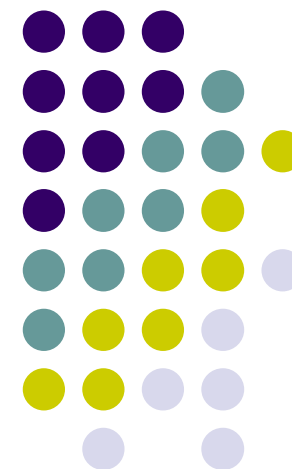


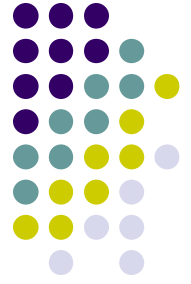
# Project Connect: A Multi-Level Intervention to Reduce Adolescent STD, HIV, and Pregnancy

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The Council of State Governments  
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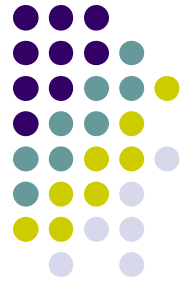
The findings and conclusions presented here are those of the author and do not necessarily represent the views of the CDC



# Overview

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

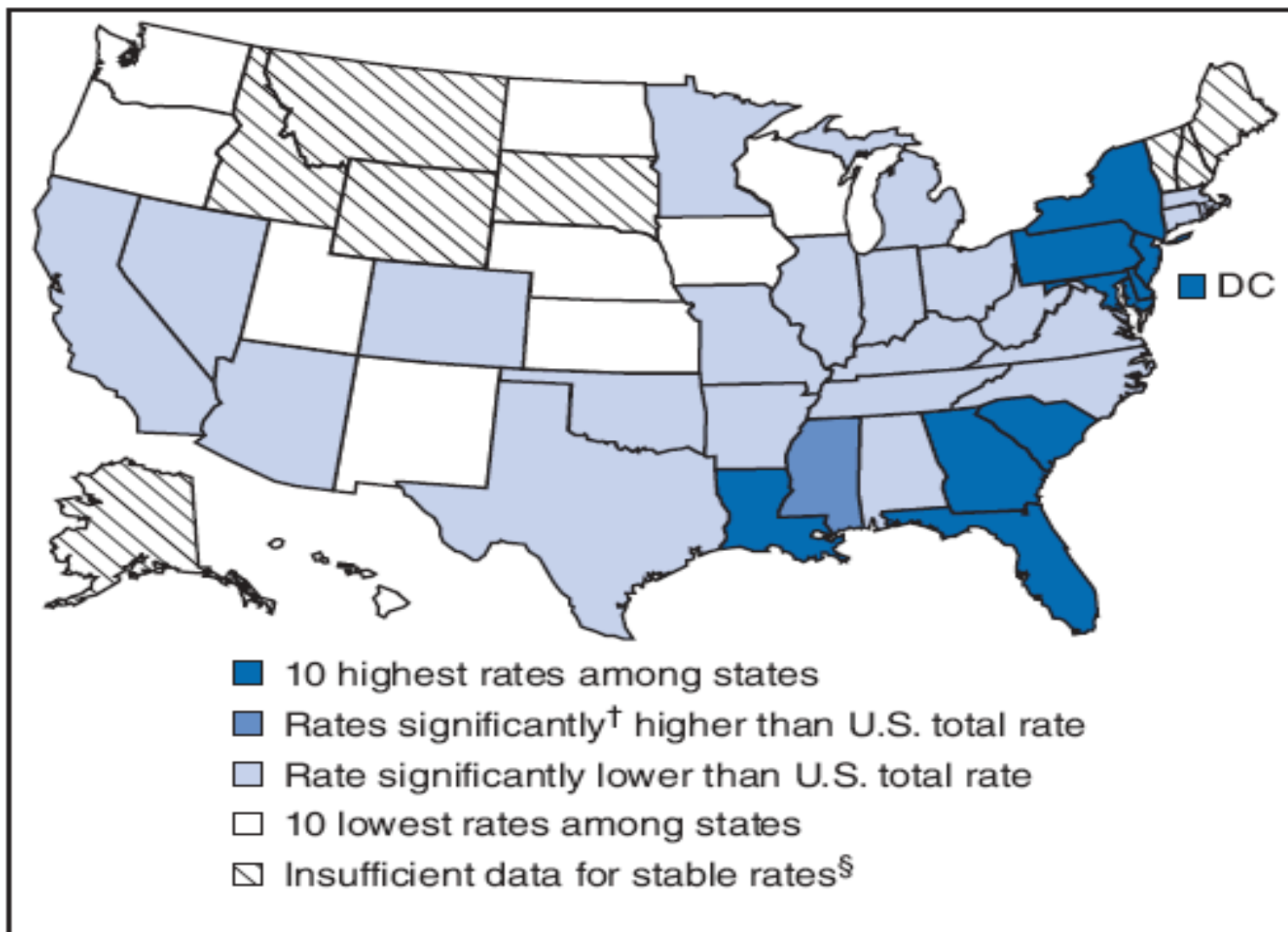
# Disparities



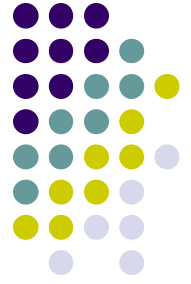
## Geographic location:

- 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

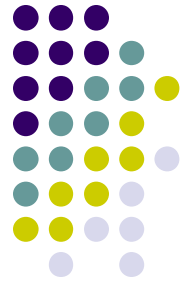


# Multiple factors pose risk for HIV/STD and teen pregnancy

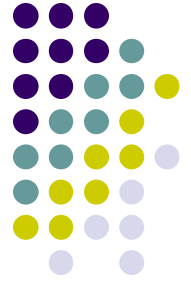


- Early age at first intercourse
- Multiple/new sex partners
- Unprotected intercourse
- Lack of STD screening & reproductive health care

# How does Project Connect address these issues?



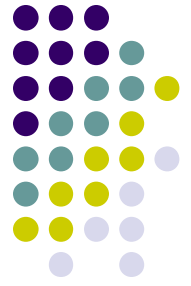
- Multi-level social context intervention
  - Target parents, school health personnel and programs, and makes links with appropriate community-based providers
- Developmental approach
  - Interventions in middle school and high school



# Intervention Activities

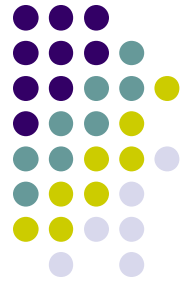
- Focused on highest impact protective factors:
  - Parental monitoring
- Sustainability
  - Improving existing programs
    - Condom Availability Program
    - Health teacher training
  - Linking to existing resources
    - “Good” community health care providers
    - After-school activities
- Collaboration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

# Guidelines for Adolescent Preventive Services (AMA)



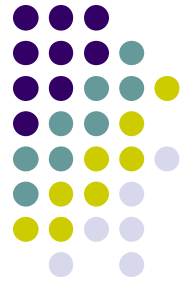
- Adolescents should be asked annually about sexual behavior
- Sexually active adolescents should be screened for STD
- Adolescents who screen positive should receive:
  - Diagnostic test
  - Treatment Plan
  - Prevention counseling

# 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 ( $p > .10$ )

	W1 (%)	W2 (%)	W3 (%)
Intervention	23.2	27.1	27.2
Comparison	24.7	23.2	24.6



# 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

	W1 (%)	W2 (%)	W3 (%)
Intervention	29.2	38.6	42.0
Comparison	27.4	30.6	31.9



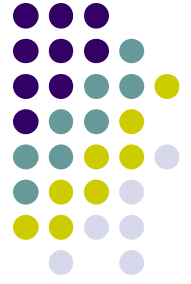
# Results: HIV Testing

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

	W1 (%)	W2 (%)	W3 (%)
Intervention	20.6	24.4	24.7
Comparison	19.6	21.1	22.5

- This finding held for both intervention males ( $p < 0.05$ ) and females ( $p, 0.01$ )

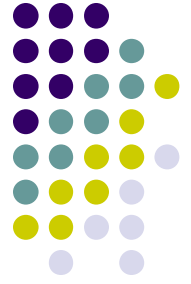
	W1 (%)	W2 (%)	W3 (%)
Males	15.7	20.2	22.0
Females	24.9	28.7	33.7



# Summary of Findings

Intervention associated with:

- Increased reproductive health care in past year
- Increased percent STD tested
- Increased percent HIV tested

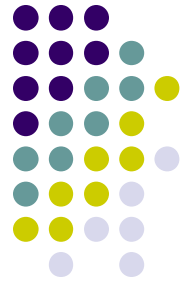


# Policy Context

- Section 46010.1 of the California Education Code

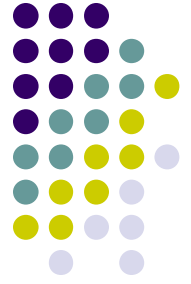
“School authorities may excuse any pupil in grades 7 – 12 from the school for the purpose of obtaining confidential medical services without the consent of the parent or guardian.”

# Policy Context



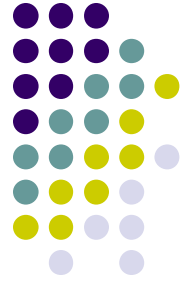
- Student Health & Human Services Bulletin, BUL-2060.0
  - Schools may NOT require that students obtain written parental permission prior to releasing students.
  - Schools may NOT notify parents when students leave school to obtain such services.
  - Written documentation regarding confidential services 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



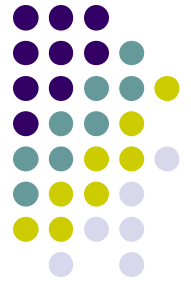
- Low-cost, sustainable
- Empowers school nurses
- Provides mechanism for collaboration between health departments, schools, community providers
- Facilitates adolescents' self-sufficiency in seeking and receiving health care
- Long-term health benefits

# 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

# Acknowledgements



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