Keep It Simple: Linking Teens to Sexual Health Care

Facilitator's Guide

Healthy Teen Network
MAKING A DIFFERENCE IN THE LIVES OF TEENS AND YOUNG FAMILIES

CAI
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Healthy Teen Network & CAI

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Special thanks to the DC Teen Advisory Group of The National Campaign to Prevent Teen and Unplanned Pregnancy as well as Get Loud! Further we would like to extend our thanks to Dawn Middleton and Michelle Gerka of CAI and Deborah Chilcoat, Mila Garrido-Fishbein, and Genevieve Martinez-Garcia of Healthy Teen Network for their support in the development of this lesson and the accompanying motion graphic.

Suggested citation:


“Keep It Simple”: Linking Teens to Sexual Healthcare

CAI & Healthy Teen Network
“Keep It Simple”: Linking Teens to Sexual Health Care

Facilitator’s Guide

Forward

This lesson and facilitator’s guide was developed for organizations that care about and work with adolescents, ages 15-19, to support them in making healthy decisions about their lives and their futures, and in reducing teen pregnancy.

Adolescents often lack information about their rights to access birth control and STI/HIV testing, the types of health services — including reproductive health services — available to them, and the location of these services. The lesson addresses this gap by providing teens with the necessary knowledge and information to help them make informed choices about their sexual health. This information includes linking sexually active adolescents to trusted community-based providers of contraceptive and reproductive health care.

The lesson addresses four key areas related to contraceptive and reproductive health: 1) adolescents’ right to receive care; 2) the types of services available to them; 3) how services are provided; 4) and where they can go for contraceptive and reproductive health care in their community. The lesson can be delivered in 45 minutes in any setting, and it can be implemented before or after the delivery of an evidence-based intervention. It is also flexible enough to be used as a stand-alone lesson.

The lesson employs a combination of facilitated discussion and motion graphic technology (i.e. a short animated film). The motion graphic delivers core content describing birth control methods available to teens, including information about how care is delivered. It is available in both English and Spanish. The facilitated portions of the lesson, including a minor’s rights to care, and a list of community-based health care providers, should be tailored by the user to the individual community in which the information is being delivered.

The motion graphic can be used as a stand-alone product, posted on websites and disseminated via social media, to facilitate greater access, improve awareness of birth control methods available to teens, and promote linkage to care.

Of special note, youth need to not only know that sexual and reproductive health care is available to them; they need a reason to seek it. Frequently, youth who have goals and aspirations for the future and a greater connectedness to their community are more likely to actively avoid pregnancy, STIs, and HIV.1 This lesson is most appropriately delivered in coordination with other activities that will support teens in exploring their goals in order to increase their motivation to care for their sexual health.

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“Keep It Simple”: Linking Teens to Sexual Healthcare

CAI & Healthy Teen Network
This product was developed FOR teens, WITH teens. CAI and Healthy Teen Network partnered with The DC Teen Advisory Group, a diverse group of approximately 15 teens ages 14-18, who serve as informal advisors to The National Campaign to Prevent Teen and Unplanned Pregnancy, to develop the conceptual framework and design for the motion graphic.

Thank you!

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**Objectives**

At the conclusion of this lesson, participant will indicate...

1. Increased knowledge about contraceptive methods available to teens;
2. Increased knowledge about their rights to receive contraceptive and reproductive health care; and
3. Increased knowledge about where to go for birth control and STI testing.

**Time**

45 minutes

**Materials**

- Flipchart paper/ chalkboard/ whiteboard
- Markers/ chalk
- “Know Your Rights! Sexual Health Care Services Fact Sheet”
- “Comparing Effectiveness of Family Planning Methods” Fact Sheet
- “Teen-Friendly Health Centers Referral List”
- Computer and projector/ DVD player and TV
- A DVD copy of “Keep It Simple”/’”No te compliques” or link to view it online
  - In English: https://vimeo.com/65566324
  - In Spanish: http://vimeo.com/65566325
- 3x5” blank index cards
- “Keep It Simple Evaluation Sheet”
Prepare in Advance

NOTE: It may not be necessary to create these materials from scratch, as some organizations may have similar documents already created. Be sure to check before you go through all the effort.

Know Your Rights! Minors’ Rights Fact Sheet

Preparation Time: 1-2 hours

Create a handout that clearly outlines minors’ rights in your state for distribution during the session. To do this you will need the Minors’ Rights Worksheet found in the appendix. You may choose to use the Know Your Rights? Sexual Health Care Services Fact Sheet also found in the appendix or access the Guttmacher Institute’s website to view “An Overview of Minors’ Consent Law” (http://www.guttmacher.org/statecenter/spibs/spib_OMCL.pdf).

Step 1: Complete the Worksheet

Using the Minors’ Rights Worksheet provided in the appendix, and the information from the Guttmacher Institute website, locate and record key information about minors’ rights to sexual and reproductive health care in your state, including:

- Age minors can obtain contraceptives without parental consent
- Age minors can consent to STI testing and treatment without parental consent
- Age minors can consent to HIV testing without parental consent

You may also want to be prepared to address questions about access to abortion services. To locate information specific to your state go to: http://www.guttmacher.org/statecenter/spibs/index.html

NOTE: In most communities throughout the nation, there are health centers that receive funds from the Office of Population Affairs to provide contraceptive and reproductive health care to adolescents in a confidential manner, regardless of relevant state law and ability to pay. These are known as Title X (ten) Clinics. Ensure that the information you provide on the fact sheet includes this information.
Step 2: Create a teen-friendly handout

Once you have all of the key information, work with youth in your community or others to create the *Know Your Rights! Sexual Health Care Services Fact Sheet*. You will be distributing the *Know Your Rights? Sexual Health Care Services Fact Sheet* as part of the session.

Refer to the appendix for ideas of how others have presented this information in a teen-friendly way, or use the provided Template: *Know Your Rights! Sexual Health Care Services Fact Sheet*. 

“Keep It Simple”: Linking Teens to Sexual Healthcare
CAI & Healthy Teen Network
Teen-Friendly Health Centers Referral List

Preparation Time: 2-5 hours

Create a Teen-Friendly Health Centers Referral List that clearly displays all the teen-friendly health centers in your area, what services they provide, and how to access their services. This will be distributed during the session. To do this, you should use the Teen-friendly Health Center Worksheet and A Teen-Friendly Reproductive Health Visit.

Step 1: Complete the Teen-friendly Health Center Worksheet

Using the Teen-Friendly Health Center Worksheet provided in the appendices, conduct a thorough assessment of which health centers in your area are teen-friendly, and determine how teens can access their services.

For a health center to be teen-friendly, it must:

- Have easily accessible hours – convenient appointment times that are available the same day or next day
- Provide the opportunity for comprehensive sexual and reproductive health care at every type of visit, including contraception and HIV/STI testing
- Have all contraceptive types available the day of the appointment, including Long-Acting Reversible Contraceptives (LARCs), and the ability for the teen to start using the method the same day as their visit (known as “Quick Start”)
- Provide Emergency Contraception to females and males
- Provide contraception without requiring a physical exam
- Maintain client confidentiality, both in terms of parent notification and payment options that may inadvertently alert parents
- Provide services at no cost or low cost
- Have an environment and staff that are welcoming to teens, are able to provide developmentally and gender appropriate care, and that protect their privacy
- Have staff that are culturally competent and make diverse teens feel comfortable and respected

NOTE: Teens can easily be turned off from accessing health care if they have a negative experience and have a difficult time getting their needs met. In order to help ensure that teens have a positive experience and an easier time getting their needs met, make sure to only refer teens to “teen-friendly” health centers.

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Once you have determined that a health center is teen friendly, determine how teens access their services, including:

- When are they open?
- How do you make an appointment?
- How do you get there?
- Which health centers have Title X services, and therefore can provide comprehensive confidential services to teens, regardless of state laws?

Finding out all of this information about health centers can be challenging. Some areas may already have this resource list available; for others it may require making phone calls and visits to health centers to ensure that you can be comfortable recommending those health centers to the youth, and to help them prepare for their visits.

This may take some effort, but it is important because the goal of this lesson is to increase the rates at which sexually active teens are linked to a trusted source of health care. This includes health centers that will provide them with medically accurate information and evidence-based care (including contraception) that will support them in avoiding an unintended pregnancy.

**Step 2: Create a Teen-Friendly Handout**

Once you have all of the key information, work with youth in your community or others to create the *Teen-Friendly Health Centers Referral List* that is easy to understand and appealing to youth. You will be distributing this handout as part of the session.

Refer to the appendix for ideas of how others have presented this information in a teen-friendly way, or you may use the *Template: Teen-Friendly Health Centers Referral List.*
<table>
<thead>
<tr>
<th>Section</th>
<th>Brief Description</th>
<th>Time Required</th>
<th>Materials Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction and Large Group Discussion</td>
<td>Facilitator will explain the objective of the session and generate discussion regarding the current knowledge base of sexual health services available to teens.</td>
<td>5 Minutes</td>
<td>None</td>
</tr>
<tr>
<td>Opening Facilitated Discussion: Minors’ Rights</td>
<td>Provide adolescent participants with state-specific information regarding their rights to confidential sexual and reproductive health services and contraception.</td>
<td>5 Minutes</td>
<td>“Know Your Rights! Sexual Health Care Services Fact Sheet”</td>
</tr>
<tr>
<td>Motion Graphic: Standardized Core Curriculum and Processing</td>
<td>Address commonly held myths about birth control and the clinic visit, and discuss basic concepts about selecting and accessing contraceptive and clinical services. Process key takeaway points.</td>
<td>15 Minutes</td>
<td>DVD or Motion Graphic Link for “Keep It Simple”</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>“Comparing Effectiveness of Family Planning Methods” Fact Sheet</td>
</tr>
<tr>
<td>Facilitated Discussion: Where to Go</td>
<td>Provide adolescent participants with tailored information about teen-friendly health centers within their communities, and guidance for accessing services.</td>
<td>15 Minutes</td>
<td>“Teen-Friendly Health Centers Referral Sheet”</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Note cards</td>
</tr>
<tr>
<td>Closing and Evaluation</td>
<td>Participants will be given contact information for general information and complete an evaluation</td>
<td>5 Minutes</td>
<td>“Keep It Simple Evaluation Sheet”</td>
</tr>
</tbody>
</table>
INTRODUCTION (5 Minutes)

Step 1: Welcome the Participants to the Session

Explain to participants the purpose of the session:

“Today we’ll be talking about where people can easily go to get information and services to take care of their sexual health, including where to go for birth control and STI testing and treatment—and how they can get these services.”

Step 2: Discuss Current Knowledge of Sexual Health Services

Ask participants the following questions and write the responses on a piece of flipchart paper:

“If a person is sexually active, or thinking about being sexually active, why might he or she want to go to a health center or doctor’s office?”

- Possible responses: To get birth control, HIV/STI testing, pelvic exam, pregnancy testing

Explain and reinforce:

“Having access to these kinds of services (refer to services shared by participants) can make it easier for you to focus on achieving your goals, and sometimes it can be confusing knowing what services are available. So let’s start by looking at what your rights to sexual health care are in your community.”

MINORS’ RIGHTS (5 Minutes)

Step 1: Introduce the Idea of a Right to Sexual Health Care

Explain that teens have rights when it comes to sexual health care that they may not know about, and the group will discuss them:

“Many teens do not know that they have the right to access sexual health care services, such as birth control and STI testing, at doctors’ offices or health centers in their communities, and accessing these services can help you focus more on having fun and the things that are important to you.”
**Step 2: Discuss the “Know Your Rights! Sexual Health Care Services Fact Sheet”**

Distribute the prepared “Know Your Rights! Sexual Health Care Services Fact Sheet” to participants and review each section of the handout. Emphasize aspects of the sheet to your state laws and regulations, specifically:

- How old do teens need to be in order to access contraception without parental consent?
- How old do teens need to be in order to access STI and HIV testing and treatment without parental consent?

**Step 3: Discuss the Title X Family Planning Program**

Explain that, even if someone is too young or otherwise has restricted access to confidential services based on the laws in their state, he or she can always access confidential services at low- or no-cost through a program called Title X (ten). Say:

> “Later we’ll talk about the health centers in our area that have Title X services, where you will always be able to access confidential services at low or no cost to you.”

Ask if there are any questions.

Note: As a Step 4, you may choose at this time to provide on minors’ rights to abortion services.

**KEEP IT SIMPLE (15 Minutes)**

**Step 1: Introduce the Types of Services Available**

Say to participants:

> “There is a lot to know about accessing sexual health care and it can be confusing, but it is easier than ever to get the information and care you need in order to keep it simple and allow you to focus on friends, family, work, and school without being concerned about pregnancy or STIs.”

**Step 2: Introduce the Film, “Keep It Simple”**

Explain to the group:

“Keep It Simple”: Linking Teens to Sexual Healthcare
CAI & Healthy Teen Network
“We’re about to watch a short film, “Keep It Simple,” which was developed by teens for teens to explain some of the most important information about how to stay in control of their health and life. After the film, we’ll talk about what we saw.”

Step 3: Watch and Debrief the Film

Watch “Keep It Simple” as a group and use the following questions to debrief the film. You do not need to ask all of the questions, but make sure the participants cover all of the responses listed below:

“What did you hear that was new or surprising?”
- Probe for the following responses: getting sexual health care is easy; information about specific birth control methods; LARC methods are the most effective and you do not need to think about them; getting STI testing is easy.

“What birth control methods and services could they get at the doctor’s office or the health center?”
- Probe for the following responses: birth control methods—IUD, implant, birth control pills, ring, shot, patch, emergency contraceptives (EC); services—STI/HIV testing, counseling on which contraceptives to take.

“How easy did it seem to get the services at the health center?”
- Probe for the following responses: easy and did not need an exam; did not need to get undressed; did not need parent’s permission.

“If you don’t want to get pregnant now, what can you do that doesn’t require going to a doctor’s office?”
- Probe for the following responses: abstinence, condoms, emergency contraception (EC)

Step 4: Distribute the “Comparing Effectiveness of Family Planning Methods” Fact Sheet

Distribute the “Comparing Effectiveness of Family Planning Methods” fact sheet to participants and explain:
“This handout lists all the birth control methods in order from most effective at the top, to least effective at the bottom. You can use this handout to pick out the method that will be best for you.”

Tell participants about the importance of using condoms along with birth control, to prevent STIs and as an additional protection against pregnancy:

“I want to take one moment to talk about condoms. Even though condoms are not the most effective method to prevent pregnancy, they are the most effective way to prevent STIs and HIV when having sex. For that reason, it’s important to use a condom along with your birth control. This way you can continue to have fun, without having to worry about pregnancy or STIs.”

Transition the topic from types of health services and birth control methods available to where adolescents can go to get them:

“Now we know the kind of health care that is available and what our rights to care are—let’s take some time to talk about where you can go to get sexual health care services that are convenient for you and will provide you with the services that you or a friend may need.”

WHERE TO GO (15 Minutes)

Step 1: Brainstorm: What Have You Heard about Health Centers?

Ask the participants:

“What are some things you’ve heard about health centers in this community and people’s experiences at them?”

Teens’ responses will vary. Some may be positive and some may be negative. Positive experiences may include getting the help/medication necessary, having questions answered, or friendly staff. Negative responses may include bad experiences that people have had, or confusion about where to go or what to do. Do not resist this. The important thing to do will
be to make a distinction between those experiences and the ones the teens can expect at the health centers you have hand-picked for them as being teen-friendly.

Reinforce the following:

“I want to make sure you have access to the best care possible and to health centers and doctors who know how to address the unique needs of adolescents. This is why I’ve done a lot of research and come up with a list of the health centers in our area that are most teen-friendly.”

**Step 2: Review the “Teen-Friendly Health Centers Referral Sheet”**

Distribute the prepared “Teen-Friendly Referral Sheet” to participants and make the following statement:

“There are great doctors and other health care providers in our community that can help you stay healthy and be in control of your life and your future. We are going to take a moment to talk about which services you can get and where in our community you can get them.”

Briefly explain what it means to be a teen-friendly provider, and what the participants can expect when they go to any of these providers:

- Confidential services, judgment-free, no exam needed unless there’s a concern, low or no-cost, convenient, friendly, open to all teens regardless of what their sexual preferences and behaviors are, culturally competent staff, and the birth control methods you want are available.

Review the locations of youth-friendly providers and the services that they offer including:

- How to get to the health centers
- Hours
- How to make an appointment

**Step 3: Activity: Getting to a Health Center**

Explain that the group is going to practice using this referral list. Display a piece of newsprint, or whiteboard/chalkboard, with the following prompts:
• Find a health center that is:
  o Conveniently located
  o Open after school hours
• What services does it offer?
• How would you get there?
• Who is one person you can talk to about making an appointment?

Hand out a 3 x 5-inch note card to each participant and explain that the participants will work with a partner to write the answers to the questions on the card. Divide the participants into pairs and give them 5 minutes to do the activity.

Ask one pair to volunteer to share with the group which health center they chose, and ask other participants to locate that health center on their referral sheet and follow along.

The pair should then share the following with the group:

• What services does that health center offer
• How they might get there
• Who they might talk to about making an appointment

Tell participants:

“We want to make it simple for you to get the services you need so that you can take care of yourself, so use this guide to find a health center that is convenient for you.”

CLOSING AND EVALUATION (5 Minutes)

Step 1: Make Concluding Statements

If time is available, ask the participants to each say one thing that they are taking away from this session.

Conclude the lessons by saying:

“I hope this session has helped to sort out how to get the services you need to avoid pregnancy and STIs. It is important to take care of your health, and to do it early because taking care of your health is taking charge of your life!”

Let participants know that if they have more questions or want more information, they can visit one of the “general information” sources on the “Know Your Rights!” handout.

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Step 2: Distribute and Collect the “Evaluation Sheet”

Distribute the “Evaluation Sheet” to the participants and allot time for them to complete it.

- www.sexetc.org
- www.scarleteen.com
- www.goaskalice.columbia.edu
- www.itsyoursexlife.com
Appendix:

- Instructions to Embed “Keep It Simple” and “No te compliques” on Your Website
- Minors’ Rights Worksheet
- Template: Know Your Rights! Sexual Health Care Services Fact Sheet
- Teen-Friendly Health Center worksheet
- Template: “Teen-Friendly Health Centers Referral List”
- Sample Teen-Friendly Health Centers Referral Guides
- Promoting “Teen-Friendly” Clinical Services
- A Teen-Friendly Reproductive Health Visit
- Your Birth Control Choices Fact Sheet
- Comparing Effectiveness of Family Planning Methods Fact Sheet
- Keep It Simple Evaluation Sheet
Instructions to Embed “Keep It Simple” and “No te compliques” on Your website

In English:
To view: https://vimeo.com/65566324

To embed in a website use this code:
<iframe src="http://player.vimeo.com/video/65566324" width="500" height="281"
frameborder="0" webkitAllowFullScreen mozallowfullscreen allowFullScreen"></iframe>

In Spanish:
To view: http://vimeo.com/65566325

To embed in a website use this code:
<iframe src="http://player.vimeo.com/video/65566325" width="500" height="281"
frameborder="0" webkitAllowFullScreen mozallowfullscreen allowFullScreen"></iframe>
Minors’ Rights Worksheet
For Facilitator Research and Reference Only

Use this worksheet to organize important information regarding minors’ rights to high-quality sexual health care services in your state. All the information can be found on the Guttmacher Institute’s website: http://www.guttmacher.org/statecenter/spibs/spib_OMCL.pdf

(Your State)

Contraceptive Services:

Go on Page 2 of the Guttmacher Institute’s website and click on the “Contraceptive Services” heading.

Minors have access to contraceptive services without parental consent if they are:
- 17 years old and younger
- At risk of a health hazard if not provided with contraceptive services
- Married
- Pregnant or have ever been pregnant
- Other circumstance(s): _________________________________
- There is no relevant policy or case law

If there are any symbols, look at the bottom of the table and take notes on their meanings.
Notes: __________________________________________________________________________

STI Services:

Go on Page 2 of the Guttmacher Institute’s website and click on the “STI Services” heading.

Minors are allowed to consent to testing and treatment for sexually transmitted infections (STIs) if they are:
- 17 years old and younger
- Between 12 and 17 years old
- Between 14 and 17 years old
- Between 16 and 17 years old or are mature minors

Minors are allowed to consent to testing and treatment of HIV if they are:
- 17 years old and younger
- Between 13 and 17 years old
- There is no relevant policy or case law

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Physicians are allowed, but not required, to inform a minor’s parents that s/he is seeking or receiving STI services if the minor is:
- □ 17 years old and younger
- □ There is no relevant policy or case law

*If there are any symbols, look at the bottom of the table and take notes on their meanings.*

Notes: _______________________________________________________________________

Abortion Services (complete in order to address questions about access to abortion services):

*Go on Page 2 of the Guttmacher Institute’s website and click on the “Abortion Services” heading.*
- □ Minors 17 years of age and younger are allowed to consent to abortion services
- □ One parent must consent to a minor’s abortion
- □ Both parents must consent to a minor’s abortion
- □ Parents must be notified of a minor’s abortion (usually 24-48 hours prior to the procedure)
- □ Minors’ can obtain approval from a court if parental consent or notification is not an option
- □ The state allows exceptions to the parental consent and/or notification law in cases of a medical emergency
- □ The state allows exceptions to the parental consent and/or notification law in cases of a assault, neglect, or incest.

*If there are any symbols, look at the bottom of the table and take notes on their meanings.*

Notes: _______________________________________________________________________

“Keep It Simple”: Linking Teens to Sexual Healthcare
CAI & Healthy Teen Network
Template: “Know Your Rights! Sexual Health Care Services Fact Sheet”

For the reusable Prezi template (print as a PDF): http://prezi.com/yvrk448bmkvy/healthcare-in-my-community/
Teen-Friendly Health Center Worksheet

*Instructor Research and Reference Only*

Use the worksheet below to identify teen-friendly health centers, and health care providers that can be responsive to and address the unique needs of teens.

<table>
<thead>
<tr>
<th>Does the identified health center or health care provider have the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Confidential services are available and do not require parental consent to receive birth control or be tested for STIs or HIV.</td>
</tr>
<tr>
<td>□ Cost is not a barrier. Services are provided at no-cost or low-cost.</td>
</tr>
<tr>
<td>□ Environment and staff are welcoming to teens, and provide culturally competent, developmentally, and gender appropriate care, and that protects their privacy.</td>
</tr>
<tr>
<td>□ Appointments for adolescents available same day, next day, walk-in, during after school hours, or during the weekend</td>
</tr>
<tr>
<td>□ Sexual health assessment taken or updated, and time alone with the provider, at every visit</td>
</tr>
<tr>
<td>□ A wide range of FDA approved contraceptive methods are available on-site or by prescription: IUDs, (Mirena, Skyla, Paraguard) hormonal implants (Implanon/Nexplanon), Depo shots (DMPA Depo-Provera), hormonal contraceptive pills, patch, and ring</td>
</tr>
<tr>
<td>□ Long Acting Reversible Contraceptive (LARC) methods, including hormonal and non-hormonal IUDs and hormonal implants (Implanon/Nexplanon), available to adolescents on-site</td>
</tr>
<tr>
<td>□ Quick Start, or same day, initiation of all birth control methods available to adolescents</td>
</tr>
<tr>
<td>□ Hormonal contraception prescribed to female adolescents without requiring a pap smear, pelvic exam, breast exam, or STD testing</td>
</tr>
<tr>
<td>□ Emergency contraception (EC) available for female adolescents following unprotected intercourse within the previous 5 days, female adolescents for future use (advance provision, and male adolescents for future use (advance provision)</td>
</tr>
<tr>
<td>□ No pap (cervical cancer screening) required until age 21</td>
</tr>
<tr>
<td>□ Chlamydia, gonorrhea, and HIV testing and treatments available for all adolescents using non-invasive testing procedures (example: urine sample for chlamydia and gonorrhea, and rapid testing for HIV)</td>
</tr>
<tr>
<td>□ Linkages and referrals provided to other support services, including mental health, education, employment, and social services</td>
</tr>
</tbody>
</table>
# Teen-Friendly Health Center Referral Worksheet

*For Facilitator Research and Reference Only*

Use the template below to organize important information that you will use to help create the description of the health center and the services provided in the referral sheet that you will be creating and distributing to teens as part of this module.

<table>
<thead>
<tr>
<th>Name of Health Center:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>Phone #:</td>
</tr>
</tbody>
</table>

**What Are the Days and Hours of Operation:**

**How Do You Schedule an Appointment:**

- [ ] Phone
- [ ] Online
- [ ] Walk-In

**How do you get there:**

- [ ] Bus
- [ ] Subway/Train
- [ ] Car
- [ ] Walking Distance

**What Contraceptive Services Are Available:**

- [ ] IUDs
- [ ] Hormonal Implants (Implanon/ Nexplanon)
- [ ] Depo-Provera Shot
- [ ] Birth Control Pills
- [ ] Ortho Evra Patch
- [ ] Nuvaring
- [ ] Emergency Contraception
- [ ] Condoms

**What Other Services Are Available:**

- [ ] Pregnancy Testing & Services
- [ ] STD Testing, Treatment, & Vaccines
- [ ] HIV Testing
- [ ] Women’s Health Care
- [ ] Men's Health Care
- [ ] LGBTQ
- [ ] Emergency Contraception

**Is the Health Center a Title X Provider:**

- [ ] Yes
- [ ] No

**Do they offer low- or no-cost services to teens:**

- [ ] Yes
- [ ] No

**Teen-Friendly Staff Member Contact Information:**

- [ ] Name:
- [ ] Phone #:
**Template: Teen-Friendly Health Centers Referral List**

“Keep It Simple”: Linking Teens to Sexual Healthcare

CAI & Healthy Teen Network
Sample Teen-Friendly Health Centers Referral Guide
From the GCAPP We Are Change project, Augusta, GA.

**Keep It Simple**: Linking Teens to Sexual Healthcare
CAI & Healthy Teen Network
Promoting “Teen Friendly” Clinical Services:
Health Care Delivery System, Contraceptive and Reproductive Health Best Practices

Below is a list of the best clinical practices when serving adolescent clients

Appointments for adolescents should be available:

- Same day, next day or walk-in
- During after school hours
- During the weekend

At every visit (e.g., urgent, preventive, school-health, sports physical, pregnancy testing, emergency contraception, STD testing, HIV testing etc.) adolescents should be given:

- Sexual health assessment taken/updated
- Access to hormonal contraception or IUD
- Time alone with the provider

Contraception should be available or prescribed onsite, and should include:

- Emergency contraception for females
- Emergency contraception for males
- IUDs
- Hormonal Implants (Implanon/Nexplanon)
- DMPA Depo-Provera (Depo shot)
- Hormonal Contraceptive Pills
- Patch
- Ring

Adolescents should be counseled on contraceptive methods from most effective to least effective. This means Long Acting Reversible Contraceptive (LARC) methods should be described first. LARCs include:

- IUD – hormonal and non hormonal
- Hormonal Implant (Implanon/Nexplanon)

IUD and hormonal contraception should be initiated using the Quick Start Method, which means the first dose of the hormonal contraceptive is administered or the IUD is inserted during the visit. This should be done:

- After an adolescent client has had a negative pregnancy test
- When an adolescent client is provided with Emergency Contraception (EC) where a pregnancy test is negative
Emergency Contraception should be offered for the following use:

- For adolescent females following unprotected intercourse within the previous 5 days
  - Dispensed on-site
  - Dispensed with Rx
- For female adolescents for future use (advance provision)
- For male adolescents for future use (advance provision)

Hormonal contraception should be prescribed to adolescent females without requiring exams or testing. This means:

- No required Pap Smear
- No required Pelvic Exam
- No required Breast Exam
- No required STD testing

Cervical Cancer Screening takes place in accordance with current guidelines, meaning they should only occur:

- Beginning at age 21
- If the need for one is specifically indicated

STD and HIV Testing and Treatment should be available for all adolescents as indicated, including:

- Chlamydia
  - Screening provided to all adolescent females at least annually
  - Screening available for females using urine or vaginal swab
  - Screening available for males using urine specimen
  - Expedited patient delivered partner therapy (EPT) is available for treatment, meaning that patients can be prescribed treatment for their partners at the same visit without their partner having to come in for testing

- Gonorrhea
  - Screening is available for both adolescent females and males

- HIV
  - Rapid testing is available for adolescent females and males per CDC recommendations

Linkages and Referrals should be provided to other support services, including:

- Mental Health
- Education
- Employment
- Social Services
Barriers to services should be minimized, including:

- **Low Cost Services:**
  - Low cost or no cost contraceptive and reproductive health care services should be provided to adolescents

- **Maintaining Confidentiality:**
  - Parental or caregiver consent or notification should not be required for services
  - Options for payment that ensure against parental notification should be standard

**Health Center Infrastructure should be developed to:**

- Participate in the federal 340B drug discount purchasing program
- Utilize electronic medical records (please specify system(s) used, e.g., eClinical Works, Centricity, Epic, NextGen)
- Have systems in place to facilitate billing third party payers for contraceptive and reproductive health care services provided

**The environment of the clinic should be welcoming to adolescents. This means:**

- Counseling areas that provide both visual and auditory privacy
- Examination rooms that provide visual and auditory privacy
- Teen focused magazines or posters on the walls
- Display information (pamphlets, posters, flyers, fact sheets) on issues related to adolescent sexual and reproductive health (e.g., confidentiality, cost, what services are available to adolescents)
- Evidence-based or evidence-informed video or other interventions designed for adolescents (e.g. “Seventeen Days”)

A Teen-Friendly Reproductive Health Visit

Two teen-friendly reproductive health visits: one for a sexually active female, and one for a male not yet having sex.

Front desk staff tells Jason that contraceptive and reproductive health care services are provided for free or at low cost.

A counselor meets with Jason in a private room. He states that he has a girlfriend but they do not feel ready to have sex.

The counselor encourages Jason not to have sex if either he or his girlfriend does not feel ready, and explains Jason and his girlfriend can come to the clinic any time with questions, for birth control, or for STD tests.

Jason texts his girlfriend encouraging her to come for a visit as well.

Anita is relieved she was able to come in the same day she made the appointment.

Anita is in a private room with a provider. She states that she has been having sex but only at times of the month when she “knows she can’t get pregnant.”

The provider explains that pregnancy can occur at any time of the month and that it’s important to use both a condom and another form of birth control every time she has sex to reduce the risk of pregnancy and STDs. After describing all available methods of birth control from most to least effective, the provider and Anita agree on the method that will suit her best, and the provider gives her condoms, as well.

Anita calls a friend as she is leaving. She is happy to report she could get her new contraceptive implant that day and that it will last up to three years...“now I don’t have to remember to take a pill every day!”

Learn more at www.cdc.gov/TeenPregnancy/TeenFriendlyHealthVisit.html
Una visita con servicios adaptados para la salud reproductiva de los adolescentes

Horario para los adolescentes
4 p.m.- 8 p.m.

Política de confidencialidad
Tu información de salud no puede compartirse con nadie sin tu permiso

Jason
El personal de la recepción le explica a Jason que los adolescentes pueden obtener servicios sin tener que preocuparse de los costos.

Un consejero se reune con Jason en una habitación privada. Él le cuenta que tiene una novia, pero que no se sienten listos para tener relaciones sexuales.

El consejero explica la importancia de tener una relación saludable, y dice que Jason y su novia pueden ir a la clínica en cualquier momento para hacer preguntas, obtener anticonceptivos o hacerse pruebas de ETS.

Jason le envía un mensaje de texto a su novia para alentarla a que también vaya a una consulta.

Anita
Anita siente alivio porque pudo ir a una consulta el mismo día que hizo la cita.

Anita está en una habitación privada con el proveedor de atención médica. Élla dice que ha estado teniendo relaciones sexuales, pero solo en los días del mes en que "sabe que no puede quedar embarazada".

El proveedor médico le explica que el embarazo puede ocurrir durante cualquier momento del mes y que es importante usar tanto condones como otro método anticonceptivo cada vez que tenga relaciones sexuales para prevenir el embarazo y las ETS. Después de describir todos los métodos anticonceptivos disponibles desde los más eficaces hasta los menos, el proveedor y Anita se ponen de acuerdo en el método que será más adecuado para ella; el proveedor también le da condones.

Anita llama a una amiga cuando va saliendo de la clínica. Élla que está contenta de contarle que pudo obtener un implante anticonceptivo ese mismo día, y que le durará tres años... "ahora no tengo que acordarme de tomar la pastilla todos los días!".
<table>
<thead>
<tr>
<th>Method</th>
<th>How well does it work?</th>
<th>How to Use</th>
<th>Pros</th>
<th>Cons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Copper IUD</td>
<td>99%</td>
<td>Must be placed in uterus by a health care provider Must be removed by a health care provider</td>
<td>May be left in place for up to 12 years Can be used while breastfeeding Ability to become pregnant returns quickly when IUD is removed</td>
<td>May cause more cramps and heavy periods IUDs can cause spotting between periods Rarely, uterus is injured during placement Does not protect against HIV or other STIs</td>
</tr>
<tr>
<td>Progestin IUD</td>
<td>99%</td>
<td>Must be placed in uterus by a health care provider Must be removed by a health care provider</td>
<td>Mirena™ may be left in place up to 7 years Skyla™ may be left in place up to 3 years May improve period cramps and bleeding Can be used while breastfeeding Ability to become pregnant returns quickly when IUD is removed</td>
<td>May cause lighter periods, spotting, or no period at all Rarely, uterus is injured during placement Does not protect against HIV or other STIs</td>
</tr>
<tr>
<td>The Implant</td>
<td>&gt; 99%</td>
<td>A health care provider places it under the skin of the upper arm Must be removed by a health care provider</td>
<td>Long lasting (up to 3 years) No medicine to take daily Can be used while breastfeeding Ability to become pregnant returns quickly after it is removed</td>
<td>May cause irregular bleeding (spotting, no periods or heavy periods) After 1 year, many women have no period at all Does not protect against HIV or other STIs</td>
</tr>
<tr>
<td>The Shot</td>
<td>97-99%</td>
<td>Get shot every 3 months</td>
<td>Each shot works for 12 weeks Private Helps prevent cancer of the lining of the uterus (womb) No pill to take daily Can be used while breastfeeding</td>
<td>May cause spotting, no period, weight gain, depression, hair or skin changes, change in sex drive May cause delay in getting pregnant after you stop the shots Side effects may last up to 6 months after you stop the shots Does not protect against HIV or other STIs</td>
</tr>
<tr>
<td>The Pill</td>
<td>92-99%</td>
<td>Must take the pill daily</td>
<td>Can make periods more regular and less painful Can improve PMS symptoms Can improve acne Lowers risk of ovarian cancer Ability to become pregnant returns quickly after stopping the pills</td>
<td>May cause nausea, weight gain, headaches, change in sex drive – but these can be relieved by changing to a new brand May cause spotting the first 1-2 months Does not protect against HIV or other STIs</td>
</tr>
<tr>
<td>Progestin-Only Pills</td>
<td>92-99%</td>
<td>Must take the pill at the same time each day</td>
<td>Can be used while breastfeeding Ability to become pregnant returns quickly after stopping the pills</td>
<td>Often cause spotting, which may last for many months May cause depression, hair or skin changes, change in sex drive Does not protect against HIV or other STIs</td>
</tr>
<tr>
<td>The Patch</td>
<td>92-99%</td>
<td>Apply a new patch once a week for three weeks No patch in week 4</td>
<td>Can make periods more regular and less painful No pill to take daily Ability to become pregnant returns quickly after stopping the patch</td>
<td>Can irritate skin under the patch May cause spotting the first 1-2 months Does not protect against HIV or other STIs</td>
</tr>
<tr>
<td>Method</td>
<td>How well does it work?</td>
<td>How to Use</td>
<td>Pros</td>
<td>Cons</td>
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<tr>
<td>The Ring</td>
<td>92-99%</td>
<td>Insert a small ring into the vagina. Change ring each month</td>
<td>Does not require a “fitting” by a health care provider</td>
<td>Can increase vaginal discharge</td>
</tr>
<tr>
<td>Nuvaring™</td>
<td></td>
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<td>Private</td>
<td>May cause spotting the first 1-2 months of use</td>
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<td>Does not require spermicide</td>
<td>Does not protect against HIV or other STIs</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Can make periods more regular and less painful</td>
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<td></td>
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<td></td>
<td>No pill to take daily</td>
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<td></td>
<td>Ability to become pregnant returns quickly after stopping the ring</td>
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<tr>
<td>Male Condom</td>
<td>85-98%</td>
<td>Use a new condom each time you have sex. Use a polyurethane condom if allergic to latex</td>
<td>Can buy at many stores</td>
<td>Can decrease sensation</td>
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<td></td>
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<td></td>
<td>Can put on as part of sex play/foreplay</td>
<td>Can cause loss of erection</td>
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<td></td>
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<td></td>
<td>Can help prevent early ejaculation</td>
<td>Can break or slip off</td>
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<td></td>
<td></td>
<td></td>
<td>Protects against HIV and many other sexually transmitted infections (STIs)</td>
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<td></td>
<td></td>
<td></td>
<td>Can be used while breastfeeding</td>
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<tr>
<td>Female Condom</td>
<td>79-95%</td>
<td>Use a new condom each time you have sex. Use extra lubrication as needed</td>
<td>Can buy at many stores</td>
<td>May be noisy</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Can put in as part of sex play/foreplay</td>
<td>May be hard to insert</td>
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<td>Good for people with latex allergy</td>
<td>May slip out of place during sex</td>
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<td></td>
<td>Protects against HIV and other STIs</td>
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<td></td>
<td></td>
<td>Can be used while breastfeeding</td>
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<tr>
<td>Spermicide</td>
<td>71-85%</td>
<td>Insert more spermicide each time you have sex</td>
<td>Can buy at many stores</td>
<td>May raise the risk of getting HIV</td>
</tr>
<tr>
<td>Cream, gel, sponge, foam, inserts, film</td>
<td></td>
<td></td>
<td>Can put in as part of sex play/foreplay</td>
<td>May irritate vagina, penis</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Comes in many forms: cream, gel, sponge, foam, inserts, film</td>
<td>Cream, gel, and foam can be messy</td>
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<td></td>
<td></td>
<td></td>
<td>Can be used while breastfeeding</td>
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<tr>
<td>Diaphragm</td>
<td>84-94%</td>
<td>Must be used each time you have sex. Must be used with spermicide</td>
<td>Can last several years</td>
<td>Using spermicide nonoxynol-9 may raise the risk of getting HIV</td>
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<td></td>
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<td></td>
<td>Costs very little to use</td>
<td>Should not be used with vaginal bleeding or infection</td>
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<td></td>
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<td></td>
<td>May protect against some infections (NOT HIV)</td>
<td>Raises risk of bladder infection</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Can be used while breastfeeding</td>
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</tr>
<tr>
<td>Emergency Contraception</td>
<td>58-94%</td>
<td>Works best the sooner you take it after unprotected sex. Take pill(s) as soon as you can after unprotected sex. You can take EC up to 5 days after unprotected sex. If pack contains 2 pills, take both together</td>
<td>Can be used while breastfeeding</td>
<td>May cause stomach upset or nausea</td>
</tr>
<tr>
<td>Plan B® One-Step,</td>
<td></td>
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<td></td>
<td>The next period may come early or late</td>
</tr>
<tr>
<td>Next Choice™,</td>
<td></td>
<td></td>
<td></td>
<td>May cause spotting</td>
</tr>
<tr>
<td>ella® and others</td>
<td></td>
<td></td>
<td></td>
<td>Does not protect against HIV or other STIs</td>
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<td></td>
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<td></td>
<td></td>
<td>Women under age 17 need a prescription for some brands</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>ella® is only available with a prescription</td>
</tr>
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<td></td>
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<td></td>
<td>May cost a lot</td>
</tr>
</tbody>
</table>
Comparing Effectiveness of Family Planning Methods

**More effective**
- Less than 1 pregnancy per 100 women in 1 year

- Implants
- IUD
- Female sterilization
- Vasectomy

**How to make your method more effective**

- **Implants, IUD, female sterilization**: After procedure, little or nothing to do or remember
- **Vasectomy**: Use another method for first 3 months

- **Injectables**: Get repeat injections on time
- **Lactational amenorrhea method, LAM (for 6 months)**: Breastfeed often, day and night
- **Pills**: Take a pill each day
- **Patch, ring**: Keep in place, change on time

- **Condoms, diaphragm**: Use correctly every time you have sex
- **Fertility awareness methods**: Abstain or use condoms on fertile days. Newest methods (Standard Days Method and TwoDay Method) may be easier to use.

**Less effective**
- About 30 pregnancies per 100 women in 1 year

- Withdrawal
- Spermicides

Sources:
Keep It Simple

Evaluation Instructions

On the next page is provided a short evaluation survey of the Keep It Simple: Linking Teens to Sexual Health Care lesson and film. Evaluation is a critical element to ensuring that the services and education we provide young people is meeting their needs. To that end, we have provided a short survey to be administered to the teens that attend this lesson and/or watch the Keep It Simple film. Please ensure that you abide by your organization’s evaluation procedures whenever you evaluate programming for youth.

Directions: Once participants have participated in the lesson and/or watched the film, please administer this survey to them so that they may complete the questions on both pages. They should not put any identifying information on the survey as it is anonymous. Once complete, collect the survey and share the results with CAI and Healthy Teen Network. You can send completed survey results here:

Via email: Alexandra@healthyteennetwork.org (Attention: Alexandra Eisler)

Via mail:
Healthy Teen Network
Attn: Alexandra Eisler
1501 Saint Paul St
Suite 124
Baltimore, MD 21202

Via Fax: (410)685-0481 (Attention: Alexandra Eisler)

If you incorporate these questions into an existing survey you plan to administer to youth, please simply share the results of these questions with CAI and Healthy Teen Network via the addresses/numbers above.

We thank you for your hard work!

CAI & Healthy Teen Network
Keep It Simple
Evaluation Sheet

Thank you for taking the time to complete this brief survey! The information collected through this survey will be used to improve the quality of programs like Keep it Simple. All of your responses are completely confidential.

1. How old are you? ___________ years

2. What is your gender?
   - Female
   - Male
   - Transgender
   - Refuse to answer

3. Are you Hispanic or Latina/o?
   - Yes
   - No

4. What is your race? (Check all that apply):
   - African American
   - American Indian or Alaskan Native
   - Asian
   - Native Hawaiian or other Pacific Islander
   - White
   - Other (please specify: ____________________________)

“Keep It Simple”: Linking Teens to Sexual Healthcare
CAI & Healthy Teen Network
5. Did you participate in the entire *Keep it Simple* lesson, or view the animated film only?

- [ ] I participated in the entire lesson
- [ ] I only watched the film

*For the next few questions, please think about the information you learned through the *Keep it Simple* lesson.*

Please check how HELPFUL the lesson was for each of the following topics:

<table>
<thead>
<tr>
<th>6. Information on birth control options for teens</th>
<th>Very Helpful</th>
<th>Helpful</th>
<th>Somewhat Helpful</th>
<th>Not Helpful</th>
<th>Not Helpful at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Information on where to get birth control and STI services in my community</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. My right to receive confidential sexual health care</td>
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</tr>
</tbody>
</table>

After viewing the motion graphic, how LIKELY are you to…

<table>
<thead>
<tr>
<th>9. Talk to your doctor about different birth control options at your next visit?</th>
<th>Much More Likely</th>
<th>More Likely</th>
<th>About the Same</th>
<th>Less Likely</th>
<th>Much Less Likely</th>
</tr>
</thead>
</table>

Please help us improve the kind of information we share with young people like you!
In the box below, please list any suggestions you have for how the Taking Charge of Your Health lesson can be improved: