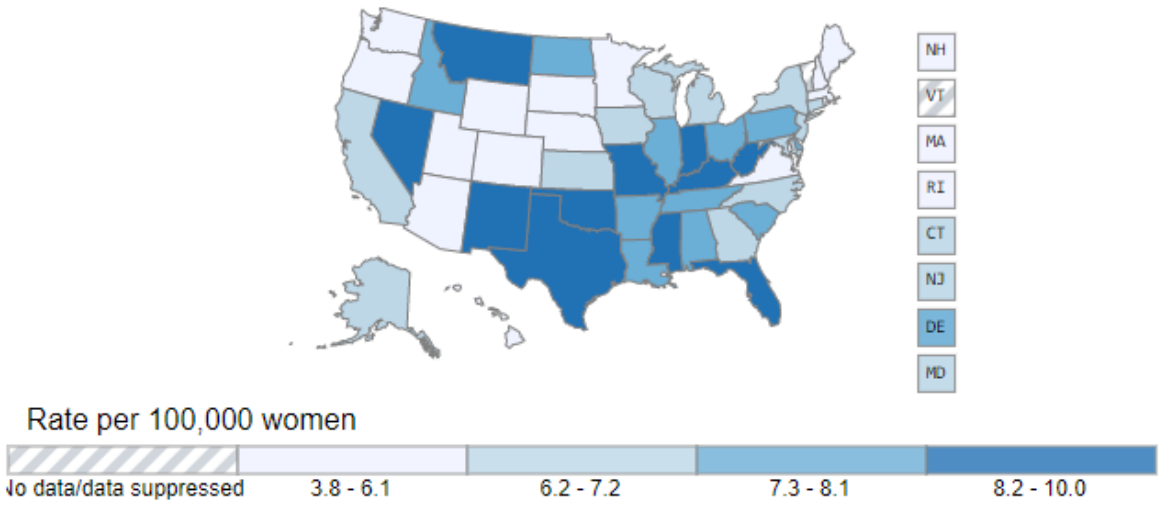
Chart | Table | Export



Rate of New HPV-associated Cancers by State

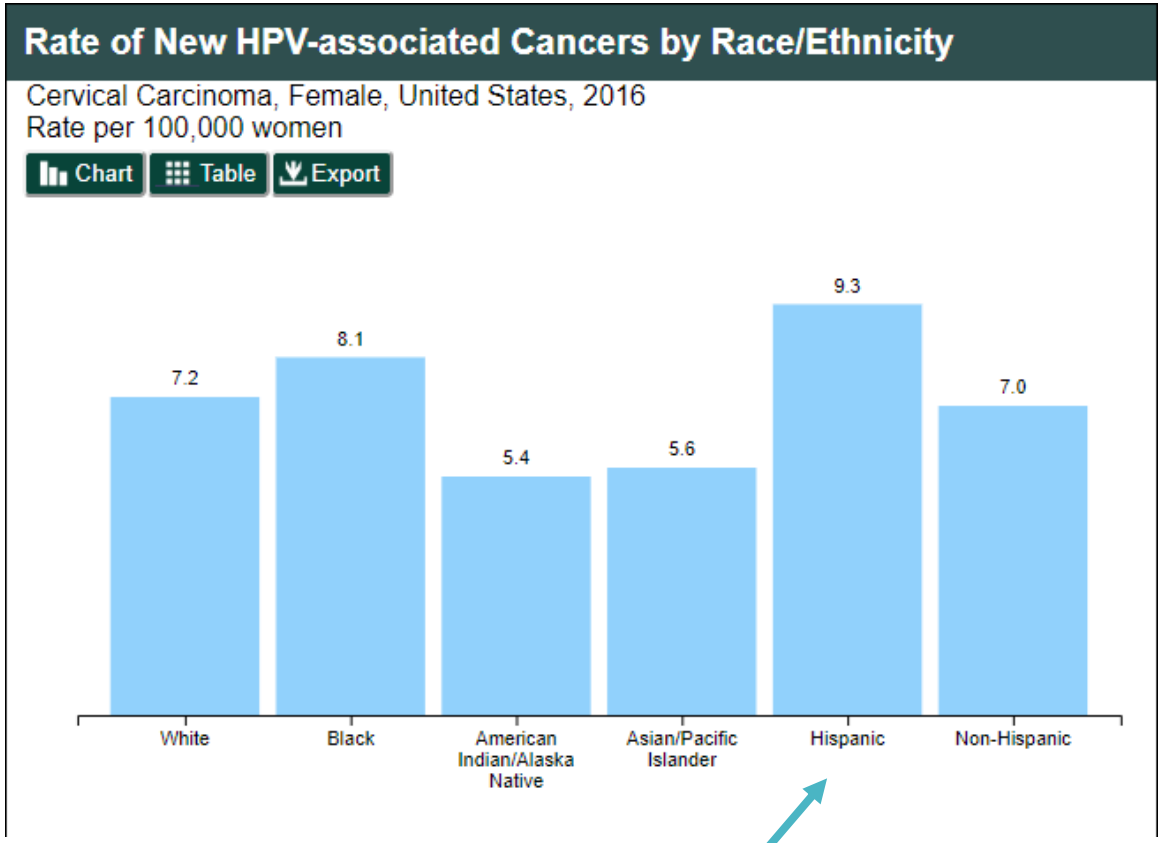
Cervical Carcinoma, Female, United States, 2016
Rate per 100,000 women

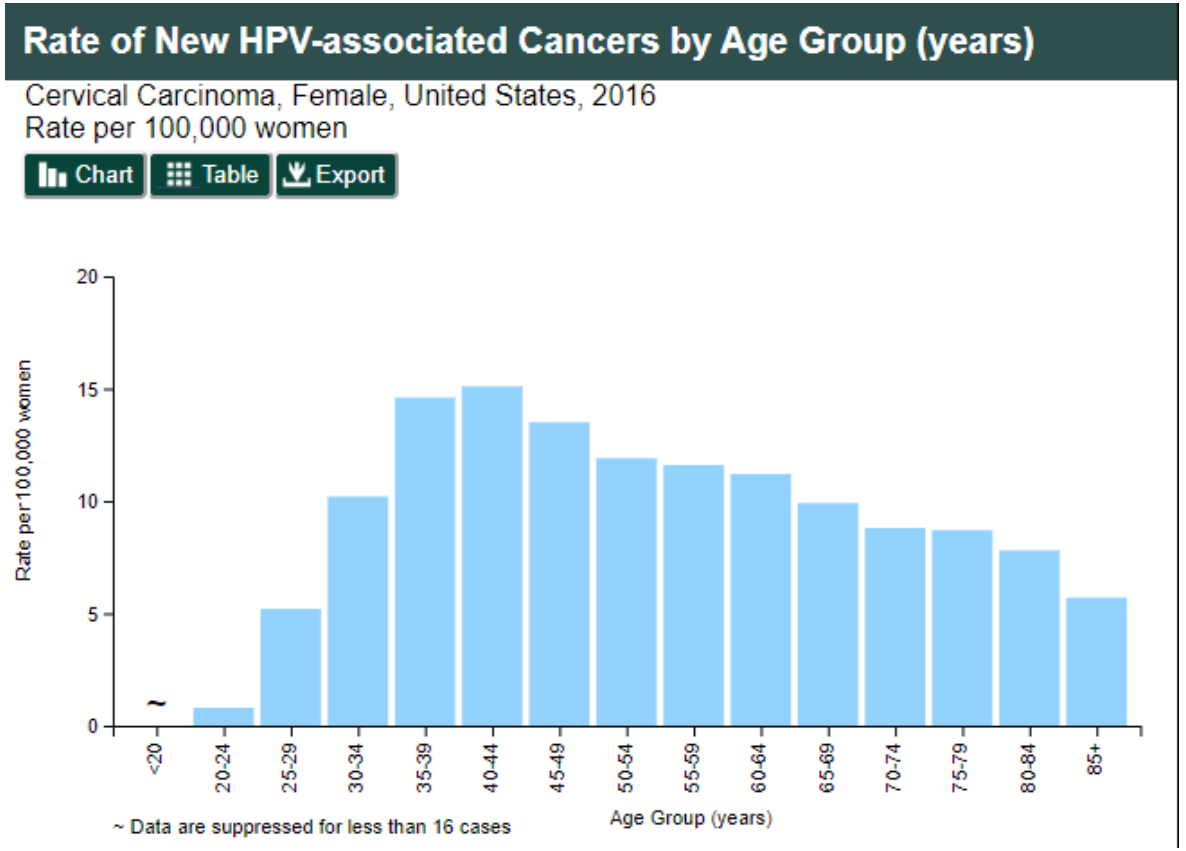
Map | Table | Export



Source: https://gis.cdc.gov/Cancer/USCS/DataViz.html

HPV-ASSOCIATED CANCERS INCIDENCE BY RACE AND AGE





Source: https://gis.cdc.gov/Cancer/USCS/DataViz.html

CERVICAL CANCER EPIDEMIOLOGY

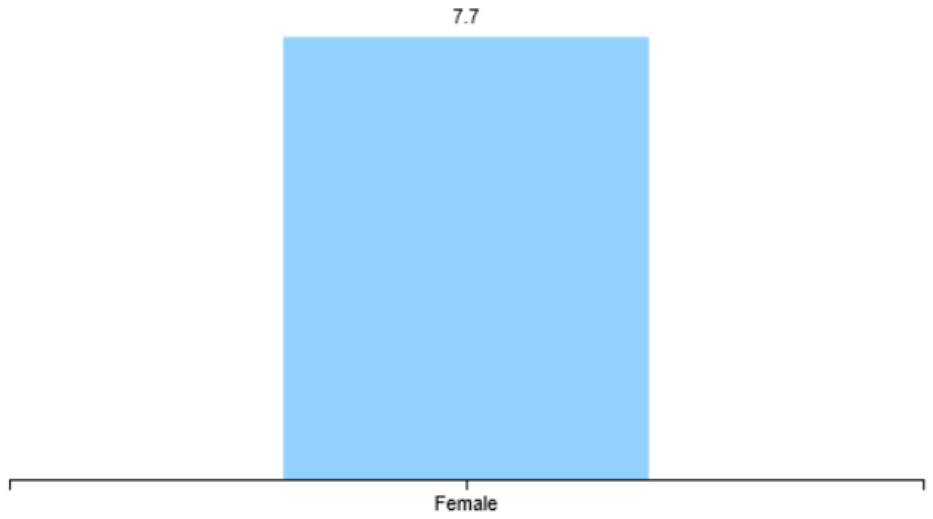
- ALL women are at risk for cervical cancer
- It occurs more often in women over age 30
- Long lasting infection with some HPV
- HPV is passed from one person to another during sex
- Half of sexually active people will have HPV infection at some point of their lives
- Cervical cancer is highly preventable: screening, HPV vaccine

CERVICAL CANCER INCIDENCE RATES BY RACE

CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

Rate of New Cancers by Sex, All Races/Ethnicities

Cervix, United States, 2016



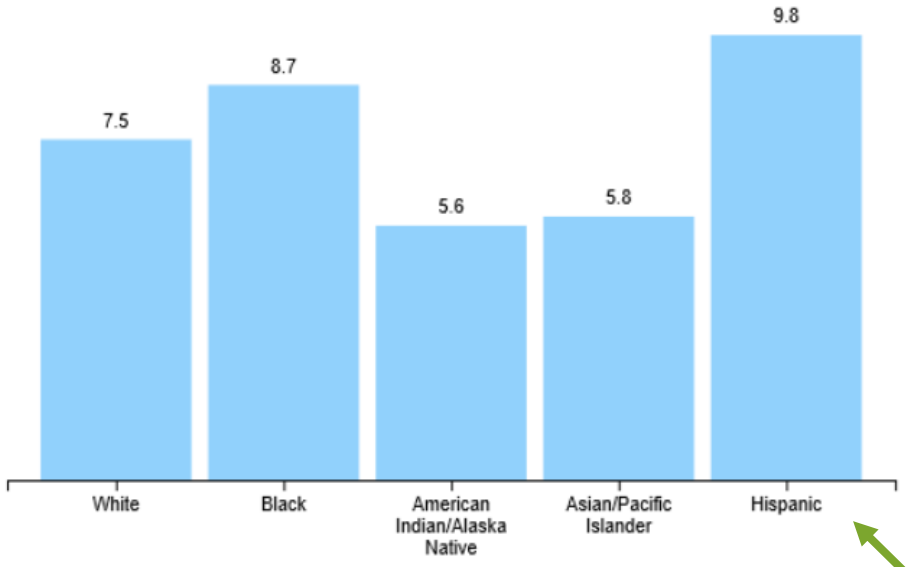
Rate per 100,000 women

Data source – U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool, based on November 2018 submission data (1999-2016): U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; https://www.cdc.gov/cancer/dataviz, June 2019.

CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

Rate of New Cancers by Race/Ethnicity, Female

Cervix, United States, 2016



Rate per 100,000 women

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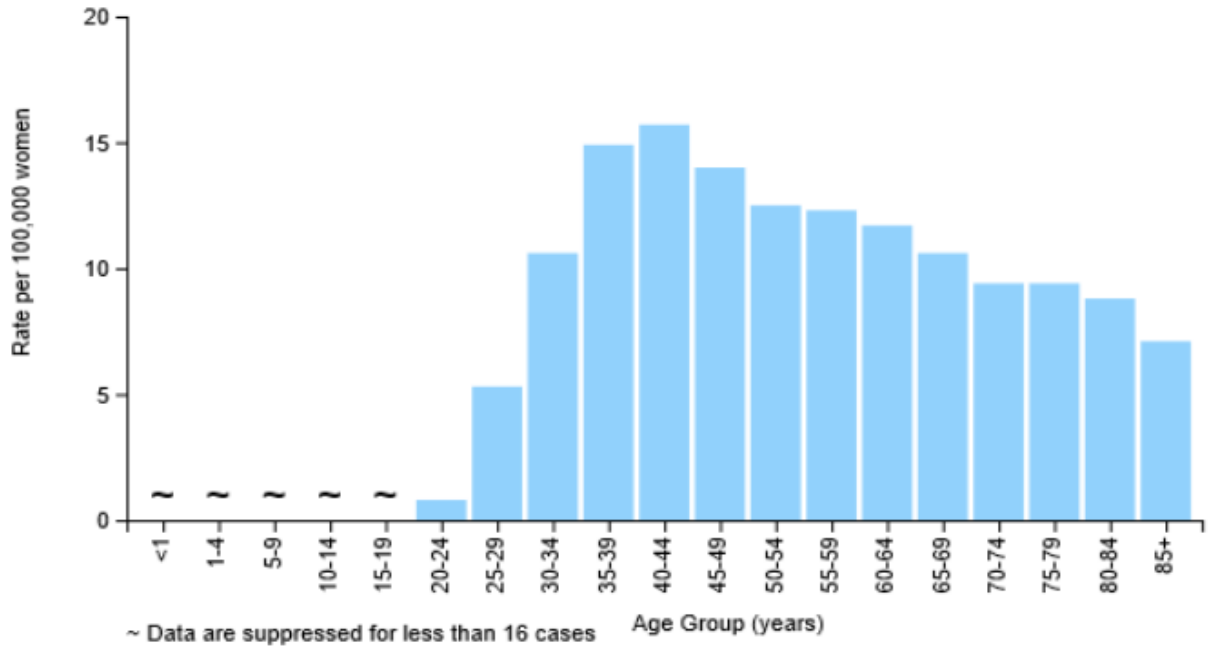
Source: https://gis.cdc.gov/Cancer/USCS/DataViz.html

CERVICAL CANCER INCIDENCE RATES BY AGE GROUP

Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

Rate of New Cancers by Age Group (years), All Races, Female

Cervix, United States, 2016



Data source – U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool, based on November 2018 submission data (1999-2016): U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; https://www.cdc.gov/cancer/dataviz, June 2019.

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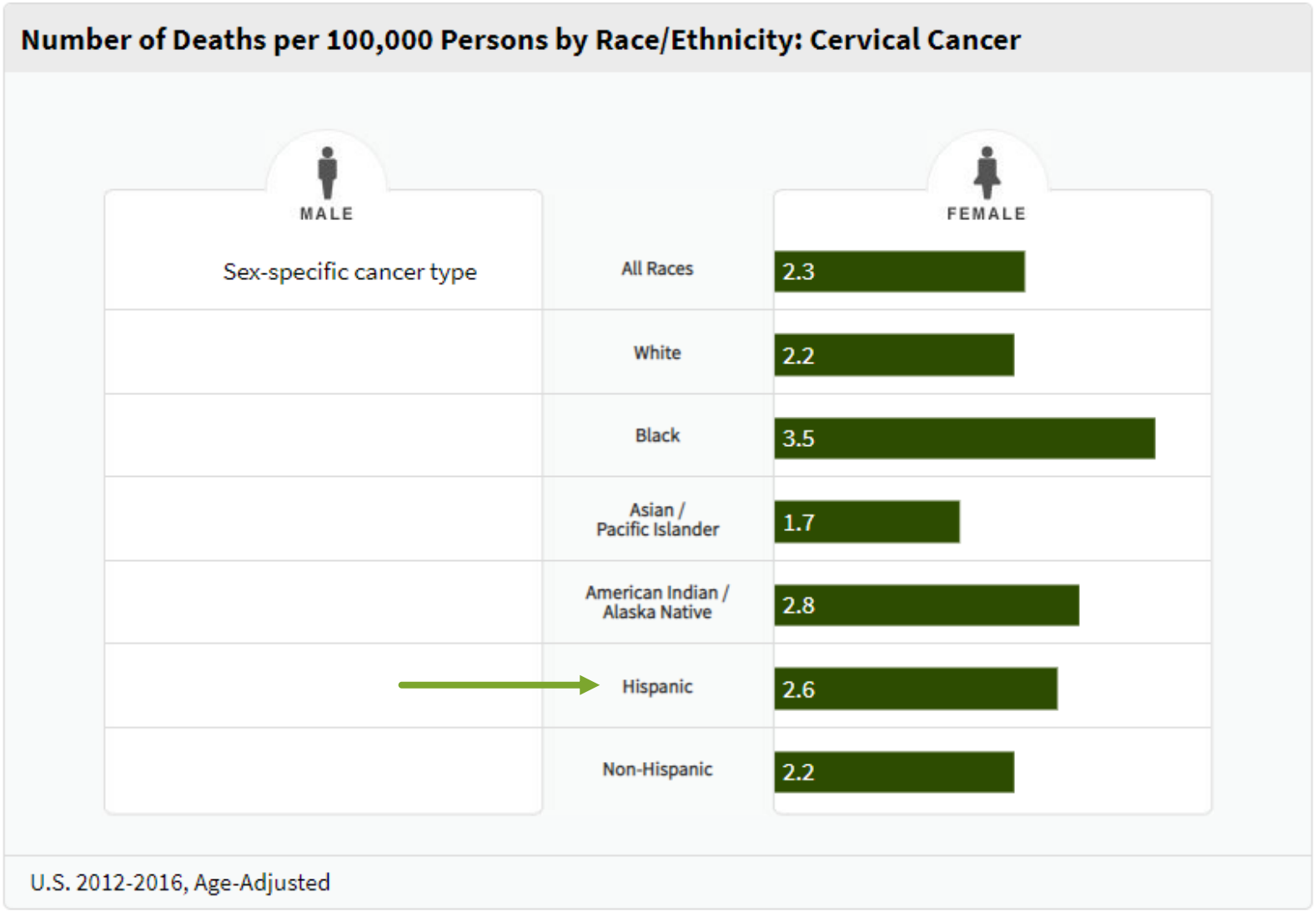
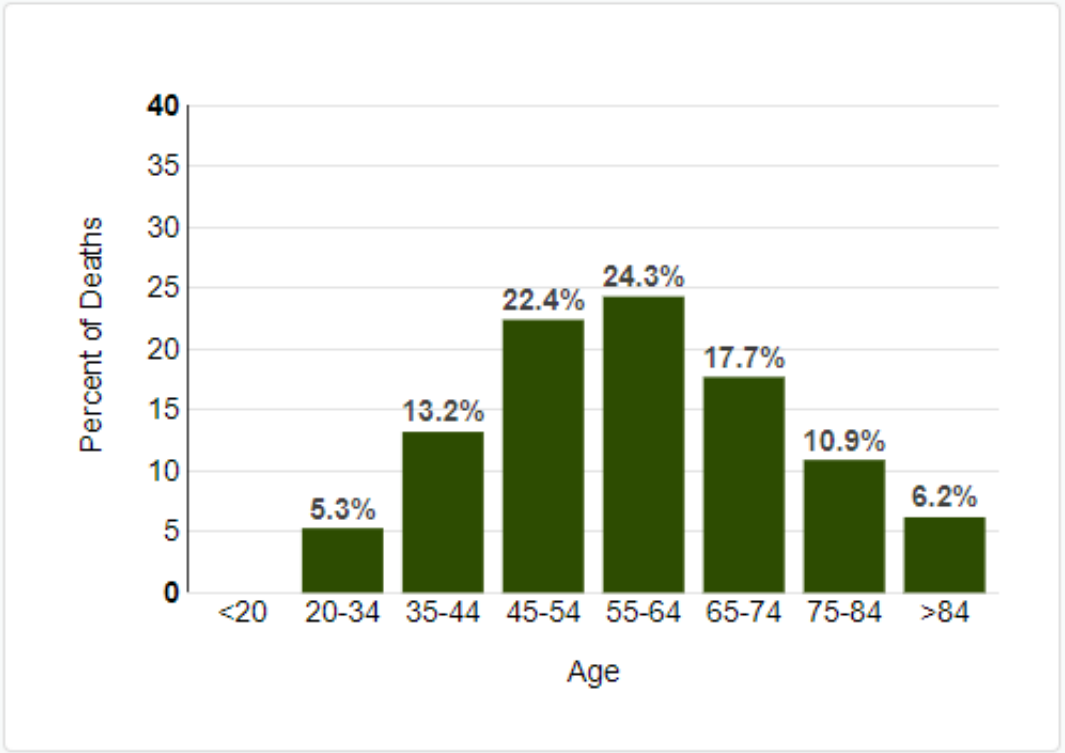
CERVICAL CANCER MORTALITY RATES BY RACE



Source: https://seer.cancer.gov/statfacts/html/cervix.html

CERVICAL CANCER DEATHS BY AGE GROUP

Percent of Deaths by Age Group: Cervical Cancer



The percent of cervical cancer deaths is highest among women aged 55-64.

Median Age At Death
58

U.S. 2012-2016, All Races, Females

Source: https://seer.cancer.gov/statfacts/html/cervix.html

IMPORTANCE OF THE HPV VACCINE

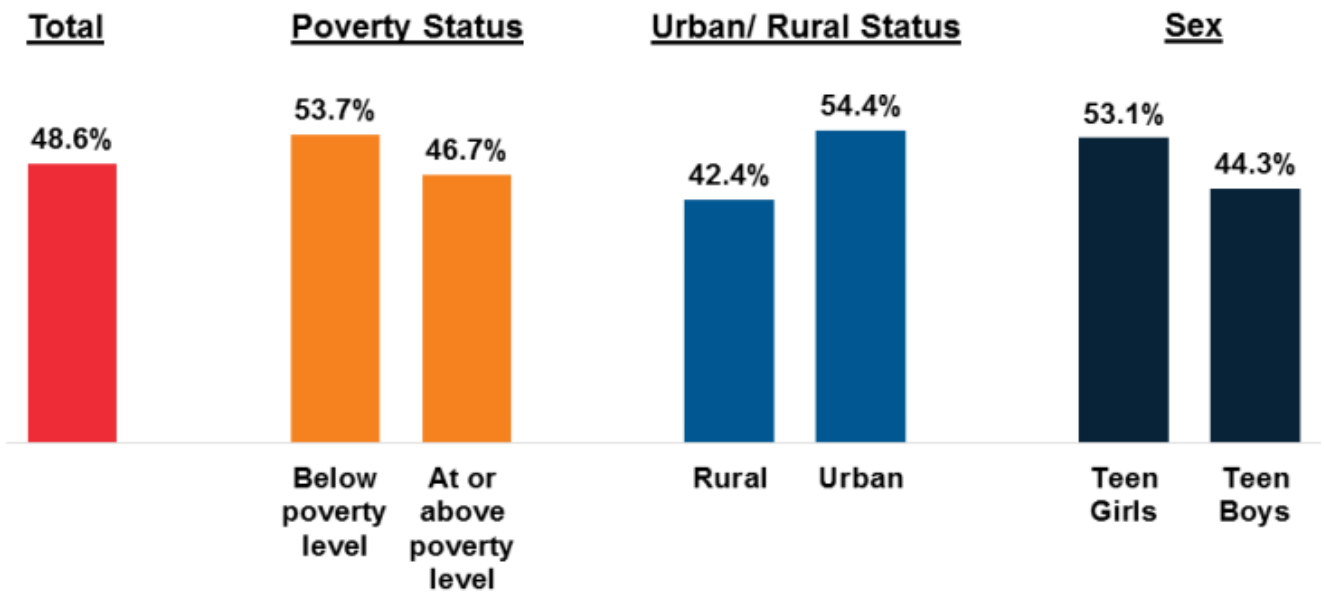
- Since the inception of the HPV Vaccine, HPV infections and cervical precancers have dropped significantly
- 86% decrease in HPV cancers and genital warts among teen girls.
- 46% decrease on cervical cancers linked to HPV
- HPV is estimated to cause close to 35,000 cases of cancer, but the HPV vaccine can prevent more than 32,000 of those cancers.
- Who should get the vaccine? 11-12-year-old boys and girls to protect against cancers by HPV infections.

- Since the HPV vaccine entered the market, awareness on its importance has helped increase vaccination rates among adolescents in the US.

Figure 3

Estimated HPV Vaccination Coverage Among Adolescents in the US

Share that are HPV Up-to-Date (UTD), 2017



NOTE: Among adolescents ages 13-17. HPV UTD includes those with ≥3 doses, and those with 2 doses when the first HPV Vaccine dose was initiated before age 15 years and time between the first and the second dose was at least 5 months minus 4 days.
SOURCE: CDC. (2018). National, Regional, State, Selected Local Area Vaccination Coverage Among Adolescents Aged 13-17 Years—United States, 2017. *MMRW* 67(33).

KFF
HENRY J KAISER FAMILY FOUNDATION

Source: https://www.kff.org/womens-health-policy/fact-sheet/the-hpv-vaccine-access-and-use-in-the-u-s/

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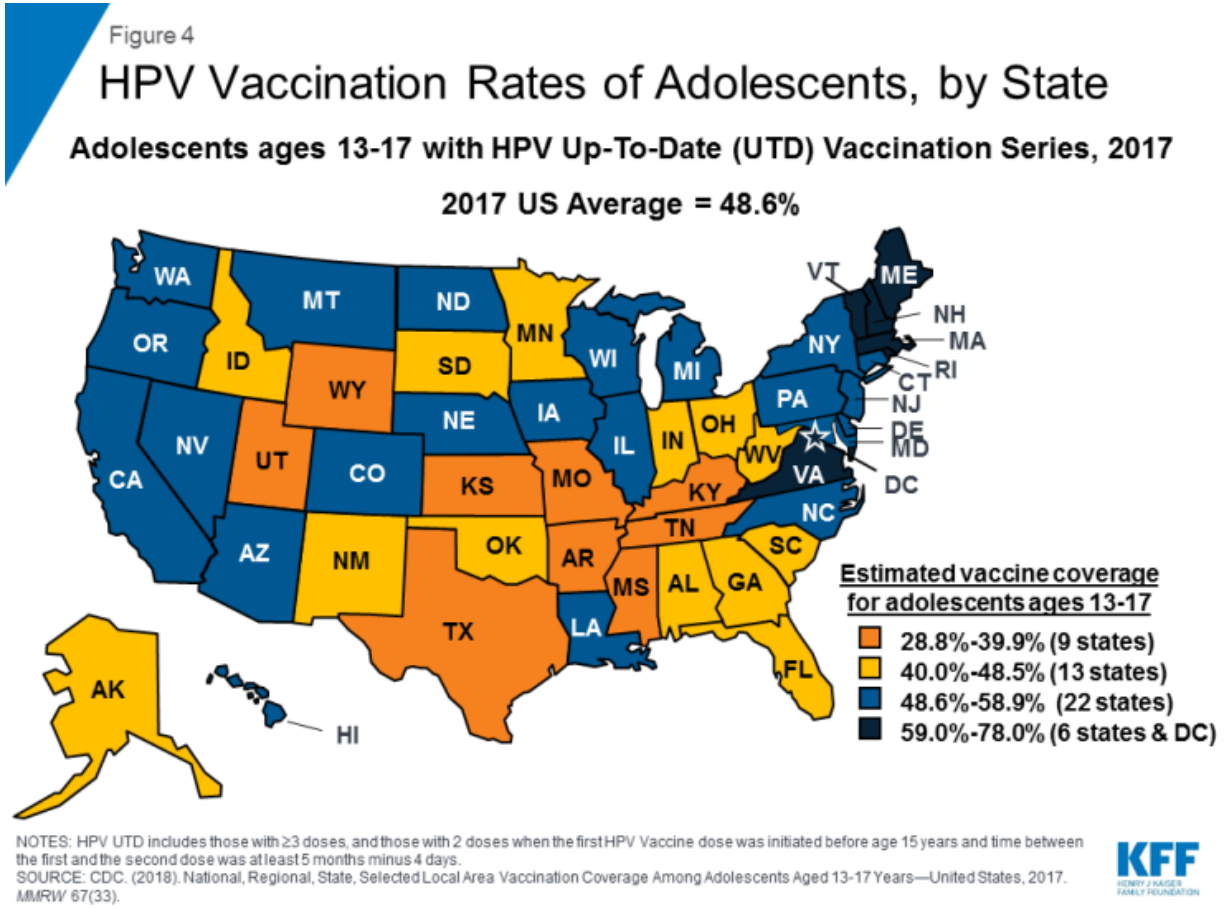
HPV VACCINATION RATES BY STATE

- HPV Prevalence in the U.S. has decreased since it has been available from 11.5% to 4.3% in girls ages 14 to 19.
- Improvement on vaccination rates is still needed to meet the HP2020 Goal:
  - "Increase the percentage of female adolescents aged 13 through 15 years who receive 2 or 3 doses of HPV vaccine as recommended"
  - Goal Target: 80%

Source: HealthyPeople.gov



Source: https://www.kff.org/womens-health-policy/fact-sheet/the-hpv-vaccine-access-and-use-in-the-u-s/

HPV VACCINATION DISPARITIES RISK FACTORS

Knowledge about HPV vaccine remains low among low-income women with children.

A large percentage of Hispanic mothers are less likely to have ever heard of HPV.

Proposed solutions are:

- Educational programs that are specifically tailored to low-income women to increase vaccination.
- Maintaining consistency with national programs, regulations, policies, and laws

Source: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4282947/ and HealthyPeople2020.gov

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LA MAESTRA
COMMUNITY HEALTH CENTERS

CYNTHIA KASER, COMMUNITY DEVELOPMENT PROGRAMS OFFICER

NEXT SESSION: TUESDAY, MARCH 17, 2020 @ 1:00 PM EDT

Topic: CHWs: Critical Elements for Outreach and Delivery Mechanisms in the Community

Objectives:

- Identify Barriers to Care in teens living in public housing
- Recognize strengths and challenges to provide health education in public housing
- Recognize effective training and education methods that can be used to provide health education in teens living in public housing

Q&A

If you would like to ask the presenter a question, please submit it through the questions box on your control panel.

If you are dialed in through your telephone and would like to verbally ask the presenter a question, use the “raise hand” icon on your control panel and your line will be unmuted.

- When? June 18 – 19, 2020

- Symposium Registration, Call for Abstracts and Posters, and sponsorship opportunities are now available for our 2020 Symposium.

- Early-bird registration March 31, 2020

- For more information visit:

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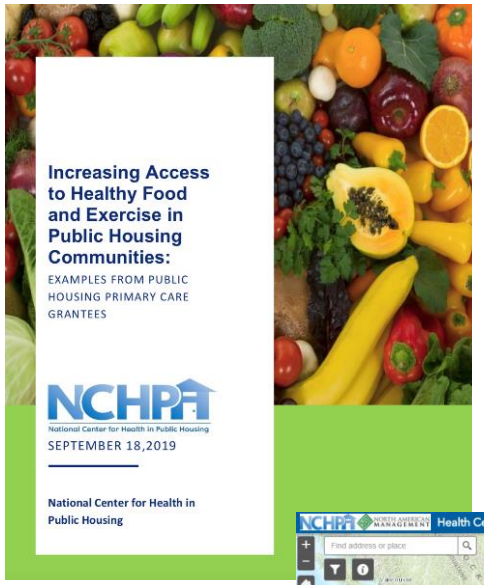
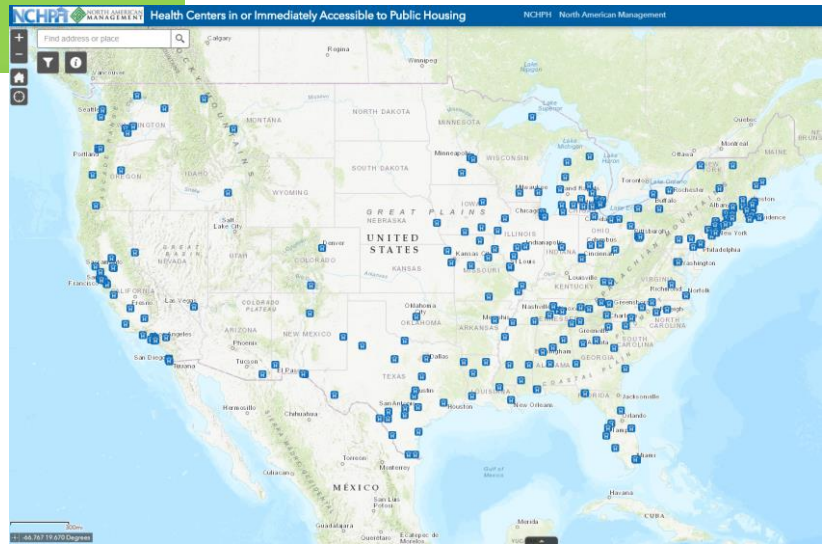
- Training Manuals
- Newsletters
- Annual symposiums
- One-on-One





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THANK YOU!