



Meeting Minutes

Tuesday, April 2, 2019 | 11:00 a.m. – 11:30 a.m.

Abbreviated meeting: combined with Equal Pay Day and our legislative lunch

Capitol Plaza Hotel, Montpelier VT

Commissioners present: Marcia Merrill (Chair), Ed Adrian, Carol Buchdahl, Kellie Campbell, Lisa Carlson, Mary Daly, Ruth Finn, Kim Nolan, Lisa Ryan, Kerry Secrest and Lisa Senecal

Commissioners absent: Emilie Kornheiser, Heidi Tringe, Deborah Bucknam, Charlotte Dennett, and Marybeth Christie Redmond

Advisors present: Meredith Roberts, American Nurses Association of Vermont

Guests: Aly Johnson-Kurts from Change The Story VT, Alina Secrest and Hazel Wagner

Staff: Cary Brown, Lilly Talbert, Hannah Lane

Presiding: Marcia Merrill

Recording: Lilly Talbert

1. Welcome and introductions

Meeting called to order at 10:56 a.m.

Marcia welcomed everyone and asked them to introduce themselves.

2. Agenda and minutes

Approval of meeting agenda,

MOTION made by Carol, seconded by Lisa

MOTION APPROVED. Agenda adopted as presented.

Approval of March 2019 meeting minutes:

MOTION made by Carol, seconded by Kerry:

To approve the March 2019 minutes as submitted.

MOTION APPROVED. Minutes adopted as presented.

Cary let the group know that the VCW Chair term ends this June and Marcia, after ten glorious years at the helm, has decided not to seek re-election. Lisa S. expressed deep thanks for Marcia's leadership. The nominating process for Chair will take place at our May meeting. Commissioners can nominate themselves or others. Election will take place at June's meeting.

3. Review of two policies proposed by Health, Safety and Civil Rights Committee

Carol introduced two policies for Commission consideration: ***Youth Sexual Health and Education*** and ***Teen Pregnancy and Sexuality Education*** (attached). Carol thanked the authors: Kim Swartz (Advisor to VCW from VT Department of Health, and Director of Preventive Reproductive Health in the Division of

Maternal and Child Health) who led this project. Kim worked with her Division colleagues Sara Chesbrough (Kim's alternate to the VDH Advisory position) and Adolescent Sexual and Reproductive Health Coordinator, and Sharonlee Trefry, State School Nurse Consultant, as well as Andrea Nicoletta, Planned Parenthood of Northern New England's Education Program Manager.

Carol presented the edits the Committee made:

In the **Youth Sexual Health and Education** policy: Carol suggested the following content change to improve clarity in the 5th paragraph, 3rd sentence: Change to: In 2016, there were 347 pregnancies to Vermont teens aged 15-19. Two-hundred and thirteen (or 61%) resulted in teen births. Also recommended: Moving the *Resources to support and guide sex education in VT* section to VCW's Resource Directory.

In the **Teen Pregnancy and Sexuality Education** policy: Include gender identity in the 1st paragraph (after our intro sentence), 1st sentence's list of topics.

The Commission will vote on adopting the policies as amended at the May meeting.

4. Legislative Lunch

Hannah provided an overview of the event's agenda and reviewed roles Commissioners could play, including engaging their table mates in discussion of current issues such as paid family and medical leave and data collection.

Meeting Adjourned at 11:12 a.m.

Youth Sexual Health and Education

The Vermont Commission on Women supports legislation, policies, programs, and initiatives that promote the health and wellbeing of Vermont youth, with a focus on inclusive, comprehensive sex education and prevention strategies, and support and education for pregnant and parenting teens.

Sexual health is defined by the World Health Organization as “a state of physical, mental and social well-being in relation to sexuality. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.”ⁱ

All Vermont schools and other appropriate youth-serving organizations shall provide sex education including information about relationships, reproduction, puberty, sexual orientation, gender identity, consent and decision making skills, sexually transmitted infections and prevention, contraception, and pregnancy in accordance with [Vermont State Comprehensive Health Education Law \(VSA 16\)](#)ⁱⁱ. This education must provide young people with medically accurate, age-appropriate information and skills necessary to help them make decisions for their health and overall well-being.ⁱⁱⁱ Sex education should be informed by evidence of what works best to prevent unintended pregnancy and sexually transmitted infections and should also respect young people’s right to complete and honest information. Sex education should treat sexual development as a normal, natural part of human development.^{iv} This education should be grounded in an understanding of reproductive justice.^v

We are committed to protecting, promoting, and expanding these education programs until all Vermont youth have access to comprehensive, medically accurate, quality information and resources to support them in making sexual health decisions that are right for them. While Vermont state health education laws are strong when it comes to providing sex education in schools, consistent support and resources are needed to ensure widespread adoption and equitable implementation.

Nationally there has been a 67% decline in the teen birth rate since 1991, including significant declines in all 50 states and among all racial/ethnic groups. Currently nearly two out of every 100 teen girls will have a child each year in the United States.^{vi} Rates are higher among young people living in poverty, living in foster care, or facing persistent racism and discrimination. One-third of teen girls who have dropped out of high school cite early pregnancy or parenthood as a key reason, and less than 2% of teen moms finish college by age 30. Daughters born to women in their 20s are three times less likely to become teen moms themselves compared with daughters of teen moms.^{vii}

Vermont has the second lowest teen pregnancy rate in the country. In 2016 there were 16.7 pregnancies per 1,000 women 15-19 years of age, a decrease from 20.6 in 2014 and 21.9 in 2013. In 2016, there were 347 pregnancies to Vermont teens aged 15–19. Two-hundred and thirteen (or 61%) resulted in teen births. Based on these data, the 2016 teen birth rate was 10.3 per 1,000, down from 14.2 in 2014. Teen births/pregnancies vary significantly among communities. While the overall rate of unintended pregnancy is 50%, young women under 20 have the highest rate of unintended pregnancy (72%), followed by women ages 20-24 (70%).^{viii}

Young people are waiting longer than ever before to have sex. On average, young people in the United States have sex for the first time at about age 17.^{ix} It is vital to recognize that not all young people choose to wait until they are older to have sex, and the percent of students who have, rises with each grade level. While 19% of 9th graders in Vermont have ever had partnered sex, that rises to 60% by senior year.^x Access to sex education before people have partnered sex is the best way to ensure positive health outcomes; young people

who use condoms the first time they have sex are more likely to use condoms in subsequent sexual encounters.^{xi} Health disparities do exist for LGBTQ students and Racial and Ethnic Minorities due to stigma, bias, discrimination, and social isolation associated with historically unfair and unjust systems, structures, policies, attitudes and cultural norms. Ensuring access to inclusive and affirming sex education for all young people is one way to help address these disparities. While teen pregnancy continues to decline, CDC estimates that youth ages 15-24 make up over one quarter of the sexually active population, but account for half of the 20 million new sexually transmitted infections that occur in the United States each year.^{xii} Access to health care services in a confidential and supportive environment helps to ensure that young people can make determinations about pregnancy and explore their reproductive life plan.

According to the Vermont 2017 YRBS data overall 40% of high school students have ever had sexual intercourse; 31% of high school students reported having sex in the past 3 months; 9% reported 4+ sexual partners in their lifetime; 42% of students have never had sexual intercourse. Among sexually active students, the last time they had sex: 56% used a condom and 50% used prescription birth control to prevent pregnancy; less than one in five used both a condom and prescription birth control the last time they had sexual intercourse; 19% used drugs or alcohol at last sex. 10% of high school students reported having ever been physically forced to have sexual intercourse and 7% of students reported they were physically hurt by someone they were dating in the past year.^{xiii}

We are committed to working to reduce risk factors and enhance protective factors related to the sexual health and wellbeing of all Vermont youth. The sexual health of vulnerable Vermont youth populations, including racial and ethnic minorities, runaway and homeless youth, youth in foster care, youth in the juvenile justice system, refugee and New American youth, LGBTQ youth, and youth with developmental disabilities, requires more focused attention and effort, and teens who are pregnant or parenting, should receive adequate support^{xiv}.

We are committed to supporting sex education that is in line with and guided by [national standards](#) and [guidelines](#).

ⁱ https://www.who.int/topics/sexual_health/en/

ⁱⁱ <https://legislature.vermont.gov/statutes/section/16/001/00131>

ⁱⁱⁱ <https://siecus.org/issues/>

^{iv} <http://www.futureofsexed.org/youthhealthrights.html>

^v <https://www.sistersong.net/reproductive-justice/>

^{vi} <https://powertodecide.org/what-we-do/information/why-it-matters>

^{vii} <https://powertodecide.org/what-we-do/information/why-it-matters>

^{viii} <https://www.hhs.gov/ash/oah/facts-and-stats/national-and-state-data-sheets/adolescent-reproductive-health/vermont/index.html>

^{ix} <https://www.guttmacher.org/fact-sheet/american-teens-sexual-and-reproductive-health>

^x http://www.healthvermont.gov/sites/default/files/documents/pdf/CHS_YRBS_statewide_report.pdf

^{xi} <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1874201/>

^{xii} <https://www.cdc.gov/std/life-stages-populations/adolescents-youngadults.htm>

^{xiii} http://www.healthvermont.gov/sites/default/files/documents/pdf/CHS_YRBS_statewide_report.pdf

^{xiv} <https://www.healthyteenetwork.org/?s=parenting+teens&op>

Teen Pregnancy and Sexuality Education

The Vermont Commission on Women supports legislation, policies, programs, and initiatives that promote responsible and comprehensive sexuality education and prevention of teen pregnancy, as well as provide support and education to pregnant and parenting teens.

All Vermont educational environments shall provide comprehensive sexual education including information about reproduction, puberty, sexual orientation, gender identity, relationships, consent and healthy sexual behavior, decision making skills, sexually transmitted diseases, contraception, and pregnancy.¹ Preventing teen pregnancy helps expand opportunity, create positive social change, and allows young people to be stronger contributors to their communities.²

We are committed to protecting and expanding sexual education programs until all teens have access to quality information and access to contraception they need to honor their intention not to get pregnant, therefore reducing poverty and improving the family's welfare. Nationally we have seen a 67% decline in the teen birth rate since 1991, including profound declines in all 50 states and among all racial/ethnic groups. Currently nearly two out of every 100 teen girls will have a child each year, and nearly all teen pregnancies are unplanned. Rates are higher among young people living in poverty, living in foster care, or facing persistent racism and discrimination. One-third of teen girls who have dropped out of high school cite early pregnancy or parenthood as a key reason, and less than 2% of teen moms finish college by age 30. Daughters born to women in their 20s are three times less likely to become teen moms themselves compared with daughters of teen moms.³

Currently 58% of the states require sexual education instruction in public schools, and the content and quality information varies from state to state. There is even greater variance among states that do not have laws requiring sexuality education, where individual schools choose whether or not sexuality education is taught and how it is implemented.⁴

Teenagers will have sex, and over half of them have done so by 17 years old. The more concerning figures relate to the un-healthy relationships or un-safe situations these teens are in while having these relationships. In an annual study of high school students in Vermont it was found that 10% have had sexual intercourse with more than four people, and 19% of them were impaired by drugs or alcohol during their last sexual encounter. Only 58% reported using a condom, 47% used a prescribed form of contraceptive, and 7% took no pregnancy prevention measures. 9% of those teens report they experienced physical dating violence, and 7% report they were forced to have sexual intercourse. Not only is that behavior a risk for pregnancy, it is a risk for spreading STD's/HIV, and causing lifelong trauma.⁵

In Vermont in 2015, 249 white females under 20 years of age gave birth, and the majority were born to mothers over 18 years old. Our teen birth rate is almost half of what the national average is, and Vermont's abortion rate is lower than the national average.⁶ Preventing teen pregnancies leads to significant savings in publicly funded programs, and estimates show that annually more than \$4 billion in medical and economic supports during pregnancy and infancy.⁷

In 2017, there was an increase in bills introduced requiring instruction in consent, and most sought to improve the quality of sexuality education by requiring that sexuality education be developmentally appropriate, medically accurate,

¹ Planned Parenthood. *What is Sex Education?* Available at <https://www.plannedparenthood.org/learn/for-educators/what-sex-education>

² Power to Decide. *Why it Matters*. Available at <https://powertodecide.org/what-we-do/information/why-it-matters>.

³ Power to Decide. *Why it Matters*. Available at <https://powertodecide.org/what-we-do/information/why-it-matters>.

⁴ Sexuality Information and Education Council of the United States. (2017). *Sex Ed State Legislative Year-End Report*. Retrieved from <http://siecus.org/index.cfm?fuseaction=document.viewdocument&ID=D677643F0FA486C206DFAD94E82FFE79EB909068886CD6E0B053272E8ADC7CA301874C2EEFDC1682C826FF9A7472B56F>.

⁵ U.S. Department of Health and Human Services, Office of Adolescent Health. (May 30, 2017). *Vermont Adolescent Reproductive Health Facts*. Available at <https://www.hhs.gov/ash/oah/facts-and-stats/national-and-state-data-sheets/adolescent-reproductive-health/vermont/index.html>.

⁶ U.S. Department of Health and Human Services, Office of Adolescent Health. (May 30, 2017). *Vermont Adolescent Reproductive Health Facts*. Available at <https://www.hhs.gov/ash/oah/facts-and-stats/national-and-state-data-sheets/adolescent-reproductive-health/vermont/index.html>.

⁷ Power to Decide. *Why it Matters*. Available at <https://powertodecide.org/what-we-do/information/why-it-matters>.

evidence based, and culturally appropriate. Many focused on changing the language in statutes to be inclusive of LGBTQ youth, and a large number of the proposed bills highlighted consent and sexual violence prevention.⁸

⁸ Sexuality Information and Education Council of the United States. (2017). Sex Ed State Legislative Year-End Report. Retrieved from <http://siecus.org/index.cfm?fuseaction=document.viewdocument&ID=D677643F0FA486C206DFAD94E82FFE79EB909068886CD6E0B053272E8ADC7CA301874C2EEFDC1682C826FF9A7472B56F>.