Adolescent Reproductive and Sexual Health Disparities: The Case of Youth Residing in the Bronx

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Why are there sexual and reproductive health disparities between Bronx youth and youth nationwide?
Introduction

The Bronx ranks among the worst counties in the United States when it comes to adolescent sexual health outcomes. The Bronx has one of the highest teen pregnancy rates in the nation, while the county’s rates of sexually transmitted infections (STIs), such as chlamydia, among youth (15–19 years old) are more than double national figures. HIV disproportionately impacts African Americans and Latinos locally and nationally, and Bronx residents largely come from these racial and ethnic communities. Rates of HIV are increasing among adolescents in the United States, particularly among youth of color and young men who have sex with men (YMSM). With one-quarter of Bronx residents under 18 years of age, youth there are particularly vulnerable and at risk.

The reality is that many adolescents across the United States engage in risky sexual behavior—having their first sexual encounters at an early age, not using contraception correctly and consistently, or using alcohol and drugs prior to engaging in sexual activity. Adolescent sexual risk behavior is often associated with elevated rates of teen pregnancy, sexually transmitted infections, and HIV/AIDS. Taken as a whole, the United States has the highest teen pregnancy rate compared to all other Western industrialized countries. But variation exists within distinct geographic areas. Among the states with the leading number of teen pregnancies are California, Texas, and New York. Within New York, the Bronx emerges as the borough with the highest rates of teen pregnancy and sexually transmitted infections.

Why are there sexual and reproductive health disparities between Bronx youth and youth nationwide? One might argue that these disparities are a function of individual behavior, with Bronx youth engaging in greater levels of sexual risk behavior. However, the percent of high school students in the Bronx that have engaged in sexual intercourse equals the national average of 46 percent, according to the most recent national school-based Youth Risk Behavior Survey (YRBS) conducted by the Centers for Disease Control and Prevention (CDC). The survey also reveals that Bronx teens are more likely to use a condom and less likely to have consumed drugs or alcohol prior to their most recent sexual experience, compared to their teen counterparts across the United States.

The data suggest that individual behavior is not the complete explanation for poor adolescent sexual and reproductive health outcomes. Contextual and environmental factors warrant greater attention. The Bronx is a region where racial and ethnic disparities and social and economic inequalities are apparent; 90 percent of its population is either Latino (53.5%) or African American (36.5%); over 31 percent of individuals are immigrants; and more than one in four families are living in poverty. Basic needs, including quality health care, educational success, and public safety, are inadequately met. Bronx youth become involved in sexual behavior in an ecological context of risk and vulnerability.

Despite the demonstrated need for programmatic resources—and the fact that nearly 40 percent of Bronx residents are 24 years old or younger, the county has not received adequate attention, and lacks sufficient funds and programs to address the sexual health needs of adolescents.

Given current conditions in the Bronx, a group of community-based organizations, health centers, and key Bronx stakeholders have formed a working group and meet monthly to address the health and well-being of Bronx adolescents. The working group is referred to as the Changing the Odds Advisory Council. The Center for Latino Adolescent and Family Health (CLAFH) at the New York University Silver School of Social Work and the Morris Heights Health Center, in collaboration with the Changing the Odds Advisory Council, present this report to draw attention to the sexual and reproductive health needs of youth living in the Bronx. We identify existing efforts to address health disparities in the Bronx with the hopes of renewing interest in programs designed to address these issues. We review current budget allocations from the Office of the Bronx Borough President and the New York City Department of Health and Mental Hygiene and examine prevention services geared towards adolescent sexual and reproductive health in the Bronx and the broader New York City region. We also make specific recommendations to guide future programmatic and policy initiatives.
The rates of sexually transmitted infections (STIs) among youth in the Bronx are also well above New York City and national averages.
The Bronx In Crisis

Framing the Issue

Teenage Pregnancy

With one of the highest rates of teen pregnancy in the nation and the highest burden of sexually transmitted infections (STIs) in New York City’s five boroughs, the Bronx is an area disproportionately impacted by poor adolescent sexual health outcomes. Current data demonstrate that the teen pregnancy rate in the Bronx is 105.6 per 1,000 (ages 15–19)—more than 30 percent higher than the national rate of 72 per 1,000 (ages 15–19).

Placed in the context of New York City, the teen pregnancy rate in the Bronx is significantly higher than Manhattan (77.7 per 1,000), Brooklyn (85.9 per 1,000) and Queens (62.8 per 1,000). Furthermore, the percentage of teens giving birth in the Bronx (42.6 per 1,000) is nearly twice as high as teens who live in Manhattan (25.5 per 1,000) or Queens (21.9 per 1,000)—areas that are just minutes away. Such staggeringly high rates reveal that many female adolescents in the Bronx are likely to become teen mothers who may face significant obstacles entering and completing college or achieving career goals. Teen pregnancy presents a serious public health and social welfare problem that disproportionately impacts Latino and African American youth residing in this distinct geographic area.

Sexually Transmitted Infections

The rates of sexually transmitted infections (STIs) among youth in the Bronx are also well above New York City and national averages. Chlamydia, the most commonly reported STI in the United States, is one such example of the high burden of STIs in the Bronx. In 2009, the incidence of chlamydia among females 15 to 19 years old in the Bronx was 8,723 per 100,000—nearly 40 percent higher than the rate in New York City, according to the city’s Bureau of Sexually Transmitted Disease Control. In males of the same age group, the incidence of chlamydia was triple the national figure (2,598 per 100,000). Sexually transmitted infections can lead to multiple sexual and health problems, including cervical cancer, increased risk for HIV infection, infertility and the potentially fatal condition of ectopic pregnancy, where pregnancy occurs within the fallopian tube instead of the uterus. Because many STI symptoms frequently remain undetected or untreated, adolescents in the Bronx are particularly vulnerable to both short and long-term poor health outcomes.
HIV/AIDS

The Bronx has the second-highest rate of HIV diagnoses after Manhattan, with an overall rate of 56.8 per 100,000.14 Existing data suggest that Bronx youth are at an elevated risk. At the time of diagnosis, HIV positive adolescent females and males (ages 13-24) are most likely to reside in the Bronx and Brooklyn, 31 to 33 percent, respectively.15 HIV is the sexually transmitted infection with the highest level of disparity by racial or ethnic group. As previously mentioned, the population of the Bronx is 90 percent Latino and African American.6 African American men are six times more likely to become infected with HIV/AIDS than white men while Latino men are three times more likely.4 Bronx neighborhoods with the highest proportion of white residents, such as Kingsbridge and Riverdale, have the lowest number of HIV diagnoses.14 Alternatively, neighborhoods with the highest percentage of African American and Latino residents have the highest number of HIV diagnoses in the county.14 For example, the number of HIV diagnoses per 100,000 are highest in High Bridge-Morrisania (89.6) followed by Hunts Point-Mott Haven (84.6) and Crotona-Tremont (81.7).14

The poor sexual health outcomes experienced by Latinos and African Americans call for a critical perspective examining national and local data on adolescent sexual risk behavior and outcomes. Among Latino and African American youth in the Bronx, poor sexual health outcomes present a pressing public health concern that greatly impact adolescents' health and future well-being.
A Geographic Area of Vulnerability

In addition to racial and ethnic health disparities, social and economic inequalities in the Bronx are apparent. High rates of poverty, inadequate access to health care, and suboptimal education shape the environment and exacerbate adolescent health outcomes, particularly among Latino and African American youth. These challenges situate Bronx teens in an ecological context of heightened vulnerability, where inequalities impact not only individual success but the overall well-being of the entire community.

Bronx Teens: An Ecological Perspective

Poverty

Poverty is associated with an increased likelihood of teen pregnancy, HIV/AIDS, and STIs. Moreover, the Bronx is noticeably disadvantaged economically, made evident by the highest poverty rate of New York City’s five boroughs. Over 25 percent of families in the Bronx live below the poverty line and 39.4 percent of all children are living in poverty. Moreover, the Bronx has the highest unemployment rate in all of New York (11.5%)—25 percent higher than the national average (8.7%). Such poor socio-economic conditions directly impact the current and future prospects of adolescents living in the Bronx.

Studies demonstrate that female adolescents who live in high-poverty neighborhoods are more likely to become teenage mothers than those who grow up in more affluent areas. New York City data indicate that teen girls who reside in neighborhoods with poverty rates greater than 20 percent are more likely to have more than one pregnancy during adolescence.

Low socio-economic status is associated with greater likelihood of early childbearing. Additionally, many teen mothers are not married. Marital status is an important consideration, as single motherhood can further exacerbate poverty if the family relies on just one source of income. Poverty is also a consequence of teen childbearing—teen pregnancy is the leading cause of school dropout among teen girls, making it less likely for teen mothers to have the education required for many well-paying jobs. Two-thirds of families begun by a young unmarried mother are poor.

Moreover, poverty has been shown to be strongly associated with HIV infection. In a recent study by the CDC of more than 9,000 adults in metropolitan areas, HIV prevalence was more than double among individuals living at or below the poverty line (2.3%) compared to those living above the poverty line (1.0%). Low socioeconomic status, including factors such as income, employment status, and educational attainment, are associated with increased likelihood of HIV infection and other STIs.

Homelessness

Related to poverty, families in the Bronx experience homelessness at higher rates than families in all other New York City boroughs. The New York City Department of Homeless Services (NYCDHS) reports that over 30 percent of all family shelter applicants come from the Bronx and that nearly half (46.9%) of all Bronx residents report feeling at risk of becoming homeless. Comparatively, less than 30 percent of residents in all other boroughs perceive themselves to be at risk of homelessness. Increased levels of financial instability and poverty in the Bronx make youth particularly vulnerable to the consequences of homelessness and often lead to poor physical and psychological health. Studies demonstrate that homeless youth have greater rates of HIV infection compared to youth who are not homeless. Of particular concern are lesbian, gay, bisexual and transgender (LGBT) youth, who are overrepresented in the homeless youth population of New York City. Homeless youth often engage in sexual risk behaviors in exchange for basic needs such as food and clothing, placing them at increased risk for HIV, STIs, and unintended pregnancies. Furthermore, LGBT youth experience harassment and inter-personal violence, which are associated with mental health problems, illicit substance use, and increased sexual risk behavior.
High School Dropout

Education is one of the strongest predictors of health outcomes. Individuals who attain higher levels of education typically experience better health. Conversely, people who attain lower levels of education fare more poorly in regards to current health status and outcomes. Adolescents residing in economically disadvantaged neighborhoods, including many areas of the Bronx, have a greater likelihood of dropping out of school. Given the clear relationship between educational attainment and health disparities, school dropout is a significant social welfare issue in the Bronx—an area with a high school dropout rate (31%) more than double the national average (15%).

Teen pregnancy is the leading cause of school dropout among adolescent girls. For example, an estimated 30 to 40 percent of female teenagers who drop out of school are mothers. In addition to teen pregnancy, girls who drop out of school may be more susceptible to contracting STIs or HIV. Teen parenthood is also a concern for young men who often drop out of school to economically support their children.

Dropping out of school also affects income, social support, and life expectancy. Important to note are the much poorer conditions and quality of the schools in the Bronx compared to school districts in neighboring counties. For example, not one of the Bronx school districts met the New York State standard graduation rate of 80 percent in 2009-2010. It is important to increase high school graduation to promote the health and well-being of adolescents in the Bronx.

Access to Health Care and Mental Health Services

The Bronx’s health outcomes rank lowest among New York State’s 62 counties according to the County Health Rankings (2011). The rankings are determined by county measures of health behaviors, clinical care, physical environment, social/economic factors, morbidity, and mortality. Data on the availability of physicians in the Bronx suggest that access and quality health care are limited. For example, the physician to patient ratio is 1:927, compared to 1:689 in New York State. Furthermore, 16 percent of Bronx residents are uninsured, which is three percent higher than the national benchmark.

Limited access and poor quality of health care also present significant challenges to preventing and treating STIs and HIV/AIDS among teens in the Bronx. Early detection of STIs and HIV is critical for effective treatment and reducing transmission. Teens, however, may face multiple challenges when seeking preventative services including lack of insurance, inability to pay, discomfort with treatment facilities, and concerns over confidentiality.
Adolescents in the Bronx face additional challenges in accessing mental health services. A needs assessment of children’s mental health services in the Bronx reports that youth in need of mental health services experience numerous barriers to treatment, such as delayed access to care and low rates of service utilization. Over half of referrals in the Bronx for outpatient mental health clinic services do not lead to treatment, compromising the mental health of youth in the Bronx. A considerable number of Bronx adolescents experience mental health issues, including serious emotional disturbance, disruptive behavior disorders, and co-occurring psychiatric disorders. Despite documented need, the mental health needs of many Bronx youth are not being adequately met. Poor sexual and reproductive health can adversely impact mental health and, conversely, mental health conditions can increase vulnerability to sexual risk-taking.

Intimate partner violence (IPV) is also a significant concern among youth, particularly in low income neighborhoods. Women living in low-income areas of New York City experience twice the rate of injury and death from IPV compared to women of higher means. No matter what age, poor women and African American and Latino women are the most likely to be victimized. Both young men and women who experience violence in a relationship are more likely to be sexually active. Female adolescents who experience dating violence are also more likely to have ever been pregnant and report high rates of suicide attempts and risky sexual behaviors. In New York City, one in ten girls in public high schools said they had been assaulted in the past year.

Drug and Alcohol Use
Current alcohol use among adolescents in the Bronx is lower than the national average (33.8% compared to 41.8% nationwide). Overall, adolescent use of alcohol and illegal drugs in the Bronx is similar to that of teens in the rest of New York City. In 2009, approximately 33.8 percent of high school youth in the Bronx reported using alcohol in the past month, compared to 37.3 percent in Staten Island, 36.4 percent in Manhattan, 30.0 percent in Brooklyn and 28.3 percent in Queens. Similarly, teens from the Bronx are less likely than youth nationwide to report using illegal drugs. For example, high school students in the Bronx were less likely to report having used marijuana in the past month (17.3% vs. 20.8%) and less likely to have ever used cocaine (4.2% vs. 6.4%), Ecstasy (4.6% vs. 6.7%), and methamphetamine (3.0% vs. 4.1%) compared to adolescents nationwide in 2009.
Although youth in the Bronx use alcohol and drugs at lower levels compared to youth nationwide, teen substance use in the Bronx is still cause for concern. Alcohol and drug use among youth ages 13 to 20 in New York City led to 544 hospitalizations and 16 deaths in 2005. Use of alcohol or drugs before sex has also been linked to increased risk behavior. For example, substance use decreases the likelihood that a method of contraception will be used during sex and increases the likelihood of improper use. Additionally, several studies show that youth who use substances are more likely to report having multiple sexual partners, using condoms inconsistently, and acquiring a sexually transmitted infection or HIV.

Foster Care and Incarceration

The Bronx has the highest rate of children in foster care (5.7 per 1,000) among New York City’s five boroughs. Child abuse and neglect are the primary reasons for foster care placement. Children who experience violence, abuse or neglect are more likely to abuse drugs and alcohol and engage in sexual risk behavior. Teens in foster care are more than twice as likely to become pregnant than those who are not in foster care. STIs also disproportionately affect youth in foster care.

Although African Americans and Latinos account for only 16 percent and 17 percent of the New York State population, respectively, 51 percent of incarcerated people in New York State prisons are African American and 26 percent are Latino. The Bronx, where there are high concentrations of racial and ethnic minorities and high levels of poverty, is greatly impacted by incarceration. Of the 118 patients surveyed in a recent study conducted by the Montefiore Medical Center in the Bronx, 51 percent stated that someone in their family had spent time in jail or prison, and 55 percent stated that either they or someone in their family had been arrested in the past. Incarceration not only disrupts family systems and sexual partnerships but places the incarcerated individual in an environment where there is a higher probability of contracting HIV and other STIs.

Risk Environment of Teens in the Bronx

To understand the sexual and reproductive health disparities among Bronx youth, one must consider both individual and contextual determinants of vulnerability and risk. Factors such as poverty, lack of access to affordable health care, inadequate schools, elevated rates of foster care placement, and high rates of incarceration all increase the potential negative health outcomes associated with sexual behavior of youth in the Bronx. In order to most effectively reduce teen sexual risk behavior and improve health outcomes, funding and services should be directed towards the further development and implementation of interventions that target Bronx teens and their families, as well as the environments in which they live.

In the subsequent sections, we review resources available in the Bronx and examine programs and initiatives that aim to improve current conditions. We conclude with a set of recommendations toward better adolescent sexual health outcomes and a safer and healthier Bronx community.
Limited Funding For The Bronx: Illustrative Examples

Breakdown of Budget Allocations

Despite social and economic inequalities and the markedly poor sexual health outcomes among adolescents in the Bronx, funding for reproductive health and prevention programs remains limited. We identify the budget allocations of two significant funding sources for the Bronx to illustrate the need for additional resources in order to adequately address the sexual health outcomes of the community.

**Bronx Borough President Funding Allocations**

The Office of the Bronx Borough President receives a yearly discretionary capital allocation to disburse for various projects across the borough. Only 8.6 percent of the Bronx Borough President’s capital budget for the county was allocated for health in the 2012 fiscal year. This represents $1.1 million of a $12,850,000 budget. The majority of the budget was specifically allocated for important projects such as upgrading public schools, building new housing projects, and supporting community centers. Bronx borough President, Ruben Diaz Jr. is to be commended for his support of these critical community programs. While these projects target important social and economic needs of Bronx residents, youth residing in the Bronx require greater financial investments in sexual and reproductive health initiatives.

**New York City Department of Health and Mental Hygiene Funding**

New York City’s Department of Health and Mental Hygiene (DOHMH) funding is distributed among 14 divisions. The Health Promotion and Disease Prevention Division is allocated 9.34 percent of Department funding. Of this funding, 64.2 percent is directed to support school health, followed by 12.9 percent for maternal, infant, and reproductive health to reduce teen pregnancy and increase access to quality sexual and reproductive health care. Four percent of the division’s funding goes to the District Public Health Offices, which work to reduce health disparities in high-need neighborhoods in the South Bronx, East and Central Harlem, and North and Central Brooklyn. This small fraction (4% of the 9.34% of overall DOHMH funding) is allocated for the hardest hit communities in New York City. The combined allocations for reproductive health and for programs in high-need neighborhoods account for 16.9 percent of the 9.34 percent overall DOHMH funding. Despite the development of new programs and initiatives, city funding that provides resources specifically to high-need populations remains limited.

The lack of funding for health initiatives is exacerbated by city-wide budget cuts. The New York City Council for Fiscal Year 2011-2012 (FY12) cut $1.08 million in health services. The Bronx, which has the highest rates of poverty and unemployment in New York City, was disproportionately affected by the budget cuts. This translates into fewer health and social service programs for the most vulnerable populations in the Bronx—including adolescents.
Drawing upon the Bronx’s Strengths: Current Programs and Initiatives in the Bronx

The Bronx’s residents have a rich culture and pride in their borough. Bronx families are diverse and committed to the health and well-being of their children. This commitment extends to the community programs and initiatives targeted toward improving health outcomes.

Current Programs and Initiatives

Among current Bronx health programs, four warrant special mention and are described below. These programs target African Americans and Latinos and economically disadvantaged neighborhoods. They are: The Young Men’s Health Initiative, the Mandate of Sexual Health Education in all New York City public schools, School Based Health Centers, and the Bronx Knows HIV testing initiative.

Most parents of adolescents in the United States support comprehensive sex education in both middle school and high school.61

The Young Men’s Health Initiative

The Young Men’s Health Initiative is a $127 million dollar program with specific attention focused on young African American and Latino men in New York City.58 The Initiative identifies five categories and articulates specific recommendations for each: education, mentoring, employment, justice, and health.59 The Initiative highlights the interplay between these categories as they impact the overall health outcomes of young African American and Latino men. In the category of health, the Initiative describes disparities in rates of mental distress, educational attainment, single parenthood, absence of fathers, and teenage fatherhood. Among recommendations made by the Initiative, one goal is to help more young men of color access appropriate health care in New York City’s clinics and outpatient services.59

The Initiative promotes confidential age-appropriate sexual health services and the expansion of programs that support employment and education of young people of color.

Sexual Health Education

Beginning with the 2011-12 academic year, New York City public schools are required to provide students with sexual education in sixth or seventh grade and again in ninth or tenth grade.60 Before then, schools were only mandated to include HIV/AIDS education in conjunction with general health. Comprehensive sex education was not required. According to the New York Times, the sex education curriculum will include information regarding sexually transmitted infections, correct contraceptive use, and ways to prevent adolescent sexual risk behavior.60 While the Department of Education is releasing specific details later this year, this initiative demonstrates the pressing need to address adolescent sexual health outcomes and has great potential for reducing sexual risk behavior among teens. The recent New York City public school mandate reflects the finding from a recent poll that most parents of adolescents in the United States support comprehensive sex education in both middle school and high school.61
School-Based Health Centers

School Based Health Centers (SBHCs) provide on-site primary care to students in areas with limited access to health services. Currently, there are 123 SBHCs in New York City, 38 (31%) of which are operating in the Bronx. A portion of SBHCs provide reproductive health services in high schools only. These services may include: sexual health counseling, pregnancy testing, screening for STIs and HIV, contraceptive use, and pregnancy prevention.

Research supports the effectiveness of SBHCs. In a summary of benefits by the National Assembly on School-Based Health Care, SBHCs have shown to increase school attendance, reduce hospitalization rates, increase health care access, and increase utilization among harder to reach populations—including ethnic and racial minorities. SBHCs show tremendous potential to reach Bronx youth and their families and improve sexual health outcomes.

The Bronx Knows HIV Testing Initiative

The Bronx is disproportionately impacted by HIV. Despite this fact, in 2005 an estimated 250,000 Bronx residents between the ages of 18 and 64 had never been tested for HIV. Given the importance of HIV testing, the New York City Department of Health and Mental Hygiene, along with community organizations, hospitals and community health centers, launched in June 2008 the Bronx Knows Initiative—a three-year public health initiative to increase voluntary HIV testing in the Bronx. The goals included testing every Bronx resident who has never received HIV testing, identifying undiagnosed HIV-positive persons in the Bronx, and connecting them to care. This past summer, the Health Department reported that more than 600,000 HIV tests were conducted through the Bronx Knows Initiative and that 1,700 people were newly diagnosed with HIV.

Since the start of the initiative, a change in September 2010 to New York State law requires health professionals to offer voluntary HIV testing to patients who are between 13 and 64 years old. Patients no longer need to provide written consent to receive a rapid HIV test and can instead provide oral consent. The integration of HIV testing into routine health care not only makes the process easier for people in New York to learn their HIV status and get access to appropriate treatment, but can also reduce the stigma surrounding HIV testing. And since people under 18 years old are not required to obtain parental consent to be tested, young people have one less obstacle to HIV testing.

This law follows CDC recommendations that HIV testing and opt-out HIV screening be a part of routine clinical care in health care settings. Through routine testing, people infected with HIV can become aware of their status earlier and take proper measures to maintain their health and protect the health of others.
Recommendations

In the subsequent section, we provide an overview of specific recommendations designed to address the sexual and reproductive health needs of Bronx youth. Our recommendations emerge from community and provider input, including the Changing the Odds Advisory Council. Additionally, we draw upon empirical research to best inform future program and policy initiatives.

Recommendations:

• Increase targeted funding and budgetary allocations specifically for programs designed to address the sexual and reproductive health needs of youth residing in the Bronx. This requires acknowledging that the Bronx is a geographic area of sexual and reproductive vulnerability for youth.

• Foster the adoption and implementation of evidence-based comprehensive sex education curricula that include information on a wide range of topics, including abstinence, contraceptive methods, relationships, and interpersonal violence.

• Ensure accountability of delivery and implementation of evidence-based comprehensive sex education for schools by creating benchmarks and holding schools accountable for meeting these goals.

• Increase access to affordable, culturally and linguistically competent, quality health care, particularly for disadvantaged Bronx communities. This includes ongoing financial support for School Based Health Centers.

• Provide targeted HIV and STI testing, screening, and treatment. In addition, Bronx youth need free or low-cost contraception, particularly dual methods.

• Target risk factors that contribute to delinquency by expanding prevention programs, such as community engagement activities, mentoring programs for youth, employment programs for Bronx families, and evidence-based alternatives to incarceration.

• Focus prevention programs on youth most at risk including youths in foster care, LGBT youth, youth using drugs and alcohol, and youth not currently attending school.

Conclusion

The reproductive and sexual health of Bronx youth is an urgent concern. This report highlights marked disparities in adolescent sexual health. Through increased efforts and additional funds and resources, the Bronx has great potential to achieve a healthier and safer community, particularly for youth. Acknowledgment of concurrent economic and social inequalities and implementation of evidence-based sexual risk reduction programs is essential for significantly improving the health of Bronx youth.
References


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The Center for Latino Adolescent and Family Health (CLAFH) is a research center that investigates the role of the Latino family in shaping the development and well-being of Latino adolescents. CLAFH’s research addresses key issues that affect Latino families. Specifically, CLAFH seeks to: 1) foster the development, evaluation, and dissemination of evidence-based family interventions designed to prevent and/or reduce problem behaviors among Latino adolescents; 2) develop, evaluate, and disseminate family interventions for positive youth development approaches to Latino adolescent development and well-being; 3) examine issues of immigration related to the experiences of Latino families; and 4) promote the economic well-being of the Latino community. Strategically based in New York City, CLAFH addresses the needs of New York’s diverse Latino communities in both national and global contexts. The Center serves as a link between the scientific community, Latino health and social service providers, and the broader Latino community.

www.nyu.edu/socialwork/clafh

Since 1981, Morris Heights Health Center (MHHC) has had a record of distinction as the major provider of health care to Morris Heights and the surrounding areas. Born out of the local need for quality care in the area, MHHC is a non-profit organization funded by federal, state and foundation grants and private and corporate donations. For over a quarter of a century, they have provided quality primary healthcare services to all members of the community, including the medically, socially and economically disadvantaged—from medical and dental services to counseling. The Morris Heights Health Center uses its resources to become and remain a sought after health care organization with an exceptional system of care that identifies and addresses the health care needs of its targeted communities by creating equality in access to affordable quality health care services. Morris Heights Health Center is a vanguard for quality, affordable and accessible healthcare for all.

www.mhhc.org