An evaluation of sexual and reproductive health (SRH) service provision in the School-Based Health Center	
Reproductive Health Project (SBHC RHP) Rebecca Fisher, MPH, MA	
Aimée Julien, MPH Office of School Health	
Bureau of Maternal, Infant and Reproductive Health New York City Department of Health and Mental Hygiene	
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Presenter Disclosures	-
□ Presenter: Rebecca Fisher MPH, MA	
(1) The following personal financial relationships with commercial interests relevant to this presentation	
existed during the past 12 months:	
■ No relationships to disclose	
SBHC RHP	
School Based Health Center Reproductive	
Health Project (SBHC RHP)	
 Joint initiative of the NYC Department of Health and Mental Hygiene's (NYC DOHMH) Office of School Health (OSH) and 	
Bureau of Maternal, Infant and Reproductive Health (BMIRH) The SBHC RHP is a program that to reduce unintended teen pregnancy in participating NYC high schools with SBHCs	
 The project is currently in 40 SBHCs run by 17 different sponsoring institutions 	
■ SBHCs are in about ~25% of NYC public high school campuses ■ Five-year privately funded project; 8/2008-6/2013 ■ Project administrated through the postporchip between NYC DOHMH and	
 Project administered through the partnership between NYC DOHMH and the Fund for Public Health-NY (FPHNY) 	
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School Based Health Center Reproductive Health Project (SBHC RHP)

- □ The project's goal is to reduce unintended teen pregnancy in participating NYC high schools with SBHCs
 - Standardize, increase access to, and assure the quality of SRH services provided in SBHCs serving NYC public high schools
 - Provision of training and technical assistance
 - Provide reimbursement for contraceptive and pregnancy test supplies to participating SBHCs

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School Based Health Center Reproductive Health Project (SBHC RHP)

- □ Presentation overview
 - Methods
 - Data sources
 - Demographics
 - Intermediate evaluation outcomes
 - Adoption of standard protocols/best practices in adolescent SRH
 - Onsite availability of contraceptives
 - Pregnancy testing
 - STI/HIV screening
 - Dispensing and use of contraceptives
 - Conclusions

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Methods

- □ Data Source 1: Annual Site Visit Data
 - Assessed adherence to standard protocols via in-person interviews at clinic sites (baseline-Year 3)
 - □ Data included:
 - Baseline: 29 participating sites
 - SBHCs participating in EC Awareness Project
 - Year 1: 32 participating sites
 - Year 2: 36 participating sites
 - Year 3: 38 participating sites

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Methods (2)

- □ Data Source 2: Clinic Visit (CV) Data
 - CV data from January 1, 2009-June 30, 2011
 - Includes sites submitting encounter-level data

	Year 1 Jan'09-Jun'09	Year 2 Jul'09-Jun'10	Year 3 Jul '10-Jun'11
Sites submitting encounter-level data	19	23	38
Sites submitting summarized data	13	13	0

□ Data included: 187,767 SBHC visits for all services by 42,546 unique patients

	Year 1 Jan'09-Jun'09	Year 2 Jul'09-Jun'10	Year 3 Jul '10-Jun'11
Patients	9,790	14,864	28,157
Visits	26,594	49,661	111,512

*Analyses on CV data conducted using SAS 9.2

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Demographics of SBHC Patients

		SBHC Patients (Average Years 1-3)	NYC High Schools
_	Female	65%	48%
Sex	Male	32%	52%
	Unknown/Missing	3%	-
	Black/non-Hispanic	43%	30%
	Hispanic	42%	39%
Race/	White/non-Hispanic	3%	13%
Ethnicity	Asian/Pacific Islander	1%	17%
	Other	3%	1%
	Unknown/Missing	8%	-
	14 and under	17%	-
Age	15-17	68%	-
	18+	14%	-
	Unknown/Missing	1%	-

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History of Sexual Activity of SBHC Patients

- □ From Year 1 to Year 3, an average of 66% of clinic patients were ever sexually active
 - This is higher than the NYC public high school population in general
 - Based on the 2011 YRBS, 38% of NYC public high school students have ever been sexually active
 - Sexually active students utilize the SBHC

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SBHC RHP Evaluation Results

- Adoption of standard protocols/best practices in adolescent SRH
- Onsite availability of contraceptives
- Pregnancy testing and STI/HIV screening
- □ Dispensing and use of contraceptives

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Adoption of SRH Protocols at SBHCs

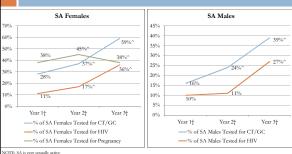
Protocol	Baseline (% of clinics)	Year 3 (% of clinics)
Pregnancy testing on demand	17%	100%
Advance EC provision	24%	97%
EC to Quick Start	69%	100%
Quick Start all hormonal methods	72%	89%
Urine STI screen	59%	97%
HIV counseling and testing	83%	95%
LARC Screening/Referral *	34%	100%

* LARC Screening/Referral increased in conjunction with the development of the LARC Regional Referral Network, which consists of 8 community based clinics that provide LARC to adolescents and receive reimbursements for the devices from the SBHC RIP

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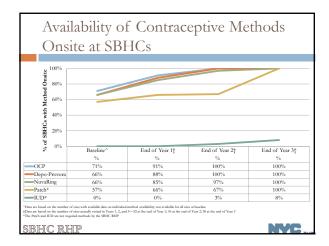
Chlamydia/Gonorrhea, HIV and Pregnancy Testing among SA Patients at SBHCs



Significant crainge between years (p<0.03) Year 1 data is from January-June 2009; Year 2 data is from July 2009-June 2010; Year 3 data is from July 2010-June 201

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Contraceptive Use Among SA Female Patients at SBHCs

	Year 1†	Year 2†	Year 3
Implanon	0%	0%	0%
IUD	1%	2%^	3%^
OCP	19%	20%	26%^
Nuvaring	10%	10%	13%
Depo-Provera	7%	10%^	10%
Patch	3%	3%	6%^
Total Regular Hormonal/LARC	37%	40%^	49%^
EC	12%	17%^	15%^
Total Hormonal Including EC	44%	48%^	55%^
Condoms	34%	34%	44%^
Total Any Method	66%	68%^	77%^

NOTE: Considerable was ever consumerative us within year for methody) specified, SA is ever sexually acide hough To Many To Ma



LARC Insertions in SBHC RHP

Insertion Site	Year 1 (n, col %)	Year 2 (n, col %)	Year 3 (n, col %)
Referral Center	51 (100%)	163 (96%)	219 (74%)
SBHC (Onsite)	-	7 (4%)	77 (26%)
Total	51	170	296

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Evaluation of SRH Service Provision in the SBHC RHP: Conclusions

- □ In the first 3 years, the SBHC RHP has led to:
 - Improved and standardized SRH service provision for adolescent clients among participating SBHCs in NYC public high schools
 - Adoption of protocols/standard best practices in adolescent SRH
 - Availability of contraceptive methods onsite
 - Increased provision of SRH services among participating SBHCs to sexually active patients including:
 Pregnancy testing

 - Chlamydia/Gonorrhea testing
 - HIV testing
 - Increased use of regular hormonal contraceptive methods among sexually active SBHC patients
 - IUD use has increased significantly in each year of the project

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Limitations

- □ Composition of sites varied between years
- □ Summarized data submitted by 13 sites (3 sponsors) not included
 - □ Some of these sites were among the largest SBHCs participating in the project
- □ Data collection system changed throughout project
 - □ In years 1 and 2 encounter data collected with paper
 - In year 3 encounter data collected with web-based data collection and management system



Questions?

Rebecca Fisher, MPH, MA

rfisher2@health.nyc.gov 347-396-4761

Aimée Julien, MPH

ajulien@health.nyc.gov 347-396-4707

Mailing Address:

Office of School Health & Bureau of Maternal, Infant, and Reproductive Health New York City Department of Health and Mental Hygiene 42-09 28th Street, 11th Floor Long Island City, NY 11101

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THANKS!	
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