

Innovative Practices for Providing Sexual Health Education and Services in Schools

February 16, 2023



Webinar Overview



Innovations Study Overview



Toolkit



Speaker Presentations



Audience Q&A

Disclaimer

This presentation is supported by the Office of Population Affairs (OPA) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$2,036,999 with 100 percent funded by OPA/OASH/HHS. The contents reflect the views of the authors and do not necessarily represent the official views of, nor an endorsement by, OPA/OASH/HHS, or the U.S. Government. For more information, please visit <https://opa.hhs.gov/>.

Innovations Study Background



Study Background: Foundational Approaches

- Interviewed 48 family planning providers and administrators and identified four foundational approaches:



Embedding Equity



Prioritizing
Adolescent-
Friendly Care



Maximizing
Outreach and
Access



Leveraging
Partnerships

Study Background: Case Studies

- Conducted process evaluations with four sites to learn more about their promising strategy:
 - Nationwide Children's Hospital
 - Minneapolis Health Department
 - La Clínica de La Raza
 - Children's Hospital of Philadelphia with AccessMatters

Toolkit

<https://www.childtrends.org/publications/toolkit-improving-family-planning-services-school-settings>



Access to high-quality and comprehensive family planning services helps [promote adolescent sexual and reproductive health](#). However, youth—especially [those who are historically excluded or who live in resource-limited areas](#)—face challenges in accessing services, including [lack of awareness about those services, fears about confidentiality, or lack of adolescent-friendly or culturally sensitive practices in clinics](#). One promising approach to meeting youth's needs is to provide family planning services in school-based settings, where youth spend most of their time.

This toolkit has two sections to support family planning providers and administrators in designing and delivering high-quality family planning care and programming to youth in school-based settings:

Foundational Approaches for Providing Family Planning to Adolescents:

Describes four approaches that are integral to providing effective family planning care to youth. Each



Voices from the Field

Presenters



Sarah Saxbe
Nationwide Children's Hospital



Meg Kane
Nationwide Children's Hospital



Alison Moore
Minneapolis Health Department

Presenters



Arin Kramer
La Clínica de La Raza



Mayla Jackson
AccessMatters



Stephanie Schilli
AccessMatters

Leveraging Community Partnerships to Provide Sexual Health Education and Connect Students to Family Planning Services

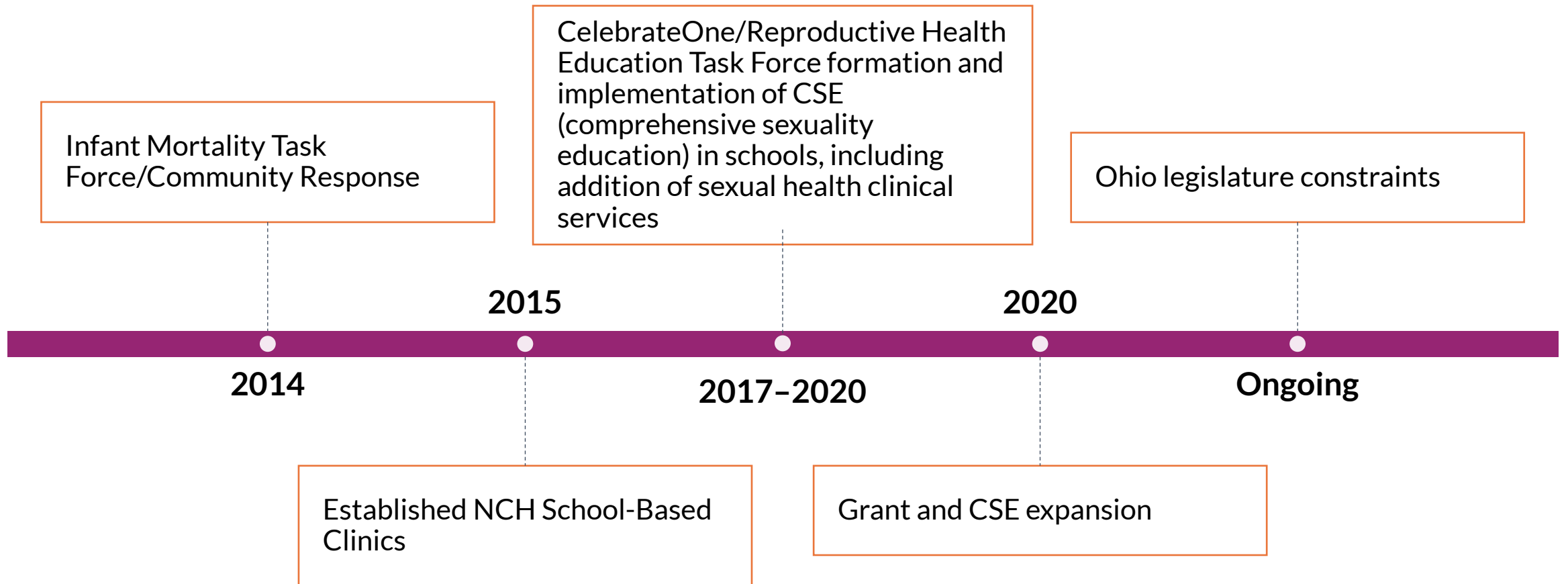
Meg Kane, CPNP-PC, PMHS and Sarah Saxbe, LISW-S

Agenda

- Background of Project
- Goals
- Benefits/Successes
- Plan for Sustainability



Background



Goals

- Addressing gaps in equity and access to care
- Decrease teen birth rate and infant mortality
- Grant, SHEP deliverables
- Clinical outcomes regarding teen health
- Reach (# of kids who receive services)
- Create resources to educate and connect to care

Implementation: Clinical Intervention

- Youth-friendliness
- Expanded access to STI testing and treatment and contraception
 - Confidential pathways and access
- Quality improvement initiatives
 - Adolescent relationship abuse
 - Transition readiness work
 - Increased awareness of mental health concerns
- Youth advisory council participation and interaction with clinic

Implementation: Reproductive Health Education

- Evidence-based curriculum in 21 middle schools in major public school district
- Supportive services that enhance curriculum, including parent, peer, and summer programming



**Real Answers.
For Real (AWKWARD) Questions.**

Can I get pregnant from... that?

Sustainability and Future Goals

Train-the-Trainer
Model

Increased Reach

Diversify
Programming

Clinical Support
and Growth

Advocacy

Maintain and
Grow
Partnerships

Successes and Benefits

- Increase in teen autonomy in obtaining care- i.e., self referrals
- Changes in knowledge, attitudes and behaviors
- Partnership increases synergy and support for further programming

Challenges and Barriers

- Stigma of reproductive and sexual health care
- Working with multiple partners with different goals and challenges
- Restrictive state legislature and lack of health education standards

Minneapolis School Based Clinics: Health Educator Model

Alison Moore, MPH

Agenda

- Program Overview & History
- Health Educator Role
- Successes & Challenges

Overview

- Minneapolis School Based Clinics – since 1979
- Minneapolis Public Schools + Minneapolis Health Department
- 8 clinics located in Minneapolis high schools
- Provide physical health, reproductive care, mental health, nutrition & health education
- Average 2,200 unique clients + 10,000 annual visits



Reproductive Health Care

- [Minnesota Minor Consent Law](#)
- Provide contraceptive options, pregnancy testing & options counseling, STI testing, barrier methods
- Model of Medical Provider (NP/PA) + Medical Assistant

Health Education Program: History

- 2011 – federal funding partnership with Hennepin County Public Health
- Safer Sex Intervention (SSI) – 1:1 clinic-based, teen pregnancy prevention
- Delivered by Health Educator + RNs across 6 clinic locations
- Federal research study – positive impacts
 - ↓ Likelihood unprotected sex
 - ↑ Confidence to refuse sex

Health Education Role



**1:1 Client
Education**

**Group &
Classroom
Education**

**Outreach &
Events**

- Broaden topics of 1:1 client education
- Sexual health education – classroom & group education
- Lunchroom tabling, open house, school events, announcements, web-based

Youth Engagement & Voice

Teen Health Empowerment Council

- Peer Education Model
- Advisory to Minneapolis School Based Clinics
- Secret Shopping
- Social Media Intern



Evaluation

- Patient satisfaction surveys
- Annual reports
- Program Improvement

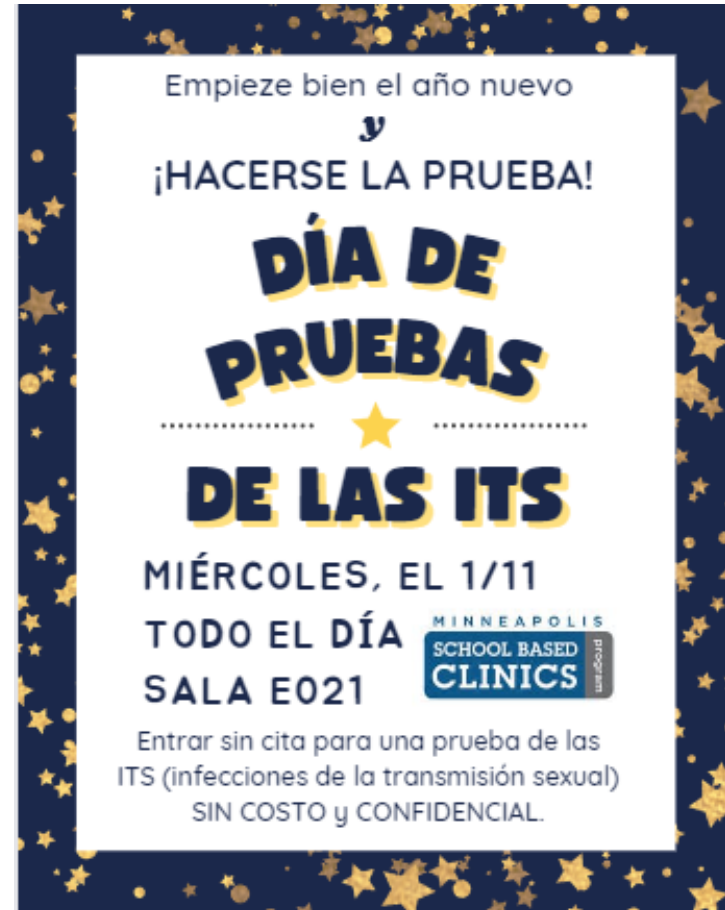
TAKE THE PATIENT SATISFACTION SURVEY!



**SCAN THE QR CODE
OR ASK YOUR PROVIDER FOR A PAPER SURVEY!**

Fast STI Testing Events

- All day walk-in testing
- Promote STI testing & clinic
- Lower stigma
- Broaden reach – LGBTQ+, male-identifying students
- [Toolkit](#)



Empieze bien el año nuevo
y
¡HACERSE LA PRUEBA!

DÍA DE PRUEBAS

..... ★

DE LAS ITS

MIÉRCOLES, EL 1/11
TODO EL DÍA MINNEAPOLIS
SALA E021 **SCHOOL BASED CLINICS** program

Entrar sin cita para una prueba de las ITS (infecciones de la transmisión sexual)
SIN COSTO y CONFIDENCIAL.

Successes

- Expanded – Health Education Team = 7 health educators + Program Manager
- Core component of service model: Physical Health, Mental Health, Health Education
- Improved clinic flow + referral process = more integrated model

Challenges

- Grant funding needed – much of work is not billable through insurance
- Covid-19 pandemic & school closures
- Racial reckoning in Minneapolis

Contact



Alison Moore, MPH

Health Education Program Manager

Minneapolis School Based Clinics

Minneapolis Health Department

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From Counseling to LARC Doulas: Improving the LARC Experience for Adolescents in School-Based Health Centers

Arin Kramer, MS, RN, FNP-BC

Introduction



Arin Kramer, MS, RN, FNP-BC

Family Nurse Practitioner | LARC Provider Trainer

La Clínica de La Raza

Oakland, California

Long-Acting Reversible Contraceptives (LARC) Recommended as First Line Contraception for Teens

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

Organizational Principles to Guide and Define the Child
Health Care System and/or Improve the Health of all Children

POLICY STATEMENT

Contraception for Adolescents

abstract



CO
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Contraception is a pillar in reducing adolescent pregnancy rates. The

ACOG COMMITTEE OPINION

Number 735 • May 2018

(Replaces Committee Opinion Number 539, October 2012)

Committee on Adolescent Health Care Long-Acting Reversible Contraception Work Group

This Committee Opinion was developed by the American College of Obstetricians and Gynecologists' Committee on Adolescent Health Care and the Long-Acting Reversible Contraception Work Group in collaboration with Committee member Ashlyn H. Savage, MD and Sarah F. Lindsay, MD, on behalf of the Long-Acting Reversible Contraception Work Group.

Adolescents and Long-Acting Reversible Contraception: Implants and Intrauterine Devices

ABSTRACT: The phenomenon of adolescent childbearing is complex and far reaching, affecting not only the adolescents but also their children and their community. The prevalence and public health effect of adolescent pregnancy reflect complex structural social problems and an unmet need for acceptable and effective contra-

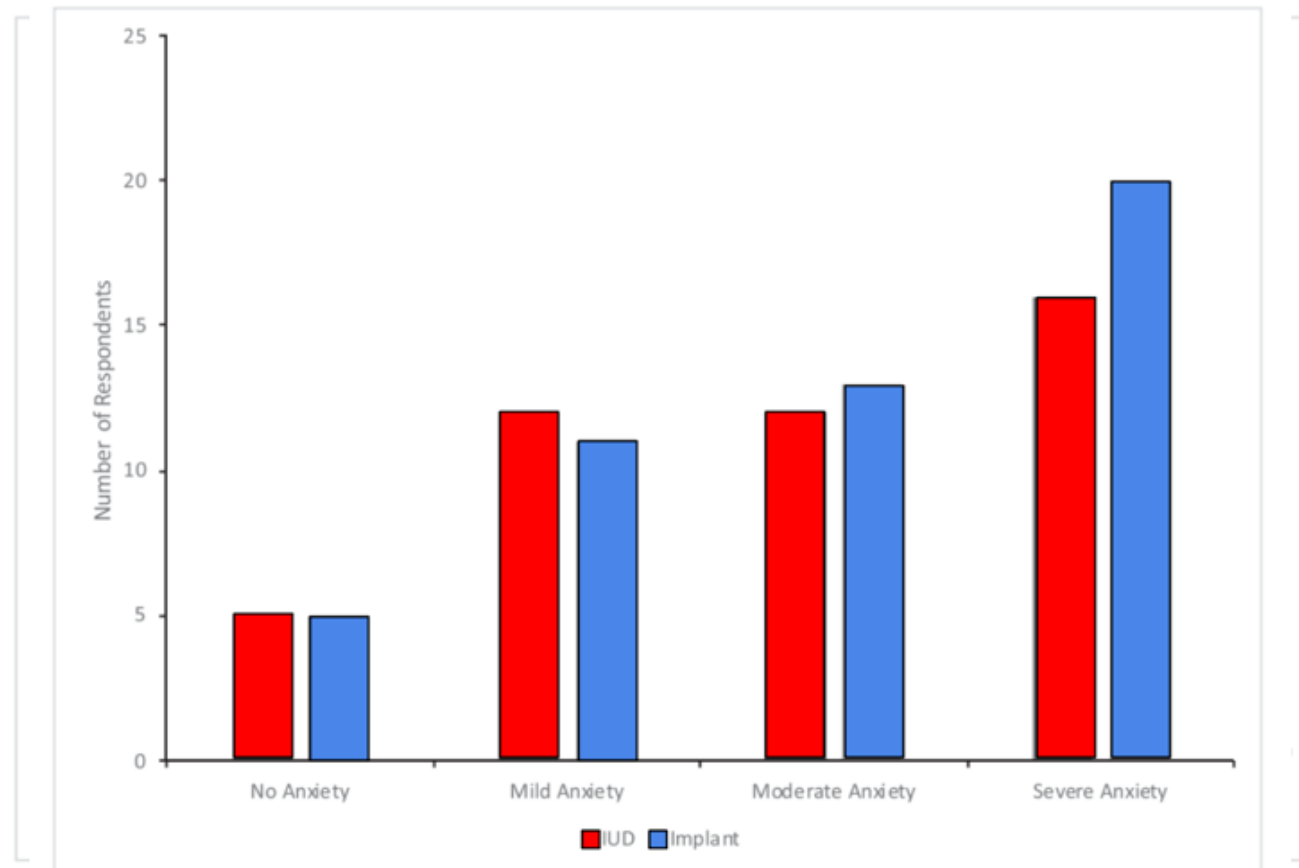
Long-Acting Reversible Contraceptives (LARC) Recommended as First Line Contraception for Teens



Long-acting reversible contraceptives (LARC) have higher efficacy, higher continuation rates, and higher satisfaction rates compared with short-acting contraceptives among adolescents who choose to use them.

Preprocedural Anxiety in Adolescents

D.G. Callahan et al. / J Pediatr Adolesc Gynecol 32 (2019) 615–621





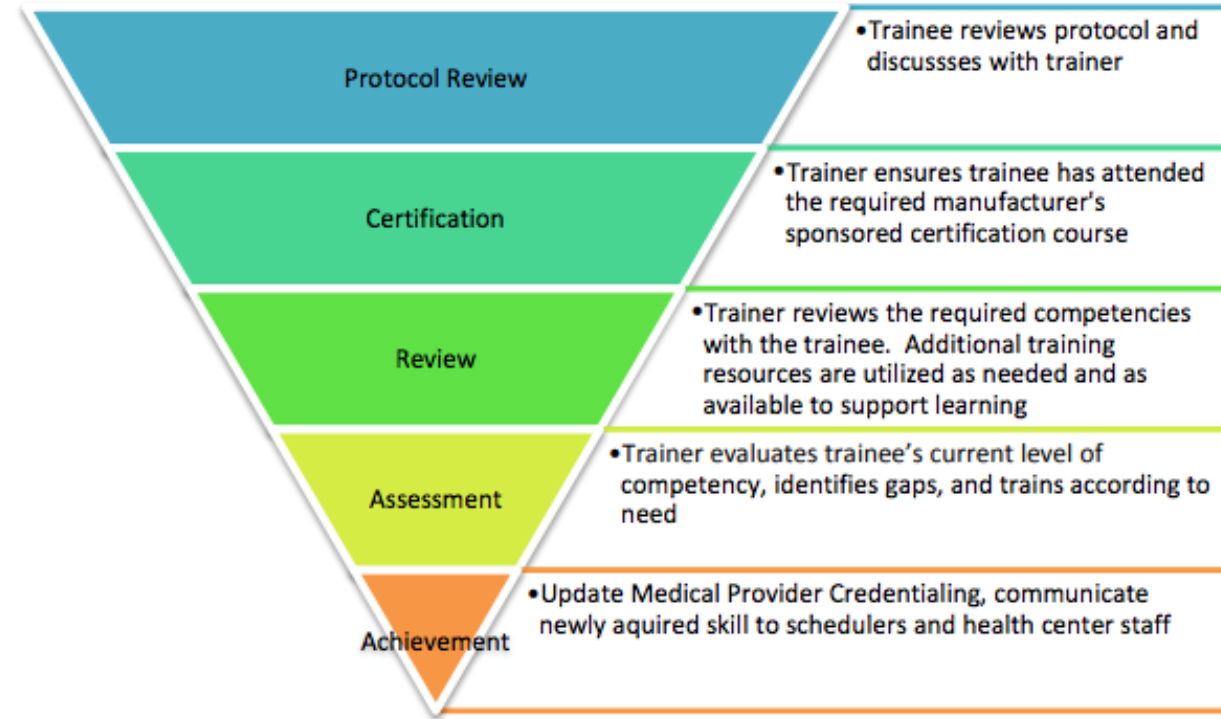
Provider Training Program for Long-Acting Reversible Contraceptives (LARC)

Provider Training Program for Long-Acting Reversible Contraceptives (LARC)



Competency Based Training Program

- Identify at least one lead trainer from among providers who is skilled, has dedicated time to train, and is supportive of others.
- For SBHCs that may not have direct access to a highly qualified trainer, consider engaging with external resources, such as the [Reproductive Health Access Project](#), to connect with a network of trained professionals.



Implementing a Reproductive Justice Approach

- **Uphold patient autonomy.** “You are in charge of your reproductive health, and I am here to support that decision.”
- **Recognize that the adolescent is the expert in their own life.** It’s not about you (or what you think is best for the patient).
- **Empower their choices and give them a plan.** “If you do not like your birth control method, here are ways to follow-up.”
- **Discontinue a method for a patient whenever they want.** Explain to them during counseling that they have full control to decide when that is.

Patient-Centered Language for GYN Procedures

INSTEAD OF:	TRY:	Why?
"I'm going to do the exam now."	"Before we start, I want to you to be aware that you are in control of the pace today. If you want me to slow down, repeat myself, explain anything more, please let me know. Or, if at any point, you want me to stop the procedure, I will."	Model consent. Build autonomy.
"Scoot down on the bed."	"When you're ready, move your body down to the edge of the exam table."	Use "exam table" not "bed"
"Open your legs." or "Spread your legs."	"Let your knees fall to the sides or towards the walls."	Be mindful of triggering language. Let the patient move into position without any touching from you.
"The speculum can be uncomfortable."	"You'll feel some pressure from the speculum. Let me know if you have any discomfort so that I can try to fix that right away. Let me know when you are ready."	Again, ask for consent. Set expectations and model the words pressure vs pain.
"Everything looks good."	"Everything looks normal and healthy."	Remove the focus on image.
"I am going to clean your vagina now."	"I'm going to swab with antiseptic now."	Insinuates that the vagina is not clean.
"You're going to feel a pinch, cramp, pain..."	"You may feel some sensation now. Practice those slow deep breaths we did before through your nose, and out your mouth...and let me know"	Studies show that anticipatory guidance describing pain makes it more likely for the patient to feel pain, as opposed to neutral descriptors of what the clinician is doing.

A Trauma-Informed Pelvic Exam

- Review the speculum exam while patient is dressed.
- Discuss the signal to pause: Model consent & build autonomy.
- Use the right size speculum: Graves (short/wide) vs Pederson (longer/narrow)
- Move slowly.



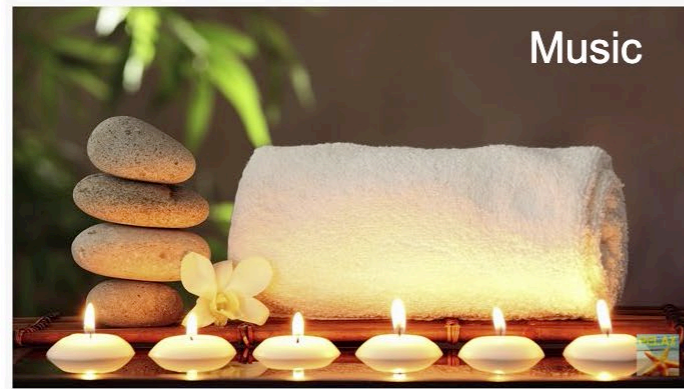


LARC Doula Training

LARC Doula: A Model of Care for Adolescent-Centered Procedures

- A LARC doula's work is focused entirely about the well-being and experience of the patient, paying attention only to their comfort, as well as *their sense of control, participation, and understanding*.
- Retaining a patient's sense of control is key. Empower them to have a shared role in the procedure -- that this is not done "to" the patient but "with" the patient.
- Anyone can be a LARC doula. At La Clínica, we trained our Americorp health educators and our medical assistants to be LARC doula.

LARC Doula: Non-Pharmacological Interventions



Music

3 HOURS Relaxing Music "Evening Meditation" Background for Yoga, Massage, Spa

102,912,061 views · Aug 14, 2014

456K 46K SHARE SAVE ...

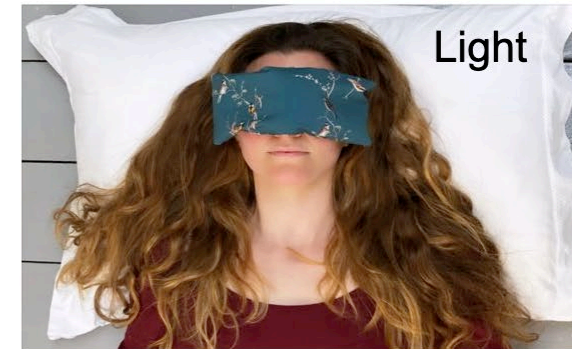


Aromatherapy

Deep Breathing



Temperature Regulation



Light



Heat

LARC Doula Toolkit

Create a LARC doula kit to store materials for supporting patients during LARC procedures:

- IUD/implant models
- Lavender eye pillow
- Stress squeeze ball
- Instant heat packs
- Fan



Challenges and Barriers

Training

Training and onboarding new providers and new LARC doulas was often a heavy lift, both in time and financial resources.

Buy-in

Everyone in the clinic, from the receptionist to the medical assistants to the medical director, needs to understand and believe in why it is important to provide LARC services, including offering LARC doula support, on site.

COVID-19

Pandemic regulations, telehealth appointments, school closures all complicated this process.

The Future



Publish a LARC Doula Training Toolkit

Support self-guided training at external health centers in collaboration with UCSF Bixby Center for Global Reproductive Health



Evaluate

Create an evaluation tool for our LARC doula program to learn which non-pharmacological interventions are most useful for adolescents.



Train the trainer

Identify more skilled clinicians in the LARC provider training program to build a sustainable pipeline for competency-based training.

Health Resource Center Program

Mayla Jackson and Stephanie Schilli

AccessMatters' Vision and Mission

Vision

Every person has the health care and information they seek.



Mission

To protect, expand, and enhance equitable access to sexual and reproductive health care and information for all people.



Program Overview

Funding Statement

The Health Resource Center Program, a program of AccessMatters, is supported by the Office of Population Affairs (OPA) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$5,615,650 with 7.28% and \$408,594 funded by OPA/OASH/HHS and 76% and \$1,295,000 funded through the Pennsylvania Department of Health. The contents are those of the author (s) and do not necessarily represent the official views of, nor an endorsement, by OPA/OASH/HHS, or the U.S. Government. For more information, please visit <http://www.opa.hhs.gov>. The Health Resource Center Program is also supported by the Pennsylvania Department of Health.

Overview



- Health Resource Centers provide private, confidential, and easily accessible locations where youth can access high quality sexual and reproductive health counseling, education, and services from a trained professional.
- Health Resource Centers are based within schools or community-based sites.
- Since 1991, AccessMatters has partnered with the School District of Philadelphia (SDP) to implement the program at select District schools.
- In 2015, the Pennsylvania Department of Health provided funding to expand the program in other counties throughout the Commonwealth.

Overview



- Funded by the US Department of Health and Human Services' Office of Population Affairs (Title X) and the Pennsylvania Department of Health.
- Within the School District of Philadelphia, each Health Resource Center is managed by an AccessMatters' Title X Family Planning Network partner.
- Staffed by an experienced counselor, social worker, or health educator.

Core Services



- Sexual and reproductive health education
- Confidential, individual-level counseling utilizing a motivational interviewing approach
- Screening for gonorrhea, chlamydia, and pregnancy at select sites
- Referrals and linkages to Title X Family Planning providers and other resources as needed
- Distribution of condoms and other risk reduction tools
- Outreach and marketing for health awareness campaigns (World AIDS Day, Get Yourself Tested Month, etc.)
- Data collection and reporting

AccessMatters' Role


As the direct Title X and DOH grantee, AccessMatters:

- Establishes guidelines and policies for the program
- Provides training, capacity building, and technical assistance
- Provides fiscal oversight and management for the Program
- Raises awareness about Health Resource Center services across the state
- Oversees selection process for Health Resource Center sub-recipients
- Monitors and evaluates services to ensure delivery of quality Health Resource Center services

Sub-Recipient Agency Role

Responsibilities include:

- Hiring and supervision of Health Resource Center Coordinators
- Implementation of core services, including referrals to in-school resources as needed
- Participation in meetings and trainings
- Establishment of relationships with school personnel
- Submission of data and other program-required forms and documents (i.e., expenditure reports)



Data Overview F18-FY22

Data Overview FY18-FY22

15,014

Number of youth receiving services

35,644

Number of visits to the Health Resource Center Program

494,967

Condoms distributed in Health Resource Centers

12,344

Referrals made to school and community-based resources

89.5%

% of Health Resource Center visits including counseling



Program Successes

Overall Benefits

- Encourage critical thinking around sexual activity
- Promote healthy relationships and behaviors regarding sexuality
- Promote safer sexual behavior, including access to and correct use of condoms and other safer sex tools
- Reduce unintended pregnancies and STI/HIV infection by providing referrals for reproductive healthcare services, contraception, and STI/HIV testing (if not provided onsite)

Continued Engagement During COVID-19

- Identified means to provide virtual and/or in-person services
 - Virtual group education
 - Enhanced safety protocols
 - Increased social media presence





Program Challenges

Ongoing Impact of COVID-19

- Challenges in maintaining program continuity
- Difficulty in providing virtual programming to youth
- Sporadic school closures due to outbreaks
- Challenges in meeting performance goals

Turnover

- Network-wide turnover of supervisor and coordinators disrupts service delivery and progress towards meeting performance goals



Program Sustainability



Embedding Equity

- Ensuring that students of all racial/ethnic backgrounds, sexual orientations, and gender identities are treated with compassion and respect:
 - Raise awareness of personal implicit biases and systemic oppression via training
 - Create an inclusive environment
 - Promote self-advocacy
 - Incorporate non-directive counseling
 - Express openness on topics of gender identity and sexual orientation
 - Help young people to improve their health literacy skills
 - Enable warm-handoffs to follow up services



Prioritizing Adolescent-Friendly Care

- Creating safe spaces and trusting relationships
- Focus on confidentiality, safety, and respect
- Model positive interactions with a healthcare professional



Maximizing Outreach and Access

- Coordinators use their strong relationships with students to conduct outreach and enhance opportunities for engagement:
 - Physical placement in areas with high student traffic
 - Tabling during lunch hours
 - Classroom presentations
 - Advertise health initiative across the school
 - Monthly campaigns on specific health topics



Leveraging Partnerships

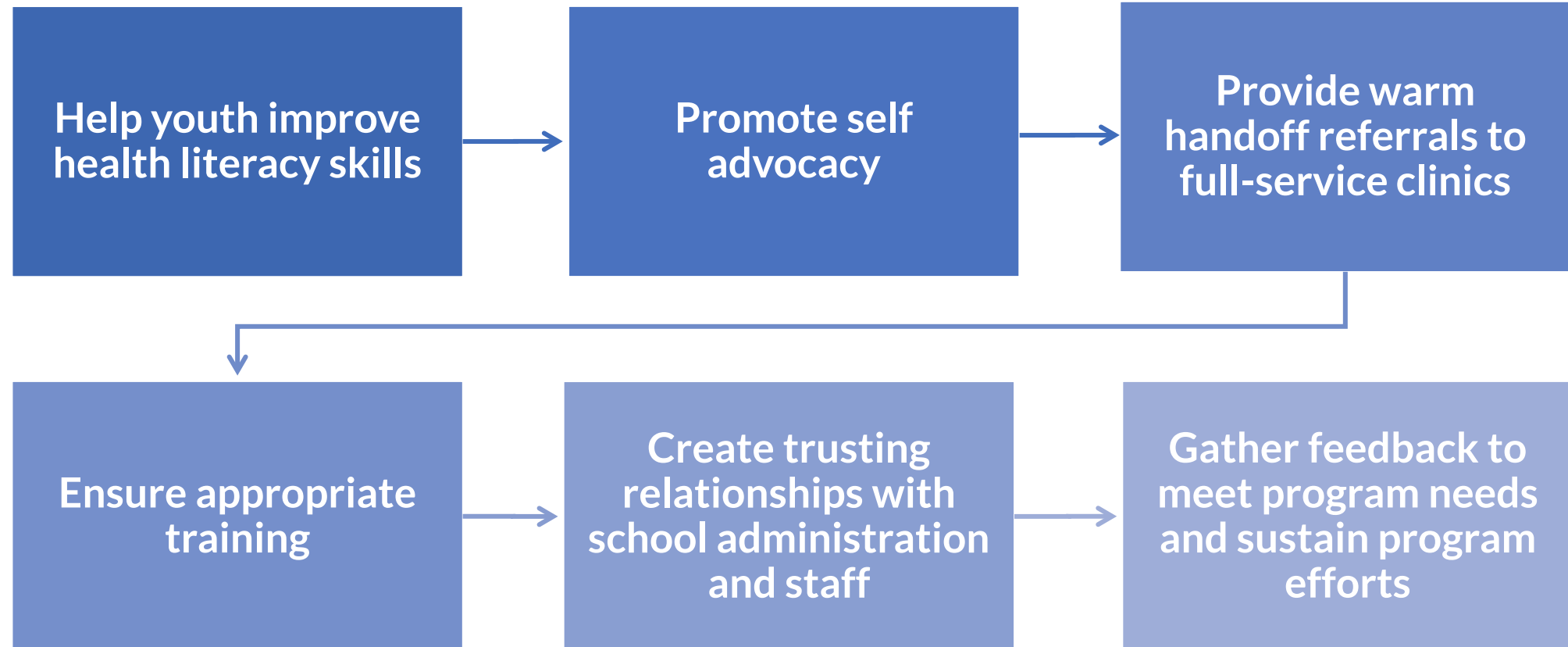
- Coordinators form partnerships with stakeholders in and outside school:
 - School staff, including nurses, counselors, and teachers
 - Local clinics or agencies for social service support





Key Recommendations for Implementation

Recommendations





Audience Q&A

Thank you!



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