

South Carolina Campaign to Prevent Teen Pregnancy

Lessons Learned

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PROMOTING ACCESS TO CONDOMS AND CONTRACEPTION

Over the last decade, there have been substantial declines in teen birth rates in both South Carolina and across the nation. While teen birth rates among younger (15-17 years) youth are at record low rates, rates among older (18-19 years) youth remain much higher. In South Carolina, the rate of births among younger teens (15-17 years) was 18.2 per 1,000 females in 2011¹, a considerable 39% decrease from 29.9 births per 1,000 females in 2001. The rate of births among older teens (18-19 years) was 70.3 per 1,000 females in 2011, a more modest 22% decrease from 90.1 births per 1,000 females in 2001¹. Furthermore, 72% of all teen births occurred among 18-19 year olds in 2011¹. These developments were not surprising, considering that the majority of teen pregnancy prevention efforts have focused on populations of school-age youth. Only in the last few years have older (18-19 years) teens become a priority population.

ADDRESSING THE NEED

To focus on this emerging priority population, the South Carolina Campaign to Prevent Teen Pregnancy (SC Campaign) utilized research, findings and recommendations from *Population Left Behind*^{*}, focus groups, surveys, and interviews with older youth and professionals who serve them to develop an innovative model with the goal of decreasing unplanned pregnancies among 18 – 19 year olds in South Carolina by increasing access to contraception and information on sexual health. The model, called *Promoting Access to Condoms and Contraception (PACC)*, required health clinics to partner with a two or four year college without campus reproductive health care services. Through these partnerships, the local health clinics promoted their services and provided information about sexual health on college campuses. The SC Campaign helped the clinics

and campuses understand the link to student retention and the financial benefits of increasing the number of older youth clients at clinics. The SC Campaign offered training and technical assistance to the clinics and partnering campuses to help reach these goals.

KEY COMPONENTS OF THE MODEL

PACC was made up of three components: outreach to 18-19 year olds, effective clinical services, and training and technical assistance. In each of these areas, there were essential elements to the model's success.

Outreach to Teens on Campus

Activities, classes or events on campus increased awareness of the clinic's sexual health services.

Typically, clinicians needed to stay in the clinics to see clients. Therefore, outreach activities were carried out by partnering community-based organizations, campus staff or dedicated clinic outreach workers. These events were also opportunities to promote the clinics' online appointment systems or to book appointments on campus. Joining existing campus events, such as back-to-school events and *Sex on the Big Screen*, was a successful strategy employed by outreach workers.

Another option for connecting students to services was to have campus health center staff directly refer students to local partnering clinics. In some cases, the health center staff made appointments for students at the clinics and assisted with follow-up.

Integrating curriculum and programming into existing courses on campus, such as University/Freshman 101, was an effective strategy. *Be In The Know* was a curriculum developed by the SC Campaign to increase



motivation and intention to visit a clinic for prevention services. Since February 2011, *Be In the Know* has been implemented on seven college campuses with over 400 students. The presentation has had promising outcomes, with participants' retrospective evaluations showing the following results.

- 37% increase in knowledge of symptoms of sexually transmitted infections.
- 28% increase in knowledge of where to get information on effective methods of contraception and/or birth control.
- 30% increase in plans to go to a health clinic to access sexual health services and/or get information.

Effective Clinical Services

Prioritization of 18-19 year old clients was essential.

Granting teen patients priority access to appointments and services allowed clinics to connect with as many young people as possible in a timely manner. It is unrealistic to expect for a teen to wait weeks for an appointment. Clinics offered online or on-campus appointment systems, walk-in clinics, and protected appointment times that made it easier for teens to seek services.

Services were accessible. Clinics had extended or flexible hours for teen patients and offered sliding scale fees. Through PACC, clinics were also encouraged to utilize Medicaid to cover family planning services for teens.

Clinics provided a teen friendly environment. Teen friendliness was necessary but insufficient on its own to increase use of contraception. Clinics were encouraged to have a comfortable physical environment, where confidentiality was ensured. Several clinics created teen friendly waiting rooms. The SC Campaign provided training for the clinicians working with adolescent clients. In accordance with American Congress of Obstetricians and Gynecologists (ACOG) recommendations, Pap smears were only done with clients over the age of 21 years, and subsequently every three years with a normal result. Physical (pelvic) exams were delayed when necessary in order to make teens more comfortable. Clinics offered a variety of contraceptive options, including long-acting reversible contraceptives (LARCs) on-site. Services were provided as efficiently and effectively as possible.

Family planning services were bundled into all services delivered. Clinics were encouraged and coached to include family planning as a part of all visits, no matter the purpose. Service integration was highly effective in increasing patient numbers and retaining patients.

Clinicians encouraged teens to use the most reliable contraceptive methods and when appropriate,

promoted LARC methods. During the project, the state health department approved a policy to promote LARC methods among adolescents. To further support the clinicians, the SC Campaign promoted trainings, such as the webinar: *Long Acting Reversible Contraception: Effective Methods for Adolescents* developed by national Title X technical assistance providers.

Leadership and buy-in at all levels of the clinic was essential to the success of the model. A leadership team met regularly to keep the lines of communication flowing within the clinic and to ensure top down support.

SC Campaign's Training and Technical Assistance

As a part of this model, the SC Campaign provided customized, flexible training and technical assistance for each funded clinic that supported implementing all aspects of the model. Trainings focused on many topics, including implementing the model, marketing strategies, bundling of services, contraceptive compliance, and adolescent development. Technical assistance was also provided on-site to develop customized approaches or as other general needs arose. Intensive training and technical assistance was required before clinics were willing to promote LARC for teen clients. Webinars were an ideal training model for clinical providers because there was less time away from patient care. A staff member from a PACC clinic said, *"if it weren't for the SC Campaign, I'm not sure that we could have done this [implemented the model]."* Another clinician said, *"the training and technical assistance for our staff has been invaluable."*

IMPLEMENTING THE MODEL

Although all three key components of the model were implemented, sites customized their approaches. Several successful formats are highlighted below.

- A public health clinic within the state system partnered with a technical college campus without a health center. The clinic focused on developing a teen friendly environment, training staff, and adding more accessible appointments for teens. The public health clinic also had a dedicated health educator who provided outreach to the college campus, including facilitating multiple *Be In The Know* sessions. Instructors on campus developed a comfort-level inviting the health educator into their classes to provide information about the clinic's available sexual health services. The clinic saw a 35% increase in patient numbers over three years; 20% of the clinic's clients attended school at the partnering campus. Another unique feature of this site was that the clinic's health educator provided contraceptive counseling before the client saw the nurse during family planning visits. This provided an opportunity for teens to learn about birth control

options and ask questions in a safe environment.

- A four year historically-black college (HBCU) without student health services partnered with a Federally Qualified Health Center (FQHC) to offer sexual health services. FQHCs traditionally have robust outreach programs that work with migrant workers, the homeless, and other groups. The SC Campaign encouraged the FQHC to use their current outreach models to focus on older teens. By increasing outreach to older teens on the HBCU campus, the FQHC saw more than a 70% percent increase in their older teen (18-19 year old) patient load in less than two years. The outreach workers also provided contraceptive counseling to clients prior to their visit with the medical staff. In addition, the FQHC allowed the HBCU campus nurse to make appointments for students at the health center. This arrangement was so successful that another local HBCU replicated this appointment process on their campus. To remove the financial burden, the FQHC attempted to enroll all eligible clients for Family Planning Medicaid.
- Another public health clinic within the state system partnered with a local youth-serving organization to carry out their clinic's outreach activities on two local college campuses. Because of personnel shortages, the clinic did not have staff who could be dedicated to outreach. However, partnering with the youth-serving organization was a creative solution to reach students on campus. The youth-serving organization became involved with activities on the two campuses and encouraged students to utilize the public health clinic for their reproductive health needs. These outreach efforts had a significant return as 26% of the clinics' 18-19 year old clients attended school at one of the two partnering colleges. Remarkably, the clinic saw a thirty-five percent increase in 18-19 year old clients over three years.
- One of the campuses within the state university system had a student health center, but did not offer family planning services. To address this gap in services, the campus contracted with the state public health agency to offer family planning services for their student body on-campus. The contract allowed for the campus nurses to provide medical care, while the public health agency provided contraceptives. The campus nurses conducted outreach through University 101 classes to inform students about the available services. Students were encouraged to make family planning appointments through the public health agency's appointment system. The appointment system allowed for students to request that their appointment be on-campus at the student health

center. Then, students were able to receive contraceptives at low cost, on a sliding-fee scale or through Medicaid if eligible.

WHAT COMES NEXT

After three years of implementation, the SC Campaign has made great strides in facilitating partnerships between clinics and college campuses without health care services. In addition, the preliminary evaluation of this model indicated that there is merit in this method of trying to reach the population of older youth that often are left behind. The state public health system's clinics participating in the project collectively increased the numbers of 18-19 year old clients by 35% over three years, while statewide the system saw the 18-19 year old caseload dropped 20% during that period. Since the project's inception, the 18-19 year old birth rate decreased by 24%. While this reduction cannot be directly attributed to this model, it has helped to change the conversation about 18-19 year old pregnancies and is part of an emerging movement aimed at preventing pregnancy among this age group. In the future, this model may be disseminated across South Carolina and serve as an example for other states working with populations of older teens.



¹South Carolina Department of Health and Environmental Control. (2012). South Carolina Community Assessment Network, Birth Certificate Data. Retrieved from <http://scangis.dhec.sc.gov/scan/bdp/tables/birthtable.aspx>

* For copies of Population Left Behind, visit the SC Campaign website at www.teenpregnancysc.org.

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