

ASRH ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH CARE

This article supports the 1st step for organizational readiness described in [Q4T \(Quality for Teens\): A Quality Improvement Package for Adolescent Sexual and Reproductive Health Care](#) developed by the National Association of Community Health Centers in collaboration with Cicatelli Associates Inc. and with support from the Centers for Disease Control and Prevention Division of Reproductive Health.

This short resource discusses Adolescent and Sexual Reproductive Health (ASRH) care and how a health center board can support this service line through governance-level functions. A board may wish to read this article prior to discussing this service line at a board meeting.

What is Adolescent Sexual and Reproductive Health (ASRH) Care?

ASRH care includes contraceptive and sexually transmitted infection (STI) services such as:

- ▶ Screening for sexual activity and sexual risk assessment
- ▶ Behavioral counseling related to sexual health
- ▶ Chlamydia and gonorrhea screening and follow up
- ▶ Patient-centered contraceptive counseling
- ▶ Same-day access to the full range of contraceptive methods

Why is ASRH Care Important for Health Centers?

ASRH care is essential to the health and wellbeing of young people and can help prevent unintended pregnancy and STIs. On Form 5A: *Services Provided*, which lists a center's services as required by the Health Resources and Services Administration (HRSA), ASRH care falls under Gynecological Care, Screenings, Voluntary Family Planning, Obstetrical Care, and Well Child Services, as adolescent primary care includes sexual and reproductive health.

What Key Issues are Important to Know About ASRH Care?

The CDC's [Youth Risk Behavior Survey](#)—which provides insight into the health experiences of high school students across the country—includes worrying findings that show the ongoing importance of quality ASRH care. The report identified that teen girls who experienced sexual violence increased 20% between 2017 and 2021 and found that protective sexual behaviors (e.g., STI testing) have worsened across the country.

It is important to be aware of three key issues related to ASRH care:

- 1 Quality ASRH care includes youth-friendly practices such as:
 - offering services in a welcoming, patient-centered, and accessible environment;
 - ensuring special protections in adolescent confidentiality are understood and practiced; and
 - taking a trauma-informed approach¹ to care.
- 2 The legal landscape related to sexual and reproductive health is dynamic. Staff leadership and boards should be aware of state and other laws related to confidentiality and other issues impacting ASRH care. Boards may wish to receive periodic legal updates during meetings and discuss the impact on ASRH services.

- ③ New technologies permit delivery of some ASRH services via [telehealth](#). Telehealth can be an effective supplement to in-person care and may increase access to ASRH services.

What is the Role of a Health Center Board in ASRH Care?

A board supports ASRH care through appropriate [governance-level functions](#) such as:

- Strategic planning/direction
- Clinical quality oversight
- Other governance roles

Each is discussed in this document.

STRATEGIC PLANNING/DIRECTION

During [strategic planning](#), the board works with the Chief Executive Officer (CEO) and staff to create and approve big-picture goals. At this time, a center may decide to make changes to its ASRH services. It may:

- expand ASRH services,
- offer them in new ways or with new partners, or
- offer them at a new site, which might require planning and investment.

One center decided to build a dedicated teen clinic for these and other adolescent-focused services. Another health center prioritized this service line in its plan which resulted in a budget that included increased resources to train the clinical care team on patient-centered contraceptive counseling.



BOARD CONSIDERATIONS

when making strategic decisions about ASRH services include:

- Data—including from the [community needs assessment](#)—to assess the need
- Input from board members or Patient Advisory Councils about needs in the community for these services
- How ASRH care fits with the center’s mission, vision, and values
- The strategic, budgetary, and oversight impact of changes to this service line



QUESTIONS

to ask when making strategic decisions about ASRH services include:

- How do possible changes to ASRH care further the mission, vision, and values?
- Do the changes align with the long-term strategic plan? Do they trigger the need to modify the strategic plan?
- Is there unmet need and demand for new or additional services in our area?
- What organizations might serve as partners?
- Does the center have sufficient physical space and telehealth resources to offer these services? Are there capital planning needs related to expansion in this area?

Additional questions can be found in [Service Line Expansion: A Guide for Boards](#).

CLINICAL QUALITY OVERSIGHT

A health center board must provide oversight of clinical quality. Boards carry out this duty in various ways, including reviewing and approving the quality assurance/quality improvement (QA/QI) plan, monitoring quality and safety indicators, and approving key policies. Often, boards also have a quality committee that provides routine oversight of clinical quality measures and makes reports and recommendations to the full board regarding policies or actions.



BOARD CONSIDERATIONS

when providing clinical quality oversight of ASRH care include:

- **Use of ASRH services at the center**—Boards should have a general understanding of the age, gender, ethnicity, race, sexual orientation, and special population status of the patients they serve. Each center will want to determine the numbers of adolescents it serves and the unmet needs within that group.
- **ASRH-related quality performance measures monitored by the board and quality committee**—ASRH care has been noted in several studies as an area for national improvement. Working with the CEO and appropriate clinical staff, the board or quality committee should select measures based on the center’s ASRH improvement goals. Sample goals and measures include:

Sample Improvement Goals	Sample Performance Measures
Recommended screening for sexual activity and sexual risk assessment conducted	Percent of unduplicated adolescent patients who had a sexual history taken
Recommended chlamydia and gonorrhea screening and follow-up conducted	Percent of unduplicated sexually active adolescent patients who are screened for chlamydia and/or gonorrhea
Patient-centered contraceptive counseling provided	Percent of care team members trained to provide patient-centered contraceptive counseling
Same-day access to the full range of contraceptive methods provided	Percent of overall visit slots available for same-day contraceptive provision, including IUD and implant
Trauma-informed approach integrated into care	Percent of staff trained in using a trauma-informed approach

One health center board routinely receives data about HIV screening and screening for STIs such as chlamydia. The board is currently focused on better understanding this data as it pertains to adolescents they serve.

- **Patient satisfaction data**—Patient satisfaction surveys that include adolescents give the board and/or quality committee insight into patient views on the extent to which youth-friendly practices such as providing a welcoming and accessible environment, protecting confidentiality, and integrating a trauma-informed approach into care are implemented.

- **Health equity**—Monitoring outcomes for populations that historically experience disparities, such as adolescents from racial/ethnic minority groups and adolescents who identify as lesbian, gay, bisexual, transgender, queer, intersex or asexual (LGBTQIA+), helps the board focus on health equity.



QUESTIONS

to ask related to clinical quality oversight of ASRH care include:

- Is the clinical quality data showing that the center is making progress in achieving its quality improvement goals?
- Are there disparities in outcomes among certain populations? If so, what is being done to address these?
- Are improved outcomes for services offered in-person and via telehealth being reported?
- Is the center following youth-friendly practices when offering these services?

OTHER GOVERNANCE CONSIDERATIONS

Boards can consider other forms of oversight and partnerships to support ASRH care.

- **Budget Approval**—Adequate investment for ASRH services in the board approved budget should be linked to the strategic plan and clinical quality goals. An increased budget may allow staff leadership to procure additional contraceptive methods to support adolescent access to the full range of methods, train staff in the provision of all contraceptive methods and patient-centered contraceptive counseling, invest in telehealth infrastructure, or hire additional staff.
- **Community Building and Partnership**—Boards have an opportunity to encourage collaboration with other agencies or organizations serving the community’s health needs. The board has an important role in evaluating significant partnerships to ensure they are in alignment with the health center’s mission, maintain or improve access to health care, and are financially viable. Some centers partner with youth-focused organizations in delivering ASRH services while others provide services in a school-based health setting.
- **Patient Input**—Health centers may form a [Patient Advisory Council](#) or a [Youth Advisory Council](#) structured around ASRH care. It is important that centers have the staffing and funding resources in place to ensure these structures have appropriate support and feedback mechanisms for sharing insights gained with staff and the board.

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A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization.”

Source: Substance Abuse and Mental Health Services Administration. SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.