



Innovations in school-based family planning service delivery

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Project Overview

Identify and share innovative approaches to providing family planning services for underserved young people in school-based health settings

Presentation Goals

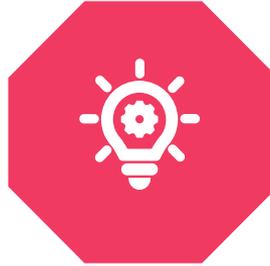
- Share how our **working definition of innovation evolved** throughout the project and how we've ultimately come to **define innovation**
- Share examples of work **School Based Health Centers (SBHCs)** and **Community College Health Clinics (CCHCs)** are doing and some lessons learned about innovation so far

How did we define innovation in our proposal?

An intentional and focused approach that reaches underserved populations. Our preliminary areas of service delivery innovation involve providers that:



Use telehealth or mobile clinic services



Incorporate technology (social media and apps) into service delivery



Deliver comprehensive family planning services to underserved or resource-limited populations (rural, migrant, tribal)



Incorporate approaches that make clinics more adolescent and young adult friendly

How did the concept of innovation evolve through literature review?

After many iterations, final categories are:

Strategies to improve access to SRH services



Telehealth



Mobile Clinic



Partnership



On-campus contraception



On campus STI testing



Condom availability



Online contraception providers

Strategies to improve the quality of SRH service



Mobile apps



Peer education programs



Wrap-around approach



Texting



Modifying services and service settings

How did
the
categories
of
innovation
evolve
through
interviews

1. We asked providers about innovation

Innovative



How did the categories of innovation evolve through interviews

2. We revised the language in the interview protocols

Original Question

*“Can you share examples of **innovative programs or strategies** your site implemented to **provide contraceptive services to underserved populations of adolescents?**”*

- *Used the word “innovative”*
- *Used the word “underserved” without context*

Revised Question

*“I’d like to hear about the work your site is doing. We are particularly interested in **strategies or practices** you put into place to **provide family planning services to youth?**”*

- *Removed “innovative”; focus is on FP practices*
- *Added another question earlier that focuses solely on their work with underserved populations*

How did our categories of innovation evolve through interviews

3

We created screening procedures

Screening checklist

1. Populations served:

- Rural communities
- People of color
- Members of American Indian Tribes
- People with limited English proficiency
- People experiencing or at risk of experiencing homelessness
- Communities that do not have an accessible family planning clinic located in their neighborhood
- A mix of different populations (for example, people of different racial, ethnic, and socioeconomic backgrounds; or both rural and urban communities)

2. Hormonal and/or long-acting contraceptives:

- The site prescribes and dispenses contraceptive services on site
- The site offers prescriptions to be filled off-site
- The site refers youth or young adults to other sites where they can obtain prescriptions

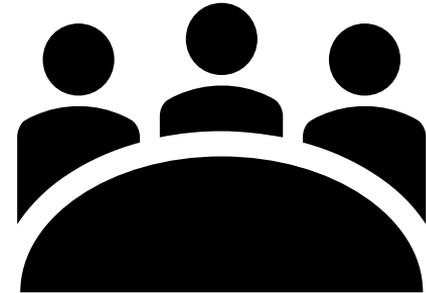
3. Innovative (i.e., new or improved) strategies:

- Telehealth and/or mobile clinics
- Technology that improves the patient experience or increases the sustainability of the clinic
- Provide comprehensive family planning services to resource-limited and/or rural areas
- Taking a holistic approach to care (for example, by addressing social or economic factors that impact health)
- Clinics that are particularly adolescent- and young-adult friendly

How did our categories of innovation evolve through interviews

4 We debriefed on innovative strategies as a team

- a) Focused on sites that successfully solved a problem
- b) Our partner, SBHA, took a “**what’s working, what’s effective?**” approach to define innovation and screen sites
- c) Focused on strategies that were relatable or transferable to other SBHCs or CCHCs.



Lessons Learned

1

Innovation doesn't have to be fancy or financially expensive. Problem solving is innovation!

- Hire SBHC staff who speak languages spoken by students or parents and are from the geographic community they are serving.
- Help HS seniors identify where they will get birth control after high school.
- Partner with the science club to recruit students to do clinic advertising.
- Provide drive-by birth control pick up times, provide depo shots in the parking lot (during covid).

Lessons Learned

2. Innovation is context/site dependent

- Community colleges can partner with a local FQHC or Planned Parenthood for warm handoffs or mobile clinics.
- Mobile clinics set up to deliver IUDs at community colleges
- Responsible messaging from SBHCs for parents is needed – in conservative communities.
- Use data to demonstrate the need for FP services in communities that are resistant.
- When on-site provision isn't possible, offering transportation vouchers to community sites.

Lessons Learned

3 Innovation can be high quality care

- Incorporate an understanding of Social Determinants of Health for ALL clinic staff.
- Partner with local providers who can do invasive procedures (like IUD insertion) who are local FQHCs, Planned Parenthoods, or hospital/clinic settings.
- Dispense contraception on-site to remove transportation and privacy barriers.
- Use an app for education and screening while youth are waiting for appointments
- Screen for mental health and student's environment during family planning visits

Conclusion



Thank
You!