Addressing Sexual Health: Looking Back, Looking Forward

David Satcher, MD, PhD[a]

"What happens to a dream deferred? Does it dry up like a raisin in the sun? Or fester like a sore—and then run? Maybe it just sags like a heavy load. Or does it explode?"
—Langston Hughes

In July 2001, almost 12 years ago, "The Surgeon General's Call to Action to Promote Sexual Health and Responsible Sexual Behavior" was published as one of my last actions as the U.S. Surgeon General. Developed in conjunction with a group of experts with diverse perspectives and values, the report was the first U.S. government recognition of the importance of sexual health. Its primary goal was simple but challenging: "to stimulate respectful, thoughtful, and mature national discussion in our communities and in our homes" on sexual health and responsible sexual behavior; and it was guided by the view that it was essential to find "common ground—balancing diversity of opinion with the best available science and best practice models—to improve the health of our nation."[1]

While essential, the vision of finding common ground has been challenging. Much of the national dialogue in the decade following the release of the Call to Action was dominated by a contentious debate about the merits of "abstinence-until-marriage" programs as the preferred approach for promoting youth sexual health. Despite this controversy, there were glimpses of what a future of consensus-finding might look like. One such effort was the National Consensus Process on Sexual Health and Responsible Sexual Behavior (NCP), whose members included organizations with extensive experience and expertise in areas relevant to sexual health, but with diverse and divergent viewpoints, ranging from the Planned Parenthood Federation of America to the U.S. Conference of Catholic Bishops.[2] While this group was not able to accomplish all of its original goals, it made important strides by not only determining areas of agreement, but also—perhaps just as importantly—clarifying in a new, more meaningful way, continuing areas of nonagreement on which to focus in the years ahead. It was particularly gratifying that this group of leaders from across a broad spectrum of values was able to find common ground on a shared vision, as summarized by the Interim Report of the NCP in 2006:

[a]The Satcher Health Leadership Institute, Morehouse School of Medicine, Atlanta, GA

Address correspondence to: David Satcher, MD, PhD, The Satcher Health Leadership Institute, Morehouse School of Medicine, Louis W. Sullivan National Center for Primary Care, 720 Westview Drive SW, Ste. 238, Atlanta, GA 30310; tel. 404-752-8654; fax 404-752-1040; e-mail <dsatcher@msm.edu>.

©2013 Association of Schools of Public Health

> We envision a society in which individuals, families, and communities are encouraged to understand human sexuality and to cultivate sexual health and responsible sexual behavior. In a society committed to the sexual health of all people, individuals would understand and respect their own sexuality and that of others. Norms for responsible sexual behavior must promote individual and community health in ways that are respectful of the varying and deeply held perspectives on these sensitive matters within our communities.[2]

Among other products, the consensus process participants also agreed on a research agenda for sexual health and guidelines for use by parents and caregivers in talking with their children about sexuality.

What have we learned over the past dozen years? Since the publication of the Call to Action, the state of sexual health in the U.S. by many measures—the epidemics of human immunodeficiency virus (HIV) infection, sexually transmitted disease (STD), teen and unplanned pregnancy, and sexual violence—remains inadequate, is associated with some of our most striking health inequities, and lags behind that of most other Western, industrialized countries.[3] With this situation in mind, the value of lessons learned early in our discussions have been amplified as time has passed. First and most importantly, we need to work together. Second, we need to both respect our differences and celebrate our diversity, for only in so doing can we find the higher ground we so badly need in this area. Finally, we need to remember that doing nothing—simply standing by and waiting for a less contentious time in the life of our country in terms of the polarization of values and politics—is unacceptable. We need to do this for the sake of Americans of all ages, but especially for our children, because it is they who will most suffer the consequences of our failure to meet our responsibilities.

Since my tenure as Surgeon General, I have remained committed to the mission of providing Americans with the best scientific information available on how to improve their health and reduce the risk of illness and injury. Thus, it is particularly gratifying to see the leadership role the Office of the Surgeon General is playing in the recently developed National Prevention Strategy (NPS), one of the most comprehensive efforts ever made to address health and wellness overall, and sexual and reproductive health in particular, across a range of federal government departments, agencies, and offices. Launched in 2011, the NPS envisions improving the health and quality of life of individuals, families, and communities by moving the nation from a focus on sickness and disease to one based on prevention and wellness.[4] Based on four strategic directions—healthy and safe community environments, clinical and community preventive services, empowered people, and elimination of health disparities—the plan focuses on seven strategic priorities: tobacco-free living, preventing drug abuse and excessive alcohol use, healthy eating, active living, injury- and violence-free living, mental and emotional well-being, and, notably, reproductive and sexual health. This last priority is impressive for its breadth, with recommendations addressing increased use of preconception and prenatal care; support of reproductive and sexual health services and support services for pregnant and parenting women; provision of effective sexual health education; and enhanced detection and care for HIV, viral hepatitis, and STDs. Given the controversies about adolescent sex education of the last decade, the NPS wisely emphasizes a range of priorities: the provision of skills and resources to allow both young people and adults across the life span to make informed and responsible decisions and, in addition to delayed initiation of sex and understanding of safe sex practices, a focus on skills in the areas of communication, decision-making, healthy relationships, and parental support and monitoring. With its cross-departmental approach, the NPS offers an unprecedented opportunity for departments and agencies beyond the Department of Health and Human Services to play growing roles in prevention. For example, for reproductive and sexual health, important contributions can be made by the Department of Education, the Domestic Policy Council, the Department of Veterans Affairs, and the Department of Defense; an example of the last is the Sexual Health and Responsibility Program of the Department of the Navy, described in this issue.[5] This program also recognizes the social determinants of sexual health.

The NPS correctly notes the critical need to include organizations beyond the federal government in promoting reproductive and sexual health, with key roles for state and local governments, businesses, the health-care system and insurers, educational institutions, and community- and faith-based organizations. For an area of human health as sensitive and intrinsically related to our personal identities and values as sexual health, all sectors have a role to play. Government agencies have the responsibility to raise awareness of the public health problems arising from sexual behavior and help catalyze opportunities for coordinated discussion and action, but many other domains of our society have creative roles to play in stimulating the respectful, thoughtful, and mature discussion that the Call to Action envisioned and which remains so vital today.

As we seek to reenergize national efforts to improve our nation's sexual health, it is important to bring

special emphasis to three sectors in particular: youth education, the health-care delivery system, and religion and faith-based organizations.

First, as recognized by the National HIV/AIDS Strategy as well as the NPS, youth education is a cornerstone for preventing HIV infection and promoting reproductive and sexual health.[6] Many stakeholders (e.g., families, media, and community- and faith-based organizations) can contribute to youth sexual health education, but our schools have a particularly important role to play given their population reach. Unfortunately, despite evidence that comprehensive risk-reduction interventions are effective in promoting behaviors that reduce adverse consequences of sexual behavior (e.g., reductions in any sexual activity, frequency of sex, and number of partners, and increases in use of methods to prevent HIV infection/STDs and pregnancy),[7] there is great variability among states in the provision of comprehensive information, with little recent progress in providing such education.[8] Especially with the relentless demographic trends of an aging society, our young people are an ever more precious commodity for our future, and appropriate education, like other investments in our children and adolescents, can pay dividends for generations.

Second, there is a growing range of recommended clinical preventive services relevant to sexual health (e.g., vaccines, screening tests, treatment, and counseling). Several measures in the 2010 Patient Protection and Affordable Care Act (ACA)—including expanded access to health care and provision of recommended preventive services without copays—offer great promise for expanding access to clinical services affecting sexual health.[9] While the full implementation and, thus, the impact of the ACA remain uncertain, there is a growing recognition of the critical need to retool primary care to improve quality and reduce costs through developments such as patient-centered medical homes.[10] Despite the legislative landscape, this effort should promote access to preventive services. However, maximizing the impact of improvements in access will require another step: increasing the comfort and skill of clinicians in addressing sexual health. Enhancing open and respectful dialogue about sexual health is as important in the clinic as in other settings; thus, the often overlooked area of training of health-care professionals in sexual health-related issues[11,12] is essential to address.

Finally, while perhaps farthest removed from traditional public health considerations, the sector of religion and faith-based organizations has particular relevance for an aspect of health so tied to deeply held personal and community values and beliefs. Religious leaders are in a position both to speak to the concerns of their individual members about personal issues related to sexuality and sexual health, and also, of potentially greater importance, to encourage the normative value of open and honest conversations about matters pertaining to sexual health. Moreover, as noted for health-care providers, it is important to enhance the training of current and future religious leaders to give them tools to speak clearly and compassionately about the intersection between faith and sexuality.

When we sounded the call to action for the nation to more thoughtfully address sexual health and responsible sexual behavior in 2001, we did not do so with the naive belief that this effort would be a rapid sprint. Rather, I envisioned the effort as being a lengthy journey similar to a relay race—extended over time and involving the contributions of many hearts, minds, and hands, so as to avoid dropping the baton. At this point in our nation's history, I think it is fair to say that "respectful, thoughtful, and mature dialogue in our communities and our homes" about sexual health remains, in the words of Langston Hughes, a "dream deferred." The commitment to a sustained dialogue on the importance of promoting, achieving, and maintaining our sexual health must be a top priority, whether it be in the halls of Congress or around the kitchen tables across America. I have maintained that education is the great equalizer for our nation and provides hope that, for our children, the dream will not continue to be deferred. Given the importance of this issue to all Americans across the life span, I remain optimistic that this relay race toward a better, brighter, more hopeful future will not only continue, but someday be won.

REFERENCES

1. Department of Health and Human Services (US), Office of the Surgeon General. The Surgeon General's call to action to promote sexual health and responsible sexual behavior. Washington: HHS, Office of the Surgeon General; 2001.
2. The National Consensus Process on Sexual Health and Responsible Sexual Behavior. Interim report. 2006 [cited 2012 Nov 12]. Available from: URL: http://www.msm.edu/Files/CESH_NCP_Interim Report.pdf
3. Ivankovich MB, Fenton KA, Douglas JM Jr. Considerations for national public health leadership in advancing sexual health. Public Health Rep 2013;128 Suppl 1:xx-xx.
4. National Prevention Council (US). National prevention strategy. Washington: Department of Health and Human Services (US), Office of the Surgeon General; 2011.
5. MacDonald MR. Sexual health and responsibility program (SHARP): preventing HIV, STIs, and unplanned pregnancies in the Navy and Marine Corps. Public Health Rep 2013;128 Suppl 1:xx-xx.
6. The White House, Office of National AIDS Policy. National HIV/AIDS strategy for the United States. Washington: The White House; 2010.
7. Community Preventive Services Task Force. Recommendations for group-based behavioral interventions to prevent adolescent pregnancy, human immunodeficiency virus, and other sexually

transmitted infections: comprehensive risk reduction and abstinence education. Am J Prev Med 2012;42:304-7.
8. HIV, other STD, and pregnancy prevention education in public secondary schools—45 states, 2008–2010. MMWR Morb Mortal Wkly Rep 2012;61(13):222-8.
9. Patient Protection and Affordable Care Act. Pub. L. No. 111-148 (2010).
10. Rittenhouse DR, Shortell SM, Fisher ES. Primary care and accountable care—two essential elements of delivery-system reform. N Engl J Med 2009;361:2301-3.
11. Obedin-Maliver J, Goldsmith ES, Stewart L, White W, Tran E, Brenman S, et al. Lesbian, gay, bisexual, and transgender–related content in undergraduate medical education. JAMA 2011;306:971-7.
12. Solursh D, Ernst JL, Lewis RW, Prisant LM, Mills TM, Solursh LP, et al. The human sexuality education of physicians in North American medical schools. Int J Impot Res 2003;15:41-5.