An evaluation of sexual and reproductive health (SRH) service provision in the School-Based Health Center Reproductive Health Project (SBHC RHP)

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Presenter Disclosures

- Presenter: Rebecca Fisher MPH, MA

- (1) The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:
  - No relationships to disclose

School Based Health Center Reproductive Health Project (SBHC RHP)

- Joint initiative of the NYC Department of Health and Mental Hygiene’s (NYC DOHMH) Office of School Health (OSH) and Bureau of Maternal, Infant and Reproductive Health (BMIRH)
  - The SBHC RHP is a program that to reduce unintended teen pregnancy in participating NYC high schools with SBHCs
  - The project is currently in 40 SBHCs run by 17 different sponsoring institutions
  - SBHCs are in about ~25% of NYC public high school campuses
  - Five-year privately funded project; 8/2008-6/2013
  - Project administered through the partnership between NYC DOHMH and the Fund for Public Health-NY (FFPHN3)
The project's goal is to reduce unintended teen pregnancy in participating NYC high schools with SBHCs.

- Standardize, increase access to, and assure the quality of SRH services provided in SBHCs serving NYC public high schools
- Provision of training and technical assistance
- Provide reimbursement for contraceptive and pregnancy test supplies to participating SBHCs

School Based Health Center Reproductive Health Project (SBHC RHP)

- Presentation overview
  - Methods
    - Data sources
    - Demographics
  - Intermediate evaluation outcomes
    - Adoption of standard protocols/best practices in adolescent SRH
    - Onsite availability of contraceptives
    - Pregnancy testing
    - STI/HIV screening
    - Dispensing and use of contraceptives
  - Conclusions

Methods

- Data Source 1: Annual Site Visit Data
  - Assessed adherence to standard protocols via in-person interviews at clinic sites (baseline-Year 3)

- Data included:
  - Baseline: 29 participating sites
  - SBHCs participating in EC Awareness Project
  - Year 1: 32 participating sites
  - Year 2: 36 participating sites
  - Year 3: 38 participating sites
Methods (2)

Data Source 2: Clinic Visit (CV) Data
- CV data from January 1, 2009, to June 30, 2011
- Includes sites submitting encounter-level data

<table>
<thead>
<tr>
<th>Sites submitting encounter-level data</th>
<th>Year 1 (Jan-Jun)</th>
<th>Year 2 (Jul-Jun)</th>
<th>Year 3 (Jul-Jun)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Sites/Total</td>
<td>Sites/Total</td>
<td>Sites/Total</td>
</tr>
<tr>
<td></td>
<td>19/23</td>
<td>13/13</td>
<td>15</td>
</tr>
</tbody>
</table>

Data included: 187,767 SBHC visits for all services by 42,546 unique patients

<table>
<thead>
<tr>
<th>Year</th>
<th>Patients</th>
<th>Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 1 (Jan-Jun)</td>
<td>4,790</td>
<td>26,594</td>
</tr>
<tr>
<td>Year 2 (Jul-Jun)</td>
<td>14,044</td>
<td>49,661</td>
</tr>
<tr>
<td>Year 3 (Jul-Jun)</td>
<td>28,157</td>
<td>111,512</td>
</tr>
</tbody>
</table>

*Analyses on CV data conducted using SAS 9.2

Demographics of SBHC Patients

<table>
<thead>
<tr>
<th></th>
<th>SBHC Patients (Average Years 1-3)</th>
<th>NYC High School %</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sex</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>48%</td>
<td>53%</td>
</tr>
<tr>
<td>Female</td>
<td>52%</td>
<td>47%</td>
</tr>
<tr>
<td>Unknown/ Missing</td>
<td></td>
<td>8%</td>
</tr>
<tr>
<td><strong>Race/Ethnicity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black/non-Hispanic</td>
<td>38%</td>
<td>52%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>39%</td>
<td>36%</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>13%</td>
<td>2%</td>
</tr>
<tr>
<td>White/non-Hispanic</td>
<td>3%</td>
<td>14%</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 and under</td>
<td>17%</td>
<td></td>
</tr>
<tr>
<td>15-17</td>
<td>48%</td>
<td></td>
</tr>
<tr>
<td>18+</td>
<td>35%</td>
<td></td>
</tr>
<tr>
<td>Unknown/ Missing</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

History of Sexual Activity of SBHC Patients

- From Year 1 to Year 3, an average of 66% of clinic patients were ever sexually active.
- This is higher than the NYC public high school population in general.
- Based on the 2011 YRBS, 38% of NYC public high school students have ever been sexually active.
- Sexually active students utilize the SBHC.
SBHC RHP Evaluation Results

- Adoption of standard protocols/best practices in adolescent SRH
- Onsite availability of contraceptives
- Pregnancy testing and STI/HIV screening
- Dispensing and use of contraceptives

Adoption of SRH Protocols at SBHCs

<table>
<thead>
<tr>
<th>Protocol</th>
<th>Baseline (% of clinics)</th>
<th>Year 3 (% of clinics)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnancy testing on demand</td>
<td>17%</td>
<td>100%</td>
</tr>
<tr>
<td>Advance EC provision</td>
<td>24%</td>
<td>97%</td>
</tr>
<tr>
<td>EC to Quick Start</td>
<td>69%</td>
<td>100%</td>
</tr>
<tr>
<td>Quick Start all hormonal methods</td>
<td>72%</td>
<td>99%</td>
</tr>
<tr>
<td>Urine STI screen</td>
<td>59%</td>
<td>97%</td>
</tr>
<tr>
<td>HIV counseling and testing</td>
<td>83%</td>
<td>99%</td>
</tr>
<tr>
<td>LARC Screening/Referral a</td>
<td>54%</td>
<td>100%</td>
</tr>
</tbody>
</table>

* LARC Screening/Referral increased in conjunction with the development of the LARC Regional Referral Network, which consists of 8 community-based clinics that provide LARC to adolescents and receive reimbursements for the devices from the SBHC RHP

Chlamydia/Gonorrhea, HIV and Pregnancy Testing among SA Patients at SBHCs

- % of SA Females Tested for CT/GC
- % of SA Females Tested for HIV
- % of SA Females Tested for Pregnancy

- % of SA Males Tested for CT/GC
- % of SA Males Tested for HIV

* Year 1 data is from July 2009 to June 2010, Year 2 data is from July 2010 to June 2011, Year 3 data is from July 2011 to June 2012

NOTE: SA = ever sexually active

^Significant change between years (p<0.05)

† Year 1 data is from January-June 2009; Year 2 data is from July 2009-June 2010; Year 3 data is from July 2010-June 2011
Availability of Contraceptive Methods Onsite at SBHCs

- **Baseline**
  - OCP: 78%
  - Depo-Provera: 50%
  - NuvaRing: 66%
  - The Patch: 57%
  - IUD: 0%

- **End of Year 1**
  - OCP: 90%
  - Depo-Provera: 88%
  - NuvaRing: 85%
  - The Patch: 66%
  - IUD: 0%

- **End of Year 2**
  - OCP: 100%
  - Depo-Provera: 100%
  - NuvaRing: 97%
  - The Patch: 67%
  - IUD: 3%

- **End of Year 3**
  - OCP: 100%
  - Depo-Provera: 100%
  - NuvaRing: 100%
  - The Patch: 100%
  - IUD: 8%

*Data are based on the number of sites with available data on individual method availability at each site.
†Data are based on the number of sites actually visited in Years 1, 2, and 3—32 at the end of Year 1; 36 at the end of Year 2; 38 at the end of Year 3.
*The Patch and IUD are not required methods by the SBHC RHP.

Contraceptive Use Among SA Female Patients at SBHCs

- **Implants**
  - Year 1: 9%
  - Year 2: 10%
  - Year 3: 10%

- **IUD**
  - Year 1: 1%
  - Year 2: 2%
  - Year 3: 3%

- **OCP**
  - Year 1: 12%
  - Year 2: 17%
  - Year 3: 15%

- **Nuvaring**
  - Year 1: 10%
  - Year 2: 10%
  - Year 3: 13%

- **Depo-Provera**
  - Year 1: 7%
  - Year 2: 10%
  - Year 3: 10%

- **The Patch**
  - Year 1: 5%
  - Year 2: 3%
  - Year 3: 6%

- **Total Regular Hormonal/LARC**
  - Year 1: 37%
  - Year 2: 40%
  - Year 3: 49%

- **EC**
  - Year 1: 12%
  - Year 2: 17%
  - Year 3: 15%

- **Total Intrauterine Contraceptives**
  - Year 1: 40%
  - Year 2: 46%
  - Year 3: 53%

- **Condoms**
  - Year 1: 58%
  - Year 2: 54%
  - Year 3: 48%

- **Total Any Method**
  - Year 1: 66%
  - Year 2: 68%
  - Year 3: 77%

*NOTE: Contraceptive use is ever contraceptive use within year for method(s) specified; SA is ever sexually active.
*Significant change between years (p<0.05)
†Year 1 data is from January-June 2009; Year 2 data is from July 2009-June 2010; Year 3 data is from July 2010-June 2011.
Evaluation of SRH Service Provision in the SBHC RHP: Conclusions

- In the first 3 years, the SBHC RHP has led to:
  - Improved and standardized SRH service provision for adolescent clients among participating SBHCs in NYC public high schools
  - Adoption of protocols/standard best practices in adolescent SRH
  - Availability of contraceptive methods onsite
  - Increased provision of SRH services among participating SBHCs to sexually active patients including:
    - Pregnancy testing
    - Chlamydia/Gonorrhea testing
    - HIV testing
  - Increased use of regular hormonal contraceptive methods among sexually active SBHC patients
    - IUD use has increased significantly in each year of the project

Limitations

- Composition of sites varied between years
- Summarized data submitted by 13 sites (3 sponsors) not included
  - Some of these sites were among the largest SBHCs participating in the project
- Data collection system changed throughout project
  - In years 1 and 2 encounter data collected with paper forms
  - In year 3 encounter data collected with web-based data collection and management system

Questions?

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THANKS!