



King County

King County Board of Health

Staff Report

Agenda item No: 8
Resolution No: 17-07

Date: September 21, 2017
Prepared by: Heather Maisen, Keith Seinfeld

Subject

A resolution calling for the protection of evidence-based programs designed to reduce unintended and teen pregnancies and health disparities for the most vulnerable populations.

Summary

Proposed Resolution 17-07 would call on Congress and the U.S. Department of Health and Human Services, to protect evidence-based programs designed to reduce unintended and teen pregnancies and health disparities for the most-vulnerable populations.

Proposals in Congress and actions in the federal Department of Health and Human Services (HHS) are jeopardizing key programs that reduce unintended pregnancies in King County and nationally. The proposals undercut an approach that uses evidence to choose practices that work and instead focus on values supported by current administrators. In particular, HHS recently cut funding, suddenly and without warning, for grants in the Office of Adolescent Health's Teen Pregnancy Prevention Program (TPPP). One of these grants funded a crucial \$5 million evaluation of the FLASH sexual health curriculum developed and distributed by Public Health – Seattle & King County (PHSKC). That work is halfway done but will be of little value unless the evaluation is completed. It will not be completed without a restoration of \$2 million in lost funding, which impacts the participation and the education of all future high school students, locally and nationally. Other TPPP grants in our region support work through Planned Parenthood of the Great Northwest and Hawaiian Islands (PPGNHI).

In addition, HHS has announced that it is shortening the award period for Title X Family Planning funding from three years to one year. These funds flow through Washington State Department of Health to support family planning clinics that serve teenagers and adults who need birth control, STD testing and other family planning services. The funds support these services at four PHSKC clinics, eight PPGNHI clinics and two Cedar River clinics in King County. By shortening the award period, the Administration is signaling that it intends to alter the program and the criteria for funding – moving away from evidence-based pregnancy and STD prevention. Changes to Title X would impact program participants, program services, and funding for program providers.

Background

In Seattle and King County, teen birth rates have fallen by 55 percent since 2008, due to focused attention and use of multiple evidence-based strategies. Sexual health education, such as the FLASH curriculum, and family planning clinical services, such as the Title X program, are twin pillars that support an overall strategy to reduce unintended pregnancy.

The goal of FLASH is to improve the quality of what happens in classrooms when teaching sexual health, with an overall goal to reduce teen pregnancy and reduce sexually transmitted diseases. Evidence-based sexual health curricula is necessary in particular because textbook learning has not been proven to work.

With FLASH, Public Health – Seattle and King County created one of the most respected sexual health education programs in the United States. It is used in every school district in King County and in every region of the U.S. In a typical year, 80,000 FLASH lessons are downloaded from the website. FLASH was carefully designed to meet the needs of *all* students, including those who have been left out in the past.

But, like many promising programs, FLASH has never before had funding to evaluate the following: (1) Does it reduce the number of students who are delaying sex? (2) Does it increase the use of birth control and condoms if they do choose to be sexually active? With a \$5-million award from the federal Teen Pregnancy Prevention Program, PHSKC is answering these questions. So far, the program has recruited school districts, teachers and 4,000 students in multiple states to participate. They are *currently using* the FLASH curriculum, and they are working with an independent evaluator to measure the impact of receiving FLASH funding in their classrooms. However, without the final two years of funding, totaling \$2 million, the evaluation will not have funding to gather the final data and analyze the results. This premature cut in funding undermines the three years of work on this project with no end results.

Title X funds pay for family planning services and preventive services (i.e. birth control, STD care, and breast and cervical cancer screening etc.) for lower income populations, including teens – so they're served regardless of ability to pay. Family planning clinical services play an essential role in the health care safety net. For women who need publicly-funded birth control options – whether because of income, age, or other factors that limit their ability to access birth control – these clinics provide low-barrier care with

By re-setting Washington's three-year grant to a one-year grant, HHS can alter the program (sections that are not subject to law) and re-define who is served, what services are provided, and which providers get funded. Ultimately, fewer women would be served.

These changes would disproportionately impact those who experience highest health disparities. The changes would also impact preventable adverse outcomes resulting from increased unintended pregnancies such as more poor birth outcomes and higher abortion rates.

Attachments

1. Board of Health Resolution 17-07