

Mapping Adolescent Reproductive Health Care in Orleans Parish

Louisiana Public Health Institute
January 2016



Mapping Adolescent Reproductive Health Care in Orleans Parish

Louisiana Public Health Institute

January 2016

This work was generously supported by the David and Lucille Packard Foundation.



Contents

Introduction 4
 Orleans Parish 5
 Methodology..... 6
 Findings 7
Social Network Analysis 30
References 38
Appendices..... 40

Introduction

Adolescent reproductive health is a critical, yet often neglected issue in Louisiana. This is evidenced by the fact that Louisiana has some of the highest sexually transmitted infection (STI) rates in the country, consistently surpassing national averages. Nationally, young people, ages 15-24, account for over half of new STIs every year (CDC, 2012). The birth rate for adolescent girls age 15 to 19 in Louisiana was 39.2 per 1,000 in 2013, the eighth highest teen birth rate in the country (CDC, 2013). Additionally, there are clear racial disparities around adolescent reproductive health with African American females making up over half of teen births in Louisiana as compared with 24% in the United States (CDC, 2013). The repeat teen birth rate in Region 1 (which includes New Orleans) is 18.8 per 1,000. Many of these teen mothers under 18 have a second birth within two years of their first (Dailard, 2000).

Despite having some of the highest STI rates nationally, and a high teen birth rate, state laws restricting sex education and collection of sexual risk behavior data in schools pose major barriers to building coordinated and evidence-supported systems to improve health outcomes. While schools, health care providers, and community-based organizations interact with adolescents within their own institutional arenas, the systems are fragmented and there is no consolidated statewide strategy to address adolescent reproductive health.

To address these challenges, the Louisiana Public Health Institute (LPHI) conducted a one-year project **to map strengths and weakness of the health system in order to provide reproductive health advocates with tools to understand key systems assets, barriers, and opportunities in order to move forward in planning and implementing larger programmatic solutions that address adolescent reproductive health.** The primary rationale for this project was:

- The high rate of STIs
- An above average teen pregnancy rate
- The lack of accessible and quality reproductive health services for adolescents and young adults.

The following report provides detailed findings from an adolescent-health-systems mapping of Orleans Parish conducted between November 1, 2014 and December 31, 2015.

Orleans Parish

Orleans Parish is located in the southeastern region of Louisiana. The population estimate for the parish was 368,471 in 2014 with a median age of 34.6 years. The Greater New Orleans (GNO) area is comprised of Orleans, Jefferson, Plaquemines and St. Bernard Parishes. While these parishes have urban areas, they also possess large rural tracts the farther one travels from the city of New Orleans. Orleans Parish as a whole has a higher percentage of females (55% female; 45% male), and for adolescents the population is 52% female/48% male.

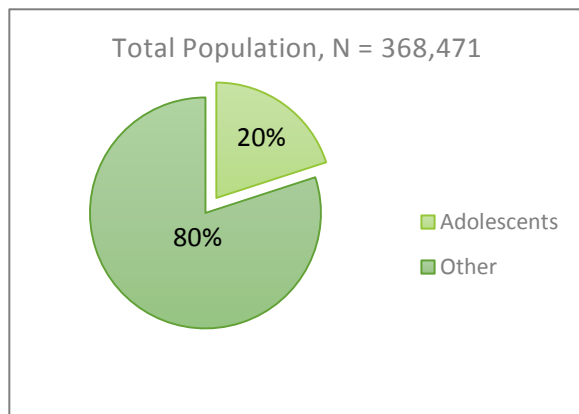


Adolescents make up approximately 20% of the population in Orleans Parish (Figure 1). Of that, approximately 27% are between the ages of 10-14, 30% are between the ages of 15-19, and 42% are between the ages of 20-24.

Orleans Parish, Population:	
Ages	Number
10-14	20,422
15-19	22,499
20-24	31,159
TOTAL	74,080

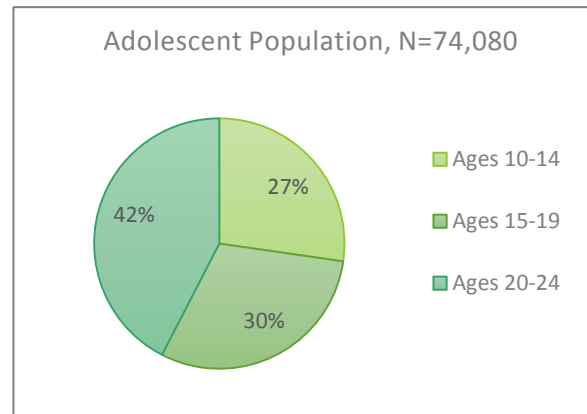
Approximately 33% of the population is Non-Hispanic White, and 60.5 % is Non-Hispanic Black or African American. Most youths attend public charter schools, a large number of New Orleans youths also attend parochial schools.

Figure 1: Total Population, 2014



Source: ACS, 2014

Figure 2: Adolescent Population, 2014



Source: ACS, 2014

Methodology

Health Systems Assessments

Health systems assessments were conducted with hospitals, community health centers (CHC), school-based health centers (SBHCs) and other identified health care providers located in Orleans Parish. Providers were recruited through three means:

- The LPHI project team developed an initial pool of potential providers (44) by requesting a list from the Louisiana State Dept. of Health and Hospitals (DHH) of clinics/facilities with at least 10 cases of Chlamydia among 15-19 year olds diagnosed by providers¹. This number was indicative of providers screening 15-19 years olds for STIs, thus potentially offering a wider range of sexual and reproductive health services to youth.
- The LPHI project team purposively sampled known adolescent health care providers in Orleans Parish.
- Snowball sampling was used after each interview, whereby each provider participant was asked to refer potential provider or youth participants. The LPHI project team followed up with each referral and conducted an in-person

Topics covered by the assessments included: operational information, such as appointment information, services currently offered, client population demographics, adolescent health issues, perceived barriers to reproductive health care, and outreach to adolescents. Finally, a social network analysis was conducted to understand the interactions or relationships that connect providers and their clinical practices with other healthcare providers in the community. This analysis also included their interactions or relationships with schools, youth-serving community-based organizations (CBOs), and faith-based organizations. Twenty-three provider networks completed the assessment representing 36 clinic sites.

In-Depth Youth Interviews

In-depth interviews (both individual interviews, group interviews, and focus groups) were conducted with 41 youth informants between the ages of 14 and 24 in Orleans Parish. Participants were identified and recruited through community health clinics, pediatric provider groups, and youth-serving community based organizations (CBOs.) Ten interviews were conducted. Several participants were interviewed individually, and others were broken into focus groups of six to eight participants and small group interviews of two to three participants. Thirty-five participants (87%) were female. At least one participant identified as transgender. Twenty-nine identified as African American (72%), six as White (15%), four as Asian (10%) and two as Latino (5%).

Interviews varied in length from thirty minutes to two hours. All Interviews were recorded and transcribed verbatim for accuracy. A thematic analysis was conducted using a team-based approach. Each team member read through the transcripts and then met collectively to identify themes and code the data.

Key Topics of Investigation Included

- Understanding where and from whom adolescents get their reproductive health information
- Perceptions of the accuracy of the reproductive health information they receive
- Issues encountered by adolescents around access and utilization of reproductive health care
- If and how adolescents engage social media and the internet to access reproductive health information and resources

Study Limitations

There were several limitation to this study. First, several healthcare providers, including one of the hospital systems, refused to participate in the assessment. We were able to assess 27 sites from the Louisiana State DHH list of the clinics/facilities with at least 10 cases of Chlamydia among 15-19 year-olds diagnosed by providers. However, we were unable to capture several of the small private health providers that reported high rates of chlamydia among their adolescent population. Another important limitation was the representativeness of the youth key informant sample. While our sample was reflective of the racial and ethnic composition of adolescents and young adults in Orleans Parish, females were overrepresented in our sample. In addition, self-identified LGBT youth were underrepresented. Finally, limitations with the social network analysis included: a) Limitations around the clinicians' self-reporting of directionality of relationships and referral patterns. Many clinicians appeared to not understand the question and therefore did not fill out directionality sections on the assessments. This limited the directionality analysis of the entire analysis; b) in some cases clinicians used different names for the same organizations. Although standardization occurred during data cleaning, the occasional unclear organizational name was left unconsolidated and therefore may not have been added to the grouping that represented the same organization; and c) clinicians named schools outside of the catchment area. These schools were analyzed and depicted on the mappings, but follow up assessments were not conducted with these schools.

Findings

Mapping the Current Health Care System

Historically, adolescents living in urban environments such as New Orleans have lower access to health care, including reproductive and family planning services (Hutchinson, Carton, Broussard, Brown, & Chrestman, 2012). This gap in reproductive and family planning services has been further exacerbated in the last decade by Hurricane Katrina, which destroyed much of the health

infrastructure in the city and resulted in the closure of the Charity Hospital system and additional key public Louisiana State University (LSU) health system locations. Area hospitals and safety-net clinics continue to try to fill the gaps left by the absence of the Charity Hospital and LSU health systems. New sites have opened throughout the city, however the process has been slow and many community residents continue to be unaware of available services.

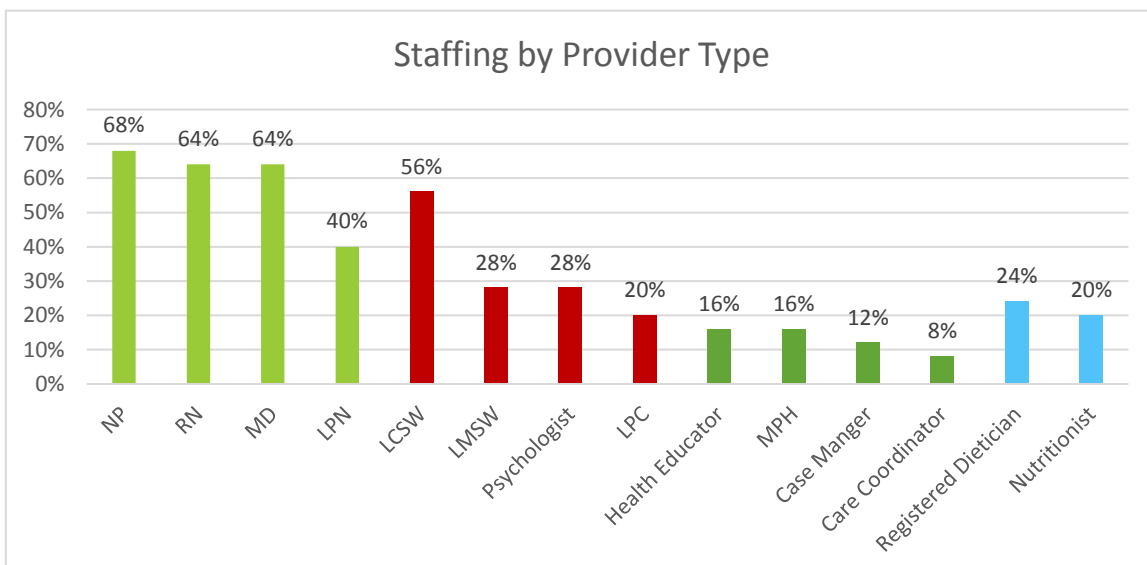
Having health centers where they are needed, like downtown has enough. Our community just got our first one a couple of months ago and we needed it years ago. (Youth Informant)

Additionally, poor fiscal management at the State level and lack of prioritization of reproductive health has led to the steady defunding and shuttering of several public parish health units through Region 1. Currently, only one public parish health unit is operating in the City of New Orleans.

Pre Katrina, we did do reproductive health for homeless youth and after hours- as we do now so that's Saturdays and evenings, 5-9, 9-1 on Saturdays. We were more vibrant doing those hours because we were more accessible. Back then it was all girls. The boys all want to talk to them because these are cute girls...they don't come here as much. One of my patients said....where am I coming? Where is this place? I don't feel like the resources have gotten much better post Katrina. They fell apart and they're slowly building up but they haven't built up to the past. (Provider)

Operations: Staffing and Staffing Patterns

The clinics assessed varied in size from just a few full-time employees to large facilities with upward of 100 full-time employees. One site reported having only one RN on staff. Four clinics assessed only operate part-time and reported that their hours vary on those days. Providers reported that 88% of their staff works directly with youth.



Many of the providers surveyed reported having an established history in the community (on average ~ 20 years). Only a small number of health providers (3) interviewed have been serving the New Orleans community for less than a year. There has also been a consolidation of clinics over the last 10 years– for example one safety-net operator has taken over the operation of a pediatrician group (4 clinics) that serves primarily Medicaid patients.

Medical Staff Included:

- 64% reported having at least one Medical Doctor (MD)
- 68% of sites reported having at least one Nurse Practitioner (NP)
- 64% reported having at least one Registered Nurse (RN)
- 40% reported having at least one Licensed Practicing Nurse (LPN)

Behavioral Health Staff Included:

- 56% reported having at least one Licensed Clinical Social Worker (LCSW), and 50% reported having more than one LCSW on staff.
- 28% reported having a Licensed Master Social Worker (LMSW)
- 28% of sites reported having at least one Psychologist on staff
- 20% reported having a Licensed Professional Counselor (LPC)

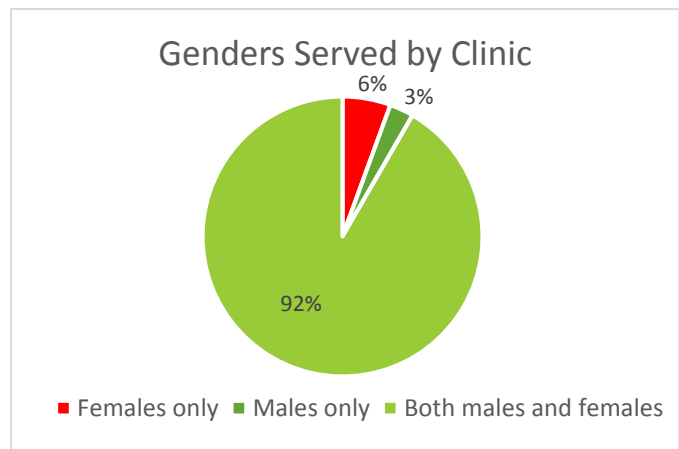
Health Education and Care Coordination Staff Included:

- 16% of sites reported having at least one health educator or public health professional (MPH)
- 12% of sites reported having at least one case manager
- 8% of sites reported having a care coordinator
- One out of every four sites offered nutrition services, with 24% of sites reporting having at least one registered dieticians and 20% reporting a nutritionist on staff.

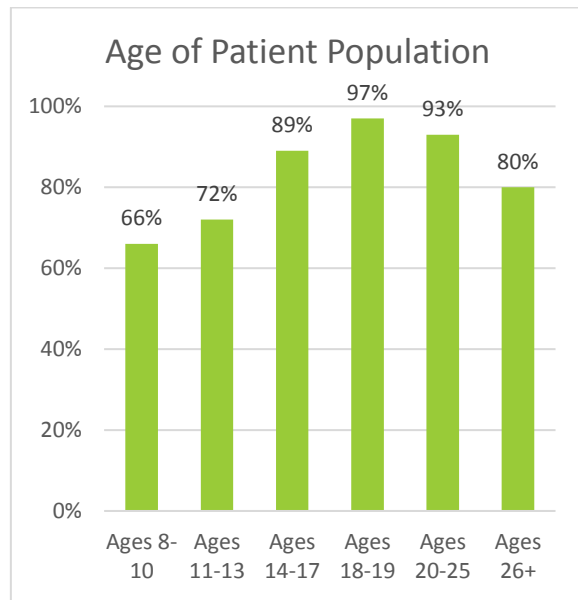
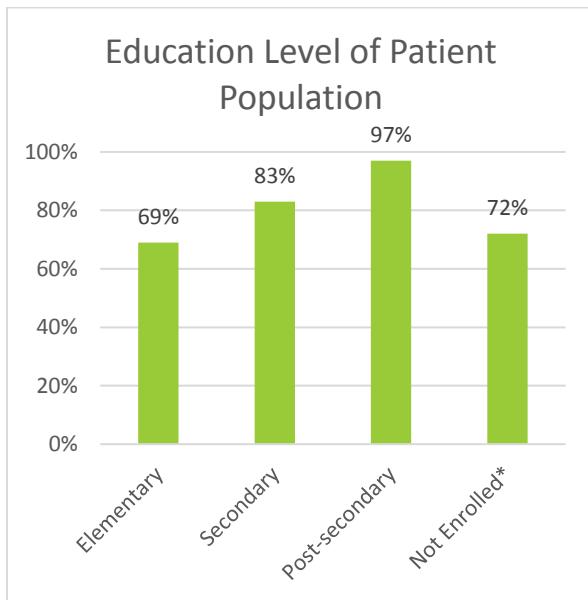
Demographics of Patient Population

Clinics were asked if they served both males and females. The majority of sites (91%) reported serving both, while 6% reported only serving female patients and 3% reported only serving male patients.

While providers did not provide a numerical breakdown of their patient populations, the majority of providers surveyed reported serving patients between 10 and 24 years of age.

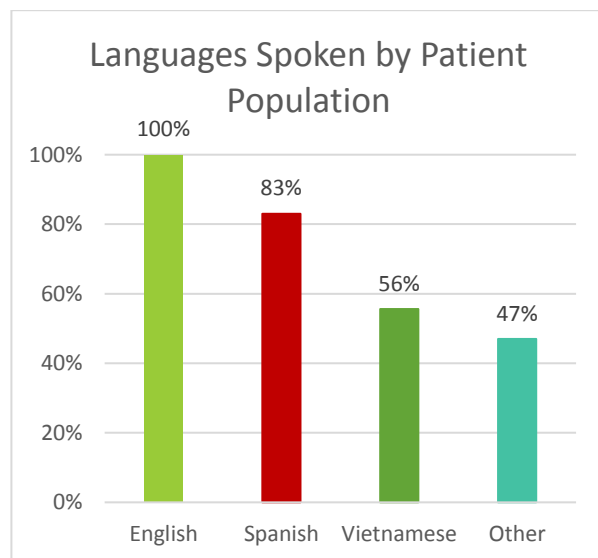
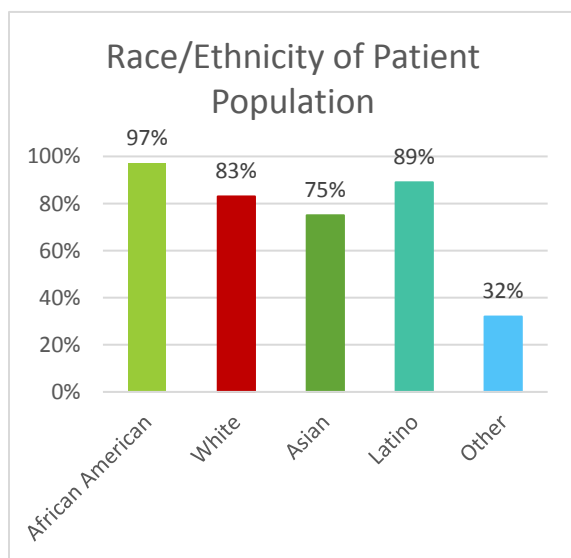


In addition to seeing adolescents who are enrolled in schools, many of the providers reported serving adolescents who are not enrolled, either because they have graduated or dropped out.



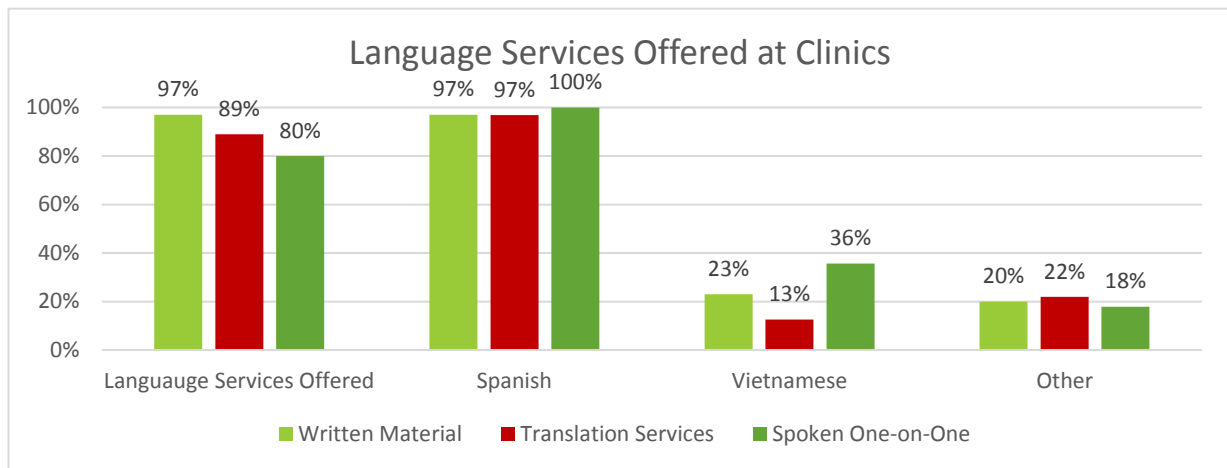
Race and/or Ethnicity

Providers were asked to identify the race/ethnicity of their patient populations. The majority of health providers report serving minority youths. All but one reported serving African American adolescents and young adults. Eighty-nine percent (89%) reported serving Latino youth. Seventy-five percent (75%) reported serving Asian American youth. A majority of the clinics also reported that their patient population spoke a language other than English. 38% percent of clinics reported serving Spanish-speaking youth, while just over half reported serving Vietnamese-speaking youth.



Language Services

All but one site reported offering written material in different languages. Ninety-seven percent of sites reported providing written materials in Spanish 23% reported providing written materials in Vietnamese; and 20% reported offering written materials in other languages. Eighty-nine percent of sites reported offering translation service: all but one reported offering Spanish; four provide Vietnamese translation services; and seven sites offer translation in other languages. Eighty percent of sites reported providing one-on-one spoken services. All of the sites reported having Spanish speakers on staff while only one reported having a Vietnamese speaker available for clients.

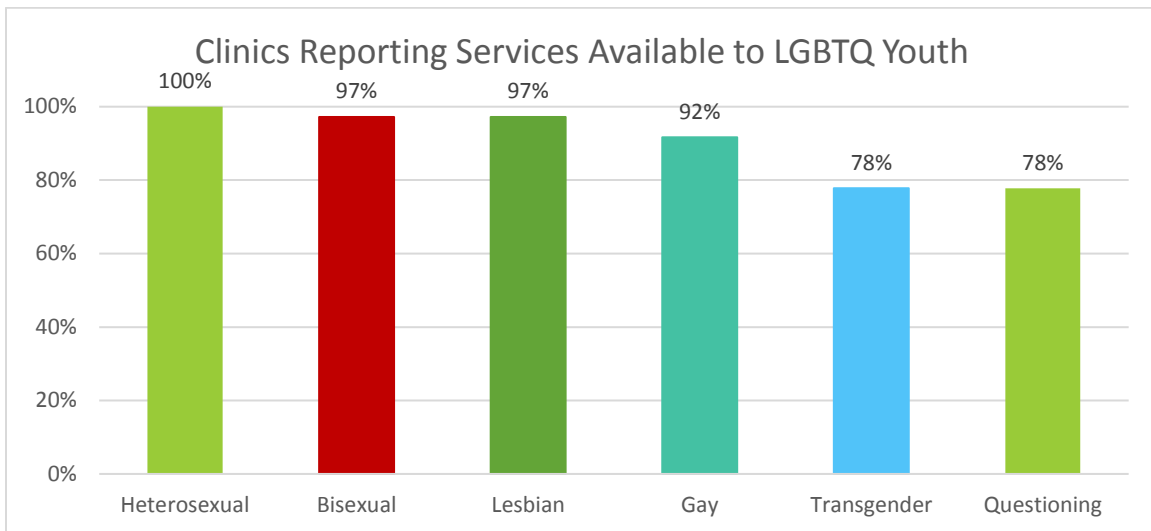


Sexual Orientation

Health providers were asked what sexual orientations they explicitly serve with their current services. None of them reported having a special program for lesbian, gay, bisexual, or transgender (LGBT) youth, or intentionally inclusive programming; however none indicated turning them away. LGBT adolescents face health needs unique from those of their straight peers. Despite these documented needs, barriers to health care exist for this population, particularly around confidentiality concerns. Sexual orientation disclosure can often prevent LGBT youth from accessing care for fear of being 'outed' or judgment and discrimination from providers. Once care has been accessed, additional heterosexist assumptions by clinicians can affect young people's experiences, often through the conflating of sexual orientation with sexual behaviors, stigmatizing sexual behaviors and associating sexual orientation with only sexual risk, instead of developing a holistic approach to care (Advocates for Youth, 2014; Ginsburg et al. 2002; Scherzer, 2000). One health care center reported plans under development for transgender youth health programming in the future.

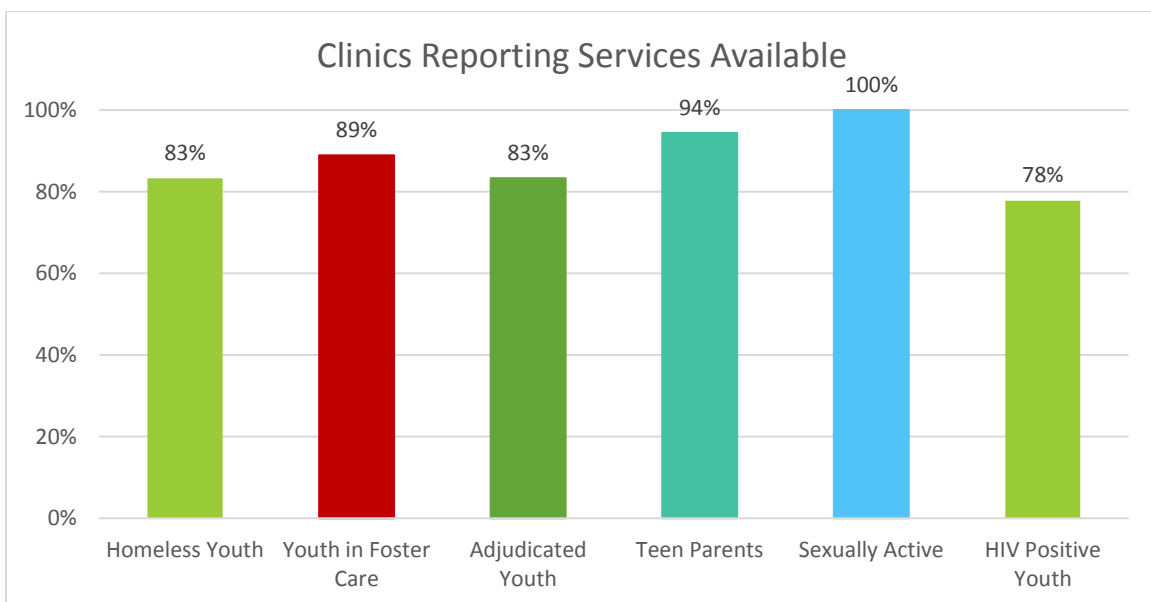
They seem to feel pretty comfortable coming to us. I see a lot of trans youth. Young trans men think they don't need GYN care, which is cute. They have to allow us into their heads before we do the work. And then you find out that they're gay trans men and then you're like...oh I should have done this months ago, what am I thinking. We're pretty sensitive

there. We have gay and straight providers. There's magical thinking with them too. One of things about LGBT youth...LGBT women, young women, tend to have higher rates of pregnancies than straight youth. (Provider)



Special Populations

Adolescents face a high burden of vulnerability, particularly youths who are homeless, system-involved, are teen parents, are LGBT, and/or are HIV-positive. These additional circumstances elevate their risk. All health providers assessed were asked what special populations they served. No provider reported having a special program for the below-mentioned youth populations, or intentionally inclusive programming; however, none indicated turning them away.



Fee for Service and Health Entitlement Programs

Over a third (41.5%) of children in Orleans Parish live at the poverty level and are heavily reliant on low-cost health care options and state health entitlement programs. Most sites (86%) reported having a fee associated with services provided. Only 5 sites reported offering free services. While many sites offer a sliding scale, only the public parish health units offer a sliding scale that starts at \$0.

This is what happens when you sometimes go through the primary care system. If you look at long acting contraceptives, that's expensive. If we put you in our system, we can give it to you. If you go to primary care system, they'll give you a prescription and you can fill the prescription and come back....they can't afford it. For us, there's a sliding scale that can slide to 0. (Provider)

Vaccines for Children (VFC)

Most providers (89%) reported being Vaccines for Children (VFC)¹ providers. VFC is a federally funded program that provides vaccines for 16 diseases including HPV (human papillomavirus) at no cost to children who might not otherwise be vaccinated because of inability to pay. The Centers for Disease Control (CDC) buys vaccines at a discount and distributes them to grantees—i.e., state health departments and certain local and territorial public health agencies—which in turn distribute them at no charge to those private physicians' offices and public health clinics registered as VFC providers.

Medicaid

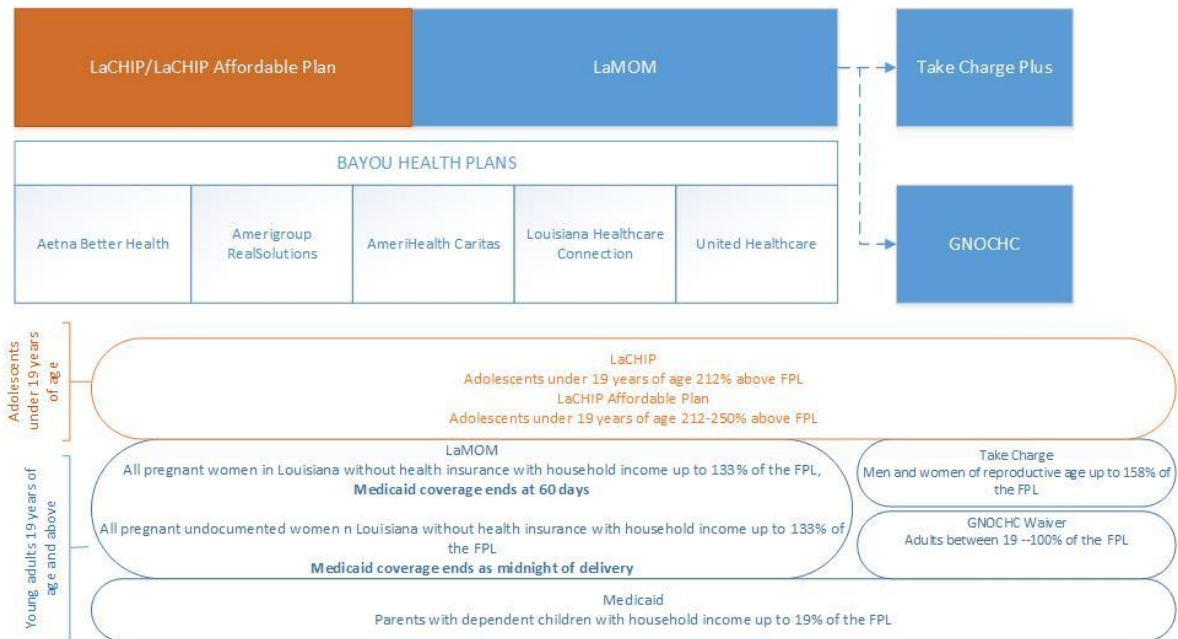
All but one site reported accepting Medicaid. Medicaid operates several health entitlement programs that are relevant to New Orleans adolescents and youth adults. The Louisiana Medicaid Program operates within the Louisiana Department of Health and Hospitals (DHH). Medicaid eligibility is determined using Federal Poverty Guidelines. Individuals qualify to receive Medicaid if they receive Supplemental Security Income (SSI) from the Social Security Administration (SSA) or receive financial help from the Office of Family Support through the Family Independence Temporary Assistance Program (FITAP). Individuals who may qualify for Medicaid include:

- Parents with dependent children under the age of 19 with household income up to 19% of FPL qualify for Medicaid;
- Disabled according to the definition put forth by the Social Security Administration;
- Have no insurance and need treatment for breast and/or cervical cancer; or
- Have corrected vision no better than 20/200

¹ For more on the Vaccines for Children program, go to <http://www.cdc.gov/vaccines/programs/vfc/index.html>.

State Health Entitlement Programs for Low Income Adolescents and Young Adults in New Orleans

Louisiana Medicaid (DHH)



On February 1, 2012, the Bayou Health Plans were launched by DHH. As a result, 246,000 Medicaid recipients across southeast Louisiana were switched to private managed care organizations (MCOs). There are currently five Bayou Plans operating in Louisiana: Aetna Better Health, Amerigroup RealSolutions, AmeriHealth Caritas, Louisiana Healthcare Connections, and United Healthcare. It is up to each individual provider/practice's discretion whether to accept some or all of the different plans. All but one site reported accepting all of the plans. One site only accepted two Bayou Plans--Louisiana Healthcare Connection and United Healthcare.

Louisiana Children's Health Insurance Program (LaCHIP)

The Louisiana Children's Health Insurance Program (LaCHIP)² provides health coverage to uninsured children up to age 19. Children ages 0 to 18 years of age with household income up to 212% of FPL are eligible for LaCHIP. Children with family income between 212% and 250% of FPL are eligible for the LaCHIP Affordable Plan. The LaCHIP Affordable Plan is a LaCHIP health

² For more on LaCHIP and LaCHIP Affordable Plan, go to <http://new.dhh.louisiana.gov/index.cfm/page/222>.

insurance program for uninsured children in moderate income families whose income is too high to qualify for regular LaCHIP. LaCHIP and LaCHIP Affordable Plan provide Medicaid coverage for doctor visits for primary care, preventive and emergency care, immunizations, prescription medications, hospitalization, mental health and dental care.

Louisiana MOMS (LaMOMS)

The Louisiana MOMS (LaMOMS)³ program was launched on January 1, 2003 and is an expansion of Medicaid coverage for pregnant women, single or married, with total household incomes that do not exceed 133% of the Federal Poverty Level (FPL). LaMOMS pays for pregnancy-related services, delivery, and care up to 60 days after the pregnancy ends, including doctor visits, lab work/tests, prescription medicines, and hospital care. However, coverage for undocumented immigrants ends at midnight on the date of delivery. Pregnant women must submit an application form online to apply for LaMOMS coverage, with the key requirements being verification of income and verification of pregnancy or expected date of delivery. They can have other insurance coverage in addition to LaMOMS; the other insurance will pay first and Medicaid will cover the amount that is left, up to the Medicaid allowed amount. In some case, adolescents who are on LaCHIP will be moved to LaMOMS if then become pregnant. Depending on their age and income level, they may either return to LaCHIP, move to adult Medicaid, or be dropped from coverage. Often young women will come off LaMOM 60 days post-partum and remain uninsured until their next pregnancy.

The whole Medicaid thing is a process. My Medicaid closed after I had [my son] and when I went to get my birth control, they were like ‘no, sorry you don't have Medicaid.’ After I applied, I went to the doctor and I was pregnant again. My first pregnancy I was still at my mom’s and was a minor. This time it was a process and I did not get insurance until I was six months. (Youth Informant, interviewed four months after first birth)

If a patient wants an IUD and gets it in before the Medicaid runs out, this is good for years. They are good, they come in and get checked and that is fine. If they want pills – I can give them a 20-year supply of prescriptions per month but Medicaid pays for one month at a time. So once they get off Medicaid, there are very cheap prescription plans where you can get birth control for \$8. Pharmacists can be either problematic or helpful when it comes to helping people access cheap prescriptions. (Provider)

Gaps in Coverage

Louisiana is one of the states that chose not to expand Medicaid under ACA in Louisiana.⁴ This has had an impact on low-income young adults when they turn 19 years of age and are dropped

³ For more on LaMOM, go to <http://dhh.louisiana.gov/index.cfm/page/231>.

⁴ With the election of Governor John Bel Edwards, Louisiana is now beginning the process of Medicaid expansion.

from LaCHIP. Often, these young adults fall into a “coverage gap” of having incomes above Medicaid eligibility limits but below the lower limit for Marketplace premium tax credits. Several youth informants talked about accessing care through the emergency department as a result of not having health insurance, ‘I go to the emergency room. I don’t have Medicaid.’ This is in line with the 2012 LPHI School Based Health Center IMPACT Survey, which found that 43% of adolescents reported going to a hospital for their usual health care services.

While young adults may fall into a “coverage gap” with regard to traditional Medicaid, there are two health entitlement programs available to them. The first, Take Charge Plus, is available to all low-income young adults of reproductive age in Louisiana. The second, GNOCHC, is available specifically for low-income adults (19+) in the greater New Orleans area. In many cases, uninsured young adults are unaware that they are eligible for these entitlement programs or if they are enrolled, their providers may not accept them.

Take Charge Plus

Sixty percent of sites reported that they accept Take Charge Plus.⁵ Take Charge Plus is a Medicaid Waiver program that provides health coverage for family planning and family-planning-related services for males and females of reproductive age that do not qualify for Medicaid but are not above 158% above the poverty level.⁶ Take Charge Plus covers seven office visits (per calendar year) including a well visit and care related to family planning; prescriptions and lab work related to family planning or related services; birth control (including pills, patches, implants, injections, condoms, diaphragms, and IUDs); cervical cancer screening and treatment for cervical dysplasia; contraceptive counseling and education; testing and treatment for sexually transmitted infections (STIs other than HIV/AIDS and hepatitis); voluntary sterilization for males and females (over age 21); vaccines for males and females for the prevention of HPV; and transportation for family planning appointments.

People need to know that they can get Take Charge and LaMom. People don’t know this and it’s ridiculous. It should be like the draft card when you’re 19. It should just roll over. What we do is enroll everyone in GNOCHC and Take Charge; it’s part of their paperwork. If all pediatricians did the same thing, it would work out better. Even if they let them know, it would be better. The best would if the people who run Medicaid took care of that.
(Provider)

Youth informants took issue with the fact that Take Charge Plus only provided reproductive health services. As one youth informant noted:

⁵ For more on Take Charge Plus, go to <http://www.dhh.state.la.us/index.cfm/page/232>.

⁶ As of 02.15.2015 with the expansion of Medicaid in Louisiana, it is anticipated that Take Charge Plus enrollees will transition off the waiver, which will be eliminated, and onto traditional Medicaid. It is also anticipated that the GNOCHC waiver will be absorbed into Medicaid as well.

It only covers like birth control and that's it. Getting seen by the doctor. That is not enough... No, you can have that back. I don't need nothing at all if you are giving me that.

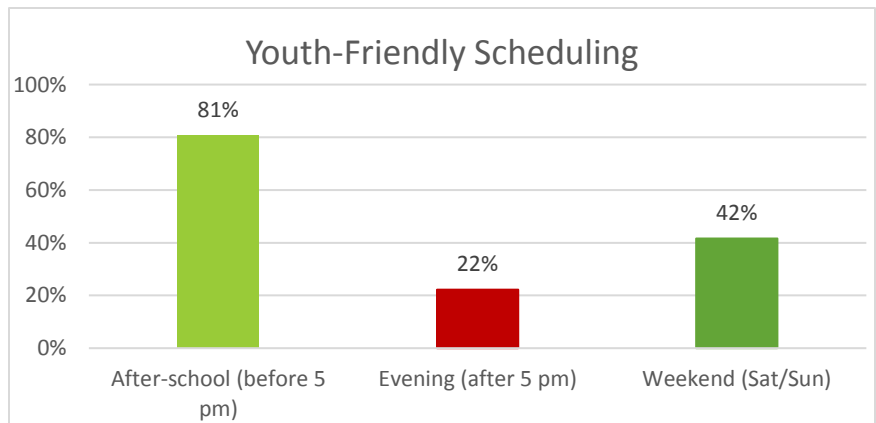
GNOCHC 1115 Waiver

Currently 16 safety-net clinics accept the GNOCHC waiver in Orleans Parish. The GNOCHC program is a special program created through an 1115 Demonstration Waiver approved by the Centers for Medicaid and Medicare Services to provide no-cost health insurance coverage to uninsured adults ages 19 to 64 years of age. It is funded through the Primary Care Access and Stabilization Grant and is intended to preserve primary and behavioral health care access restored and expanded after Hurricane Katrina. GNOCHC does not cover prescription drugs, inpatient and outpatient hospital services, emergency room visits, or dental care. GNOCHC participants must be a U.S. citizen or legal resident living in Orleans, Jefferson, St. Bernard, or Plaquemines parishes, uninsured and not pregnant.

The problem is "sort of poor" which is almost everyone in this state – the working poor... If they have a baby every year, then they can get good care. If they have a baby now and they come back six years from now pregnant – in between-- there is no care. They don't have the cash to pay. There are free clinics but information about them is poorly disseminated. (Provider)

Appointment Information and Availability

Beyond coverage, availability is a critical component around accessing care. All of the sites report that they are currently accepting new adolescent patients. Providers were asked if they offered after-school appointments (before 5pm), evening appointments (after 5pm), and weekend appointments (Sat/Sun).⁷ While the majority of providers (81%) offer after-school appointments, less than half (42%) reported offering weekend appointments. Very few sites offer evening clinics, with just one in five providers reporting offering evening appointments.



⁷ As outlined by Advocates for Youth and the World Health Organization, a key component to ensuring adolescent access to health care, is that clinics are open and available during times that work with school, recreational activity, and work schedules. Clinics should have flexible hours available in the afternoons and on weekends, with minimal wait times. Ideally, the clinics should advertise times when it is best for adolescents to be seen, which reflect the most convenient time(s) for the adolescents in the community.

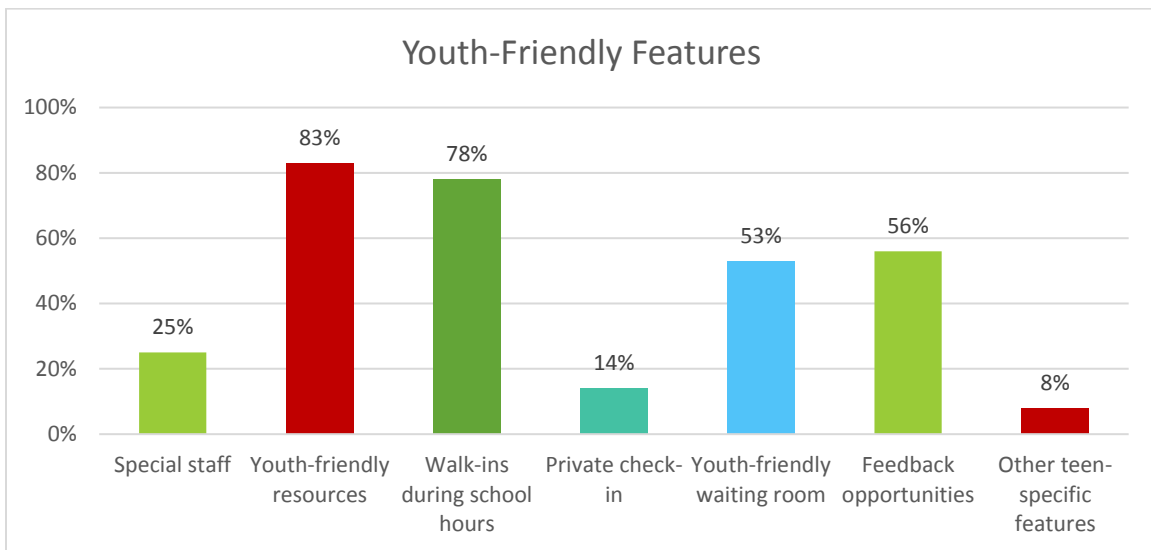
Youth-Friendly Services Features

Clinics were asked if they offered the following youth-friendly features:

- Special staff member to coordinate or oversee adolescent services
- Materials and resources specifically designed for adolescents
- Walk-in appointments available during after-school hours
- Private check-in available for adolescents
- Waiting room designed to be appealing to adolescents
- An opportunity for adolescents to give feedback on clinic services

A majority of providers reported having materials and resources specifically designed for adolescents (84%) and walk-in appointments available during after-school hours (78%). Over half of the providers reported having a waiting room designed to be appealing to adolescents (53%) and providing adolescents with the opportunity to provide feedback (56%).

Only a quarter of the providers reported having a special staff member to coordinate or oversee adolescent services at the clinic. An even smaller number (14%) offered adolescents a private check-in. Three providers noted that their site has a teen-friendly treatment room.



Reproductive and Sexual Health Services Offered

Providers were asked about the types of reproductive health services they offered. All of the sites reported offering breast exams and 89% reported offering routine pap smears. The majority of providers surveyed reported offering reproductive health counseling for females (97%) and sexual health education (89%). Two providers reported having a women's health clinic with staff specially trained around women's health services. One site reported that they refer patients out for all reproductive health services.

We talk to patients about reproductive life planning, STI screen. We ask them if they want kids and how many. If they are already pregnant then we ask them if they need WIC and provide them with a referral. For patients that have had children, we offer IPC [Interpregnancy care] counseling, sterilization vouchers, give visuals of how effective each contraceptive is. (Provider)

I think the STD thing is a big deal because I was actually surprised when I got okay with talking about sex and how many of my friends did not use condoms and that was scary. A lot of them are too scared to get tested or that their parents will find out. (Youth Informant)

In addition to having the same needs as all women of reproductive age, adolescents require specialized attention in order to prevent negative consequences often associated with teenage pregnancy and motherhood (NACCHO, 2009). For example, teen mothers are more likely to have children who have poorer educational, behavioral, and health outcomes over the course of their lives (Hoffman, 2008).

There's a number of older young adults who want to get pregnant. They hadn't gotten pregnant till the age of 17, 18, 19 and think they can't get pregnant. No, you've just been lucky. We talk about these things. They think that I don't want to hear that they want to get pregnant. And I tell them that I do want to know; it's your life not mine. You might want to consider the timing but if you're hell bent on it, I'd rather know so we can have a healthy pregnancy. So yeah, we talk about fertility and ovulation and why have they not gotten pregnant yet. And that's another reason....they might be trying to prove that they can get pregnant. (Provider)

Reproductive health counseling services for males was not as prevalent as for females, even though the need is just as great. Approximately half of the sites reported offered reproductive health counseling for males. One provider noted that they provide reproductive life planning, STI screening, and counseling to all of their adolescent male patients. Two sites reported that they refer their male patients out for this service. One provider noted:

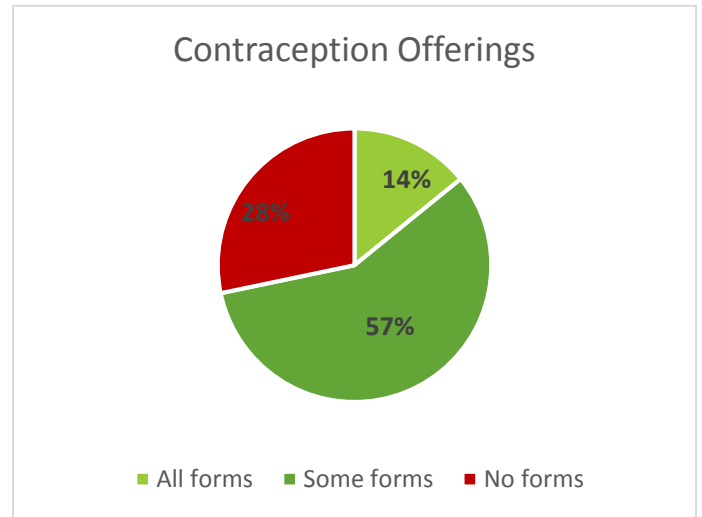
Either their primary care doctor doesn't do that kind of care, they go to a pediatrician and they don't have it there. It depends where they are. A lot of kids don't feel like they have transportation and getting to a place out of their neighborhood is a big deal. We see kids at the school based health centers and getting them from there to a place that offers reproductive health care is sometimes a big challenge. (Provider)

"...A lot of kids don't feel like they have transportation and getting to a place out of their neighborhood is a big deal. We see kids at the school based health centers and getting them from there to a place that offers reproductive health care is sometimes a big challenge."

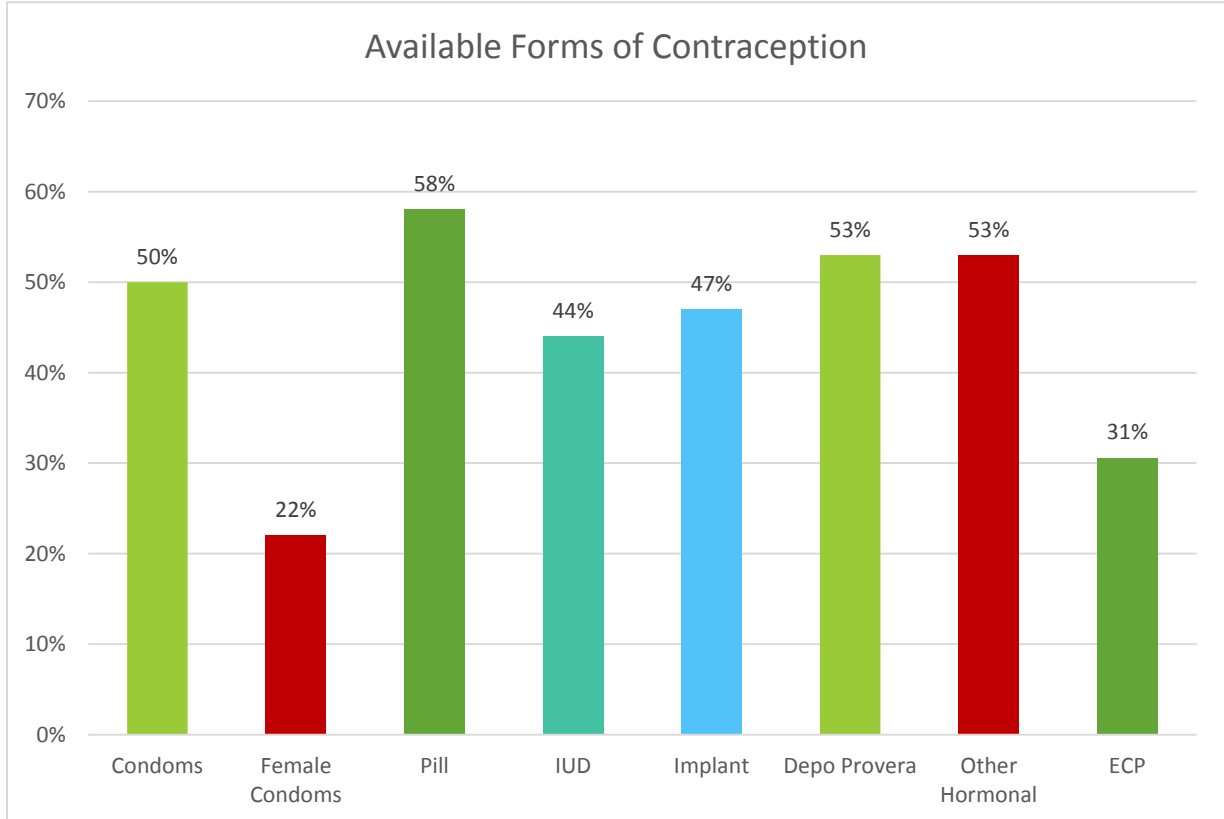
Contraception

Clinics were asked which of the following family planning methods they usually provide to adolescents: male condoms, female condoms, oral contraceptives, Intrauterine Devices (IUDs), implants (Implanon or Nexplanon), Depo Provera, other hormonal contraceptives, and emergency contraception (ECP).

- Only 14% of clinics reported offering all forms of contraception.
- 57% reported offering some form of contraception
- 28% offer no forms of contraception



Half of the clinics reported offering male condoms, while 58% offer oral contraceptive and 22% offer female condoms. Approximately half of the clinics offer some form of long-acting reversible contraception (LARC) or injectable. 44% offered IUDs, 47% offered implants, and just over half offered Depo-Provera and other hormonal contraception. Only 31% offered emergency contraception (ECP). Of those clinics, only 4 reported offering it in advance.



Pregnancy Testing

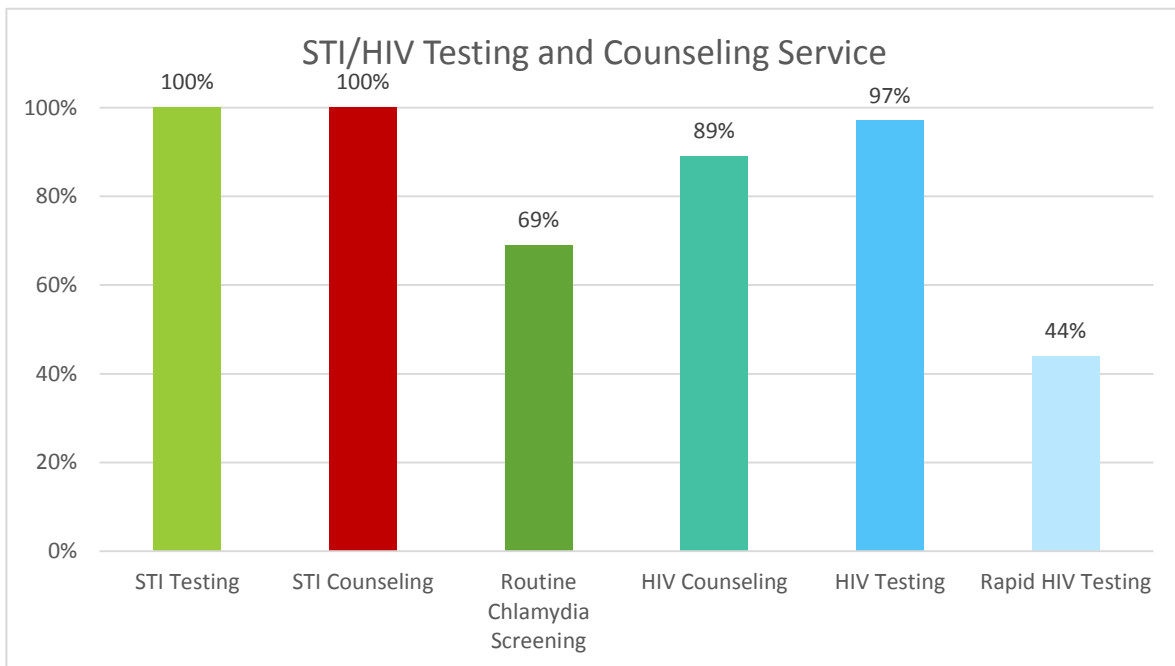
Nearly all of the clinics reported that they provide pregnancy testing (97%) and prenatal or pregnancy counseling for females (92%). 78% reported that they offer prenatal/pregnancy counseling for males.

Clinical research strongly suggests that factors such as late confirmation of pregnancy, delayed commencement of and inadequate prenatal care, and lower compliance with medical advice are strong predictors of poor pregnancy outcomes in teenagers (NACCHO, 2009).

“We deal with a lot of teen pregnancies, the youngest was 10 and 11. I recently had a 17 year old on baby #3. The ones that are under 13 are automatic CPS [Child Protective Services] because they look at that as molestation then I doesn’t really deal with that. Anyone 13 and older I stress birth control and encourage teen mom and parents to discuss birth control options but there is no follow up after given nature of my job” -Provider

STI/HIV Testing and Counseling Service

All of the sites reported offering STI testing and counseling. Sixty-nine percent (69%) reported that they routinely offer chlamydia screening to all sexually active adolescent patients. Of those sites, 8% used culture-based testing, 48% used urine-based testing, and 36% used both. Two sites did not specify. Eighty-nine percent (89%) of sites reported offering HIV testing and counselling. Significantly fewer clinics offer rapid HIV testing (14%).



A third of the kids in the city have an STI, if not more. We’re in a place with lot of STIs... We’re number 1 in syphilis... We have a bunch of providers who know what to look out for. If you think homeless and LGBT youth, you better know to look for that. They’re all getting it. Plenty of gonorrhea. Need to know Hep B. (Provider)

New Orleans providers reported offering STI/HIV testing and counseling; however, adolescents do not always know how to access these services.

A couple of months ago my friend thought she had an STD and I was trying to help her. We were going to clinics on St. Claude and they were closed. And we were like Planned Parenthood, but she doesn't have health insurance. It was like \$500 to get an STD test. So we couldn't come here. She just didn't go. There is St. Claude right by the food center and for \$10 the STD center checks for everything. We were going to go there, but they were closed. Then we were going to go across the street, but they randomly closed and didn't put their hours up. (Youth Informant)

Abortion Service

None of the clinics that participated in the assessment provide abortion services. There are currently two abortion providers in the Greater New Orleans area. None of the clinics identified these providers in the referral networks. 58% of clinics reported offering abortion counseling.

Health and Wellness Service

Providers were also asked about the types of additional health and wellness services they offer. Eighty-one percent of sites reported offering mental/behavioral health service. One provider reported referring all pregnant patients under 17 years of age for behavioral health care. Another reported referring them to the Nurse Family Partnership⁸ if eligible. As one provider noted,

Young women have very limited support networks. Often, their own mother is not around and not capable of providing support. I have patients that seek that out from me, sometimes wanting more than I can give them without crossing boundaries. (Provider)

Eighty-one percent of sites reported offering substance-abuse education as part of their behavioral health services, however only 61% of sites reported offering substance-abuse counseling beyond patient education literature.

We see different types of substance abuse. We used to run a needle exchange program in the past that would provide clean needles. We lost our place of business so we couldn't run it. And it was dragging down our staff and we were constantly looking for funding.

⁸ Nurse Family Partnership (NFP) is run by the Louisiana Office of Public Health. Funding for NFP comes through the federal Title V-Maternal and Child Health Block Grant, TANF, the Maternal, Infant, and Early Childhood Home Visiting Program, private foundations and state general funds. In order to be eligible for NFP, women must be first-time moms, enroll by the twenty-eighth week of pregnancy, and be Medicaid-eligible. Women can self-refer into the program, but NFP receives referrals from providers, Healthy Start New Orleans, WIC, and schools.

They were being paid through federal dollars but they couldn't do it on the work time. After Katrina, we lost all our grants. (Provider)

Several of the providers reported offering violence-prevention education. Eighty-one percent (81%) of sites offer suicide prevention while only 50% offer bullying prevention. Seventy-five percent (75%) of sites offered specific dating violence education. One provider noted that violence prevention is challenging with their patient population.

We see kids who are abused in their families, even if it's not their family of origin. What gets me anxious is these girls who are hit by their boyfriends and they think that's normal. That's what I have a hard time intervening with. (Provider)

The provider went on to share an experience where one of her patients was abused by a boyfriend, "the mom of the boy even told him in front of everyone, 'don't hit her in the face, hit in the soft spots where no one can tell'."

Half of the sites reported offering teen parenting support (50%) and education for parents of teenagers (53%). Nearly all of the sites offer nutrition education (94%) and two-thirds offer recreational/physical activity (67%).

Referrals and Care Coordination

All of sites reported providing and accepting referrals for a wide variety of services they did or did not provide. Providers were asked what services they referred out and the reported:

- Specialty and complex reproductive care
- Mental and behavioral health services, including substance abuse treatment
- Social services
- Abortion services
- Contraception services

I refer to FQHCs when they have services that these kids can access. The bigger one is ILH (the Hospital)...lots of kids to ILH, it's my main source for any kind of care other than pregnancy. Any specialty services. If they have Medicaid, then that's another issue. I can send them to people I know in the pediatric department usually but also some of the adult services inside Tulane. There are some other community people I will refer to as well. Pregnancy care, we try to get them to sign up with one of the... Nurse Family Partnership, Healthy Start, I have a whole sheet. (Provider)

Even though providers make referrals for their adolescent clients, services are not always available.

I had one case. Her mother was mentally ill, don't know what the psychosis was, but the daughter was very passive and the mother was passive-aggressive. One minute she was

throwing the kid out of the house, the next minute she was loving her and bringing her back into the house. The kid was going for it every time and she was pregnant. During a very brutal situation- not physically violent, emotionally- she was hysterical and I called all of God's creations and nobody....nobody would touch her because she was pregnant. I knocked, I begged, I pleaded....I encouraged her to find a friend. I almost took her to my house but I was scared because I don't entirely know her demeanor...plus I have my own children. At that moment...she's still a child, she's still alone, it's still dark, you're still a human being...you stay up all night thinking about if the kid really went to a friend's house. (Provider)

Outreach to Adolescents and Social Media Use

Providers were asked about whether they engaged in outreach services to adolescents. Only 36% of sites engaged in any community outreach service. Even less used social media for outreach (19%). Twenty-two percent (22%) reported using social media to educate adolescents.

Many adolescent informants said that they would prefer to receive information from a healthcare provider and that they would prefer it delivered through technology rather than face-to-face. One informant talked about being able to receive a text from her doctor.

I wish I could text the doctor. Instead of having to call and all that. Sometimes I just wish I could text him and get an answer instead of having to go through all that. I took time to make an appointment, go to the doctor, wait for you, talk to you, and wait for you to give me answer to my question. That is all a waste of time. I could have texted you. Then, it is expensive, too. (Youth informant)

Adolescents also talked about a blog or a website that could direct adolescents and young adults to care.

I would like for an organization to have a page dedicated to doctors or clinics they recommend you to go to. I hear that there are some clinics that are free, but I don't know how to get to them or where they are at. I don't know anything. (Youth informant)

Health Issues

Providers and youth informants were asked to identify the main health concerns of adolescents.

Providers identified reproductive and sexual health issues as the main concern of their adolescent clients.

Mental health, in particular depression



and anxiety, and nutrition/weight issues were also identified by providers as serious adolescent health concerns.

Under the umbrella of reproductive and sexual health, they identified:

- Sexually transmitted infections (STI)
- Pregnancy prevention and family planning,
- Pregnancy and parenting teen support

Youth informants identified:

- Pregnancy prevention
- Sexually transmitted infections (STI)
- Mental health

Youth also identified sexual violence and abuse⁹ and access to qualified doctors as critical health issues.

Barriers to Reproductive Health Services: Provider and Adolescent Perspectives

Providers and youth informants were asked to identify the main barriers that adolescents encounter when trying to access reproductive health service.



Providers identified transportation as the main barrier, followed by lack of knowledge, parental involvement, and issues around consent. Youth informants also identified transportation, particularly for younger teens and teen parents, as a barrier to accessing care.

When you are younger, your parents are your mode of transportation and you don't want to tell them you are going to Planned Parenthood. Not being able to talk to them about it because you are too scared or you know they are going to flip out about it. I never had that but my friend did. (Youth informant)

⁹ For the purposes of this report and clarification and owing to differences in language used by interviewees, sexual violence, intimate partner violence, sexual abuse, and dating violence have been classified as sexual violence and abuse.

Although Medicaid provides transportation services, clients under nineteen must be accompanied by an adult.

Providers identified a lack of knowledge about how and where to access reproductive and sexual health services. Coupled with that, providers noted that convenience is a significant driver for adolescents around accessing reproductive and sexual health services.

If it's not convenient, they're not going to go. If their mom doesn't take them to the doctor and the doctor doesn't discuss it, then they're less likely to get care. If they go to the school health center and they try to get them to go somewhere, they're still not going to go. If you're older and actually will go places but don't know they're there, that's another issue. (Provider)

Another barrier identified by providers that impacts adolescent utilization of reproductive and sexual health services is their engagement in what one provider called “magical thinking”.

It's not just an access issue if you think you don't need to be there; it's a utilization issue, you're not going to use services. The magical thinking is a big one with adolescents I think. They just don't want to think about it. Like anybody else with intimate relationships, their brain isn't working anyway. If it's an intimate situation, we don't think clearly. There's a disconnect between I need services for this and look what I'm doing. And then it's a knowledge issue. How do I get services? Do I qualify for services? Where do I get services? Do I even qualify? That's an access issue too. (Provider)

Several providers acknowledged that more needs to be done from a health systems standpoint to engage adolescent patients.

Bringing it up themselves might be a difficult thing for youth and they might not tell their pediatricians that they need something rather than just to have something looked at. Teenagers tend to not go for preventative care. If they do, there are some pediatricians, although they're getting fewer and fewer, who don't ask those questions so they don't get care that way. (Provider)

Both providers and adolescents identified parents as a barrier to accessing reproductive and sexual health services.

Younger populations have trouble getting there for services – especially dealing with parents and telling them they want to get on birth control. So they get pregnant and then come in late for prenatal care because they were keeping the pregnancy a secret. There are many barriers for younger populations in getting seen because of issues with parents. (Provider)

Pregnant and parenting teens in New Orleans are faced with a unique set of challenges when it comes to accessing reproductive and sexual health services. Barriers to care faced by pregnant and parenting teens include lack of financial independence and unfinished formal education

(Pilon, 2011). In New Orleans there are few clinics geared toward addressing the particular needs faced by pregnant and parenting teenagers.

Adolescents identified issues of payment as a major barrier to accessing care while providers were less likely to see this as a barrier.

Young adults don't think they can get care because they've lost their insurance and they think they're done. (Provider)

In many cases, adolescents and young adults try to engage care only to find that they lack required personal information, such as their social security number or their parent's social security number.

They ask for information like your social security number and some kids don't know that. That's when they ask for their parent's help. I don't even know my social security number, how am I gonna know my Daddy's social security number? (Youth informant)

Teens are generally less likely to seek health care due to issues of trust and confidentiality, compounded by lack of transportation or access (NCFY, 2013). Fears of stigma and shaming act as a barrier.

This kid was at a family planning place and she said 'You know I almost didn't make it here.' The entrance was on the side of the street, off the main drag, not too far away. She said, 'first of all, I told my mom that I'm going to a girlfriend's house but she knew where I was going, I got on the bus and the people in the bus knew where I was going too so I got off a block beyond, I was supposed to walk back but I didn't know where I was going, I walked into the clinic and everyone there knew why I was there.' Thinking like an adolescent....everyone knows why you're there and it's embarrassing and uncomfortable. (Provider)

Strengthening Youth-Friendly Reproductive Health Services

Providers were asked what areas they would most liked strengthened in youth services. They identified four key areas: **operations, health education, clinical services, and external services**. In terms of operations, providers would like to offer more youth-friendly scheduling such as after-school and weekend hours. Under the area of clinical services, providers would like to offer more on-site mental health services. They would also like to expand the type of birth control offered at sites and STI services including HIV rapid testing. Providers would also like to expand the comfort of pediatricians with providing reproductive counseling and services to their adolescent patients.

In the area of health education, providers would like to expand on-site peer support, reproductive health group discussions, teen-dating violence prevention and healthy relationship skills, bullying prevention, parenting skills, and adolescent-focused nutrition-health education. Externally, providers would like to strengthen community engagement and parental

involvement. They would also like to expand community outreach and youth awareness about their safe and confidential reproductive health services. However, providers note that they are concerned about hostile political environment that they are operating within. Finally, providers would like to see more specialists, specifically mental health providers that accept Medicaid.

Operations	Clinical Services	Health Education	External
Youth-friendly hours	Mental health services Expanded STI services (Rapid HIV testing) Comfort of clinicians around RH More staff trained in adolescent-friendly RH	Onsite peer-support RH Groups Violence prevention Healthy relationship skills Bullying prevention Parenting Skills Nutrition counseling	Community engagement Political environment Youth awareness of services Expanded Medicaid acceptance among Specialists (Mental Health)

Youth informants were asked about the ideal way that adolescents and young adults would like to access reproductive and sexual health services. One suggestion was to remove the barrier of documentation.

You walk in and they don't ask for insurance, any pay and they deal with all that at the very end. If you are unable to pay, they either come up with a payment plan that is reasonable or just waive it. (Youth informant)

Don't ask for stuff like if you have a social because there are some places that you do get turned away if you are undocumented. (Youth informant)

Informants felt that services should be available in accessible locations and the services centered in one location reduced barriers to care. One informant shared her experience with her clinic:

If you were dealing with depression or stress, they have counselors who are there. They won't have to write me something or send me to a different location. It is right there. I recently found I was pregnant, and I thought I was going to have to go to an OB/GYN far away, but it was right by the clinic. (Youth informant)

Finally, several informants talked about mobile health options, such as a bus that would provide adolescent-friendly reproductive health services.

I think a bus would be okay for some kids. They might be more comfortable going to a bus because a clinic makes you wait. Some younger kids are embarrassed about going to a clinic and getting stuff done. (Youth informant)

We have a blood bus that comes to the school. Why not a women's health bus? (Youth informant)

Although additional assessments have continued to show that schools, health care providers, and community-based organizations interact with adolescents within primarily their own institutional arenas and that large gaps in access and quality exist, some parts of the fragmented service delivery systems are in fact interacting in a limited capacity. Despite no consolidated statewide or local strategy to address adolescent reproductive health, this health systems mapping project was able to identify key areas of strength within the system, areas for improvement, and, perhaps most critical, areas where providers identified interest and buy-in around improvement.

New Orleans continues to have very **well established community providers**. Many of the sites might be newer sites post-Katrina, however the operators of the sites and the providers have been serving the community for much longer. Only 3 providers reported serving adolescents for less than a year. Long term establishment of providers can make for a more stable health system, where community residents are familiar with and comfortable accessing ~~relating to~~ knowledge of locations and services provided. However, established health systems and providers also may be resistant to change and new youth-friendly service engagements.

New Orleans actually has far more financial coverage of young people than any other part of the state with LaCHIP, Take Charge Plus, and the GNOCHC waiver, yet **perceptions of coverage limitations** limit access. These perceptions are further exacerbated by **limited community outreach in New Orleans**. Health-system mapping in a different area of the state showed that community outreach by providers in New Orleans appears to be significantly lower than other regions. This may mean that although providers have extensive experience working in New Orleans, adolescents' awareness is limited in regard to provider expertise, services provided, and coverage of these services. In addition to low community engagement, care coordination services in New Orleans were also very low. Care coordination is critical to ensuring adequate and continuous service delivery, particularly with adolescent populations. Very few sites offered case management or care coordination services, with only 12% of sites reporting having at least one case manager and only 8% of sites reported having a care coordinator.

Additional areas of note include:

- New Orleans clinics serving adolescents continue to have very **limited contraceptive offerings**. Only 14% of clinics reported offering all forms of contraception. 28% offer no forms of contraception at all, and less than 60% reported offering any form of contraception
- The overall mapping found very **little emphasis on vulnerable youth**, such as LGBT youth, systems involved youth, homeless youth, etc.
- Although clinics reported confidential services, only 14% offered adolescents a private check-in. Further exploration around general **privacy law compliance** is needed, as well as **continuing education around youth-friendly services**.
- Almost all providers saw a connection between **behavioral health** and reproductive health in New Orleans. Eighty-one percent (81%) percent of sites reported offering

mental/behavioral health services, and high amounts of behavioral health staffing were reported.

Social Network Analysis

Social networks matter. They are our means of interacting with individuals and systems, spreading ideas, and disseminating practices throughout our own social systems. Mapping social networks allows us to understand how communication, information, and resources flow, both connecting, or disconnecting people to each other, to organizations, and to systems, as well as the conditions that affect social connection (Hanneman & Riddle, 2005; Rogers, 2003; Wasserman & Faust, 1994). Understanding the structures of adolescent reproductive health networks is important, as those structures can in part determine community outcomes as well as outcomes of interventions. The collective effect of many actors and actions is essential to organizing and sustaining efforts to improve population health and to evaluating them (Woulfe, Oliver, Zahner & Siemering, 2010).

A social network is defined as a social structure comprising a set of actors (organizations) or networks of people related to one another (such as relationships, connections, or interactions) by particular characteristics (Jang, Lee & An, 2012). For New Orleans, the social networking exercise generated a total of:

- 222 organizations (or actors)
- 72 health providers
- 75 youth-serving community-based organization (CBO)
- 43 schools
- 11 youth-serving faith-based organizations
- 21 organizations that fell into the category of “other.”

The social networks are visualized in Figures 1-11. Health provider are depicted as blue nodes (■), CBO as pink (■), schools as green (■), faith-based organizations as orange (■), and organizations that fell into the category of “other” are depicted as royal blue nodes (■). The relationships between these organizations (actors) are expressed with nodes and links. Links show exchanges between 2 actors in the network.

The core concepts in social network analysis are degree, density, and centrality. Degree refers to the number of connections an organization has in a network. Organizations with many connections can mobilize a large amount of resources and play a central role in the flow of information. Density refers to the ratio of the number of actual connections to all possible connections with 0 equaling low density and 1 equaling high density. Betweenness centrality refers to how often a given organization falls along the shortest path between two other organizations (Borgatti, Everett & Johnson, 2013; Freeman, 1979).

The Health Provider Network (shown in Figure 1) has between 0 and 25 connections (ties) with an average of 8.3 ties. The overall density of this network is 0.10, indicating a low density network. Within this network, a few organizations have a high level of centrality in relation to the other health providers in the network (shown in Figure 2). The Health Provider and Schools Network is shown in Figures 2 and 3. Within this network, a few health providers and one school display a high level of centrality in relation to the other organizations in the networks. Overall, schools are not central actors in this network. The Health Provider and CBO network (shown in Figure 5) has between 0 and 28 connections with an average of 6.2 ties. The overall density of this network is 0.03, indicating a low density network. The Health Provider, School, and CBO Network (shown in Figures 7 and 8) has between 0 and 28 connections with an average of 6.2 ties. The overall density of this network is 0.03, indicating a low density network. The Health Provider, Faith-based and Other Organizations Network is depicted in Figure 9. The Full Youth Services Network (health providers, CBO, schools, faith-based organizations, and other) (shown in Figure 10) has between 0 and 36 connections (ties) with an average of 6.2 ties. Only one organization (a health provider) was an isolate (meaning that it lacked any ties).

Analysis of the New Orleans networks indicated that there is great room for further development of relationships. Within the networks, a small number of health providers and CBOs display a high level of centrality in relation to the other organizations in the network (shown in Figures 4, 6, 8, 11). Overall, schools are not central actors in any of the networks. Analyzing the social network around adolescent health access in New Orleans has yielded a more comprehensive picture of how adolescents connect, or do not connect with health systems. This has provided identification of the health providers and CBOs most utilized by adolescents that can be further engaged around expanding access to and quality of youth-friendly services. In addition to identifying organizations with high centrality, analysis of the networks also allow efforts to increase the connectedness of organizations with few or no ties ~~in order~~ to strengthen multisector partnerships. The rationale behind developing multisector partnerships is that, because no single organization or sector has full control over the determinants of population health, effective solutions require inter-organizational coordination and collaboration (Mays & Scutchfield, 2010).

Key Findings

- Organizations are either densely connected or completely disconnected.
- Analysis shows a moderately connected health system overall, but stronger community based organization and school facilitated referral networks to health systems.
- There are select community-based organizations that are “very connected” within the health services sector and serve as intermediary critical referral organizations regardless of whether they provide direct health care services or not.
- With the exception of one health care center, health providers who see large volumes of adolescent health patients report connections or relationships with CBOs or referral partners.

Figure 1: Health Providers Network

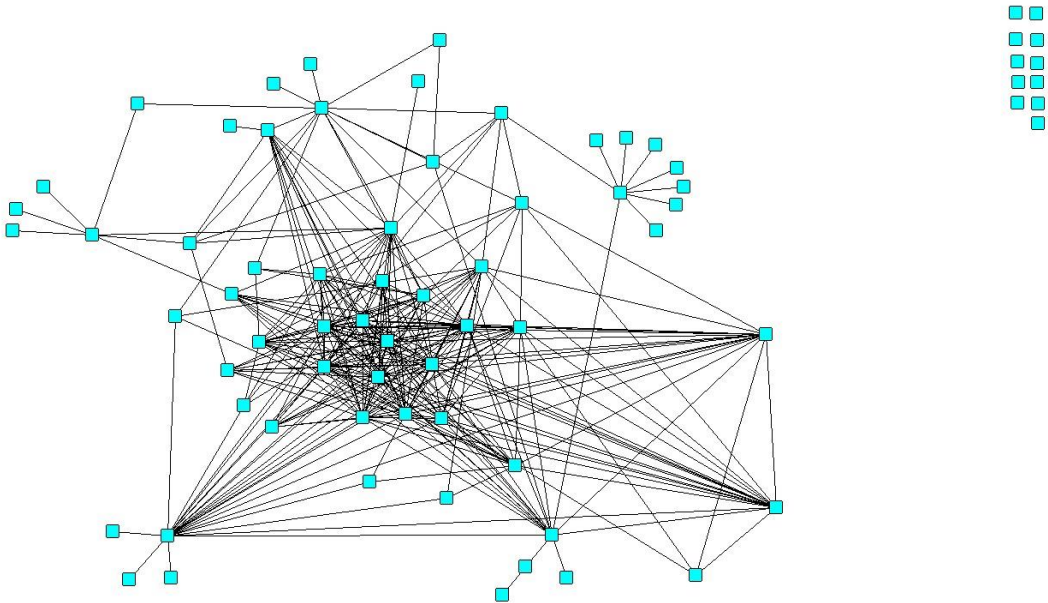


Figure 2: Health Provider Network (Betweenness Centrality)

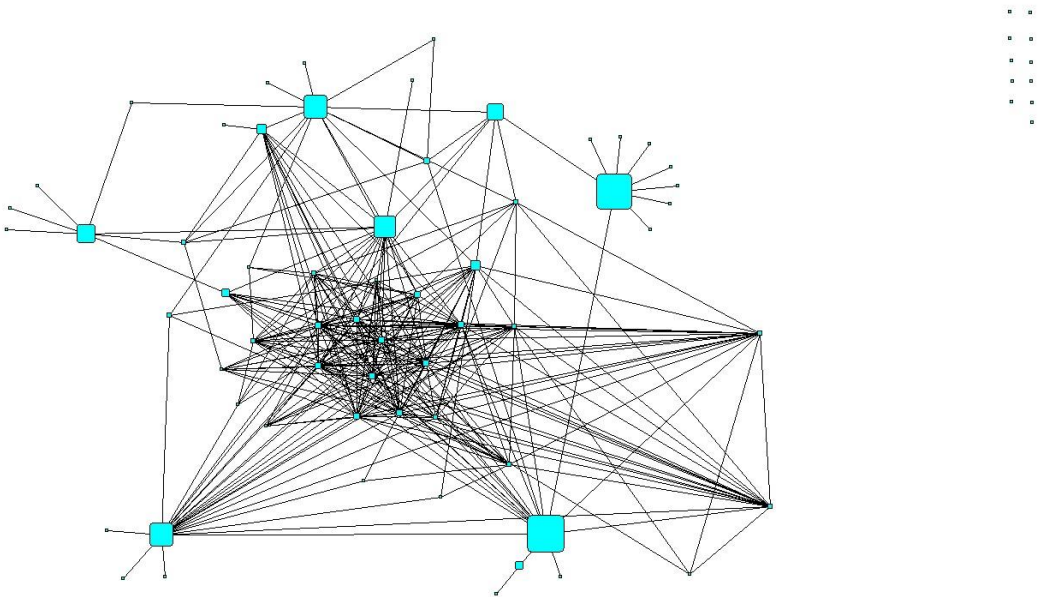


Figure 3: Health Provider and Schools Network

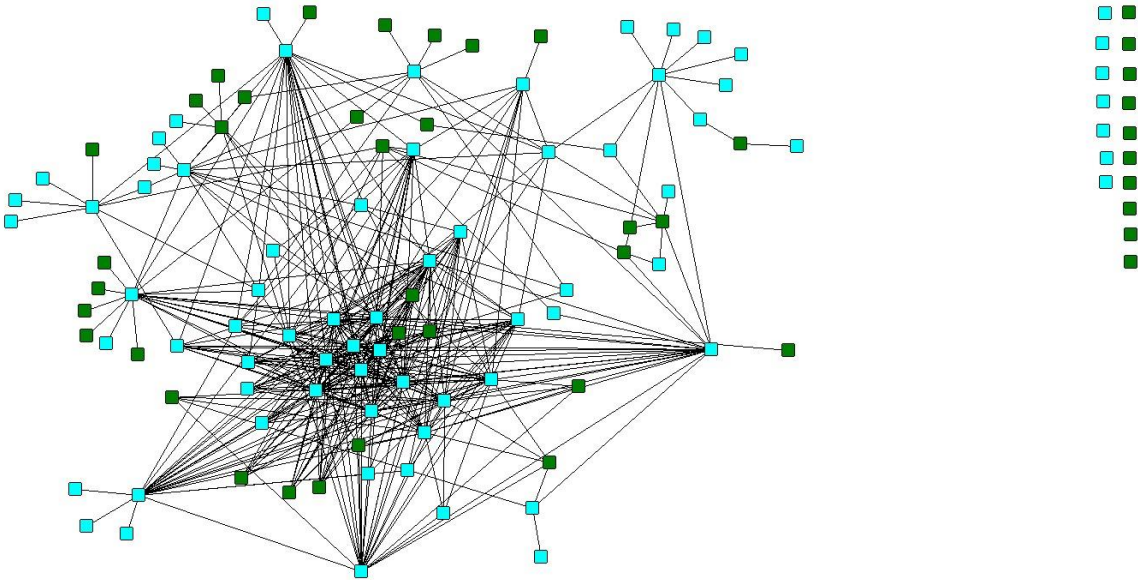


Figure 4: Health Providers and Schools Network (Betweenness Centrality)

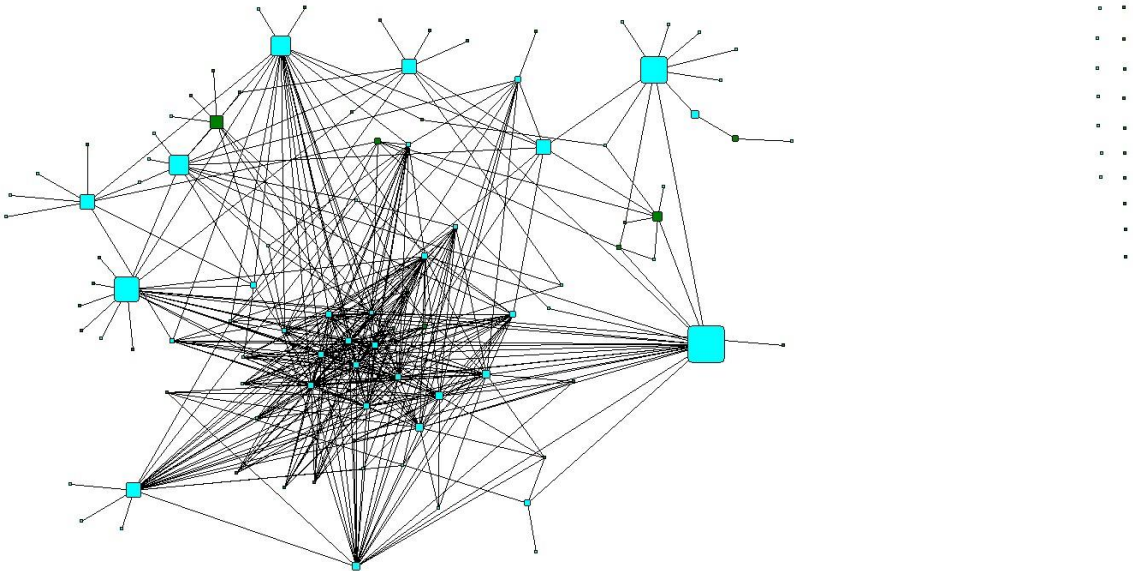


Figure 5: Health Provider and Community-based Organization Network

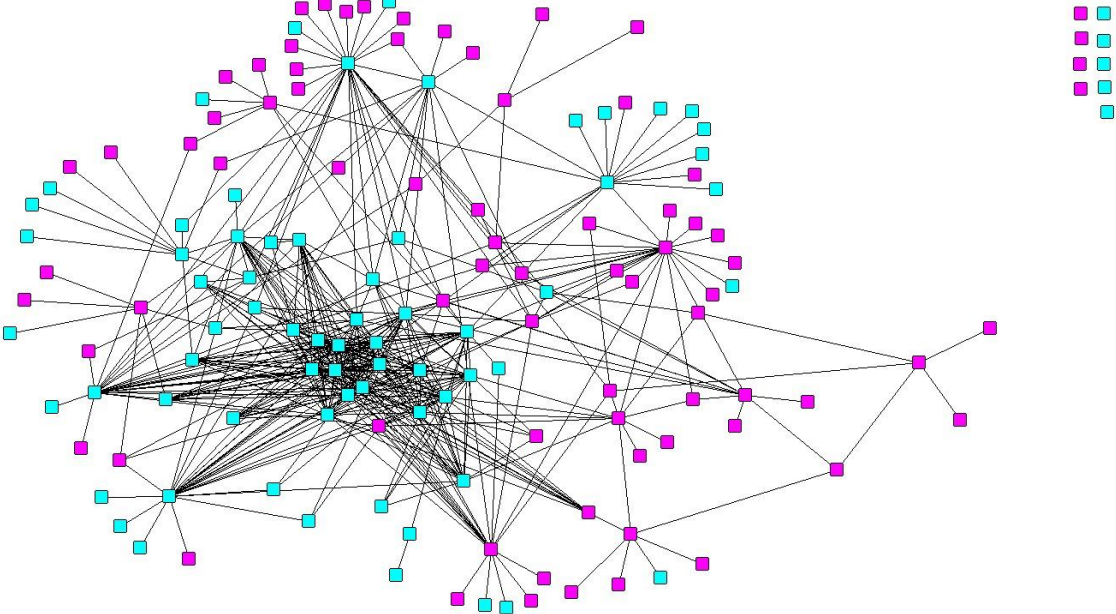


Figure 6: Health Provider and Community-based Organization Network (Betweenness Centrality)

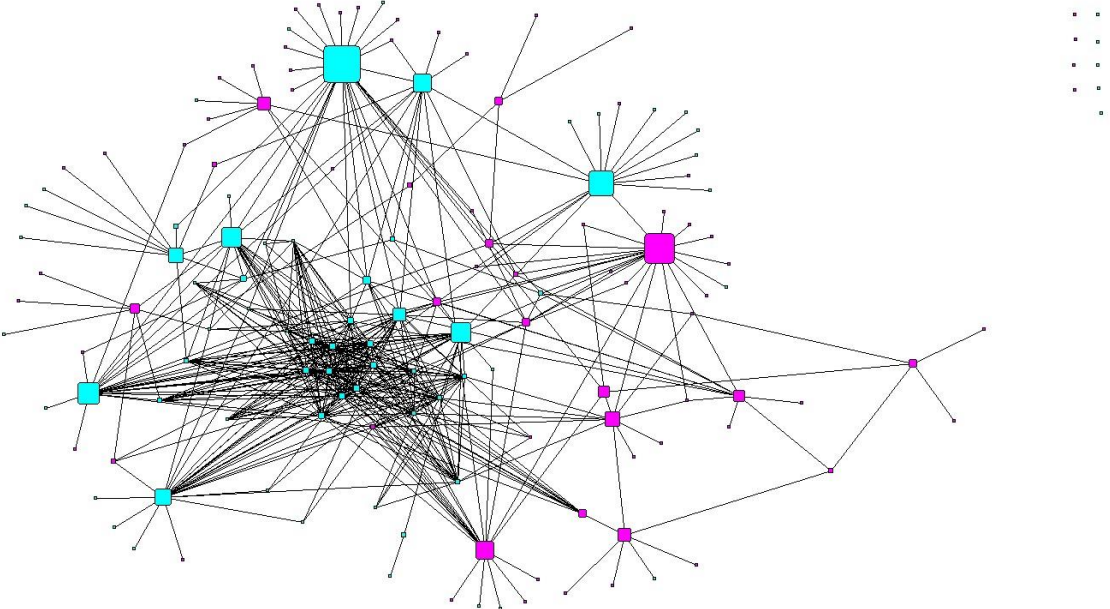


Figure 7: Health Provider, CBO and Schools Network

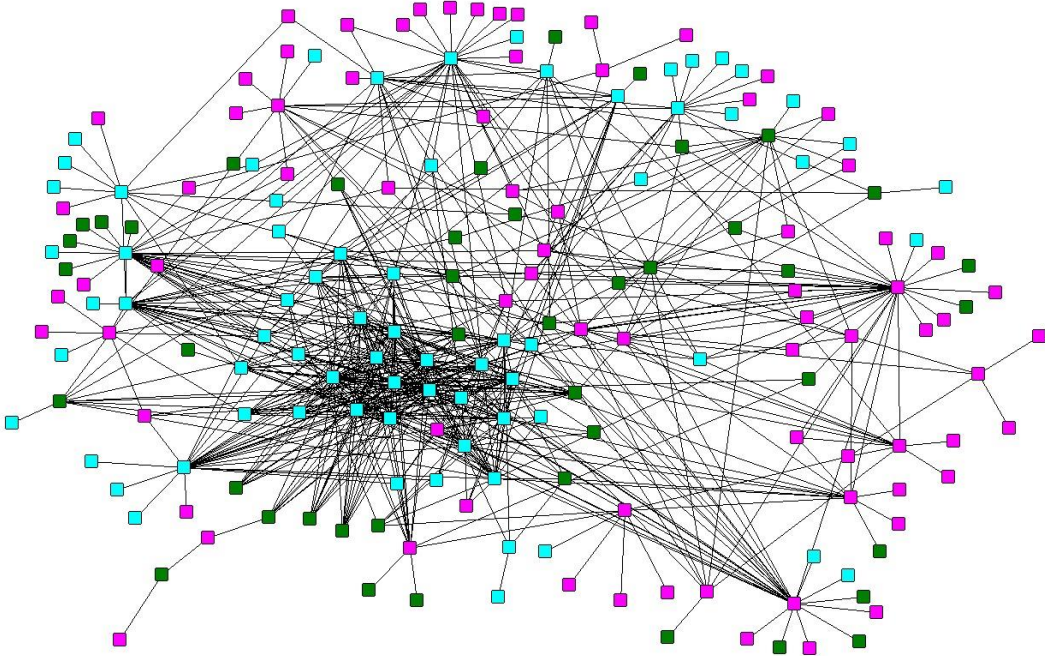


Figure 8: Health Provider, CBO and Schools Network (Betweenness Centrality)

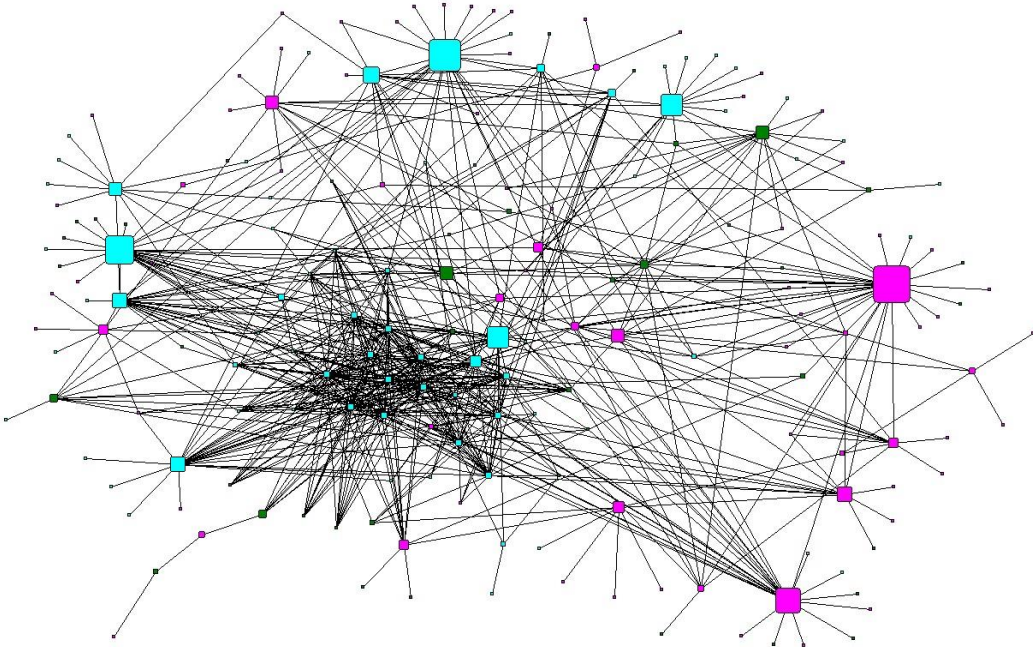


Figure 9: Health Provider, Faith-based and Other Organizations Network

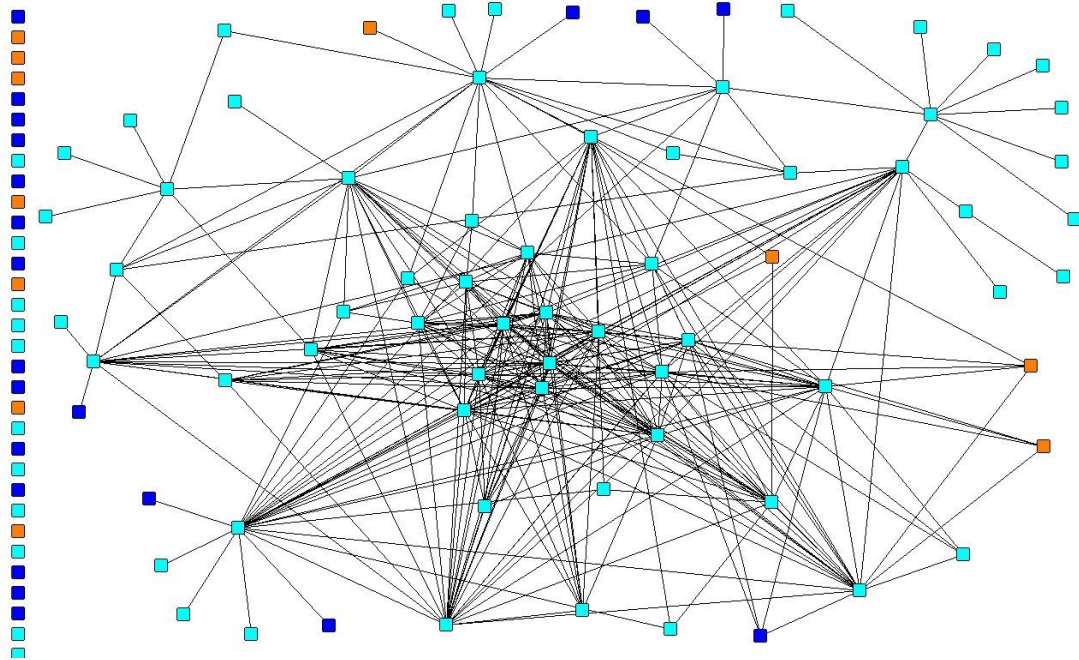


Figure 10: Full Youth Services Network

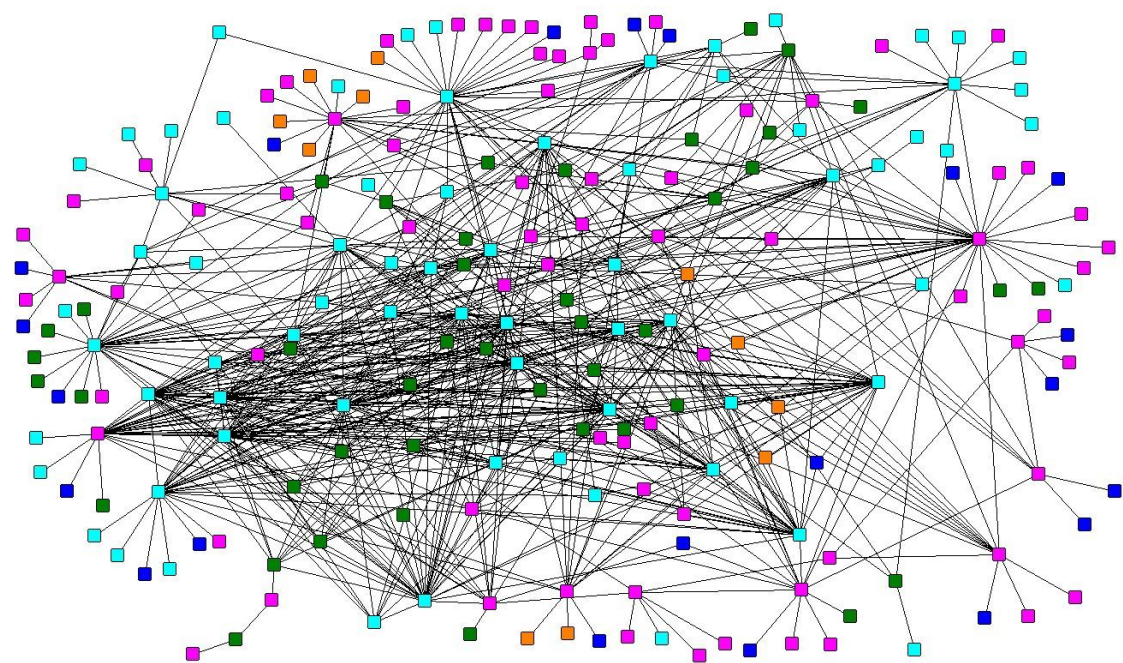
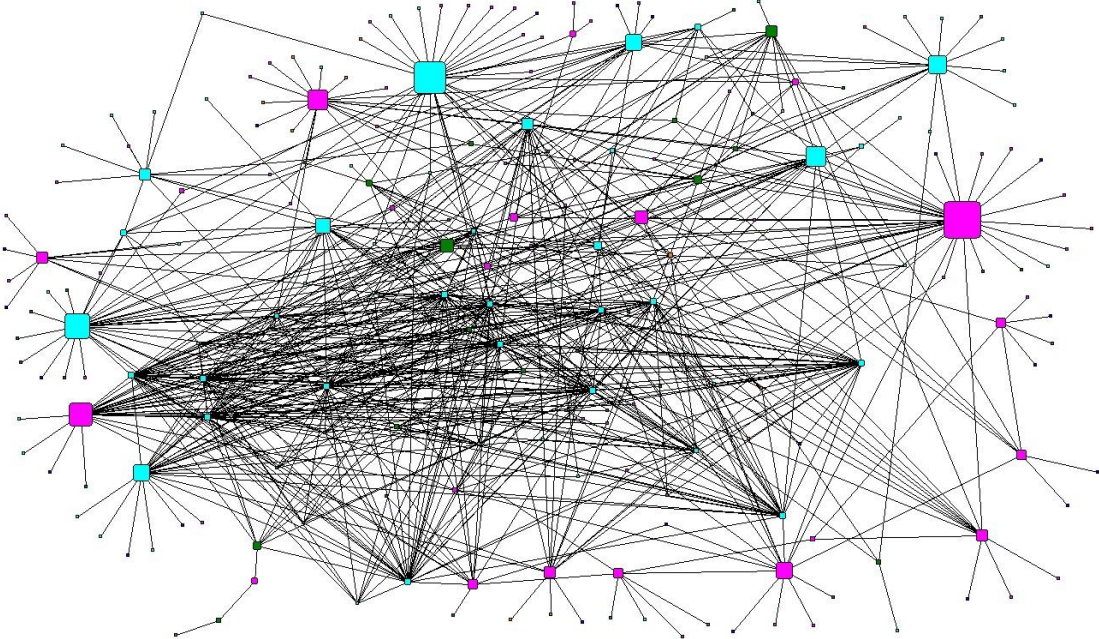


Figure 11: Full Youth Services Network (Betweenness Centrality)



References

- Advocates for Youth. (2014). *Best practices for youth friendly clinical services*. Retrieved from <http://www.advocatesforyouth.org/publications/publications-a-z/1347--best-practices-for-youth-friendly-clinical-services#references>.
- Borgatti, S.P., Everett, M.G., & Johnson, J.C. (2013). *Analyzing social networks*. Los Angeles: Sage Publications Limited.
- Centers for Disease Control and Prevention. (2012). *Sexually Transmitted Disease Surveillance 2011*. Atlanta: U.S. Department of Health and Human Services. Retrieved from <http://www.cdc.gov/std/stats11/surv2011.pdf>.
- Centers for Disease Control and Prevention. (2013). Youth Online: High School YRBS Louisiana 2013 and United States 2013 Results. Retrieved from <https://nccd.cdc.gov/youthonline/App/Results.aspx?TT=G&OUT=0&SID=HS&QID=QQ&LID=LA&YID=2013&LID2=XX&YID2=2013&COL=&ROW1=&ROW2=&HT=QQ&LCT=&FS=S1&FR=R1&FG=G1&FSL=&FRL=&FGL=&PV=&C1=LA2013&C2=XX2013&QP=G&DP=1&VA=CI&CS=N&SYID=&EYID=&SC=DEFAULT&SO=ASC&pf=1&TST=True>.
- Dailard, C. (2000). Reviving interest in policies and programs to help teens prevent repeat births. *Guttmacher Report on Public Policy*, 3(3), 1-2.
- Fava, N. M., & Bay-Cheng, L. Y. (2013). Trauma-informed sexuality education: recognising the rights and resilience of youth. *Sex Education*, 13(4), 383-394.
- Freeman, S.C. & Freeman, L.C. (1979). The networks network: A study of the impact of a new communications medium on sociometric structure. Social Science Research Reports No. 46, University of California, Irvine.
- Ginsburg, K. R., Winn, R. J., Rudy, B. J., Crawford, J., Zhao, H., & Schwarz, D. F. (2002). How to reach sexual minority youth in the health care setting: The teens offer guidance. *Journal of Adolescent Health*, 31(5), 407-416.
- Hanneman R. & Riddle M. (2005). *Introduction to social network methods*. Riverside, CA: University of California.
- Hoffman, S. D., & Maynard, R. A. (Eds.). (2008). *Kids having kids: Economic costs and social consequences of teen pregnancy* (2nd ed.). Washington, DC: Urban Institute Press.
- Hutchinson, P., Carton, T.W., Broussard, M., Brown, L., Chrestman, S. (2012). Improving adolescent health through school-based health centers in post-Katrina New Orleans. *Children & Youth Services Review*, 34(2): 360-368.
- Jang, H. L., Lee, Y. S., & An, J. Y. (2012). Application of social network analysis to health care sectors. *Healthcare informatics research*, 18(1), 44-56.

Mays, G. P., & Scutchfield, F. D. (2010). Improving public health system performance through multiorganizational partnerships. *Prev Chronic Dis*, 7(6), A116.

National Center on Addiction and Substance Abuse. (1999). *Dangerous Liaisons: Substance Abuse and Sex*. New York: Columbia University. Retrieved from <http://www.casacolumbia.org/addiction-research/reports/dangerous-liaisons-substance-abuse-and-sex>.

National Association of County and City Health Officials. (2009). *Meeting the Needs of Pregnant and Parenting Teens: Local Health Department Programs and Services*. Retrieved from http://www.dhs.state.mn.us/main/groups/agencywide/documents/pub/dhs16_148996.pdf.

National Clearinghouse on Families & Youth. (2013). *Focusing on Outcomes for Youth*. Retrieved from http://ncfy.acf.hhs.gov/sites/default/files/outcomes_for_youth.pdf.

Pilon, B. (2011). Removing the barriers to prenatal care and education for teens: Rock-a-bye teens: An early start program. *International Journal of Childbirth Education*, 26(4): 23-27.

Rogers, E.M. (2003). *Diffusion of innovations*. New York; London: Free Press

Scherzer T. Negotiating health care: the experiences of young lesbian and bisexual women. *Culture, Health & Sexuality* 2000; 2:87-102.

Wasserman, S. & Faust, K. (1994). *Social network analysis: methods and applications*. Cambridge: Cambridge University Press.

Woulfe, J., Oliver, T. R., Zahner, S. J., & Siemering, K. Q. (2010). Multisector partnerships in population health improvement. *Prev Chronic Dis*, 7(6), A119.

Appendices

Appendix A: Clinic Health Assessment

Name of Organization: _____

Name of Individual completing this survey: _____

Email address of individual completing this survey: _____

Program Name (optional): _____

Organizational Information	
1. How many staff members does your organization have?	Full time: _____ Part time: _____
2. How long has organization existed?	_____ years
3. Please indicate the number of staff that match the following criteria:	LCSW: _____ LPN: _____ LMSW: _____ RN: _____ Psychologist: _____ NP: _____ Licensed Professional Counselor (LPC): _____ MPH: _____ Marriage and Family Therapist (MFT): _____ Registered Dietician: _____ MD: _____ Nutritionist: _____ Health Educators: _____ Case Managers: _____ Care Coordinator: _____ Admin Staff: _____ Other: _____ Other: _____
4. What percentage of your staff work directly with youth?	_____ %
Appointment Information	
5. Are you currently accepting new adolescent patients?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are there any fees for the services you provide?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Does your clinic accept Take Charge Plus?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Is your clinic a Medicaid provider?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which of the Bayou Health Plans do you accept? <input type="checkbox"/> Aetna Better Health <input type="checkbox"/> Amerigroup RealSolutions <input type="checkbox"/> AmeriHealth Caritas <input type="checkbox"/> Louisiana Healthcare Connections <input type="checkbox"/> UnitedHealthcare
9. Is your clinic a Vaccines for Children provider?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Does your clinic offer:	After-school appointments (before 5pm)? <input type="checkbox"/> Yes <input type="checkbox"/> No

	Evening appointments (after 5pm)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Weekend appointments (Sat/Sun)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Does your clinic offer services to both males and females?	<input type="checkbox"/> Males only <input type="checkbox"/> Females only <input type="checkbox"/> Both males and females		
12. Does your clinic offer any of the following features? (Check all that apply)	<input type="checkbox"/> A special staff member to coordinate or oversee adolescent services at the clinic <input type="checkbox"/> Materials and resources specifically designed for adolescents <input type="checkbox"/> Walk-in appointments available during after-school hours <input type="checkbox"/> Private check-in available for adolescents <input type="checkbox"/> A waiting room designed to be appealing to adolescents <input type="checkbox"/> An opportunity for adolescents to give feedback on clinic services <input type="checkbox"/> Other teen-specific features, please explain:		
Services Currently Offered			
13. Which of the following family planning methods do you usually provide to adolescents at your clinic? (Please check all that apply)	<input type="checkbox"/> Male condom <input type="checkbox"/> Female condom <input type="checkbox"/> Oral contraceptives <input type="checkbox"/> Intrauterine Devices (IUD) <input type="checkbox"/> Implant (Implanon or Nexplanon) <input type="checkbox"/> Depo-Provera <input type="checkbox"/> Other hormonal contraception, ie. ring, patch <input type="checkbox"/> Emergency contraception (ECP) If yes, is emergency contraception provided in advance or as needed? <input type="checkbox"/> As needed <input type="checkbox"/> In advance <input type="checkbox"/> Other: _____		
14. Please indicate whether your organization provides any of the following services and the number of youth served annually for each of the services offered if it is known.	STI Testing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number _____
	If yes, does your clinic or organization routinely offer chlamydia screen to all sexually active adolescent patients?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, which type of chlamydia screening is offered?		
	<input type="checkbox"/> Culture <input type="checkbox"/> Urine-Based Test		
	STI Counseling	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	HIV Testing	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	If yes , is it Rapid Testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	HIV Counseling	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Abortion Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Abortion Counseling	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Pap Smears	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Breast Exams	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
15. Please indicate whether your organization provides any of the following services and the number of youth served annually for each of the services offered if it is known.	Reproductive Health Counseling for females. If yes , please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Reproductive Health Counseling for males. If yes , please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Sexuality Health Education	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

	Prenatal/Pregnancy counseling for females <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Prenatal/Pregnancy counseling for males <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Pregnancy Testing <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Mental Health Counseling <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Substance Abuse Counseling <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Substance Abuse Education <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Dating Violence Education <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Web-based Health Information <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Education for Parents of Teens <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Bullying Prevention <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Recreational Physical Activity <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Nutrition Education <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Suicide Prevention <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Teen Parenting Support <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Referral services <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Language: Written materials <input type="checkbox"/> Yes <input type="checkbox"/> No _____ If yes, what languages? Language: Translation services <input type="checkbox"/> Yes <input type="checkbox"/> No _____ If yes, what languages? Language: One-on-One Spoken <input type="checkbox"/> Yes <input type="checkbox"/> No _____ If yes, what languages?
16. Is your clinic more likely to address health issues with the youth you serve internally vs. refer out?	Can you provide examples?
17. What services do you refer out for?	
18. Who do you refer to for services?	
19. Do you receive referrals from school nurses?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are there certain schools that refer to you? Please list.
20. What are your strengths in your referral system?	
21. What are your weaknesses in your referral system?	

22. What is the total number of youth served by your organization overall?	# of youth served: _____
Demographics	
23. What ages comprise the population of your organization?	Ages 8-10 _____ Ages 11-13 _____ Ages 14-17 _____ Ages 18-19 _____ Ages 20-25 _____ Over 26 _____
24. What races comprise the population of your organization?	American Indian/Alaskan Native _____ Asian _____ Black or African American _____ Native Hawaiian or Other Pacific Islander _____ White _____
25. What percentage of ethnicity(ies) comprise your patient population?	Hispanic/Latino _____ Non-Hispanic/Latino _____
26. What languages are spoken by the adolescent population of your organization?	English _____ Spanish _____ Vietnamese _____ Other: _____
27. What education level do you serve?	Elementary (Pre-K-5 th Grade) _____ Middle (6 th -8 th grade) _____ High School(9 th -12 th grade) _____ Post-Secondary (community college, college, university) _____ Dropouts _____ Outside of School (graduates, GED program)
28. What sexual orientation(s) do you serve?	Heterosexual _____ Bisexual _____ Lesbian _____ Gay _____ Transgender _____ Questioning _____
29. Do you serve the following special populations?	Homeless Youth _____ Youth in Foster Care _____ Adjudicated Youth _____ Teen Parents _____ Sexually Active _____ HIV Positive Youth _____
Health Issues	
30. What major health issues do your adolescent clients talk about/ express concern about?	

31. What do you see as major health issues that your adolescent clients need addressed?	
Barriers to RH Services	
32. What do you see as the barriers to youth in your community accessing health care?	
33. What barriers exists for your organization to provide better reproductive health education and/or counseling?	
34. (a) What barriers exist to your organization partnering with other health care providers in addressing youth reproductive health needs? (b) With other Social Service agencies?	
35. What areas would you most like to strengthen in your youth services?	
Outreach	
36. Do you provide any community outreach services?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes , please explain.
37. Do you use social media for outreach to adolescents?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes , please explain.
38. Do you use social media to educate adolescents?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes , please explain.
39. What would be useful in helping you strengthen those areas (ie more providers, technical assistance, health educators, more outreach staff)?	

Health System Social Networking Questions

Now, I'm going to ask you a series of questions about the organizations that your organization interacts with.

1. Please list all of the [CATEGORY] that your health practice/clinic engages with regarding student reproductive health. [youth-serving community-base or non-profit organizations, faith-based organizations, other academic institutions/schools, clinical/health care providers, and other.]

- **DEFINITION:** By youth-serving CBO/NGO, I am referring to organizations in the community with a youth-focused mission. This does not include faith-based organizations.
- **DEFINITION:** By faith-based organization, I am referring to an organization that is faith-based that may or may not provide direct services, such as Catholic Charities.
- **DEFINITION:** By clinical/health care providers, I am referring to clinics, SBHC, individual providers, provider groups and hospitals.
- **DEFINITION:** By other, I am referring to any organization not included in the categories already listed.

- **DIRECTIONS:** WRITE DOWN ALL THE NAMES IN THE NAME COLUMN. STOP AT 10.

2. Now, I would like to get an understanding of how your health practice/clinic communicates with the organizations you have identified. Does your health practice/clinic reach out to NAME OF ORGANIZATION [TO ORG] or does NAME OF ORGANIZATION reach out to you [FROM ORG] or do you reach out to each other equally [BI-DIRECTION].

- **DIRECTIONS:** ASK FOR EACH ORGANIZATION. CIRCLE ONLY ONE IN DIRECTION OF COMMUNICATION COLUMN.

3. Now, I would like to get an understanding of how often your health practice/clinic communicate. Does your health practice/clinic communicate NAME OF ORGANIZATION daily, weekly, monthly, or 1-2 times a year?

- **DIRECTIONS:** ASK FOR EACH ORGANIZATION. CIRCLE ONLY ONE IN FREQUENCY OF COMMUNICATION COLUMN.

4. Finally, I would like to understand what the nature of the communication is between your health practice/clinic and NAME OF ORGANIZATION. Please let me know which of the following apply: Are they about referrals, information, resources, funding, training/education, or other?

- **DIRECTIONS:** DIRECTIONS: ASK FOR EACH ORGANIZATION. CIRCLE ALL THAT APPLY. FOR OTHER, PROBE: WHAT IS THE OTHER? AND FILL IN ANSWER

NAME OF ORGANIZATION	TYPE OF ORGANIZATION	DIRECTION OF COMMUNICATION (Circle one)	FREQUENCY OF COMMUNICATION (Circle one)	ATTRIBUTES (Circle all that apply)
1.		TO ORG FROM ORG BI-DIRECTION	DAILY WEEKLY MONTHLY 1-2 TIMES/YEAR	REFERRAL INFORMATION RESOURCES FUNDING TRAINING/EDUCATION OTHER: _____
2.		TO ORG FROM ORG BI-DIRECTION	DAILY WEEKLY MONTHLY 1-2 TIMES/YEAR	REFERRAL INFORMATION RESOURCES FUNDING TRAINING/EDUCATION OTHER: _____
3.		TO ORG FROM ORG BI-DIRECTION	DAILY WEEKLY MONTHLY 1-2 TIMES/YEAR	REFERRAL INFORMATION RESOURCES FUNDING TRAINING/EDUCATION OTHER: _____
4.		TO ORG FROM ORG BI-DIRECTION	DAILY WEEKLY MONTHLY 1-2 TIMES/YEAR	REFERRAL INFORMATION RESOURCES FUNDING TRAINING/EDUCATION OTHER: _____
5.		TO ORG FROM ORG BI-DIRECTION	DAILY WEEKLY MONTHLY 1-2 TIMES/YEAR	REFERRAL INFORMATION RESOURCES FUNDING TRAINING/EDUCATION OTHER: _____

Appendix B: Client Interview Guide

1. What are the most important healthcare issues that you and your friends face?
 - a. PROBE: What reproductive healthcare issues do you face?
 - b. PROBE: Do males and females face the same health issues? Why?
2. Where do you and your friends get information about health issues?
 - a. Probe: Where do you get your reproductive health information?
 - b. Probe: Do you always go to the same source? Why?
 - c. Probe: How do you know if the source of the information is reliable?
 - d. Probe: How do you know if the information is reliable?
3. If you or your friends needed health services, where do you generally go?
 - a. Probe: What about for reproductive health services?
 - b. Probe: What is the main reason you go there as opposed to somewhere else?
4. What challenges or barriers have you or your friends faced when trying to access healthcare?
 - a. Probe: What about reproductive health services?
 - b. Probe: Do males and females experience the same challenges and barriers? Why?
5. Do you or your friends use social media (Facebook, Instagram, Twitter) to access healthcare information?
 - a. Probe: What about for reproductive health services?
6. What would be your ideal way of getting health information?
 - a. Probe: Your ideal way of getting reproductive health information?
7. What would be your ideal way of getting healthcare services?
 - a. Probe: Your ideal way of getting reproductive health services?