

Public Health Practice Stories from the Field



11.1

Percentage of females aged 15–19 years who became pregnant in 2011 in the South Bronx

4,796

Number of teens reached with evidence-based sexual health education, including a clinic linkage component

31

Number of high schools and youth-serving organizations linked with community clinics or school-based health centers

21%

Average increase in number of teens seen at 7 partnering clinics between 2011 and 2012

Bronx Teens Connection's Clinic Linkage Model

Connecting Young People with Clinical Sexual and Reproductive Health Services

Despite a 35% decline in teen pregnancy rates in the South Bronx from 2000 to 2011, the teen pregnancy rate in the South Bronx is still 62% higher than in New York City as a whole. In 2011, 11.1% of females aged 15–19 years in the South Bronx became pregnant, compared with 6.9% of females aged 15–19 years in New York City. Teens in low-income neighborhoods, such as the South Bronx, are less likely to have access to interventions proven to prevent unintended pregnancy, such as evidence-based sexual health education programs and high-quality adolescent sexual and reproductive health services.

In 2010, the Bronx Teen Connection (BxTC) program of the New York City Department of Health and Mental Hygiene received funding from the Centers for Disease Control and Prevention and the US Department of Health and Human Services' Office of Adolescent Health as part of the President's Teen Pregnancy Prevention Initiative. BxTC is implementing a multi-component initiative to improve adolescent sexual and reproductive health in adjoining South Bronx neighborhoods, Hunts Point and Morrisania. BxTC aims to reduce pregnancy rates among 15- to 19-year-old females 10% by 2015. The program uses the Clinic Linkage Model to make it easier for teens to access high-quality sexual and reproductive health services. Formal linkages are established between clinics and schools or youth-serving organizations, such as foster care agencies and homeless/runaway shelters. These linkages connect youth to high quality clinical sexual health services through clinic tours and trained health educators from the clinics. Tiered levels of linkage allow partners to adopt a strategy that best fits their resources and capacity.

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Activities and Accomplishments

Under the Clinic Linkage Model, a health educator from a linked community or school-based clinic visits each school or youth-serving organization weekly and gives adolescents information on sexual and reproductive health—including safer sex and contraception—during group presentations and one-on-one interactions. The health educator also conducts clinic tours for all students enrolled in their school's sexual health education program, makes referrals to the clinic, and schedules expedited appointments on request. BxTC tracks linkage efforts by health educators, assesses changes in teens' knowledge about reproductive health, and obtains feedback on clinic tours.

To date, since September 2011,

- BxTC has partnered with 21 high schools and 10 youth-serving organizations, linking each with one of 7 community-based clinics or 4 school-based health centers
- Clinic health educators have had 8,620 contacts with youth in schools or youth-serving organizations
- Schools and youth-serving organizations have reached 4,796 youth with evidence-based programs (such as *Reducing the Risk*)
- 83 classes have participated in clinic tours
- Among adolescents who participated in *Reducing the Risk*, knowledge about pregnancy prevention increased 41%, and knowledge about clinic services increased 32%
- The number of teens seen by 7 partnering clinics increased an average of 21% from 2011 to 2012

Lessons Learned

- Getting buy-in from schools and youth-serving organizations is essential to overcoming challenges with
 - ◆ Staff turnover at the organization
 - ◆ Data collection and evaluation
 - ◆ Competing programs and priorities
- Formal linkages between clinics and schools/youth-serving organizations are feasible but require time and commitment from all parties, from leaders to direct service staff
- Having clinic health educators connect with young people “where they are,” (i.e., in schools, runaway shelters, etc.) helps put adolescents at ease about accessing sexual and reproductive health services
- At organizations such as foster care agencies, homeless/runaway shelters, and programs for youth involved in the criminal justice system, outreach must also focus on organization staff to ensure they are aware of the clinic linkage and available health educator services

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For information about this story, contact

Bronx Teens Connection
Deborah O'Uhuru
Clinic Linkage Coordinator
Phone: 718-299-0169 x305
Email: douhuru@health.nyc.gov

For information about this product, contact

Centers for Disease Control and Prevention
1600 Clifton Road NE, Atlanta, GA 30333
OSTLTS Toll-free Helpdesk: 866-835-1861
Email: OSTLTSfeedback@cdc.gov
Web: www.cdc.gov/stltpublichealth