Project Connect Implementation Guide

Project Overview

The Project Connect Health Systems Intervention (Project Connect) is an evidence-based, scalable intervention designed to increase the receipt of sexual and reproductive health care by at-risk youth by promoting health systems change.

Project Connect provides a mechanism for linking youth into needed health care services, and has demonstrated its effectiveness in a large-scale research study. Results from the original trial conducted in a Los Angeles, CA public school district demonstrated an increase in receipt of birth control, pregnancy testing, and STD and HIV testing among intervention high school students, relative to controls. The Project Connect approach makes use of local level epidemiological and health systems data to identify community-based providers who are already doing a good job of providing sexual and reproductive health care to youth. A referral guide is then created containing pertinent information on the identified providers, which is then distributed to individuals within organizations with access to large numbers of at-risk youth for the purpose of referring youth to these community providers for care.

Centers for Disease Control and Prevention
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

The Challenge

Despite the need for sexual and reproductive health care services among youth, as evidenced by high rates of STDs and unplanned pregnancies, many youth are unable to access care from providers who are comprehensive and knowledgeable in their approach to these services and sensitive to youths' particular needs. Changing provider behavior can be time and resource intensive. Instead, Project Connect links at-risk youth with providers who are already providing recommended services to youth, making it a low-cost and manageable structural intervention.

Core Components

This project includes four core components:

1) **Identification and recruitment of organizations that have regular access to the target population.** These organizations should have regular access to at-risk youth in need of sexual and reproductive health care services. Environmental scanning is a useful tool for identifying areas within your community where higher proportions of youth are at risk for STDs, HIV, or unplanned pregnancy. Within these high-risk areas, those organizations which can most effectively reach at-risk youth should be considered as venues for the implementation of Project Connect.

2) **Identification and recruitment of health care providers who can provide high-quality sexual and reproductive health care.** Project Connect is designed to promote linkages to health care providers within the community who are already doing a good job of providing sexual and reproductive health care services. The intent is ***not*** to include every health care provider in the area or to change provider behavior. Instead, the intent is to systematically identify good providers so that youth can be linked to them for services.

3) **Development and dissemination of a Project Connect Provider Referral Guide.** Important information about chosen health care providers is included on a Project Connect Provider Referral Guide to be distributed to youth.

4) **Identifying and training key touchpoints.** These are trusted individuals within implementing organizations to whom youth might turn for advice or guidance regarding sexual and reproductive health needs. Key touchpoints become the organizational hub for distribution of the Provider Referral Guide.

Implementation tip:

For in-school implementation, possible key touchpoints include: school nurses, counseling staff, Title I coordinators, PE teachers, health teachers, parent center coordinators, and school based health clinic staff.

The Road Map–Key Action Steps

Environmental scan

Identifying areas with high rates of STD morbidity among youth is the first step in implementing Project Connect. In general, this is done in coordination with the state or local health department, as they will have information on rates of reportable infections, such as chlamydia, gonorrhea, and HIV, along with other demographic factors. Geocoded data can be used to pinpoint high morbidity areas, and demographic information can provide insight into the makeup of the target population. Once a geographic area is selected, the next step is to identify partners within the community who have access to these at-risk youth. These partners can provide not only a venue through which to disseminate materials and advertise but also insight into the health care needs of the youth they serve. It may be necessary to ask community partners about the types of youth they serve to make sure that their constituency aligns with the identified target population.

> ***Implementation tip:***
> Project Connect can be implemented through schools or through other agencies within the community. Juvenile justice programs, after-school care programs, or other community based organizations might provide a good venue for reaching at-risk youth.

Health care Infrastructure Scan and Provider Referral Guide Development

The initial selection of providers to include in the guide constitutes a multi-step process.

Step 1: If possible, develop an initial pool of potential providers by partnering with the state or local health department to identify all providers within the areas identified during the environmental scan who meet certain, pre-identified criteria. For example, it may be helpful to select the initial pool from providers who have reported a certain number of cases of chlamydia among youth. Further information about these providers should be collected before they are included on the Provider Referral Guide. Providers offering a wide range of sexual and reproductive health services and providers with a youth-friendly practice should be prioritized.

Implementation tip:
In Los Angeles, providers in the initial pool reported 10 or more cases of chlamydia among 15-19 year olds in the past year. This cut-off was chosen because it was thought that it would identify a population of providers who were seeing a large number of youth, who had access to an at-risk population, and who were screening youth for chlamydia and reporting results. In order to increase the variability and dispersal of providers included in the pool, some providers were included who reported fewer than 10 cases of chlamydia among 15-19 year old patients. Recommendations for additional providers could be provided by: 1) school nurses who recommended a clinic they felt comfortable with or who had heard about a clinic from students; or 2) additional branches of clinics which met the earlier inclusion guideline of 10 or more cases. Additional providers recommended for inclusion in the guide were cross-referenced with the local health department to ensure that they had reported chlamydia cases among 15-19 year olds in the past year.

Step 2: Survey health care providers identified through the health care infrastructure scan to learn about their practice. Topics of interest include: a general description of the services offered, whether they are taking new adolescent patients, if they see boys and girls, if they offer emergency contraception, and if they are interested in being included in the Provider Referral Guide. Consider removing providers if they are non-responsive after multiple attempts, do not routinely collect sexual history/sexual activity information from youth, do not screen sexually active youth for chlamydia, do not offer STD treatment on-site (e.g., only screen, not treat), or do not provide free services.

Implementation tip:
Completion of this initial survey takes approximately 20-30 minutes. Because of the busy nature of most clinicians, the clinic manager may be your best contact within a clinic. You can contact providers by phone or in-person to collect this information.

Step 3: Visit all providers who remain eligible after Step 2 to collect information on: ease of access, location information, locally available public transportation routes convenient to the facility, accessibility issues, and the receptiveness of staff to youth patients.

Implementation tip:
If a clinic has a pronounced focus on prenatal care, you may want to note this on the Project Connect referral guide so that youth not in need of this service can find a clinic better suited to their needs.

The Road Map–Key Action Steps
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Step 4: Build a Project Connect Provider Referral Guide. Content may include:

- Clinic information, such as name, address, phone number, and website;
- General information, such as distance from implementation site and available public transportation routes;
- Availability of evening and weekend appointments;
- General services, such as gender of patients seen and youth friendly features offered (e.g., a youth check-in area, youth coordinator, youth-focused materials, and/or a youth waiting room);
- Sexual and reproductive health services, including urine-based chlamydia testing, family planning methods available, availability of male and/or female condoms, hormonal contraception availability, and emergency contraception availability (as needed or in advance);
- Whether they work with a teen-friendly pharmacy or provide medication on-site;
- Cost of services, including free or sliding scale payment options as well as participation in Medicaid or other insurance programs.

Implementation tip:

The typical number of providers listed on a Project Connect Provider Referral Guide ranges from 10-20. In the past, the guide has been distributed as 8.5 x 11 inch, double-sided tear-away notepads or pocket guides to be given to youth, or as a poster displayed by the key touchpoints for easy reference. See examples from Los Angeles and Detroit. Online versions are in development and may be the best way to reach youth in certain communities.

Training and Dissemination

Although it is important to train partner organizations on the purpose for and delivery of Project Connect, it is unlikely that this will be an onerous process. In fact, the most difficult thing may be getting the right people together for training. Consider including others aside from identified key touchpoints in this training, such as administrators, on-staff health care providers, and frontline staff, who will be important to intervention success. In the past, training has taken an hour or less. Because of its simple and straight-forward nature, extensive training on the use of the actual Provider Referral Guide itself will only take a portion of the time. This discussion will likely consist primarily of an explanation of the categories of information available on the guide and the rationale behind their inclusion. The rest of the time can be devoted to other issues that complicate youths' referral for health care. Key touchpoints may have questions about state laws outlining minors' ability to consent for health care, the confidentiality of provided health care services, concerns about any personal responsibility associated with referring youth to local health care providers, or other issues. In some locations (e.g., schools), there may also be training needs around raising awareness of the sexual and reproductive health care needs of the youth served by partner organizations. This can be an essential step in securing the support of key touchpoints who will be counted on to make referrals.

Implementation tip:

After an initial group training, it may only be necessary to hold individual or small group trainings if there is turnover in key staff at partner organizations. In schools, when referring students off-campus during the school day, attendance staff need to be involved as well as those making the referrals.

Sustainability

The Provider Referral Guide will need to be updated periodically. Included providers can be surveyed yearly to ensure they are still taking youth patients and to determine if there has been any change in clinic hours, location, or other pertinent clinic-related information. It may be necessary to remove providers from the Provider Referral Guide if they are no longer accepting youth patients, are non-responsive, no longer provide sexual and reproductive health care on-site, or if the types of payment they receive have altered significantly. Additional providers may also be added during these yearly updates if it is learned that they might be a good source of sexual and reproductive health care for youth.

Implementation tip:

Outside of major changes, other changes to the Provider Referral Guide may involve changes in services offered, such as the provision of male and/or female condoms. In the past, few providers have been removed from the Provider Referral Guide. Those which were removed were generally no longer accepting new youth patients or had shifted their focus to adult care.

Lessons Learned

✔ **Identifying the pool of potential providers will require cooperation with the local health department.** Data on reports of positive chlamydia tests, including the patient's age and relevant provider information, must be routinely and systematically collected by the health department and the health department must be willing to share this information should a provider guide be developed by an organization outside of the health department. The cut-off used to determine which providers seem suitable for consideration may depend on local incidence and prevalence of the STD or health concern of interest among the youth population.

✔ A clinical infrastructure which is substantial enough to be able to support an influx of youth into the local health care community needs to already exist. **The idea that youth can be linked to good providers only works if there are good providers available** within a reasonable distance and if there is sufficient variability/dispersion among providers to create a web of available health care providers. Without either of these, institutions can still seek to link youth to available health care providers. However, the process used to develop the current Provider Referral Guide may be less applicable.

✔ **Identify possible structural barriers** which will need to be addressed, including:

- Lack of transportation options, including lack of available public transportation serving provider locations if applicable;
- Local school policies governing the release of students for confidential health care services during the school day without parent notification and awareness of such policies by relevant school personnel if they exist;
- Availability of health care providers who have after-school and/or weekend hours;
- Availability of Medicaid or state-based programs designed to cover the costs associated with youth sexual and reproductive health care.

✔ **Someone will have to spearhead efforts to produce a Provider Referral Guide and build linkages between community-based health care providers and the youth-serving organizations.** This person(s) may be in a health department, within the school system, or part of an outside agency. After development of the guide, annual update and review will require continued interest and a commitment to the allocation of personnel to the project if it is to be a sustainable effort.

Lessons Learned
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- ✔ **The main cost involved in the implementation of a provider guide is not money but, instead, staff time and motivation.** There is a moderate time investment involved in the creation and culling of the provider pool and in the development of a Provider Referral Guide which contains all of the information needed by youth to take advantage of available health care options. Past this, the systematic updating of the material so that the information contained within is still relevant and timely will involve systematically and regularly revisiting the development process.

- ✔ Immediate evidence of success in the form of a significant uptick in the number of youth receiving screening and treatment from providers listed in the guide may not occur; however, **over time, increased linkages between youth and sexual and reproductive health care providers and an increase in health care use by youth should occur.**

- ✔ This approach may also provide opportunities to influence local providers' practice. Through ongoing contact with area providers, they can be supplied with updated guidelines, and by creating a referral guide with a set of criteria for inclusion, local providers may be encouraged to alter their practices to meet these criteria (e.g., becoming more teen friendly, providing services targeting younger patients).

Conclusion

Project Connect is a low-cost mechanism for linking youth to sexual and reproductive health care. It takes advantage of already existing systems (e.g., school nurses, community providers) and facilitates collaboration between community-based providers, schools and/or youth-serving organizations, and the local health department. The primary investment of resources occurs in the first year of development and derives primarily from the allocation of staff time to identifying providers, collecting pertinent provider information, compiling information into a guide format, and working with the implementing organizations to integrate the referral of students to health care. By providing youth with the initial link to community based health care providers, Project Connect begins the training and modeling process for youth to link into a broader health care community.