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Original article

Improving the Implementation of Evidence-Based Clinical Practices in Adolescent Reproductive Health Care Services



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A B S T R A C T

Purpose: The purposes of the study were to describe baseline data in the implementation of evidence-based clinical practices among health center partners as part of a community-wide teen pregnancy prevention initiative and to identify opportunities for health center improvement.

Methods: Health center partner baseline data were collected in the first year (2011) and before program implementation of a 5-year community-wide teen pregnancy prevention initiative. A needs assessment on health center capacity and implementation of evidence-based clinical practices was administered with 51 health centers partners in 10 communities in the United States with high rates of teen pregnancy.

Results: Health centers reported inconsistent implementation of evidence-based clinical practices in providing reproductive health services to adolescents. Approximately 94.1% offered same-day appointments, 91.1% had infrastructure to reduce cost barriers, 90.2% offered after-school appointments, and 80.4% prescribed hormonal contraception without prerequisite examinations or testing. Approximately three quarters provided visual and audio privacy in examination rooms (76.5%) and counseling areas (74.5%). Fewer offered a wide range of contraceptive methods (67.8%) and took a sexual health history at every visit (54.9%). Only 45.1% reported Quick Start initiation of hormonal contraception, emergency contraception (43.1%), or intrauterine devices (12.5%) were “always” available to adolescents.

Conclusions: The assessment highlighted opportunities for health center improvement. Strategies to build capacity of health center partners to implement evidence-based clinical practices may lead to accessibility and quality of reproductive health services for adolescents in the funded communities.

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IMPLICATIONS AND CONTRIBUTION

This study highlights the importance of using an assessment to identify opportunities for health center improvement. Strategies to build the capacity of health center partners to ensure that evidence-based clinical practices are implemented may enhance the overall accessibility and quality of reproductive health services for adolescents.

Disclaimer: The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

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The 2014 United States (US) teen birth rate of 24.2 births per 1,000 females aged 15–19 years reflects over a 61% decline from 1991 [1]. Despite this trend, US teen birth rates remain higher than rates in other developed countries [2], and marked racial, geographic, and socioeconomic disparities persist [3,4]. In 2014, there were >249,000 births to teens aged 15–19 years, with the birth rate for African-American (34.9) and Hispanic (38.0)

adolescents approximately double the rate of white adolescents (17.3) [1].

Observed differences in teen birth rates may be attributed in large part to disparities in access to and use of reproductive health services. Reproductive health services are defined as contraceptive services (provision of a method or prescription, a checkup, counseling, or pregnancy test), gynecologic services (a pelvic examination or Papanicolaou [Pap] smear), and sexually transmitted diseases (STD) counseling, testing, or treatment. Recent analyses of nationally representative data highlight that many adolescents are not receiving recommended preventive reproductive health services, with younger, Hispanic, underinsured, and undereducated adolescents less likely to report utilization of services [5]. During 2006–2010, approximately one in four (24%) sexually experienced females and more than one in three (38%) sexually experienced males aged 15–19 years did not receive a reproductive health service from a health care provider in the past year [5]. In addition, among sexually experienced female adolescents, 85% used contraception the last time they had sex; however, most used birth control pills (56%) and condoms (34%), which when not used consistently or correctly are less effective for pregnancy prevention [6]. Use of long-acting reversible contraception (LARC), specifically intrauterine devices (IUDs) and implants, among teens remains low nationwide (<7%) [7–9], despite their effectiveness [10], safety [11], and ease of use. LARC are the most effective types of birth control for adolescents, with <1% of users becoming pregnant during the first year of typical use compared with birth control pills (9%) and condoms (18%), the two most common methods adolescents use most often [10]. Racial/ethnic disparities in use of highly effective methods (defined as IUD or hormonal methods) are evident among female teens aged 15–19 years. Overall, 66% of sexually experienced white female teens aged 15–19 years used a highly effective method as opposed to only 47% of African-American and 54% of Hispanic female teens [12]. Nonuse of any contraceptive method was significantly higher among sexually experienced African-American (26%) and Hispanic (24%) female teens aged 15–19 years than white teens (15%) [12]. Low use of highly effective methods may be related to lack of service utilization among sexually experienced teens.

Facilitating adolescent access to and use of reproductive services is imperative for reducing disparities in teen birth rates [5,13–15]. Structural (i.e., poverty, inequity, oppression) and policy-level changes are needed to address the social determinants of teen pregnancy; however, changes at the health care delivery systems level that ensure provision of accessible, affordable, and evidence-based clinical practices are necessary to improve adolescents' use of reproductive health services. Numerous professional organizations and governmental agencies, including the American Academy of Pediatrics, the Society for Adolescent Health and Medicine, the American College of Obstetricians and Gynecologists, the American Medical Association, the American Academy of Family Physicians, the Office of Population Affairs (OPA), and the Centers for Disease Control and Prevention (CDC), have issued recommendations for health centers and providers to facilitate increased adolescent access to reproductive health services and highly effective contraception [10–14] and guide health center implementation of evidence-based clinical practices in the provision of reproductive health services for adolescents [11–22]. Broadly,

recommendations for increasing access include ensuring that reproductive health visits begin during early adolescence and include reproductive health counseling, screening for sexual activity, anticipatory guidance/delay counseling and/or provision of contraception as appropriate, and screening for STDs. Recommendations for health centers to implement evidence-based practices include the availability of a wide range of reproductive health services at reduced or no cost, providing services at locations and hours convenient to adolescents, ensuring protection of adolescent privacy and confidentiality, having separate waiting areas and examination rooms with age-appropriate educational materials, having staff trained to address the needs of adolescents of diverse backgrounds, and implementing systems and practices to ensure that the reproductive health care needs of adolescents are addressed in a timely manner [11,16–26].

Health centers that have incorporated evidence-based clinical practices and programs have achieved significant improvements in adolescent uptake of highly effective contraception and in satisfaction with services [15,27–35]. Initiatives to improve access to LARC [8,36–38] have facilitated use of LARC among reproductive-aged women, including teens, by underscoring the importance of educating providers that LARC is medically safe for teens [11], training providers on LARC insertion and use of a client-centered counseling approach that includes discussing the most effective contraceptive methods first [26], and providing contraception at reduced or no cost to the client. These efforts have increased the percentage of teens and young women selecting LARC as their preferred option for contraception and have been associated with declines in teen pregnancies, births, and abortions [36,37]. In addition, an evidence-based program that links at-risk youth to sexual and reproductive health services reported increases in female adolescents' receipt of high-quality sexual and reproductive health care services, including receipt of birth control; increases in STD testing and/or treatment; and increases in ever receiving an HIV test [39]. However, recent research has also documented that these recommendations have been implemented inconsistently or not at all across a nationally representative sample of health centers [15,40].

The purposes of this article were to describe baseline data in the implementation of evidence-based clinical practices among health center partners as part of a multicomponent, community-wide teen pregnancy prevention initiative and, informed by findings from the baseline data, to identify opportunities for health center improvement.

Methods

A national demonstration project to reduce teen pregnancy was funded to implement a five component community-wide model; one component focuses on providing reproductive health care for adolescents. Before project implementation, two fundamental activities to identify opportunities for health center improvement included the following: (1) the identification of evidence-based clinical practices to assist health center partners in providing accessible reproductive services for adolescents and (2) the development of a needs assessment to measure the implementation of evidence-based clinical practices among health center partners and the capacity (i.e., health center infrastructure and staff skills and motivation) to provide reproductive health care for adolescents.

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