Reproductive Equity in SBHCs of Massachusetts

Number of Pregnant Minors in Lynn during the 2018-2019 School Year

- **21 cases of chlamydia in LPS in September 2019**
- **12% of the pregnancies were second pregnancies**
- **57 pregnant minors**

Access to Protection in Schools of MA

<table>
<thead>
<tr>
<th>School</th>
<th>Condoms</th>
<th>Plan B</th>
<th>OCPs/Patch/Ring</th>
<th>Depo Provera</th>
<th>Nexplanon</th>
<th>IUD</th>
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<td>Salem*</td>
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<td>Greater Lawrence Tech</td>
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<td>Lawrence High</td>
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<td>Holyoke</td>
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<tr>
<td>Worcester*</td>
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- Allowed
- Procedures are once a month at the school
- *Cleared by Superintendent
- ^Cleared by subcommittee
We were prepared to go to the Superintendent and then the school committee to advocate and discuss the importance of safe, equitable access to birth control services in a SBHC setting where education and follow up are available to students whenever school is in session and as often as needed. After meeting with the Superintendent and reviewing the MA State laws allowing minors access to confidential care, what was being done at other schools in MA, and the pregnancy rates in schools without access, the Superintendent made an executive decision allowing immediate access to condoms, OCPs, Depo, and PlanB at the SBHC in Revere HS. Since birth control access has been available at Revere HS there has been a drastic reduction in teen pregnancies.

"We have two SBHCs one at LHS which is governed by Lawrence Public School board and another at the Technical High School which has its own regional school board. The regional school, the Tech, is allowed to provide full contraceptive services including nexplanon insertions. This was approved by the board with GLFHC, the Principal's and Superintendent's support... Sadly, LHS is not allowed to offer the same services, not even condom distribution... The NPs there are allowed to prescribe to a pharmacy across the street, but often those script do not get picked up or refilled.

The Tech had a 0% pregnancy rate last school year, LHS pregnancy rate remains high."

"It's more comfortable for us...we can be a little more open. Most of the time we can have the counseling at school based but who knows if they [other teens] will show up to the clinic"

-Lynn Public Student
LPS & LCHC

A successful long time partnership
Background

- City of Lynn physician as well as school physician: CMO of LCHC
- Number of medical visits in the SBHC: 7,924 (ytd 4/30/19)
- Number of BH visits in the SBHC: 23,461 (ytd)
- Insurance, payment
SBHC at Lynn Public Schools

- Schools with full services:
  Ingalls, Harrington, Marshall, Breed, Vocational, English, Connery, Classical

- Schools with BH only: Cobbet, Ford, Tracy, Brickett, Drewicz, Callahan, Washington, (Fallon)
Our ask

- Increased family planning services at the high schools
- Why?
Family Planning services

- Currently:
  
  -> LCHC clinicians provide basic education on contraception and STIs
  
  -> We test for STIs, and for pregnancy
  
  -> We prescribe birth control electronically (sent to local pharmacies, of the students' choice)
  
  -> We refer to one of our clinics for any LARC, including the depo-shot
What's the issue

- Top Municipalities in Teen Pregnancy

<table>
<thead>
<tr>
<th></th>
<th># Teen Pregnancy</th>
<th>Rate per 1,000 Pregnancies</th>
<th># White Non-Hispanic</th>
<th>Rate White Non-Hispanic</th>
<th># Black Non-Hispanic</th>
<th>Rate Black Non-Hispanic</th>
<th># Hispanic</th>
<th>Rate Hispanic</th>
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<tbody>
<tr>
<td>Massachusetts</td>
<td>2,140</td>
<td>9.4</td>
<td>718</td>
<td>4.5</td>
<td>286</td>
<td>14.4</td>
<td>1,044</td>
<td>32.7</td>
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<tr>
<td>Springfield</td>
<td>215</td>
<td>31.5</td>
<td>11</td>
<td>5.7</td>
<td>28</td>
<td>18.6</td>
<td>173</td>
<td>53.9</td>
</tr>
<tr>
<td>Lawrence</td>
<td>110</td>
<td>32.4</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>106</td>
<td>37</td>
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<tr>
<td>Lynn</td>
<td>104</td>
<td>32.3</td>
<td>17</td>
<td>15</td>
<td>7</td>
<td>15.6</td>
<td>72</td>
<td>53.8</td>
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<tr>
<td>New Bedford</td>
<td>97</td>
<td>31.9</td>
<td>29</td>
<td>14.3</td>
<td>7</td>
<td>28.8</td>
<td>56</td>
<td>77.8</td>
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<tr>
<td>Lowell</td>
<td>84</td>
<td>20.4</td>
<td>24</td>
<td>12.6</td>
<td>12</td>
<td>41.8</td>
<td>28</td>
<td>28.4</td>
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</tbody>
</table>
How is this happening?

- Data from two high schools over the last two months

Classical: 43 students referred for FP, 8 did not show; 16 referred for Plan B, 8 did not fill prescription

Lynn English: 30 students referred to FP, 12 did not show. 6 referred to our Teen clinic and only 3 showed.

Tech: plan B prescribed to 16 students, only 12 filled
  Depo rx to 19 students, 5 did not show for appt
What are we asking the committee?

Let us:
1. Give condoms in the high schools to those students who ask
2. Dispense oral contraceptives in the high schools
3. Inject Depo-Provera in the high schools
4. Provide emergency contraception (plan B) in all the schools
Who does this

- Boston High schools
- Cambridge Rindge and Latin
- Charlestown
- Chelsea
- Everett
- Lawrence
- Peabody
- Salem
- Somerville
Prevention

- Teen pregnancies are bad for the teens, bad for the children and increase demands on the community
- Tend to happen to girls with higher ACE scores
- We have the resources to drop that rate from one year to the next