

Written testimony in support of HB 293
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Chairwoman Boyd, and Members of the Committee, I thank you for the opportunity to testify in support of House Bill 293, the Ohio Prevention First Act. My name is Dr. Elise Berlan. I am an Adolescent Medicine specialist at Nationwide Children's Hospital in Columbus, Ohio. I am here representing the Ohio Chapter of the American Academy of Pediatrics, who has more than 2500 member pediatricians in this state.

I am board certified in general pediatrics and in adolescent medicine, and completed a Master's of Public Health at the Harvard School of Public Health. In August 2007, I joined the faculty of The Ohio State University College of Medicine and Nationwide Children's Hospital. In 2008 I authored a 10 volume set called the Encyclopedia of Family Health and Wellness, and I was named a Top Physician by Columbus Monthly several months ago. I see patients every day in our clinic, and make rounds in the hospital.

I saw a patient just yesterday that illustrates the problem of young people not having accurate health information. This patient was a very nice 16 year-old young man who was new to our practice. When we asked our routine health screening questions, he told us he wasn't "sexually active" because he didn't want to get his girlfriend pregnant. However, as we talked to him he reported some symptoms concerning for a more serious sexually transmitted infection. It turns out he was engaging in sexual activity that was high risk for infection transmission, but he thought it was okay because it wasn't technically "sex". He didn't think he needed to use condoms because he wasn't actually having "sex", even though his girlfriend was having symptoms of a sexually transmitted infection. Had he understood the risks of the behavior he was engaged in, and that his girlfriend had a sexually transmitted infection, he may have made a better decision and prevented his acquiring a serious sexually transmitted infection that requires two weeks of antibiotics.

Contrary to popular belief, sexually transmitted infections are a pediatric problem. Adolescent girls ages 15–19 had the largest reported number of Chlamydia and Gonorrhea cases when compared to any other age group, according to a Centers for Disease Control and Prevention press release November 16, 2009. The recently published CDC annual report on sexually transmitted infections found that more than 1.5 million cases of Chlamydia and Gonorrhea were reported in 2008, making them the two most commonly reported infectious diseases in the United States. Sexually transmitted infections have a disproportionate impact on racial minorities, especially young African American women. African-Americans are twenty times more likely to have gonorrhea

than whites, and had more than eight times the Chlamydia infection rate of whites. Moreover, Ohio is in the highest reporting category for both Gonorrhea and Chlamydia infections.

I diagnose and treat adolescents' sexually transmitted infections almost every day. I educate young people about how they acquired their infection, and measures they can take to prevent infection. The consequences for girls and young women are particularly troubling. Chlamydia is the leading preventable cause of infertility in the US. Untreated Chlamydia infection may lead to a serious condition called Pelvic Inflammatory Disease in as many as 40% of cases in women, and untreated Pelvic Inflammatory Disease commonly leads to infertility (20%), chronic pelvic pain (18%), and tubal pregnancy (9%). Time permitting, I could discuss health consequences of early human papillomavirus (HPV) infection, herpes, and gonorrhea with you, but since I cannot, please understand the devastating toll sexually transmitted infections take on our young people.

Intensified efforts to prevent sexually transmitted infections are paramount for Ohio's adolescents. Our children and youth deserve medically accurate sex education, so that they may make responsible decisions around sexual activity. It is important that all of Ohio's children and youth receive age-appropriate medically accurate sex education. As my story above demonstrates, misinformation may be worse than no information at all. Importantly, numerous studies have found no evidence that "Abstinence Only" programs delay sexual intercourse, reduce the number of sexual partners, or initiate a return to abstinence. Alternatively, comprehensive sexuality education programs tend to be effective in changing teen's sexual behavior.

Accurate information is vital. It is responsible and respectful of the decision making capacity of our youth. It is a critical component of efforts to prevent sexually transmitted infection and teen pregnancy in our state. It is supported by voters and parents – in a recent poll by Quinnipiac University 71% of voters agreed that the best approach to sex education in Ohio's schools was to focus equally on abstinence as well as the value of condoms and contraceptive use, and a Kaiser Family Foundation survey found that 98% of parents want their children to learn about sexually transmitted infections and 85% believe that teens need to have accurate information about birth control.

I am here as an individual physician and I am have the good fortune of representing the Ohio Chapter of the American Academy of Pediatrics. The pediatricians in this state – the doctors on the front lines caring for Ohio's babies, children, and adolescents – support the passage of this bill.

Passage of this bill is an important step for our children and youth, and good for the State of Ohio. The time is ripe for Ohio's legislators to take a stand for child, adolescent, and family health.

Thank you for your time and attention.