



Original article

Integrated Community Strategies for Linking Youth to Adolescent Reproductive Health Services: A Case Study



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A B S T R A C T

Purpose: This article describes the development and promotion of a full-service adolescent health center at a local health department intended to increase teen access to contraceptive and reproductive health care. This work was conducted as part of a multicomponent, community-based teen pregnancy prevention initiative in Gaston County, North Carolina.

Methods: To increase access to adolescent reproductive health services, we implemented multiple integrated strategies: (1) building community support for adolescent reproductive health services; (2) providing technical assistance to the health department in opening the Teen Wellness Center (TWC), a teen-centered, full-service clinic; (3) strengthening referral partnerships between community organizations and clinical services; and (4) educating teens on how to access reproductive health services. Data were collected to examine the change in the number of adolescent reproductive health clients after the opening of the TWC.

Results: In the first year, the TWC was opened, 1,675 adolescent clients received reproductive health services, for a 12.5% increase compared with the prior year. The number of adolescent clients who received more than one type of reproductive health services (e.g., wellness visit and family planning services) increased by 133%. The number of adolescent clients who received family planning services increased by 3.8%.

Conclusions: The project achieved an increase in adolescent reproductive health clients. Establishment of a teen-centered, full-service clinic and working with youth-serving agencies to increase knowledge of the clinic's services are promising approaches to increasing teen access to reproductive health care.

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IMPLICATIONS AND CONTRIBUTION

Adolescents are an underserved population, yet reproductive health services are critical to teen pregnancy prevention. The strategies documented in this article show promise for communities interested in increasing teen access to reproductive health care.

Conflicts of Interest: The authors have no conflicts of interest to disclose.

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To address historically high rates of teen birth in Gaston County, North Carolina, the Adolescent Pregnancy Prevention Campaign of North Carolina (APCNC) implemented a 5-year, multicomponent, community-wide teen pregnancy prevention project from 2010 to 2015. The average Gaston County birth rate for 2006–2009 was 56.4 per 1,000 females aged 15–19 years, which was 21% higher than the state average of 46.5 per 1,000 females for the same time period. Gaston also has a history of ethnic and racial disparities in rates of teen birth. The average

2006–2009 teen birth rate for Gaston minority females (North Carolina adolescent birth rates were reported for minorities as one population for 2006–2009.) was 30% higher than that for non-Hispanic whites (71.7 vs. 55.1 per 1,000 females aged 15–19 years).

APPCNC's work in Gaston County was supported by a community-wide demonstration project through the Centers for Disease Control and Prevention (CDC) in partnership with the Office of Adolescent Health. The CDC/Office of Adolescent Health community-wide teen pregnancy prevention initiative offered an overarching framework that included five components: (1) implementing evidence-based interventions (EBIs) for youth; (2) increasing youth access to contraceptive and reproductive health services; (3) mobilizing the community to address teen pregnancy prevention; (4) educating key stakeholders on teen pregnancy prevention approaches; and (5) working with diverse communities to provide culturally appropriate strategies (see Mueller et al., this issue [1], for more background and information about the overall approach).

The importance of the second component, increasing youth access to contraceptive and reproductive health services, is supported by findings linking declines in teen pregnancy nationally to increased use of contraception by adolescents [2–4]. APPCNC staff and local stakeholders sought to increase teen access to contraception in Gaston County through the development of the Teen Wellness Center (TWC), a full-service adolescent health center at the health department, and efforts to link adolescents to care at the TWC. Through the design of the TWC, the health department recognized an opportunity to increase their capacity to implement the best practices for adolescent reproductive health services, a need found in many publicly funded health centers. Specifically, the project was able to address two common challenges faced by publicly funded health centers—the lack of a special access point to services for adolescents and adolescents not being aware of their services [5,6]. Key benefits of designing a full-service adolescent health center included (1) the designated teen-friendly center provided a special access point and (2) adolescents seeking acute care, well checkups, or other services such as sports physicals could be provided with education and access to reproductive health care [7]. Once the TWC was developed, the APPCNC engaged in multiple strategies to educate teens and adults in the community about the TWC and to increase awareness and use.

In this article, the authors describe the development of the TWC and the multicomponent strategies designed to increase access to adolescent reproductive health services (ARHS) at the TWC. We describe how strategies were implemented and present associated outcomes. Finally, we discuss the findings, highlighting the lessons learned from the project.

Methods

Implementation methods

The target population for intervention activities included youth aged 12–19 years. In 2010, there were 22,411 Gaston youths in this age range [8]. Table 1 illustrates how implementation strategies described in this section fit within the project's framework.

Partnership with the health department. Gaston County Health Department was the largest provider of ARHS in the county, with 1,000 ARHS clients in 2010. Before the project, adolescent clients

Table 1
Strategies for increasing access to ARHS by project component

| Project component | Strategy supporting access to ARHS |
|---|--|
| Community mobilization | <ul style="list-style-type: none"> Assess community support for ARHS access Build community leaders' capacity to support ARHS access |
| Stakeholder education | <ul style="list-style-type: none"> Normalize support for ARHS access through presentations to community groups on community attitudes and project approaches |
| Evidence-based programs | <ul style="list-style-type: none"> Implement supplemental lesson on ARHS access to youth enrolled in evidence-based programs |
| Increase youth access to contraceptive and reproductive health services | <ul style="list-style-type: none"> Assess youth attitudes about ARHS access Open Teen Wellness Center Expand ARHS referral network of community organizations |

ARHS = adolescent reproductive health services.

were seen in various locations within the health department, with separate areas for family planning, sexually transmitted infections (STIs), immunization, and child health (sick- and well-child) clinics. In initial meetings to explore how the health department could partner with APPCNC to achieve project goals, the medical director expressed interest in integrating services in a more holistic, teen-friendly environment, where every visit provided an opportunity for ARHS [9]. The medical director noted that teen health services were underutilized, and strategies were needed to ensure that teens knew about their free or low-cost confidential services. To address these interests, APPCNC entered into a formal partnership with the health department through a memorandum of understanding to (1) develop a TWC for all teen health services, where a sexual health history would be taken at every visit (regardless of the visit reason); (2) offer contraception to sexually active teens on a routine basis; and (3) develop formal and informal partnerships with community organization for the purpose of increasing referrals to the TWC.

Community mobilization and stakeholder education. The project sought to develop community support for increased access to ARHS, and the TWC in particular, through three leadership teams. A core partner team, composed of leaders from Gaston County youth-serving organizations, such as the health department and public schools, was charged with providing community-level leadership for the project. Activities included leading presentations on teen pregnancy for community groups, promoting access to ARHS among their peers and elected officials, and planning for project sustainability. A community mobilization team with representatives from grassroots organizations, such as sorority and fraternity alumnae chapters and faith-based organizations, promoted access to ARHS through a series of awareness events held at local churches and distribution of TWC outreach materials through local businesses. The project facilitated formation of a youth leadership team whose members worked with the designers of the TWC to create a teen-friendly physical environment. The youth leadership team held numerous youth-focused outreach events, such as a “get ready for prom” event, where they distributed information on how to access the TWC.

A recurring theme in early conversations with core partner and community mobilization team members was the perception that religious values were highly regarded by the community at large and by elected officials in particular. They voiced concerns that these religious values may influence a lack of support for the

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