Living life with hope: Strategies for reducing teen birth rates

The birth control pill turned 50 this year. I remember when I accidentally found my mother’s birth control pills in the ’60s. She told me they were for a female problem, and the significance of that confession just sailed right over my youthful head. Her explanation to her Catholic daughter — in the age of the church’s “Humanae Vitae,” which condemned artificial birth control — sufficed for then. I still marvel at the importance of this scientific breakthrough that empowered and uneducated young women to decide whether and when to bring a child into this world, privately and with greater safety.

In this country, in spite of relatively easy access to oral contraceptives, patches, intrauterine contraceptive and condoms, unplanned pregnancies still occur with great regularity. Of greatest concern to me is the abysmally high U.S. teen birth rate.

A recent report issued by the Guttmacher Institute highlighted the downward trend in teen births in my home state of California, attributing a 52 percent decrease in 12 years to progressive bipartisan social policy that includes comprehensive sexuality education, accessibility of contraceptives and involvement of the private sector — which is very good news indeed. But the fact remains that many other countries, which highly value education and job stability before parenting, have achieved remarkably lower rates. Italy, France, the Netherlands, Germany and Japan are examples.

Coffee Neudorf, MD; Stephen Keener, MD; Diane Downing, PhD; Thomas Quade, MPH; Jon Kim Andrus, MD; Maggie Huff-Rouselle; Joyce Gaufin, executive director of the Great Basin Public Health Leadership Institute in Salt Lake City; and Maggie Huff-Rouselle, PhD, MBA, MA, president of Social Services Development Strategies in Boston; Stephen Keener, MD, MPH, medical director of the Mecklenburg County Health Department in Charlotte, N.C.; Thomas Quade, MPH, MA, CPH, interim director of the Akron City Health Department in Akron, Ohio; and Ciro Sumaya, MD, MPH, dean of the Ohio State University College of Optometry.

Cordero was a former employee of the Centers for Disease Control and Prevention, where he served as founding director of the National Center on Birth Defects and Developmental Disabilities and as assistant U.S. surgeon general. Widhin APHA, Cordero has served as a member of the Executive Board, Governing Council and as chair of the Epidemiology Section, among other positions.

Shipp previously was a member of the faculty and administration at the University of Alabama at Birmingham School of Optometry and has served as a consultant, panelist and grant reviewer for the Food and Drug Administration, Health Resources and Services Administration and National Institutes of Health. Within APHA, Shipp has served as APHA treasurer, as a Governing Council member and as a Vision Care Section councilor, among other positions.

The candidate elected as APHA president will become president-elect at the close of the 2010 APHA Annual Meeting and assume the presidency at the close of the 2011 Annual Meeting.

In the Executive Board race, six candidates are running for three positions: Diane Downing, PhD, RN, public health program specialist and nurse manager with the Arlington Department of Human Services in Virginia and an adjunct faculty member at Georgetown University; Joyce Gaufin, executive director of the Great Basin Public Health Leadership Institute in Salt Lake City; Maggie Huff-Rouselle, PhD, MBA, MA, president of Social Services Development Strategies in Boston; Stephen Keener, MD, MPH, medical director of the Mecklenburg County Health Department in Charlotte, N.C.; Thomas Quade, MPH, MA, CPH, interim director of the Akron City Health Department in Akron, Ohio; and Ciro Sumaya, MD, MPH, dean of the Ohio State University College of Optometry.