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
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:
  o Nationwide Children’s Hospital
  o Minneapolis Health Department
  o La Clínica de La Raza
  o Children’s Hospital of Philadelphia with AccessMatters
Toolkit

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

- 2014: Infant Mortality Task Force/Community Response
- 2015: Established NCH School-Based Clinics
- 2017–2020: CelebrateOne/Reproductive Health Education Task Force formation and implementation of CSE (comprehensive sexuality education) in schools, including addition of sexual health clinical services
- 2020: Grant and CSE expansion
- Ongoing: Ohio legislature constraints
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
<table>
<thead>
<tr>
<th>Successes and Benefits</th>
<th>Challenges and Barriers</th>
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<tr>
<td>• Increase in teen autonomy in obtaining care- i.e., self referrals</td>
<td>• Stigma of reproductive and sexual health care</td>
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<td>• Changes in knowledge, attitudes and behaviors</td>
<td>• Working with multiple partners with different goals and challenges</td>
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<td>• Partnership increases synergy and support for further programming</td>
<td>• Restrictive state legislature and lack of health education standards</td>
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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
• 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
## 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

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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

POLICY STATEMENT

Contraception for Adolescents

Abstract

Contraception is a pillar in reducing adolescent pregnancy rates. The American Academy of Pediatrics supports the use of Long-Acting Reversible Contraceptives (LARC) as first-line contraception for teens.

ACOG COMMITTEE OPINION

Number 735 • May 2018

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 contraception.
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

![Bar chart showing number of respondents with different levels of anxiety]

*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)

Increase access: Competency based training

Improve counseling: Reproductive justice approach

Increase autonomy: Trauma-informed procedures
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

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<tr>
<th>INSTEAD OF:</th>
<th>TRY:</th>
<th>Why?</th>
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<tr>
<td>“I’m going to do the exam now.”</td>
<td>“Before we start, I want 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.”</td>
<td>Model consent. Build autonomy.</td>
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<td>“Scoot down on the bed.”</td>
<td>“When you’re ready, move your body down to the edge of the exam table.”</td>
<td>Use “exam table” not “bed”</td>
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<td>“Open your legs.” or “Spread your legs.”</td>
<td>“Let your knees fall to the sides or towards the walls.”</td>
<td>Be mindful of triggering language. Let the patient move into position without any touching from you.</td>
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<td>“The speculum can be uncomfortable.”</td>
<td>“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.”</td>
<td>Again, ask for consent. Set expectations and model the words pressure vs pain.</td>
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<tr>
<td>“Everything looks good.”</td>
<td>“Everything looks normal and healthy.”</td>
<td>Remove the focus on image.</td>
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<td>“I am going to clean your vagina now.”</td>
<td>“I’m going to swab with antiseptic now.”</td>
<td>Insinuates that the vagina is not clean.</td>
</tr>
<tr>
<td>“You’re going to feel a pinch, cramp, pain...”</td>
<td>“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”</td>
<td>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.</td>
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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
A LARC doula is... someone who is trained to provide emotional, physical, and informational support before, during and after a LARC procedure.
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
- 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.
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
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
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 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
Sustainability

Embedding Equity

Prioritizing Adolescent-Friendly Care

Maximizing Outreach and Access

Leveraging Partnerships
Embedding Equity

• Ensuring that students of all racial/ethnic backgrounds, sexual orientations, and gender identities are treated with compassion and respect:
  o Raise awareness of personal implicit biases and systemic oppression via training
  o Create an inclusive environment
  o Promote self-advocacy
  o Incorporate non-directive counseling
  o Express openness on topics of gender identity and sexual orientation
  o Help young people to improve their health literacy skills
  o 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:
  o Physical placement in areas with high student traffic
  o Tabling during lunch hours
  o Classroom presentations
  o Advertise health initiative across the school
  o Monthly campaigns on specific health topics
Leveraging Partnerships

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

Help youth improve health literacy skills

Promote self advocacy

Provide warm handoff referrals to full-service clinics

Ensure appropriate training

Create trusting relationships with school administration and staff

Gather feedback to meet program needs and sustain program efforts
Thank you!

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