Although teen birth rates have steadily declined over the last decade, Alabama consistently has had higher rates than the national average, with a 2011 rate of 40.5 births per 1,000 females aged 15–19 years. In Alabama, African-American and Hispanic teens had disproportionately high birth rates (50.5 and 69.6 per 1,000 females aged 15–19, respectively) compared with whites (33.8 per 1,000 females aged 15–19) in 2011. High rates of teen childbearing burden not only teen parents but also the teens’ children, families, and communities. In 2010, teen childbearing cost Alabama at least $167 million, including healthcare costs, increased incarceration expenses, and lost tax revenue.

In 2010, the Mobile County Health Department (MCHD) ThinkTeen program received funding from the Centers for Disease Control and Prevention and the US Department of Health and Human Services’ Office of Population Affairs as part of the President’s Teen Pregnancy Prevention Initiative. One of ThinkTeen’s goals is to reduce teen birth rates 10% by 2015 in 13 zip codes with the highest rates in Mobile County. In 2011, these zip codes together had a birth rate of 59.6 per 1,000 females aged 15–19.

To help achieve this goal, ThinkTeen worked with an MCHD pediatric clinic to create a separate adolescent clinic to increase access to teen-friendly sexual and reproductive health services. Previously, pediatricians were generally hesitant to prescribe contraceptives to sexually active youth, due in part to lack of knowledge about adolescent-appropriate contraceptives.

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Activities and Accomplishments

The MCHD ThinkTeen program

- Recognized the need for an adolescent clinic that provides confidential, culturally competent services with convenient hours
- Surveyed 216 youth and 200 parents to inform development of programmatic and clinical services in the community
- Launched the adolescent clinic in February 2013, providing teens with free or low-cost sexual health and reproductive health services in a private space, along with added time for patient education and evaluation
- Developed the adolescent-focused clinical care model, which
  - Maintains that adolescents should be given information and skill-building opportunities to make informed decisions about their own sexual and reproductive health
  - Focuses on the stages of adolescent development, with attention to teens’ social and emotional needs and desire for respect and privacy
  - Includes male contraceptive care coordinators to meet the unique needs of young men
- Trained staff in the adolescent and pediatric clinics in youth-friendly clinical practices, such as how to 1) conduct an adolescent sexual history assessment, 2) improve contraceptive access and delivery of care, 3) use evidence-based clinical recommendations, and 4) maintain confidentiality
- Referred patients to comprehensive services in the community, such as violence prevention, education, and employment programs

So far, these efforts have increased the percentage of adolescent female clients receiving hormonal contraceptives (pill, patch, ring, or injectable) from 3.1% in 2012 to 12.8% in 2013.

Lessons Learned

- Teens often feel they do not have a place to go for reproductive and sexual health services and that women’s centers and pediatric clinics are not appropriate for them.
- Devoting a separate space focused on meeting the unique needs of adolescents—including respect, privacy, confidentiality, extra time for visits, and in-depth education about contraception—is a valuable investment in enhancing teens’ sexual and reproductive health care.
- Including male contraceptive care coordinators to meet the unique needs of young males is paramount to all teen pregnancy prevention efforts.
- An adolescent-focused clinical care model may be useful to health department-based and other clinics to provide youth with optimal sexual and reproductive health services.

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