Epi Data Brief

New York City Department of Health and Mental Hygiene May 2016, No. 69

Evaluation of Adolescent Sexual and Reproductive Health Services among Pediatric Providers in the South Bronx

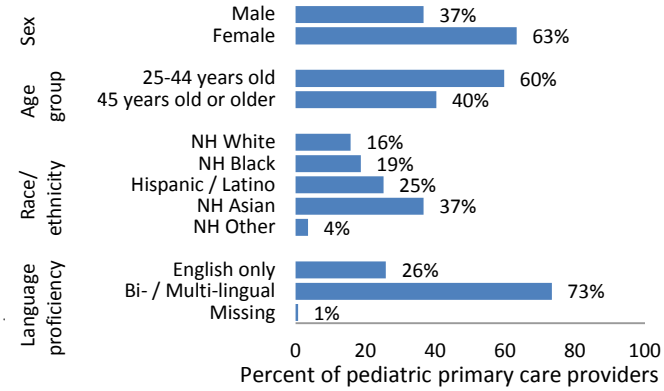
Despite declining teen pregnancy rates throughout New York City, the 2013 teen pregnancy rate in the South Bronx was still 50% higher than the citywide rate, with approximately 9% of teens (15 to 19 year olds) becoming pregnant.[1] As is true citywide, the vast number of teen pregnancies (9 in 10) in the South Bronx were unintended.[2]

Pediatric primary care providers are an important access point for teenagers who need contraception, condoms, and counseling to prevent unplanned pregnancies as well as to protect against sexually transmitted diseases. This data brief describes an evaluation of the provision of evidence-based sexual and reproductive health services available to adolescents 12 to 19 years old from pediatric primary care providers in the South Bronx.* ^

Demographic characteristics of providers

- Pediatric primary care provider survey respondents were more likely to be female (63%).
- More than half (60%) of respondents were between the ages of 25 and 44 years old.

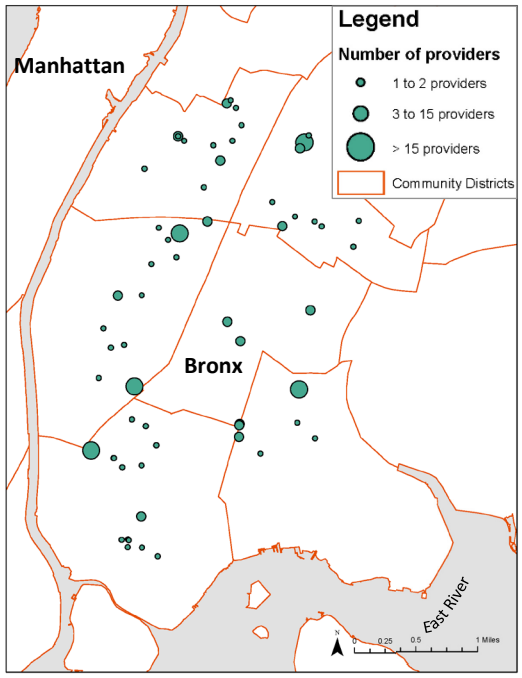
Demographic characteristics of pediatric primary care providers in the South Bronx, 2014



NH=Non-Hispanic

Source: Adolescent Sexual and Reproductive Health Services Survey, 2014

Pediatric primary care providers' locations in the South Bronx Health Action Center* catchment area by size of practice, 2014



N=300 *formerly known as the District Public Health Office.

Source: Adolescent Sexual and Reproductive Health Services Survey, 2014

- Sixty-seven percent of South Bronx residents are of Hispanic/Latino descent compared with one-fourth of survey respondents (25%). Asians comprised the largest racial/ethnic group among pediatric primary care providers in the current survey (37%).
- The majority of respondents (73%) spoke a range of languages other than English. By far, Spanish was spoken by survey respondents (44%), followed by Hindi (12%), Tagalog (9%), French (4%) and Bengali (4%).

***The South Bronx Neighborhood Health Action Center** catchment area consists of 10 zip codes - 10451, 10452, 10453, 10454, 10455, 10456, 10457, 10459, 10460 and 10474 – and includes the neighborhoods of Crotona, Tremont, Mott Haven, Hunts Point, Highbridge, and Morrisania. Sixty-seven percent of the population is Hispanic and 40% has an income less than the federal poverty level.[4]

Authored by: Ayana Douglas-Hall, Calpurnyia Roberts, Deborah O'Uhuru, and Jane Bedell

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Medical practice characteristics

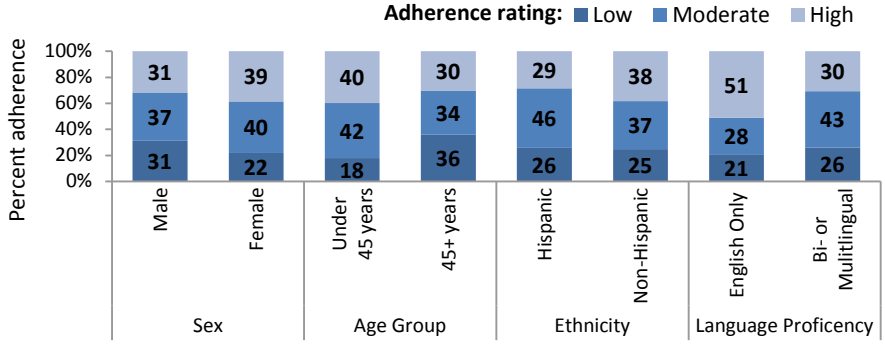
- Adolescents made up a substantial proportion of patients at South Bronx pediatric practices. One-third (32%) of pediatric providers had an adolescent caseload that made up 40% or more of their total caseload.
- More than half of respondents (55%) completed medical school outside of the United States (US).
- There was a wide range in years of medical service among respondents (1 to 58 years, median 11 years); half (51%) completed medical school within the last 11 years. One in four respondents (24%) were in a residency program at the time of the survey.
- One in four providers (24%) worked in small, private practices, and more than half (55%) worked in large clinics with more than 15 providers. The remainder worked in midsized clinics, with 3 to 15 providers (28%).
- Nearly two-thirds (60%) worked exclusively in community-based clinics.

Most providers did not show high adherence to CDC best practices

We evaluated adherence to the evidence-based best practice guidelines recommended by the Centers for Disease Control and Prevention (CDC)[3] in four of six domains: 1) contraceptive access, 2) Quick Start method of initiation of hormonal contraception and intrauterine devices (IUD), 3) STD and HIV testing, and 4) cost, confidentiality, and consent. Data were collected using the Adolescent Sexual and Reproductive Health Services Survey, 2014.

- Overall, 36%, 39%, and 25% of the practitioners were in the high, moderate, and low adherence groups, respectively.
- Data suggest providers' age was associated with adherence to best practices: 40% of providers less than 45 years old had high adherence, compared with only 30% of providers' ages 45 and older.
- Data also suggest an association between providers' language proficiency and adherence to best practices: 51% of English-only speaking providers had high adherence, whereas most bi- or multi-lingual providers had moderate adherence (43%).
- No differences in adherence were found by gender or ethnicity.

Adolescent Sexual Reproductive Health Adherence Scale rating by demographic characteristics of pediatric primary care providers in the South Bronx, 2014



Source: Adolescent Sexual and Reproductive Health Services Survey, 2014

Data Source:

^Adolescent Sexual and Reproductive Health Services Survey, 2014, is a 43-item, self-administered paper survey, which could also be completed online, of pediatric primary care providers. The survey included items to capture demographic characteristics, medical training, and the Adolescent Sexual Reproductive Health Adherence Scale to measure delivery of services that fall within four of the six CDC best practice guideline domains: 1) contraceptive access 2) Quick Start method of initiation of hormonal contraception and IUD 3) STD and HIV testing and 4) cost, confidentiality, and consent.

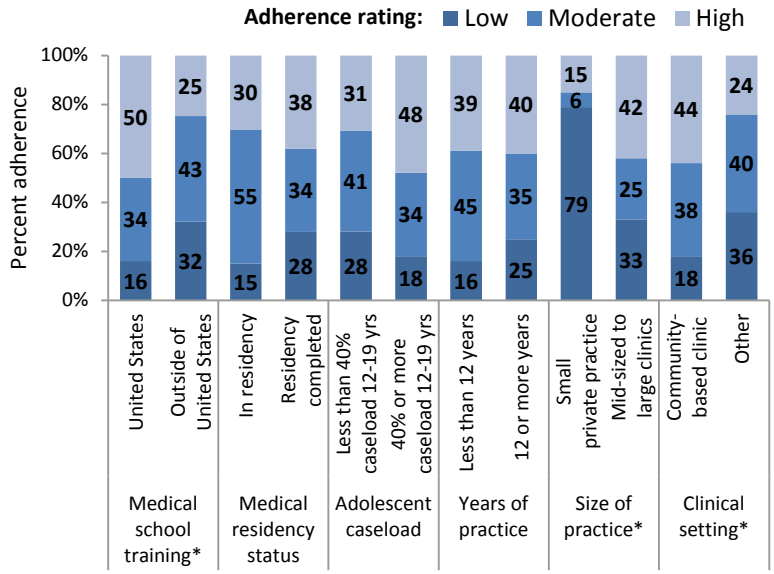
Methods *Participant selection*: In 2014, a comprehensive search was conducted to identify all pediatric primary care providers practicing in the South Bronx Neighborhood Health Action Center◊ catchment area using the online White Pages directory, which was cross-referenced with the U.S. News & World Report Doctor Finder directory.[5] The search was supplemented with additional staffing rosters obtained from key leadership contacts from the major medical centers in the area. Pediatric primary care providers in this sample are limited to licensed primary care physicians (MD or DO), which include those specializing in pediatrics, family practice, or internal medicine. The survey was mailed to each of the pediatric primary care providers identified in the South Bronx (N =300). Of the 300, 146 completed the survey for a response rate of 48.7%. Our analysis is limited to the 139 with a medical degree. *Survey analysis*: The thirteen selected items from the Adolescent Sexual Reproductive Health Adherence Scale were each given a weight of one, summed to generate a single adherence summary score that ranged from 1-13, and categorized into tertiles: low (0-8), moderate (9-10), and high (11-13) adherence.

◊ formerly known as the District Public Health Office.

Adherence to CDC best practices: varied by practice characteristics

- Location of medical school education was associated with best practice adherence. Although all respondents completed or were in the process of completing their residency training in the US, respondents who had attended medical school in the US were more likely to be in the high adherence group (50%) than those who attended institutions abroad (25%).
- Providers in small private practices of one to two providers were more likely to be in the low adherence group (79%) compared with providers in larger practices. Providers in larger settings were most likely to be in the high-adherence group (42%).
- Respondents working in community-based clinics exclusively were more likely to be in the high adherence group (44%) compared with providers in other settings (i.e., those in private offices, school-based health centers and hospitals). These providers were most likely to be in the low- (36%) or moderate-adherence group (40%).
- No difference in adherence was found for medical residency status, adolescent caseload, and years of practice.

Adolescent Sexual Reproductive Health Adherence Scale rating by medical background and practice characteristics of pediatric primary care providers in the South Bronx, 2014



* indicates statistically significant difference between groups (p-value < 0.05).

Source: Adolescent Sexual and Reproductive Health Services Survey, 2014

Health Department initiatives to support access to quality sexual reproductive health services for adolescents

The **Bronx Teens Connection** (BxTC) initiative was a community-wide, multi-component initiative of the NYC Department of Health & Mental Hygiene (DOHMH) to improve adolescent sexual and reproductive health in the South Bronx. Funded by the Centers for Disease Control and Prevention and the Office of Adolescent Health in 2010, BxTC took a comprehensive approach to promoting adolescent sexual health and reducing unintended teen pregnancies in two adjoining South Bronx neighborhoods – Hunts Point and Morrisania – with the goal of a 10% reduction in unintended pregnancy and birth rates among 15 to 19 year olds by 2015. Through the creation of formal linkages between clinics and youth serving organizations, and the provision of training and technical assistance to these environments to help them achieve the 31 Best Practices in Adolescent Sexual Health as outlined by the CDC, Bronx Teens Connection aimed to create an environment in which all teens have the information, skills and resources they need to make and act upon healthy decisions regarding their sexual and reproductive health. The vision of the BxTC is in part informed by the Family Planning Providers Group, a coalition of family planning service providers, researchers, and adolescent health specialists and advocates, who since 2003 have convened ongoing forums to support coordination of citywide efforts to increase access to quality family planning and reproductive health services. The BxTC model has been expanded to include additional neighborhoods across the city under the newly funded **New York City Teens Connection** (NYCTC) initiative.

References: 1.NYC DOHMH, Office of Vital Statistics. Rates, per 1,000 females provided by special request May 29, 2015.
2.Teen pregnancy in New York City: 2000-2009. New York, NY: New York City Department of Health and Mental Hygiene, 2011.
3.Adapted from: Romero LM, Middleton D, Mueller T, Avellino L, and Hallum-Montes R. Improving the implementation of evidence-based clinical practices in adolescent reproductive health care services. *J Adolescent Health.* 2015;57(5): 488-95.
4.U.S. Census Bureau; American Community Survey, 2009-2013 American Community Survey 5-Year Estimates, Table S1701; American FactFinder; factfinder2.census.gov. Accessed August 5, 2015.
5.White pages. www.whitepages.com; U.S. News and World Reports Doctor Finder. health.usnews.com/doctors. Accessed May, 2014.

Epi Data Tables

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Data Tables

Table 1. Number and percent of pediatric providers adhering to CDC Adolescent Sexual Reproductive Health Best Practice Guidelines in the South Bronx, 2014

Data Source

Adolescent Sexual and Reproductive Health Services Survey, 2014 is a 43-item, self-administered paper survey, which could also be completed online, of pediatric primary care providers. The survey included items to capture demographic characteristics, medical training, and the Adolescent Sexual Reproductive Health Adherence Scale to measure delivery of services that fall within four of the six CDC best practice guideline domains: 1) contraceptive access 2) Quick Start method of initiation of hormonal contraception and IUD 3) STD and HIV testing and 4) cost, confidentiality, and consent.

Table 1. Number and percent of pediatric providers adhering to CDC Adolescent Sexual Reproductive Health Best Practice Guidelines^ in the South Bronx, 2014

Source: Adolescent Sexual and Reproductive Health Services Survey, 2014

	Providers	
	n	%
Best Practice - Contraceptive access		
1) Same day, next day or walk-in appointments are available for adolescents	130	94.0%
2) Appointments are available after school hours	*	*
3) Appointments are available during the weekend	*	*
4) Sexual health assessment taken / updated at every visit	78	56.0%
5) Wide range of contraception is available (via prescription and/or dispensed on-site) [1] a. Emergency contraception for females b. Emergency contraception for males c. IUD d. Hormonal Implants (Implanon/Nexplanon) e. Hormonal Contraceptive Pills f. Hormonal Injection (Depo-Provera) g. Patch h. Ring i. Condoms	35	25.0%
6) Hormonal contraception or IUD available at every visit that the adolescent makes to clinical provider (e.g., urgent, preventative, school-health, sports physical, pregnancy testing, emergency contraception, STD testing, HIV testing, etc.)	*	*
7) Prescribe hormonal contraception to adolescent females without prerequisite exams or testing (i.e., without first requiring any of the following: Pap Smear, Pelvic Exam, Breast Exam or STD testing)	75	54.0%
Best Practice - Quick Start method for initiation of hormonal contraception and IUD		
8) Hormonal contraception is initiated utilizing the Quick Start method	45	32.0%
9) Quick Start initiation of hormonal contraception after an adolescent client has had a negative pregnancy test	*	*
10) Quick Start initiation of hormonal contraception after an adolescent is provided with Emergency Contraception (EC) where a pregnancy test is negative	*	*
11) The option of having an IUD inserted using the Quick Start method	*	*
12) Emergency Contraception (EC) is availble to adolescent females a. Dispensed on-site b. Dispensed with Rx	*	*
13) Emergency Contraception (EC) is provided to female adolescents for future use (advanced provision)	*	*
14) Emergency Contraception (EC) is provided to male adolescents for future use (advanced provision)	*	*
Best Practice - STD and HIV testing		
15) Chlamydia screening is provided to all adolescent females at least annually, or based on diagnostic criteria	137	99.0%
16) Chlamydia screening is available for adolescent females utilizing a urine or vaginal swab	135	97.0%
17) Chlamydia screening is available for adolescent males utilizing a urine	135	97.0%
18) Gonorrhea screening is available for adolescent females and males	137	99.0%
19) HIV rapid testing is available for adolescent females and male	84	60.0%
20) Expedited patient delivered partner therapy (EPT) is available as an option for the treatment of uncomplicated Chlamydia infection	111	80.0%
Best Practice - Cost, confidentiality and consent		
21) Low cost or no cost contraceptive and reproductive health care services are provided to adolescents	123	88.0%
22) Confidential contraceptive and reproductive health care is available to adolescents without need for parental or caregiver consent	117	84.0%
Best Practice - Cervical cancer screening		
23) Adhere to current cervical cancer screening (Pap Smear) guidelines for adolescent females (initiate pap screenings at age 21)	*	*
Best Practice - Infrastructure		
24) Participate in the federal 340B drug discount purchasing program	*	*
25) Utilize electronic medical records (please specify system(s) used, e.g., eClinical Works, Centricity, Epic, NextGen)	*	*
26) Have systems in place to facilitate billing third party payers for contraceptive and reproductive health care services provided	*	*
Best Practice – Environment		
27) Having a counseling area that provides both visual and auditory privacy	*	*
28) Having an examination room that provides both visual and auditory privacy	*	*
29) Have teen focused magazines or posters on the walls	*	*
30) Display information (pamphlets, posters, flyers, fact sheet), on issue related to adolescent sexual and reproductive health e.g., confidentiality, cost, what services are available to adolescents)	*	*
31) Provide brief evidence-based or evidence-informed video or other interventions designed for adolescent (e.g. “What Could You Do?”)	*	*

^Adolescent Sexual Reproductive Health Adherence Scale-items in light blue.

[1]Prescribe or dispense at least 5 of 9 listed contraceptive options.