



Epi Data Tables

New York City Department of Health and Mental Hygiene

May 2016, No. 69

Evaluation of Adolescent Sexual and Reproductive Health Services among Pediatric Providers in the South Bronx

Data Tables

Table 1. Number and percent of pediatric providers adhering to CDC Adolescent Sexual Reproductive Health Best Practice Guidelines in the South Bronx, 2014

Data Source

Adolescent Sexual and Reproductive Health Services Survey, 2014 is a 43-item, self-administered paper survey, which could also be completed online, of pediatric primary care providers. The survey included items to capture demographic characteristics, medical training, and the Adolescent Sexual Reproductive Health Adherence Scale to measure delivery of services that fall within four of the six CDC best practice guideline domains: 1) contraceptive access 2) Quick Start method of initiation of hormonal contraception and IUD 3) STD and HIV testing and 4) cost, confidentiality, and consent.

To access the related Epi Data Brief, go to www1.nyc.gov/assets/doh/downloads/pdf/epi/databrief69.pdf



Table 1. Number and percent of pediatric providers adhering to CDC Adolescent Sexual Reproductive Health Best Practice Guidelines[^] in the South Bronx, 2014

Source: Adolescent Sexual and Reproductive Health Services Survey, 2014

	Providers	
	n	%
Best Practice - Contraceptive access		
1) Same day, next day or walk-in appointments are available for adolescents	130	94.0%
2) Appointments are available after school hours	*	*
3) Appointments are available during the weekend	*	*
4) Sexual health assessment taken / updated at every visit	78	56.0%
5) Wide range of contraception is available (via prescription and/or dispensed on-site) ¹		
a. Emergency contraception for females		
b. Emergency contraception for males		
c. IUD		
d. Hormonal Implants (Implanon/Nexplanon)		
e. Hormonal Contraceptive Pills	35	25.0%
f. Hormonal Injection (Depo-Provera)		
g. Patch		
h. Ring		
i. Condoms		
6) Hormonal contraception or IUD available at every visit that the adolescent makes to clinical provider (e.g., urgent, preventative, school-health, sports physical, pregnancy testing, emergency contraception, STD testing, HIV testing, etc.)	*	*
7) Prescribe hormonal contraception to adolescent females without prerequisite exams or testing (i.e., without first requiring any of the following: Pap Smear, Pelvic Exam, Breast Exam or STD testing)	75	54.0%
Best Practice - Quick Start method for initiation of hormonal contraception and IUD		
8) Hormonal contraception is initiated utilizing the Quick Start method	45	32.0%
9) Quick Start initiation of hormonal contraception after an adolescent client has had a negative pregnancy test	*	*
10) Quick Start initiation of hormonal contraception after an adolescent is provided with Emergency Contraception (EC) where a pregnancy test is negative	*	*
11) The option of having an IUD inserted using the Quick Start method	*	*
12) Emergency Contraception (EC) is available to adolescent females		
a. Dispensed on-site	*	*
b. Dispensed with Rx		
13) Emergency Contraception (EC) is provided to female adolescents for future use (advanced provision)	*	*
14) Emergency Contraception (EC) is provided to male adolescents for future use (advanced provision)	*	*
Best Practice - STD and HIV testing		
15) Chlamydia screening is provided to all adolescent females at least annually, or based on diagnostic criteria	137	99.0%
16) Chlamydia screening is available for adolescent females utilizing a urine or vaginal swab	135	97.0%
17) Chlamydia screening is available for adolescent males utilizing a urine	135	97.0%
18) Gonorrhea screening is available for adolescent females and males	137	99.0%
19) HIV rapid testing is available for adolescent females and male	84	60.0%
20) Expedited partner delivered partner therapy (EPT) is available as an option for the treatment of uncomplicated Chlamydia infection	111	80.0%
Best Practice - Cost, confidentiality and consent		
21) Low cost or no cost contraceptive and reproductive health care services are provided to adolescents	123	88.0%
22) Confidential contraceptive and reproductive health care is available to adolescents without need for parental or caregiver consent	117	84.0%
Best Practice - Cervical cancer screening		
23) Adhere to current cervical cancer screening (Pap Smear) guidelines for adolescent females (initiate pap screenings at age 21)	*	*
Best Practice - Infrastructure		
24) Participate in the federal 340B drug discount purchasing program	*	*
25) Utilize electronic medical records (please specify system(s) used, e.g., eClinical Works, Centricity, Epic, NextGen)	*	*
26) Have systems in place to facilitate billing third party payers for contraceptive and reproductive health care services provided	*	*
Best Practice - Environment		
27) Having a counseling area that provides both visual and auditory privacy	*	*
28) Having an examination room that provides both visual and auditory privacy	*	*
29) Have teen focused magazines or posters on the walls	*	*
30) Display information (pamphlets, posters, flyers, fact sheet), on issue related to adolescent sexual and reproductive health e.g., confidentiality, cost, what services are available to adolescents)	*	*
31) Provide brief evidence-based or evidence-informed video or other interventions designed for adolescent (e.g. "What Could You Do?")	*	*

[^]Adolescent Sexual Reproductive Health Adherence Scale-items in light blue.¹Prescribe or dispense at least 5 of 9 listed contraceptive options.