Chapter 3:
Strategy 2B—Increasing Access to Sexual Health Services (SHS)

SHS Rationale

This chapter addresses implementation of activities to increase student access to key preventive sexual health services (SHS), including specific services like HIV and STD testing and contraception and condom provision, as well as more broad preventive measures like conducting sexual risk assessments, creating adolescent-friendly clinical environments, and providing counseling about preventive behaviors.

Preventive SHS can have a significant impact on an adolescent's immediate and life-long trajectory of health by reducing risk behavior and preventing negative sexual health outcomes like unintended pregnancy, STDs, and HIV.[1–3] Despite a number of national guidelines and recommendations for routine provision of SHS for adolescents,[1,4–9] many young people do not have preventive care visits.[10,11] Even among those who do, missed opportunities for SHS are common. For instance, confidentiality and developmentally appropriate care are critical to adolescent SHS.[12–17] However, young people do not often receive time alone with their provider[11,18] and report concerns about the confidentiality of their care.[19] These types of issues may contribute to low SHS use among adolescents. As an example, one recent study found only 22% of sexually experienced high school students had ever been tested for HIV,[20] and another study found fewer than one in ten sexually active 15- to 19-year-olds report getting tested for chlamydia in the previous year.[21] In 2017, 46.2% of currently sexually active students did not use a condom the last time they had sexual intercourse.[22]

School health service providers have traditionally focused on managing chronic conditions or promoting nutrition and physical activity.[23] There has been less attention on how schools can improve adolescent sexual health despite evidence for promising approaches. For instance, research shows increases in contraceptive use and sexual health visits and declines in unintended pregnancy associated with school-based health centers (SBHC).[24–27] Likewise, a school-based referral program that helped school nurses connect students to adolescent-friendly community health care providers increased adolescent use of SHS (contraception, STD testing, counseling).[28–30] Other SHS-related programs that schools typically employ (e.g., condom availability programs [CAPs], school-based STD screening [SBSS] events, and sexual health awareness campaigns) have been shown to have a variety of health impacts, including improvements in students' beliefs and attitudes about condom use and STD testing, and increased use of SHS.[31–33]

For these reasons, CDC has identified increasing adolescents' access to key preventive SHS via direct provision of on-site services or referrals to adolescent-friendly community-based health service providers as a key Component 2 programmatic strategy.

SHS Overview

Table 3.1 provides a list of required and additional SHS activities for funded LEA. Activities are organized according to the three overarching Component 2 domains: (1) strengthen staff capacity, (2) increase student access to programs and services, and (3) engage parents and community partners. Although the role of parents and community partners in adolescent sexual health is important, and we provide examples of how to engage them in specific required activities below, there are no specific required activities within the "engage parents and community partners" domain. There are, however, suggested additional activities within that domain as well as in the "increase student access to programs and services" domain. When combined with required activities, additional activities can enhance the impact of programmatic efforts to reach the intermediate outcomes and help LEA meet performance standards. These may be activities in which partners are already engaged, and they can be considered part of the overall model of increasing student access to SHS. Additional activities may also be relatively feasible to enact (e.g., a strong partner wants to implement an SBSS event in a school where STD rates may be high). Both required and additional activities have been identified based on evidence of effectiveness, feasibility considerations, and potential reach, and they are described in more detail.

Table 3.1. SHS Required and Additional Activities Organized by Domains

Domains	Required SHS Activities	Additional SHS Activities
Strengthen staff capacity	■ Annually, provide training and professional development to school and/or health service staff to support SHS activities.	
Increase student access to programs and services	■ During year one, assess district and priority school capacity to implement activities to increase student access to SHS, in collaboration and coordination with the Component 3B recipient. ■ Annually, incorporate skill-based instruction to students on accessing school-based and community SHS into sexual health education lessons. ■ Annually, choose the area of focus below, appropriate to the recipient's health services infrastructure, to increase student access to and use of SHS through either on-site provision or referral to community-based sexual health providers: (a) Establish or improve use of a referral system to link sexually active students to community providers for SHS by using the referral system toolkit (see Glossary) to implement the seven core components of a referral system. (b) Improve student use and quality of SHS provided by School-Based Health Centers (SBHCs). ■ Implement school-wide, student-planned marketing campaigns that promote recommended health services for teens and selected school SHS programs.	■ Conduct school-based STD screening (SBSS) events. ■ Implement or improve a condom availability program (CAP).
Engage parent and community partners		■ Disseminate SHS-related materials for parents.

Organizations funded under Component 3B are expected to provide capacity-building assistance to LEA to support implementation of each required activity. Boxes throughout this chapter highlight the unique role that Component 3B recipients can play in supporting Component 2 recipients for each activity. Component 3B recipients cannot choose to support only select activities.

Timing of Required Activities

LEA will vary in their order and timing of required activities based on their readiness, capacity, and ongoing programs. They are, however, expected to begin year one by assessing their district's and priority schools' infrastucture and capacity in order to choose either implementation of a referral system or improving SBHC services. Once a primary mode to increase student access to SHS is chosen, LEA are expected to work on and show improvement on related activities annually. Early in the project period, LEA are expected to build and strengthen relationships with health departments, health care providers, and other relevant community partners in order to lay the foundation for implementing the required activities. LEA are also expected to annually provide SHS professional development, annually incorporate SHS into SHE, and implement a school-wide student-planned marketing campaign. LEA will prioritize and phase all activities in consultation with their Program Consultant and TA Teams based on capacity, readiness, and feasibility of implementation.

Activity-specific Guidance

For each required and additional activity, we indicate the purpose of the activity in relation to intermediate program outcomes and summarize the rationale for implementing the activity as part of school-based HIV and other STD prevention. We describe activities and outline key considerations for implementation based on existing science and practice. For each activity, we cite specific resources to facilitate implementation. Where relevant, we highlight connections to SHE and SSE activities. This guidance focuses on activities implemented by LEA (Component 2B). As appropriate, we provide relevant guidance for capacity-building organizations (Component 3B recipients) to facilitate LEA implementation.

Strengthen Staff Capacity

Required activity: Annually, provide training and professional development to school and/or health service staff to support SHS activities.

Rationale

The purpose of this activity is to ultimately reach the intermediate goals of **increasing student knowledge, skills, and behaviors to avoid and reduce sexual risk behaviors; increasing student awareness of SHS needs and services; increasing student HIV testing; and increasing student STD testing**. Professional development (PD) refers to a systematic process used to strengthen the professional knowledge, skills, and attitudes of a particular workforce. Given that school health staff are often heavily focused on chronic conditions and their preventive behaviors, school professionals, including school health professionals, may not have the training specifically relevant to provision of adolescent SHS. PD provides an excellent opportunity to ensure that teachers and school staff continually expand their knowledge and skills to implement SHS activities. Implementation of SHS activities requires knowledge of topics such as an adolescent's right to access SHS, how to maintain confidentiality, and the availability of local low- or no-cost services. Evaluation findings from previous CDC programs have suggested that school and school health services staff would benefit from training to increase their self-efficacy and make them more comfortable with providing or referring students to available SHS.[34] PD trainings have effectively changed the practices and self-efficacy of teachers and other non-health-related staff about addressing their students' sexuality. Trainings that are designed to develop staff comfort, capacity, and expertise in core adolescent sexual health areas and best practices have effectively improved clinical services in a variety of settings, including SBHCs.[35] PD trainings are also typically a staple component of effective quality improvement programs and interventions for health clinic and school health staff. [36]

Activity description

All PD should be implemented in accordance with CDC's guidance on Professional Development Practices (see Chapter 5). The Professional Development Practices (PDP) resource provides guidance on planning, implementing, and evaluating PD for school health. In addition to the activities outlined there, special considerations exist when selecting topics for SHS PD because of unique issues like the sensitive nature of sexual health information, the need to maintain student confidentiality, and dealing with stigma or biases. Box 3.2 provides a list of important topics for SHS PD.

Box 3.2. Examples of Important SHS PD Topics

The following list of PD topics for school, district, and/or school-health staff was developed through feedback from adolescent and school health experts' experience implementing school-based SHS programs, a review of available PD trainings (see resources), and assessment of previous CDC-funded SHS activities. As noted in the text above, topics will largely be driven by the particular SHS programs that are chosen and implemented.

SHS 101: The Basics/Foundational Knowledge

- Recommendations for adolescent SHS from professional medical and public health organizations
- Importance of including information about adolescent sexual risk behaviors and their adverse health consequences in adolescent SHS
- Relevant laws and policies—minors' rights to self-consent for SHS, Health Insurance Portability and Accountability Act (HIPAA), Family Education Rights and Privacy Act (FERPA), etc.
- The importance of confidentiality, ways it is inadvertently breached, and best practices to maintain it
- Parental consent policies and procedures

Making Referrals

- Assessing SHS providers for youth-friendliness of clinical services
- Creating and using a provider referral guide
- Making a referral

Providing On-site Services

- Establishing new or strengthening existing organizational partnerships
- Identifying student SHS needs (e.g., standardized screening for risk)
- Making SBHCs (more) adolescent friendly
- Establishing best practices for adolescent SHS provision

Other Supplemental Topics

- Engaging youth in the design, delivery, and evaluation of SHS programs
- Marketing SHS programs
- Ensuring services and programs are inclusive of LGBT students
- Managing controversy around SHS

As feasible, LEA should implement PD using active learning strategies, including classroom observations and feedback, as well as professional coaching to build classroom management skills. These intensive strategies can be complemented with more traditional, didactic approaches that outline best practices and direct teachers to tools and resources.

Key consideration: Who and what? Multiple audiences need professional development on varying topics

All school staff and faculty can be an important resource and support for adolescents and may be involved in connecting adolescents to SHS, whether at school or through referral programs. A broad selection of school staff (e.g., counselors, social workers, teachers, coaches, and/or security guards) could be given basic information about recommended adolescent SHS, a student's legal rights to access confidential SHS in accordance with state laws and regulations, school district policies impacting access to SHS, and resources for students that include information about where to locally obtain adolescent-friendly SHS. District staff may help school administrators identify good candidates for training depending on things like who has frequent contact and good rapport with students or who has shown interest in championing SHE or other efforts in the past.

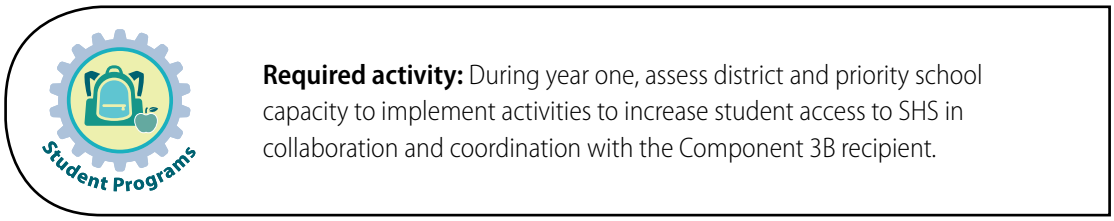
Beyond the PD needs of a broader audience, recipients may need to target trainings to particular district, school, or school health staff based on roles, responsibilities, and identified needs of staff, as well as selected program activities. That is, additional capacity building can be tailored to the selected programmatic area of focus (e.g., referral system, SBHC improvement, or awareness campaigns) and staff who will be directly involved in its implementation. For instance, recipients focusing on establishing or improving a referral system may want to provide PD to referral staff on how to use a referral guide and how to make a referral. Those focusing on improving services at an SBHC may need to train clinic staff on clinical best practices, creating an adolescent-friendly environment, or taking a sexual history. PD should include training staff on assuring and maintaining student privacy and confidentiality according to state laws and regulations, regardless of the specific program focus selected.

Resources

Selected resources to support SHS PD:

- **The National Network of STD Clinical Prevention Training Centers (NNPTC).** A CDC-funded group of training centers created in partnership with health departments and universities. The PTCs are dedicated to increasing the knowledge and skills of health professionals in the areas of sexual health. The NNPTC provides health professionals with a spectrum of state-of-the-art educational opportunities, including experiential learning, with an emphasis on STD treatment and prevention. http://nnptc.org/about-us/
- **Adolescent Health Initiative (AHI). *Spark Trainings*.** Free, packaged, and ready-to-use 15- to 30-minute presentations. Includes a PowerPoint presentation, a facilitator script, and follow-up materials. They are designed for providers or staff to deliver at staff meetings or PD opportunities. Spark trainings are specifically designed to "spark" discussion and reflection among a multidisciplinary audience. http://www.umhs-adolescenthealth.org/improving-care/spark-trainings/
- **Adolescent Health Initiative (AHI). *Customized Trainings*.** AHI offers customized web-based and in-person trainings to support organizations in becoming more adolescent-centered. AHI works with organizations to develop and facilitate engaging webinars on adolescent-centered care. http://www.umhs-adolescenthealth.org/improving-care/webinars-trainings/ ($)
- **Adolescent Health Initiative (AHI). *Starter Guides*.** AHI offers mini-toolkits that provide concrete, actionable steps to improve adolescent care. http://www.umhs-adolescenthealth.org/improving-care/starter-guides/

Increase Student Access to Programs and Services



Required activity: During year one, assess district and priority school capacity to implement activities to increase student access to SHS in collaboration and coordination with the Component 3B recipient.

Rationale

The purpose of this activity is to reach the intermediate goals of **increasing student knowledge, skills, and behaviors to avoid and reduce sexual risk behaviors; increasing student awareness of SHS needs and services; increasing student HIV testing; and increasing student STD testing**. Delivery of SHS can vary across districts and schools based on local context, such as school policies, health service infrastructure, partnerships, and community support. This point was evident in discussions among adolescent and school health experts at a 2012 CDC meeting to understand strategies education agencies and schools could use to increase students' access to SHS. In particular, participants there focused on infrastructure and suggested using a framework to make programmatic decisions based on whether a district or school had SBHCs, school nurses, and little or no access to health care provision on site.[37]

On-site health infrastructure is not necessary for delivery of services on site. Informed by observations and experience of previous CDC programs, several strategies emerged that transcended infrastructure.

For instance, school-linked approaches of periodic school-wide screening events or mobile SHS clinics are employed by some districts. Likewise, LEA often rely on the infrastructure of a referral system to link students to adolescent-friendly providers in the community. Further, other student supports, like counselors, social workers, and wellness centers, and student groups can act as valuable resources that impact how SHS may be delivered.

Infrastructure, along with other local contextual factors such as state and local policies or community support, can drive service delivery models and success. A thorough understanding of infrastructure and contextual factors is a critical foundation for designing an effective program.

Activity description

In efforts to link a district and a school's infrastructure and other local contextual features to the most relevant SHS programmatic focus, LEA will perform an SHS Context Self-Assessment early in year one of the project period.

The SHS Context Self-Assessment will include consideration of state, district, and school policies (e.g., ability to provide SHS on site or refer for SHS) and health service infrastructure (e.g., existence of school nurses, SBHCs, wellness centers, and/or referral system). The self-assessment will also consider the presence of supportive administrative and school staff, existing advisory groups, existing health education and SHE programs, school climate and community factors, and organizational partnerships. LEA will work with Component 3B recipients and Program Consultants to verify organizational and environmental supports and the existing capacity required to implement selected SHS programmatic activities.

This assessment activity will inform decisions about which school-wide program for students (see below required activity) is best suited for the LEA. The assessment will also help determine more immediate action steps, resources, and levels of support needed to implement the SHS student program and should inform specific staff roles and responsibilities, PD needs, and method(s) of monitoring implementation.

Component 3B recipients can

- Assist LEA in conducting and reviewing the self-assessment and translating results into action steps, staff roles and responsibilities, and other planning activities in efforts to implement school-wide program for students.

Resources

Selected resources to support this SHS-related assessment:

- **CDC. *Sexual Health Services (fact sheet)*.** This fact sheet outlines what schools, districts, and administrators can do to increase students' access to SHS. https://www.cdc.gov/healthyyouth/healthservices/pdf/sexualhealth-factsheet.pdf

Required activity: Annually, incorporate skill-based instruction to students on accessing school-based and community-based SHS into sexual health education (SHE) lessons.

Rationale

The purpose of this activity is to reach the intermediate goals of **increasing student knowledge, skills, and behaviors to avoid and reduce sexual risk behaviors; increasing student awareness of SHS needs and services; increasing student HIV testing; and increasing student STD testing**. SHE is a core component of school-based HIV and other STD prevention (see Chapter 2) that educates students about risks and preventive behaviors. Skills-based instruction in SHE provides opportunities for students to observe, practice, and master skills and behaviors needed to avoid or delay sexual risk. Although not always

addressed specifically in SHE curricula, instruction that focuses on identifying and assessing available services could provide an opportunity to help students develop the necessary capacity and skills specific to finding and accessing services.[38] For instance, research shows that awareness of clinic locations and having services that are easily accessible, free or low-cost, have teen-friendly hours, and are nearby are key factors related to adolescents' use of SHS.[38] More practically speaking, previous CDC programs found that school staff generally favor incorporating information about available SHS into SHE lessons and believe this is reasonably feasible. This activity also overlaps with SHE efforts and can serve as a leverage point across both strategies, offering a chance to coordinate programmatic efforts.

Beyond basic information about locally available adolescent-friendly SHS, there is increasing evidence suggesting that a skills-based approach to health education may be more effective than teaching knowledge alone.

In particular, allowing students to practice skills aligned to promoting health literacy (defined as the capacity to process health information to make health decisions) can improve health behaviors and service use.[39] CDC suggests that anyone, including SHE educators, who provides health information to others should teach skills to help people find and use services, communicate about their health needs, understand their health choices and consequences, and make decisions about the services that match their needs and preferences.[40] For SHS, this could mean that beyond telling students where local services are located, it is also important to teach them what SHS are recommended and why, what their rights and protections are for accessing confidential services, and how to communicate with providers and partners about their SHS needs and options. Preliminary, unpublished results indicate that students receiving lessons that emphasize their rights and responsibilities in managing their own health care, as well as communication with providers about sensitive topics like sexual health or substance use, better understood how to advocate for themselves in health care settings. CDC will share published evaluation of this program when it becomes available.

Box 3.3. Excerpt from HECAT Appendix 3: HECAT/Sexual Health Module—Skill Expectation for Skill Standard 3

Students will demonstrate the ability to access valid information, products, and services to enhance health. After implementing this curriculum, students will be able to demonstrate the ability to access valid information, products, and services to promote sexual health.

Activity description

Skill-based instruction is about planning, implementing, and assessing health-specific skills. In a skill-based classroom, the majority of instructional time is dedicated to practicing, assessing, and reflecting on skills. LEA will be expected to work with Component 3B recipients and Program Consultants to identify areas of the SHE instructional program where health-services-related skills can be addressed. SHS-specific work should strengthen the skills component of an existing program or create additional skill-based instruction to improve students' health literacy specifically for using SHS.

As discussed in greater detail in Chapter 2, one effective strategy for identifying and implementing effective health education instructional programs is through the use of the CDC's HECAT, which can help schools select or develop appropriate and effective health education curricula and improve the delivery of health education. In addition to a description of the health topic to be addressed and the associated healthy behavior outcomes, the HECAT outlines the sexual-health-specific skill expectations for each grade group.

Providing information about an SBHC or local clinic services, location, and hours of operation into SHE lessons is one example of how to incorporate SHS into SHE. Inviting service providers to teach about sexual and reproductive health and provide information about available services and what to expect with certain services may create familiarity with clinic staff that in turn improves student use. One such

example comes from Chicago Public Schools (CPS) who invited Health Corps volunteers and clinicians from a neighborhood school-linked clinic to participate in events as part of a broader sexual health awareness campaign. Evaluation of the program revealed that students said they felt more comfortable going to the clinic for services because they knew the staff. This type of activity may be a practical and relatively easily implemented strategy to increase student comfort with using SHS.

Planning a field trip to an SBHC or local referral clinic may also help acquaint students with available services and increase students' comfort accessing services. There are also existing lesson plans (see selected resources below) that can improve specific behaviors like condom use or communication with service providers and others.

Component 3B recipients can

- Develop guidance for LEA on how to plan a field trip to a local clinic, including example permission forms, instructions on how to engage students, and travel protocols.
- Review SHE curricula for inclusion of SHS-related information and skill-building exercises.
- Conduct a systematic review to inform availability of promising curricula.

Resources

Selected resources to support skills-based instruction for students on access SHS:

- **Healthy Teen Network.** ***Keep It Simple: A Lesson in Linking Teens to Sexual Health Care—Facilitator's Guide*****.** This resource includes a lesson plan and accompanying video, or motion graphic, designed to help link young men and women aged 15–19 years to trusted, "teen friendly" contraceptive and reproductive health care providers. The lesson addresses four key areas related to contraceptive and reproductive health: 1) adolescents' right to receive care, 2) the types of services available to them, 3) how services are provided, and 4) where they can go for contraceptive and reproductive health care in their community.
  https://www.healthyteennetwork.org/resources/keep-it-simple-guide/
- ***Recommendations for Preventive Pediatric Health Care*****.** These recommendations represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures.
  https://www.aap.org/en-us/Documents/periodicity_schedule.pdf
- **CDC.** ***Health Education Curriculum Analysis Tool (HECAT)—Sexual Health Module*****.** The HECAT can help school districts and schools conduct a clear, complete, and consistent analysis of health education curricula. The Sexual Health Module contains the tools to analyze and score curricula that are intended to promote sexual health and prevent sexual-risk-related health problems.
  https://www.cdc.gov/healthyyouth/hecat/pdf/hecat_module_sh.pdf
- ***Providers and Teens Communicating for Health (PATCH) Program*****.** The Wisconsin-based PATCH Program is an innovative educational program that strives to improve the ability of health care providers and teens to communicate effectively about sensitive health topics such as sexual health, mental health, alcohol and drug abuse, or safety, thereby improving the quality of care that teens receive. PATCH offers classroom lesson plans intended to be taught by trained health education teachers over the course of two days. www.patchprogram.org
- **Advocates for Youth (AFY).** ***Taking Care of Your Sexual Health—Lesson Plan*****.** AFY has developed a number of educational programs containing a wide range of skill-based lessons targeting young people ages 12–18. http://www.advocatesforyouth.org/storage/advfy/lesson-plans/lesson-plan-taking-care-of-your-sexual-health.pdf

Required activity: Annually, choose the area of focus below, appropriate to the recipient's health services infrastructure, to increase student access to and use of SHS through either on-site provision or referral to community-based sexual health providers.

The purpose of this activity is to reach the intermediate goals of **increasing student HIV testing and increasing student STD testing**. In order for LEA to select the best program for their local context, this required activity allows them to choose from one of two options depending on the results of their SHS Context Assessment: (a) establish or improve referral systems or (b) improve use and quality of SBHCs. Although Option A allows establishment or improvement of a referral system, Option B only requires improvement of existing SBHCs. The extent to which SBHCs can be established is largely dependent on factors (e.g., funding) that are beyond the scope of this funding. The intent of Option B is not to establish SBHCs, but rather to strengthen the provision and use of SHS within these existing school-based clinics.

Below we provide more specific guidance related to each option.

Option A: Establish or improve use of a referral system to link sexually active students to community providers for SHS by using the referral system toolkit (see Glossary) to implement the seven core components of a referral system.

Rationale

Many schools cannot supply ongoing SHS on school premises because they lack the infrastructure, resources, or supportive policies to do so. For this reason, schools often rely on linking students to adolescent-friendly providers in their communities when needs arise. Research shows this approach can work; students in south Florida high schools were more likely to get tested when they were referred by school staff.[34] The Project Connect Health Systems Intervention is one example of a model shown to increase referrals from schools to quality SHS providers. This evidence-based intervention, centered in the school nurse office, demonstrated an increase in sexually active adolescents' receipt of SHS and reproductive health services.[28–30]

Activity description

Informed largely by lessons learned from the original Project Connect intervention and subsequent adaptations, CDC and partners CAI and National Coalition of STD Directors (NCSD) created "Developing a Referral System for Sexual Health Services: An Implementation Kit for Education Agencies." This toolkit serves as a framework for a standardized approach to developing and implementing an SHS referral system in high school settings. The toolkit outlines seven core components of developing and implementing an SHS referral system. Each core component has a set of associated key activities and tools that can be used to plan, implement, and sustain an SHS referral system. Recipients choosing to focus on either establishing or improving their referral system will use the toolkit and ensure that activities are implemented to completely address all core components of an SHS referral system.

Key consideration: The referral guide

The cornerstone of any successful referral system is a referral guide. A referral guide is a paper-based (e.g., posters, palm cards, or tear-off sheets) or electronic (e.g., database, website, or mobile app) resource that lists youth-friendly sexual health service provider organizations. The referral guide will serve as the primary tool or resource that staff will use to guide the selection of an appropriate service provider with a student and facilitate making a referral. It also can serve as a stand-alone resource that, when distributed widely, can aid in raising awareness among the student population about services available and facilitate self-referral to care. At a minimum, the guide should include a list of school-based and community-based SHS

provider organizations and pertinent information about each one, including service(s) provided, target population served, and access information (e.g., location, cost, telephone number/website, transportation, and hours). It is important to pay special attention to youth who may be at disproportionate risk, such as LGBT youth. Ensure that your referral guide includes places that offer free services, providers in all parts of town, providers that speak multiple languages, and those that have experience providing LGBT-friendly care. This can help you ensure your guide is inclusive of all students and can meet their needs. More detailed guidance on how to develop and maintain a referral guide is available in the CAI and NCSD toolkit.

Key consideration: Partnering with community providers

To develop a successful referral system—from the initial creation of a referral guide, to building awareness among staff and students, to following up on services received—it is essential to establish positive working relationships with community providers. For instance, when developing a referral guide, districts can work with the local health department or other community-based organizations and clinics with whom they've established formal memoranda of understanding as part of the Program 1807 application process to identify all SHS providers within the zip codes where students live. Fostering relationships with SHS providers listed in the referral guide can serve to strengthen the referral system and increase connections between schools and communities over time. It can also make it easier to update the referral guide by increasing responsiveness to requests. Options for building relationships include hosting quarterly or yearly meetings where school staff and health care providers have the opportunity to meet, and providers can have the chance to outline the services they offer and ways for students to connect with them. Another option is to organize field trips for students and key school staff to visit the community-based provider organizations. Also, consider inviting provider champions to participate in the school or school district Health or Wellness Council. For ways to engage community partners, as well as strategies to establish and strengthen relationships, see "Establishing Organizational Partnerships to Increase Student Access to Sexual Health Services" in the resources listed below.

Key consideration: What makes a referral?

The term referral describes the process of helping students obtain preventive health services through a variety of activities that ultimately connect students in need to adolescent-friendly providers and support services. A referral system is a set of resources and processes that are designed to work together to increase student awareness of school-based and community-based SHS providers, increase referral of students to school-based and community-based SHS providers for sexually active adolescents, and increase the number of sexually active adolescents receiving key SHS. Although a referral system includes activities to raise student awareness of the need for and availability of services in general, referrals themselves can take many forms (e.g., peer-to-peer referrals, self-referrals, informal sharing of information between staff and students). However, for the purposes of evaluation for Program 1807, a referral is defined as a facilitated one-on-one directing of a student to SHS (either in the community or on site) by designated staff. To be counted as a referral, there must be active sharing of information between a designated school staff member and a student that directly links the student to a specific health care provider for needed SHS.

Component 3B recipients can

- Review LEA referral guides for inclusion of LGBT- and youth-friendly community providers.
- Ensure that tracking of referrals is not counterproductive to implementation of referral system (e.g., limiting referral staff to those trained on a formal system).

Resources

Selected resources to support use or improvement of a referral system:

- **CAI and National Coalition of STD Directors. *Developing a Referral System for Sexual Health Services*.** The toolkit provides a framework for developing and implementing a referral system to connect youth to school- or community-based SHS. http://www.ncsddc.org/resource/developing-a-referral-system-for-sexual-health-services/

- **CAI and National Coalition of STD Directors. *Establishing Organizational Partnerships to Increase Student Access to Sexual Health Services*.** This guide is a companion piece to the referral system toolkit described above and is meant to help in identifying, establishing, and strengthening relationships with community providers in order to improve referral systems, as well as other school-based strategies to increase student access to SHS. http://www.ncsddc.org/wp-content/uploads/2017/08/organizational_partnerships-10-17-16-2-1.pdf
- ***Project Connect website*.** The Project Connect Health Systems Intervention is an evidence-based, scalable intervention designed to increase youth access to sexual and reproductive health care services. https://www.cdc.gov/std/projects/connect/
- **Adolescent Health Initiative. *Building Effective Referral Systems*.** A starter guide on building formal relationships and developing effective referral systems to connect youth to needed health services. http://www.umhs-adolescenthealth.org/improving-care/referrals-linkages/ http://www.umhs-adolescenthealth.org/wp-content/uploads/2018/03/referral-infographic_lo3.pdf
- **CAI. *Lessons Learned from Implementing a School-Based Referral System for SHS webinar*.** CAI, in partnership with Duval County Public Schools and San Diego Unified School District, shares findings and lessons learned from two case studies on implementing a school-based referral system for SHS. https://register.gotowebinar.com/register/1803413863571506945?utm_source=getresponse&utm_medium=email&utm_campaign=connections_for_student_success&utm_content=5%2F9+Webinar+Registration+Now+Open+-+Lessons+Learned
- **Office of Adolescent Health. *Referrals and Linkages to Youth-Friendly Health Care Services*.** Provides a description of the 7 components of a referral system for linking youth to youth-friendly services that are available in their communities. https://www.hhs.gov/ash/oah/sites/default/files/referrals_and_linkages_to_youth_friendly_health_care.pdf

Option B: Improve student use and quality of SHS provided by school-based health centers (SBHCs).

Rationale

The purpose of this activity is to ultimately reach the intermediate goals of **increasing student awareness of SHS needs and services, increasing student HIV testing, and increasing student STD testing**. SBHCs have been delivering a range of comprehensive health services to children and adolescents for decades and often provide adolescents with critical access to confidential services including SHS,[41] often filling a gap in services for underserved and vulnerable populations.[42] Compared to other clinics (both private and public), SBHCs are more likely to serve students who don't have insurance and who have greater health care needs,[43] and SBHCs are used more often by racial minorities and students living in rural areas.[44]

The American Academy of Pediatrics notes that SBHCs can decrease the loss of students' time in class, serve as a more acceptable and welcoming setting for adolescents seeking confidential care, and increase student access to and use of all health services.[45] In terms of delivery of SHS, SBHCs are associated with greater use of contraception and STD testing,[46] decreased time to treatment for young people diagnosed with STDs,[47] and delivery of preventive counseling about STDs and pregnancy.[25]

The unique combination of school nursing services and SBHCs working together to meet the health needs of students and promote health in schools is a promising practice. School nurses and SBHC staff can work as partners to identify policy gaps, collect data, and evaluate processes to improve health outcomes for their students and communities.[48] Studies also show that young people are willing to use and actually prefer SBHCs for SHS, and the provision of confidential services is a main reason students visit them.[41,49]

Activity description

LEA with existing SBHC infrastructure should consider ways to increase the provision of quality care at those clinics. There are local level examples that demonstrate how to initiate sexual and reproductive health services

on site at their existing SBHCs after extensively engaging the local community and increasing awareness of the need for teen pregnancy prevention.50 Quality care at SBHCs is associated with increased contraceptive use by sexually active students and a resulting decrease in teen pregnancy.[51]

Recipients choosing this option will take steps to improve both quality services available at the SBHC and student awareness and use of available services. Improvements can come about by identifying and convening a group of stakeholders who go through a process to identify and act on needed clinic improvements. One such model that has shown improvements in SBHC care for young people includes a process in which "champions" actively assess clinical policies, practices, and needs; prioritize areas for improvement; conduct and attend trainings; and monitor impact (http://www.umhs-adolescenthealth.org/improving-care/adolescent-champion-model/). Creating a quality improvement action plan may help facilitate more specific steps for SBHCs to take as part of that process, like ensuring policies are supportive, creating protocols, improving awareness, and monitoring implementation. Another option for quality improvement may involve using the Plan-Do-Study-Act (PDSA) approach for improvement, aimed specifically at SBHC providers to improve the provision and quality of SHS in accordance with best practice guidelines. The PDSA four-step model for improvement provides a framework for developing, testing, and implementing changes leading to improvement.

Recommended areas for SBHC quality improvement include

- increasing the types of SHS provided in SBHCs.
- ensuring student privacy and confidentiality when providing STD/HIV preventive services in SBHCs.
- improving SBHC policies, practices, and environments to ensure clinics are adolescent friendly.
- ensuring SBHC policies, practices, and environments are LGBT inclusive.
- implementing a standardized sexual risk assessment for all students attending SBHCs.
- improving awareness of STD/HIV preventive services through school-wide marketing, teacher and staff trainings, and SBHC staff participation in health education lessons or school events.
- increasing enrollment of male students.

Component 3B recipients can

- Identify assessment processes and tools and lead LEA working with SBHCs in efforts to identify areas for improving quality care. These processes would be done with health systems running SBHCs; thus 3B recipients will need to facilitate quality partnerships between organizations.

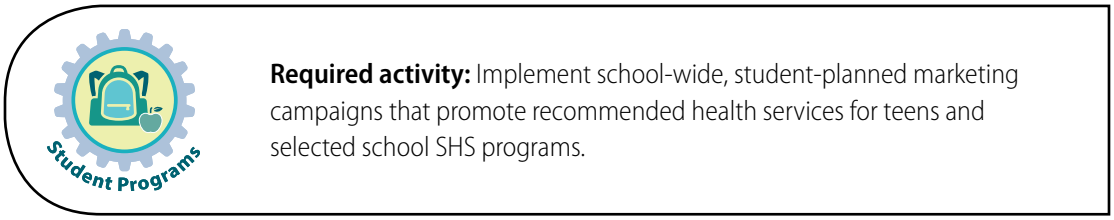
Resources

Selected resources to support student use of and quality of SHS at SBHCs:

- **CDC. *A Guide to Taking a Sexual History*.** A guide that provides parameters for discussion of sexual health issues and conducting a sexual history during a patient visit. https://www.cdc.gov/std/treatment/sexualhistory.pdf
- **American Academy of Pediatrics. *Caring for the Adolescent Patient*.** A set of videos that demonstrates conversations with adolescent patients about sexual health care issues, including how to take a sexual history, addressing gender identity, and serving LGBTQ patients. https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/adolescent-sexual-health/Pages/Sexual-History.aspx https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/adolescent-sexual-health/Pages/LGBTQ-Youth.aspx
- **Agency for Healthcare Research and Quality. *Plan-Do-Study-Act (PDSA) Directions and Examples*.** Starter materials to familiarize readers with the PDSA approach for SBHC quality improvement in accordance with best practice guidelines. The PDSA is a four-step model for improvement. http://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/healthlittoolkit2-tool2b.html
- **Adolescent Health Initiative. *School-Based Health*.** This resource provides a set of mini-toolkits designed to provide actionable and concrete steps for improving adolescent care. Of particular interest

here is a guide on Primary Care—School-Based Health Center Collaboration that is expected to post soon. http://www.umhs-adolescenthealth.org/improving-care/school-based-health/

- **Adolescent Health Initiative. *Adolescent Champion Model*.** The Adolescent Champion model is a multi-faceted intervention to address a health center's environment, policies, and practices to ensure that all aspects of a visit to the health center are youth-centered. http://www.umhs-adolescenthealth.org/improving-care/adolescent-champion-model/



Required activity: Implement school-wide, student-planned marketing campaigns that promote recommended health services for teens and selected school SHS programs.

Rationale

The purpose of this activity is to reach the intermediate goals of **increasing student awareness of SHS needs and services, increasing student HIV testing, and increasing student STD testing**. As previously noted, adolescent use of SHS is low for a variety of reasons, including low knowledge about the need for and location of services and concerns about the confidentiality of their healthcare at certain settings.[10,11] One strategy to address these issues is to use communication or marketing campaigns to improve student awareness of available SHS, increase positive beliefs about getting SHS, and affect positive behavior change. These campaigns are generally described as organized intervention activities directed at a particular audience with the goal of changing a specific attitude or behavior.52 Communication campaigns can promote a wide variety of health behaviors for adolescent populations, including seat belt use, smoking cessation, and nutrition and exercise.[53–55]

A recent review of sexual health campaigns identified several campaigns that led to increases in STD testing and condom use.[56] Further, a recent pilot test in CPS showed an adapted "GYT: Get Yourself Tested" social marketing campaign in a high school setting increased testing for HIV and STDs at a local clinic as well as student awareness of available services.[57]

Activity description

Recipients will adapt, implement, and evaluate a successful SHS-related campaign for their local schools. CDC and its contractor ICF engaged experts in the fields of school and adolescent health to develop a toolkit to help districts, schools, and health clinics adapt and implement a Get Yourself Tested (GYT) campaign. The GYT for High Schools toolkit can be used to implement a student-led GYT campaign. The campaign should highlight and supplement the required activity of focusing on at least one model to increase student access to and use of SHS through either on-site provision or referral to community providers. An awareness campaign can highlight recommended SHS and providers of those services, such as SBHCs or community clinics or providers. Awareness campaigns can also highlight supplemental activities like school-based STD screening (SBSS) events, mobile clinic locations and hours, or condom availability programs (CAPs). Awareness campaigns should generally align messages and activities with core SHE curricula and policies. Framing a campaign as such can build support and ease any concerns among stakeholders.

Although use of the GYT for High Schools Toolkit is recommended, recipients are not limited to the GYT messages. Those with existing or home-grown campaign messages with a history of measured success in raising student awareness and use of SHS may choose to continue to use and develop those campaigns. Recipients using their preferred campaign messages should adhere to the principles laid out in the GYT toolkit in terms of creating a campaign that is heavily created and led by students; that takes place throughout a high school, primarily during school hours; that ensures that messages focus on an SHS-related outcome (e.g., STD testing); that is positive and empowering; and that includes all students regardless of race, ethnicity, gender, sexual orientation, or physical ability.

Resources

Selected resources to support the implementation of marketing campaigns to promote recommended SHS and SHS programs:

- **CDC. *GYT Toolkit Webinar: Using the GYT Toolkit*.** This webinar introduces a new CDC tool to help schools and partners implement a GYT social marketing campaign in their high school settings. https://www.youtube.com/watch?v=lRGcMw4vDGo&feature=youtu.be
- **School-Based Health Alliance. *Lead the Way: Engaging Youth in Health Care*.** School-Based Health Alliance's online youth engagement toolkit is designed for individuals who work in school-based or community health centers and who want to engage youth in their mission and work. http://www.sbh4all.org/training/youth-development/youth-engagement-toolkit/
- **Office of Adolescent Health, U.S. Department of Health & Human Services. *Promoting Adolescent Health through Youth Engagement: A Win-Win Strategy*.** Provides innovative ways for professionals to engage with young people as they promote adolescent health, with a focus on authentically engaging youth. https://www.hhs.gov/ash/oah/tag/game-plan-for-engaging-youth/promoting-adolescent-health-through-youth-engagement/index.html

Additional activity: Conduct school-based STD screening (SBSS) events

Rationale

The purpose of this activity is to reach the intermediate goal of **increasing student STD testing**. High schools can serve as a venue for mass screening events for chlamydia and gonorrhea because they provide access to a high-risk population, facilitate testing and treatment outside of traditional clinical settings, and make testing feasible in school settings. Across the country, high schools in places such as Washington DC, Chicago, Detroit, New Orleans, New York, and Philadelphia have years of experience implementing SBSS events and have found them a feasible means of identifying and treating a large volume of students in a short amount of time. In Detroit, SBSS events have been associated with a sustained reduction in chlamydia prevalence.[32] In addition, these programs can potentially serve other purposes including linking adolescents to broader medical services, building self-efficacy for seeking health care later, and providing risk-reduction counseling or education.

Activity description

This activity is distinct from required activity Options A and B above to increase access to SHS via either establishing or improving a referral system or improving quality SHS in SBHCs, but it is recommended in addition where and when possible. Recipients choosing to expand STD testing services through periodic on-site STD testing events will use CDC guidance documents (currently under development) to consider the need for and implementation of a chlamydia screening program in relevant high schools. Program Consultants will distribute guidance documents to LEA as they become available for broader dissemination. It should be noted that CDC does not recommend isolated HIV screening events under Program 1807. Rather, screening for STDs can identify students with positive results who can then be connected with HIV testing. Steps for implementation include

- considering local epidemiological STD data.
- forming partnerships with local health care organizations.
- garnering support of school district and administrative stakeholders.
- working with school administrators and teachers.
- helping recruit students.

- communicating programmatic events with parents.
- ensuring local policies and protocols for obtaining parental and student consents are met.
- supporting the screening events.
- providing confidential treatment for students and their partners.

LEA implementing school-based screening programs should include a brief educational component to ensure students have basic information to provide their informed consent/assent.

Resources

Selected resources to support the implementation of school-based STD screening event:

- **ETR. *Starting a School-Based Chlamydia Screening Program*.** This guide provides schools with a step-by-step process for implementing SBSS. http://recapp.etr.org/recapp/documents/theories/chlamydiaScreeningManual.pdf

Additional activity: Implement or improve condom availability programs (CAPs)

Rationale

The purpose of this activity is to reach the intermediate goals of **increasing student knowledge, skills, and behaviors to avoid and reduce sexual risk behaviors and increasing student awareness of SHS needs and services**. Research has found that CAPs can lead to increased condom use among students, and CAPs may be particularly impactful for adolescents who started having sex at a younger age, have sex frequently, and have more sex partners. These students were all more likely to have used a condom from a CAP than students with less risk behaviors.[58–60] No programs have reported any increase in sexual activity, number of sex partners, frequency of sex, or other sexual risk behaviors.[58,59,61–63]

Activity description

LEA without an existing CAP can consider the feasibility of and need for implementing one. If free or low-cost condoms are widely available to students in other venues where young people feel comfortable, a school-based CAP may not be needed. If, however, students need a place to confidentially get condoms for free or at low cost, LEA may consider the feasibility of implementing a CAP in their middle or high schools. Feasibility is largely based on state and local policies; partnerships; funding for buying condoms; and student, administrative, and parental support for a CAP. Many CAP programs began with creation or amendment of a policy that laid out how to provide condoms at schools. Most CAP programs combine condom distribution with educational messages that are aligned with existing SHE curricula, which ensures that programs function within other governing policies and procedures.[59] LEA with an existing CAP may want to review how their program is being implemented and assess its effectiveness. Researchers interested in improving existing CAPs in Los Angeles high schools found that implementation of a checklist with steps on how to provide CAP oversight, identify and train additional condom distributors, advertise the CAP, and manage parental notifications resulted in higher student awareness and CAP use.[31]

Resources

Selected resources to support the implementation or improvement of a CAP:

- ***Condom Availability Programs in Schools: A Review of the Literature.*** A peer-reviewed published manuscript that summarizes evaluations of CAPs in secondary schools. It provides discussion points about how CAPs can improve adolescent use of condoms without impacting sexual risk behaviors. It also describes key components of CAPs and highlights an intervention to improve implementation of CAPs. This resource is available from Program Consultants.

Engage Parents and Community Partners

Additional activity: Distribute parent materials to improve student use of SHS.

Rationale

The purpose of this activity is to reach the intermediate goals of **increasing student knowledge, skills, and behaviors to avoid and reduce sexual risk behaviors; increasing student awareness of SHS needs and services; and increasing parent/student communication about sexual health information and services**. Schools often disseminate information about health and wellness to parents and usually use an existing mechanism for doing so. Communicating with students' parents is a typical strategy that schools and districts use to increase engagement between the school and parents. Dissemination of materials to parents is also part of required SSE-related work (see Chapter 4), allowing efforts to potentially be coordinated or combined.

Although the notion of engaging parents around SHS may seem at odds with efforts to maintain student confidentiality mentioned throughout this chapter, there is support for involving parents in some aspects of adolescent clinical care.[64,65] CDC's *Promoting Parent Engagement in Schools to Prevent HIV and other STDs Among Teens: Information for State and Local Education Agencies* describes a framework and associated outcomes and activities that LEA can use to leverage parental influence on teens' sexual health decisions.[66] Further, this form of outreach has shown some evidence of influencing parental behavior that can have protective effects on adolescent sexual behavior. Specifically, one component of the Project Connect Health Systems Intervention was the distribution of resources that schools shared with parents, and it resulted in increased parental monitoring and communication.[67]

Activity description

LEA should carefully consider the most appropriate and feasible channels for dissemination (e.g., social media, email, newsletters, and/or handouts at parent-teacher conferences/open houses/health fairs) and if/how these resources can be integrated into existing processes for communicating with parents. Similar to the suggested principles of communicating with parents in the Chapter 4 required activities, materials should use plain language and avoid jargon. Recipients may want to consider leveraging work from the required SSE activities and likewise disseminate materials semi-annually. All resources should reflect principles for effective communication. Specifically, resources should be available, actionable, from credible and trusted sources, relevant to a parental audience, timely, and understandable. LEA may develop their own resources, but are encouraged to use existing resources that align with ways of improving adolescent use of SHS, such as time alone with a provider, recommendations for routine preventive care, and how to communicate with providers. Below are some links to specific existing resources that could be disseminated.

Resources

Selected resources to support the distribution of parent materials to support student use of SHS:

- **CDC. *Teen Health Services and One-On-One Time with a Healthcare Provider: An Infobrief for Parents*.** A one-page information sheet for parents on what they can do to help create a trusting relationship with a healthcare provider. https://www.cdc.gov/healthyyouth/healthservices/pdf/oneononetime_factsheet.pdf
- **CDC. *HPV Vaccine Information for Parents*.** Educational resources for parents to help them understand the importance of vaccinating their children and suggestions on how to use the resources. https://www.cdc.gov/hpv/hcp/provide-parents.html

- **Office of Adolescent Health. *Resources for Families*.** Tips on how to talk to teens about difficult subjects and steps to having a good conversation with teens. https://www.hhs.gov/ash/oah/resources-and-training/for-families/index.html
- **Adolescent Health Initiative. *Take Charge of Your Health Care* materials for parents.** Video gallery of parents and providers discussing how to balance parent engagement and confidentiality. Includes posters and accompanying teen and parent handouts. http://www.umhs-adolescenthealth.org/improving-care/parent-engagement/
- **Society for Adolescent Health and Medicine (SAHM). *Health Info for Parents and Teens*.** SAHM provides web-based resources that provide health information for teens, young adults, and their parents. http://www.adolescenthealth.org/About-SAHM/Health-Info-for-Parents-Teens.aspx http://www.adolescenthealth.org/About-SAHM/Healthy-Student-App-Info.aspx

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