Increasing Adolescents’ Access to Sexual Health Services

Stephanie Zaza, MD, MPH, FACPM
@DrZazaCDC

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DASH’s Mission

...is to promote environments where teens can gain fundamental health knowledge and skills, establish healthy behaviors for a lifetime, connect to health services, and avoid HIV, STD and pregnancy.
Continuum of Supports
Based on Population Size and Risk

- Youth at Disproportionate Risk
  - Focus on Targeted Programs

- Sexually Active Students
  - Focus on Sexual Health Services

- All Students
  - Focus on Sexual Health Education

Safe and Supportive Environment
Birth rates for teenagers 15-17 years by race and Hispanic origin: United States, 1990-2012

SOURCE: National Vital Statistics System, NCHS, CDC.
Young People Account for a Substantial Proportion of New STIs

Estimated Incidence of HIV Infection among Men who have Sex with Men, by Race/Ethnicity and Age at Infection, 2010 — United States

Note: Hispanics/Latinos can be of any race.
Source: www.cdc.gov/hiv/library/slidesets/index.html
Teenagers Have Sex

- 47% of high school students have ever had sex\(^1\)
  - 30% of 9\(^{th}\) graders
  - 41% of 10\(^{th}\) graders
  - 54% of 11\(^{th}\) graders
  - 64% of 12\(^{th}\) graders

- 68% of LGB high school students have ever had sex\(^2\)

- 34% of high school students are currently sexually active\(^1\)
  - 49% of 12 graders

- 59% of currently sexually active students used condoms the last time they had sex\(^1\)

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Teens’ Use of Sexual Health Services Is Low

- Among the 34% of students who are currently sexually active:
  - 19% used birth control pills
  - 1.6% used Long-Acting Reversible Contraceptives (IUD or implant)
  - 4.7% used a shot, patch, or birth control ring
  - 8.8% used BOTH a condom and either birth control pill, LARC, or shot, patch or birth control ring

- 22.4% of sexually experienced students had been tested for HIV

- Among students with access to school-based health services, 7% report using those services for sexual health services

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3 CDC unpublished data
Sexual Health Services

- **Recommended clinical preventive services**
  - HIV testing and STD testing & treatment
  - Pregnancy testing and contraceptive services
  - Condoms and lubricant
  - HPV vaccine

- **Adolescent-friendly**
  - Clinical best practices relevant to teens
  - Hours, location
  - Free or low cost
  - Interaction with teens, relationship-building
  - Confidentiality

- **Access to services**
  - Provided by school nurses or school-based health centers
  - Partnerships and referral to community services (school-linked)
Strategies

- Increase teen and parent awareness about and willingness to use sexual health services
- Help teens acquire healthcare-seeking skills
- Increase access and address the barriers to high quality sexual health services for teens
- Increase demand for HIV and STD testing for sexually active teens
- Guide teens, parents, and healthcare providers regarding the use of new biomedical HIV prevention technologies
Program Guidance to Funded State and Local Education Agencies

http://www.cdc.gov/healthyyouth/fundedpartners/1308/index.htm

- Assess/implement policies related to adolescent sexual health services
- Support and implement strategies to increase student awareness
- Promote and establish community partnerships to improve student access to sexual health services
- Provide guidance for school health services staff to identify student sexual health services needs
- Support provision of key sexual health services on-site in schools
- Explore billing third parties for reimbursement for eligible services
- Establish and support a system to refer students to sexual health, mental health, and other community services
Programmatic Implementation Toolkits

• Promote and establish community partnerships to improve student access to sexual health services

• Establish and support a system to refer students to sexual health, mental health, and other community services

Available at www.caiglobal.org
Core Components of a Referral System

**CORE COMPONENTS**

1. POLICY
2. REFERRAL STAFF
3. PROCEDURES
4. REFERRAL GUIDE
5. COMMUNICATIONS & MARKETING
6. MONITORING & EVALUATION
7. MANAGEMENT & OVERSIGHT

**OUTCOMES**

**Short and Intermediate-term**

- Increased Student Awareness of SHS Providers

**Long-term**

- Decreased STD, HIV and Pregnancy Rates among Adolescents
- Increased Referral of Students to SHS Providers
- Increased Number of Sexually Active Adolescents Receiving SHS
- Increased Educational Attainment
Component 4: The Local Referral Guide

Information to Consider Including

Provider information
- Name
- Address, including cross-street
- Phone number
- Website
- Languages spoken

General information
- Distance from school (in miles)
- Availability of after school appointments
- Availability of walk-in appointments
- Bus and train route, including stop nearest to the clinic
- Minor’s rights and confidentiality laws

General services
- Gender and age range of patients served
- Types of services offered
- Services that meet the unique needs of LGBTQ and other adolescents at disproportionate risk
Component 4: The Local Referral Guide
Information to Consider Including

- STD/HIV testing and treatment
  - Urine based CT and GC testing
  - EPT
  - Rapid HIV testing
- Pregnancy testing
- Contraception
  - Birth control pill
  - Birth control shot
  - Implant
  - IUD
  - EC
- Condom (male and female)
  - Water- or silicone-based condom-compatible lubricants
- HPV vaccine(s)
- Payment/insurance
- Sliding scale fees
- Free services

Sexual health services

Cost of services
NYC Referral Guide

"I was glad I was able to get on the pill that very day without having to have a full exam."

Anaya, age 17

(www.myspace.com/nycsteen_anaya)

Understanding how to engage Adolescent MSM (AMSM)

- Develop and pilot AMSM-specific questionnaire
- Use web-based recruitment methods to ensure representation among Black and Latino AMSM
- Analyze and publish results
- Create relevant tools for:
  - School systems to be more inclusive of AMSM in sexual health education
  - Community-based and youth-serving organizations to better serve AMSM
  - Health care providers to competently assess risk and offer services AMSM are willing to receive
Mathematical Modeling Projects

- Clarify current impact and cost-effectiveness of HIV testing guidelines for adolescents and young adults (Harvard)
  - Routine testing among general population by age category
  - Differences among high-risk populations
- Synthesize published literature on young MSM to develop model parameters (Emory)
  - Prevalence of individual risk and testing behaviors
  - Estimate risk among networks of young MSM
  - Use inputs above to estimate impact of PrEP among young MSM
- Review health and economic impact of school-based interventions and packages (UCSF)
  - Includes all school-based interventions focused on HIV, STDs, and pregnancy
  - Examines results by risk group and geographic setting
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www.cdc.gov/healthyyouth

@DrZazaCDC

For more information please contact Centers for Disease Control and Prevention

1600 Clifton Road NE, Atlanta, GA 30333
Telephone: 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348
Visit: www.cdc.gov | Contact CDC at: 1-800-CDC-INFO or www.cdc.gov/info

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.
National Youth HIV & AIDS Awareness Day
April 10, 2015

- www.advocatesforyouth.org/nyhaad-home
- http://amplifyyourvoice.org/nyhaad#.VQNRIXYpDcs
- www.aids.gov/news-and-events/awareness-days/
April is National STD Awareness Month

Visit our web sites for updated tools, materials, and resources to help support your local STD prevention efforts.

- www.cdc.gov/std/sam
- www.cdc.gov/gyt
- https://gettested.cdc.gov/
Project Connect

- Created by CDC’s Division of STD Prevention
- Research and research translation
- Links students to existing community-based providers via a referral guide
- Initial results\(^1\) – among female students, increased receipt of
  - Contraceptives
  - STD testing and treatment
  - HIV testing