Project Overview

Exploring innovative approaches to providing family planning services for underserved young adults in school-based health settings
School health settings, such as school-based health centers (SBHCs) and community college health clinics (CCHCs), provide services to underserved youth who may have difficulty benefiting from the traditional health care system.

Nonetheless, providing family planning services to underserved youth may be challenging because of 1) policy obstacles, 2) stakeholder opposition, and 3) shortages of trained staff.
A key goal of this research study is to share and increase Title X providers’ knowledge of ways schools and Title X clinics can use innovative strategies to serve underserved youth and young adults.

The goal of this poster is to describe work funded by the Office of Population Affairs and conducted by Child Trends in collaboration with our partners at the School-Based Health Alliance (SBHA).
**Study Objectives**

- Use telehealth or mobile clinics to administer family planning services
- Incorporate technology that improves the patient experience or increases the sustainability of the clinic
- Deliver comprehensive family planning services to underserved or resource-limited populations (rural, migrant, tribal)
- Take a holistic approach to care
- Foster an adolescent and young-adult friendly environment

We also examine how providers incorporate culturally sensitive practices into their work and build strong school-clinic partnerships.
We are using a variety of methods to collect and analyze data, including:

1. An extensive literature scan that synthesizes information from 73 journal articles and 28 web resources,

2. Census analyses using data from the 2016-2017 National School-Based Health Care Census data collected by SBHA

3. Qualitative data collection through semi-structured interviews with 50 providers and clinic staff at Title X clinics, School-Based Health Centers
Literature Scan

Findings from a scan of peer-reviewed and gray literature to identify innovative interventions that have been or could be in school-based family planning.
Methods

▪ **Primary goal** of the scan was to identify the range of innovative interventions in school-based family planning.

▪ We included both **innovative interventions in school settings and those that could be used in school settings**.

▪ In total, we conducted **149 keyword searches** in Google Scholar and Google and identified **219 journal articles** and **63 non-academic resources**.

▪ We coded and synthesized information from **73 journal articles** and **28 non-academic resources**.
The literature review identified the following areas of innovation:
The literature review identified the following sub-areas of innovation:

- Holistic Services
- Peer Educators
- Apps
- Texting, IM, and Email
- Online Contraception Prescribers
- Social Networking Sites
- Innovations in Clinic Operations
- Innovations in Patient Experiences/Interactions
Finding#1: mHealth Innovations

Little literature describes the use of mHealth in school settings, but it has been widely used with youth and could be used in schools:

1. **Apps** to educate clients about contraceptive methods
2. **Texting** to send reminders or to provide education
3. **Social networking sites** to improve access to SRH information and connect users to clinics
4. **Online contraception prescribers** to improve access to contraception
The literature describes several innovations related to providing services onsite at schools, including for:

1. **Onsite provision of contraception**, including LARC
2. **STI screening** programs
3. **Condom availability** programs
Finding #3: Innovative approaches when services can’t be provided onsite

The literature describes several innovations for how services can reach students, including:

1. **Mobile clinics** that can go to schools
2. **Telehealth** that can provide services remotely
3. **School-clinic partnerships** that can connect students to services through referrals
Finding #4: Limited data on Community Colleges

Relatively few studies described family planning interventions in school-based settings.

Of the few studies there are, most focused on SBHCs and universities; very few focused on community colleges.
Census Analysis
Findings from analyzing the 2016-2017 National School-Based Health Care
Census data collected by the School-Based Health Alliance
Based on the School Based Health Alliance’s National School-Based Health Care Census Data from 2016-17:

• In the 2016/17 school year, 24 states had at least one SBHC that dispensed Long Active Reversible Contraceptives (LARCs, including IUD or implants) AND oral contraceptives onsite.

• 8 states had at least one SBHC that dispensed oral contraceptives OR LARC onsite, but not both.

• In 15 states, no SBHC provided LARC or oral contraceptives onsite.

• No information is available for 4 states and 5 US territories.
Contraceptive service provision at School Based Health Centers, by state, 2016-17 school year

Interviews

Preliminary findings from 23 semi-structured interviews with family planning providers and clinic staff
Background

Using telehealth or mobile clinics to administer family planning services

Incorporating technology to improve the patient experience or increases the sustainability of the clinic

Delivering comprehensive family planning services to hard-to-reach or resource-limited populations (rural, migrant, tribal)

Taking a holistic approach to care

Fostering an adolescent and young-adult friendly environment

Our five areas of innovation:
Methods

Purpose of interviews:
Explore the background, development, and implementation process for specific family planning service-delivery strategies that seem to be innovative.

Interviewees:
Family planning providers and staff at Title X clinics, School-Based Health Centers, community colleges, and four-year universities.

Interview sources include recommendations from:
- Title X project officers (POs), regional POs, and our consultant at Medstar Research Initiative
- Recommendations from the 2016-2017 School-Based Health Alliance’s Census
- Recommendations from the Institute for Women’s Policy Research’s research into community colleges.
- Other interviewees
A community college clinic shared bringing a mobile clinic to nearby community college campuses to insert IUDs for students, once a semester.

A Nurse Practitioner shared using telehealth for reproductive care and giving out birth control prescriptions in parking lots during the pandemic.
Area of Innovation #2

Using technology that improves the patient experience or increases the sustainability of the clinic

- One SBHC shared developing a text messaging system that reminded patients of appointments and gave them health tips. They found a lower no-show rate as a result of the messages.

- Another SBHC shared using iPads to deliver an interactive video with a student-led journey about reproductive health. Students completed the video while waiting for their appointment.
Area of Innovation

#3

Providing comprehensive family planning services to hard-to-reach or resource-limited populations (rural, migrant, tribal)

- One SBHC shared focusing on **acculturation and language learners**. They partnered with the bilingual and bicultural SBHC behavioral to facilitate a group for new immigrant students and shared information on the family planning resources available.

- A Nurse Practitioner shared **visiting English-Language Learner (ELL) classes** to introduce her role and the SBHC services, and specifically let students know they can talk to her confidentially about sex and come to her for contraception.
A Nurse Practitioner shared destigmatizing clinic visits by making it a fun class effort in which participating students get an STI screening.

A health educator shared collaborating with school nurses, so that when a school nurse had any type of visit with a student, they routinely screened for sexual health needs, introduced patients to the health educator at the SBHC, and made a warm handoff, if necessary.
A non-profit is using an app to educate teens about family planning methods and also to collect information so that the visit with the provider can be more efficient and less redundant.

One SBHC has a (young) Health Educator who meets with students in classes (as well as new students entering the school) and serves as a liaison to the clinic making students aware of the services.
Other

- A Nurse Practitioner shared developing **partnerships with delivery pharmacies** to remove barriers in access to prescriptions, including contraception.

- One SBHC shared **partnering with family planning nurse practitioners** who work elsewhere but within the same network to perform IUD insertions for students.
Next Steps

- Conduct remaining 26 in-depth interviews
- Synthesize results
- Disseminate information through briefs and blogs
- Conduct process evaluations with innovative sites through virtual site visits in Spring 2021