Project Connect: A Multi-Level Intervention to Reduce Adolescent STD, HIV, and Pregnancy

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The findings and conclusions presented here are those of the author and do not necessarily represent the views of the CDC.
Overview

- Adolescents in the South
- What is Project Connect?
- Spotlight on Provider Intervention
  - Provider Referral Guide
  - Intervention Effects
  - Policy Considerations
  - Implementation/Replication
Disparities

Geographic location:

- **Eastern and Southern Regions:**
  - Highest rates of young persons 10-24 years living with AIDS
- **Southern Region:**
  - Highest birth rates among adolescents aged 15-19 years
  - Highest rates of chlamydia, gonorrhea, and syphilis for all age groups (other regions and U.S. total)
Rates of persons aged 10--24 years living with AIDS, by state of residence --- HARS, 2006
Multiple factors pose risk for HIV/STD and teen pregnancy

- Early age at first intercourse
- Multiple/new sex partners
- Unprotected intercourse
- Lack of STD screening & reproductive health care
How does Project Connect address these issues?

- **Multi-level social context intervention**
  - Target parents, school health personnel and programs, and makes links with appropriate community-based providers

- **Developmental approach**
  - Interventions in middle school and high school
Intervention Activities

- Focused on highest impact protective factors:
  - Parental monitoring
- Sustainability
  - Improving existing programs
    - Condom Availability Program
    - Health teacher training
  - Linking to existing resources
    - “Good” community health care providers
    - After-school activities
- Collaboration is key
Guidelines for Adolescent Preventive Services (AMA)

- Adolescents should be asked annually about sexual behavior
- Sexually active adolescents should be screened for STD
- Adolescents who screen positive should receive:
  - Diagnostic test
  - Treatment Plan
  - Prevention counseling
Project Connect Provider Intervention Goals and Targets

- **Goals:** Increase access to and use of reproductive health care services for adolescents
  - STD screening and treatment
  - HIV testing
  - Family planning services

- **Targets:** School Nurses, Providers
  - Identify local community-based providers
  - Provide linkage and support
  - Facilitate youth finding care on their own
Creating a Provider Referral Guide

1. Using DPH Chlamydia reports, identify providers
2. Survey identified providers
   ✓ Asked about adolescent-specific treatment
   ✓ Collected info on services (payment, type of Chlamydia test, family planning options)
3. Visit providers
4. Assemble guide
Results: Reproductive Health Care

- Receipt of reproductive health care in past year increased among intervention school students (p<.01), but not comparisons (p>.10)

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<th>W1 (%)</th>
<th>W2 (%)</th>
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<td>Comparison</td>
<td>24.7</td>
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Results: STD Testing

- Percent ever STD tested increased significantly across waves for intervention and comparison school participants, with a larger increase among intervention school students.

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<td>27.4</td>
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Results: HIV Testing

- Significant increase in HIV testing for intervention school participants ($p<0.001$), but not comparisons (ns)

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<tr>
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<td>Comparison</td>
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<td>21.1</td>
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- This finding held for both intervention males ($p<0.05$) and females ($p<0.01$)

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<td>20.2</td>
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<td>Females</td>
<td>24.9</td>
<td>28.7</td>
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Summary of Findings

Intervention associated with:
- Increased reproductive health care in past year
- Increased percent STD tested
- Increased percent HIV tested
Policy Context

• Section 46010.1 of the California Education Code

“School authorities may excuse any pupil in grades 7 – 12 from the school for the purpose of obtaining confidential medical services without the consent of the parent or guardian.”
Policy Context

- **Student Health & Human Services Bulletin, BUL-2060.0**
  - Schools may NOT require that students obtain written parental permission prior to releasing students.
  - Schools may NOT notify parents when students leave school to obtain such services.
  - Written documentation regarding confidential services may NOT appear in students’ school records.
  - Minors can consent to their own reproductive health care.
  - Minors can receive reproductive health care without the knowledge of their parents.
Policy Context

- Family PACT
  - provides for the free receipt of sexual and reproductive health care by adolescents
  - Title X funds dispersed through the federal Medicaid program
Advantages of Intervention Approach

- Low-cost, sustainable
- Empowers school nurses
- Provides mechanism for collaboration between health departments, schools, community providers
- Facilitates adolescents’ self-sufficiency in seeking and receiving health care
- Long-term health benefits
Next Steps for Connect Provider Intervention

- Create implementation manual for use by schools, departments of health, family planning clinics
- Conduct translation research
  - What adaptations are needed for different settings and different populations?
- Disseminate
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