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Bronx Teens Connection's Clinic Linkage Model: Connecting Youth to Quality Sexual and Reproductive Health Care

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A B S T R A C T

Purpose: Teen pregnancy and birth rates in the Bronx have been higher than in New York City, representing a longstanding health disparity. The New York City Department of Health and Mental Hygiene implemented a community-wide, multicomponent intervention to reduce unintended teen pregnancy, the Bronx Teens Connection. The Bronx Teens Connection Clinic Linkage Model sought to increase teens' access to and use of sexual and reproductive health care by increasing community partner capacity to link neighborhood clinics to youth-serving organizations, including schools.
Methods: The Bronx Teens Connection Clinic Linkage Model used needs assessments, delineated the criteria for linkages, clarified roles and responsibilities of partners and staff, established trainings to support the staff engaged in linkage activities, and developed and used process evaluation methods.
Results: Early results demonstrated the strength and feasibility of the model over a 4-year period, with 31 linkages developed and maintained, over 11,300 contacts between clinic health educators and teens completed, and increasing adherence to the Centers for Disease Control and Prevention–defined clinical best practices for adolescent reproductive health. For those eight clinics that were able to provide data, there was a 25% increase in the number of teen clients seen over 4 years. There are many factors that relate to an increase in clinic utilization; some of this increase may have been a result of the linkages between schools and clinics.
Conclusions: The Bronx Teens Connection Clinic Linkage Model is an explicit framework for clinical and youth-serving organizations seeking to establish formal linkage relationships that may be useful for other municipalities or organizations.

IMPLICATIONS AND CONTRIBUTION

The Bronx Clinic Linkage Model serves as a resource for public health initiatives seeking to increase sexual and reproductive health care access for teens. Ensuring that youth routinely obtain medically accurate information and quality health care in environments where they live, attend school, and socialize, normalizes seeking services.

Teen pregnancy and birth rates in the Bronx have been consistently higher than those in New York City, representing a longstanding health disparity. The most recent estimates from 2014 show a higher teen pregnancy rate in the Bronx (69.3 pregnancies/1,000 female teens aged 15–19 years) compared with the citywide rate (51.2 pregnancies/1,000 female teens aged 15–19 years) [1]. Even more striking is the teen pregnancy rate in the South Bronx (79.7 pregnancies/1,000 female teens aged 15–19 years) [2]. To address this health disparity, the New York City Department of Health and Mental Hygiene (DOHMH) Bronx District Public Health Office established the Bronx Teens Connection (BxTC) initiative to improve adolescent sexual and reproductive health outcomes in the South Bronx.

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BxTC aimed to create an environment in which all teens have the information, skills, and resources needed to make and act upon healthy decisions regarding sexual and reproductive health (SRH).

BxTC was funded by the Centers for Disease Control and Prevention/Office of Adolescent Health Teenage Pregnancy Prevention: integrating services, programs, and strategies through community-wide initiatives (CWIs) cooperative agreement (referred to as CWIs and described previously in this issue) [3]. Funding supported community-wide activities in four program areas: stakeholder engagement and education, community engagement and mobilization, sexual health education programming using evidence-based interventions (EBIs), and increasing access to quality reproductive health services.

This article will focus on the reproductive health services component of BxTC. The previous efforts have highlighted quality SRH services as a key resource in preventing teen pregnancy [4]. But data indicate that young people underutilize the health care system, largely because of access barriers [5]. To increase youth access to SRH care, some pregnancy prevention programs have attempted to link teens in youth-serving organizations (YSOs; where teens spend their time) to health centers (HCs; where reproductive services are available) [6,7]. However, very little is currently known about the feasibility and effectiveness of these linkages. A study conducted in 1986 found an increase in clinic visits and contraception use and a 30% reduction in teenage pregnancy within 3 years of implementing a program through a school-linked HC [8]. To the authors' knowledge, however, this remains the only formal evaluation of school-linked HCs. Furthermore, although school-linked HCs have increased in number, the existing literature suggests that there is no consistency in the models being implemented, making replication very difficult [9].

BxTC sought to formalize a linkage model that could be implemented and potentially evaluated by other municipalities or organizations that seek to reduce unintended teen pregnancy. This article describes the development of the Bronx Teens Connection Linkage Model (BCLM), intended to increase teens' access to quality care, within a larger CWI, and assesses the feasibility of this model in the South Bronx.

Methods

Staffing model and partnerships

In the Bronx, an earlier DOHMH project used community health workers (DOHMH staff) in a school-linked HC model that served as a pilot for BxTC [Steinberg AB, Alberti PM, Little V, et al, unpublished, 2009; 2011]. Community health workers linked high school students to teen friendly clinics. As youth came to view the community health workers as trusted adults, their fears of a breech in confidentiality were lessened and program utilization rates increased. However, this model relies on having a sufficient number of health department staff, which was not sustainable. The BxTC model utilized staff from neighboring clinics, which were committed to making connections with nearby schools and other YSOs.

BxTC began by recruiting community HCs (n = 7) and school-based HCs (n = 5), to participate in the project based on availability of SRH services and their proximity and capacity to serve large numbers of adolescents from the BxTC focus community. Simultaneously, YSOs that could reach large numbers of youth, including high schools, foster care agencies, juvenile justice organizations, and homeless and runaway youth services were recruited as EBI implementation partners (n = 31, serving over 24,000 teens).

Initial linkage plan

The linkage model was simple: meet teens where they are by connecting them in schools and other organizations where they spend time to nearby clinics where they can receive services. In addition, the model encouraged centering activities around youths and incorporating youths' perspectives to make the path between where they spend their time and where they can easily access quality SRH services more visible and accessible. The initial plan entailed (1) conducting needs and capacity assessments; (2) assigning preliminary linkages; and (3) establishing organizations' formal roles and responsibilities.

Needs and capacity assessments. Literature reviews, existing surveillance data [2,10–12], and informal discussions with partners helped identify the sexual and reproductive health care needs of community youth. Clinical partners' capacity was measured using the clinic partners needs assessment, a survey tool that was developed by the CDC for use in teen pregnancy prevention programs. This assessment was conducted initially during the recruitment period and repeated annually to assess available services, teen friendliness, adolescent SRH clinical best practices met, and staff's training needs. YSO assessments were conducted using a survey tool created by BxTC to identify the specific needs of the young people served, gauge the YSO's ability to implement an evidence-based program, assess how the linkage could help the agency meet youths' needs, and establish where the clinic health educator should be located while at the linked site to maximize youths' access and privacy.

Linkage assignments. Following the initial assessments, BxTC developed prospective linkage assignment between YSOs and clinics based on location or ease of transportation between sites and clinical services matched to the needs of the population served by the given YSO. In addition, at this early stage of developing linkages, the requirements of the project, including evaluation requirements (Table 1), were discussed with each partner.

Formalizing roles and responsibilities. BxTC staff coordinated formal linkage assignment meetings separately with each organization to discuss the prospective linkage relationship, to establish plans for meeting the respective partners' identified needs, to address logistical details and potential concerns, and to ensure each partner's commitment. Linkage relationships were formalized in a meeting with both organizations present, where both organizations signed documents outlining the roles and responsibilities of staff members at each end of the linkage. Documentation included commitment of designated YSO staff as liaison and designated HC staff as linkage health educator to conduct the activities pertinent to each linkage. For the linkage health educator role, BxTC recommended the use of family planning counseling, education, or outreach staff. However, clinic leadership at each HC ultimately decided