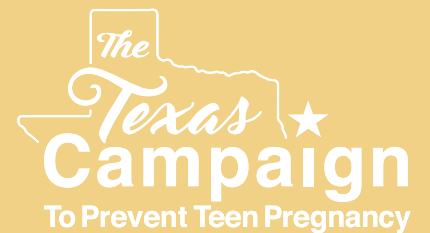




BIG CHALLENGES & BRIGHT OPPORTUNITIES

Adolescent Sexual Health in the Lone Star State



Special thanks

Individuals from more than 60 organizations across all regions of Texas contributed their time, talent, and insights to the findings in this report. We are forever indebted to them along with the hundreds of young people and parents who took the time to respond to surveys and participate in listening sessions. There are a few groups of people and individuals who went above and beyond; they are listed below.



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COALITION PARTNERS

Amarillo Teen Pregnancy Prevention Coalition
Cameron County Adolescent Health Work Group
Healthy Futures of Texas
Healthy Youth Partnership
Lubbock Area Teen Pregnancy Prevention Coalition
North Texas Alliance to Reduce Unintended Pregnancy in Teens (Ntarupt)
Permian Basin Teen Pregnancy Prevention Coalition
Rio Grande Valley Adolescent Sexual Health Coalition
Texas Women's Healthcare Coalition



PROJECT LEADERS

1000 Feathers, LLC (Columbia, SC) was instrumental in leading the research project that is summarized on the pages that follow. We also appreciate the leadership role they played in writing and designing this document.

Episcopal Health Foundation funded this research. The Foundation has made a remarkable investment to support solutions that improve adolescent health outcomes and address the underlying causes of poor health. We are grateful for your partnership.

Sara and Gary Ahr supported our research and data; we are grateful you share our vision for the future of Texas.

A note from Molly

Following a decade of service, our board and staff took the opportunity to reflect on the landscape of adolescent reproductive health in our state. Despite the declining rates of teen births both in Texas and nationally, the Lone Star State continually has teen birth rates significantly higher than the U.S. average, as well as persistent disparities in the rates by race, geography, and socioeconomic status. We have also seen disturbing increases in related health outcomes for adolescents, including a steep climb in sexually transmitted infections and mental health concerns.

As a data-driven organization, we embarked on a research project to ensure our strategies moving forward are informed by the current landscape of sexual health resource assets and gaps in communities across the state. This project took place during a remarkable time. Globally, we faced the COVID-19 pandemic, the largest public health crisis in a generation, which dramatically changed life as we know it. Events exemplifying long-standing racial injustices captured headlines, sparking a renewed and widespread examination about the impact of racism and our collective responsibility to make systemic change. Two presidential impeachments and a highly charged election deepened national political divisions. More than 100 Texans lost their lives to a deadly winter storm. And for the first time in more than 20 years, the Texas State Board of Education updated the minimum standards guiding sexual health education in public schools.

Each of these events affected the lives of Texas teens and families in ways we may not fully understand for many years. The interviews, focus groups, and surveys conducted for this project shed some light on where we are at this pivotal time in relation to our vision—that every Texas teen has access to the information and resources needed to avoid unintended pregnancy.

Some of what we learned was not new—teens still do not have equitable access to the information and resources they need to avoid unintended pregnancy or prepare for a lifetime of sexual health. Many blame parents; others wish schools or healthcare settings better prepared youth. Meanwhile, parents and teens need help having open conversations about relationships and sex. Both educators and healthcare providers face ever-increasing limitations of time and capacity. Some populations experience protective factors while others face multi-faceted barriers to services.

These challenges point to a number of key opportunities. Equipped with quantitative data on the disparities in sexual health outcomes and qualitative data on the needs of teens, families, and communities in Texas, we can design and implement targeted strategies to build on existing resources and streamline access for all.

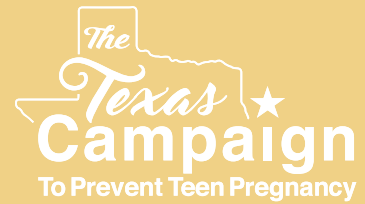
Moving from a report to action is a challenge we welcome. As always, collaboration will be key, and we look forward to partnering with stakeholders across this incredibly diverse state to ensure that over the next 10 years, we measurably improve access to sexual health information and resources for every Texas teen.



MOLLY CLAYTON
EXECUTIVE DIRECTOR

A handwritten signature in blue ink that reads "Molly Clayton".

Executive Summary



The vision of the Texas Campaign to Prevent Teen Pregnancy is **for every Texas teen to have the information and resources needed to avoid unintended pregnancy**. We know that some youth in our state do have access to information and resources, but a further examination of teen birth rates and other adolescent health trends highlight an undeniable truth: information, resources, and opportunities are not equitably distributed in Texas.

Far too many young people in the Lone Star State—especially those who are economically disadvantaged or marginalized—face barriers to basic education about human reproduction and sexuality and accessing contraception. As a result, Texas is one of a number of states where decreases in the teen birth rates have lagged behind the rest of the country; **Texas has the 9th highest teen birth rate nationally**; more than 24,000 young women under age 20 become mothers every year; and rates of sexually transmitted infections among young adults are climbing. Even more troubling are the persistent disparities by race, place, and wealth.

ABOUT THIS PROJECT

Declines in the teen birth rate over the last three decades—nationally and in Texas—did not occur by random chance. The efforts of our colleagues in the field to center the needs of youth and amplify their voices; disseminate sexual health information and education; and improve access to clinical services and contraception have undoubtedly played a role. While recognizing this success, we also need to do more to ensure young people have access to age-appropriate, medically accurate, inclusive sexual health education—plus the ability to act on their decisions by accessing contraception. Empowering young Texans to determine whether and when to become parents can help strengthen families, improve child well-being, and support young people in achieving their goals.

Due to the gaps we identified in sexual health outcomes between demographic groups in Texas and our state's persistently disproportional rates of teen births, we sought to dive deeper into these disparities and explore the current landscape of adolescent sexual health in Texas. We wanted to learn more about the perspectives of those closest to this issue—young people, parents, youth-serving professionals, community leaders, advocates, healthcare professionals, educators, and philanthropists.

Along the way, we discovered the big challenges and bright opportunities ahead for Texas.

Much of the project was conducted during a year of compounded crises: the COVID-19 pandemic; a global racial reckoning; a highly charged U.S. election; and a deadly winter storm in Texas. Against the backdrop of these life-altering events, we engaged more than 60 organizations and talked to more than 750 Texans through interviews, listening sessions, and a survey designed specifically for young adults and parents.

KEY CONCLUSIONS

It is 857 miles from Orange to El Paso and the 254 counties in between vary tremendously. Our research captured voices from every corner of the state and **tells an unapologetically Texan story**. In order to best serve the 4.1 million young people between the ages of 10 and 19 in our state, we must recognize the challenges and opportunities ahead, as told through the words of those closest to these issues across the Lone Star State.

ONE. Broaden the conversation.



It became quite common for young people, stakeholders, and service providers alike to push for a broader lens and focus: one that is inclusive of, but not limited to, pregnancy and disease prevention. In addition to stakeholders raising this issue, nationwide, many teen pregnancy prevention groups have shifted their lens—as well as their name—to a more positive framework of supporting reproductive health and overall well-being.

TWO. Focus on the big picture.



In a state the size of Texas, trying to change one person, one school, or even one community at a time can seem overwhelming. We must find ways to support the incredible work happening at the community level across our state with systems-level improvements in policy and practice—especially related to contraceptive access and payer sources. Among the stakeholders and service providers we spoke with, there was clear recognition that opportunities exist to coordinate and enhance public awareness, messaging, and policy work at the state level.

THREE. Bridge the information gap.



Reaching all young people in Texas with the factual information they need to improve their sexual health is a daunting task that requires deploying every available resource. The harsh truth is there are massive gaps in the information that young people have access to and there is an unmistakable disconnect between where parents (and other adults) prefer teens receive this information and where they are actually receiving information. Youth are fully aware that even when information is delivered to them, it often comes with explicit biases and exclusions. As a result, they are turning to their smartphones and friends to access information about love, sex, and relationships.

FOUR. Remove barriers to access.



Expanding affordable access to the full range of contraceptive options—including the most effective, longest-lasting methods—is the single most important thing we can do to ensure young Texans can delay pregnancy until they are ready. When it comes to accessing family planning services for teens and adults alike, there should be no “wrong door.” But there are many wrong doors in Texas, and what’s more, the system is so complex that even many professional experts in the field struggle to help youth navigate their way to the right door.

FIVE. Address systemic inequities.



Given limited resources in communities—both financial and human capital—understanding where and how to focus efforts is critically important. Inequities in access to information, services, and opportunity exist in Texas associated with geography (rural vs. urban), economics (rich vs. poor), and race (White, Black, Hispanic, Asian), among other factors. We know that systemic and institutional barriers and a history of policy decisions in Texas are impediments to progress and are direct contributors to these issues and believe a more inclusive and empowering prevention framework can better address cultural and economic divides.

SIX. Do the hard work. Together.



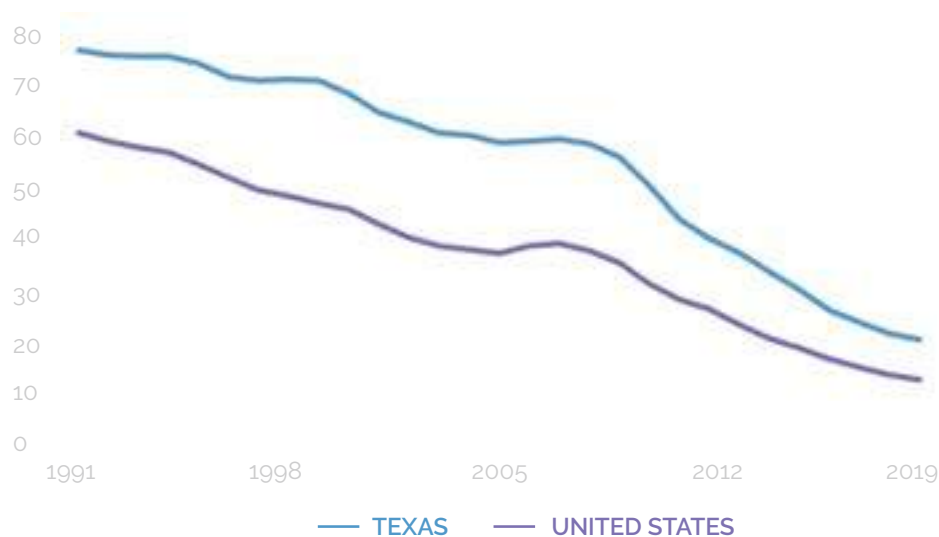
A number of direct opportunities were identified throughout the full report that will help support those working in communities and with youth themselves. Perhaps most importantly, there is a desire among those we spoke with to have a more strategic approach to securing partnerships, leading to more coordinated and collaborative efforts. Along with this, a greater understanding and appreciation of which approaches should be statewide, and which should be more regionally focused is needed.

Introduction

For more than a decade, the Texas Campaign to Prevent Teen Pregnancy (Texas Campaign) has been conducting and disseminating research; advocating for adolescent sexual health; collaborating with statewide partners toward collective impact; and training youth-serving professionals. Our vision is for **every Texas teen to have access to the information and resources needed to avoid unintended pregnancy.**

The collective efforts of organizations working in communities across the country over the past two decades to increase access to sexual health information, services, and contraception are having a well-documented impact. There have been substantive declines in the teen birth rate among all age groups, all races, and in every state in the nation, including Texas.^{1,2,3}

Teen Birth Rate Declines in Texas (69%) and U.S. (73%)



Even among such declines, significant disparities by race and place still exist, and Texas is one of many states across the southernmost third of the U.S. that have seen decreases that are not as substantive as the rest of the country. Many young people across our state lack equitable access to the information and resources they need to make informed decisions about their sexual and reproductive health. As a result, Texas still has the **9th highest teen birth rate in the country**;⁴ more than 24,000 women under the age of 20 became mothers in Texas just last year;⁵ and rates of sexually transmitted infections are climbing at an alarming rate.⁶ These data are a constant reminder that in order to make our vision a reality, we need to do more to ensure young people have access to age-appropriate, medically accurate, inclusive sexual health education—plus the ability to act on their decisions by accessing contraception.

As a result of the state's size combined with relatively high rates of teen births, Texas is responsible for a staggering 14% of all teen births that occur in the United States.³ The challenges are big, but as shown throughout this report, the opportunities are bright.

1 IN EVERY 7 BIRTHS TO A TEEN IN THE U.S. OCCURS IN TEXAS.



WHY IT MATTERS

Improving adolescent sexual health and reducing unintended pregnancies among adolescents are just a few of the multitude of factors that can contribute to the social and economic well-being of communities. We know that teen childbearing is both a cause and consequence of poverty. Early and unintended childbearing can also make it harder for youth to fulfill their academic potential, achieve their career aspirations, and build healthy families.

Declines in the teen birth rate over the last three decades did not occur by random chance, and they did not occur in a vacuum. Improvements in education, overall access to information, an increased awareness of issues related to adolescent sexual health, and improved access to clinical services and contraception have undoubtedly all played a role.⁷ This is why it is so important for us to broaden our lens, focus our conversations, and work on a more inclusive frame of adolescent reproductive and sexual health. It also emphasizes the importance of moving beyond a question of, “*how do we prevent teen pregnancy?*” to a more empowering and inclusive frame:

“What will it take for all young people in Texas to have agency over their own sexual health?”

Far too many young people in Texas—especially those who are economically disadvantaged or marginalized—lack basic education about human reproduction and sexuality and access to the most effective forms of contraception. To have agency, young people need to understand how their bodies and minds develop over time and have access to the resources they need to pursue the future they envision. **Empowering young Texans to determine whether and when to become parents can help strengthen families, improve child well-being, and support young people in achieving their goals.**

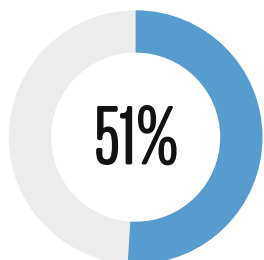
We know that some youth in our state do have access to information and resources, but a further examination of teen birth rate trends highlights an undeniable truth: **information, resources, and opportunities are not equitably distributed in Texas.** Massive disparities have persisted over time in our state by age group, race, and geography. Additionally, declines in teen birth rates among all races, ethnicities, and age groups in Texas have been slower than national averages.^{3,4}

Fifty-one percent of all teen births in Texas occur in just seven counties. It is important to keep in mind this geographic concentration, as well as the higher teen birth rates in rural communities, among Hispanic youth, among youth who have experienced a prior pregnancy, and among older teens, when addressing barriers to information and services.^{3,4,5}



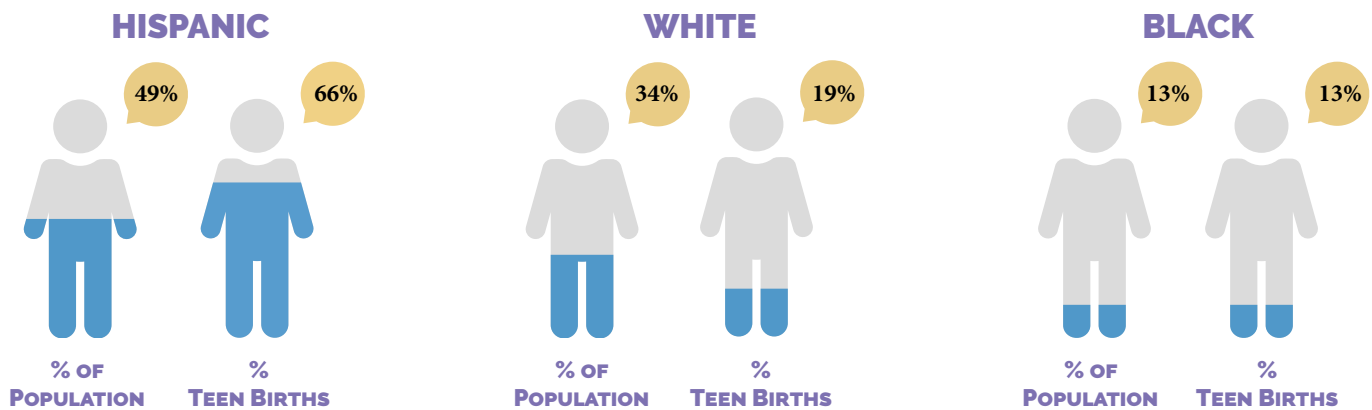
Nearly one in five (18%) teen births are to a young Texan who is already a parent

72%
of all teen
births in Texas
are to youth
ages 18–19



of all teen births in Texas occur in just 7 counties

Harris County (Houston): 16%
Dallas County (Dallas): 10%
Bexar County (San Antonio): 7%
Tarrant County (Fort Worth): 6%
Hidalgo County (McAllen): 6%
El Paso County (El Paso): 4%
Travis County (Austin): 3%



Highlighting these disparities in data trends is not meant to disparage any population of young people. Quite the opposite. Systemic, institutional barriers, ineffective policies, and outdated practices are impediments to progress and directly contribute to disparities in access for youth in Texas. This is especially true for youth in rural communities, those living in poverty, adolescents with a history of trauma, and youth of color. It is clear that collectively, we need to do more to address systemic inequities in education, healthcare, and other systems that prevent young people from accessing the information and resources they need to be sexually healthy. We believe we can be more proactive and help address inequalities by using a more inclusive and empowering framework. This must include speaking openly and honestly about the history and presence of racism that has plagued the field of reproductive health.

The reality in Texas is too many of our young people are not empowered to be sexually healthy.



A teen mother is the medical consent-giver for her baby, but she often **cannot consent to her own birth control**.⁸



Texas is the largest state in the U.S. not to expand Medicaid. The result is a complex patchwork of programs related to sexual health and the rights of teens to access healthcare.⁹



Texas is one of just two states in the nation that **does not allow contraception to be fully covered** in the Children's Health Insurance Program (CHIP).¹⁰



Despite a culture of school-based sex ed that is dominated by fear and shame, between 2009 and 2018, **chlamydia and gonorrhea diagnoses among youth have increased by 25% in 10 years** and **HIV diagnoses have increased by 4%**.⁶



The needs of **LGBTQ+ youth who experience disproportionately higher rates of teen births** and other adverse health outcomes have been intentionally excluded in most sexual health education programs in Texas public schools.¹¹





About this Project

To better understand how these issues are playing out on the ground, the Texas Campaign conducted an analysis of past and current efforts to address teen pregnancy and adolescent sexual health issues. We wanted to learn more about the perspectives of our stakeholders and harness the collective wisdom of those closest to this issue—young people, parents, community leaders, advocates, healthcare professionals, educators, and philanthropists. What has worked? What hasn't? Where are our opportunities to better serve Texas teens?

We wanted to hear all of it, and along the way learned about the big challenges and bright opportunities ahead for Texas.

A collective and collaborative effort was designed to help inform data-driven strategies for the future, identify creative partnership opportunities, reduce duplication of effort, and streamline activities with an eye towards radical change and measurable progress. Our specific goal was to explore the landscape of current assets and gaps across the state in adolescent sexual and reproductive health. We worked through our existing partnerships to gather input and information on attitudes, opinions, and interest areas. This analysis never intended to examine youth behavior directly. After all, we are trying to change the systems, not the people.

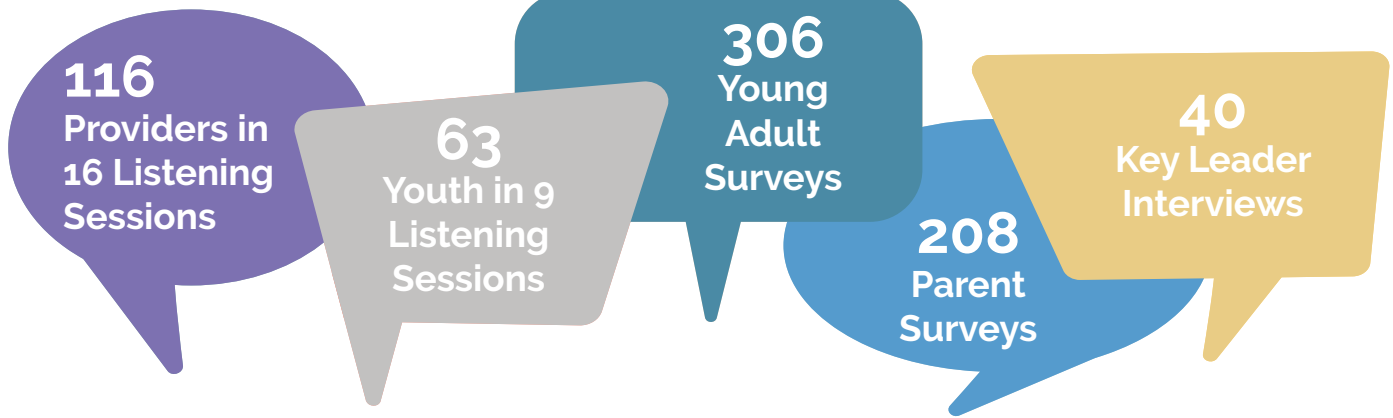
1000 Feathers, a consulting firm based in Columbia, SC, was asked to facilitate discussions with local partners, key leaders and decision makers, as well as determine creative engagement strategies that would allow us to hear the voices of youth and parents. This report provides a detailed account of the activities, processes, and results of that effort. **Most importantly, this report tells an unapologetically Texan story, straight from the voices of those closest to the issue across the Lone Star State.**

WHAT DID WE DO?

Adolescent sexual health is a complex and complicated topic. In response, an equally complex, multi-method assessment strategy was utilized for this project. It should be noted that much of this project was conducted during a year unlike most of us have ever seen. In the midst of a global pandemic and a unique period of social unrest in the country, there was also a major winter storm in Texas. These realities forced us to pivot on many of the strategies, tactics, and timelines that were originally planned, including moving all meetings and data collection methods to virtual settings.

Given the realities of the pandemic and time and resource constraints, understanding where and how to focus efforts was critically important. As a first step, 1000 Feathers worked with the Texas Campaign to develop a clear view of the existing landscape and data trends, which were ultimately used to select priority areas and populations for listening sessions and interviews. We leaned on the expertise of existing partners and coalitions throughout Texas and also focused considerable energy on the seven counties that make up 51% of the teen births in the state.

More than **750 voices** and **60 agencies** were engaged in this project.



ADVISORY COMMITTEE

The overall effort was led by an Advisory Committee comprised of experts representing the diversity of Texas communities. This group was instrumental in connecting us to stakeholders who participated in many of the data collection strategies below.

KEY LEADER INTERVIEWS

In-depth interviews with key leaders and decision makers across the state were conducted to gain deeper insight into the existing landscape of adolescent reproductive health and gather stakeholder opinions related to creating a path forward.

PROVIDER LISTENING SESSIONS

Virtual gatherings were conducted to hear from providers located across the state. Semi-structured conversations were facilitated by experienced public health professionals assembled and trained by 1000 Feathers.

YOUTH LISTENING SESSIONS

In the midst of a pandemic, it proved much harder to reach young people and their parents directly, but we did our best to utilize virtual meeting platforms and work around schedules and other commitments to hear directly from young people located across the state. Semi-structured conversations were facilitated by experienced public health professionals also assembled and trained by 1000 Feathers.

YOUNG ADULT AND PARENT SURVEYS

After realizing that youth and parent listening sessions would be difficult to arrange during the pandemic, we focused the entirety of survey efforts on these two populations. Both surveys were offered in English and Spanish.

From this point forward, all data and quotes within this document come from this project unless otherwise noted.

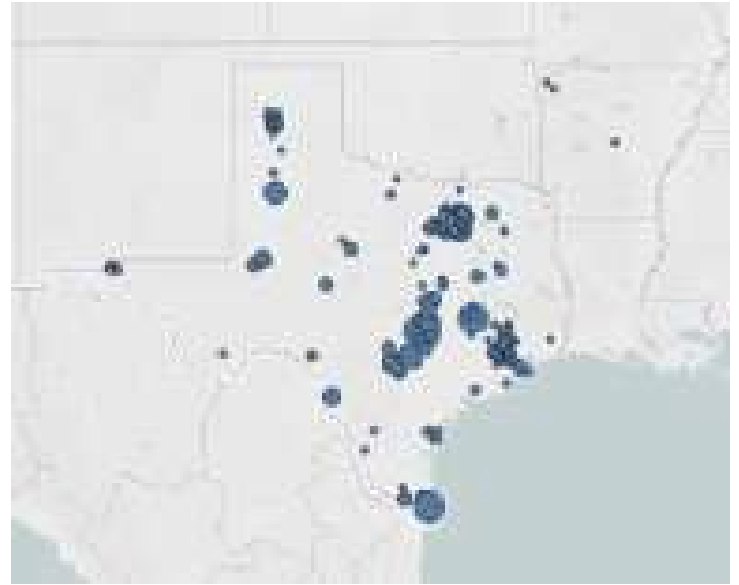
A NOTE ABOUT GEOGRAPHY

We very intentionally utilized existing relationships with community partners and coalitions across the state to ensure a diverse geographic sample—for all data collection methods. We spoke with stakeholders, youth-serving providers, and young adults from Amarillo to Brownsville; from El Paso to Houston; and several stops in between. Under any other circumstance, we would have preferred to be face-to-face for these conversations—and, in fact, planned to be—but given the realities presented by COVID-19, we compensated with virtual gatherings arranged by a group of committed partners.

We also put significant energy into the release of a supplemental survey focused entirely on reaching youth and parents across Texas. While not a perfect proxy for in-person conversations, there was a solid response rate and an appropriate distribution of responses from across the state.

More than 500 responses were collected across the two surveys—which were offered in both English and Spanish—208 from parents and 306 from young adults. Responses tended to cluster where there are existing teen pregnancy prevention coalitions who were able to assist with the distribution process. In the distribution image, the larger circle, the more participants from that area. It is worth noting that the interviews and listening sessions generally followed this same distribution pattern.

The survey distribution relied on convenience sampling and is not statistically representative of the state as a whole in all demographic categories.



THE IMPACT OF COVID-19

COVID-19 has had an unthinkable impact on our nation, state, and local community. There have been significant disruptions to all aspects of life—including to this project. It was difficult to get people’s attention in the midst of dealing with the realities of a global pandemic, social- and racial-justice uprisings across the country, a highly divisive presidential election, and a once-in-a-century storm.

More than the impact on this project, there is a very real and long-lasting impact of COVID-19. At the time of publishing this report, nearly 2.5 million cases and 50,000 deaths have been reported in Texas alone. The impacts of the pandemic are deep and far reaching and, in many cases, highlight failures in systems and communities that were present long before COVID-19.¹² The global health crisis brought issues of systemic racism, poverty, and institutional inequities front-and-center, and we are now forced to grapple with realities present in our communities and among our most vulnerable populations. Simply stated, COVID-19 shined a light directly on the challenges and weaknesses of an already stressed social support infrastructure.



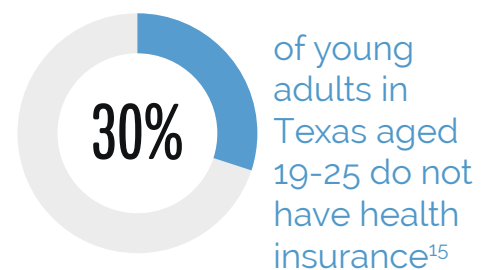
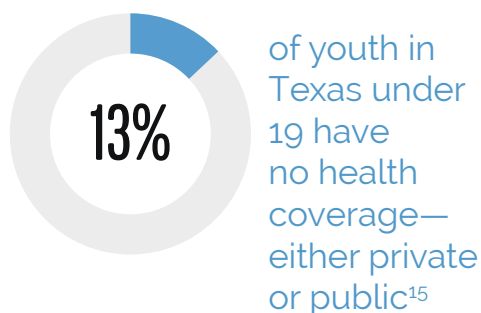
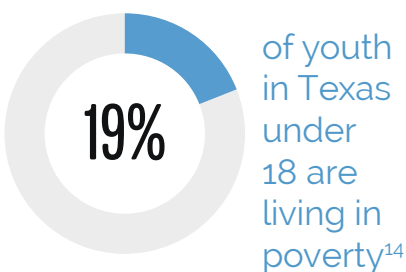
We have to be aware that we're not operating in a vacuum. This issue just isn't a priority right now.

KEY STAKEHOLDER INTERVIEW

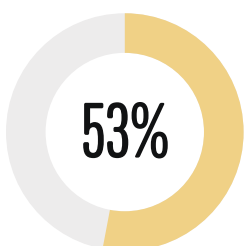


The pandemic has exposed huge flaws in our healthcare systems and cast light on the injustices that are commonplace in the lives of people of color. We know the pandemic has enlarged significant structural and societal gaps, reaching across sectors and through families with long-lasting impact. And we know that in addition to an unequal impact by race, COVID-19 also disproportionately impacted women.¹³

This intersectionality of race and gender is especially important for the reproductive health field. We must keep these issues top-of-mind as we move forward with programming and investment decisions in the future.



AND THAT WAS BEFORE COVID-19 WHEN...



OF YOUTH UNDER 18 IN TEXAS ARE NOW LIVING IN A HOUSEHOLD WHERE AT LEAST ONE MEMBER HAS LOST EMPLOYMENT IN THE LAST YEAR, A NUMBER THAT IS HIGHER AMONG BLACK AND HISPANIC FAMILIES¹⁴

Snapshot of Results

Our goal was to initiate dialogue with a broad range of our constituencies. Through every conversation, listening session, and survey question, we were able to get closer to answering our core research question:

“What will it take for all young people in Texas to have agency over their own sexual health?”

Our focus throughout was on finding solutions and identifying opportunities. We entered into this work with a firm grasp on the data trends and statistics; what we needed were the stories and voices of key leaders, providers, young people, and parents to help us determine where we and our partners can have the biggest impact moving forward.

Each of the data collection methods described resulted in enough information to merit its own report and set of conclusions. Yet, presenting all of that information in full here is neither efficient nor expeditious; instead, what we have done is a brief summary of what we heard from each unique population of stakeholders, followed by a more complete presentation of overarching themes. What is being shared here is intended to both paint a complete and detailed picture and be reader-friendly. Think of it like an iceberg—this is just the part that can be seen. Behind every observation and supporting quote, there are dozens more below the surface that further enhance the stories being told.

First, it is important to understand the themes that emerged from each of the unique populations of stakeholders who were engaged in this project. Key leaders (interviews), local level providers (listening sessions), young people (listening sessions and survey), and parents (survey) all come at this issue differently. Understanding the nuanced differences in their opinions is important, but so is finding common threads—the places of synergy and agreement. **That is where we will find the greatest opportunities.**

KEY LEADER INTERVIEWS

In-depth interviews with key leaders and decision makers across the state were conducted to gain deeper insight into the existing landscape of adolescent reproductive health in Texas. We also wanted to gather stakeholder opinions related to the path forward to increasing equitable access to sexual health information, contraception, and other services.

A diverse group of leaders from across the state was selected for interviews, representing a number of relevant sectors including healthcare, education, community-based organizations, higher education, philanthropy, and policy. An initial list of names was brainstormed by the project’s Advisory Committee and other local contacts that was ultimately culled down to a manageable total of 40 interviews. This total includes all formal interviews but does not capture the dozens of informal conversations and interactions that took place between the 1000 Feathers team and stakeholders along the way.

Interviews can be roughly categorized across five sectors, recognizing that individuals often fall under multiple headings. All interviews were conducted by a member of the 1000 Feathers team and then transcribed and analyzed to identify the common themes that are presented here with supporting quotes.

INTERVIEWEES BY AFFILIATION

Sector	Number of Interviews
Community-based/faith-based	12
Education (including higher education)	9
Healthcare	8
Philanthropy/public policy/community leader	6
Public health/researcher	5

1 Progress happens slowly.

Among stakeholders, the landscape in Texas related to teen pregnancy prevention and adolescent sexual health was commonly described using words and phrases like “challenging” or “behind the times.” As a result, many feel the state is struggling in terms of open, honest discussions on topics like sex education and ensuring access to affordable contraception.



I find that things move slower...and that's frustrating because things are always getting put on hold here. How will we ever move the needle?

There are so many that could/should be involved (in this issue), but are paralyzed by the conservatism of this community. There needs to be a fundamental shift in mental models.

Not been very progressive... we are behind, not making as big of strides (compared to other states)...I don't feel like we're advancing as much as we could be.

KEY STAKEHOLDER INTERVIEWS



The resulting opportunity is a space for more public awareness of the issues, as well as taking a leadership role in advocacy, engaging policymakers on both sides of the aisle toward effective policy change. As an example, many interviewees pointed to the recent changes to the Texas Essential Knowledge and Skills (TEKS), or minimum standards for sexual health education in K-12 schools, an issue that some had previously considered intractable.

2 Inequities exist related to geography, economics, and race.

The cultural and economic divides that exist throughout America are also present—and perhaps even more pronounced—in Texas. From regional differences to differences between rural and urban areas, to issues of racial equity; these divisions were top-of-mind during interviews. Some stakeholders focused on urban/rural differences, others more generally highlighted differences across regions of the state. But one place where there was uniformity of opinion is related to equity—or more specifically, inequity.

This is seen as a conversation that needs more attention in Texas and one that opens doors to new partnerships and new ways of thinking about regional and cultural differences. The opportunity moving forward isn't a singular focus on equity, but on the intersectionality of equity, culture, race, and reproductive health—and the new partnerships that may emerge from a broader focus.



Barriers and resources are not evenly distributed. What you have access to depends largely on where you live.

For all of these social problems that we put so much money and time into, the broader lens of race and equity has to be accounted for. But this isn't a thing we do in Texas.

People at the local level haven't evolved. They haven't figured out how to have advanced conversations about these issues. I do think it's possible to bridge the gap...I don't think it's easy. It takes work.

KEY STAKEHOLDER INTERVIEWS



3 Everyone has a responsibility to fill in information gaps.

A lack of willingness to provide young people with the age-appropriate, medically accurate information they need has created a significant information gap. Much attention is directed towards schools and school-based sex education, which puts significant responsibility on the state's more than 1,000 school districts to comply with state policy and balance the sometimes conflicting demands of their communities. Beyond schools, interviewees also noted plenty of opportunities to engage parents more directly as well as communities of faith and other community-based programs.



I'm an advocate for education in general. The more you know—from school, church, wherever—the better choices you can make. Pretending that kids need to be protected from this stuff is wrong; it's doing them a disservice.

In most schools they aren't teaching any (sex ed) at all. When they do, it's a joke. Kids are so much smarter than we give them credit for—they know when someone is telling the truth and they know when someone cares.

KEY STAKEHOLDER INTERVIEWS



4 Access to reproductive health services is limited and confusing.

From the perspective of key leaders with whom we spoke, reproductive health services are generally seen as being inaccessible to those who need them most. It is important to note that only in rare cases was access defined as the need for more physical locations; more often conversations uncovered a combination of issues ranging from lack of available services to confusion and a general lack of understanding of what services are available, to a need for provider training, and restrictive laws regarding parental consent.

Access to contraception and reproductive health services is further complicated by a set of policies and interrelated payer structures that even health policy experts find confusing and overwhelming. A significant educational opportunity exists to educate providers on contraceptive methods, payer sources, and teen-friendly services.



Unfortunately, I think healthcare in general is very difficult to access even though you have community health centers and so forth. When it comes to (this issue) specifically, so many of those needs are kept under the rug.

If we're trying to reach kids, we have to go where they are. We have to talk in the ways they want to talk. This doesn't line up with how healthcare providers traditionally work.

I would like that young people can have access to medical services easily and in a way that's approachable for them so that they know where to go. They feel comfortable going. And when they get there, there's funding to provide it for them.

KEY STAKEHOLDER INTERVIEWS



5

Traditionally underserved populations have not been a priority.

Sometimes when doing qualitative research, themes emerge based on what was not said. In this case, it was noticeable that very few of the stakeholders we interviewed were talking directly about the populations experiencing disproportionate sexual health outcomes.

Research and data trends clearly show that the highest teen birth rates in Texas are among Hispanic youth, youth in the child welfare and juvenile justice systems, rural youth, youth who are already parents, and youth ages 18-19. Admittedly, the interview pool included only a small number of people working directly with these populations, and there are dedicated organizations across Texas doing strong work around many of these populations. Nonetheless, a significant opportunity exists to prioritize disproportionately affected populations and improve working partnerships and relationships with organizations currently serving these young people. ***Quotes below come from youth listening sessions but underscore the importance of this theme.***



In my family, we all just have babies young. I grew up in foster care, so I didn't know stuff like that. I had to have the staff teach me, and it was already too late because I already had two kids.

Acknowledge the LGBTQ community because it's very prominent at least in our school; share more information about that and be open to the fact that people have different sexualities.

YOUTH LISTENING SESSIONS



PROVIDER LISTENING SESSIONS

A number of opportunities to hear directly from youth serving professionals in the field were identified throughout the project. All listening sessions were facilitated by a small team of experienced public health professionals assembled and trained by 1000 Feathers. To ensure consistency across listening sessions, an interview guide was created; however, all facilitators were encouraged to allow discussions to flow and be guided by the contributions of each group. A total of 16 sessions with 116 individuals were conducted, all of which were virtual gatherings.

Sessions were conducted with a range of providers including healthcare providers, community-based organizations, schools, and faith communities. Local providers have a much more on-the-ground view of this issue than key leaders. Many of those who participated in listening sessions have daily interactions with youth and young adults through their organizations and programs. This is also a group that is most connected to the work of the Texas Campaign. As a result, themes were similar to those of the key leader interviews, but observations and stated needs are more poignant and direct.

1

Those who work with young people consistently point to the lack of education students receive in school as one of the reasons Texas has such a high teen birth rate. While schools were the focus of many conversations, there is also a widely held belief that parents' unwillingness to have these conversations at home is leaving young people with nowhere else to turn for accurate information.

2

Policy and advocacy work is needed across Texas. Providers would like to see the Texas Campaign continue to build its capacity to lead in this area.

3

Providers see a myriad of issues related to accessing services, including policies (i.e., laws around consent to healthcare and confidentiality), gaps in services across multiple funding streams, accessing healthcare services, and the confusion that comes from trying to navigate a very complex payer system.

4

If and when young people are able to navigate the healthcare system and access services, providers describe an environment that is too often unfriendly and unsupportive.



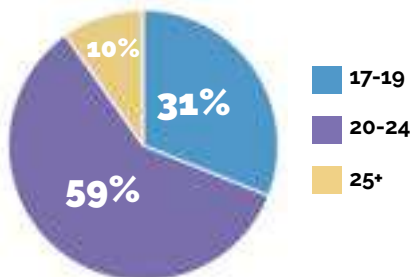
A NOTE ABOUT OUR SURVEY

It is important to point out here that the parent and youth surveys are not representative samples of the population of parents and young adults in Texas. That said, the geographic distribution of respondents (map on p. 12) and also the diverse demographics of the sample (chart below) were reflective of the state as a whole. Results of the young adult survey appear in each of the next two sections of this report, as appropriate.

The survey was created for adults caring for pre-teens, teens, or young adults. In the survey, we defined children as any young person in their care (i.e., biological child, foster child, step-child, grandchild). In this report, we use the word “parent” to describe any of these relationships. We also note here that 91% of the responses came from women (i.e., mother/grandmother).

	YOUNG ADULTS	PARENTS*
Race/Ethnicity (check all that apply)		
White	62%	60%
Black	10%	8%
Hispanic	32%	36%
Asian/PA	8%	2%
Gender		
Male	13%	8%
Female	82%	91%
Nonbinary/No answer	5%	1%
Sexuality		
Heterosexual	72%	--
Gay or lesbian	5%	--
Bisexual	18%	--
Questioning	4%	--
Religious services		
Weekly or more	--	27%
Once per month	--	11%
A few times per year	--	33%
Never	--	29%

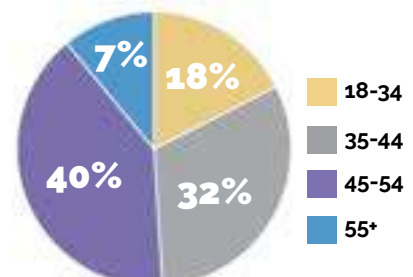
AGE OF YOUNG ADULTS



95%

of respondents went to school in Texas

AGE OF PARENTS



-- We did not ask for this information in the survey.

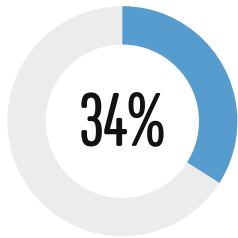
YOUNG ADULT LISTENING SESSIONS & SURVEY

A total of 63 youth participated in nine small group listening sessions. Across the sessions, youth and young adults ranged from teens to their early twenties; were Black, White, and Hispanic; male and female; gay, straight, and transgender; and in some cases, were active members of local youth advisory councils. The surveys and listening sessions reflect current and past experiences of these teens and young adults.

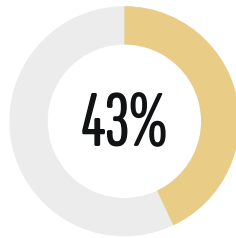
Each session was facilitated virtually by a small team assembled and trained by 1000 Feathers who were encouraged to allow discussions to flow and be guided by the contributions of each group.

1 Young people are acutely aware that the sex education they have received—in school and otherwise—is insufficient.

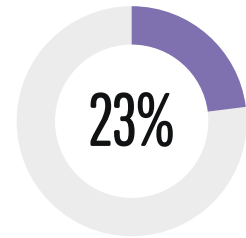
The overall environment in Texas is not supportive of providing young people with the information they need to be sexually healthy. Youth are fully conscious of this as a cultural norm and understand that when information is being delivered at school, it often comes with explicit biases and intentional exclusions. When it is delivered at home from parents, it is often incomplete and awkward. Youth who participated in listening sessions and those who took the survey have, at best, only passing memories of receiving sex education in school and at home, and only a small fraction deem the information they received as helpful.



of young adults **didn't receive** or **don't remember** sex ed.



of young adults say sex ed was **abstinence only**.



of young adults say sex ed was **abstinence-plus**.

Did sex education cover any of the following?

All the time

- ✓ Abstinence 91%
- ✓ Sexually transmitted diseases 79%

Some of the time

- ✓ Condoms 48%
- ✓ Understanding your body 42%
- ✓ Healthy relationships 38%

Rarely

- ✓ Birth control 27%
- ✓ Consent and boundaries 27%
- ✓ LGBTQ topics 1%



Sex is in shows...it's everywhere in our media. But then in our schools and in our homes, it's not talked about in a healthy way.

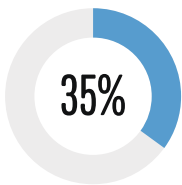
It's not given (by) certified sex ed teachers, we do it with our school teachers...when we had our sex ed lesson no one really listened because our teacher didn't really care...never went into protection, it was all about the diseases. Now that I think about it, it was like they were trying to scare you.

We could only learn specific topics that was delivered in a specific way to push us in this one direction that was a fear mongering tactic, that I felt was really repressive.

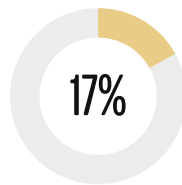
YOUTH LISTENING SESSIONS



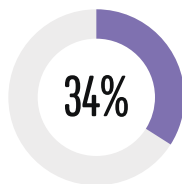
Were the conversations young people had with their parents helpful?



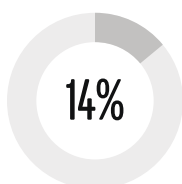
of young adults **did not talk or don't remember talking** about issues like sexual health.



of young adults say they only talked about **abstinence**.



of young adults say they only talked about **some things**.



of young adults say they always have **open and honest conversations**.



It's sort of a privilege to be able to talk to your parents about stuff like that because not all parents are willing to have those conversations.

I love my parents, we get along great, that's just not a conversation I would have with them.

YOUTH LISTENING SESSIONS



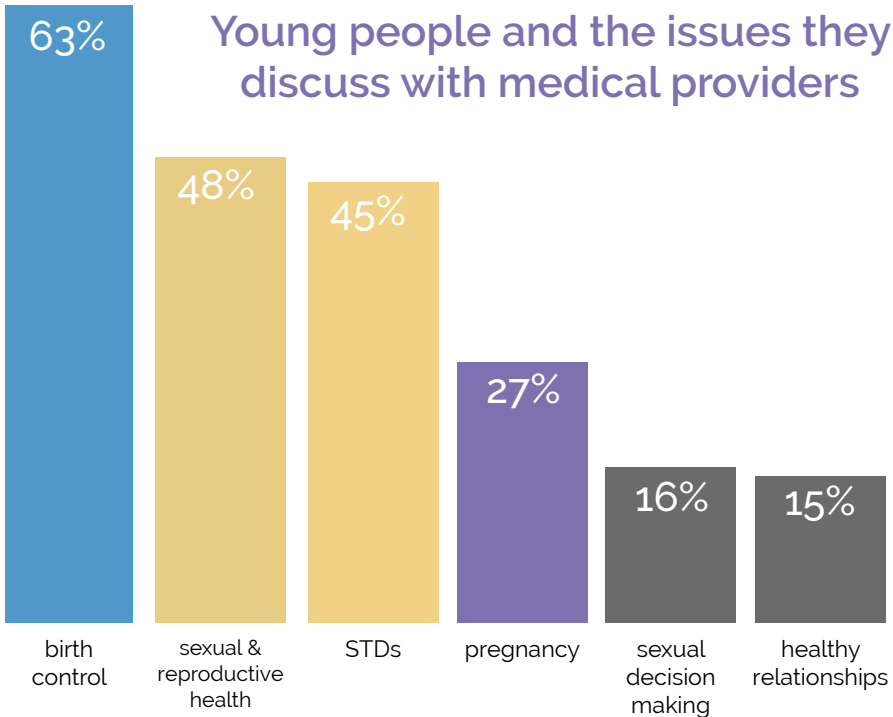
There is a high level of uncertainty among youth and young adults about both the availability of contraception and their ability to access healthcare services.

A lack of accurate information about sexual health and pregnancy, high levels of ambivalence, and a path to services riddled with obstacles—for those youth who want to obtain contraception—is a recipe for poor health outcomes. Even though **75% of young adults indicated on the survey that a doctor or medical professional is the most effective source of information**, these conversations are lacking in frequency and substance. Additionally, more than 40% of youth surveyed don't think they could afford their preferred method of contraception—likely indicating some significant gaps in knowledge and familiarity of the safety-net programs that exist to fund contraception in Texas. This is in line with statewide research, which finds that many young adults in Texas are unaware of the reproductive health programs through which they could be eligible to receive care.¹⁶



I don't think any of us would go to a doctor even though we all have a doctor to go to because we don't know how to approach anyone about sexual health or how to start the conversation or what to even think about regarding sexual health...especially since we have to make an appointment with an adult since we're all underage.

YOUTH LISTENING SESSION



When it comes to certain resources, they're not shown to us. You have to look for it yourself. Like it's not talked about often, you have to do your own research and find ways to get services.

YOUTH LISTENING SESSION

74 PERCENT of Texas young adults know what birth control options are available
BUT ONLY

59 PERCENT think they would be able to afford their preferred method.



Talking about issues like love, sex, and relationships are considered quite normal for this generation. However, teen pregnancy is not top-of-mind...until it is.

For many groups of young people, while their conversations may include adolescent health in broad strokes, specific issues like pregnancy and sexually transmitted infections are not issues that are regularly discussed. On one hand, they are not top-of-mind largely because they have become so common and normalized within this generation's culture. This normalization can be considered a cause of high teen birth rates, but also a consequence of them; said another way, high sexual activity and teen birth rates in Texas means there are large numbers of young adults with a personal connection to the issue—**68% of youth survey respondents know a teen who has gotten pregnant and 48% know someone who has/had a sexually transmitted disease.** If there is a personal connection, then there is also a conversation.



(Pregnancy) isn't something that my friends and I discuss often; it doesn't usually come up in normal conversation. If we hear of someone that we know whose gotten pregnant or had an unwanted teen pregnancy, then we do discuss it and how we feel about that.

Maybe teen pregnancy isn't at the core of what we talk about but... we talk about women's health rights, and we talk about all that stuff that needs to be talked about.

I have two close friends that have had babies, they're sisters, and they both don't go to school now and they haven't graduated, and they were really close but because of teen pregnancy they didn't get to do what they wanted to do in life.

YOUTH LISTENING SESSIONS



4 This is a very connected generation!

Young people may not be thinking about teen pregnancy specifically, but they are thinking and talking about issues related to holistic health (physical, mental, emotional) and emerging adulthood. Topics related to the political environment, climate change, and social justice are also commonplace. Not surprisingly, they lean heavily on social media as a means to communicate with each other and as a way to find the information they need about love, sex, and relationships.

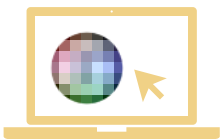


We talk about (mental health) with my friends, like our struggles and what we do to kind of put ease and pressure, especially people our age we're really pressured to like choose our careers and what we're going to do for the rest of our lives at such a young age.

We speak a lot about social justice, like social identity groups who are discriminated against based off those identities that they have that they can't control.

YOUTH LISTENING SESSIONS

Where are youth in Texas most likely to turn for information?



GOOGLE



FRIENDS



(I) consult the internet—the internet is most useful but doesn't always have the most reliable sources.

That kind of format (social media) is the most digestible for our generation; we have the attention span of like exactly six seconds.

YOUTH LISTENING SESSIONS



PARENT SURVEY

Our sole direct outreach to parents (*reminder: parents being used as an inclusive term*) was via the aforementioned survey. A diverse group of 208 parents provided key insights about their attitudes, confidence, and competencies as their children’s educators on healthy relationships and sex.

Parents who responded to our survey reported having children of various ages with 74% reporting at least one child in the 11–17 age range. Respondents identified mostly as White (60%), Hispanic (36%), and Black (8%). The vast majority fell into two age categories, 35–44 (32%) and 45–54 (40%). Gender is the one area where diversity of respondents was lacking. As previously noted, more than 90% of survey responses came from females (mothers), which is perhaps not surprising given that conversations in the home related to love, sex, and relationships are often mom’s responsibility.

1 Parents feel strongly that they should be the primary sex educators of their children.

Nearly all parents (96%) select themselves when asked “where do you prefer your children get information about healthy relationships and sexual health?” A distant second and third place was doctor/medical professional (70%) and at school (63%).

Compare this to an earlier finding about these topics:

14% of young adults say that they always had open and honest conversations with their parents.

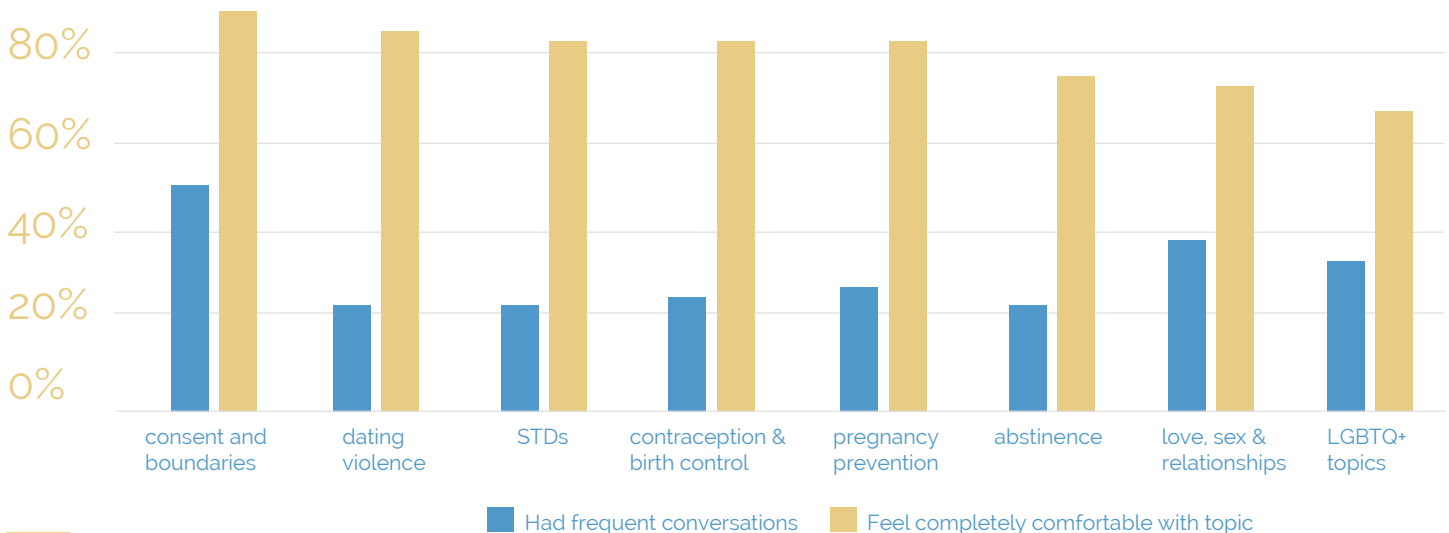
WHERE DO YOU PREFER YOUR CHILD GET SEXUAL HEALTH INFORMATION?

PARENTS DOCTOR SCHOOL

2 There is a noticeable gap between parents’ comfort level with a variety of sexual health related topics and the frequency they discuss those topics with their children.

For a long time, the field has assumed that parents weren’t talking to their children about sexual health because they were not comfortable with the content. Respondents in our survey seemed to challenge that assumption. Comfort levels with a wide range of topics are at or above 75%, yet that comfort level does not seem to translate directly to frequent conversations.

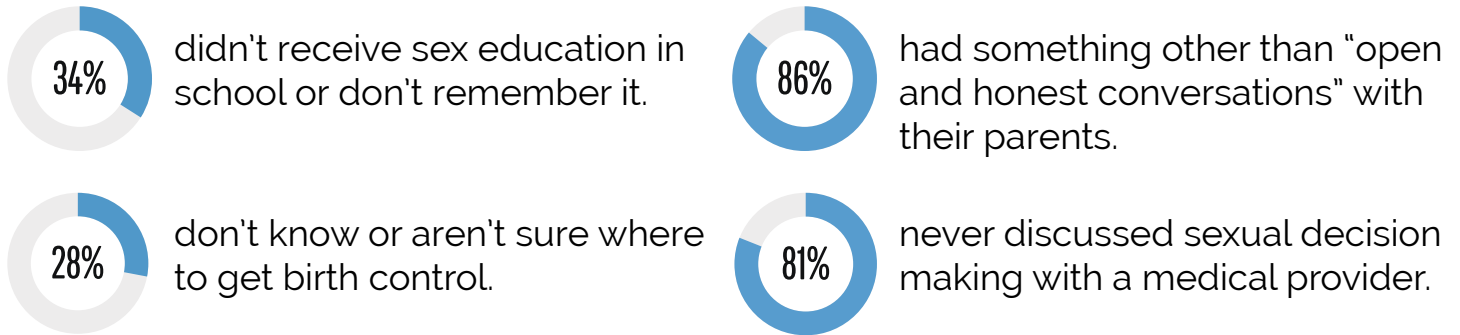
Admittedly, many parents did indicate they had “occasional” conversations about these things. Whether or not they had any impact is a question best answered by young adults themselves. What does seem clear from these results is that comfort with topics is a necessary, but insufficient condition.



Despite parents wanting to be the primary sex educators and indicating a fairly high level of comfort with a variety of topics, less than half use (or plan to use) medically accurate terms for body parts with their children at all ages and fully one-in-four say they wait until adolescence or do not use them at all.

3 Parents are overestimating their children's knowledge and preparedness.

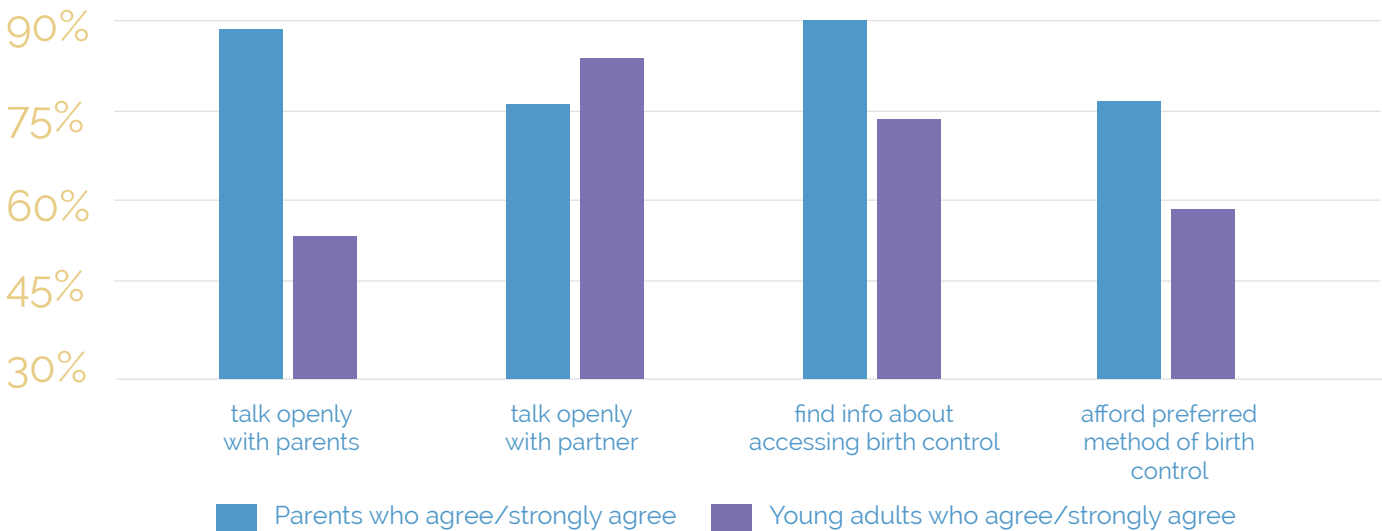
75% of parents agree or strongly agree that “(my) child has all the information they need to be sexually healthy,” and yet young adults say:



4 Parents also may be overestimating how comfortable their children are discussing sexual health with them, specifically birth control.

We know from previous findings in this report that more than 80% of parents feel comfortable discussing contraception and birth control with their children. That is a good place to start, but given the strong connection between increased access to contraception and improved adolescent sexual health, we thought it important to focus additional questions on both the young adult and parent surveys on the topic. What we found was a bit more complicated than can be explained by parents' level of comfort alone. An overlay of responses from the young adult and parent surveys shows that parents are significantly overestimating the comfort level and knowledge of their children related to birth control. **The most glaring example is the gap in parent/youth responses about talking openly with each other.**

In situations requiring birth control, could you/your child...



Key Conclusions & Opportunities

It is 857 miles from Orange to El Paso, with a whole lot of Texas in between. Texas is the second largest state in the nation both by area and population. Its 254 counties—the most of any state in the nation—vary tremendously, from the oil fields of Midland, to the bustling border towns of the Rio Grande Valley, to the urban hubs of Dallas, Houston, and San Antonio.

More than 4.1 million young people between the ages of 10 and 19 call Texas home.¹⁷

If everything is bigger in Texas, as the saying goes, then the effort required to empower young people and provide every Texas teen with the information and resources needed for reproductive health is just as immense.

While certainly not exhaustive, the information on the previous pages of this report provides an important road map for the work ahead, complete with big challenges and bright opportunities. This report tells an unapologetically Texan story, straight from the voices of those closest to the issue across the Lone Star State. As a result, the voices, opinions, and perspectives of our fellow Texans will be front and center as we make decisions about the future.

The specific focus of this research was to identify opportunities to make strategic investments that will have an impact. In other words, where can we and our partners deploy limited resources that will make a difference? The Key Conclusions and Opportunities that follow were constructed with this in mind. They are also designed to be community-facing such that our partners and stakeholders can intentionally find their own opportunities to contribute moving forward. At the same time, we at the Texas Campaign realize our elevated responsibility to turn these Key Conclusions and Opportunities into action.

“There are all kinds of opportunities for us to get better. That’s about the most positive frame that I can think of.”

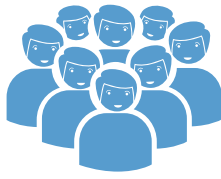
KEY STAKEHOLDER INTERVIEW



Data Sources



Youth Listening Sessions



Provider Listening Sessions



Key Leader Interviews

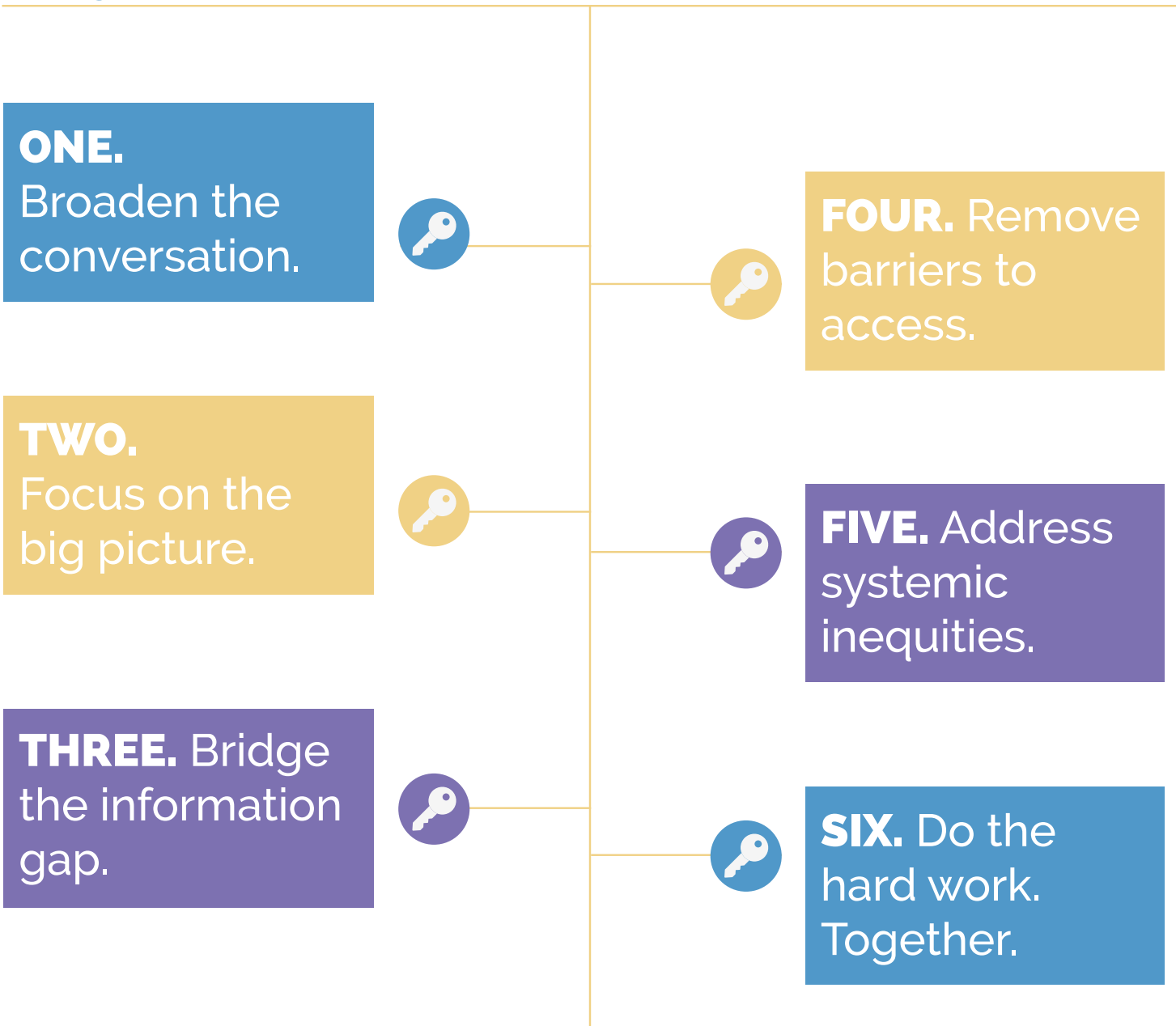


Young Adult Surveys



Parent Surveys

Key Conclusions



ONE.

Broaden the conversation.



A recurring theme throughout our discussions with young people, stakeholders, and service providers was a need to focus on the entire spectrum of health and well-being. It became quite common for those we spoke with to push for a broader lens and focus: one that is inclusive of, but not limited to, pregnancy and disease prevention. In addition to stakeholders raising this issue, nationwide, many teen pregnancy prevention groups have shifted their lens—as well as their name—to a more positive framework of supporting reproductive health and overall well-being.



...nobody is thinking about how to address these issues in a truly systemic way. You can't create more equity without creating more potential for people to realize their own personal potential.

The question is not 'how do we fix these children who are broken?' but 'how do we support them the best way that we can?' Can we get communities to look at youth not as a problems?...How do we improve the community with the youth at our side?

KEY STAKEHOLDER INTERVIEWS



This evolution feels especially urgent as we grapple with the institutional barriers and structural racism that has long been a part of the field. Combined with overall health outcomes that lag behind in Texas, a pivot mentioned earlier in this report takes on even more importance: from a question of, “why do young people get pregnant?” to a more empowering frame of, “what will it take for all young people in Texas to have agency over their own sexual health?”

ACCORDING TO KIDS COUNT, WHEN COMPARED TO OTHER STATES, TEXAS RANKS:

43rd

IN OVERALL
CHILD
WELL-BEING

37th

IN
ECONOMIC
WELL-BEING

34th

IN
EDUCATION

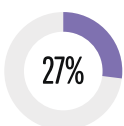
45th

IN HEALTH

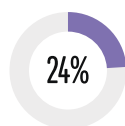
47th

IN FAMILY &
COMMUNITY
WELL-BEING

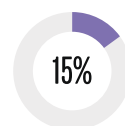
Young people also told us that the overall approach to our work would benefit from adults remembering that reproductive health is only one part of holistic well-being. They told us topics of discussion with their friends include things like relationships and relationship problems, gender equality, LGBTQ+ issues, and social justice. Perhaps not surprisingly, what they are hearing about and learning from adults is not nearly as wide-ranging in scope.



of Texas young adults say they learned about consent and boundaries in school



of parents say they frequently discussed dating violence with their child



of young adults have ever discussed healthy relationships with a medical provider

OPPORTUNITY 1A

Those closest to the issue recognize that a larger and more inclusive frame is needed—even shifting away from the language of teen pregnancy prevention and towards a more strengths-based and holistic approach to supporting adolescent health. They will need guidance and support to make such a shift.

TWO. Focus on the big picture.



In a state the size of Texas, trying to change one person, one school, or even one community at a time can seem overwhelming. While the work happening at the community-level across our state is admirable and critically important, we must not ignore the universally positive impact that systems-level change and policy improvements can have for our young people—especially related to contraceptive access and payer sources. Among the stakeholders and service providers we spoke with, there was clear recognition that opportunities exist to coordinate and enhance public awareness, messaging, and policy work at the state level.



Multiple policy changes at the state level would make our jobs locally much easier. The policy changes that are needed strike at the continued importance of advocacy.

(We need policy) that supports the idea that healthcare is a human right and people should not only have coverage but should have access to the care they want and need regardless of their identity and their circumstances.

It seems so much easier to just point a finger back to 'kids are having sex,' rather than doing the true, systems-level work that is needed to make a difference.

KEY STAKEHOLDER INTERVIEWS & PROVIDER LISTENING SESSIONS



A number of dedicated organizations are working to support reproductive healthcare, including access to contraception, within Texas. In the last decade, these provider networks and advocacy groups have made tremendous efforts to protect the state's reproductive healthcare safety net and have worked to engage providers and other professionals in advocacy. Still, those doing work at the local level repeatedly expressed a need for help with creating uniform messaging, specifically building the case for prevention and why working on issues like adolescent sexual health and teen pregnancy prevention are important.



What works is if we can point to dollar signs. So, if we can show that some of these services are really cost savings for the state, that tends to kind of get (more) attention.

(We could make progress) if we could have good, solid messaging around...how the problem(s) continue to impact all systems.

KEY STAKEHOLDER INTERVIEWS

OPPORTUNITY 2A

Stakeholders, providers, and partners across the state should actively join together on advocacy work in support of adolescent health—and groups leading the advocacy work should create easy avenues for engagement.

OPPORTUNITY 2B

There is a need across the state for more strategically crafted, uniform messaging and public awareness around adolescent health, teen pregnancy prevention, and all related issues.

THREE. Bridge the information gap.



One out of every 10 people in the US under the age of 18 calls Texas home.¹⁸ Reaching them all with the information they need to improve their sexual health is a daunting task that requires deploying every available resource. The harsh truth is there are massive gaps in the information that young people have access to as a result of adults dropping the ball. We also saw an unmistakable disconnect between where parents (and other adults) prefer teens receive this information and where they are actually receiving information. Youth are fully aware that even when information is being delivered, it often comes with explicit biases and intentional exclusions. As a result, they are turning to their smart phones and friends to access information about love, sex, and relationships.











No one really talks about the subject a lot. Even if they do, they don't go in depth... 'you shouldn't be worried about this now, worry about it later'

Parents don't want schools to teach it because they want to be in control of the information. But then parents don't talk about it because they are afraid if they do, their kids will start having sex. So nobody is doing it.

YOUTH/KEY STAKEHOLDER

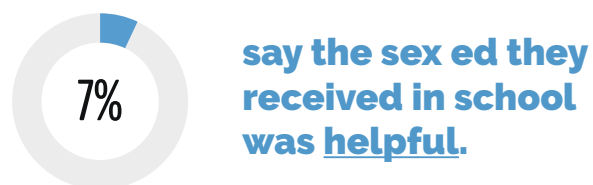


YOUTH IN TEXAS	YOUTH IN TEXAS	PARENTS IN TEXAS
<i>Where are you most likely to turn?</i>	<i>What/who is most effective for providing information?</i>	<i>Where do you prefer your child gets this information?</i>
 GOOGLE	 DOCTOR	 PARENTS
 FRIENDS	 SCHOOL	 DOCTOR
	 PARENTS	 SCHOOL

Despite all of this, young people haven't given up on the adults in their lives; they still feel that parents, medical professionals, and schools are the most effective sources of information—a reminder that all of us need to do a better job of providing factual information.

Parents want to be the primary sex educators of their children, but 35% of young adults did not talk or don't remember talking about issues like sexual health with their parents. And, only...

Revisions made in 2020 to the minimum curriculum standards (TEKS) that guide health education were a victory, but there is still much work to do. Local school districts will need intensive support to implement the new standards in a way that ensures youth are receiving high-quality sex education in schools.





While supporting parents and improving sex ed in schools is important, putting the entire burden of educating our youth solely on their shoulders—as we historically have—is neither efficient nor prudent. We must also be willing to meet young people where they are and be more intentional about engaging with them through youth-serving organizations, communities of faith, and utilizing social media to fill the information gap.



Teens want this information. They want to understand their bodies and sexual health... it's really beneficial when organizations we partner with – those with access to kids – understand that reality.

Some of it ties into...just the general attitudes toward sex education in general. It leads people to not get the information that they need to make their own informed choices and then leads to issues and they wind up stuck in a situation they weren't anticipating because they didn't know.

KEY STAKEHOLDER INTERVIEW & PROVIDER LISTENING SESSION



OPPORTUNITY 3A

Having new minimum standards for sexual health education in public schools will open the doors for new opportunities and partnerships. More than 1,000 school districts across Texas face the daunting task of implementing the new standards and will need intensive support and technical assistance to ensure successful implementation.

OPPORTUNITY 3B

Parents need to better understand the important role they play in this equation. They also need to learn how to have constructive conversations about love, sex, and relationships with their children, and as such, there is opportunity for all of us to support parents and caregivers in talking with kids about sex and healthy relationships.

OPPORTUNITY 3C

We must do a better job meeting young people where they are, and the reality is they are currently on social media. Content creation and message saturation must become more of a priority.

FOUR. Remove barriers to access.



Expanding affordable access to the full range of contraceptive options, including the most effective, longest-lasting methods of contraception, is the single most important thing we can do to ensure young Texans can delay pregnancy until they are ready.

When it comes to accessing family planning services for teens and adults alike, there should be no “wrong door.” But there are many wrong doors in Texas, and what’s more, the system is so complex that even many professionals working in the space struggle to help youth navigate their way to the right door.

Texas is the largest state in the nation not to expand Medicaid and is one of only two states that does not allow the Children’s Health Insurance Program (CHIP) to cover contraception.¹⁰ The big challenge (and corresponding opportunity) in Texas lies in the complex patchwork of programs that have been developed over time to provide coverage of reproductive healthcare. Many Texans are unaware of state or federal programs for which they may be eligible, such as Title X, Healthy Texas Women, and the Family Planning Program. Policy changes over the last decade have resulted in clinic closures and many family planning providers being excluded from funding sources. The state also has some of the most complex laws in the nation around the legal rights of minors to consent to their own health care, including birth control.



We have made it so complicated not just for those seeking services, but also those who are supposed to be directing them... our providers don't even know how to navigate these funding streams. People should just be able to get care. They should be able to walk into a clinic and get what they need.

Texas excels at administrative burden. Sure, there's access, but is there really? How can you have a system that is so complicated to navigate?

KEY STAKEHOLDER INTERVIEWS & PROVIDER LISTENING SESSION



Streamlining access to healthcare in Texas would require significant policy change such as Medicaid expansion—which current state leadership has chosen not to pursue. Barring such a shift, there is an opportunity for providers, educators, and advocates to work together to support an environment where young people are able to navigate the system, easily access teen-friendly services, and where providers are well-versed in contraceptive methods and payer sources. The technical assistance provided to the Title X network of clinics provides a strong model.

Our current system is a complicated path to prevention where words like “uncertainty,” “lack of understanding,” “discomfort,” “ambivalence,” and “confusion” are dominant. The payer sources and consent laws are confusing, even for experts in the field, let alone for teens and young adults trying to access services. And, far too often, young people are left on their own to figure it out.



We don't know where (health clinics) are and we don't know if we need to meet certain requirements and what those requirements are, if we need an adult, if we can just go by ourselves. And it's scary because if we do need an adult, we'd have to talk to a parent.

YOUTH LISTENING SESSION

UNINSURED TEXAS RESIDENTS WHO DO NOT QUALIFY FOR MEDICAID MAY BE ABLE TO ACCESS SEXUAL HEALTHCARE THROUGH THESE PROGRAMS:

Healthy Texas Women

Medicaid waiver program that covers preventive reproductive healthcare for low income women who are citizens or long-term legal residents. Teens need parental consent to access most services. About 3,000 providers.

Family Planning Program

State-funded program that provides preventive reproductive healthcare for low income Texas residents. Teens need parental consent to access most services. About 200 locations across Texas.

Title X

Federal funding stream that covers reproductive health services for all regardless of gender or citizenship status. Minors can consent to their own family planning services at Title X clinics. About 200 locations across Texas.

PATH TO PREVENTION

Making the decision.

My partner and I are thinking about having sex. Are we ready? **Good news:** 85% of young adults feel they can talk openly with their partner about birth control. **Bad news:** the journey is just beginning. What happens now for young adults in Texas?



Who do I talk to?

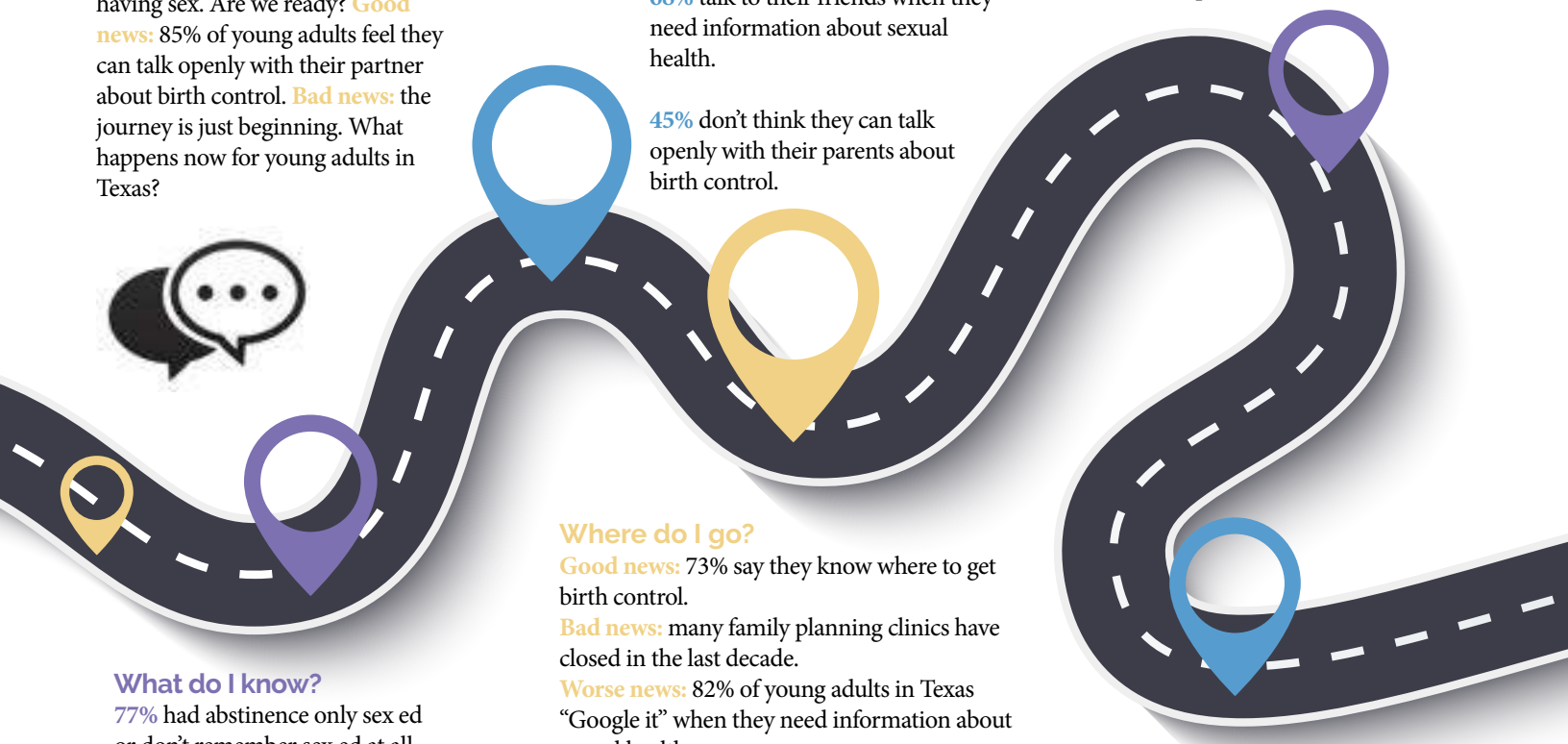
68% talk to their friends when they need information about sexual health.

45% don't think they can talk openly with their parents about birth control.



How am I going to pay?

Do I have insurance? Am I covered under Healthy Texas Women? What if I can't afford contraception? What is Title X?



What do I know?

77% had abstinence only sex ed or don't remember sex ed at all.

35% did not talk or don't remember talking with their parents about these issues.

Where do I go?

Good news: 73% say they know where to get birth control.

Bad news: many family planning clinics have closed in the last decade.

Worse news: 82% of young adults in Texas "Google it" when they need information about sexual health.

Finally here. Now what?

Both young people and providers describe a policy and practice environment that is too often **unfriendly** and **unsupportive** of young adults who are seeking care.



OPPORTUNITY 4A

The most commonly referenced barrier(s) to access have a connection to policy. Advocates should support policy change that helps streamline access to care, such as Medicaid expansion and coverage of contraception in CHIP.

OPPORTUNITY 4B

Ensure health clinic staff and providers are well-versed in contraceptive methods, payer sources, teen friendly services, and Texas' complex laws around access to care for teens.

OPPORTUNITY 4C

Help both providers and consumers (youth) better navigate the realities of the existing landscape of healthcare access. A large component of this work is better direct-to-consumer marketing of existing resources.

FIVE. Address systemic inequities.



Given limited resources in communities – both financial and human capital – understanding where and how to focus efforts is critically important. Inequities in access to information, services, and opportunity exist in Texas associated with geography (rural vs. urban), economics (rich vs. poor), and race (White, Black, Hispanic, Asian), among other factors.



Admittedly, I'm trying to wrap my brain around the connection between reproductive justice, social justice, and... racial justice. But right now, if I walk into someone's office in a local community and try to have this conversation, 'whoosh, right over their head.'

KEY STAKEHOLDER INTERVIEW



Examination of teen birth rate trends highlights another undeniable truth: **disparities still exist at alarming levels, and declines in teen birth rates among all races, ethnicities and age groups in Texas have been slower than national averages.**^{3,4,5}

Comparison of 2018 birthrates (per 1,000 females) by race, ethnicity, and age

	Texas		United States	
	2018 Rate	Change since 1991	2018 Rate	Change since 1991
White (non-Hispanic)	14.3	-71%	11.0	-74%
Black (non-Hispanic)	25.1	-77%	26.0	-78%
Hispanic	32.3	-68%	25.0	-76%
15-19 years (all races)	25.3	-69%	16.7	-73%
15-17 years (all races)	11.4	-79%	7.2	-83%
18-19 years (all races)	47.1	-63%	32.3	-67%



Texas law allows for six weeks of maternity leave after a student has a baby where (the) parent is allowed to be off campus... and then supposedly they are able to pop right back into school and normal life after six weeks.

In college, we're questioning why we don't have these types of resources or why we're not being offered it on a campus that is supposed to be taking care of its student body.

Telemedicine is supposed to solve that [lack of providers in rural areas] but they also have to up the broadband capabilities in the rural areas.

KEY STAKEHOLDER INTERVIEW, YOUTH LISTENING SESSION & PROVIDER LISTENING SESSION



We also know that while all young people are part of the aforementioned “information gap” in Texas, there are some youth who are more vulnerable than others. They need a greater level of intervention and attention. They include youth who have already experienced a pregnancy, youth in the foster care or juvenile justice systems, the children of immigrants and refugees, homeless youth, LGBTQ+ youth, and youth with disabilities.¹⁹ These young people may be disconnected from traditional institutions (i.e. schools) and as a result, may be harder to reach with standard education and interventions.



Youth in foster care are less aware of resources and less connected with their family... information passes over them, and as a result, they are pregnant more often.

We approach our services and our education and our delivery of services from a very specific perspective where we assume everybody speaks English.

Sexual health is not taught well in Texas, especially for minority populations.

YOUTH LISTENING SESSIONS



Of course, it is not enough to simply name these populations; it is time to understand how to better reduce these persistent disparities. We know that systemic and institutional barriers and a history of policy decisions in Texas are impediments to progress and are direct contributors to these issues. We believe we can be more proactive in addressing inequalities when we use a more inclusive and empowering prevention framework to address cultural and economic divides.



(I wish) I could wave my magic wand to break down and disassemble all the structures and institutions that are racist, sexist, because... you're talking about government laws, state laws.'

Race, identity, equity, (I) would like for that to be a larger conversation across the state...For the work on the whole to move forward in the state I think that needs to be a dialogue that happens somewhere.

PROVIDER LISTENING SESSIONS



OPPORTUNITY 5A

A significant opportunity exists to make vulnerable youth a priority moving forward. That will require improving working partnerships and relationships with organizations who know the populations the best.

OPPORTUNITY 5B

Center the voices of youth, especially youth of color and other traditionally underserved populations, ensuring their voices are heard in discussions about the future direction of prevention efforts in Texas.

SIX. Do the hard work. Together.



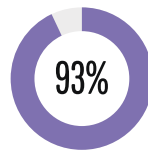
93%

OF YOUNG ADULTS IN TEXAS SAY MORE EFFORTS TO PREVENT TEEN PREGNANCY ARE NEEDED IN THEIR COMMUNITY.

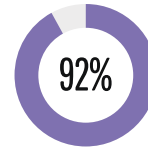
AND PARENTS OVERWHELMINGLY AGREE THAT "MORE EFFORTS...ARE NEEDED."



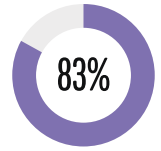
AT HOME



IN COMMUNITY



IN SCHOOL



IN FAITH COMMUNITY

A desire to be more effective comes with opportunities as well as challenges. There are a number of direct opportunities that have been identified throughout this report that will help support those working in communities and with youth themselves. Perhaps most importantly, there is a desire among interviewees to have a more strategic approach to securing partnerships, leading to more coordinated and collaborative efforts. Along with this, a greater understanding and appreciation of which approaches should be statewide, and which should be more regionally focused is needed.



What El Paso needs is not what Houston needs is not what Dallas needs... but the (people) within those regions know what their communities need. They know the landscape better.

A lot of collaboration... a lot of evidence-based work happening... there's a lot of leveraging but it only reaches certain parts... there's some good stuff; it's just not all over the state.

I'll be honest, I just haven't seen a good, completely statewide and universal approach work here in Texas. It requires good partners. There's not enough strategy, and partnership, and collaboration.

KEY STAKEHOLDER INTERVIEWS



(There is) no network of people that do sexual health education. If there was a way to (have a network)... maybe this coalition aspect, being able to bring together professionals who do this work or are in the streets doing it could be helpful. Because what we're seeing is what other people are probably seeing. What resources do they have that we might need?

PROVIDER LISTENING SESSION

OPPORTUNITY 6A

There is a need to be thoughtful and intentional about developing a regional approach rather than a single, one-size-fits-all approach to prevention in a state as large as Texas.

OPPORTUNITY 6B

Partnerships must be made thoughtfully and strategically to expand reach, leverage expertise, and meet the needs of young people.



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