



National Association of County & City Health Officials

The National Connection for Local Public Health

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Department of Health and Human Services (HHDS)  
Centers for Disease Control and Prevention (CDC)  
Office of Management and Budget (OMB)  
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*Re: Request for Commentary on the Assessments to Inform Program Refinement for HIV, Other STI, and Pregnancy Prevention among Middle and High-School Aged Youth.*

The National Association of County and City Health Officials (NACCHO) appreciates the opportunity to provide comments on the “Assessments to Inform Program Refinement for HIV, other STI, and Pregnancy Prevention among Middle and High-School Aged Youth.” NACCHO represents the nation’s nearly 3,000 local health departments (LHDs) that protect the public every day, including prevention of HIV, other sexually transmitted infections (STIs), and pregnancy among adolescents.

While HIV and other STIs affect individuals of all ages, they take a particularly heavy toll on young people. CDC estimates that over half (54.4%) of reported cases of STIs were among adolescents and young adults ages 15-24 years in the United States in 2019. Young people ages 15-24 made up almost two-thirds (61.0%) of all reported chlamydia cases in the United States.<sup>1</sup> In addition, adolescents aged 13-19 years and young adults aged 20–24 years accounted for 21% of the 36,801 diagnoses of HIV infection in 2019 in the United States. They are the least likely of any age group to be aware of their HIV infection, retained in care, or have a suppressed viral load.<sup>2</sup>

Pregnancy also takes a particularly heavy toll on adolescents. Although the teen birth rates have declined since 1991, the U.S. adolescent pregnancy rates are still substantially higher than in other western industrialized nations, and racial/ethnic and geographic disparities in adolescent birth rates persist.<sup>3</sup> In 2019, the birth rates for Hispanic adolescents (25.3) and non-Hispanic Black adolescents (25.8) were more than two times higher than the rate for non-Hispanic White adolescents (11.4). American Indian/Alaska Native adolescents (29.2) were highest among all races/ethnicities.<sup>4</sup> In addition, pregnancy and birth are significant contributors to decisions to leave high school. Only about 50% of teen parents receive a high school diploma by 22 years of age, whereas 90% of people who do not give birth during adolescence graduate from high school.<sup>5</sup>

Evidence-based pregnancy and HIV/STI prevention programs for youth, informed by this population’s needs, are pivotal to advancing adolescent health. Thus, NACCHO supports data collection efforts from adolescents (ages 11-19) and their parents/caregivers for needs assessment and refinement of programs and services designed to prevent HIV, other STIs, and pregnancy among middle and high school-aged adolescents.

The plan to collect data from adolescents and their caregivers is critical to successful adolescent HIV, STI, and pregnancy prevention programs. LHDs support the health and wellbeing of adolescents and provide HIV/STI prevention programs, screening, and treatment and pregnancy prevention, support, and referrals. According to the NACCHO’s 2019 National Profile of Local Health Departments; 62% of LHDs provide screening for HIV/AIDS, 70% of LHDs provide screening for other STIs, 46% of LHDs offer treatment services

for HIV/AIDS, and 52% of LHDs provide treatment services for other STIs for all populations including adolescents.<sup>6</sup> Given the critical role that LHDs play in supporting adolescents to navigate these risks, NACCHO has identified where LHDs can play a leadership role in data collection efforts.

A pillar of community-based participatory research is ensuring that the community is involved in their research and data collection efforts, which is critical to ensure that programs informed by the data collected are relevant and address the needs of the key population. Given LHDs' unique relationship with their community and community members, they are positioned to assess best practices for collecting information from adolescents and caregivers. Informed by our work with LHDs, NACCHO supports the proposed collection of data and agrees that it is necessary for the proper performance of the agency's functions and believes that this information will be of practical use.

NACCHO also encourages data to be collected in a method that is most likely to be accurate, representative, and through a robust sample size by meeting adolescents where they are most. A majority of adolescents report having access to a home computer or smartphone. Some 95% of adolescents have access to a smartphone and 88% to a desktop or laptop computer at home. Local health officials' direct communication with adolescents and their families makes them experts in assessing the burden of collecting information on those who are to respond. They have witnessed firsthand the preferred use of technology and electronics to reach this population. LHDs have expressed the importance of utilizing appropriate mechanisms (i.e., electronic, automated, etc.) that reach adolescents and caregivers. NACCHO agrees that data collection efforts within this population will be most successful by utilizing appropriately automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, particularly submissions of responses. The variety of mechanisms will allow for conveniently submitting responses and is relevant to the tools and resources that adolescents are accustomed to.

Beyond collecting data to assess needs or refine programs and services for preventing HIV, STI, and pregnancy among adolescents, there must be also continued attention toward and investment into establishing interoperable information systems that enhance automated case reporting and surveillance, leverage secure data from other sectors (e.g., education, housing, transportation), and are directly accessible by LHDs. Improving the availability of these data to LHDs will better enable them to evaluate adolescent HIV, STI, and pregnancy prevention efforts in context of the local systems and circumstances that support or hinder the delivery of those programs and services.

The disproportionate burden of HIV, STI, and pregnancy among adolescents must be addressed to improve this population's health outcomes. NACCHO and LHDs look forward to supporting these efforts with federal, state, and local partners.

Sincerely,



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Chief Executive Officer



## References

1. Centers for Disease Control and Prevention (CDC). National Overview - Sexually Transmitted Disease Surveillance, 2019. Division of STD Prevention, CDC. Available at: <https://www.cdc.gov/std/statistics/2019/overview.htm>
2. Centers for Disease Control and Prevention (CDC). Diagnoses of HIV Infection in the United States and Dependent Areas 2019: Special Focus Profiles. Division of HIV/AIDS Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, CDC. Available at: <https://www.cdc.gov/hiv/library/reports/hiv-surveillance/vol-32/content/special-focus-profiles.html#Adolescents>
3. Centers for Disease Control and Prevention. (2021, March 29). Teen pregnancy. Centers for Disease Control and Prevention. Retrieved September 13, 2021, from <https://www.cdc.gov/teenpregnancy/index.htm>. Martin JA, Hamilton BE, Osterman MJK, Driscoll AK. Births: final data for 2019. *Natl Vital Stat Rep.* 2021;70(2):1–50.
4. Perper K, Peterson K, Manlove J. Diploma Attainment Among Teen Mothers. *Child Trends, Fact Sheet Publication #2010-01*: Washington, DC: Child Trends; 2010.
5. National Association for City and County Health Officials (NACCHO). (2020). (rep.). *2019 National Profile of Local Health Departments* (pp. 76–96). NACCHO.
6. Anderson, M., & Jiang, J. (2021, May 27). Teens, Social Media & Technology 2018. Pew Research Center: Internet, Science & Tech. Available at: <https://www.pewresearch.org/internet/2018/05/31/teens-social-media-technology-2018/>.

