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A Retrospective Review of Project InStRuCT: Improving Sexual and Reproductive Health amongst At-Risk Teens

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Research Abstract Title:

A Retrospective Review of Project InStRuCT: Improving Sexual and Reproductive Health amongst At-Risk Teens

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IRB Number: STUDY00000484

Describe role of Submitting/Presenting Trainee in this project (limit 150 words):

I am this study's principal investigator, with mentorship by Dr. Kimberly Randell. I was the lead author for the study protocol and this abstract. I had a significant role in study design and execution, including data analysis and interpretation. I will be the lead author a manuscript that will be submitted to a peer-reviewed journal. I take accountability for all aspects of the work, including accuracy and validity of the contents.

This study builds on Project Instruct, my project for the CMH pediatric residency Advocacy Track. Project Instruct aims to decrease sexually transmitted infections (STIs) and adolescent pregnancy among at-risk adolescents through identification of risk factors and increasing access to reproductive and sexual health services through utilization of an evidenced-based computerized clinical decision tool. To implement this project, I worked with community partners at Synergy Services Youth Resiliency Center in conjunction with CMH Teen Clinic.

Background, Objectives/Goal, Methods/Design, Results, Conclusions limited to 500 words

Background. Homeless adolescents are at risk for poor reproductive and sexual health outcomes. Thus, interventions to facilitate access to evidence-based reproductive and sexual healthcare are critically needed for this population.

Objective: To describe sexual and reproductive health risk factors and health services utilization among adolescents participating in Project InStRuCT, a program to increase access to health services among adolescents aged 12-18 years seeking temporary housing in an adolescent crisis center.

Methods: We obtained de-identified data from the program database. Project InStRuCT uses the SexHealth intervention, an online questionnaire and computerized decision support tool, to connect adolescents to evidence-based health services. Clients at an adolescent crisis housing center completed the intervention at intake. Clients who declined the intervention were still offered printed resources and condoms. Services (e.g., emergency contraception, condoms, clinic appointments) accepted by the adolescents were documented by community agency partners and Children's Mercy.

Results: Ninety youth were approached from March 13, 2018 to October 31, 2018. Among the 48 (53%) who completed the intervention, mean age was 16 years (SD 1.7), 65% reported female sex at birth, 40% were Black, and 17% Hispanic. Most (79%) reported prior sexual activity, 84% with the opposite sex, 5% with the same sex, and 11% with both sexes.

Among the 38 adolescents reporting prior sexual activity, behaviors included: oral sex (87%), anal sex (26%), vaginal sex (82%). Many reported factors that increased risk for pregnancy and/or sexually transmitted infections (STI) including no condom at last intercourse (80%), past STIs (16%), partner with STI (14%), and no hormonal contraception at last vaginal intercourse (80% among females). Many (37%) reported symptoms associated with STI (e.g., dysuria, low abdominal pain, genitourinary sores/ulcers or discharge, pain with sex).

Most (77%) accepted one or more services recommended at the time of the SexHealth intervention, including emergency contraception (EC) for immediate use (2 accepted, 50%), EC for future use (4 accepted, 9%), condoms (28 accepted, 60%), and teen clinic appointment (37 accepted, 79%). Many (77%) also accepted printed resource materials. Among the 32 youth who declined to participate in the intervention, 30 accepted condoms at the time of housing intake. Additional services provided at the clinic appointment were: hormonal contraception (9 accepted, 89%; 4 injectable, 3 oral contraceptive pill, 1 intrauterine device, 1 subdermal implant), STI testing (13 accepted, 81%), HIV testing (8 accepted, 80%), EC for immediate use (0 accepted; offered to 1), EC for future use (5 accepted, 71%; all female), condoms (18 accepted, 86%), and pregnancy testing (11 accepted, 100%). Four did not attend their scheduled clinic appointment, as they left the housing center prior to the appointment date.

Conclusions: Most adolescents participating in a brief sexual health intervention at a crisis housing center reported prior sexual activity and at least one risk factor for pregnancy and/or STI. The majority accepted one or more of the recommended services. Future work will explore barriers to adolescent uptake of the intervention and indicated services, optimizing resources provided at the initial screening, and project expansion to other settings.