

CDC/OAH Teen Pregnancy Prevention Project: Integrating Systems, Programs and Strategies for Community-Wide Initiatives

Addressing sexual and reproductive health needs of adolescent males through the TPP Initiative:

Where we've been and where we can go

CDC/TPP Young Men's Summit
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**NO WRONG DOORS
NO MISSED OPPORTUNITIES**

Teen Pregnancy Prevention *A project of* **CAI**

CAI's Role

- Build the capacity of Part A grantees and partnering community-based health care providers to increase access to, and utilization of, sexual and reproductive healthcare services (focus on LARC)

Evidence-based

Timely

Developmentally and gender appropriate

Culturally competent

Confidential

Teen friendly

Focus on Young Males

- Until recently, the clinical component of TPP has not had a major focus on young males
- CAI now working with JSI on a new initiative focusing on males
- Pilot to address the sexual and reproductive health needs of young men
- 1-2 project communities in 2014

Male Visits at TPP Partner Health Centers, 2011

- 12,622 males clients ages 12-19 seen across 60 partner clinics
 - Hispanic males: 23%
 - Black males: 56%
 - White males: 10%
- ~20% of male visits included a sexual or reproductive health service

Males 12-19 Served Through TPP, 2011

COMMUNITY	# of Males
Mobile, AL	1,495
Holyoke/Springfield, MA	1,185/86
Gaston, NC	829
Philadelphia	5,036
Horry/Spartanburg, SC	592/305
Augusta, GA	26
Bronx	501
San Antonio, TX	550
Hartford, CT	2,017

Contraception Use and Teen Pregnancy Rates

- Recent declines in teen pregnancy rates due primarily to:
 - Increased use of contraception (86%)
 - Later sexual debut (14%)

Source: Santelli, et al. *Am J Public Health* 2007; 97:150-6

Among Teens Who Become Pregnant

- ~ 46% result of non-use of contraception
- ~ 54% due to contraceptive failure
 - Failure of contraceptive method
 - Failure to use contraceptives correctly and consistently

Source: Santelli JS, et al. *Perspectives on Sexual Reproductive Health* 2006; 38:106-11

Contraceptive Options by Effectiveness

<p>Most effective</p> <hr/>	<p>Very effective</p> <hr/>	<p>Moderately effective</p> <hr/>	<p>Effective</p> <hr/>
<p>Prevents pregnancy >99% of the time</p> <hr/>	<p>Prevents pregnancy ~91-99% of the time</p> <hr/>	<p>Prevents pregnancy ~81-90% of the time</p> <hr/>	<p>Prevents pregnancy up to 80% of the time</p> <hr/>
<p>IUDs Implants (LARCs)</p>	<p>Pills Injectables Patch Ring</p>	<p>Male Condom Female Condom Sponge Diaphragm</p>	<p>Fertility awareness Cervical cap Spermicide EC (58-94%)</p>

Always promote condom use for prevention of STIs

Long Acting Reversible Contraceptives

- ~5% of adolescents using contraception use LARC
- LARCs “Should be first-line recommendations for all adolescents” according to ACOG
- Offering LARC to adolescents is a best practice!

CHOICE Project

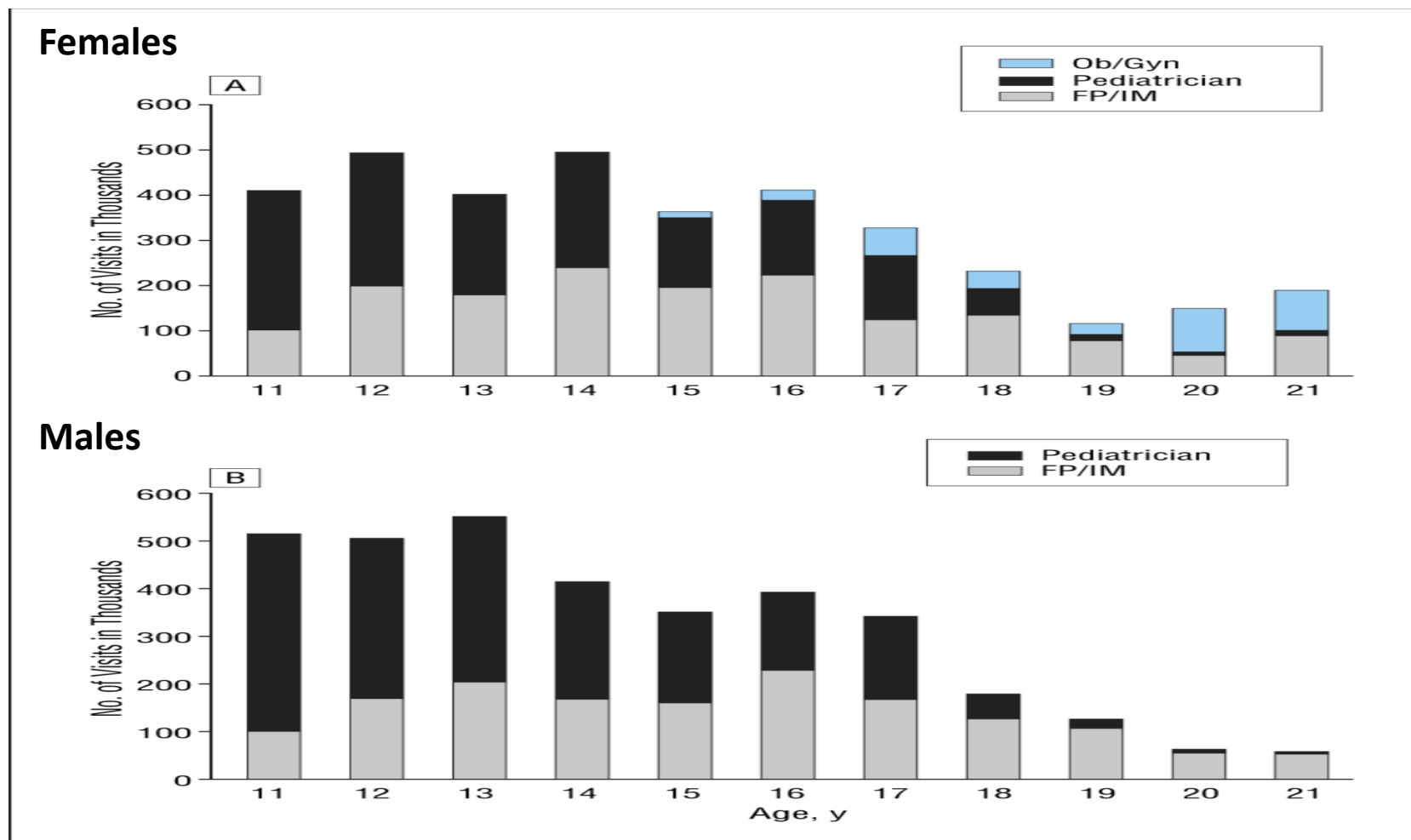
- When barriers of cost are removed, knowledge of LARC methods increased, and LARC methods are offered to teens who don't want to be pregnant, almost **70% of adolescents choose LARC** methods.

Source: Mestad R, et. al. (2012). Acceptance of long-acting reversible contraceptive methods by adolescent participants in the contraceptive CHOICE Project

Current Situation

- Adolescents are disconnected from health care delivery system
- ~2-3% of teens receive annual preventive care visit
- When adolescents enter healthcare systems, their SRH care needs are often not addressed, particularly for males

Number of Annual Adolescent Preventive Visits by Sex, Age, Phys. Type



Source: Rand et al. *National Health Care Visit Patterns of Adolescents*. *Arch Pediatr Adolesc Med*. 2007;161(3):252-259.

YRBS Data 2011, 9-12 Graders

Risk Behavior	Females	Males
Ever had sexual intercourse	46%	49%
Did not use a condom during last sexual intercourse (among sexually active youth)	46%	33%
Did not use any method to prevent pregnancy during last sexual intercourse	15%	10%
Did not use dual protection (condom plus another form of birth control) at last sexual intercourse	88%	93%

What About Young Men?

- 25% of female adolescents (15-19) reported the reason for NOT using contraception as **“their partner did not want to use contraception.”**
- Adolescent male approval of condoms and emergency contraception is fairly high.
- Their knowledge and understanding of the entire range contraceptive methods is relatively low.

What About Young Men?

- Adolescent males express interest in receiving sexual health information from health care providers
- Adolescent male SRH needs are often unmet
 - Less likely than females to seek out sexual health care services
 - More missed opportunities

Pregnancy Ambivalence and Contraception Use

- Unresolved or contradictory feelings about whether one wants to have a child at a particular moment
- Survey: 18-29 year olds in heterosexual relationships
- Pregnancy ambivalence: 53% males vs. 36% females
- When controlled for key variables, males were 2.9 time more likely to be ambivalent
- Ambivalent males were less likely to have used any form of contraception in the last month (OR=.04)

Source: Higgins et al., (2012).
Perspectives on Repro Health, 44(4).

No Wrong Doors, No Missed Opportunities



NO WRONG DOORS
NO MISSED OPPORTUNITIES

No Wrong Doors, No Missed Opportunities

- View all adolescent health visits as an opportunity to provide sexual and reproductive health care
- Even in busy practices, with short encounters with clinicians, protocols and practices should be modified to address sexual and contraceptive health care at every opportunity.
- Use team-based care approach

How Do We Do It?

Healthcare Provider Practices

Healthcare Provider Systems

Leadership and partnership

Linkage to Care

Measure and Monitor

Evidence-Based Adolescent SRH Care

PROVIDER PRACTICES:

- Teen-friendly, confidential, gender, age appropriate
- Time-alone
- Sexual health assessment at every visit
- Annual screening for interpersonal violence, abuse, substance abuse and mental health
- STI/HIV screening and treatment
- Offer EC (advance provision) for males and females
- Promote dual protection – to prevent pregnancy &STIs
- Hepatitis A and B vaccinations

Evidence-Based Adolescent SRH Care

- Counseling and education (Anticipatory):
 - Risk-reduction counseling (condoms, abstinence)
 - Assess, explore, help clarify pregnancy intentions
 - Educate on the range of contraceptive methods, including EC, and the benefits of dual methods
 - Guidance on healthy relationships/communication
 - Guidance to parents/guardians on talking with youth about healthy relationships and sexual health

Evidence-Based Adolescent SRH Care

- For females:
 - Offer range of contraceptive options
 - Promote LARC as best medicine
 - No PAP, Pelvic, STD, HIV exams/testing required
 - Use Quick Start method for birth control (same day) – regardless of visit type

Teen-Friendly SRH Care

- Relates to setting, policies and procedures
 - Time alone
 - Use Quick-Start method
 - Prescribe hormonal contraception without requiring: Pap Smear, Pelvic Exam, Breast Exam or STD testing
- Walk-in/same-day/next-day appointments available
- Confidential SRH care available without parental consent
- Financially affordable
- Adolescent –focused materials on display
- Staff trained in adolescent development
- Provide adolescent specific services

Pregnancy Intention

- Often, service providers do not assess pregnancy intentions
- It is important to explore what are the individual's thoughts and feelings related to:
 - Having a girlfriend become pregnant
 - Being a father
- Ask: “Are you interested in being a dad in the next 12 months?”

Counseling Adolescents vs. Adults

- Counseling adolescents is different than counseling adults or children because adolescents not only need the information and education typically provided to adult patients but also the guidance that is typically provided to children.

Dictatorial

Example

- **Adolescent says to clinician:** “I am having sex but I don’t want my girlfriend to get pregnant.”
- **Response:** “Use condoms.”

Permissive

Example

- **Adolescent says to clinician:** “I am having sex but I don’t want my girlfriend to get pregnant.”
- **Response:** “Great. Here’s a chart with all the birth control methods available. Let me tell you about each one.”

Guided

- Collaborative approach in which service provider offers information and guides patient through the process of making an informed decision
- Supports patient in achieving their expectations for the visit
- Encourages independence and individuality

Guided

Example

- **Adolescent says to clinician:** “I am having sex but I don’t want my girlfriend to get pregnant.”
- **Response:** “Considering you plan to continue to be sexually active, but don’t want to be a dad, let’s talk about some birth control options that you and/or your girlfriend might be interested in.”

Engaging young men in SRH services

- Need encouragement to seek preventative care rather than solely acute care
- Issues related to masculinity and gender roles can prevent males from seeking services
- Providers and practices may need to further make services more friendly and attuned to adolescent males

Role of Trusted Adults

- Parents and other trusted adults are an important referral source for sexual health care.
- Parents and other trusted adults are an important source of guidance for relationship communication and sexual decision making.

Linkage to Care

- Link sexually active youth to “teen friendly” sexual and reproductive health care providers

Clinic Linkage Module: “Keep It Simple”

- Community assessments indicated many teens did not know:
 - **Where to go** for contraceptive and reproductive health care
 - What **contraceptive and reproductive healthcare services** are available to them
 - Their **rights** to access such services

Clinic Linkage Module: “Keep It Simple”

- Developed by CAI and Healthy Teen Network
- 45 minute module
 - including a 4 minute animated film
- Target audience: male and female teens age 15-19
- Flexible: can combine to EBI or used as a standalone
- Does not require a high level of skill to implement

“Keep it Simple” Objectives

- Increase knowledge of Minors’ Rights (tailored)
- Increase knowledge of location of “teen friendly” health care providers (tailored)
- Increase knowledge of birth control methods available to adolescents, and how care is provided

“Keep It Simple” Animated Film

- In English: <https://vimeo.com/65566324>
- In Spanish: <http://vimeo.com/65566325>

Potential Impact of ACA

- More individuals will have access to health insurance – can be on parents plan until 26
- “Sexual health services” available without co-pay
 - High Intensity Behavioral Counseling
 - HIV screening
 - All FDA approved birth control methods
 - Chlamydia Screening for women
 - Hepatitis A and B vaccines

Questions and Facilitated Discussion

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