
State Public Health Strategies For Adolescent Mental & Reproductive Health



PUBLIC HEALTH DIVISION

Adolescent and School Health Unit – Public Health Division

- Our **Vision:** Oregon is the very best place for all youth to learn, grow, and thrive.
- Our **Mission:** To support the health of all youth in Oregon through evidence-based and data driven policies, practices, and programs.

Adolescent and School Health Programs

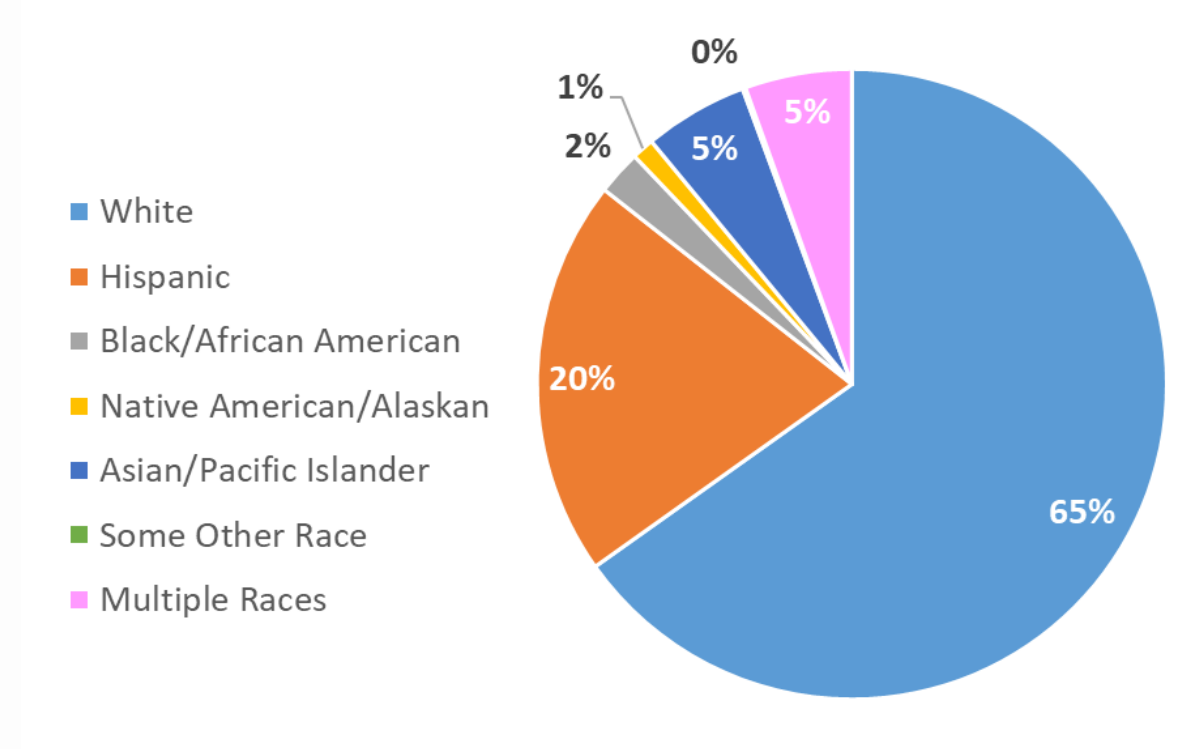
- Adolescent Health Policy and Assessment
- School-Based Health Centers
- School Nursing
- Youth Sexual Health



Snapshot of Adolescent Health in Oregon

Demographics of Oregon Adolescents (Race/Ethnicity)

	Population
Adolescents (Aged 10-24)	763,431



Source: 2016 American Community Survey 1-Year PUMS data

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Adolescent and School Health

Socioeconomic Context of Oregon Adolescents

2016-2017	Oregon Youth	Oregon	United States
Health Coverage	97% (<18)	94%	91%
Poverty Rate	21%	13%	14%
Rent Burden (>30% income)	52%	48%	46%
Extreme Rent Burden (>50% income)	27%	24%	23%

Source: 2016 American Community Survey 1-Year PUMS data and American Fact Finder tables. OR youth Insurance Statistics from 2017 Oregon Health Insurance Survey. Coverage rate for OR youth is rate for age 18 & under. Rent burden estimates are based on household units – Oregon Youth number is household units which include an adolescent.

Oregon Healthy Teens Survey

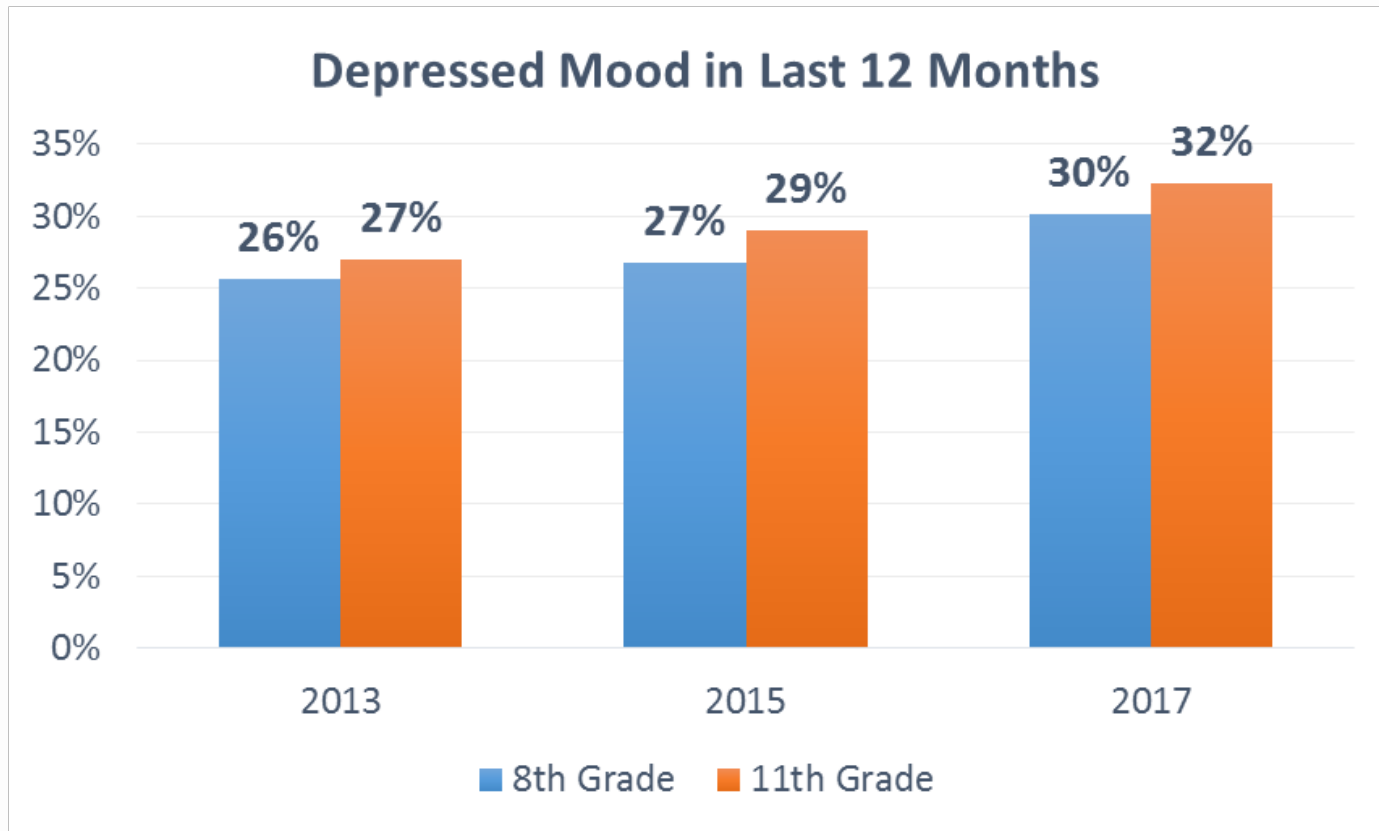
- Representative sample of Oregon's 8th and 11th graders
- Survey takes place biennially on odd years
- ~27,000 students, 232 schools surveyed
- Provides state and county level data
- Questions range: general, oral, and mental health topics, resilience, behavior, and perceptions of peer and parental attitudes.

Adolescent Suicide and Mental Health

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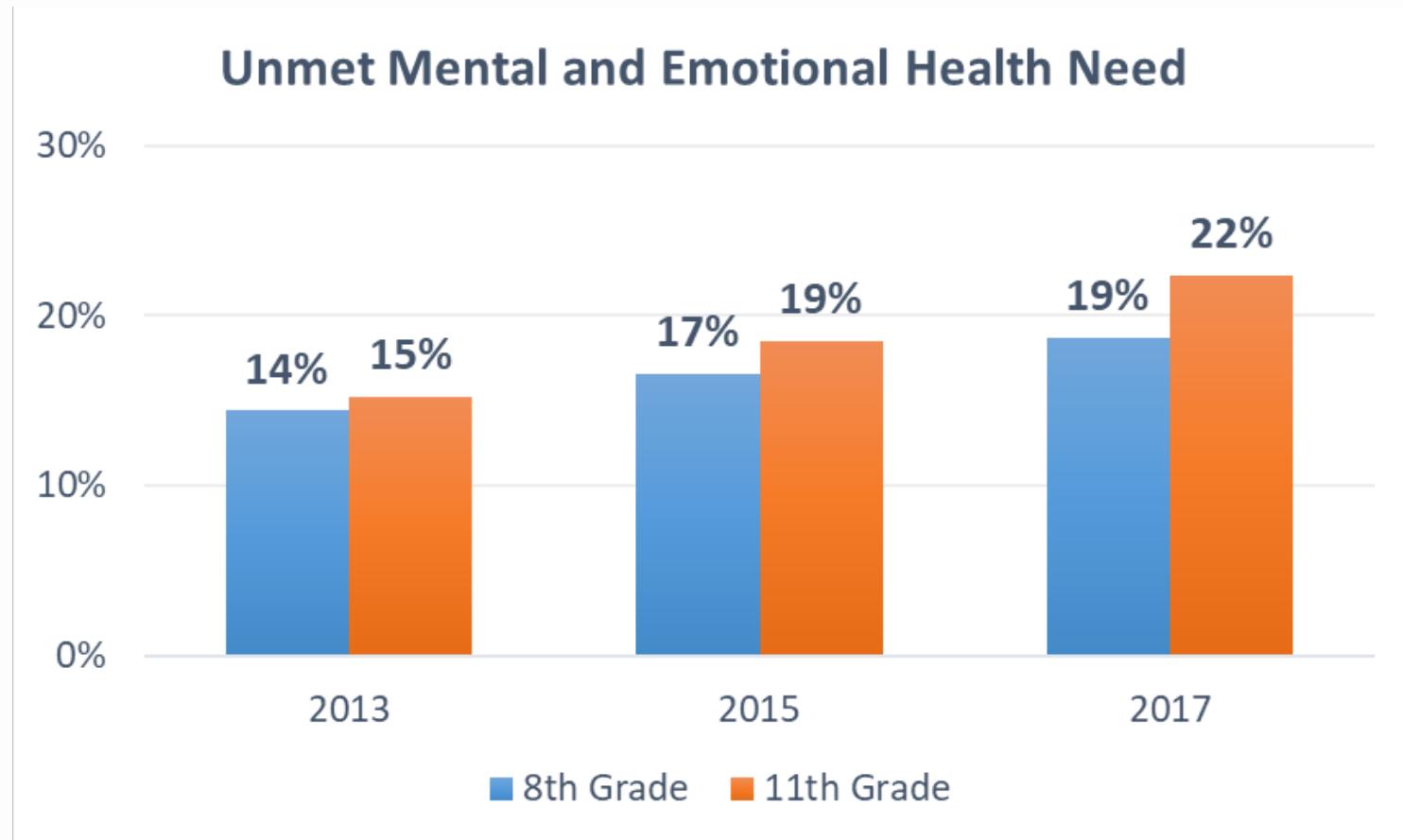
Adolescent and School Health

Adolescent Mental Health



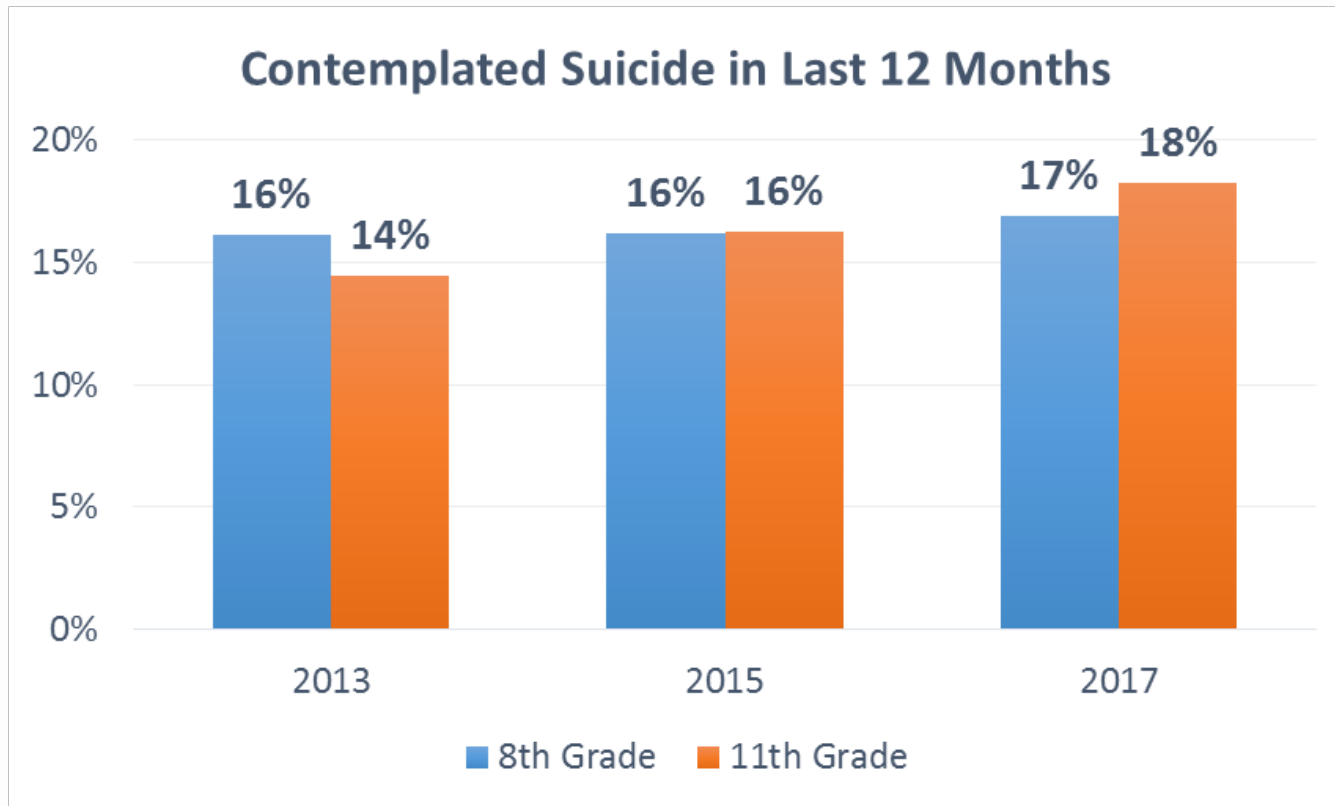
Source: 2013, 2015, 2017 Oregon Healthy Teens Survey

Adolescent Mental Health



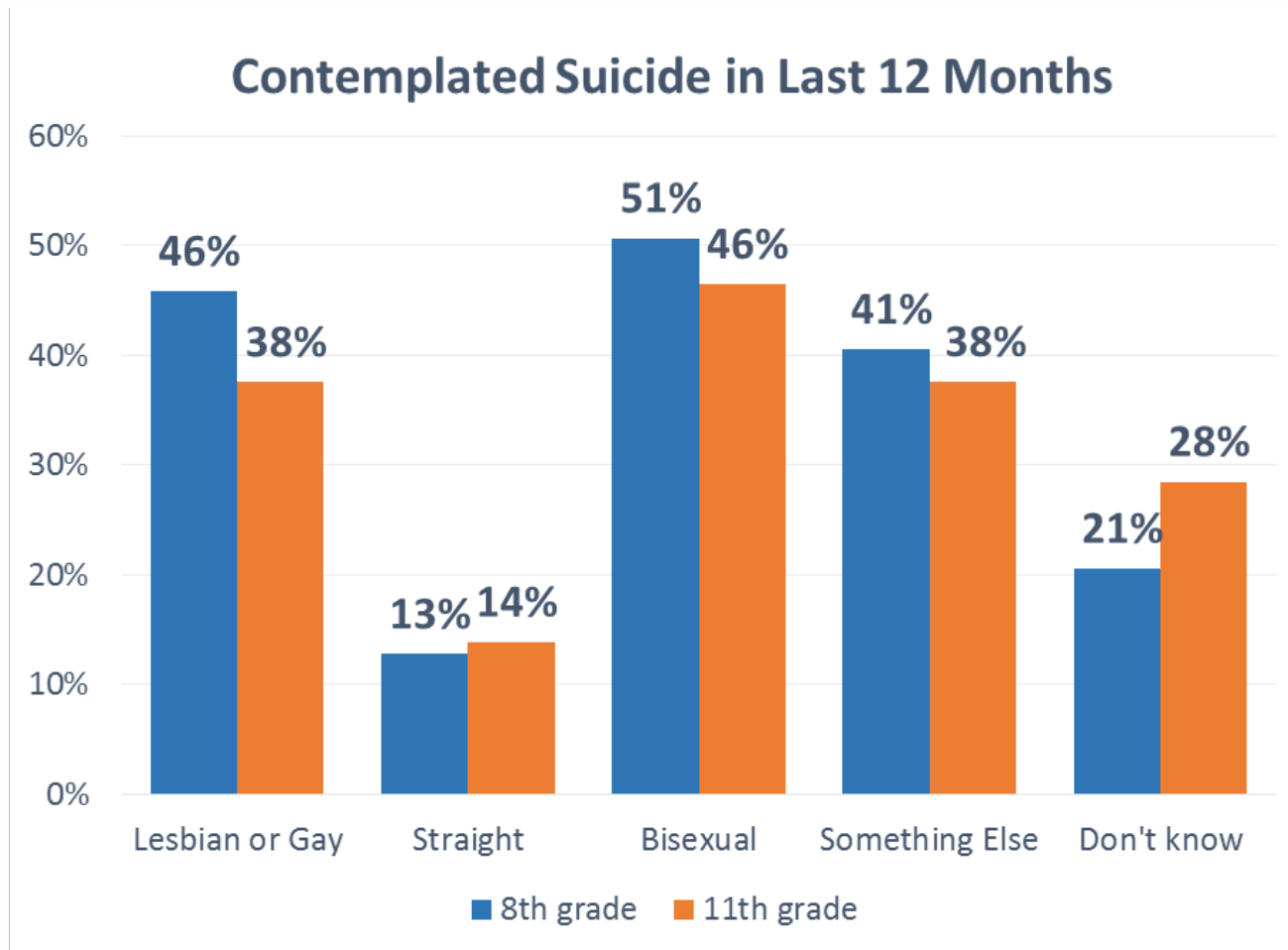
Source: 2013, 2015, 2017 Oregon Healthy Teens Survey

Adolescent Suicide



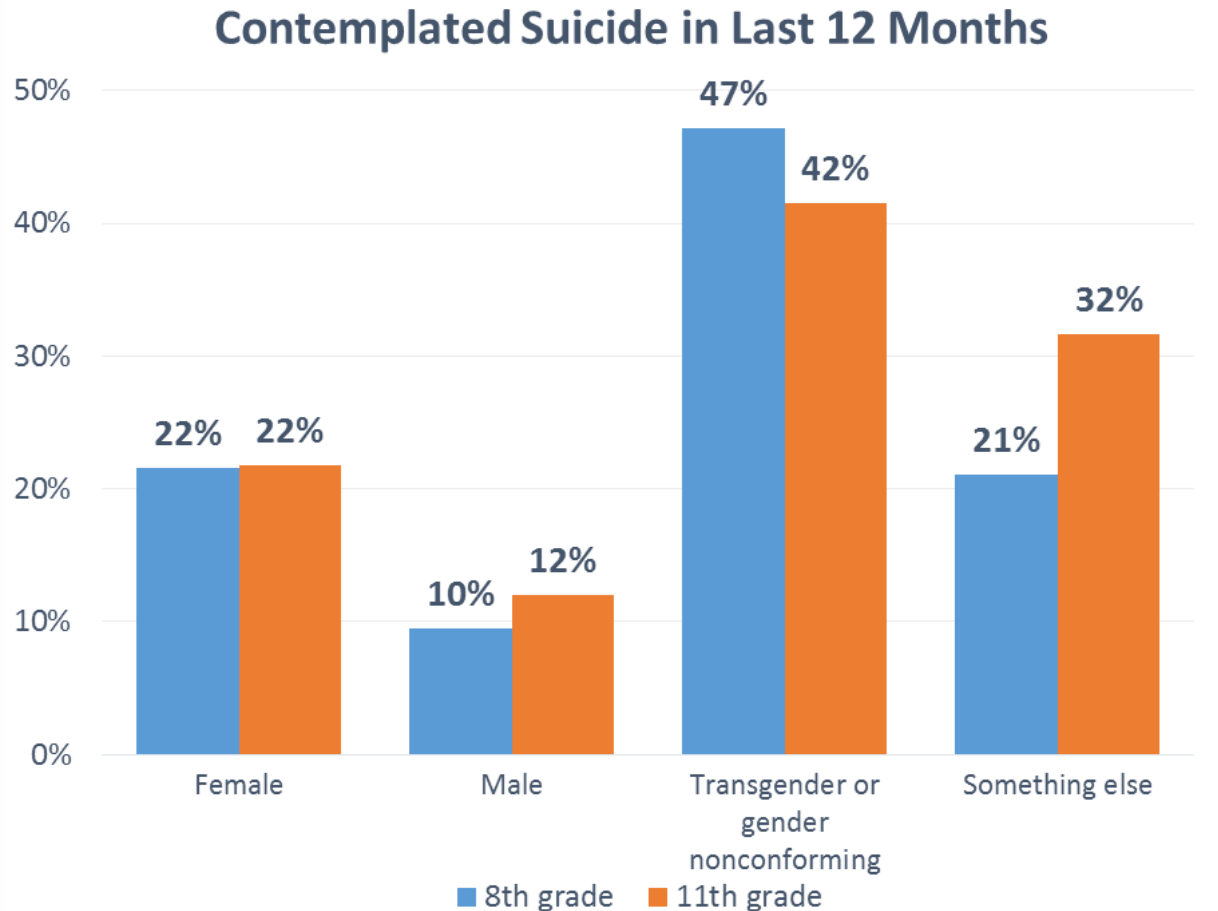
Source: 2013, 2015, 2017 Oregon Healthy Teens Survey

Adolescent Suicide



Source: 2017 Oregon Healthy Teens Survey

Adolescent Suicide

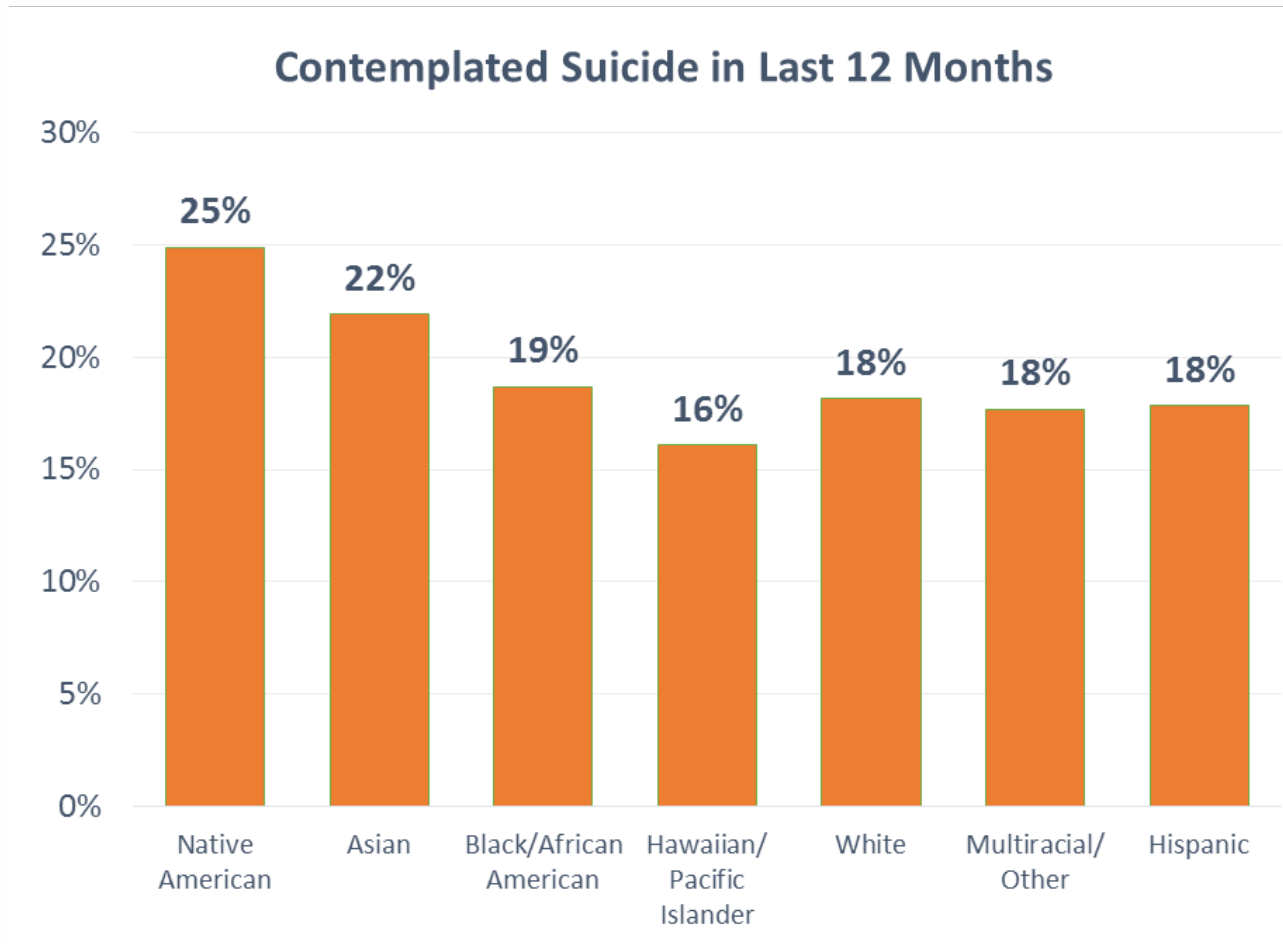


Source: 2017 Oregon Healthy Teens Survey

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Adolescent and School Health

Note: "Transgender or gender.." includes those who identified as transgender, gender fluid, genderqueer, gender nonconforming, intersex/intergender, multiple responses, and "not sure of gender"

Adolescent Suicide



Source: 2017 Oregon Healthy Teens Survey (11th grade)

Positive Youth Development Benchmark

- Measures strengths and attributes that can buffer the impact of stress and obstacles young people face.
- The PYD benchmark that is reported is calculated based on responses to six questions in the survey related to well-being and social connectedness

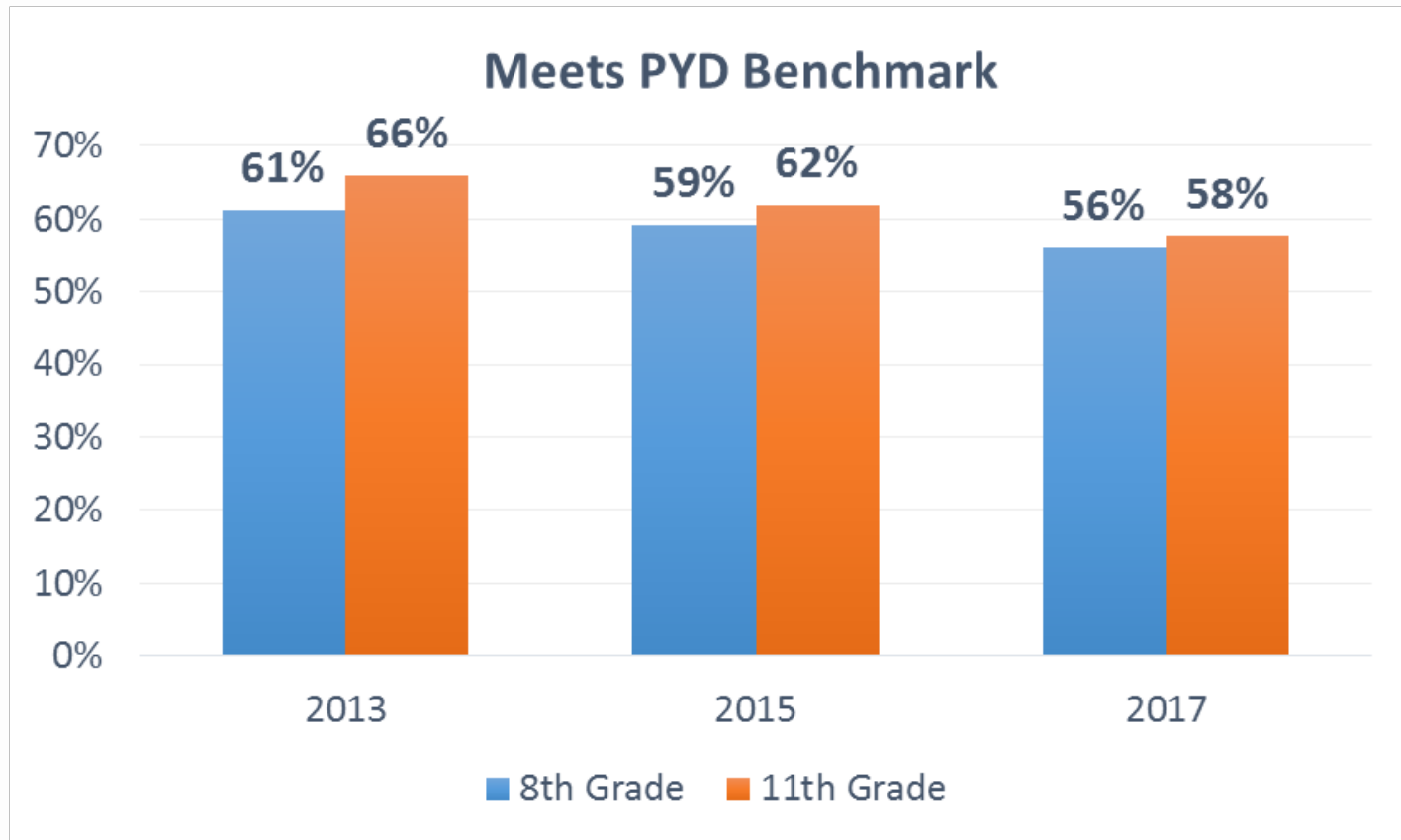
Rate Poor, Fair, Good, Very Good, Excellent

1. Physical Health
2. Emotional and Mental Health

How True is Each Statement

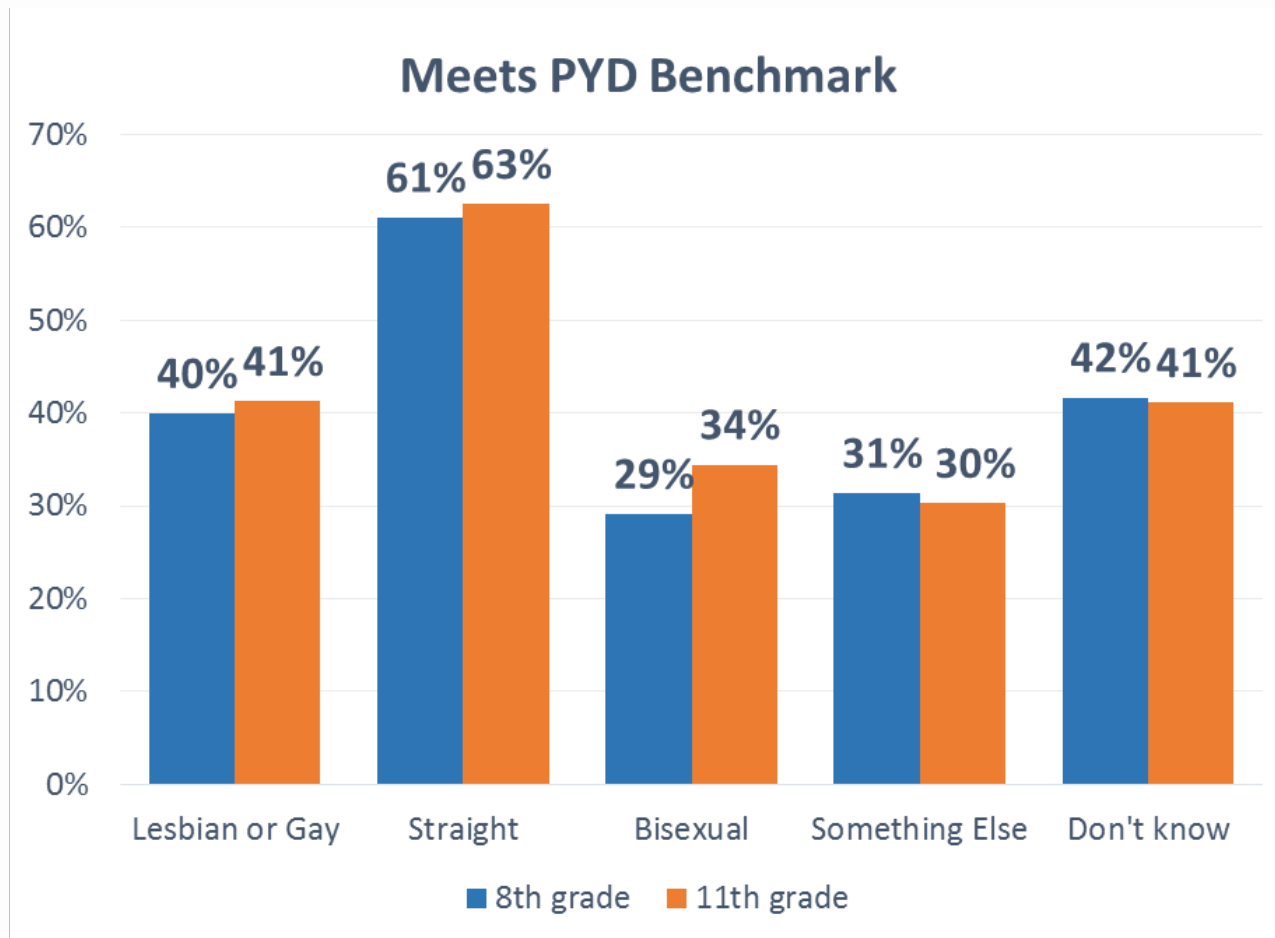
1. I can do most things if I try
2. I can work out my problems
3. There is at least one teacher/other adult in my school that really cares about me
4. I volunteer to help my community.

Resilience



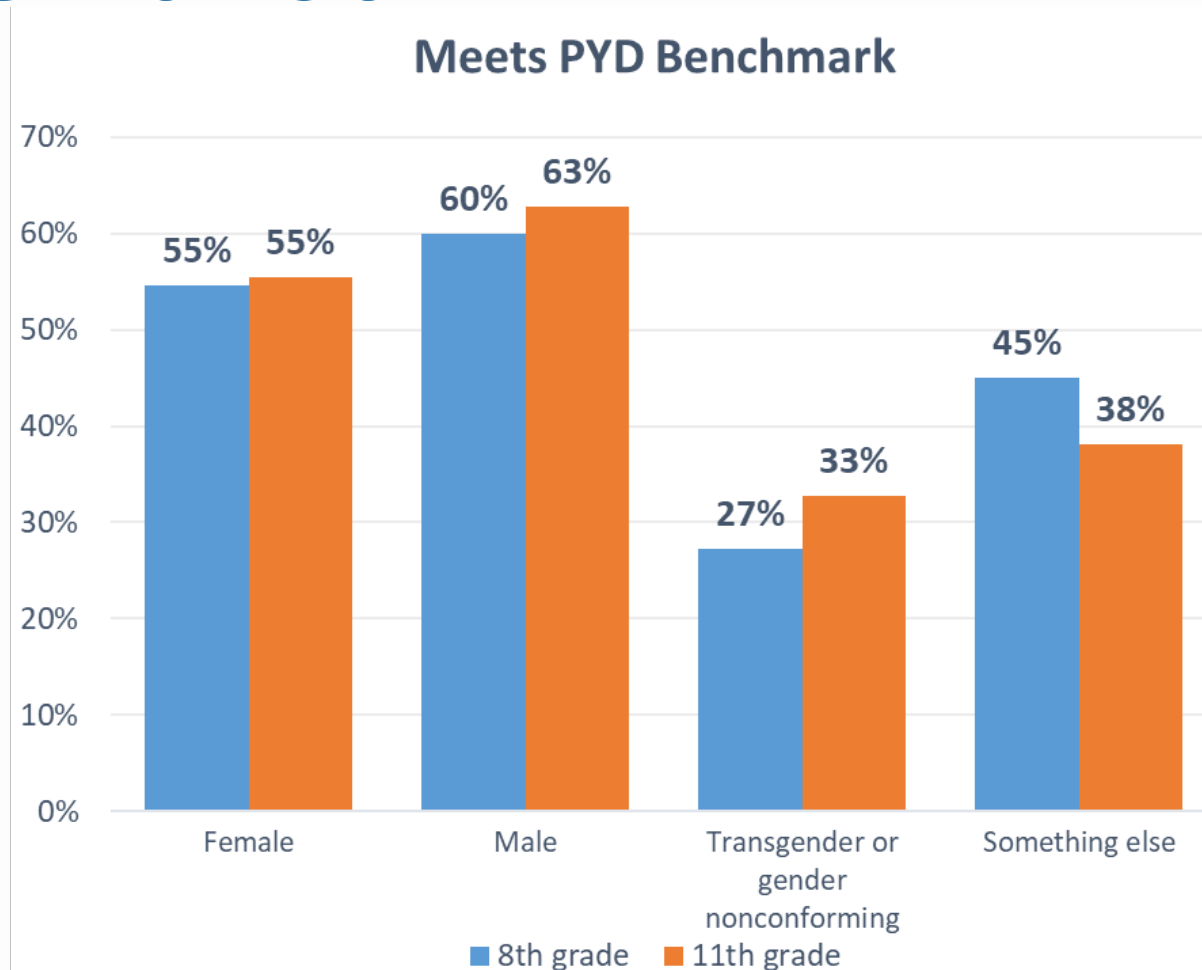
Source: 2013, 2015, 2017 Oregon Healthy Teens Survey

Resilience



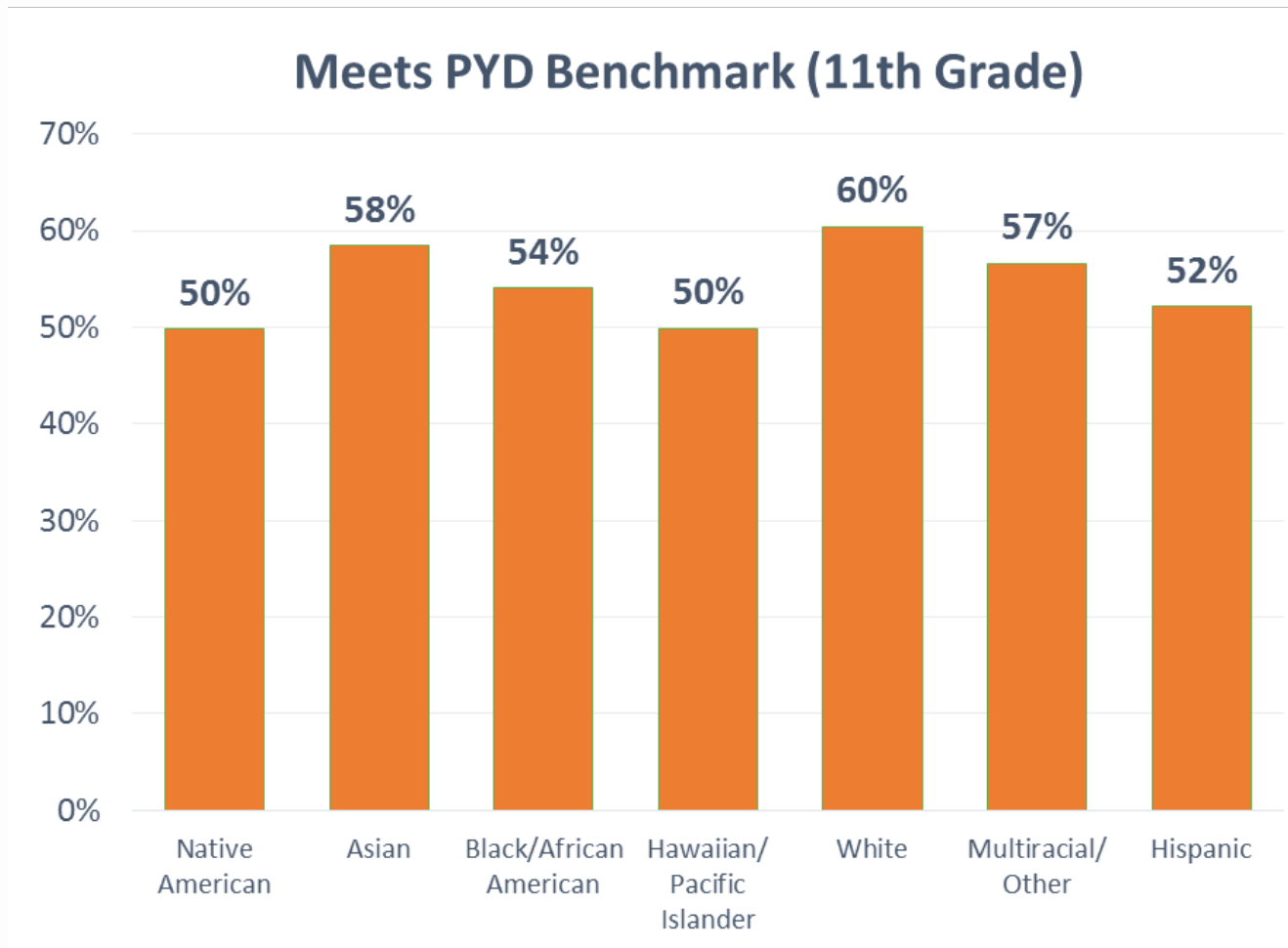
Source: 2017 Oregon Healthy Teens Survey

Resilience



Source: 2017 Oregon Healthy Teens Survey

Resilience



Source: 2017 Oregon Healthy Teens Survey

Mental Health Among Students With Disabilities

2017 11 th grade responses	Students with a Disability*	Students Without a Disability
Depressive Symptoms	58%	20%
Contemplated Suicide in Past 12 Months	37%	10%
Bullied/Harassed in the Last 30 Days	34%	15%
Met the Positive Youth Development Benchmark (PYD)	35%	68%

*Students with a disability report one or more of the following disability types: cognitive disability, difficulty living independently, blind/low vision, mobility issues, deaf/hard of hearing, difficulty with self care

Source: 2017 Oregon Healthy Teens Survey

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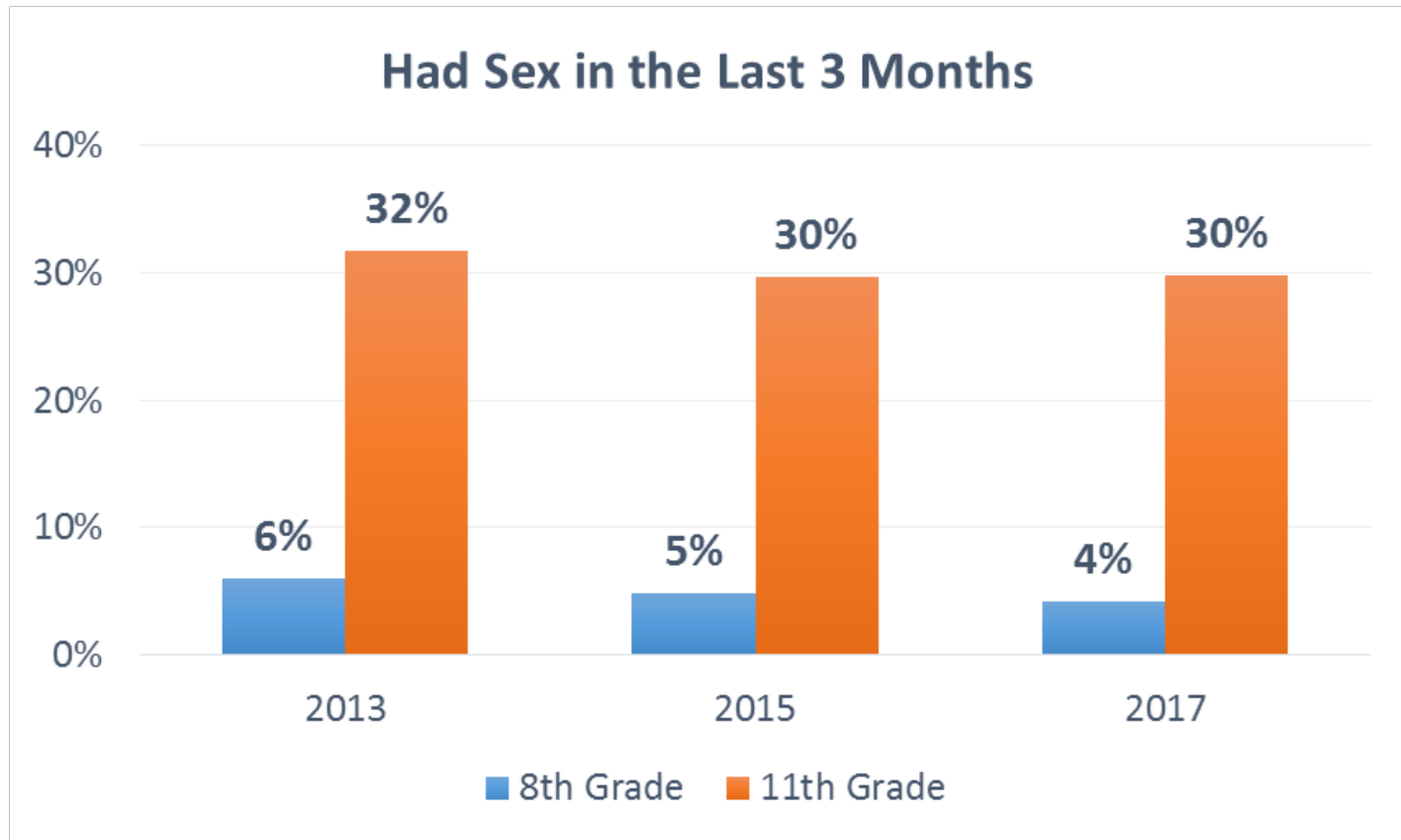
Adolescent and School Health

Adolescent Mental Health Program/Policy Initiatives

- **Children's Mental Health Investment Grants**
- **Youth Suicide and Prevention Plan**
- **Additional \$1M SBMH Funding (2018)**

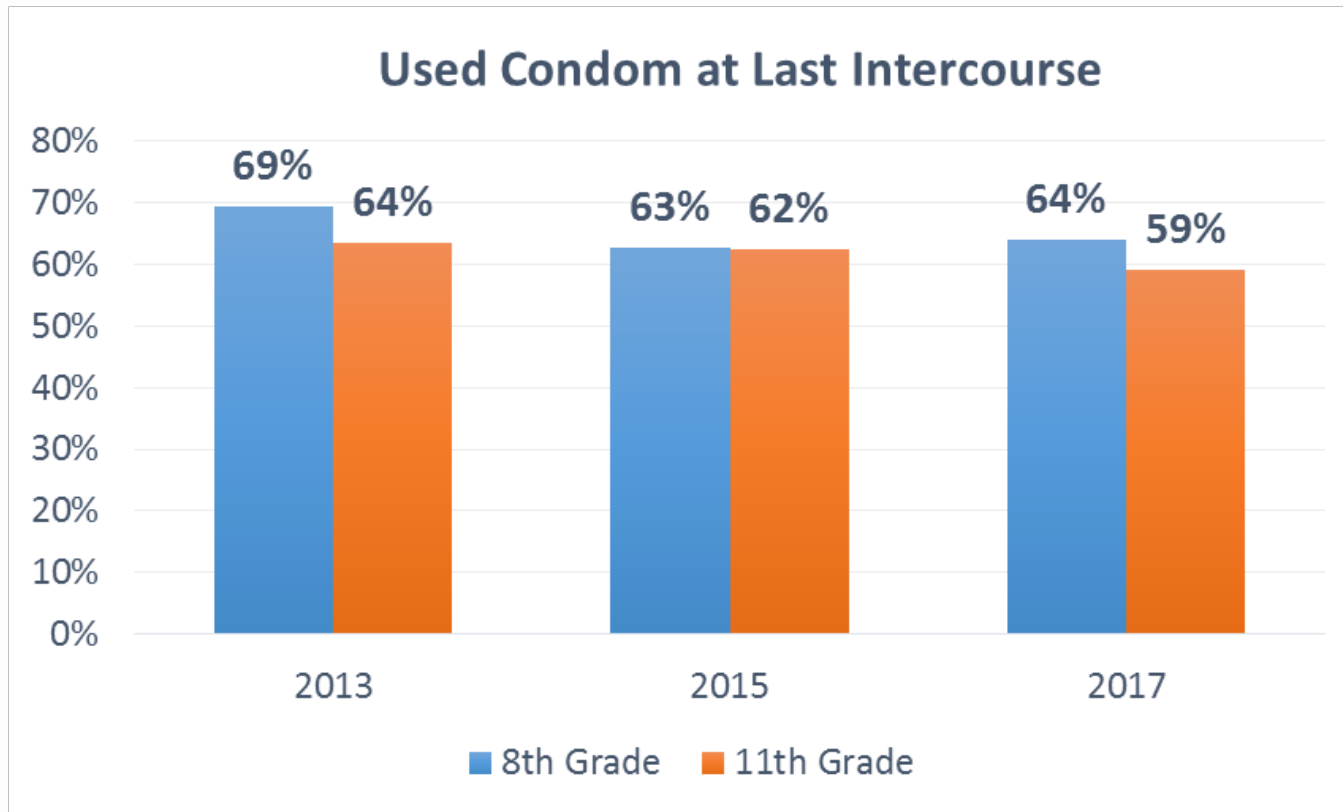
Adolescent Reproductive Health: Communicable Disease

Adolescent Sexual Activity



Source: 2013, 2015, & 2017 Oregon Healthy Teens Survey

Adolescent Condom Use



Note: Percentages are of youth who have had sexual intercourse

Source: 2013, 2015, and 2017 Oregon Healthy Teens Survey

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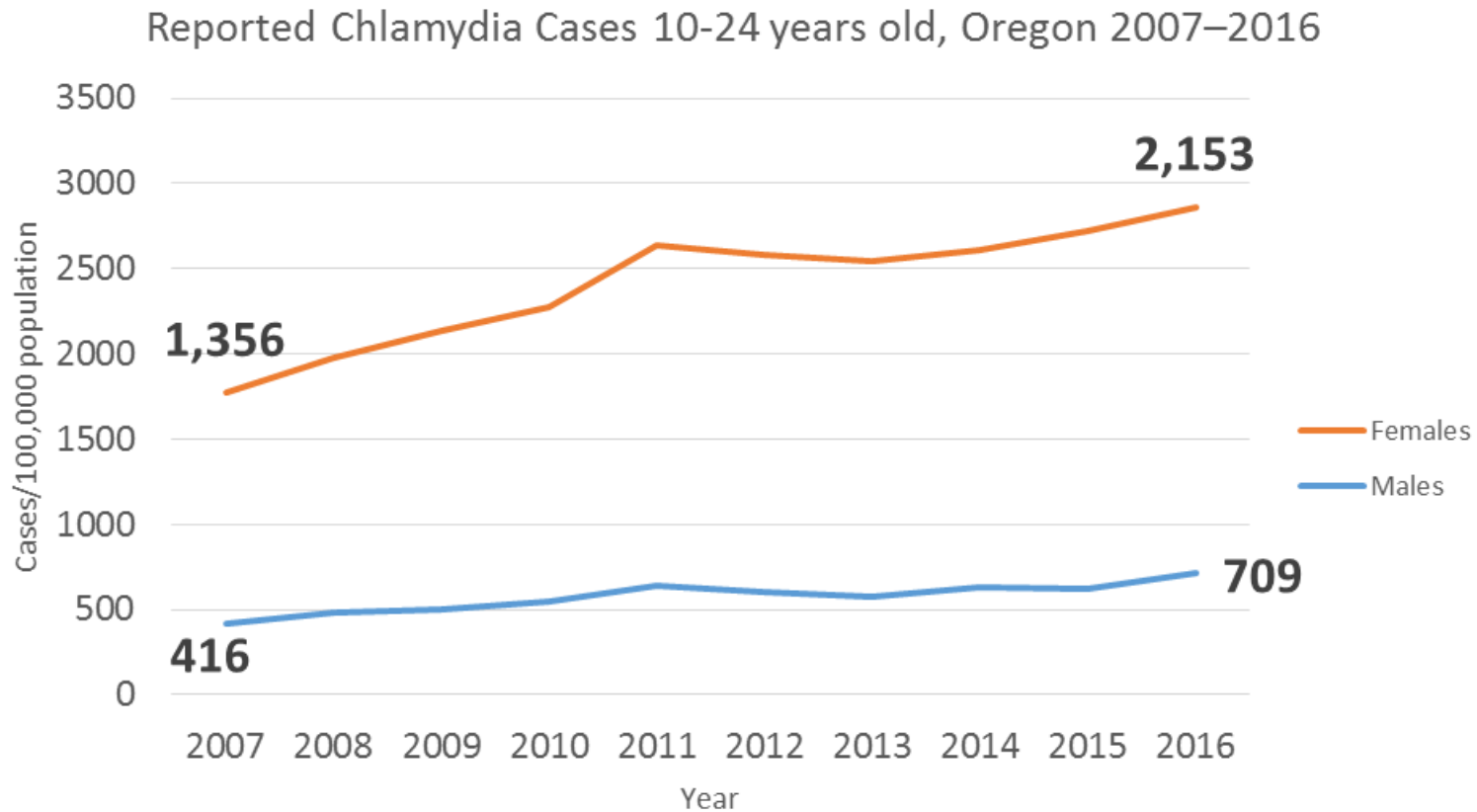
Adolescent and School Health

Adolescent Sex Ed – Condom Use

Topic taught in 6, 7 or 8 th grade	% of Schools	95% CI	N
How HIV and other STIs are transmitted	79.1	74.0 – 83.5	156
The importance of using condoms consistently and correctly	54.1	48.2 - 59.9	156
How to obtain condoms	49.3	43.4 - 55.3	155
How to correctly use a condom	43.6	38.0 - 49.4	156
The importance of using a condom at the same time as another form of contraception	54.8	48.7 – 60.8	156

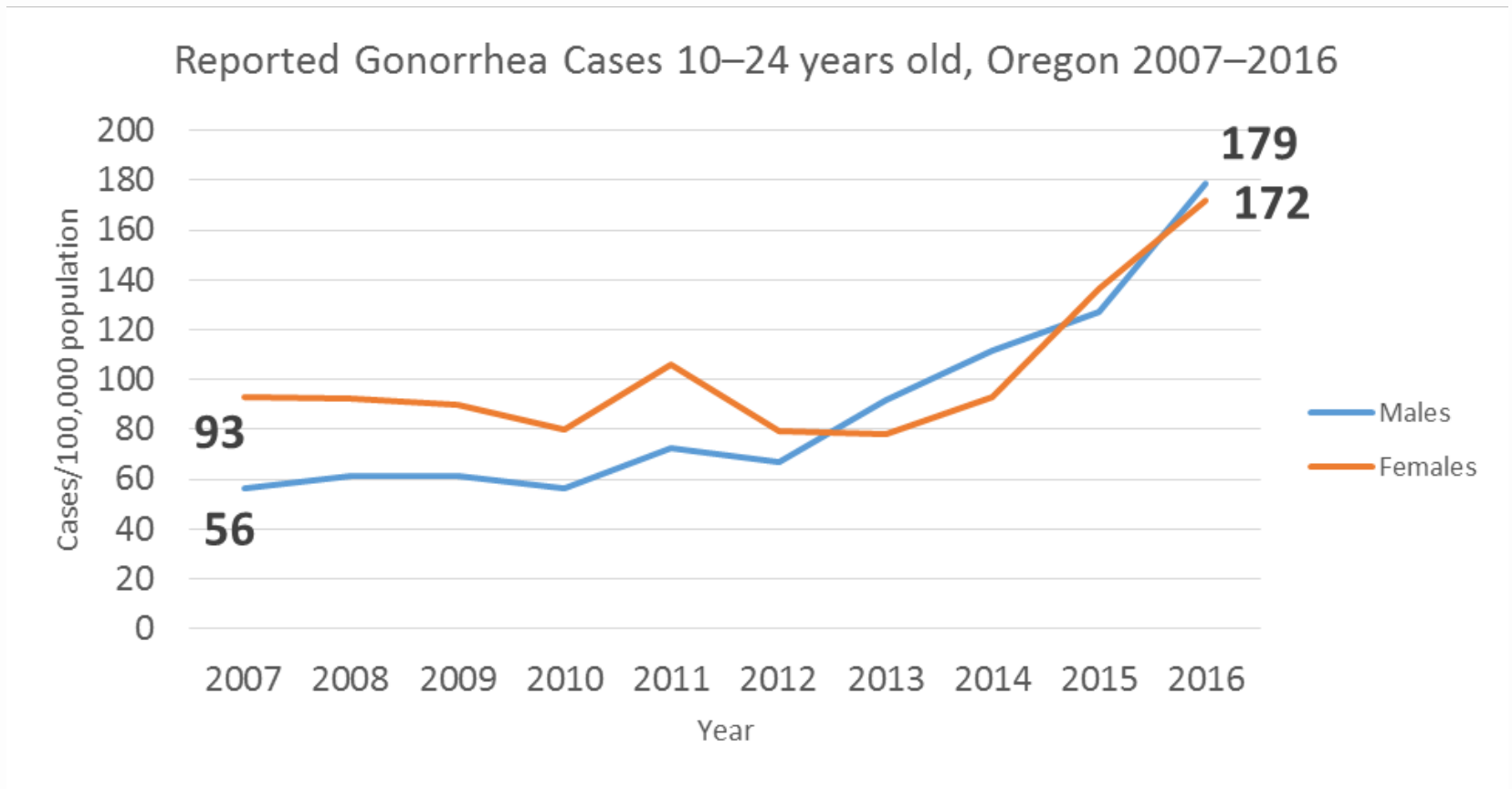
Source: 2016 School Health Profiles – Lead Health Educator Survey

Adolescent STIs - Chlamydia



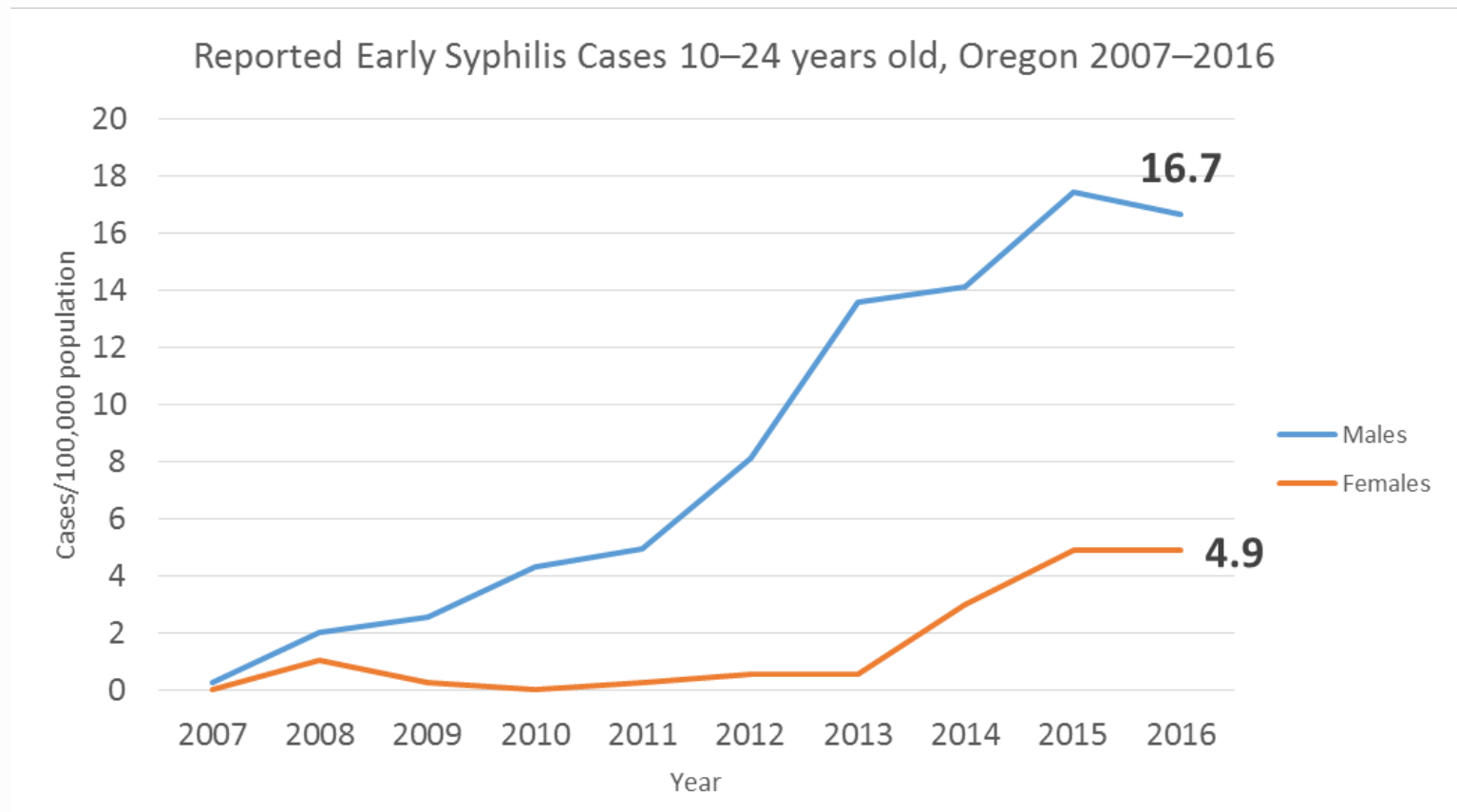
Source: Oregon Public Health Epidemiologists' User System

Adolescent STIs - Gonorrhea



Source: Oregon Public Health Epidemiologists' User System

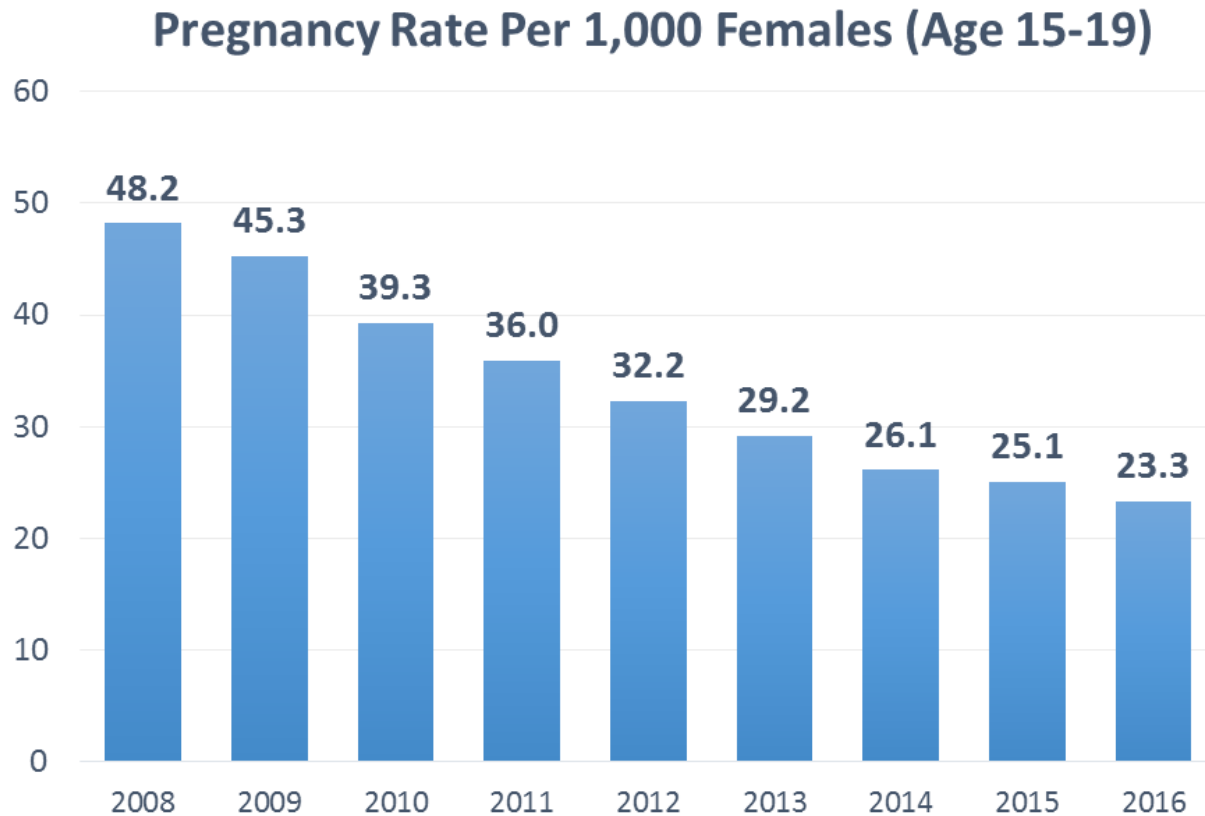
Adolescent STIs - Syphilis



Source: Oregon Public Health Epidemiologists' User System

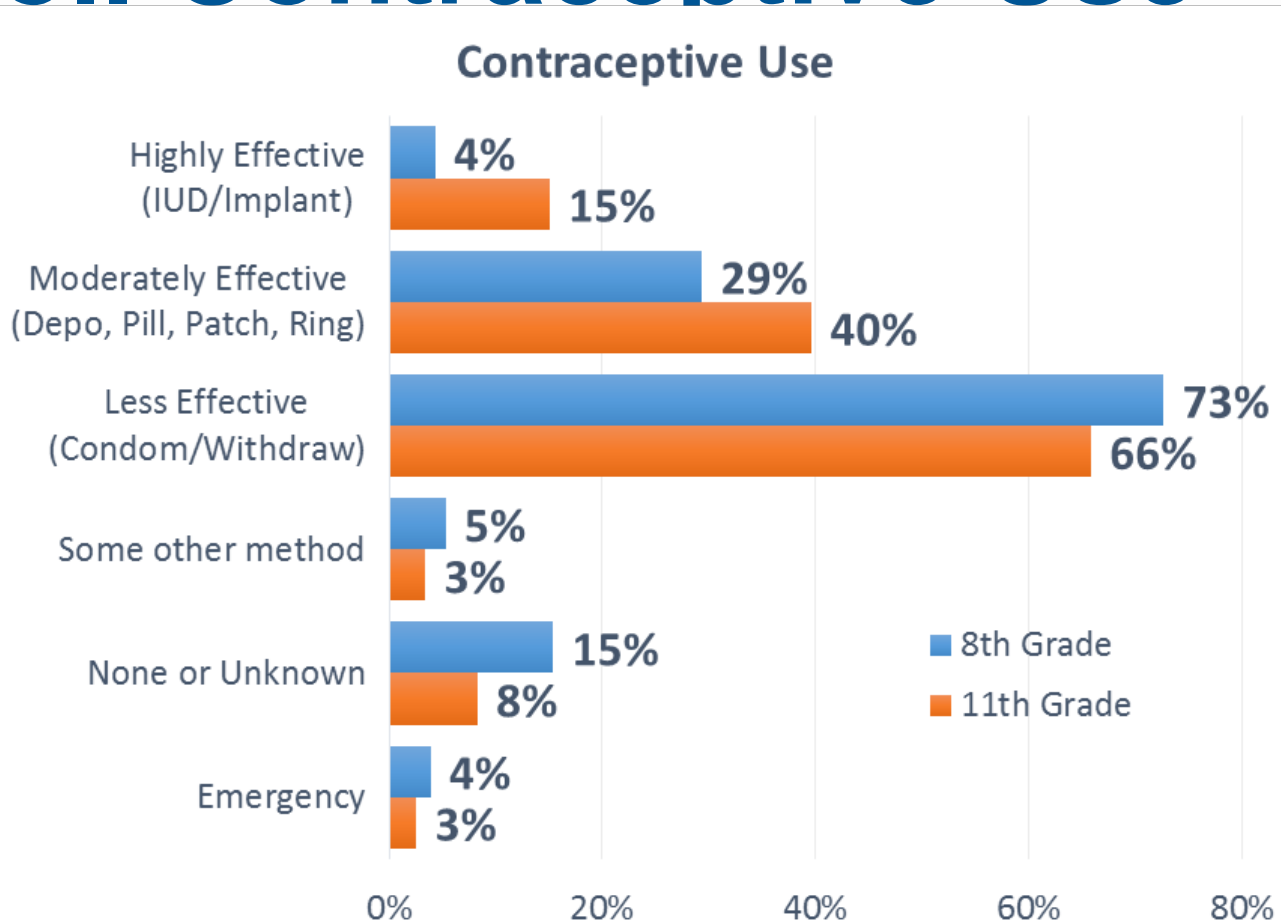
Adolescent Reproductive Health: Pregnancy

Adolescent Pregnancy



Source: Oregon Public Health Division, Center for Health Statistics and U.S. Census Bureau

Adol. Contraceptive Use



Note: Percentages are of youth who have had sexual intercourse. Categories are not mutually exclusive - students could choose more than one method.

Adolescent Reproductive Health: Healthy Relationships

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Adolescent Healthy Relationships

Topic taught	% of Schools	95% CI	N
How to create and sustain healthy and respectful relationships (6-8 th grade)	77.4	72.3 – 81.9	157
How to create and sustain healthy and respectful relationships (9-12 th grade)	95.8	92.1 – 97.8	134

Sexual and Physical Dating Violence	2015	2017
Forced Sex/Sexual Assault (11 th Graders)	5.7%	6.1%
Physical Dating Abuse in the Last 12 Months (11 th Graders)	4.5%	3.7%

Source: 2016 School Health Profiles – Lead Health Educator Survey & 2015, 2017 OHT Survey

Adolescent Sexual Health Policy/Program Initiatives

- **OR Youth Sexual Health Plan**
- **OR Health Education Standards**
- **HB 3391 Reproductive Health Equity Act (2017)**

Adolescent Access to Services

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Adolescent Access to Services

	2016-2017	2017-2018
SBHC	78	76
Students Served	26,868	27,280
School Nurses (FTE)^	225.8	220.2
Nurse (FTE) to Student Ratio^	1 to 2,565	1 to 2,620

	2015**	2017
Annual Visit to Primary Care Provider	58.8% (8) 61.1% (11)	61.8% (8) 62.2% (11)

Source: *SBHC State Program Office, ^ODE School Nurse Annual Reports, and **2015 & 2017 Oregon Healthy Teens. Note: Nurse totals/ratios in 2017-18 reflect slight change in methodology

Adolescent Access

Policy/Program Initiatives

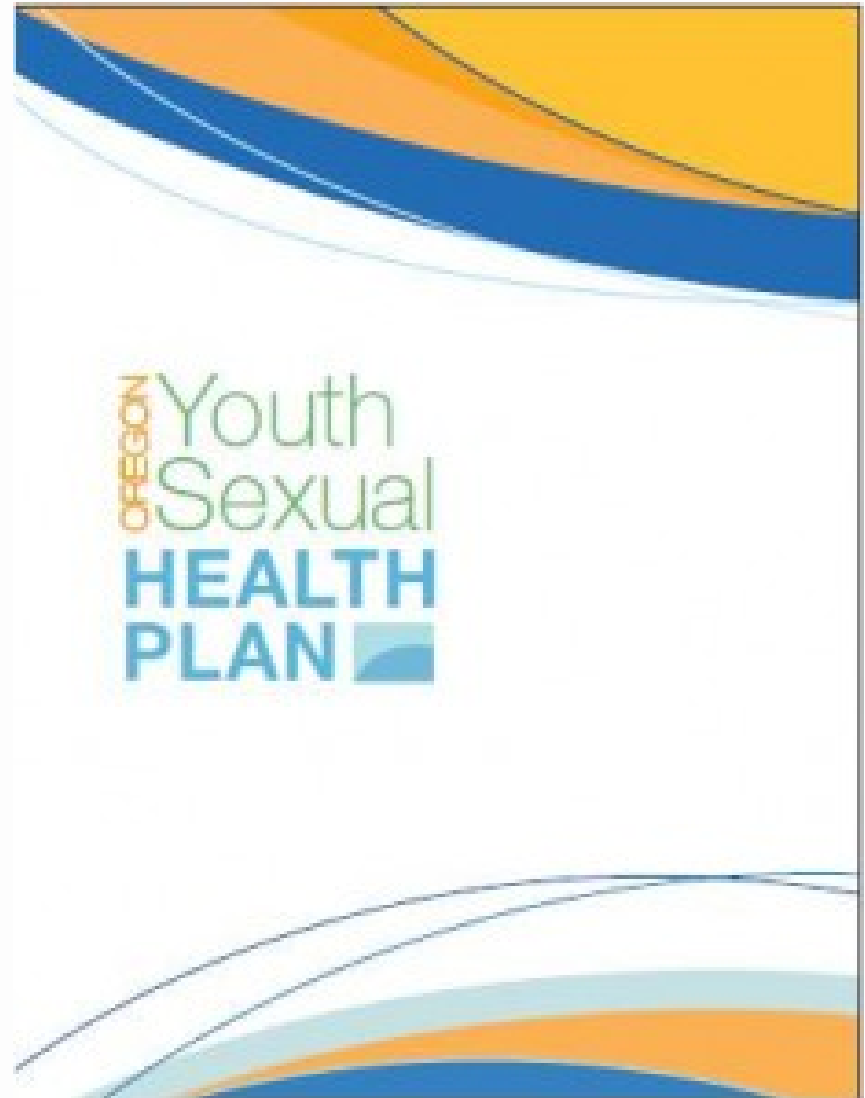
- **SB 111 (2017):** Pilot for Medicaid reimbursement of School Nursing Services
- **SB 558 Healthcare for All Oregon Children (2016):** Covers children regardless of immigration status

Youth Sexual Health Program

-What do we do?

-How do we do it?

-What can you do?



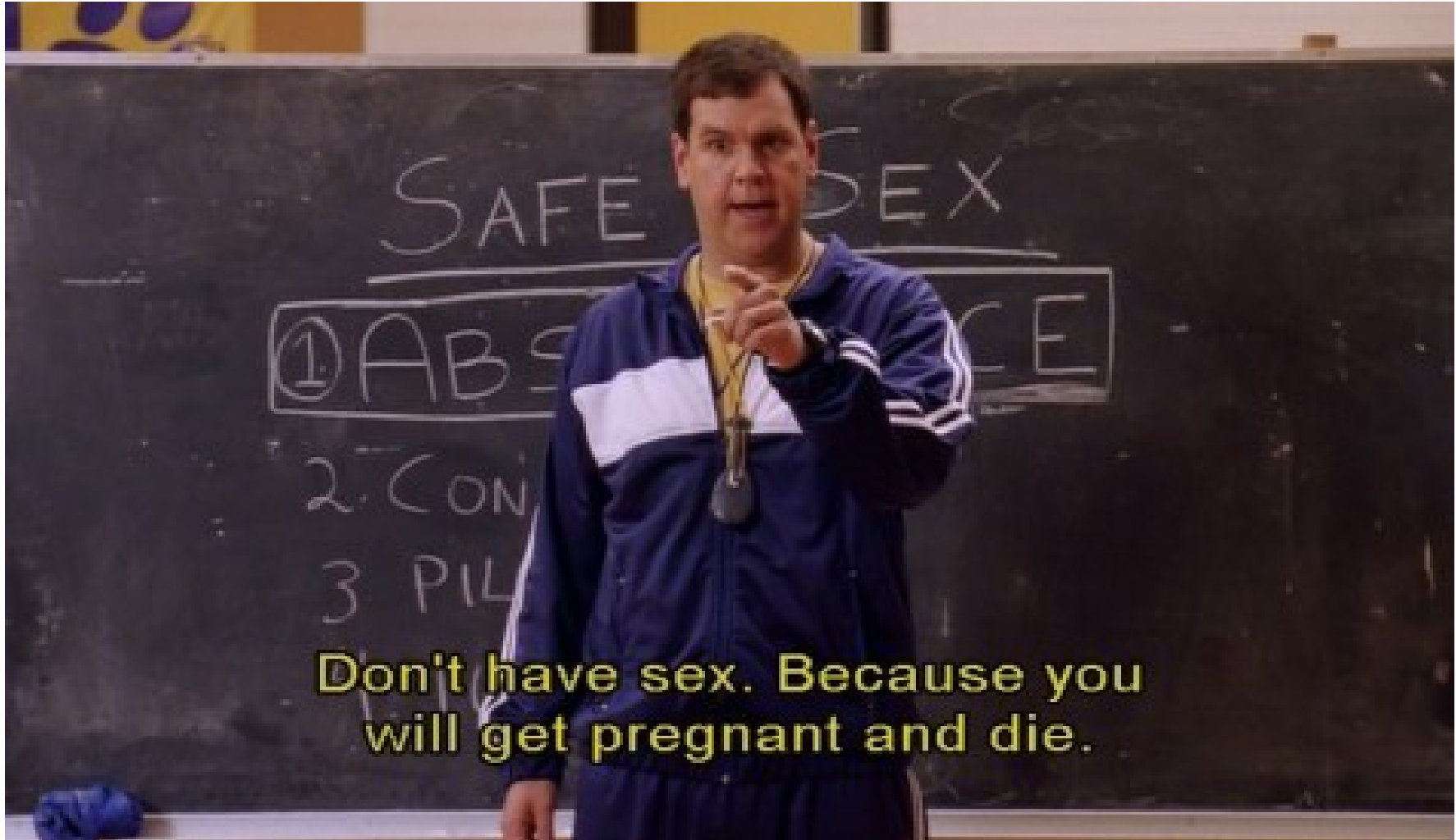
Context Matters



DISMANTLING TEEN PREGNANCY PREVENTION

If we are committed to a bright future for all young people when we must invest in meaningful solutions to address the underlying causes of the challenges they face, instead of perpetuating the misconception that teen pregnancy is a problem that must be prevented.

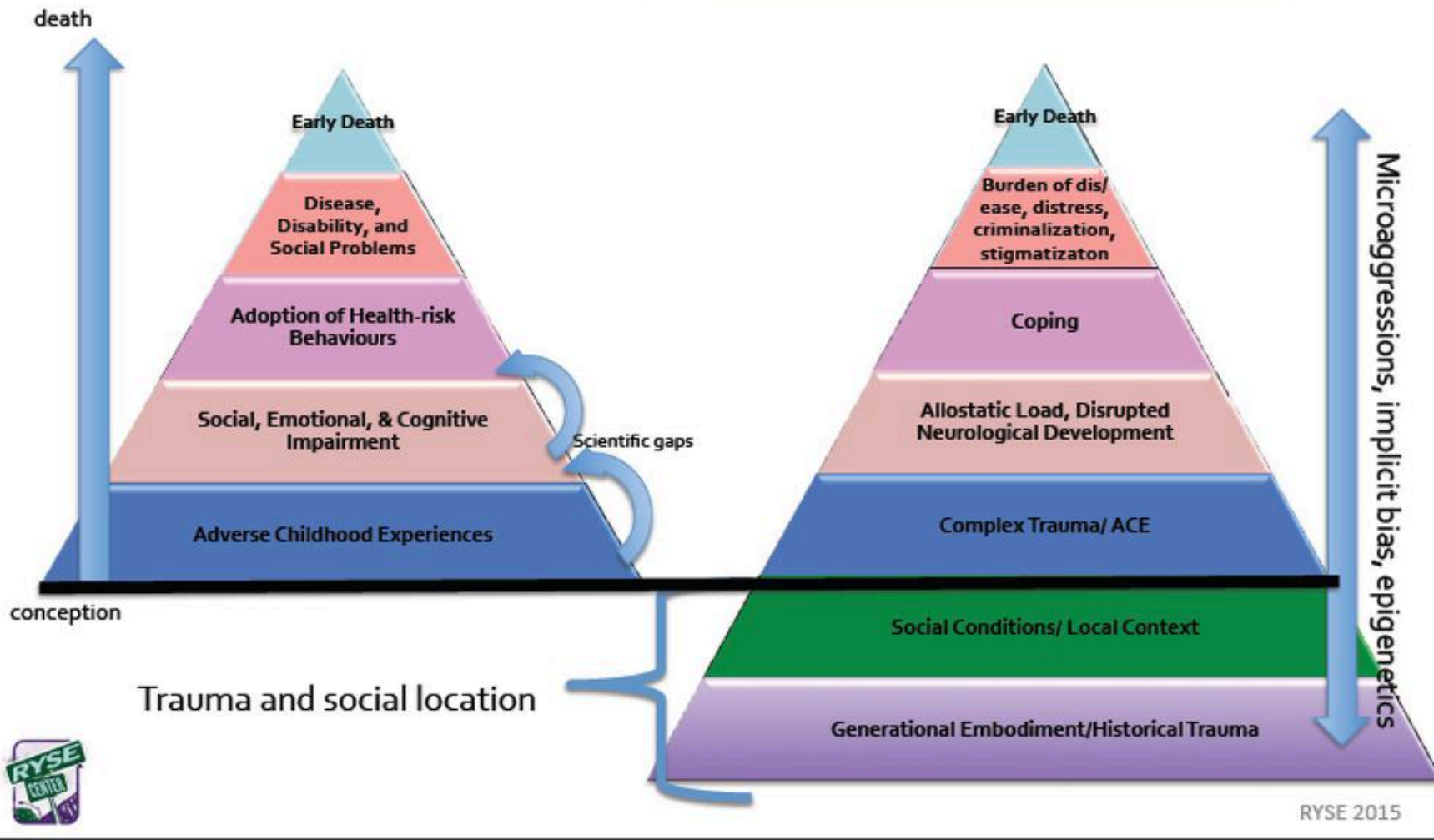


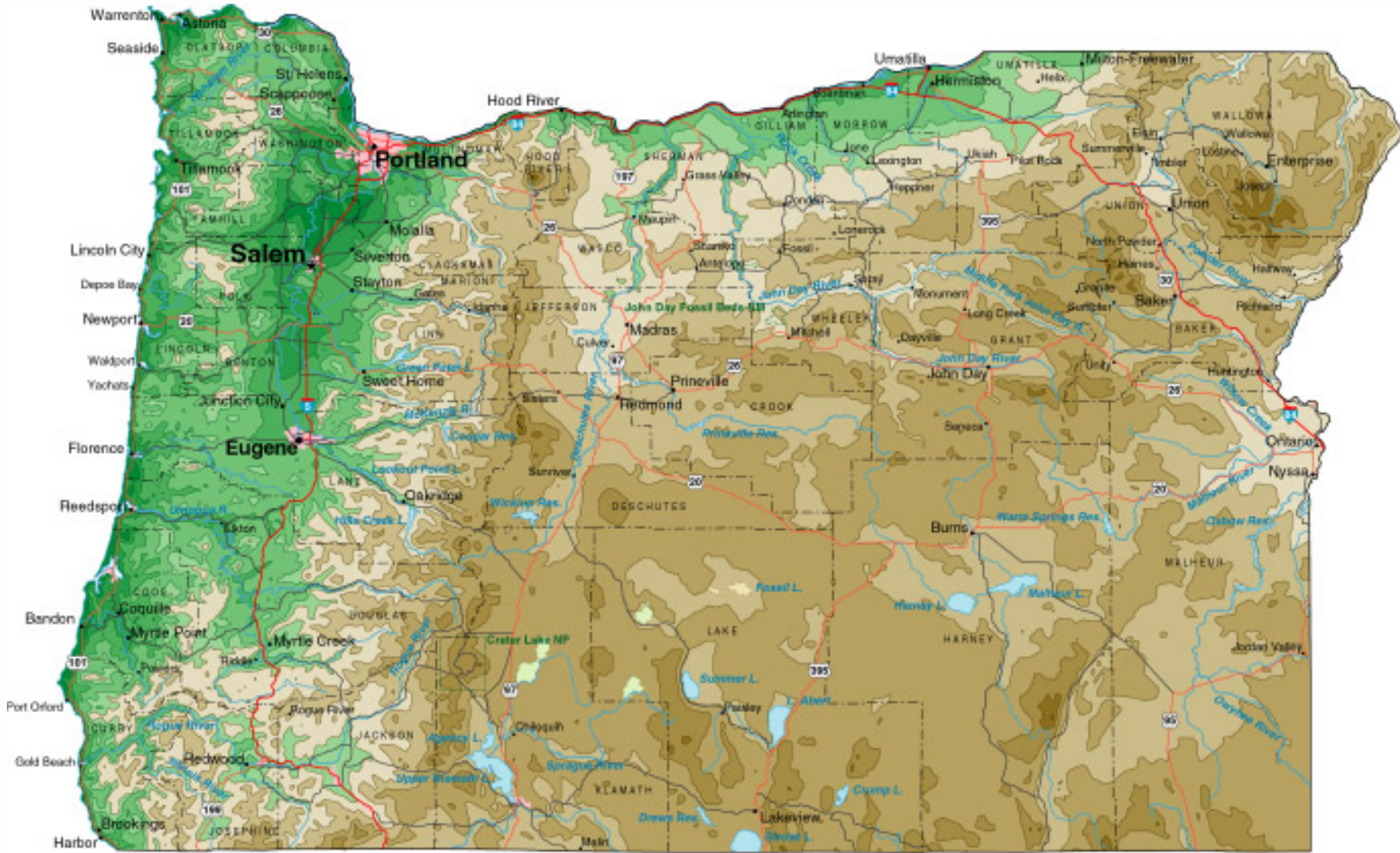


Trauma and Social Location

Adverse Childhood Experiences

Historical Trauma/Embodiment





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Oregon Comprehensive Sexuality Education: Gender

	K	1st	2nd	3rd	4th	5th	6th	7th	8th	HS
Describe and practice ways to communicate respectfully with and about people of all gender identities, gender expressions and sexual orientations.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Recognize and explain that there are many ways to express gender.	✓	✓								
Recognize differences and similarities of how individuals identify regarding gender.			✓							
Recognize the importance of treating others with respect including their gender expression.	✓	✓	✓							
Describe differences and similarities of how individuals identify regarding gender or sexual orientation.				✓	✓	✓				
Describe the importance of treating others with respect including their gender expression and sexual orientation.				✓	✓	✓				
Describe how friends, family, media, society and culture influence how people think they should act on the basis of their gender.	✓	✓	✓	✓	✓	✓				
Discuss ways of expressing gender.						✓				
Describe and demonstrate ways to treat yourself and others with dignity and respect, with regard to gender, gender identity, gender expression, and sexual orientation.				✓		✓		✓	✓	✓



Oregon Comprehensive Sexuality Education: Consent

	K	1st	2nd	3rd	4th	5th	6th	7th	8th	HS
Recognize that everyone has the right to say who touches their body, when and how, and explain why.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Explain that it is never ok to touch someone, or make someone touch you if they don't want to, and describe why.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Define and practice consent as it relates to personal boundaries.	✓	✓	✓	✓	✓	✓				
Identify consent as a freely given yes.							✓	✓	✓	
Describe how consent is a foundational principle in healthy sexuality and in violence prevention.							✓			
Identify that no one has the right to touch anyone else without giving and receiving consent.							✓	✓	✓	
Explain effective communication skills to ensure affirmative consent in all sexual relationships.							✓	✓	✓	
Practice a decision making process to give or receive consent.							✓	✓		

Sexual Violence Prevention Resource Map

Injury Community Implementation Group

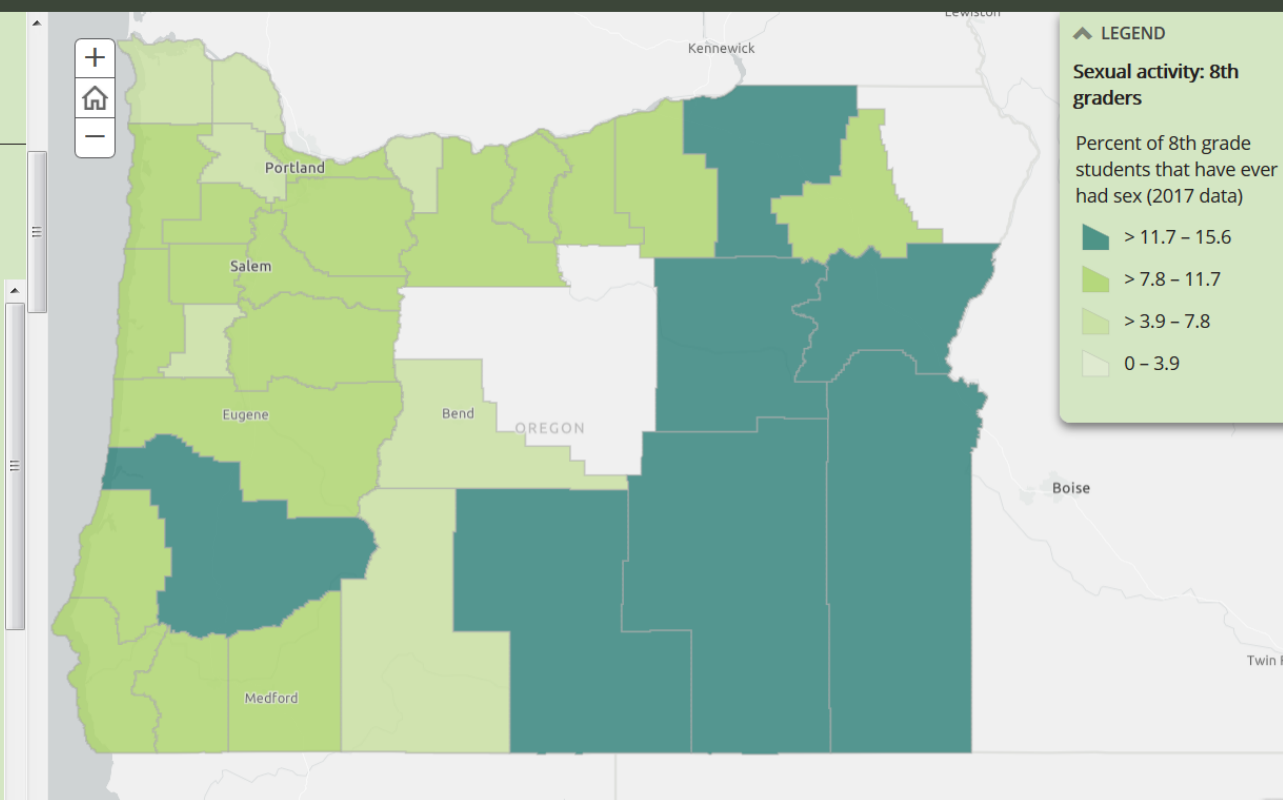
► Teen Dating Violence

► Sexual Behavior among Oregon Teens: 8th Grade Students

Data Source: 2013-2017 Oregon Healthy Teens Survey, a survey of 8th and 11th grade students. The map shows the results of one question from the survey: "Have you ever had sexual intercourse?". The results are reported as a percent.

Some caution should be used when interpreting these numbers:

- Districts and schools from every county, Crook, Jefferson, and Wallowa (2017), participated in the survey.
- Caution should be used when interpreting the results from some counties (2017: Marion, Multnomah, Yamhill, Josephine, Lane) for specific years. The percentage of students that participated in these counties was low. See the website below for more information on the effects of small sample sizes for some counties.
- Some county results have been combined: Grant/Harney, Klamath/Lake, Morrow/Umatilla, Sherman/Gilliam/Wasco, 2013; Sherman/Gilliam/Wasco into North Central Health District (11th grade) and



The Map

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Adolescent & School Health

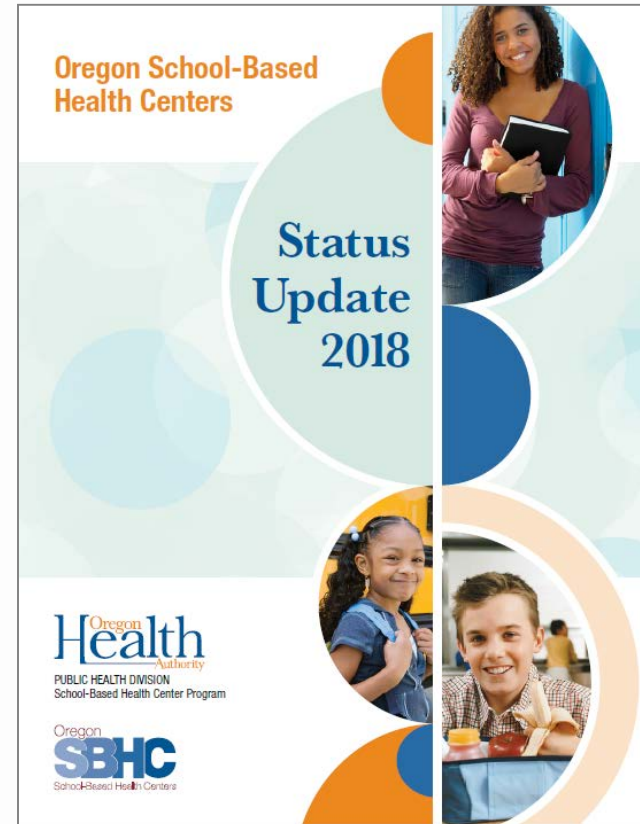
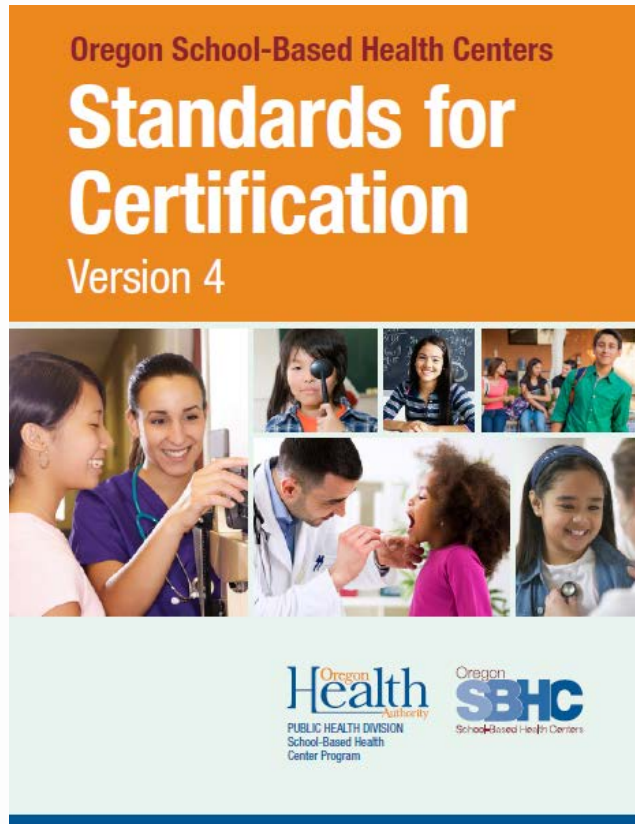
Oregon
Health
Authority

EVERY BODY IS DIFFERENT.

EVERY BODY HAS BEAUTY IN IT.



School-Based Health Center Program



What youth are saying

- Top reasons for accessing care: sick visit, reproductive & behavioral health
- Barriers to access include: cost, fear, cultural competence, confidentiality, provider judgment, time & scheduling
- Areas of improvement: Convenient appointments, education for youth (how, rights to access), provider training

School-Based Health Centers

- Clinic on school grounds
- See all students, regardless of ability to pay
- Primary care, behavioral health, oral health, preventive health services




School-Based Health Centers

- During 2017-2018 school year:
 - 35,815 clients in 119,077 visits
 - 55% clients had Medicaid
 - 32% visits were for behavioral health
 - 100% of SBHCs had a BH provider onsite
 - 29% of SBHCs offered comprehensive contraceptive services onsite

Why they work

CENTENNIAL HEALTH CENTER

YOUTH ADVISORY COUNCIL



JOIN Y.A.C. MAKE A DIFFERENCE.

- Raise awareness & educate peers about health issues
- Advocate to make our school & community a healthier place
- Advise the Health Center on issues that matter to you

ALL STUDENTS ARE WELCOME!!!

Leadership & Communication Skills.
Health Knowledge & Skills.
Presentation & Job Skills.
Volunteer Experience. Activity to Include in Scholarship & College Apps.
Support from Peers & Adults. Be the Change You Want to See in Your Community.

Multnomah County Health Department

ALL STUDENTS IN THE SCHOOL ARE ELIGIBLE FOR SERVICES PER OREGON REVISED STATUTES (ORS).

- Students 15 years of age or older may consent for physical health services (14 years of age or older for mental health services) (ORS 109.640, ORS 109.675). If needed services are not available on site, appropriate referral will be made.
- Students of any age may consent for reproductive health and family planning services and for diagnosis and treatment of STI's (ORS 109.640, ORS 109.610). If needed services are not available on site, appropriate referral will be made.
- Students shall not be denied access to services based on insurance status or ability to pay.
- Students shall not be denied access to services based on race, color, national origin, religion, immigration status, sexual orientation, developmental or cognitive disability or gender.



2014
The Institute for Community Research's
YOUTH PARTICIPATORY ACTION RESEARCH CURRICULUM
manual with release

Health
PUBLIC HEALTH DIVISION
Multnomah and Clatsop Health Departments

The Institute for Community Research

NOTICE

Anything you tell a staff member in this clinic is kept totally confidential (we don't tell anyone.)

With These Exceptions:

1. Physical Abuse
2. Sexual Abuse
3. Your life is in danger or you are endangering someone else's life



SBHCs & RH Outcomes

SBHC access matters in low SES schools



Students in low SES SBHC schools were **40% more** likely to report “healthy sexual behavior”* than those in non-SBHC schools

Prescribing, but not dispensing, doesn't seem to impact contraceptive use



SBHCs who only prescribed, but did not dispense contraceptives, saw **no differences** in student contraceptive use

Access to onsite contraception matters



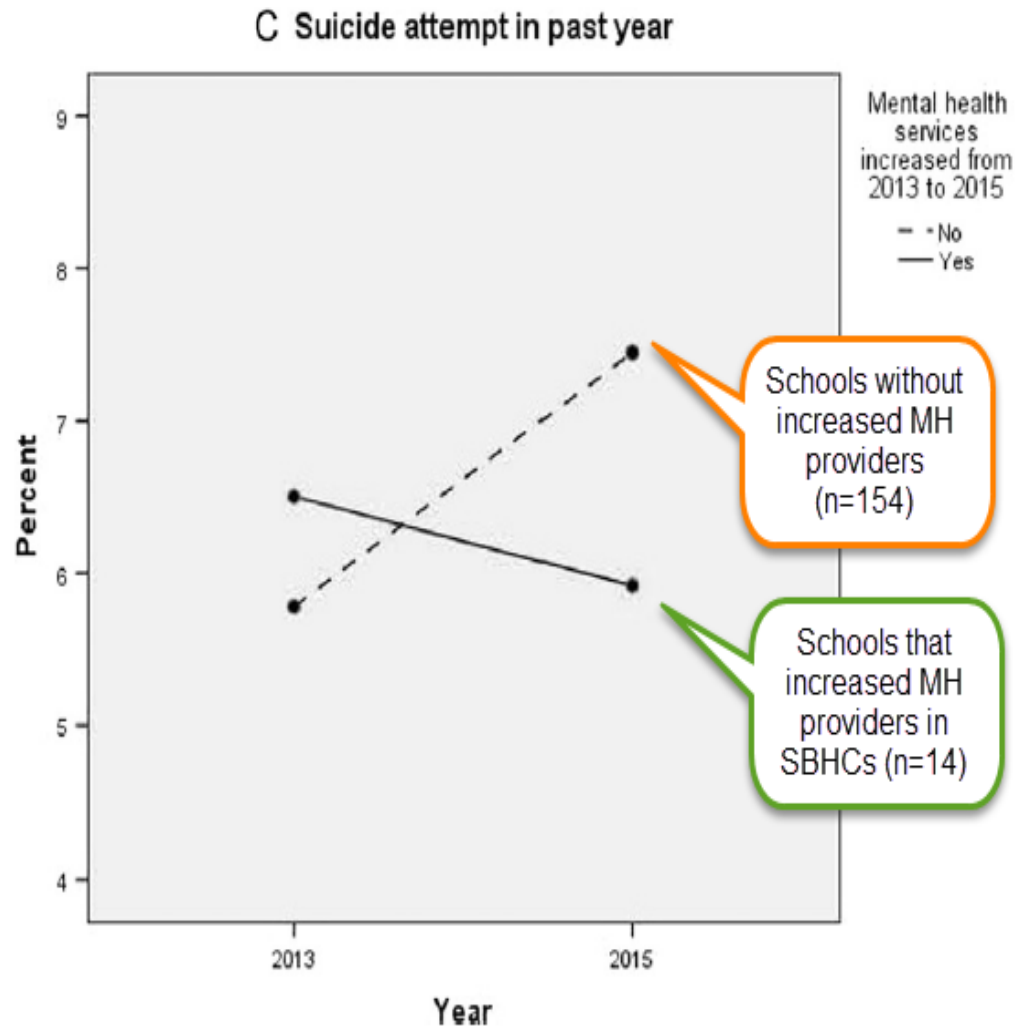
Students with access to onsite contraception at SBHC were **77% more likely** to report contraceptive use than those whose SBHC referred off-site

* “healthy sexual behavior” = abstinence or contraceptive use at last intercourse

[Oregon SBHCs and Sexual and Contraceptive Behaviors among Adolescents](#) (Bersamin, Paschall & Fisher, 2017; J of School Nursing)

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Adolescent & School Health

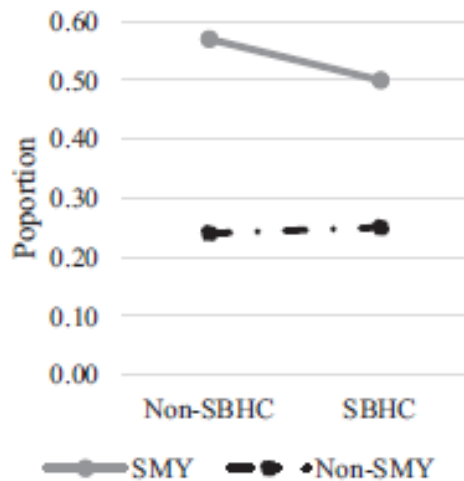
SBHCs & BH Outcomes



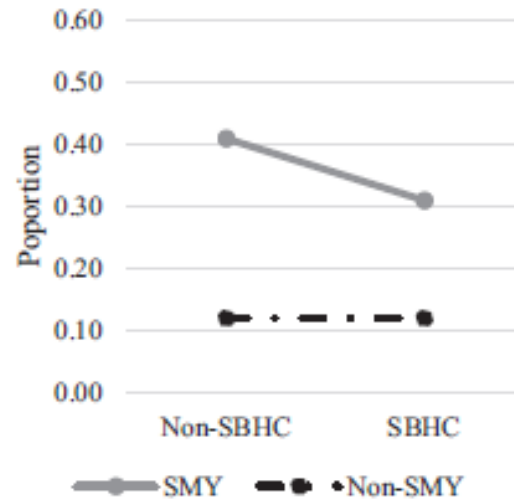
[SBHCs, Depression & Suicide Risk Among Adolescents \(Paschall & Bersamin, 2017; Am J of Preventive Medicine\)](#)

SBHCs & SMY BH Outcomes

(a) Past year depressive episode



(b) Past year suicide ideation



(c) Past year suicide attempt

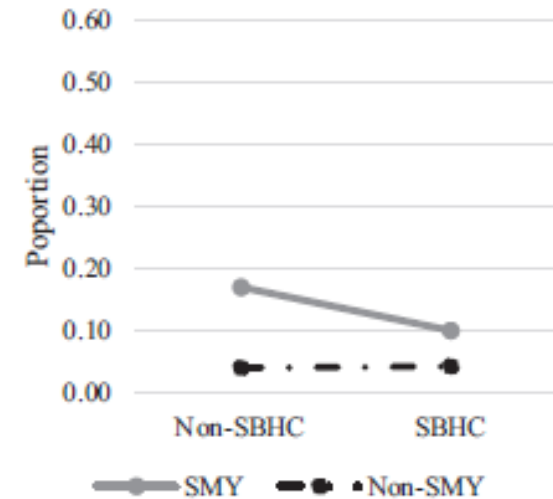


FIGURE 1 Proportion of SMY (solid line) and non-SMY (dashed line) students endorsing they experienced a past-year having depressive episode (a), suicide ideation (b), and suicide attempt (c) at schools with and without SBHCs in 2015. Proportions are adjusted for student and school demographic characteristics. SBHC, school-based health center; SMY, sexual minority youth.

Zhang, L., Finan, L.J., Bersamin, M. & Fisher, D.A. (2018). Sexual orientation-based depression and suicidality health disparities: The protective role of School-Based Health Centers. *J of Research on Adolescence*, in press, 1-9.

OREGON SCHOOL-BASED HEALTH CENTER MAP

WASHINGTON COUNTY

Beaverton HS
Century HS
Forest Grove HS
Merlo Station HS
Tigard HS
Tualatin HS

COLUMBIA COUNTY

Clatskanie MS/HS
Lewis & Clark ES
Rainier JR/SR High
Vernonia K-12

MULTNOMAH COUNTY

Benson Polytechnic HS	Centennial HS	César Chávez K-8	Cleveland HS
David Douglas HS	Franklin HS	George MS	Jefferson HS
Madison HS	Parkrose HS	Roosevelt HS	

YAMHILL COUNTY

Willamina HS
Yamhill Carlton HS

CLACKAMAS COUNTY

Estacada HS	Milwaukie HS
Oregon City HS	Rex Putnam HS
Sandy HS	

HOOD RIVER COUNTY

Hood River Valley HS

POLK COUNTY

Central HS

MORROW COUNTY

Ione Community Charter

LINCOLN COUNTY

Newport HS
Taft High 7-12
Toledo JR/SR HS
Waldport HS

UMATILLA COUNTY

Pendleton HS
Sunridge MS

BENTON COUNTY

Lincoln ES
Monroe ES/MS

UNION COUNTY

La Grande HS
Union SD

LANE COUNTY

Cascade MS
Churchill HS
N. Eugene HS
Springfield HS

BAKER COUNTY

Baker HS

COOS COUNTY

Marshfield HS

WHEELER COUNTY

Mitchell School

DOUGLAS COUNTY

Roseburg HS

GRANT COUNTY

Grant Union HS

CURRY COUNTY

Brookings-Harbor HS

JOSEPHINE COUNTY

Illinois Valley HS
Loma Byrne MS
Evergreen ES

JEFFERSON COUNTY

Madras HS

JACKSON COUNTY

Ashland HS
Crater HS
Hanby MS
Jewett ES
Phoenix ES
Table Rock ES
White Mountain MS

CROOK COUNTY

Pioneer HS

KLAMATH COUNTY

Gilchrist School

DESCHUTES COUNTY

Bend HS
Ensworth ES
La Pine K-12
M.A. Lynch ES
Redmond HS
Sisters HS



PUBLIC HEALTH DIVISION
School-Based Health Center Program

As of July 2018

Certified SBHCs = 76

Counties with certified SBHCs

**You can't educate a student
who isn't healthy . . .**



**and you can't keep children healthy
who aren't educated!**

School Health Team

- **School Nurses**
- **School Counselors**
- **School Psychologist**
- **School-Based Health Center (SBHC)**
- **Mental Health Providers**

WHOLE SCHOOL, WHOLE COMMUNITY, WHOLE CHILD

A collaborative approach to learning and health



School Nursing

- Specialized practice of nursing
- Advances the well being and academic success of students
- Promote health and safety
- Intervene with health problems
- Provide case management services

OR School Nursing Practice



School Nurses Report:

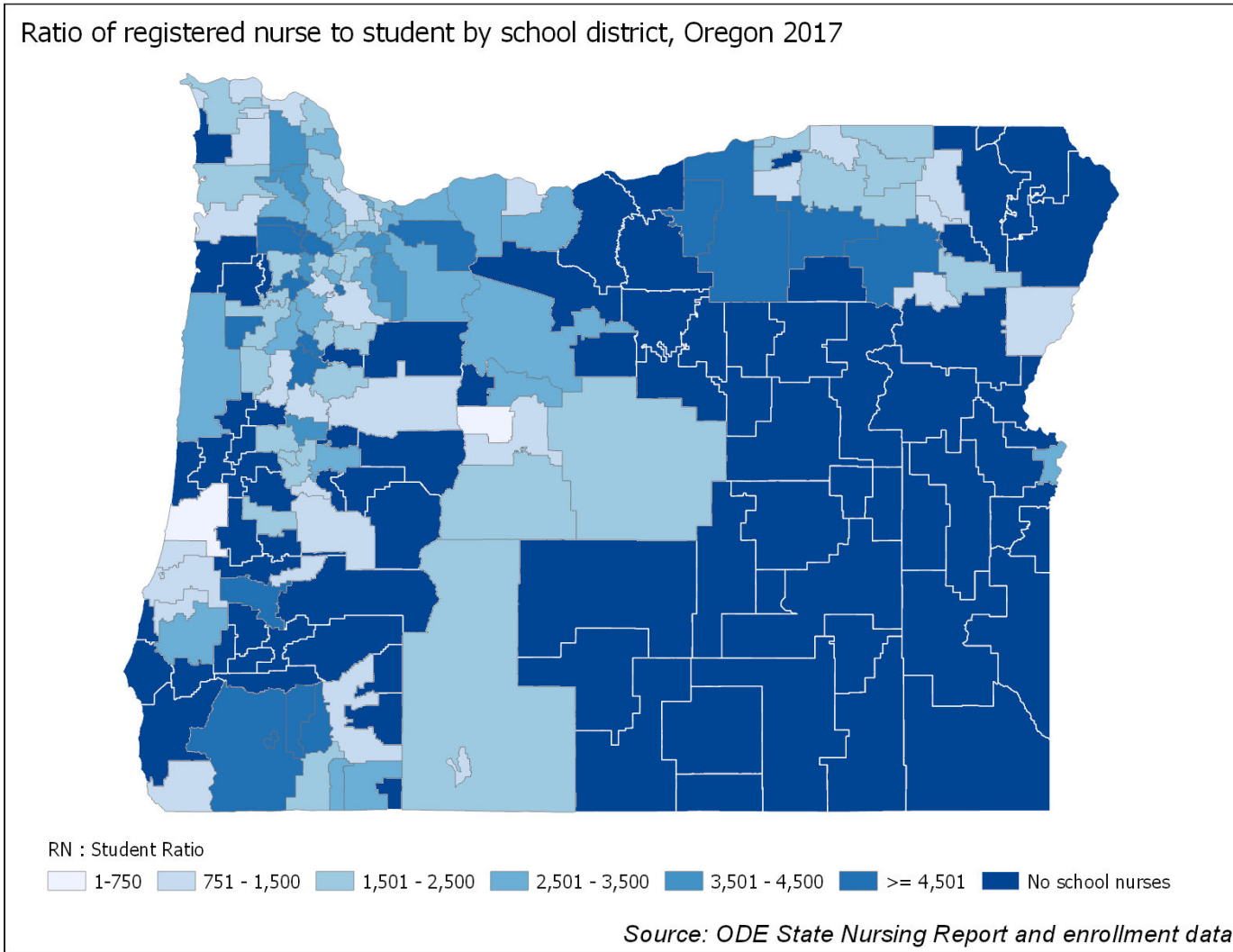
- Mental health / Emotional health problems
- Stress related illnesses
- Limited or no access to Health Care
- Sexual health and safety

The School Nurse's Role

- Often a student's first entry-point into the healthcare system
- Early identification of somatic complaints and individual exploration
- Appropriate referrals
- Maintain confidentiality
- 30% of school nursing is mental health

Oregon School Nurse Ratio By District

Ratio of registered nurse to student by school district, Oregon 2017



What Can You Do?

- Follow the 2019 OR Legislative Session – Student Mental Health a Big Topic
- Follow the Joint Committee on Student Success
- Affirm young peoples' identities and experiences
- Be a supportive & caring adult

Supportive Adult Relationships at School

	With Caring Adult at School	Without Caring Adult at School
Percentage of 8th Graders who are chronically absent	9%	14%
Percentage of 11th Graders who are chronically absent	17%	23%
Percentage of 8th Graders who missed school b/c felt unsafe	7%	13%
Percentage of 11th Graders who missed school b/c felt unsafe	6%	9%

Source: 2017 Oregon Healthy Teens Survey

Contact Us

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Thank You



www.healthoregon.org/ah