Simply Stated...

February 2012

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. In 2010, the national teen birth rate among 15-19 year olds was 34.3 births per 1,000 females, a 28% decrease from 47.7 births per 1,000 females in 2000 and the lowest rate ever recorded.* Likewise, in South Carolina, the teen birth rate was 42.6 births per 1,000 females, a 26% decrease from 57.8 births per 1,000 females in 2000 (see Figure 1). Yet, despite these declines, the teen birth rate in the United States remains as much as nine times higher than in other developed countries.[1] Teen birth ratess among younger (15-17 years) youth are at record low rates, but **rates among older (18-19 years) youth remain disturbingly high.** In South Carolina, the rate of births among younger teens (15-17 years) was 20.9 per 1,000 females in 2010, a staggering 52% decrease from 43.4 births per 1,000 females in 1994. The rate of births among older teens (18-19 years) was 75.1 per 1,000 females in 2010, a more modest 20% decrease from 94.3 births per 1,000 females in 1994. These developments are not surprising, considering that the majority of teen pregnancy prevention efforts have focused on populations of school-age youth. Fortunately, the focus on younger teens has produced the desired outcome of fewer unintended pregnancies. Only in the last couple of years have older (18-19 years) youth become a **priority population**.

In response to these trends, the South Carolina Campaign to Prevent Teen Pregnancy (SC Campaign) conducted a research project to learn the degree to which sexual health information and services were available to two and four year college students in South Carolina. The findings from this project, Population Left Behind, indicated a significant gap between the needs of young adults and what is available to students enrolled in two or four year schools in South Carolina.[2,3] In particular, the study found that two year colleges provided **far less information about sexual health** and had **fewer services on campus** than four year colleges.[2,3]

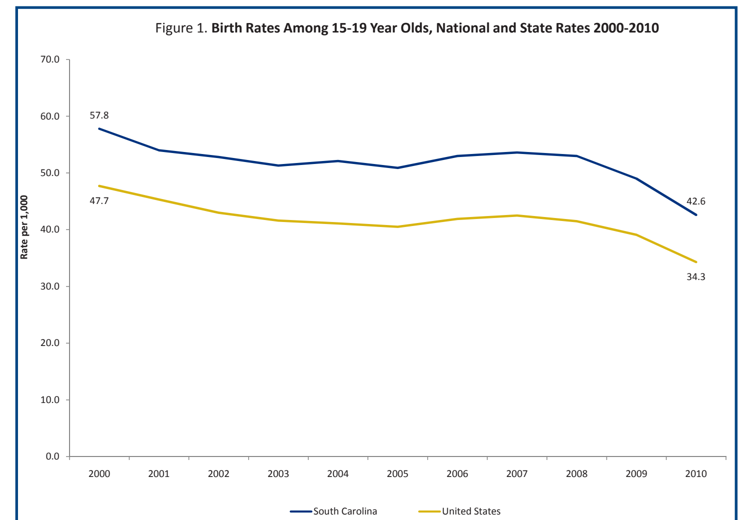

Figure 1. **Birth Rates Among 15-19 Year Olds, National and State Rates 2000-2010**

Birth data was provided by the Division of Biostatistics, Public Health Statistics and Information Services, SC DHEC

FINDINGS AND MODEL

The findings from Population Left Behind underscored the need for South Carolina's colleges and universities to do a better job providing sexual health information and services on campus.[2,3] Several recommendations emerged.[3]

1. Increase the availability of sexual health information to two and four year college students through creative, innovative and consistent mechanisms.

South Carolina Campaign To Prevent Teen Pregnancy | 1331 Elmwood Avenue, Suite 140 Columbia, SC 29201 | ph: 803-771-7700 fax: 803-771-6916 | www.teenpregnancysc.org campaign@teenpregnancysc.org

2. Increase the availability of a wide range of affordable and accessible contraceptive options for students.
3. Increase knowledge of effective interventions geared toward older youth, specifically those on a college campus.

The SC Campaign utilized the research, findings and recommendations from the Population Left Behind to develop an innovative pilot intervention with the goal of decreasing unplanned pregnancies among 18 – 19 year old youth in South Carolina by increasing access to contraception and information on sexual health. This intervention included the development of an evidence-informed clinical model, Promoting Access to Condoms and Contraception (PACC), in nine clinics throughout the state of South Carolina.

The model required the funded clinics to:

1. Partner with a two year college to participate in activities to promote contraceptive access.
2. Provide a staff member on campus no less than one day per week including facilitating a Freshman 101 class.
3. Provide teen friendly services for 18-19 year olds.
4. Actively recruit 18-19 year olds through virtual and other marketing strategies.

In turn, the SC Campaign offered training and technical assistance to the clinics and partnering campuses to help reach these milestones. After two years of implementation, the SC Campaign has made great strides in facilitating partnerships between the nine clinics and 13 college campuses without health care services. In addition, the preliminary evaluation of this pilot initiative indicates that there is merit in this method of trying to reach the population of older youth that often are left behind.

The purpose of this document is to share the lessons learned from conceptualizing, planning, implementing, and adapting this pilot intervention. The insight gained from the SC Campaign being a part of the model, the value and impact of training and technical assistance, and an understanding of how the SC Campaign works with clinical settings are of significant interest.

METHODOLOGY

Staff from the SC Campaign worked with an external evaluator to develop research questions and methodology for identifying and documenting the lessons learned related to the PACC model and pilot intervention. Organizational perspective was gathered through five in-depth interviews with key project staff of the SC Campaign. The interviews took place in May 2011. Interview participants were asked to reflect on their general experiences related to the project and to address the role of the SC Campaign, the value and impact of training and technical assistance, and the novel experience of working with clinics.

Interviews were also conducted with personnel from four of the funded clinics. These interviews provided additional insight about the implementation of the model. Qualitative data from the interviews were compiled and analyzed to determine salient themes. This report summarizes key findings from this assessment and provides recommendations for future interventions that target the older youth population.

KEY FINDINGS AND LESSONS LEARNED

Now in its 17th year, the SC Campaign has become the leader in teen pregnancy prevention efforts in South Carolina through education, technical assistance, public awareness, advocacy and research. By maintaining

a pulse on local data, the SC Campaign recognized the need for greater attention to be directed at the older (18-19 years) youth population in South Carolina and how to attract these 18-19 year olds to clinics through education and outreach. "It is our job to increase awareness of the importance of this issue...prior to this project, it was not on the clinic's radar," said one SC Campaign staffer.

Framing the Issue

Through this project, the SC Campaign learned that the manner in which an issue is framed is just as critical as highlighting the concern itself. During the project's first year, SC Campaign staff presented the issue around the importance of decreasing teen pregnancy rates among 18-19 year olds while attempting to recruit clinics and partnering college campuses. SC Campaign staff quickly learned that they would be more successful recruiting college partners when they spoke about "healthy, tuition-paying students." The SC Campaign was able to provide the resources and education around why it's important for clinics to go onto college campuses to reach 18-19 year olds. "We just linked the supply with the demand," said one SC Campaign staff member. The clinics offer the "supply" of sexual health information and contraceptive options while the campuses have the "demand" of students in need of healthcare. The SC Campaign helped the clinics and campuses understand the financial benefits of increasing the number of older youth clients at clinics, which in turn often leads to healthier student bodies.

In addition, many of the participating clinics, particularly the Federally Qualified Health Clinics (FQHC), had few programs that targeted 18-19 year olds. The SC Campaign emphasized that this was "an untapped market" of individuals with little or no access to family planning or other healthcare services. FQHCs traditionally had robust outreach programs that worked with migrant workers, the homeless, and other groups. The SC Campaign encouraged the clinics to use their current outreach models to focus on older teens. By increasing outreach to older teens, the expectation was that FQHCs would see increases in their older teen patient load. The SC Campaign also urged the clinics to utilize the Medicaid Family Planning Waiver program to remove the financial barrier for these new clients.

Developing Relationships

In addition to increasing awareness of the problem, the SC Campaign focused on developing quality relationships with its partners. According to one staff member, "transparency at all levels is key." Other staff recalled the unexpected amount of time required for building and facilitating partnerships for this project. Staff learned that an adequate phase for growing and nurturing partnerships should be built into project timelines. Also, the quality of the relationship is often guided by the partner's conviction to the project's goals: "[the partner] needs to want to improve the services for teens in order for the model to work," recalls a SC Campaign staff person. Furthermore, there must be clear expectations and support throughout the organization.

During the relationship building phase, the SC Campaign focused on obtaining top down support from the clinics and partnering campuses. At times, the SC Campaign's Chief Executive Officer or Chief Program Officer met with their counterparts of the partnering organizations. The leadership of the clinics and campuses were often more receptive to the program as a result of these discussions. In addition to the necessary initial endorsement, these meetings laid the groundwork for program sustainability. It was the observed benefits of this level of support that moved the SC Campaign to require a leadership team at each clinic in the project's subsequent years. Through this project and others, the SC Campaign continues to work on developing relationships with institutes of higher education throughout our state.

Facilitating Partnerships

Not only did the SC Campaign engage new partners, the organization also facilitated connections among the funded clinics and two-year college campuses. In several cases, the SC Campaign arranged for the leadership

of clinics to meet with the leadership of the local two-year campus. One project staff member said, "there was such an advantage to getting the leadership in the same room and explaining the project and its potential benefits to both of their organizations." These new collaborations created a sense of community and teamwork to tackle other issues. One clinic partner shared, "if it weren't for the SC Campaign, I'm not sure we could have done this...now we are connected with the campus." Another clinician said, "[because of this project,] teachers have invited us to campus to lecture in their classes." The lack of staff, time, financial and other resources were mentioned as barriers to prior efforts.

However, in this age of budget crises, most organizations acknowledge that partnerships are critical components to reaching goals. The SC Campaign recognized the benefits for both the clinics and campuses to be a part of this model. The SC Campaign's actions related to framing the issue, developing relationships and facilitating partnerships demonstrate their essential function to this initiative.

VALUE AND IMPACT OF TRAINING AND TECHNICAL ASSISTANCE

Training and technical assistance are central to the mission of the SC Campaign. As one member of the SC Campaign staff said, "if you want to serve adolescents, the SC Campaign has a pulse on what young people need." The SC Campaign not only focused on understanding the target population, but also the manner in which training and technical assistance would be provided to the clinicians who serve these older youth.

Customized and Flexible

As a part of this model, the SC Campaign provided customized, flexible training and technical assistance for each funded clinic. The SC Campaign's lead technical assistant provider said, "I'm a big advocate of not having a cookie cutter model." She went on to say that "tailored technical assistance takes time, energy and manpower...but is the underpinning of this model." The SC Campaign worked with each site to develop an individualized case plan that would dictate the technical assistance and training that would be provided on a monthly basis. The SC Campaign felt that it was important to "recognize their needs...but try not to overwhelm [the funded clinics]." Not only did the SC Campaign provide information on how to work with the older youth population, but also other recognized needs. As an example, a clinic partner shared, "our teen waiting room would not have been a reality without the SC Campaign's support and funding."

Marketing and Outreach Challenges

Marketing and outreach were identified early as technical assistance challenges for the clinics. "Clinicians don't think about marketing...why would they?" summarized one SC Campaign staff member. Often clinics do not have marketing departments, so clinicians are responsible for marketing and outreach efforts. This reality is problematic since marketing can take time away from patients and other clinical responsibilities. Additionally, clinicians frequently do not have the knowledge or background in this discipline to design, plan and implement a comprehensive marketing strategy. The techniques for effective patient education are vastly different from promoting health services. To address these challenges, the SC Campaign contracted with an outside marketing consultant to provide training and technical assistance in this area.

Although not all efforts were successful, the SC Campaign worked with each clinic to identify and implement the most productive approaches to marketing their services on the local campuses. "The information tables on campus didn't work...but we had lots of success with making class presentations," said a clinic partner. As another example, the SC Campaign worked with a clinic to develop condom request cards because their local campus would not allow condom distribution. The SC Campaign learned to encourage the clinics to work with their partnering campuses to identify outlets with captive audiences, such as University 101 classes. It was through this type of collaboration that a referral network evolved between one of the FQHCs and a partnering campus. This relationship has been so successful and mutually beneficial that the FQHC is now working to develop a similar arrangement with another college in the same area.

Developing Resources

In addition to personalized technical assistance, the SC Campaign created a website, informational materials and curriculum options as capacity-building resources for the clinics. "I like the materials that they gave us… they were in touch," said one clinician. Although the SC Campaign admits there is still work to be done on perfecting the options for this target population, clinicians were pleased to have the support.

Outreach workers frequently asked the SC Campaign for a presentation that they could use during their visits to college classes. The SC Campaign felt that many of the existing presentations were ineffective because they were "fear and shame" based with grotesque images of sexually transmitted infections (STI) and often very clinical-content heavy, describing every symptom of every disease. To address these concerns, the project's lead technical assistance provider decided to write a presentation that would use real world examples applicable to students, present one take-away message and be formatted for a 1-hour class period. The resulting curriculum, Be in the Know, presented basic knowledge about STIs; addressed common myths about pregnancy prevention; and most importantly, instructed students where to go to get additional resources and health services. Also noteworthy, the curriculum used plain language and limited clinical terminology. The Carolina Teen Health website was integrated into the curriculum as a resource that highlights additional STI and pregnancy prevention information and provides a "teen friendly" clinic locator. The SC Campaign is currently working to create a DVD version of the curriculum to increase dissemination and provide an option for teachers and facilitators who feel uncomfortable with the material.

Support for Partners

One of the model's greatest successes is having a training and technical assistance program that makes clinicians feel that they have a trusted expert to support their work. The interviewed clinicians resonated their colleague's sentiment, "the training and technical assistance for our staff has been invaluable." Another clinician said, "[the SC Campaign] provided the training and resources to take us to the next level." Although resource intensive, the value and impact of the model's training and technical assistance is immense. More importantly, all of the resources provided were designed to help promote sustainable practices.

WORKING WITH CLINICS

Although the SC Campaign has an impressive history of partnering with a variety of organizations, working with clinics was a novel experience. The SC Campaign introduced the clinics to new ideas, but the clinics also familiarized the SC Campaign with their setting and approaches. "[The clinics] are teaching us as much as we are teaching them…[the SC Campaign] has learned to work with FQHCs, DHEC, Title X funding and so much more," said one SC Campaign staff member. As a result, the project benefitted when the SC Campaign hired a staff member with a clinical background to focus on the initiative during the second year of funding. "She speaks the same language as the clinics…and has helped make this year successful," said a SC Campaign staffer. "To replicate this model…at least someone needs to have that [clinician's] eye or understanding," echoed another SC Campaign staff member.

Streamlining Communication

In addition to having the clinical experience, the hiring of this staff person provided an opportunity to streamline communication with the clinics. During the first year, there were multiple staff members reaching out to multiple clinicians at each site. This approach led to both internal and external confusion. The clinicians complained that there was too much contact and it was taking them away from patients. So, the SC Campaign implemented a new communication strategy that required all contact to go through one person. Besides aspects of grants administration, all programmatic, training, technical assistance and evaluation concerns now funnel through one person. This new course has provided the organization with "more of a pulse of what's going on in the clinics," said one SC Campaign staff member.

Project Support at the Clinics

The support and communication requirements for the clinic sites have also evolved over the course of this pilot initiative. Initially, the SC Campaign only required a clinical point person at each site. However, the SC Campaign recognized the need to obtain top down support for the project and required that all sites have signed memorandums of agreement with their CEO/administrator. In the coming funding year, all sites will be expected to implement leadership teams that will support the project. The leadership teams are intended to provide maximum support and ensure deliverables, but also make certain that the right people are in the right roles for the project. The SC Campaign will work with the leadership team at each site to establish clear, realistic expectations for programming and evaluation.

Realistic and Flexible Evaluation Plan

A comprehensive evaluation plan has always been an essential component of this pilot project. "We set out to define a model...evaluation is huge! We need to know if something is working or not and be able to switch gears mid-stream to make sure that we are getting outcomes," said one SC Campaign member. However, implementing the evaluation plan has been challenging. "We have learned a lot about [the clinics'] data," said the SC Campaign's evaluation coordinator. All clinics have different reporting criteria for patient records. In addition, the clinics were not accustomed to reporting data in the way that the SC Campaign wanted it. In the project's first year, the SC Campaign overloaded the clinics with data requests that were often difficult to fulfill. Furthermore, the burden took too much time and prevented clinic personnel from seeing patients, which potentially affected revenue streams.

As the SC Campaign became more familiar with the clinics' systems and processes for data inquiry, they narrowed their requests. "We started asking ourselves, what do we really need to know?" recalled the SC Campaign's evaluation director. The SC Campaign became more flexible around data collection, including limiting the number and length of surveys. In addition, the SC Campaign provided an evaluation timeline, information sheets defining data requests and examples of the instruments that would be used. The clinics were also provided with opportunities for feedback and asked about potential barriers to the process. One clinic partner said, "the evaluation support [from the SC Campaign] was very helpful." Although there remain challenges with process data, overall, the implementation of the evaluation plan has dramatically improved. The SC Campaign has learned that the evaluation plan should not just focus on the numbers, but also highlight the stories of the successes from the clinics and campuses.

Recognizing Success

Even with a comprehensive evaluation plan, it is difficult to recognize success when working towards defining a model of best practice. In the case of the SC Campaign's PACC model and pilot intervention, the project team had limited experience creating new models. Moreover, there were few states for comparison attempting similar models or interventions targeting the older youth population by engaging clinics. The project's lead said, "we beat ourselves up thinking we were not doing a good job...there just weren't any [internal] milestones or markers for this project." She continued by saying that you need to "know your benchmarks so that you can know your successes...and celebrate them." Acknowledging achievements is an important measure in preventing burn-out, especially when working with new partners. The project's successes are simply summed by another project team member: "we have many new partnerships and we have shaped the conversation about teen pregnancy on two-year campuses in our state."

RECOMMENDATIONS

1. Bring the right message to the right audience.

Increasing public awareness is a focus area of the SC Campaign. Prior to this project, clinics and two-year campuses were not thinking about the effects of teen pregnancy specifically among 18-19 year olds and how to attract these 18-19 year olds to their clinics through education and outreach. The SC Campaign was able

to highlight an important issue and increase sexual health information and services available to many older youth throughout South Carolina. The SC Campaign also learned that the manner in which an issue is framed is just as critical as highlighting the concern itself.

2. Link the supply with the demand.

In this age of budget crises, partnerships are critical elements to reaching goals. The SC Campaign recognized the benefits for both the clinics and campuses to be a part of this project. The SC Campaign's actions of linking the "supply with the demand" demonstrate their essential function in this model.

3. Develop quality relationships with partners.

The SC Campaign is dedicated to developing quality relationships with its partners and recognizes that adequate time is required for building and facilitating partnerships. Furthermore, an adequate amount of staff time should be dedicated to new pilot initiatives. In this model's case, partnerships would be best served by including SC Campaign staff with clinical experience.

4. Provide customized, flexible training and technical assistance.

Customized, flexible training and technical assistance for each funded clinic is a foundation of this initiative. One of the model's greatest successes is having a training and technical assistance program that makes clinicians feel they have a trusted expert to support their work. The SC Campaign provided evidence-based materials (i.e., information pamphlets, website) as additional resources for the clinics. Furthermore, having a dedicated professional with a clinical background benefitted the training and technical assistance component of the model.

5. When possible, streamline communication.

A streamlined communication strategy can limit both internal and external confusion when dealing with multiple sites and partners. With this model, a mid-course modification to communication channels allowed the SC Campaign to have a greater understanding of what was going on in the clinics.

6. Design and implement realistic, flexible evaluation plans.

While a comprehensive evaluation plan is necessary, the SC Campaign worked with its clinical partners to implement a manageable plan. It is also important to allow the clinics to have opportunities for feedback.

REFERENCES

1. CDC. Vital Signs: Teen Pregnancy-United States, 1991–2009. MMWR 2011; 60 (Early Release, April 5, 2011).

2. Prince, M. (2003). The Population Left Behind; Sexuality and Reproductive Health Programming on S.C. Campuses. Columbia, SC: South Carolina Campaign to Prevent Teen Pregnancy.

3. Kershner, S. and Flynn, S. (2009). The Population Left Behind 2009:assessment of sexual health information and services provided by South Carolina colleges and universities. Columbia, SC: South Carolina Campaign to Prevent Teen Pregnancy.

NOTEWORTHY

Special thanks to the BlueCross BlueShield of South Carolina Foundation for funding this project and subsequent publications; and to Charlotte T. Galloway, MSPH, PhD(c) for her contributions to the report.

ABOUT THE SC CAMPAIGN

The mission of the SC Campaign is to prevent adolescent pregnancy through education, technical assistance, public awareness, advocacy and research. To achieve its mission, the SC Campaign works with a variety of programs - public, private, school and community-based - in each of the state's 46 counties.