

Improving Adolescent Contraceptive Care in the South: A Policy Brief

EXECUTIVE SUMMARY

Youth-friendly, person-centered contraceptive care (YFPCCC) improves the quality of care that youth receive. Research shows that clinic characteristics that support youth-friendly, person-centered care, like confidentiality and consent policies and trained providers, contribute to high quality contraceptive care for youth. As such, establishing or strengthening clinic policies requiring training and confidentiality will support a clinic's capacity to provide YFPCCC. Understanding Southern safety-net clinics' characteristics supporting YFPCCC and Southern youths' perceptions of their care can highlight areas where policies may need to be established or strengthened.

BACKGROUND

For teens, an estimated 80-90% of births are unintended and are largely a result of not using any contraceptive method or method misuse or discontinuation.¹ Because poor quality of care is linked to method misuse or discontinuation, ensuring that youth receive high quality contraceptive care is a key component to preventing unintended teen births.

In recent years, high quality contraceptive care for adolescents has shifted away from tiered effectiveness counseling and toward youth-friendly, person-centered counseling.² For clinics to provide YFPCCC they must have providers that are trained in and provide person-centered and adolescent-specific contraceptive care, have providers that are trained in and provide person-centered and adolescent-specific contraceptive care, have providers who are knowledgeable and trustworthy, inform youth of their rights to consent to and receive confidential contraceptive care, and have adolescent-specific services.³⁻⁹

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Confidentiality is essential in ensuring that youth receive contraceptive care. When youth fear a breach in confidentiality, they are less likely to seek contraceptive care even if they continue to engage in sexual activity.^{4,10-13} Furthermore, many youth may be unaware of their rights to consent to and receive confidential care, so clinic policies requiring communication of youth rights supports high quality YFPCCC.^{10,13}

Ultimately, high quality YFPCCC improves adolescents' overall health, method use and continuation, and may contribute to decreasing unintended teen birth rates.^{4,14-17} While clinics strive to provide this type of care, several barriers may prevent clinics and providers from doing so. In addition to restrictive state policies, lack of provider training, inconsistent policies and procedures protecting adolescent confidentiality, and lack of provider knowledge on their state's confidentiality and consent laws may impact the quality of care youth receive.^{10,12,13,18-22} A recent study sheds light on clinic and counseling characteristics at safety-net clinics that impact the quality of contraceptive care that youth receive.

METHODS

A recent study examined Southern clinics' capacity to provide YFPCCC. The study used two surveys collected from federally qualified health centers (FQHCs) and health departments (HDs) in Alabama (AL) and South Carolina (SC) to assess clinic characteristics and counseling characteristics that impact youth-friendly, person-centered contraceptive care.

The first survey was collected from clinic administrators at FQHCs and HDs in SC and AL in 2020 and measured if clinics had trained providers, adolescent-specific services, and policies to notify youth of their rights to consent to and receive confidential contraceptive care (**n=239**). The second survey was collected from adolescents aged 16-24 who received care at FQHCs and HDs in AL and SC between 2018 and 2022 and measured if they received youth-friendly, person-centered contraceptive care (**n=1,052**). Taken together, they provide an overview of clinic characteristics supporting YFPCCC.

**Inconsistent clinic
policies supporting
training and
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impact adolescent
contraceptive care**

KEY FINDINGS

Using descriptive, bivariable, and logistic regression analyses, most clinics in this study had providers trained in adolescent-specific care (66%) and person-centered care (88%), had policies notifying youth of their right to consent to (74%) and receive confidential care (77%), had any adolescent-specific services (61%), and provided person-centered contraceptive care (56%). However, these services and policies varied between clinic type, adolescent age, and race/ethnicity.

FQHCs are less likely to have trained providers

The study found that most clinics had providers trained in both adolescent-specific and person-centered contraceptive care. However, FQHCs were less likely to have providers trained in both types of care, which may impact their ability to provide YFPCCC. This may be due to the fact that HDs in these states receive Title X funding, which requires specific trainings for providers.^{23,24}

FQHCs are less likely to have policies notifying youth of their rights

In this study, most clinics had policies to notify youth of their rights. However, FQHCs were less likely to inform youth of their rights to consent to and receive confidential contraceptive care. Again, this may be due to the nature of Title X funding, which requires that youth receive confidential services and allows for minors to consent to care without parental consent.^{23,24} FQHCs, on the other hand, must follow state law regarding consent and vary in their clinic policies protecting consent and confidentiality.¹⁰

Person-centered care varied by race and age

The study also found that only 56% of youth felt like their counseling was person-centered, and 71% felt that their providers were youth-friendly. Non-Hispanic Black youth and minor youth were less likely to report that their counseling was person-centered or that their providers were youth-friendly. Of note, most adolescents received care from a Title X funded HD (79.4%). These data show that even if providers are trained in person-centered care, minor youth and non-Hispanic Black youth may not feel like their care is person-centered.

Youth in SC were more likely to report person-centered care

Interestingly, youth receiving care in SC were more likely to report that they received person-centered care. This may be due to the efforts of Fact Forward, a state-wide advocacy group aimed at improving adolescent reproductive health by providing a wide range of trainings to clinics, providers, and community groups, promoting and researching access to comprehensive reproductive care for youth, and creating action reports for policymakers.²⁵

POLICY RECOMMENDATIONS

Require annual trainings for all staff on person-centered and youth-friendly care

Creating a policy requiring annual training ensures that providers and staff have up to date information on best practices in providing contraceptive care to youth. Annual trainings should focus on unintended provider bias, how it might impact care for non-Hispanic Black youth and minor youth, and how person-centered care and techniques like shared decision-making can promote non-biased care. (See *training resources below for more information.*)

Notify adolescents of their rights to consent to and receive confidential care at each visit

Creating a policy which requires providers to notify youth of their rights to consent to and receive confidential care during every visit will ensure that both youth and providers are aware of youth's rights and may make youth more likely to seek care. Clinics can remind providers to discuss confidentiality and consent through electronic health record prompts and may also create special charts or notations within their electronic health record specific to a youth's contraceptive care. Clinics can also post these policies in waiting rooms, patient rooms, and workstations to remind youth, providers, and staff of youths' rights.

Clinics can improve their ability to provide quality contraceptive care to adolescents by ensuring that their clinic policies reflect and support YFPCCC characteristics. By creating new policies or fortifying existing policies that require annual training and notification of youth's rights during each visit, clinics may improve the quality of care that youth receive and ultimately create a clinic culture that supports youth contraceptive care.

TRAINING RESOURCES

- In SC- Fact Forward (www.factforward.org)
- In AL- The Alabama Campaign for Adolescent Sexual Health (www.alabamacampaign.org)
- Power to Decide (powertodecide.org) and (providers.bedsider.org)
- The Adolescent Health Initiative (www.umhs-adolescenthealth.org)
- Advocates for Youth (www.advocatesforyouth.org)
- The Reproductive Health National Training Center (www.rhntc.org)
- The American College of Obstetricians and Gynecologists (www.acog.org)



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