Wisconsin Public Health Council
State Health Plan Committee

June 2008 Progress Report on Healthiest Wisconsin 2010
**Health Priority: High-Risk Sexual Behavior**

## Part I: Introduction

Thinking about sexual and reproductive health is complicated by multiple economic, political, and social forces that diminish our national and state ability to clearly identify problems, agree on solutions, and build the will to make improvements. Further, while the public cost of issues associated with morbidity related to sexual and reproductive health is borne by everyone, the private crises are not. These disproportionately affect vulnerable populations.

*Healthiest Wisconsin 2010* covers a number of different sexual activities considered High Risk. The health plan objectives seek to impact Wisconsin communities across age, gender, race/ethnicity, socio-economic status, sexual orientation, and educational background. State efforts to address high-risk sexual behavior similarly include many programs that approach human sexuality from a variety of ideological viewpoints, some of which use vastly diverging definitions of "healthy behavior change."

The Wisconsin Department of Health and Family Services supports an evidence-based dual strategy for addressing adolescent pregnancy prevention: encourage and promote delayed sexual activity, and provide access to confidential contraceptive and related reproductive health services to prevent unintended pregnancy among sexually active adolescents.

Similarly, HIV and STI prevention strategies focus on age-appropriate prevention messages for youth and adults, supporting a range of health behaviors including abstinence, faithful monogamy, condom use, appropriate and timely treatment of already-contracted STD infection, open communication with partners about sexual history, testing, and counseling.

*Teen Birth Rates and Unintended Pregnancy*

Nationally, the U.S. teen birth rate has continued to decline over the last decade. According to the *National Campaign to Prevent Teen Pregnancy*, Wisconsin's 2005 overall teen birth rate among females ages 15 – 19 was 30 births per 1,000, as compared to the overall U.S. teen birth rate of 40.4 per 1,000. However, Wisconsin's teen birth rate for African

Americans in 2000 was the highest African American teen birth rate of any state in the country, at 111 per 1,000 for 15-19-year-olds. The teen birth rate among African Americans decreased from 168 per 1,000 in 1994 to 94 per 1,000 in 2005.

According to a 2006 *National Campaign to Prevent Teen Pregnancy* report, 16.7 percent of all city births were to mothers under the age of 20 and teen births cost the Milwaukee area at least $48 million a year in foster care, health care, and lost tax revenue in 2005.

*STIs and HIV*

Wisconsin has developed a network of public health, academic, medical and community-based providers and intermediaries to deliver effective behavioral interventions, HIV testing and STI testing and treatment to persons at risk. The majority of this effort is focused on the prevention of HIV, which is supported by an annual grant of approximately $2.8 million, supplemented by an additional $1.5 million from a combination of state and federal sources.

New HIV infection in Wisconsin has largely leveled off in recent years, with consistent, moderate reduction in new HIV cases among most populations. Despite this, HIV infection continues to disproportionately impact racial and ethnic minority communities, with reported HIV infection rates in 2007 being eleven-fold greater for African Americans and six-fold higher for Latinos when compared to whites. Also, between 2000 and 2007 cases of HIV reported among men who have sex with men (MSM) increased 34 percent statewide, with the majority of these cases being among MSM under 30 years of age.

Limitations to the evaluation of the progress on Healthier Wisconsin 2010 High-Risk Sexual Behavior objectives include a lack of consistent access to prevention services by geographical and cultural demographics, the significant limitations related to data sources, a lack of consistent tracking of all marginalized populations, and the lack of integrated programs across HIV and other STIs.

## Part II: Progress in Achieving the Healthiest Wisconsin 2010 Long-Term Outcome Objectives

### Objective I. Adolescent Sexual Activity

By 2010, 30 percent or less of Wisconsin high school youth will report ever having had sexual intercourse.

**Performance as of 2007:** The 2007 YRBS shows that 46.3% of females and 43% of males (44.6% overall) in high school report having had sexual intercourse. The percentage of youth reporting intercourse increased across the grade levels with 26.1% of 9th graders reporting the behavior to 64.4% of 12th graders.

**Performance Status: No Improvement**. 1999 baseline YRBS data show overall rates of intercourse for high school males and females as 41.5%. 2007 rates reflect a 7% increase over baseline.

### Objective II. Unintended Pregnancy in Wisconsin

By 2010, 30 percent or less of pregnancies to Wisconsin residents will be unintended.

**2.a.** By 2010, reduce teen pregnancies in Wisconsin to 30 percent or less by promoting the consistent and correct use of contraceptives and barriers.

**Performance as of 2007:** The 2007 YRBS indicates that 65% of high school youth report having used a condom at last sexual intercourse, with the likelihood for females and 9th graders being somewhat lower (60% and 55% respectively).

**Performance Status: Improving**. 1999 baseline YRBS data show overall rates of condom use at last sexual intercourse as 57.7%. 2007 rates reflect a 12% improvement over these, though rates for younger teens and females may not be seeing the same improvements.

**2.b.** By 2010, reduce unintended pregnancies in Wisconsin to 30 percent or less (Adult Focus).

**Performance as of 2006:** The 2006 BRFS shows that 50% of women who had been pregnant in the past 5 years stated they wanted to be pregnant then. 20% of the group stated that they would have preferred to have been pregnant later.

**Performance Status: Unclear baseline.**

**2.c.** Trend Measure of Milwaukee Teen Birth Rate

**Performance as of 2005:** Bureau of Health Information and Policy data reflect declining rates among 15-to-19-year-olds since 1999.

**Performance Status: Improved, but slowly**. The rate of decline of teen pregnancies in Milwaukee is less than it had been in the previous decade. Teen pregnancy rates for this age range are still twice the national rate and

three times the state rate. Further, significant differences persist among racial and ethnic groups, economic classes, and neighborhoods.

**Objective III. Sexually Transmitted Disease, including HIV Infection**
It is a public health goal to reduce the incidence of sexually transmitted disease (STD), including human immunodeficiency virus (HIV) infection, by promoting responsible sexual behavior throughout the life span, strengthening community capacity, and increasing access to high-quality prevention services.

**3.a**. By the year 2010 the incidence of primary and secondary syphilis in Wisconsin will be 0.2 cases per 100,000 population.
**Performance as of 2006:** As of 2006, incidence of primary syphilis was reported at 0.29 per 100,000; secondary syphilis rate of 0.88 per 100,000. The combined rate for primary and secondary syphilis was 1.17 per 100,000. Eighty-three percent of current incidences were among males and about 50% of early syphilis cases in all age groups were among men who have sex with men.
**Performance Status: No change**. Despite improvements between 2000 and 2003, increases in the past several years have brought the rates back to baseline. Significant differences exist along lines of racial, gender, and sexual orientation differences.

**3.b.** By the year 2010 the incidence of genital Chlamydia trachomatis infection in Wisconsin will be 138 cases per 100,000 population.
**Performance as of 2006:** As of 2006, incidence of genital Chlamydia infections was reported at 361 per 100,000.
**Performance Status: Worsening**. Steady increases in incidence since 2000 baseline include predominant female population (72% of cases), with striking prevalence among teens 15-19 and ethnic and racial minorities.

**3.c.** By the year 2010 the incidence of Neisseria gonorrheae infection in Wisconsin will be 63 cases per 100,000 population.
**Performance as of 2006:** As of 2006, incidence of gonorrhea infections was reported at 123.9 cases per 100,000.
**Performance Status: No change**. Despite improvements between 2000 and 2004, increases in the past two years have brought the rates back to baseline. Gender distribution is less marked than for other STIs (42% male and 58% female), but an 18% increase among white males has been reported since 2005.

**3.d.** By the year 2010 the incidence of human immunodeficiency virus (HIV) infection in Wisconsin will be 2.5 cases per 100,000 population.

**Performance as of 2007:** As of 2007, the number of reported cases of HIV infection by year of report has remained relatively flat, ranging from 336 to 430 cases reported annually since 1998. The 2007 rate of 7.3 cases per 100,000 is approximately 3 times the target rate for 2010.
**Performance Status: No change**. While the overall rates for HIV infection have remained flat, there may be a reduction in incidence among heterosexual males. However, between 2000 and 2007, cases reported among men who have sex with men have increased by 34%. Further, rates per 100,000 among African Americans (43.7 per 100,000), Latinos (25.9 per 100,000) Asian/Pacific Islanders (12.2 per 100,000), and American Indians (6.4 per 100,000) of both genders remain higher than their white counterparts (4.4 per 100,000). Finally, no local data exists for risk behaviors and HIV incidence among MtF and FtM transgender people, although other jurisdictions report alarming rates among these individuals.

## Part III: Recommendations

1. Increase GPR for evidence-based programs for youth and adults to address unintended pregnancy, STI and HIV at levels more commensurate with the economic and societal cost savings.

2. Increase access to preventive and primary health services in educational, community and clinical settings.
    a. In schools and communities, improve knowledge of contraception and sexual/reproductive health, increase access to contraception and barrier protections, explicitly address the major roles that feelings and attitudes play in avoiding pregnancy and disease, and develop and evaluate programs.
    b. In community settings, support HIV prevention targeting high-risk persons based on data from surveillance and planning sources. These include men who have sex with men, people living with HIV, and injection drug users. Emphasis should be placed on racial and ethnic minorities and on youth and young adults.
    c. Provide leadership to schools and communities by facilitating the expansion of sexuality education and disease prevention in classrooms, school health programs, and by school nurses.
    d. Support the expansion of the Family Planning Waiver Program including males.

3. Support system changes to address health disparities experienced by racial/ethnic and sexual minorities.
    a. Increase sample rates for YRBS and BRFS for racial and ethnic minorities, using a variety of sampling methodologies.

b. Include age-appropriate questions addressing sexual identity, orientation, and behavior and gender identity on the YRBS and BRFS.
c. Create a state-level Office of LGBT Health to assure government monitors and eliminates current and emerging health disparities in these populations.
d. Assure all public health programs integrate issues of health disparities experienced by racial/ethnic and sexual minorities in their plans, funding decisions, and monitoring.