

Adolescent Sexual Health Education Programs

Access to Clinical Sexual and Reproductive Health Services

December 2020

DATA BRIEF

Access to clinical services to support sexual and reproductive health (SRH) is important for all Californians, including adolescents. California's adolescent SRH education programs, the federally-funded California Personal Responsibility Education Program (CA PREP) and the state-funded Information and Education Program (I&E), support local agencies to provide comprehensive sexual health and life skills education, including communication with partners and trusted adults. A key component of this programming is linking participants to clinical services. These programs require local implementing agencies (local health departments or community-based organizations) to establish formal partnerships with Family Planning, Access, Care and Treatment (FPACT) providers, and facilitate referrals to clinical services.

Both CA PREP and I&E provide unbiased, comprehensive SRH education in compliance with the 2016 California Healthy Youth Act and offer information about local resources and youths' rights to access SRH care, while also respecting and addressing young people's identities, backgrounds, abilities and needs.

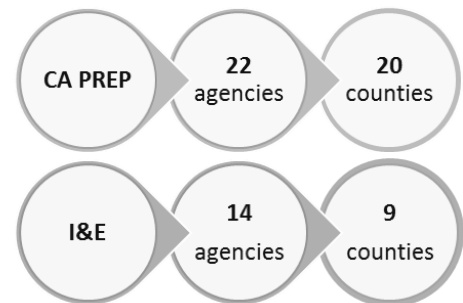
This brief describes CA PREP and I&E participants' awareness of clinical services, perceived barriers to accessing those services, and their likelihood to access services both before and after program participation. The data presented here are based on program reports (2017), focus groups (2018), and surveys completed by 7,675 CA PREP participants and 1,178 I&E participants (2016-2017).

WHERE WE SERVE

In 2016-17, 34 agencies served youth in 22 different counties. Half (50%) of program participants were served in traditional high school settings, 19% in alternative/continuation schools, 9% in middle schools,



7% in community-based organizations and 7% in juvenile justice facilities. A smaller proportion of participants were served in other settings, including 6% in shelter/transitional housing and 1% in foster care facilities.



CLINICAL LINKAGE ACTIVITIES

In 2016-17, CA PREP and I&E required local agencies to provide participants with information about clinical services. Some agencies offer additional services, as shown here.

Handouts	Most local agencies offer informational handouts and lists of clinical services.
Clinic tours	Some local agencies offer clinic tours.
Referrals	Both programs provide referrals for services such as FPACT, physical and mental health care, and violence prevention.



YOUTH AWARENESS OF SRH SERVICES

Participants in the CA PREP and I&E programs reported increases in:

- ▶ Knowing of a clinic or doctor that provides SRH information and services in their community. This increased from 60% at program entry to 82% at exit.
- ▶ Visiting a clinic or doctor for SRH services, if needed. This rose from 68% at program entry to 82% at exit.¹

YOUTH PERSPECTIVES ON SRH SERVICES

“They gave us a number to call for any questions you have, you know, secretly. They won’t release who it is. It’s confidential.”

-CA PREP Participant

“If you really care about your body and you want to make sure you are ok, you will just go [to the clinic]. If you don’t care about your body or you think it is embarrassing, then you wouldn’t be as healthy.”

-CA PREP Participant

“They told us that you don’t have to take your parents and that services are free.”

-I&E Participant

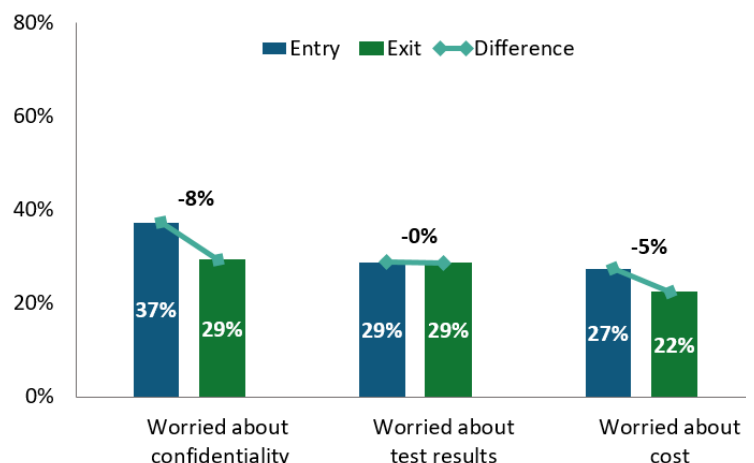
PERCEIVED BARRIERS TO ACCESSING SRH SERVICES

Before participating in the CA PREP and I&E programs, survey respondents reported that the most common perceived barriers to accessing SRH services at program entry were:

- ▶ Worry about confidentiality of services (37%),
- ▶ Worry about test results (29%), and
- ▶ Worry about cost of services (27%).

Upon exiting the program, confidentiality concerns saw the largest decrease, dropping by eight percentage points.

Figure 1: Change in the percentage of participants who perceived barriers to accessing SRH services, from program entry to exit (n=8,853)²



SUMMARY

Strengthening the linkages between SRH education and clinical services can improve adolescent access to high-quality confidential SRH services, a critical strategy for long-term success in reducing unintended adolescent pregnancies, promoting SRH well-being and increasing testing and treatment for sexually transmitted infections. Following participation in CA PREP and I&E, participants reported an increase in their awareness of and likelihood to use SRH services and a decrease in their perceived barriers to SRH services.



Resources

[Referrals and Linkages to Youth-Friendly Health Care Services: Guide from the Office of Adolescent Health](#) that defines youth-friendly services and outlines how to develop an effective referral system.

Footnotes: 1.) Change between entry and exit is significant ($p < .001$). There were 453 missing responses at entry and 183 missing responses at exit. 2.) Changes between entry and exit are significant for confidentiality and cost ($p < .001$). There were 290 to 620 missing responses for each question.

This brief was prepared by the California Department of Public Health Maternal, Child and Adolescent Health Division and the University of California, San Francisco Philip R. Lee Institute for Health Policy Studies.