

Adolescent Health In North Carolina: Documenting State and Federal Policy

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Abstract

Adolescence is a stage of great transformation and susceptibility, making intervention at this age the perfect opportunity to promote healthy decision-making. Secondary schools are a primary place of influence for adolescents, and state and federal policies guide what information students receive, and how they are educated. The Adolescent Pregnancy Prevention Campaign of North Carolina (APPCNC) is a nonprofit organization in Durham, North Carolina whose primary goal is for “every adolescent to have the combined benefits of sexuality education, family and community support, and healthcare needed to prevent teen and unplanned pregnancy and become a healthy adult” (www.appcnc.org/about/mission). The APPCNC consistently uses its *Summary of Adolescent Health Statutes* document - a compilation of state and federal statutes pertaining to adolescent health - in its work with community partners. The purpose of this public service project was to update and add to this document, which had not been revised since 1998. The statutes in the original document were updated to reflect any changes since 1998, new legislation was incorporated - such as pertinent laws from the Healthy Youth Act - and a new section containing statutes *related* to adolescent health was also incorporated. An index was created to help readers navigate the statutes and interpret legal jargon, making the document accessible to a wider audience. Understanding health legislation is imperative for effective health promotion, and this document will help educate and inform those in positions to make change, such as parents, school officials, and child advocates. This project helped me gain an understanding of the adolescent health issues affecting NC youth and the ways in which our specific legislation affect, or even create, these issues. As an aspiring health professional this level of civic

engagement has helped me understand and appreciate the importance of policy in relation to health status and health promotion.

Key Words: Adolescent health; sex education; policy; statutes.

Origins of the Project

The Adolescent Pregnancy Prevention Campaign of North Carolina (APPCNC) is a nonprofit organization dedicated to supporting North Carolina communities prevent adolescent pregnancy through advocacy, collaboration, and education (APPCNC n.d.). Their vision and goal for North Carolina is for every adolescent to have the combined benefits of effective sexuality education, family and community support, and healthcare needed to prevent teen and unplanned pregnancy and become a healthy adult.

My partnership with APPCNC originated from their need to update a document they use frequently in their work called the *Summary of Adolescent Health Statutes*, which, prior to my involvement in this project had not been updated since 1998. The original document was approximately 12 pages long and included out-of-date excerpts from statutes pertaining to treatment of minors, parental consent, confidentiality of records, criminal laws pertaining to abortion, and basic education laws. APPCNC used this document, and will use the newly updated version, to educate and respond to those who have an interest in, or need for, information about the laws affecting adolescent health in North Carolina. They used and will use this document when working with community partners, policymakers, stakeholders, educators, advocates, and students. The revisions and updates I made to this document not only ensure that those seeking information are getting the most current information on laws, but also allows for the document to be utilized in new arenas, such as using it as an online resource for visitors to APPCNC's website and ensuring it can be easily distributed online when requested. By having an accurate and easy to use resource available for those working towards reducing teen pregnancy rates in North Carolina, APPCNC will play a crucial role in ensuring those advocates, policy makers, community partners etc., have the information they need to implement and affect policy that will affect the disproportionately high teen pregnancy and birth rates in North Carolina.

Trends in Teen Pregnancy and Birth Rates

Despite the fact that the United States has approximately the same sex initiation age (approximately 17.5- 18 years old) as all other developed countries, the U.S. also has the highest rates of teen pregnancies, births, and abortions (Weaver et al. 2005). North Carolina is among the worst in the country, ranking 19/51 (all 50 states and the District of Columbia) in 2011 for teen birth rates among females ages 15-19 (Office of Adolescent Health 2013). The teen pregnancy rates in North Carolina have been steadily declining since 1991, but we still have the 14th highest teen pregnancy rate in the nation (WNCAP 2011).

Teen pregnancy and parenting can have an incredibly large impact on the life of the student who is pregnant or parenting, impacts that can affect the rest of their lives. In a study released by the National Women's Law Center in 2010, it was found that 50% of teen mothers get a high school diploma by the age of 22, compared with 89% of women who did not experience teen pregnancy and parenting (National women's Law Center 2012). Not only are these statistics staggering, but it is important to consider adolescents who are minorities and those from lower socioeconomic families, who are more likely to get pregnant in high school. Many adolescents in North Carolina

lack foundations for health, such as sufficient insurance coverage, regular health care, supportive relationships with adults, and lack of financial security; these issues are compounded by the fact that many adolescents do not receive an adequate amount of support or information necessary to make healthy, safe and responsible decisions (Action for Children NC 2009).

Risky Behavior and the Role of School

Adolescence is a time of experimenting and making decisions about things without having previous experience or much information. This is a huge reason why adolescence is a time of increased risk-taking behaviors. Individuals often start participating in risky activities and behaviors during childhood and adolescence, and these behaviors can extend into adulthood (CDC 2013). It is much easier to change behaviors in adolescents than it is get adults to change their behavior. The adolescent brain is also not fully developed to understand costs and benefits, to maintain impulse control, or to think critically about decision-making (Action For Children NC 2009). Pair these developmental factors with the necessity of making complex decisions about unfamiliar topics, and you have the perfect environment for risk-taking behavior. Considering that adolescence also is the time of significant hormonal changes, it only makes sense that one of the most prominent teen risk-behaviors is sexual experimentation.

Research points to the importance of information, skill building, adult support, and policy in terms of helping adolescents make healthier decisions (Action for Children NC 2009). Schools are in a unique position to ensure that students receive the information they need to make smart and healthy decisions; “no other institution has as much continuous and intensive contact and influence on children during their first two decades of life” (Story 72). Schools have direct contact with upwards of 95% of our nations youth ages 5-18 years old, for about six hours a day, for up to 13 years of their social, psychological, physical and intellectual development (CDC 2013). In terms of risk behaviors associated with sexual activity among young people, schools play a fundamental part in shaping the adolescents decision-making process. According to the CDC, school based programs are essential for reaching young people *before* risky behaviors are established (NC State of Advisors on Adolescent Sexual Health, n.d.). Research shows that comprehensive sex education programs are the most effective for giving young people the tools they need to protect themselves (Action for Children NC 2009)

The Effect of Policy

Adolescents rely on policy in many arenas of life, from policy surrounding parental consent and minors’ ability to seek care, to policies that shape the education curriculum, all the way to policies surrounding meals provided at schools. For example, the National School Breakfast and Lunch Programs (NSLP & SBP) feed 10 million students and 81% low-income students receive these meals for free or for a reduced price (Story 2009); this is all a result of policy. Adolescent behavior and decision making is guided largely by the relationships they form with adults, as well as the programs and policies that make needed services and opportunities available to them (Action for Children 2009).

Not only is policy important generally for positively impacting adolescent’s lives, but the actual implementation of these policies is important to consider when looking at the affect of policy on adolescent health. For example, Title IX - which makes sex discrimination illegal in federally funded education programs and activities (National Women’s Law Center 2012) - and the Healthy Youth Act (HYA) of 2009 - which requires comprehensive sex education for students from 7th-9th grade with the option for parents to withdraw their children (NCLeg 2009) - are

both not consistently implemented, decreasing their ability to influence adolescent health and behavior.

Few people know that Title IX pertains to discrimination against pregnant or parenting teens, making it illegal to remove them from programs or activities based on pregnant and parenting status, or to implement unrealistic policies when students miss school or turn in assignments late for reasons related to being pregnant or parenting. Schools continue to put pregnant and parenting students in separate programs without consent, or penalize them for absences related to pregnancy or parenting (National Women's Law Center 2012).

The HYA has many requirements for what must be taught to students in comprehensive sex education classes, but do not include components that monitor implementation; it is up to local organizations, parents, students, community members, advocates, etc. to ensure that local counties are effectively and correctly implementing the law (WNCAP 2011). The Western North Carolina AIDs Project (WNCAP) conducted a study in 2011 where they asked for curriculum from the 18 counties in Western North Carolina, receiving curriculum from 12 counties in total. While some aspects of the HYA were implemented consistently across the 12 counties (such as the value of monogamous heterosexual relationships in the context of marriage as the safest and most appropriate arena for sexual activity), others were not so consistent (WNCAP 2011). For example, the HYA mandates the discussion of FDA-approved contraceptives and *allows* demonstration of proper use; while 100% of the schools in this study discussed FDA-approved contraceptives, 0% included a demonstration of proper use (WNCAP 2011). In addition, less than half the responding counties provide information on local resources for testing and medical care for STI's, another topic the HYA mandates (WNCAP 2011). There were many areas where schools fell short of fully implementing the mandates made by the HYA, and all together not one of the schools met all the requirements.

Policy and APPCNC

Many individuals believe that economic and social disadvantage are caused by teen pregnancy; however, research indicates that economic and social disadvantages are among the *causes*, as well as one of the consequences, of teenage childbearing (Advocates for Youth n.d.). APPCNC is committed to reducing the prevalence of this contributing factor to the rates of teenage pregnancies in North Carolina by ensuring that all students have access to quality education and health care. One way they are doing this is by advocating for and educating about current policies to ensure their successful and complete implementation.

APPCNC currently runs multiple programs and projects aimed at improving the implementation of adolescent health statutes, as well as advocating for change to certain policies in need of revisions. APPCNC also publishes useful resources that help schools understand the policies they must follow, as well as resources to help them create beneficial and comprehensive curricula for their schools within the confines of our current education policies. APPCNC is currently running a project called *Working to Institutionalize Sex Education* (WISE), which aims to build off the progress made by passing the HYA by partnering with school systems to create an environment that supports effective sex education programs (APPCNC n.d.) Each school system that partners with APPCNC participates in analyzing current curricula, policies and procedures to make sure they align with the requirements; creating and maintaining a shared understanding among administrators, principals and teachers about the school system's sex education policies; selecting specific curricula that meet the community's needs; and developing

a teacher training plan to help all classroom teachers learn to implement their own curriculum comfortably and effectively (APPCNC n.d.)

In 2012 APPCNC published a supplemental lesson plan and curriculum, in partnership with Gaston County Health Department, to share with schools as a guide for helping them revise and expand their own curricula. The document includes guides for classroom facilitators, such as lesson objectives and modules; it also includes examples of handouts for activities in a sex education class, alternative activities associated with these handouts, and suggests questions for use with evaluation (APPCNC 2012). These lesson plans include various objectives for students and facilitators, focusing on developing an understanding of policy. Objectives for youth participants following implementation of this lesson are as follows:

1. Describe minors' rights to access birth control and other health services in North Carolina.
2. Describe places in their community where they can access reproductive health services.
3. Describe key aspects of having an appointment for reproductive health services including
 - a. How to make an appointment and
 - b. What to expect during that appointment.
4. Analyze minors' rights, conversations with doctors, and conversations with pharmacists as they relate to sexual and reproductive health (APPCNC 2012).

This supplemental lesson plan ensures that facilitators within schools touch on all of the mandates of the HYA and other education related policies, specifically making sure to focus on the students' rights and understanding of the policies affecting their health. Ensuring that students understand the policies that work to afford them those rights helps adolescents understand their role in their own sexual health, empowering them to make healthy decisions.

The updated *Summary of Adolescent Health Statutes* will help APPCNC effectively communicate with community partners, educators, advocates, etc. about the full implications of the laws affecting adolescent health, and help those with direct contact with adolescents understand and implement current policies to their full potential. This document will now be an effective and current tool that APPCNC can use in their numerous efforts to improve adolescent health in North Carolina and to advocate for the effective implementation of policies pertaining to adolescent health.

Methods and Work Undertaken

My specific role in this project was to update and revise the 1998 *Summary of Adolescent Health Statutes*. I started this project by making sure all the statutes in the existing 12-page *Summary of Adolescent Health Statutes* were up-to-date. For all of the laws added or updated within the document, exact excerpts from the General Assembly website were incorporated into the document; I did not incorporate any personal writing or summarization until the very end of the summary. To complete the task of updating the laws already in the document, I searched for each specific statute on the North Carolina General Assembly website and compared the wording of the document to that of the website and made any changes that were present, citing at the end of the statute the date each change was accepted as law. Proposed changes or additions that have not yet been accepted as law were not included. The laws updated pertained to treatment of minors without parental consent, performing surgery on minors, responsibility and liability of

physicians when treating minors, parental consent for abortion services, procedure for the waiver of parental consent, medical emergency exceptions, confidentiality of records, concealing the birth of a child, when abortion is not lawful, and basic education programs.

After revising and updating statutes already in the document I found laws and statutes enacted since the initial document was created in 1998 and incorporated those as well; again, these were exact excerpts from the General Assembly website. I added information and excerpts of exact wording from the *Healthy Youth Act of 2009* - also known as Senate Bill 132. I also incorporated a new section that contains both state and federal laws supporting the education of pregnant and parenting students; when covering Federal Title IX I created a summary of the ways in which it affects adolescent health - specifically for pregnant and parenting students - as opposed to including the direct language from the law as done in other portions of the document. I also incorporated an entirely new section including laws that pertain to mental health and substance abuse among adolescents, such as laws that fall under Chapter 122C of the Mental Health, Developmental Disabilities, and Substance Abuse Act of 1985; these new laws were incorporated with direct wording as well, with no summarization on my part.

Once I had incorporated the laws and statutes discussed above, I created a section that included *proposed* legislation related to adolescent health. The purpose of this section was to show those who utilize the document what efforts are being made to change or revise policy, and where current challenges arise when it comes to advocating for policy change. After many discussions with Patricia Yancey about which pieces of proposed legislation to incorporate, and after many cycles of additions and revisions, we decided to include short summaries of four bills that, if passed, would deeply affect adolescent health. The first bill incorporated was Senate Bill 675, a bill that would require parental consent for treatment of (i) sexually transmitted infections, (ii) abuse of controlled substances or alcohol, (iii) mental illness, or (iv) pregnancy (NCLeg 2013). The second incorporation was House Bill 693, which would require parental consent for prevention, treatment and diagnosis of (i) sexually transmitted infections, (ii) abuse of controlled substances or alcohol, (iii) mental illness, or (iv) pregnancy; patients receiving these services via federal programs would be exempt from these changes (NCLeg 2013). The third bill incorporated into the summary document was House Bill 694, a bill that proposes to require parental consent for instruction in reproductive health and safety; it also proposes incorporation of character education throughout the curriculum. The bill also proposes:

1. Repealing “experts in the field of sexual health education;” and substituting “experts” instead.
2. Creating an “opt in” policy rather than an “opt out.”
3. Requiring instructional materials to be evaluated yearly to confirm that character education is incorporated (NCLeg 2013).

The fourth and final bill incorporated was House Bill 711, a bill that proposes that the liberty of a parent to direct the upbringing, education, and care of their child is a fundamental right; this bill provides that State nor any agency or locality of the State can infringe on a parent’s right to care, custody, and control of their child without demonstrating that the its government interest as applied to the person is of the highest order and not otherwise served (NCLeg 2013).

Upon completion of the previously-discussed revisions and updates, I created an index with page numbers, section categories, law titles and brief descriptions of what each law covers with the

intention of making the document easy to navigate. For each law in the index I went through and turned all of the law titles into hyperlinks that redirect the user to the General Assembly webpage for that specific statute. This document has the potential to be dispersed and utilized via the Internet, especially since the new version will be available on the APPCNC website. The inclusion of hyperlinks makes it easier for individuals using the document to go directly to the source and to find information for laws where only particular sections were included in the summary based on relevance to adolescent health. In conclusion, I made the necessary revisions and updates to ensure that APPCNC received a current and easy to use summary document to utilize in their partnerships throughout North Carolina.

Ties to Academia

Creating the *Summary of Adolescent Health* related to my class work in the Health and Wellness Promotion department on numerous levels. Whether it was learning about the importance of policy in multiple classes with Ameena Batada, or gaining a deeper understanding of the importance of comprehensive sex education with Amy Lanou, this project resonated with my course work throughout the entire process.

In *Health Communications* with Ameena Batada and Amy Lanou, we spent a large portion of our class discussing the importance of policy advocacy, specifically advocacy for *public* policy. Public policy affects the public realm through laws, regulations, executive orders, judicial rulings, and rules issued by elected and other government officials (CLPI 2006). We learned about various ways that policy affects all of our lives, from health care reform, to policies about health education in schools, to policies about things like breastfeeding; in almost every arena of health there is a policy that is applicable. One of our assignments in *Health Communications* was to write a letter to a policy maker advocating for a specific change. We were to take skills we already had, such as the ability to communicate clearly and effectively about health issues, and apply those skills in a letter advocating for changes to policies that we believed negatively affected health for specific populations, or were not doing *enough* to promote health in those populations. Assignments like these taught us how to be effective health advocates in the arena of health policy. While creating the *Summary of Adolescent Health Statutes* I came across various laws that I was able to deeply critique and discuss with those around me primarily because of what I learned about policy advocacy in *Health Communications*. As a result of having this new document, APPCNC will now have the resource they need to promote policy advocacy among those whom may have influence and connection with policy makes.

In *Health and Sexuality* with Amy Lanou we talked about various policies that affect sexual health. For example, we discussed the Tuskegee Experiment and it's affect on policy reform. While the use of black Americans as experimental tools without their consent or knowledge of the experiment was an incredible violation of everything we know to be true about ethical safeguards within medical experiments today, it lead to some of the most crucial policies regarding medical care ever created, such as policies surrounding protection from harm, informed consent, freedom to withdraw from trials at any point, and confidentiality. Sexual health research is incredibly important not only for influencing policy reform, but for general advancement of the field of sexual health, and these policies ensure that this research can be executed in safe and ethical ways.

We also spent a large portion of the Health and Sexuality class discussing the differences between Abstinence-Only and Comprehensive sex education, and we spent multiple classes

looking closely at the Healthy Youth Act of 2009, one of the many policies I incorporated into the new *Summary of Adolescent Health Statutes* document. We discussed the benefits of this new comprehensive sex education policy, as well as the many limitations, such as the emphasis on monogamous, heterosexual relationships in the context of marriage being the only appropriate arena for sexual intercourse.

Health and Sexuality provided me with great tools, both in terms of language awareness and critical thinking strategies, to look at the laws I was incorporating into the *Summary of Adolescent Health Statutes* through an intellectual lens. As opposed to reading each law, especially those that are deliberately vaguely worded, and accepting them based on their face value, I was able to analyze not only what was present in the laws, but what was missing. Especially useful in my personal analysis of the laws was the information I gained about varying sexualities and gender identities, and the ways these are often belittled if not completely ignored within school systems. Health and Sexuality, along with various influences from all the Health and Wellness Promotion classes I have taken at UNCA, provided me with a great depth of knowledge to not only read and understand laws, but to understand their implications, both obvious and subtle.

In nearly every Health and Wellness Promotion class, from *Healthy Parity* with Ameena Batada, to *Senior Seminar* with Keith Ray, we discuss *Healthy People 2020*, a science-based compilation of 10-year national objectives for improving the health of all Americans (Healthy People 2020 2013). Not only does Healthy People 2020 include an entire section on the importance of adolescent health, but it also has two objectives pertaining to increasing the effectiveness of school health education. The first objective discusses increasing comprehensive school health education programs in elementary, middle and high schools to prevent health problems in the following areas: unintentional injury; violence; suicide; tobacco use and addiction; alcohol and other drug use; unintended pregnancy; HIV/AIDs and STD infection; unhealthy dietary patterns, and inadequate physical activity (CDC 2013). The second objective pertains to increasing the number of schools that have health education goals or objectives that address the knowledge and skills articulated in the National Health Education Standards (CDC 2013). Healthy People 2020 is not the only program setting goals for 2020; APPCNC discusses the North Carolina state goal endorsement for reducing teen pregnancy by 30% by 2020 (APPCNC n.d.). They stress that achieving this goal will take a shared commitment, going on to list the various organizations and agencies endorsing this state wide sexual health goal. Healthy People 2020, as well as the various state-wide goals for sexual health, are not only an integral part of the learning process in the Health and Wellness Promotion department at UNC-Asheville, but also a crucial advocacy tool for improving adolescent health and the policy pertaining to adolescent health.

In terms of thinking about the future of this project, I consistently come back to the emphasis on plain language for health promotion in all of the Health and Wellness Promotion classes. While the *Summary of Adolescent Health Statutes* currently only includes exact wording of the laws, I think there is a great need for a supplemental document that covers these laws in plain language. Legal jargon is incredibly difficult to understand, even for the highly educated, and is often intentionally written this way. If the document I created for my project is to be fully utilized, it needs to be accessible to *everyone* with an interest in the way policy is affecting adolescent health. A plain language summary or supplement could provide all readers with the information necessary to advocate for policy reform, giving all readers an advantage and an opportunity to inform the policies that shape their health.

Challenges Faced and Responses to those Challenges

As a whole this project did not pose a great number of challenges. The information was very easy to find because the General Assembly website is easily searchable and primarily the only source to get the most accurate and up to date wording of laws and statutes. The format of the document had already been created since I was simply updating and revising, and my supervisor, Patricia Yancey, had a very clear view of what she wanted and gave very concise instructions.

This project did shed light on the challenges of working in the non-profit world. There was a huge need for an updated *Summary of Adolescent Health Statutes* - seeing as it had not been updated in 16 years - yet those who needed the document were simply too busy to dedicate the time updating and revising it. It became clear to me that although there are so many things that are helpful and necessary to work on in the non-profit world, things that are not of time-sensitive urgency often get pushed to the back burner.

I realized that even after finding someone to help with necessary updates, those in charge and those who needed the document still had to devote their time to managing that help, which was not always an easy task or one that they had time for. It became clear to me that the non-profit world is incredibly fast paced; the work is intense and meaningful, and often times certain things must be de-prioritized in order to get the work done. To deal with these challenges of intense need but not wanting to put strain on those who will benefit from the document, I tried to make sure that when I sent Patricia work I had completed that I laid out in a simple manner exactly what I had done so she could quickly find the revised areas and give me feedback. I also made sure to ask before adding new laws or statutes so that I would not waste anyone's time by having them read a section that turned out to be unnecessary. Multiple times we dealt with her time constraints by scheduling times to talk on the phone so she didn't have to worry about responding to various emails throughout the process of this project.

It was also challenging to make sure that the document was informative and thorough, but also to be wary of creating a document that is so lengthy that it becomes daunting. To ensure that we included only relevant and necessary statutes into this document, Patricia Yancey made executive decisions about which types of statute would be *most* important to include in the document from APPCNC's perspective. While almost any law could be tied into adolescent health in some form or another, Patricia Yancey helped me decide on the most important statutes that would have the greatest impact of the health of North Carolina youth. This resource is meant for individuals of numerous positions to use as a guide to policy that is applicable to their work, not simply a collection of *all* policy that directly affects adolescents. As a student I find myself wanting to do all that I can to help this organization by putting in hard work and creating a comprehensive guide, but I learned that while I may think things are important, it may be unrealistic to include it all. This was a hard thing for me to deal with. There are so many things that affect adolescent health, from nutrition policies in schools, to laws on confidentiality, and it simply is not realistic to include it all. With help from Patricia Yancey and Ameena Batada I narrowed this document down to the most pertinent laws affecting adolescent health, and laws that would be applicable and relevant to the work done by APPCNC and their partners.

Results

The primary result of this project was the completion of the *Summary of Adolescent Health Statutes* document. This 20-page document includes sections compiled of laws that affect adolescent health such as medical laws, juvenile laws, criminal laws, education laws, laws

supporting the education of pregnant and parenting students, laws pertaining to mental health and substance abuse, and proposed legislation that, if passed, would influence adolescent health.

As a result of having this newly updated resource, APPCNC now has the ability to utilize the *Summary of Adolescent Health Statutes* on various levels with community partners, policy makers, stakeholders, educators, advocates, adolescents, and so on. Prior to having this updated document, any new laws or laws that been revised since 1998 were not included, meaning that they could not answer policy questions or refer individuals seeking deeper understanding to a specific place on their website where all of the information could be found. This newly updated document, especially with its inclusion of hyperlinks, can be a widely utilized tool for policy advocacy and education within North Carolina.

The *Summary of Adolescent Health Statutes* is in the final stages of editing. Once Patricia Yancey and I have made the final touches to this document, it will be available upon request and for download on the APPCNC website. Once the document is available on the website it will be incredibly useful for anyone with the desire to learn more about the how State and Federal policy affect adolescent health.

As a result of conducting this project I have gained a deeper awareness and understanding about the types of policy, both state and federal, that affect adolescent health in North Carolina. This deeper understanding gives me the ability to pinpoint where intervention is needed and where policy is lacking. Through my research I found various places where wording in laws was so vague that it provided hardly any true requirements for schools or local governments, especially in terms of sex education. This realization ignited a passion in me for *truly* comprehensive sex education policy that I had never before realized, and ended up inspiring my Senior Project in Senior Seminar, a project that resulted in specific policy change recommendations to improve not only the state of sex education in North Carolina, but to reduce our rates of teen pregnancy, birth, and sexually transmitted diseases and infections.

Before diving in to this topic and researching all the problems with our current policies, I had never realized my passion for policy. I have always understood that it is an important part of health promotion and public health, but I never realized that policy would catch my interest so intensely. Groups like APPCNC have the increasingly difficult task of not only promoting health and engaging with various community partners, but making sure that they are up-to-date on all the policy that affects not only what they do, but how those they are advocating for are supported or controlled. Completing this project made me realize that I could easily envision myself working somewhere similar to APPCNC later in life.

My hope is that this document will increase awareness about laws affecting adolescent health, specifically among those who are working towards changing policies for the better, such as advocates, stakeholders and policy makers. Perhaps with this document in place *and* the future addition of a plain-language document summarizing the adolescent health statutes, information about policy within North Carolina can become accessible to everyone in North Carolina.

Sustainability

I believe that with consistent updating and revisions this document has the potential to be a very sustainable tool that APPCNC can use to inform and support all parties seeking a deeper awareness and understanding of policy affecting adolescent health in North Carolina. The biggest factor in the sustainability of this project, however, will be finding someone to update the

document. Seeing as it had previously not been updated since 1998, it is clear that those with permanent positions at APPCNC may not realistically have the time, even if they wanted to, to update this document regularly. Ameena Batada and I discussed the possibility of keeping Patricia Yancey and APPCNC as contacts every year when students are looking for Community Engaged Scholar projects or any other projects within the Health and Wellness Promotion department. This means that in the following years as Health and Wellness Promotion students are seeking work for the Community Engaged Scholar Distinction, Ameena Batada will contact Patricia Yancey to inquire the current state of the document and whether a student could be of use for updating and revising the document. This position would include checking in on the status of the proposed legislation, as well as searching for more current proposed legislation and changes to laws already in place. I think a partnership with UNC Asheville could help APPCNC ensure that projects like this, and potentially many others, will get the attention and timely work that they deserve.

The *Summary of Adolescent Health Statutes* will help APPCNC engage in the sorts of policy advocacy that are imperative to making change within North Carolina. The Strengthening Nonprofit Advocacy Project (SNAP), a research effort conducted by Center for Lobbying in the Public Interest (CLPI), Tufts University, and OMB Watch in 2000, cites an increase in nonprofit participation in public policy advocacy (CLPI 2006), showing that APPCNC is engaging in up-and-coming realm of policy advocacy. However, for those nonprofit organizations that rarely or never participate in policy advocacy, they note that the top three barriers were limited financial resources, confusion regarding the law, and limited staff or volunteer skills (CLPI). By creating a document with the sole purpose of informing partners about relevant policy, APPCNC is already tackling one of these barriers by updating the *Summary of Adolescent Health Statutes*. They are also breaking down the third barrier – limited staff or volunteer skills – by tasking a UNC Asheville student to update and revise the document for them. Jon Pratt, Executive Director of the Minnesota Council of Nonprofits, a group which fought off a proposed \$200 million cut in support for Health and Human services in 2002, discussed the importance of nonprofits having a voice about policy; “we found if you weren’t at the table, you were on the table when it came to welfare reform. Decisions will be made with or without our information. Which do we prefer? (CLPI 2006). The *Summary of Adolescent Health Statutes* allows APPCNC to educate those whom they trust and believe will help them make the changes North Carolina needs to improve adolescent health. Using this document as an educational tool not only for those at APPCNC, but for those whom they wish to engage in advocacy, APPCNC will have the capacity to influence and help make important changes throughout North Carolina to improve adolescent health.

Not only is the sustainability and efficiency of the document itself important, but it is key – especially when you are the one engaging in policy advocacy – to understand the limitations and flaws of current policy in order to be able to advocate for change or revision. In order for laws pertaining to adolescent health to be sustainable and beneficial to the young people whose lives are shaped and influenced by them, those with the task of enforcing those laws must have a deep understanding of the laws themselves, and be able to explain and teach those around them the importance of those laws. Specifically schools need more detailed information about the laws that influence their programs in order to plan supplements to their existing curriculum and satisfy all requirements (WNCAP 2011). By having a document that compiles all of the school curriculum laws in one place, APPCNC has the ability to help schools in North Carolina create more sustainable and effective programs, especially since they already have developed deep relationships with many schools in the state.

I also believe that in order to sustain adolescent health, not only do programs need to fully implement the requirements laid out in laws like the HYA, they need to advocate for wording in these programs that is inclusive of all students. It has been said that youth in the United States are generally “disadvantaged” by our sex education system and the limited provision of comprehensive sex education and sexual health services (Weaver et al. 2005). By ensuring that the abstinence portions of the HYA are not the only mandates heavily enforced, educators can create a more sustainable sexual health environment for students. There is a common but unfounded belief that sex education will increase the number of youth having sex, but research suggests that skills-based sexuality education does not lead to earlier initiation of sex, and may even delay the first age of sex, reduce the number of sexual partners, and increase the use of condoms and contraceptives (Weaver et al. 2005). In order to reach and maintain this sustainable sex education approach that fosters adolescent sexual health, educators and those tasked with enforcing policy must be aware and attentive to the comprehensive portions of sex education, and enforce those policies as well.

Conclusion

The *Summary of Adolescent Health Statutes* provides APPCNC with a current tool to promote and advocate for adolescent health through increasing awareness, educating about policy, and engaging in public policy advocacy. As discussed throughout this paper, adolescents rely on policy and the institutions those policies shape. By compiling relevant laws and statutes in a document to utilize with community partners, educators, stakeholders, advocates, etc. APPCNC aims to advocate and educate about proper implementation of these policies, and help institutions like schools not only understand how to effectively implement certain laws, but educate them about how those laws may affect their institution. Whether it is through their *North Carolina’s Healthy Youth Act: Local Schools Implementation Guidebook*, or their *Working to Institutionalize Sex Education* program, APPCNC is already doing a fantastic in the realm of public policy advocacy, and the *Summary of Adolescent Health Statutes* will only help them further. APPCNC also has the intention of using this summary document to show those with intentions of advocating for policy *change* where the changes should be made. Through partnership with various community groups and members, APPCNC has the ability to make and influence these important changes. The *Summary of Adolescent Health Statutes* will provide APPCNC with a powerful tool for the advancement of their program, a tool that had previously been ineffective since 1998. Through advocacy, education and awareness of adolescent health policies, efforts can be made to not only increase the amount of programs correctly implementing mandates for adolescent health, but to provide information about where changes in policies are needed to be more effectively tailored to what adolescents need.

References

- A Pregnancy Test for Schools: The Impact of Education Laws on Pregnant and Parenting Students*. Rep. National Women's Law Center, 2012. Web.
- Action for Children North Carolina. *2009 Portrait of Adolescent Health in North Carolina*. Rep. The Duke Endowment, 2009. Web.
- "Adolescent Pregnancy Prevention Campaign of NC." *Working to Institutionalize Sex Education*. Adolescent Pregnancy Prevention Campaign of North Carolina, n.d. Web.
- "An Assessment of the Healthy Youth Act Implementation in WNC Public Schools." *WNCAP*. Western North Carolina Aids Project, Nov. 2011. Web.
- APPCNC, and Gaston County Health Department. *Knowledge to Action: Helping Teens Access Health Services*. Supplemental Lesson for Use with Evidence Based Pregnancy Prevention Programs. Durham: Adolescent Pregnancy Prevention Campaign of North Carolina, 2012. Web.
- CLPI. *Make a Difference For Your Cause*. Publication. Center for Lobbying in the Public Interest, 2006. Web.
- Healthy Youth Act of 2009, General Assembly of North Carolina 3 § G.S. 115C-81(e) 4-10 (NCLeg 2009). Web.
- House Bill 693, General Assembly of North Carolina § G.S. 90-21.7 - 90-21.8 (NCLeg 2013). Web.
- House Bill 694, General Assembly of North Carolina § G.S. 115C (Chapter); 115C-81, 115C-98 (Sections) (NCLeg 2013). Web.
- House Bill 711, General Assembly of North Carolina § G.S. 115C-6 (Section) (NCLeg 2013). Web.
- "North Carolina Adolescent Reproductive Health Facts." *Office of Adolescent Health*. U.S. Department of Health and Human Services, 23 Aug. 2013. Web.
- Senate Bill 675, General Assembly of North Carolina, § G.S. 90, 122C (Chapters); 122C-221, 90-21.5, 90-21.7 (Sections) (NCLeg 2013). Web.
- Story, Mary, Marilyn S. Naney, and Marlene B. Schwartz. "Schools and Obesity Prevention: Creating School Environments and Policies to Promote Healthy Eating and Physical Activity." *The Millbank Quarterly* 1st ser. 87 (2009): 71-100. *Wiley Periodicals, Inc.* Web.
- "The Leading Health Indicators: Progress to Date." *Healthy People 2020*. U.S. Department of Health and Human Services, 28 Aug. 2013. Web.
- "Teen Pregnancy Prevention." *NCSL*. National Conference of State Legislature, 22 Jan. 2014. Web.
- "Teen Pregnancy , The Case for Prevention: An Updated Analysis of Recent Trends & Federal Expenditures Associated with Teenage Pregnancy, 2nd Edition." *Advocates for Youth*. Advocates for Youth, n.d. Web.

U.S. Department of Health and Human Services. Centers for Disease Control. *Results from the School Health Policies and Practices Study 2012*. National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2013. Web.

Weaver, Heather, Gary Smith, and Susan Kippax. "School- based Sex Education Policies and Indicators of Sexual Health among Young People: A Comparison of the Netherlands, France, Australia and the United States." *Sex Education* 5.2 (2005): 171-88. EBSCO. Web.