



**Not2Late:  
Provision of Emergency Contraception at  
California Community College Health Centers**

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Eugene, Oregon  
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- Pacific Coast College Health Association
- Ohlone College Student Health Center



# The Research Team



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# EC at the pharmacy

<http://www.youtube.com/watch?v=0AJSYVbi1xg&feature=related>

# True or False?

As of April 2009, the FDA approved Plan B as an over-the-counter medication for 17 year olds.

# True or False?

40 out of 50 states require hospital emergency rooms to provide EC-related services to sexual assault victims.

# True or False?

Just 8 months ago (February, 2010),  
the Pentagon made a decision to  
require that EC be stocked at every  
military medical facility.

# EMERGENCY CONTRACEPTION

# "EC"



It's a good idea to use a condom when you have sex. But if that condom fails and you're not using other birth control, be prepared by having emergency contraception on hand.

EC is two pills that you take within 72 hours of unprotected sex to substantially reduce the chance of becoming pregnant.

To help you plan ahead, University Health Services can provide a prescription for EC over the phone without an appointment — call **265-5600**.



**University Health Services**  
*Experts in College Health*  
905 and 1552 University Avenue  
265-5600 • [www.uhs.wisc.edu](http://www.uhs.wisc.edu)

# Sexual activity among college students

- College students are a sexually active cohort
  - 86% having had intercourse in their lifetime
  - 68% reporting current sexual activity (w/in 3 months)
- College-age women 18-24 experienced the highest rate of unintended pregnancy
  - 60% of all unintended pregnancies among 20-24 year olds
  - 79% among 18-19 year olds are unintended
- One-third (33%) of women who seek abortions are between the ages of 20-24



# Background on Emergency Contraception (EC)

- U.S. has highest rate of unintended pregnancy among industrialized countries (51 per 1,000 women aged 15-44)
- EC, also known as the “morning after pill” is used to prevent pregnancy after unprotected sexual intercourse or contraceptive failure
- EC has the potential to significantly reduce incidence of unintended pregnancy and consequent need for abortion



# Background on EC, con't

- EC is cost-effective, provided when emergency arises or in advance
- EC, like other hormonal contraceptives, may prevent pregnancy by:
  - Delaying or inhibiting ovulation
  - Inhibiting fertilization
  - Inhibiting subsequent implantation of a fertilized egg



# Emergency Contraception Timeline

Doctors first begin to use doses of several regular birth control pills as EC

FDA approves 6 common types of birth control pills to be safe & effective for use as EC

Preven, first specific EC regimen approved by FDA (withdrawn in 2004)

Plan B is approved for sale by FDA

FDA approves Plan B for over the counter sale for women ages 18 and older

Introduction of Plan B One-Step as an OTC for 17 and older

FDA approves ella – a five day EC – available by prescription only

Late 1970s

1997

1998

1999

2006

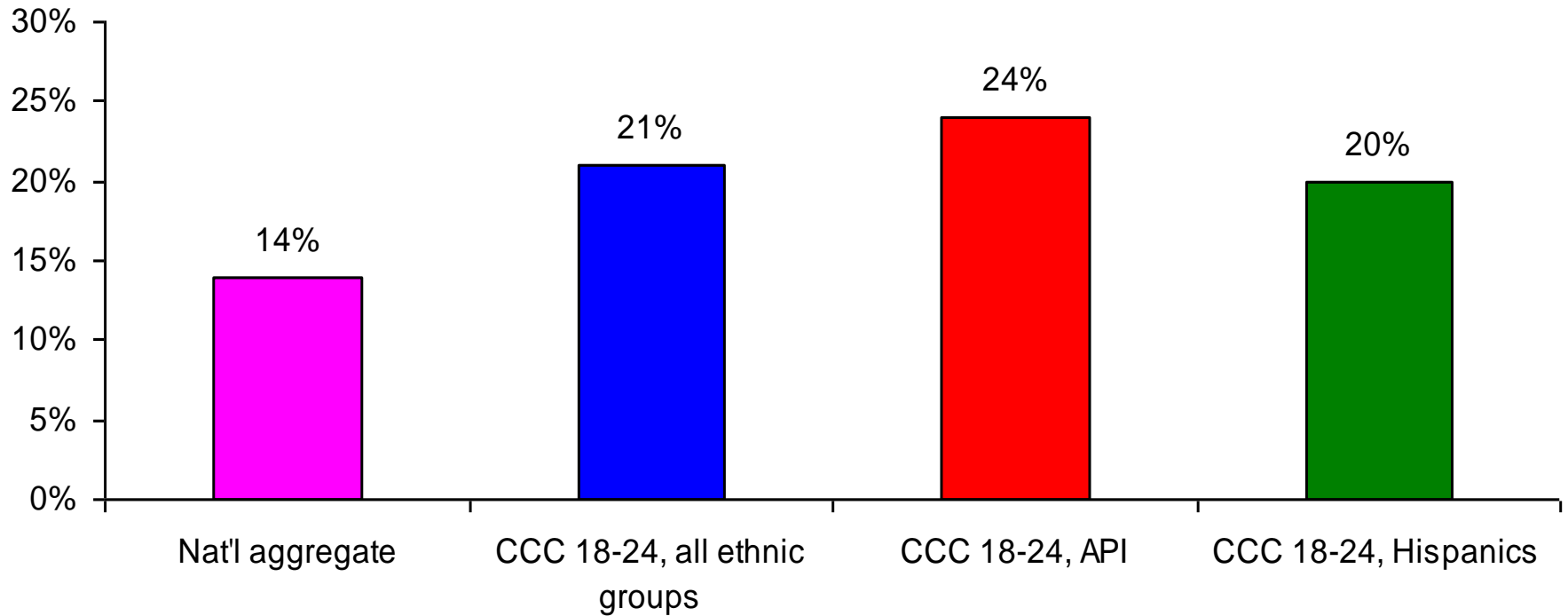
2009

2010



# EC use among college students

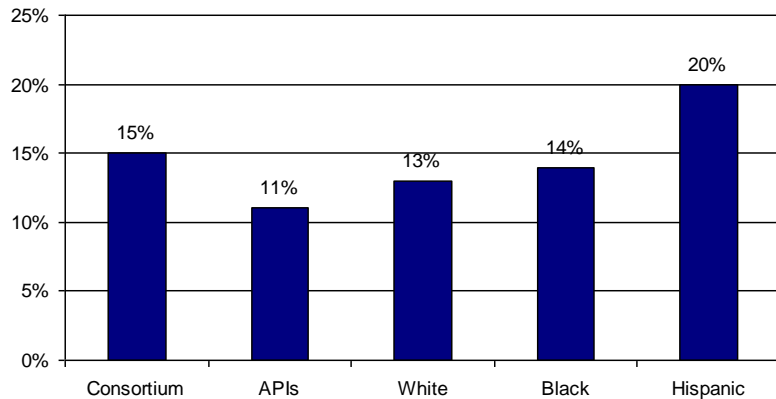
## ACHA-NCHA Spring 2007 cohort (13 campuses)



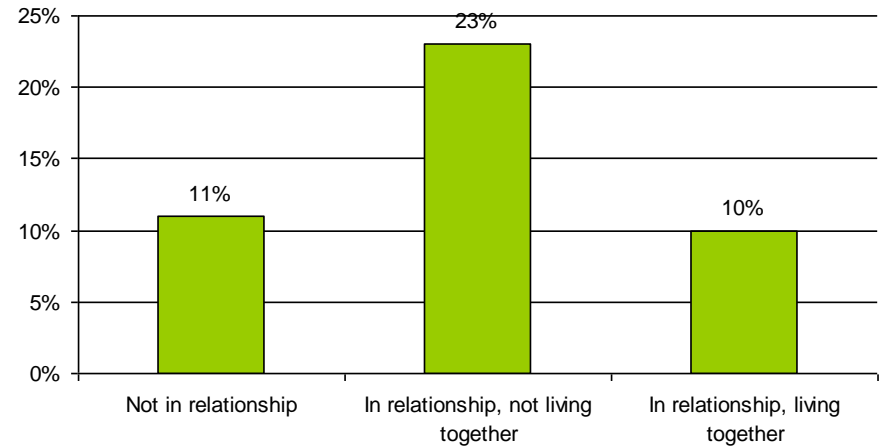
# EC use among college students

## ACHA-NCHA Spring 2010 cohort (14 campuses)

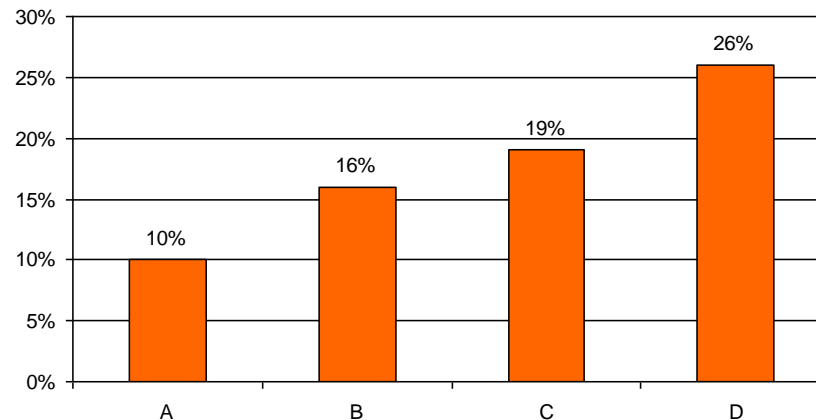
### By ethnicity (N=10,838)



### By relationship status (N=10,430)



### By GPA (N=10,355)



# EC studies across college campuses

Study	Geographic area	Sample	Total N, response rate & method	Results
Hemmick et al., 2007	Florida	Colleges and universities in Florida that have student health centers	<ul style="list-style-type: none"> <li>▪N=27</li> <li>▪68% response rate</li> <li>▪Telephone survey</li> </ul>	<ul style="list-style-type: none"> <li>▪<b>37% of health centers provided EC</b></li> </ul>
Miller et al., 2006	Mid-Atlantic colleges	10 year follow up study of health centers who were ACHA members	<ul style="list-style-type: none"> <li>▪N=119</li> <li>▪97% response rate</li> <li>▪Telephone survey</li> </ul>	<ul style="list-style-type: none"> <li>▪<b>49% reported EC distribution</b></li> <li>▪Most common reasons for not distributing: religious convictions, understaffing, lack of funding</li> <li>▪Major changes in 10 years</li> </ul>
Brening et al., 2003	Nationwide	Randomized, based on criteria such as presence of health center, prescribing practitioner 5 days a week	<ul style="list-style-type: none"> <li>▪N=139</li> <li>▪92.7% response rate</li> <li>▪Fax survey</li> </ul>	<ul style="list-style-type: none"> <li>▪<b>66.9% prescribed EC</b></li> <li>▪No community college represented</li> <li>▪Main response for not prescribing was moral conviction</li> <li>▪Staff &amp; administration attitudes play major role in whether campuses make ECs available to students</li> </ul>
McCarthy, 2002	Nationwide	Obtained list of ACHA members & selected 50% for study sample	<ul style="list-style-type: none"> <li>▪N=358</li> <li>▪77% response rate</li> <li>▪Mail survey</li> </ul>	<ul style="list-style-type: none"> <li>▪<b>52.2% offered EC</b></li> </ul>

# Study Objectives



- **Objective #1:**

Assessment on the provision of EC at CCC student health centers that includes:

- determination of whether EC is offered
- identification of challenges and barriers to EC administration
- measurement of health center staff attitudes and outreach efforts

- **Objective #2:**

Build the capacity of student health centers to offer EC to:

- improve the delivery of EC
- raise the awareness of EC availability among students

# Study Design

- Web-based survey, hosted by SurveyMonkey
- Data collected October – December, 2009
- IRB approved



# Survey Instrument

- Researchers developed instrument
- Instrument consisted of 38 questions with skip logic
  - 4 respondent demographics
  - 3 institutional demographics
  - 2 sets of questions based on whether or not campus provides EC
  - 1 question on attitude toward EC accessibility (5 items)
  - 1 question on perception of staff support around EC
- Piloted with 4 community colleges (OH, NY, OR, HI)



# Recruitment

- Health Services Association CA Community Colleges (HSACCC) provided membership list & contact information (N=70)
- Contact info for colleges that were not part of HSACCC were identified using their respective student health center web sites (N=12)
- Recruitment e-mails
  - 1 pre-notice (HSACCC members only)
  - 1 invitation with 2 reminders
  - Phone call follow-ups for nonrespondents





Coming soon to your inbox ...  
(October 1, 2009)

A peek at how **emergency ContraCeption**  
is being offered across campuses in the California  
Community College system

In October, you will be invited to complete an online survey  
about the provision of emergency contraception at your  
student health center. We hope you will participate.

For more information, contact Sang or Divya at  
[studenthealth@ohlone.edu](mailto:studenthealth@ohlone.edu).

# Data Analysis

- Cleaned data and exported file to SPSS v.17
- Tabulated frequencies & crosstabs
- T-test on attitude scale



# Distinct Profile of Community Colleges in the U.S.

- 11.6 million students are enrolled across 1,200 campuses
- 43% are age 21 or younger
- 59% are women
- 39% are the first in the family to attend college



# The California Community College System

- Largest higher educational system in the nation
- Comprised of 72 districts and 110 colleges
- Enrollment of about 2.8 million students per year
- Gender composition: 54% females, 45% males
- Ethnic composition:
  - White: 34%
  - Hispanic: 30%
  - API: 16%
  - African American: 8%

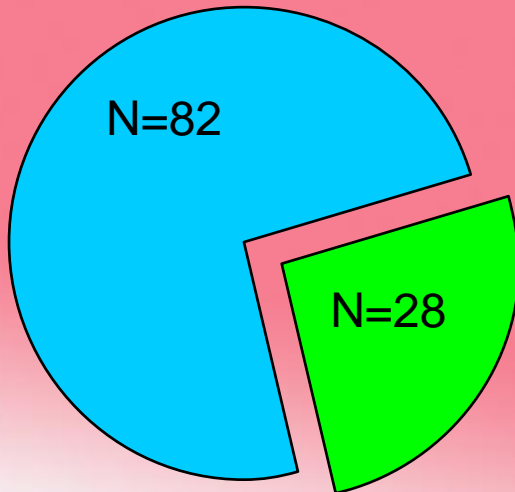
CA census: W: 42%, H: 37%, A:13%, B: 7%



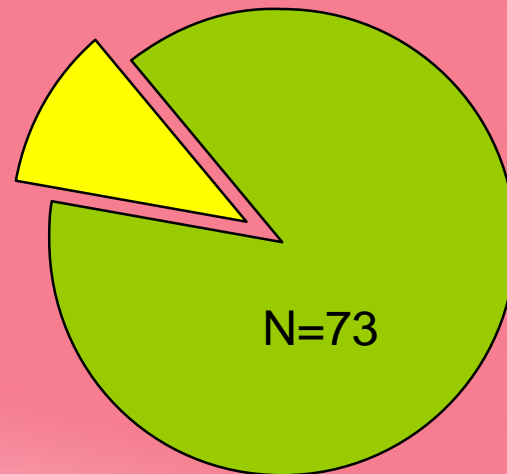


# Study Sample

Of 110 campuses, 75% have student health centers

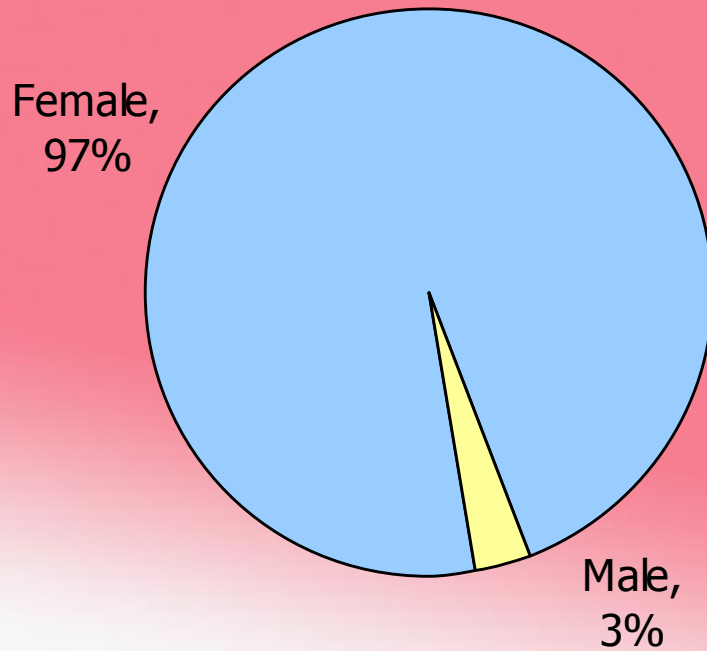


Response rate for this study = 89% (N=73 out of 82)

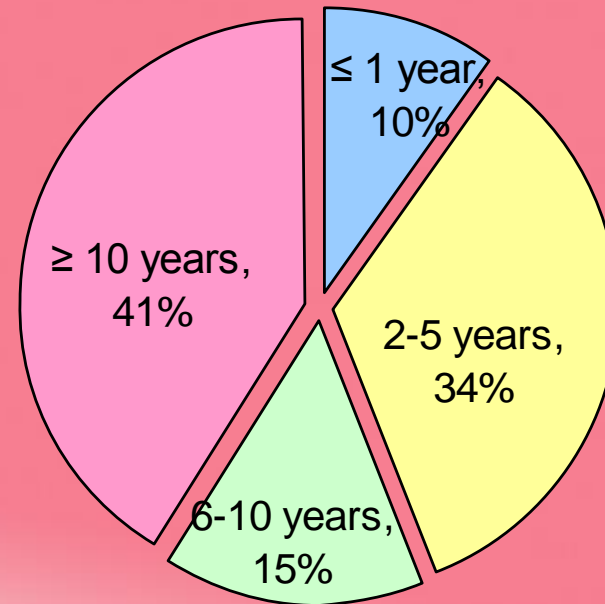


# Respondent Characteristics (N=73)

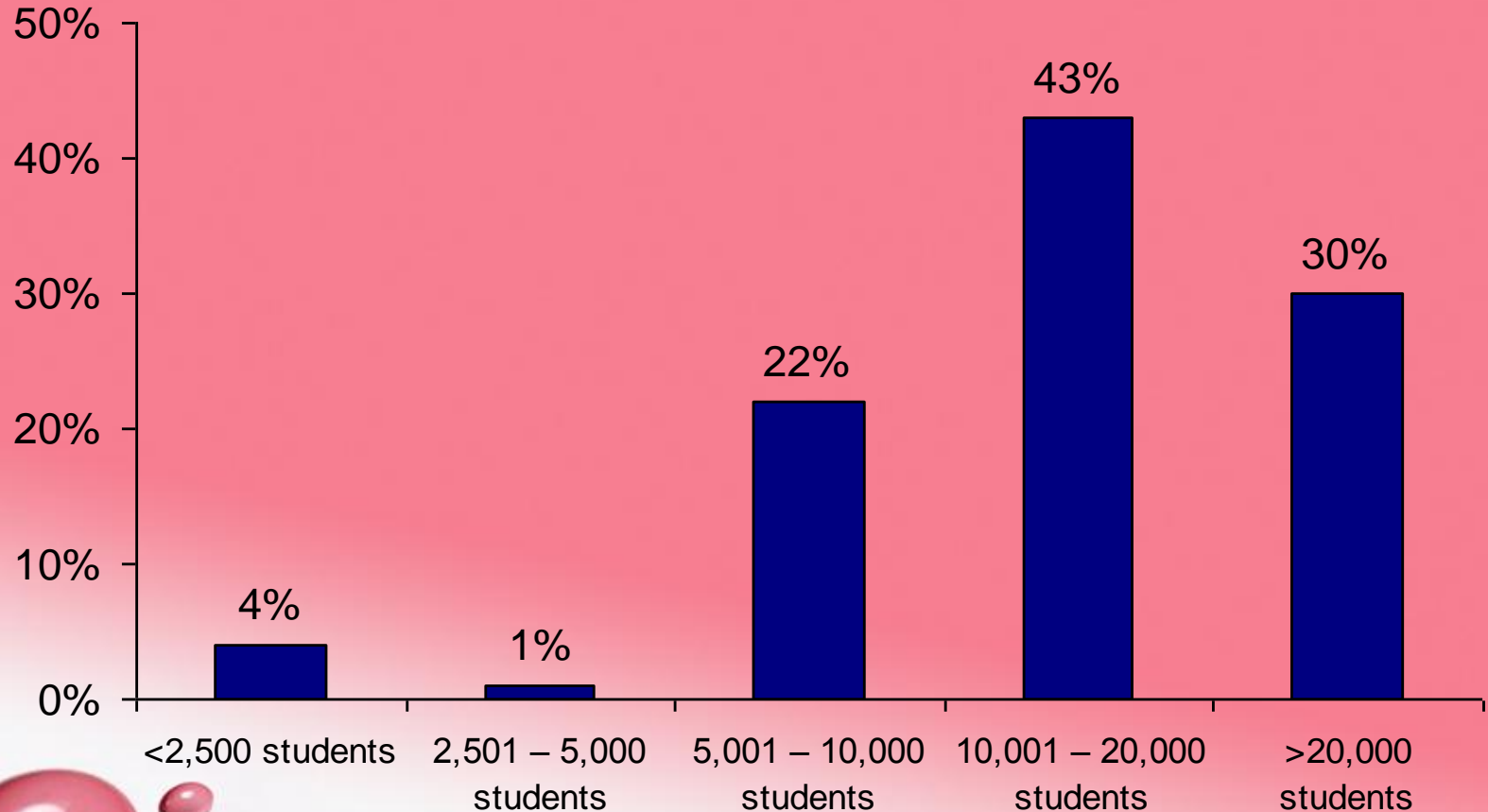
## Gender composition



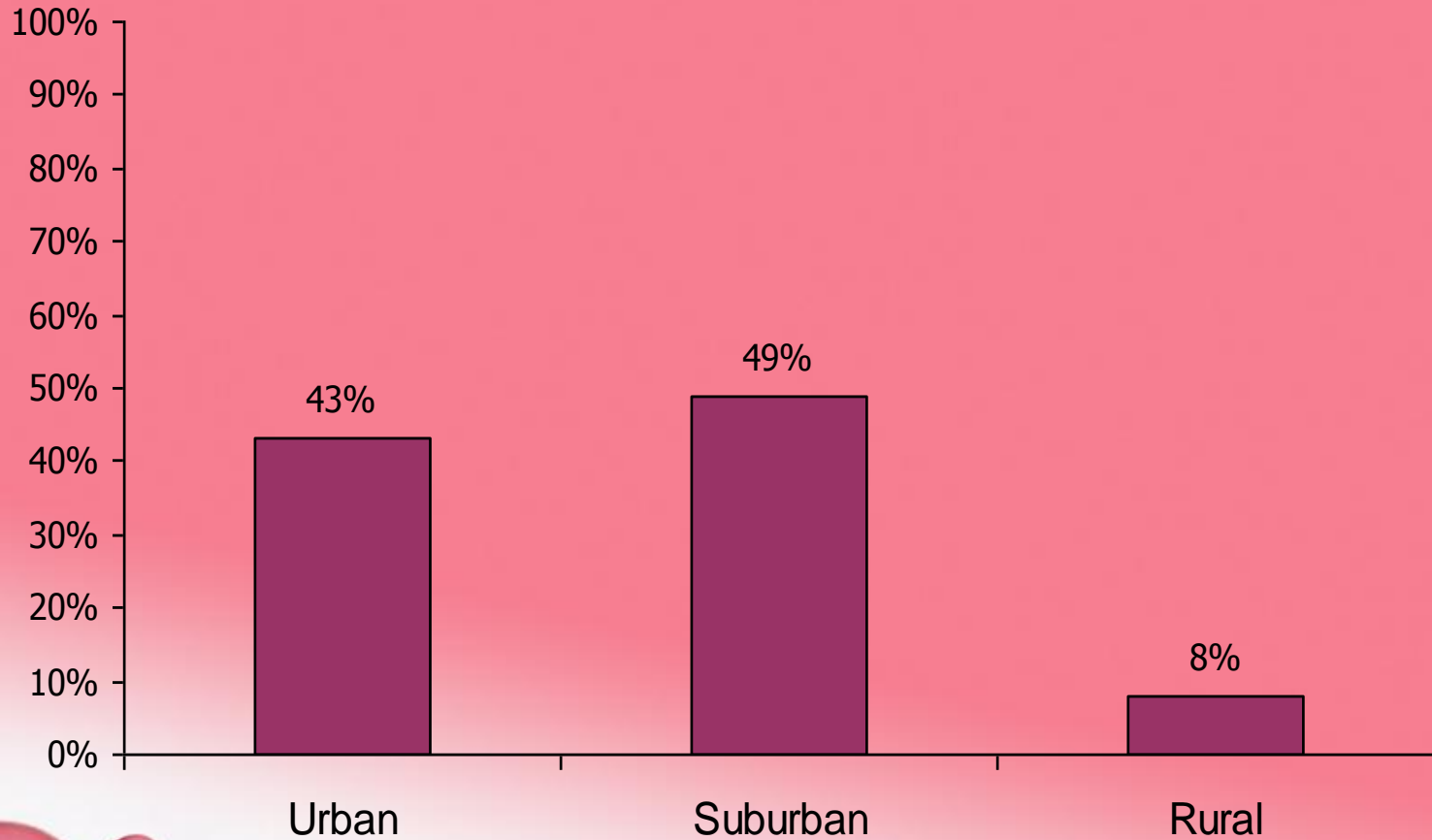
## Number of years in this role



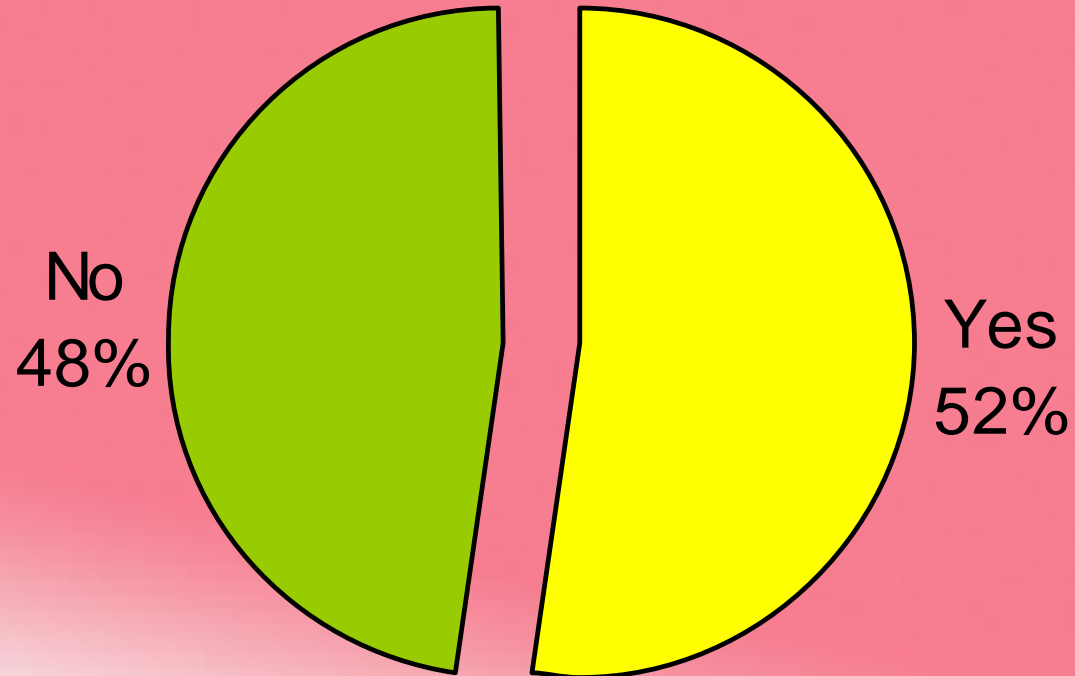
# Institutional Characteristics: Campus Enrollment (N=73)



# Institutional Characteristics (N=73)

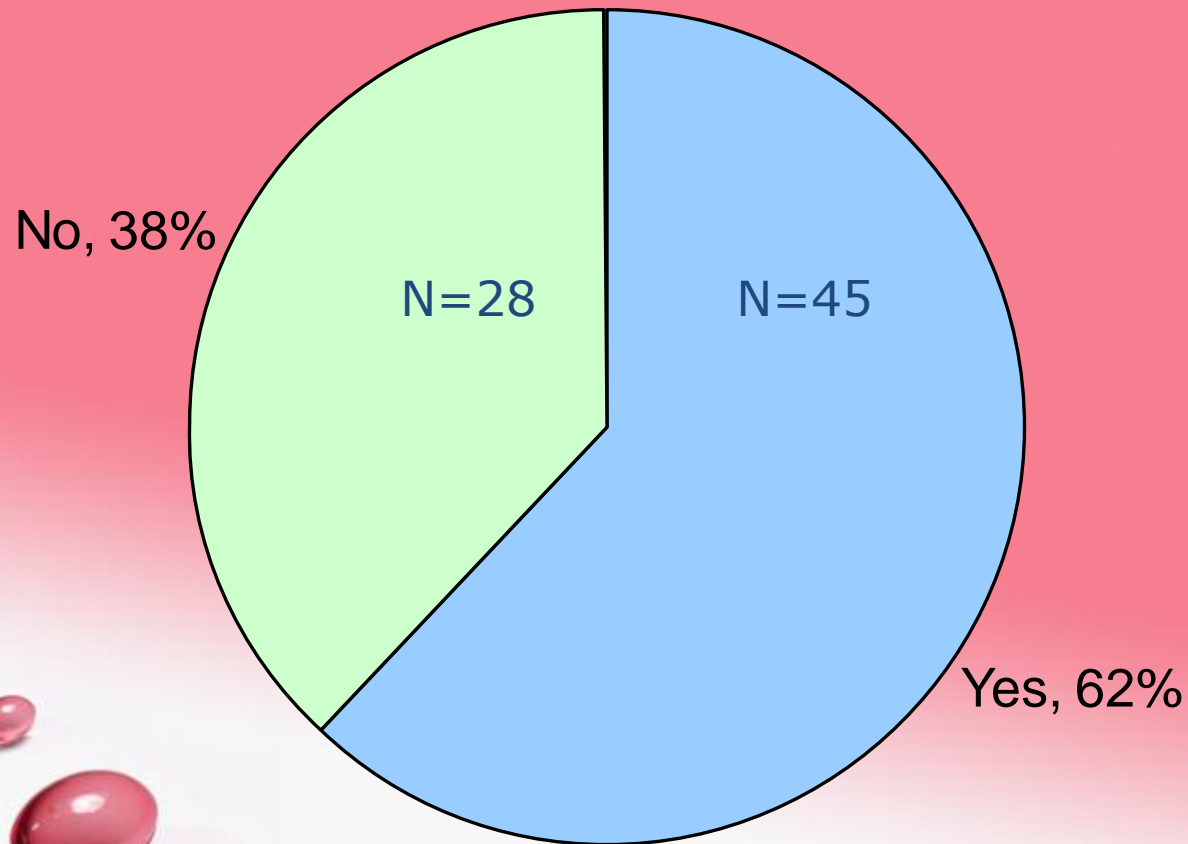


# Institutional Characteristics: Hispanic Serving Institution (N=72)



# Provision of Emergency Contraception

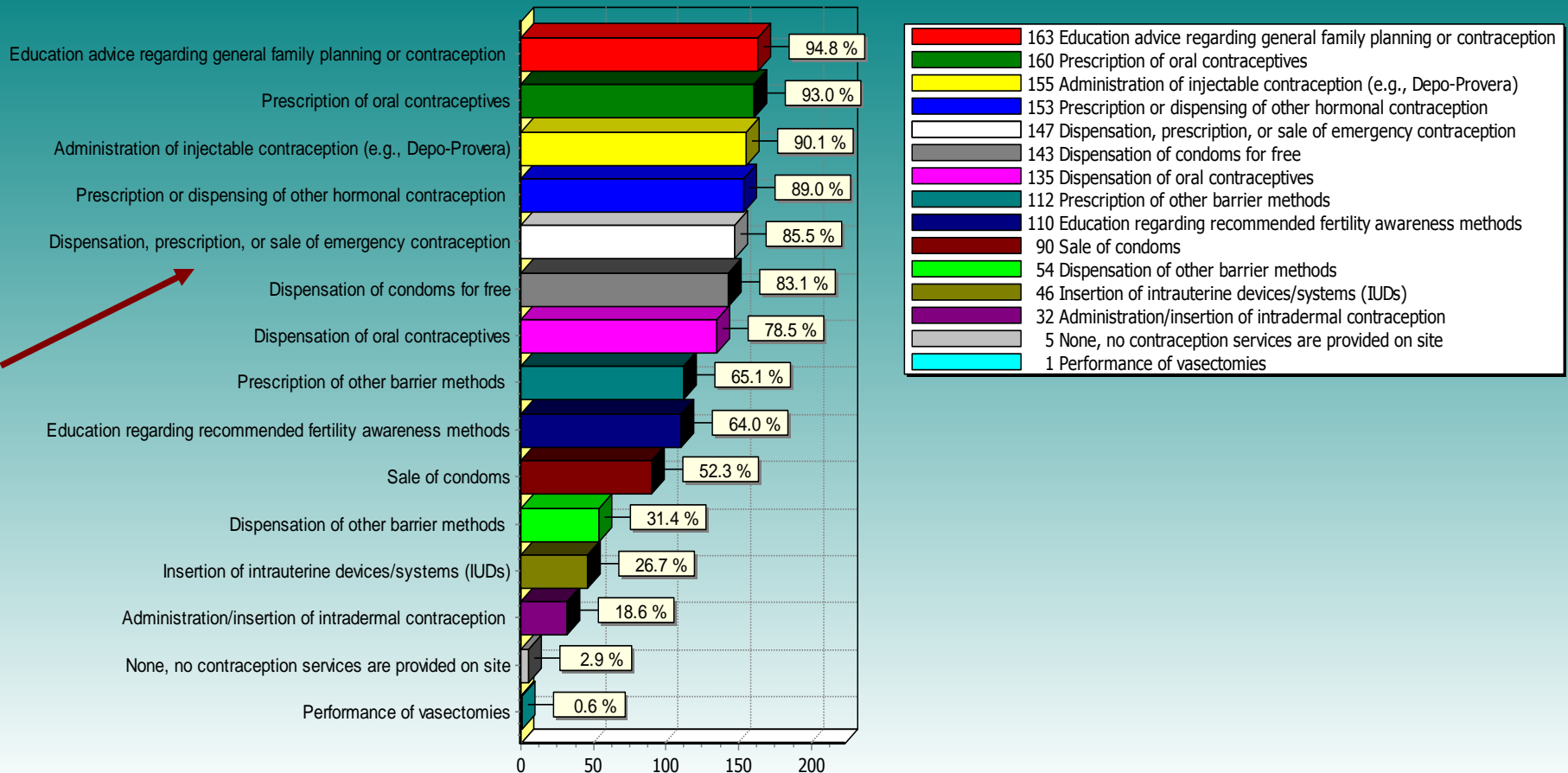
**Do you dispense or prescribe emergency contraception at your health center?**



# Results from ACHA Pap Test & STI Survey for Calendar Year 2009 (N=172 schools)

(Source: ACHA Sexual Health Education and Clinical Care Coalition, September 2010)

Which of the following contraception services do you provide to students on-site in your health center? (check all that apply)



# Scenarios of EC administration

Before  
unprotected  
sex

Engaged in  
unprotected  
sex: need EC

After  
unprotected  
sex

## Option A:

Advance prescription: patient is given a prescription of EC

## Option B:

Advance dispense: patient is given a packet of EC

## Option C:

Clinic visit: prescribe EC on site upon student request

## Option D:

Clinic visit: dispense EC on site upon student request

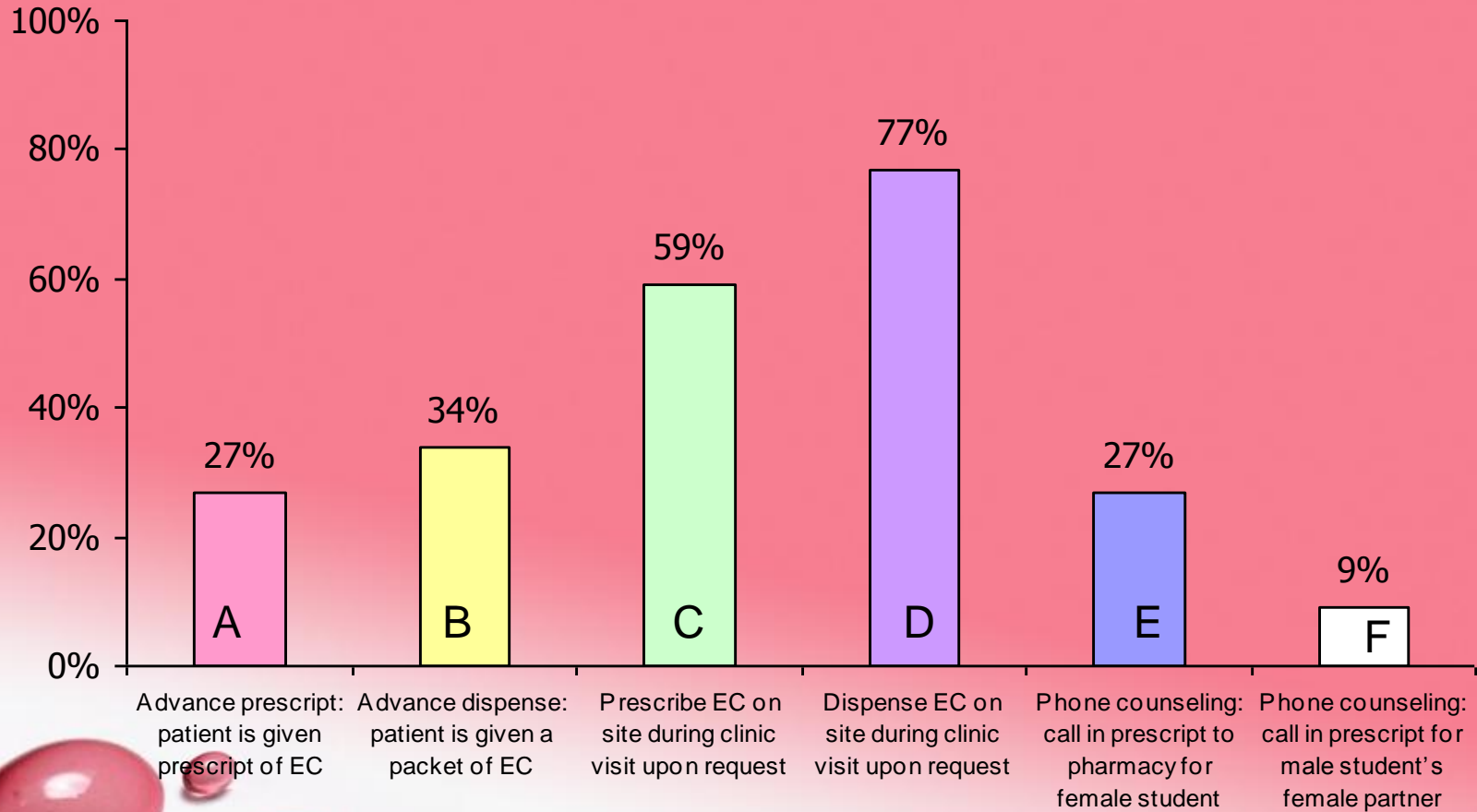
## Option E:

Phone counseling: call in prescription to pharmacy for female student

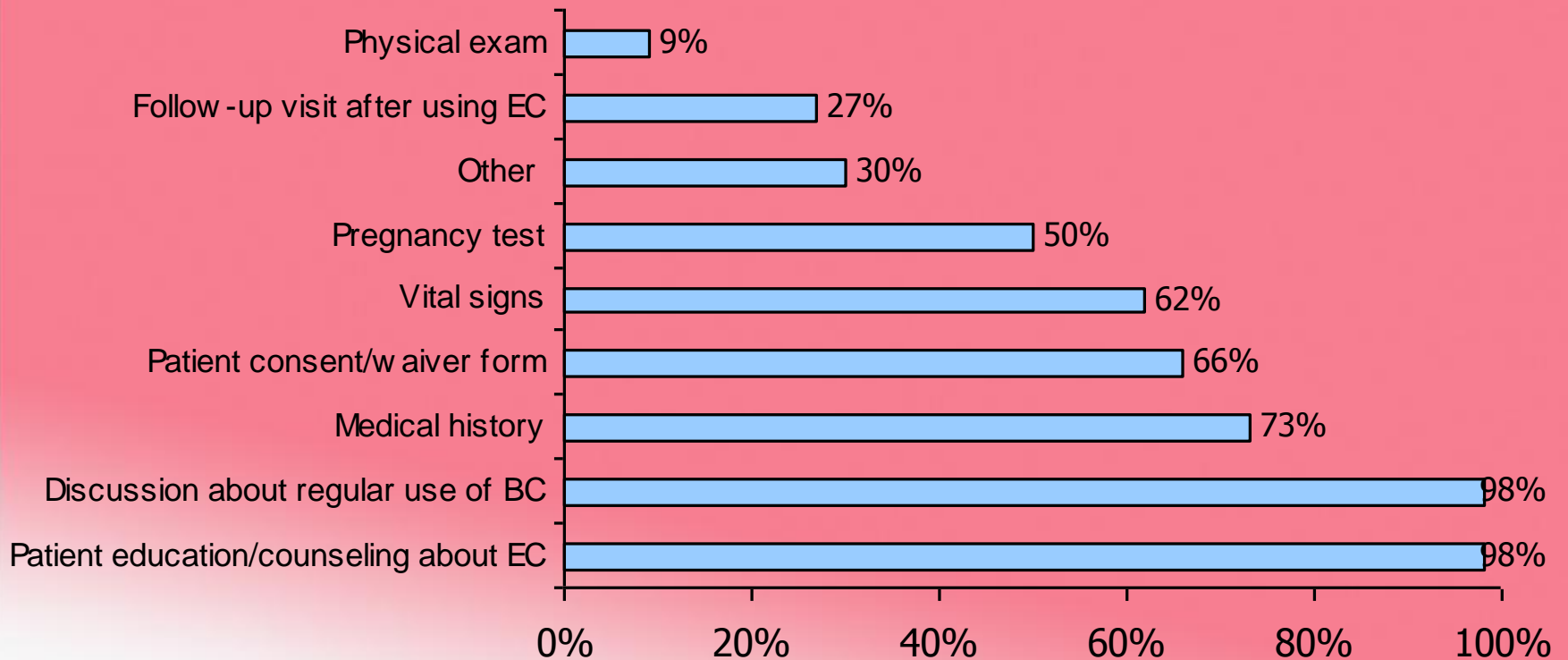
## Option F:

Phone counseling: call in prescription to pharmacy for male student's female partner

# Methods of dispensing or prescribing EC (N=44)



# Intake procedures to obtain EC (N=44)

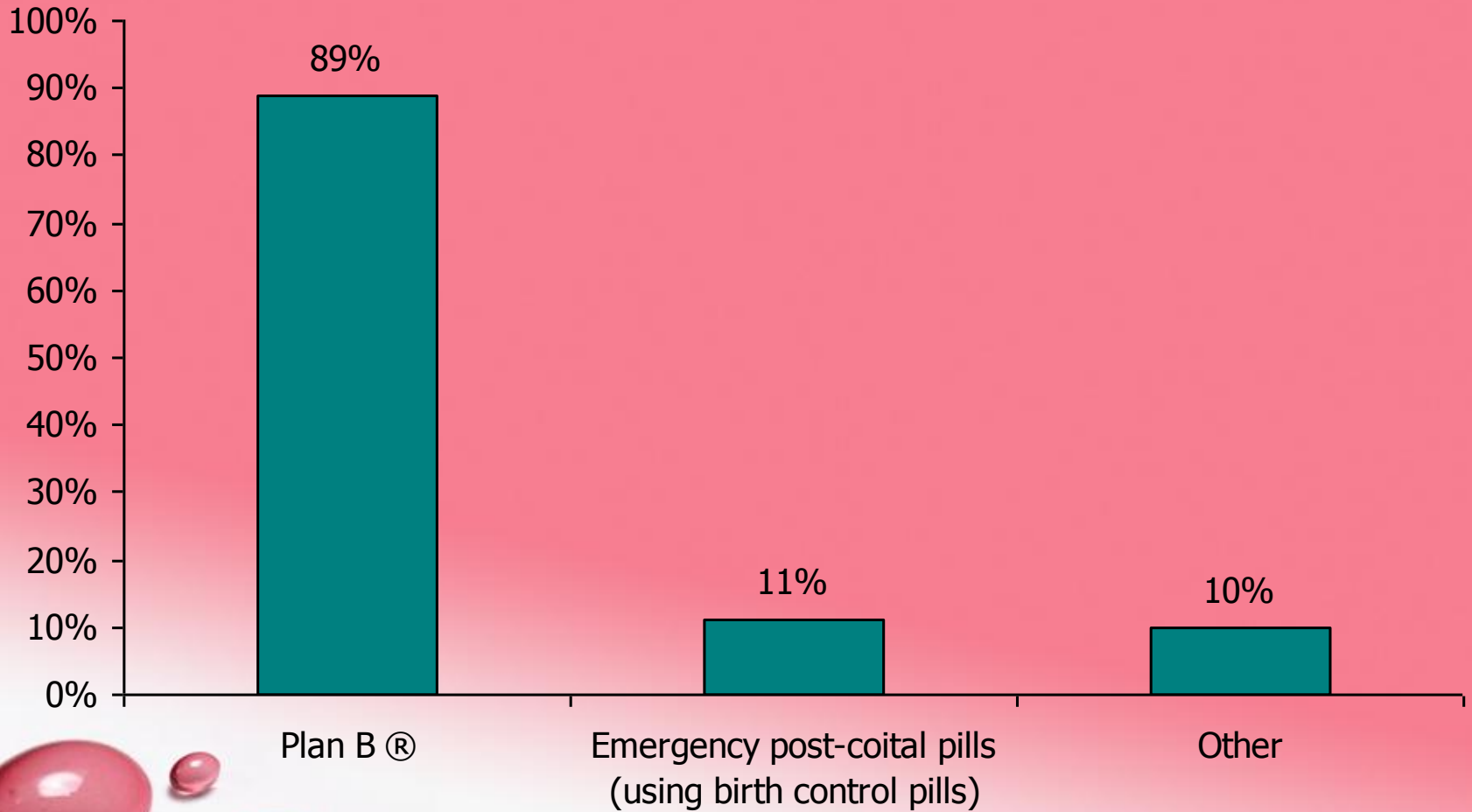


# Other intake procedures include:

- STI education and testing options
- Provider conducts follow-up phone call for patient questions/concerns
- Review of menstrual cycle education



# Types of EC Offered (N=44)



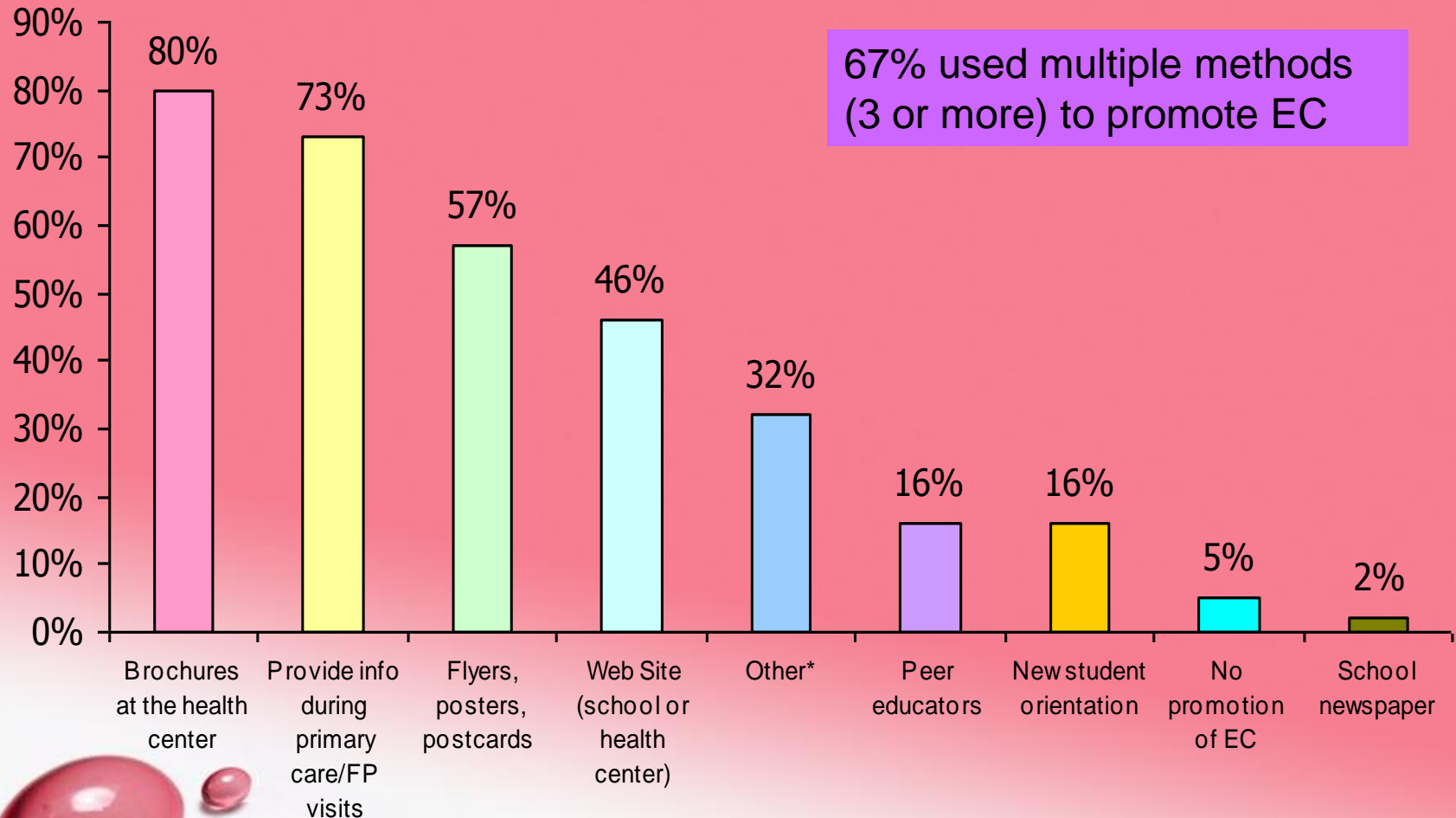
# Patients' Cost for EC (N=22)\*

- Range: \$9 - \$42
- Mean: \$19.27
- Median: \$15.50
  
- Some campuses' charges for EC are as follows:
  - 1 campus included a pregnancy test
  - 1 was \$20 or donation student can afford
  - 1 gave prices for Plan B & Next Choice



\*Unsure why this question resulted in a low response rate

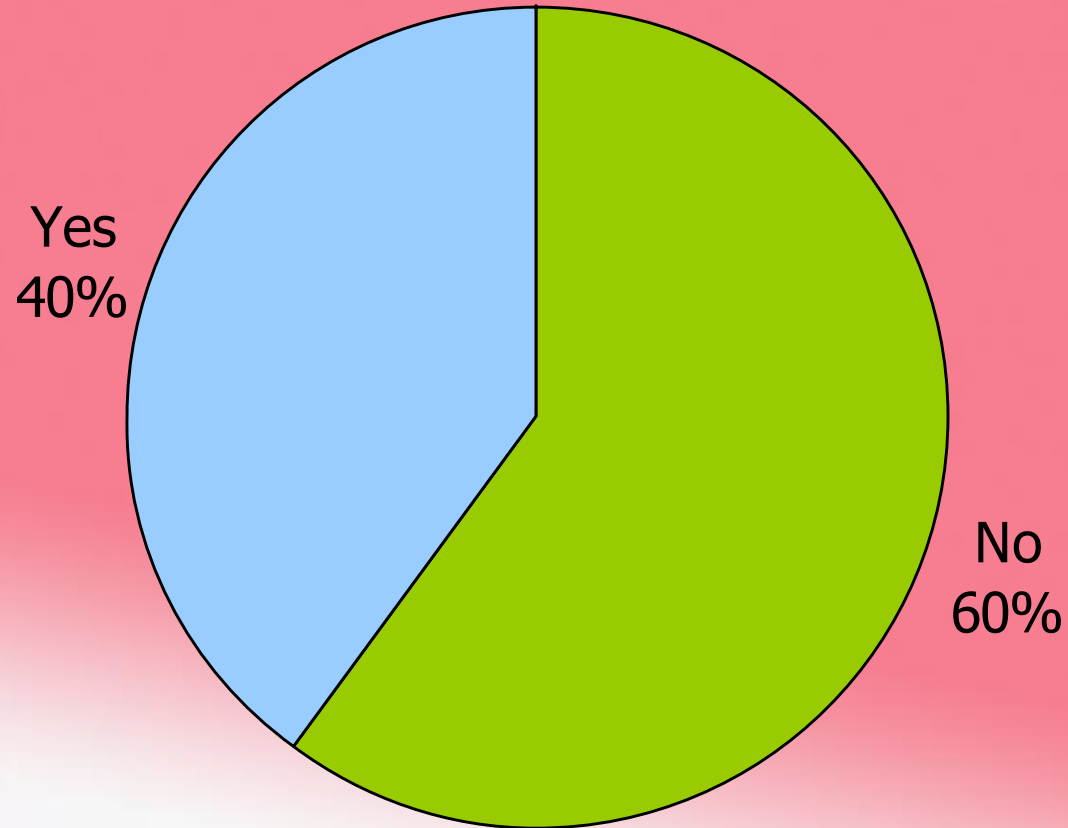
# Types of EC Promotion (N=44)



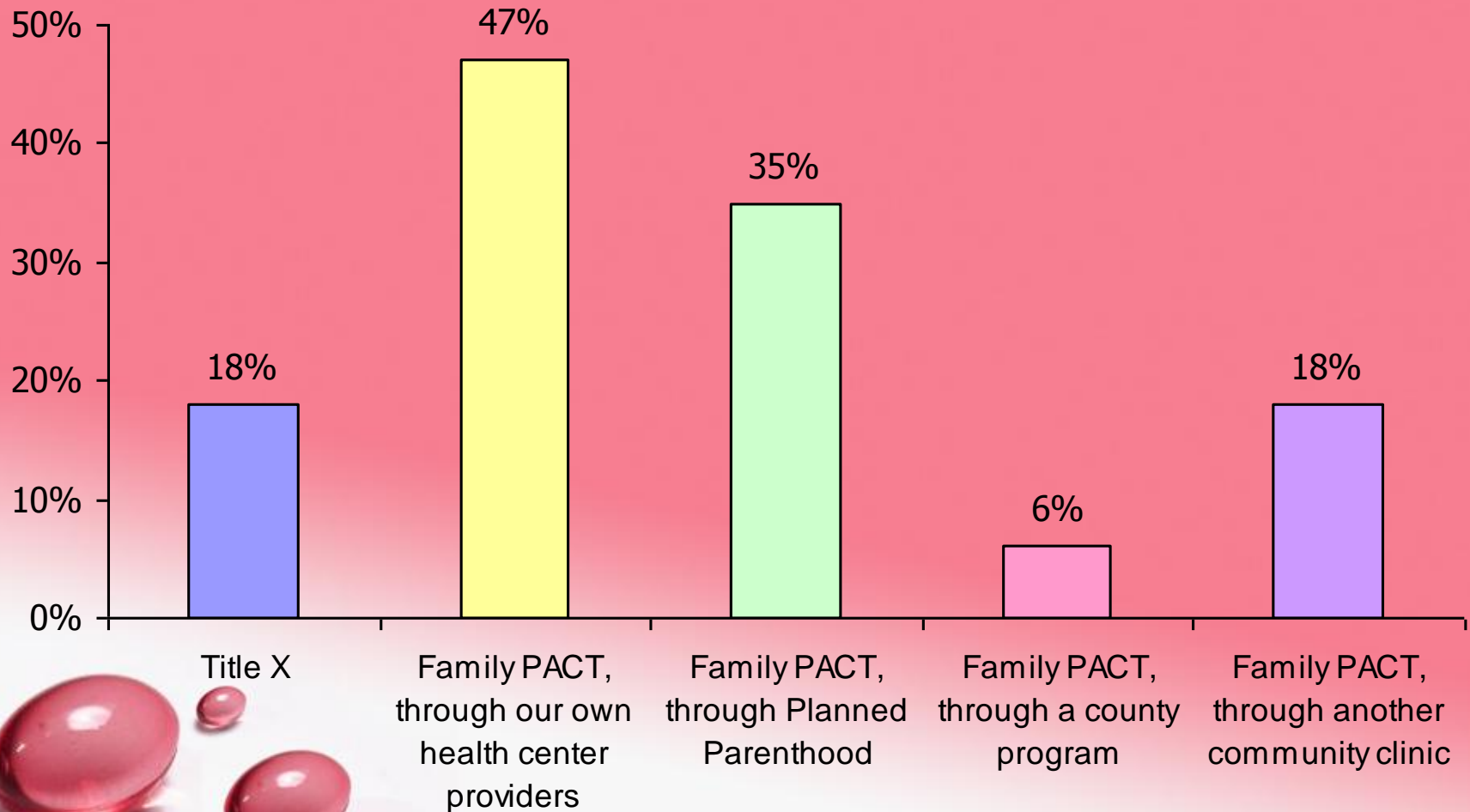
\* Other: classroom outreach presentations



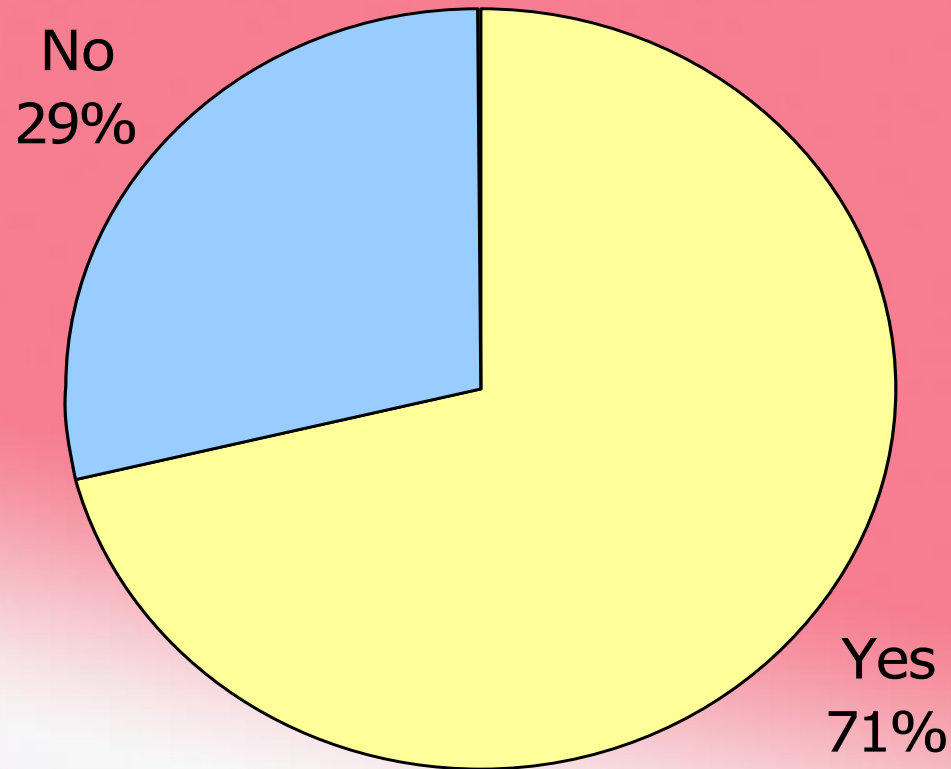
# Health Center Participation in Publicly Funded Family Planning Programs (N=45)



# Participation in Publicly Funded Family Planning Programs, by Type (N=17)



# Development of Written Protocols for EC Administration (N=45)



# Packets of Sample Written Protocols available

- EC administration protocols
- EC forms
- EC chart checklist
- Consent EC information sheet to patients



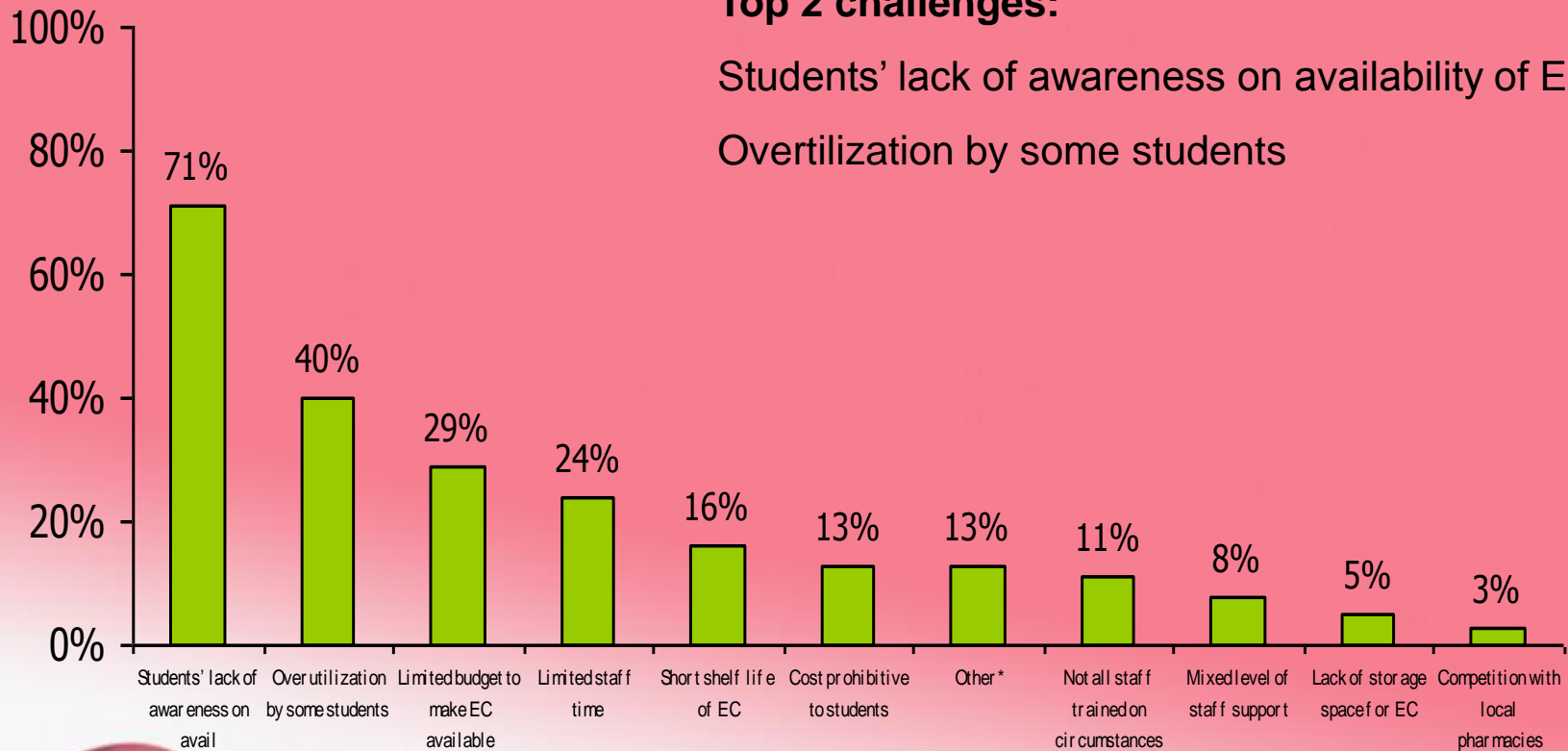
# Perceived Benefits of Providing EC (N=43)

<b>Opportunity for staff to educate students on BC</b>	<b>91%</b>
<b>Obtaining EC from health center more affordable</b>	<b>79%</b>
<b>Students are grateful/appreciative</b>	<b>79%</b>
Form of pregnancy prevention	77%
Students increase use of health center services	77%
Health center is conveniently located for students	77%
Students return for regular birth control	74%
Increased acceptance and understanding of EC	74%
No need for provider to be present to deliver EC	16%
Other*	14%

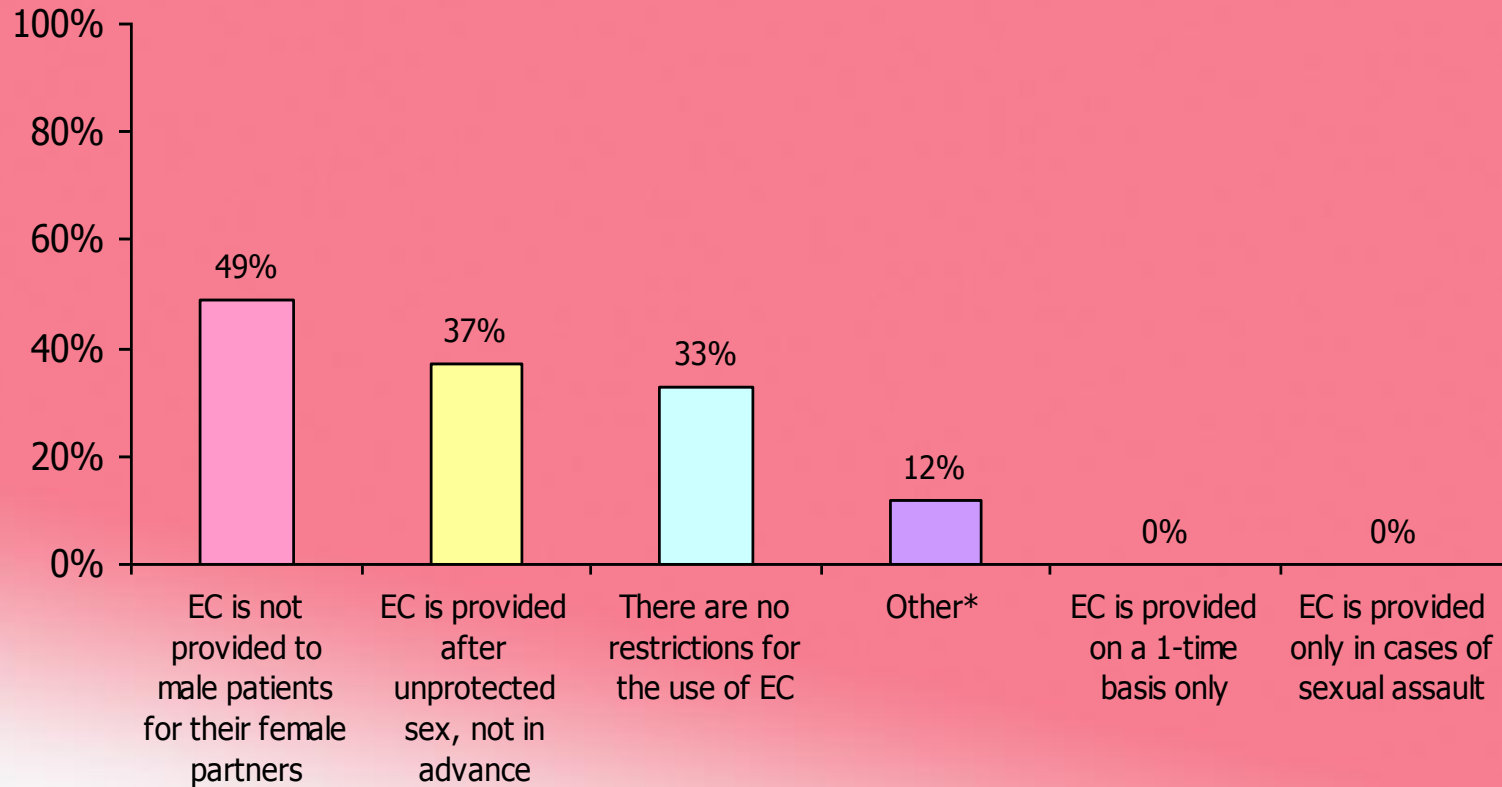


\* Other included: students inform other students of the services available, confidential setting for students

# Perceived Challenges of Providing EC (N=38)

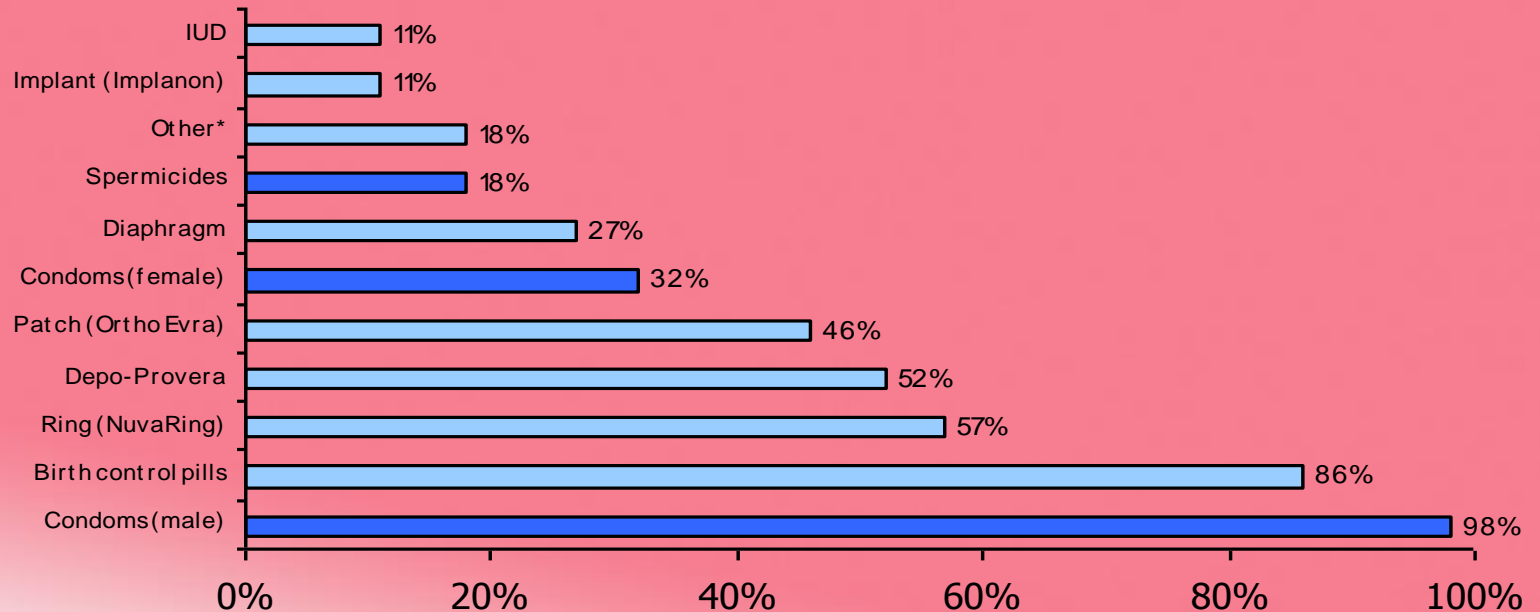


# Restrictions on use of EC (N=43)



\* Other: patient must have negative urine HCG, age 18 or older

# Types of Birth Control Offered at Health Center (N=44)



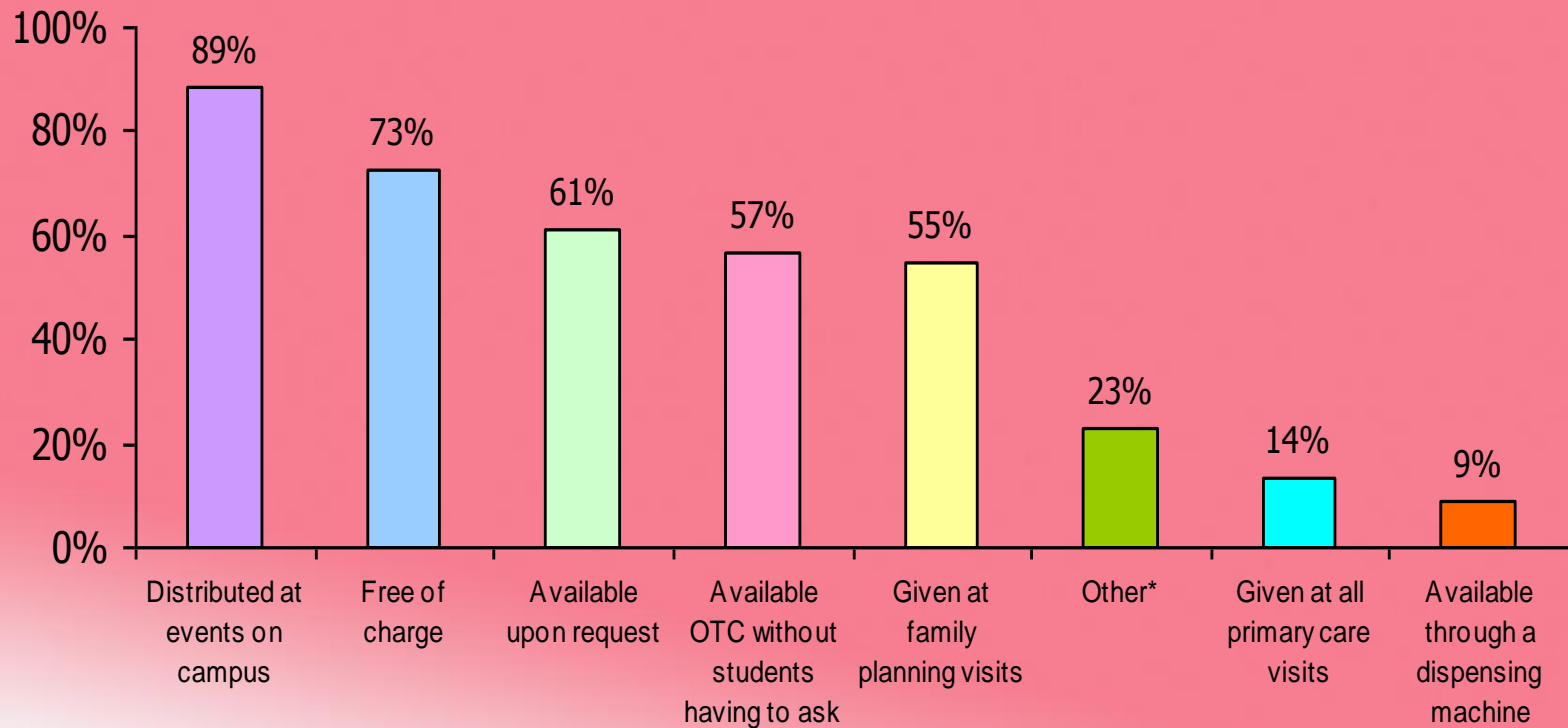
Barrier methods

Hormonal methods

\* Other: abstinence educ., withdrawal educ., rhythm method educ.

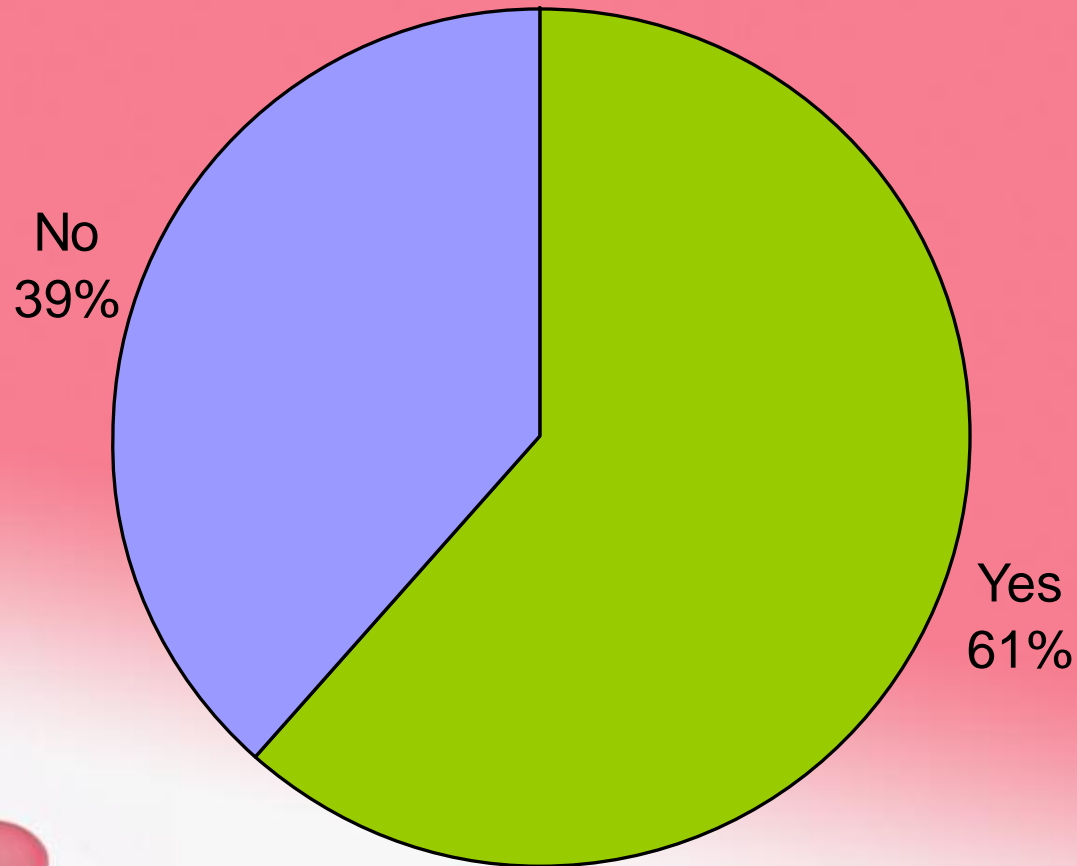


# How Health Centers Distribute Condoms (N=44)



\* Other: dispense during classroom presentations, condoms offered at sports physical visits

# Interest in brief training on improving EC-related services (N=44)

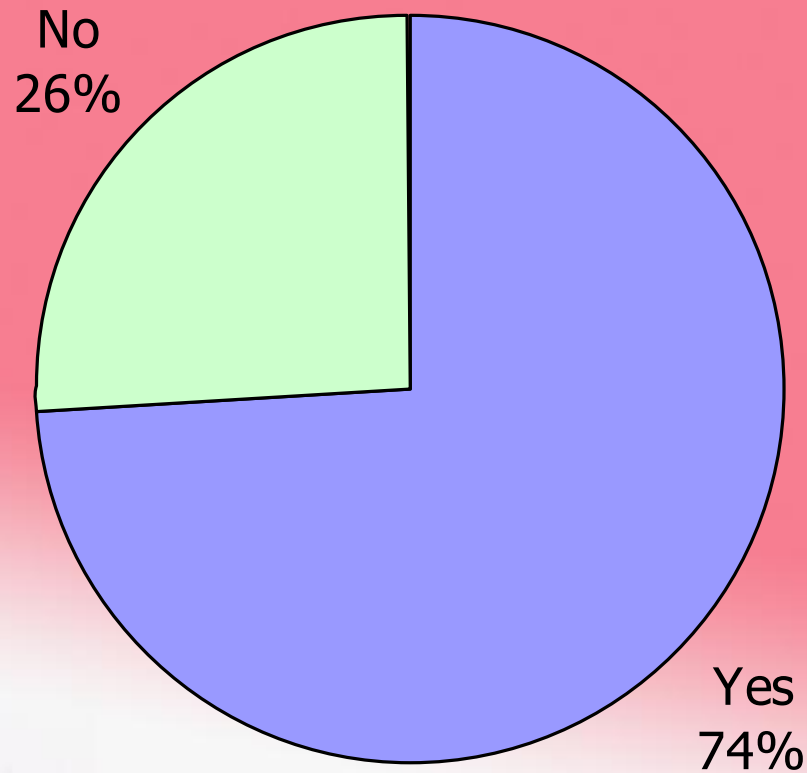


# “Back up your Birth Control” Campaign

- Sponsored by the National Institute for Reproductive Health
- Goal: to increase awareness and improve access to EC



# Interest in “Back up your Birth Control” campaign participation (N=43)

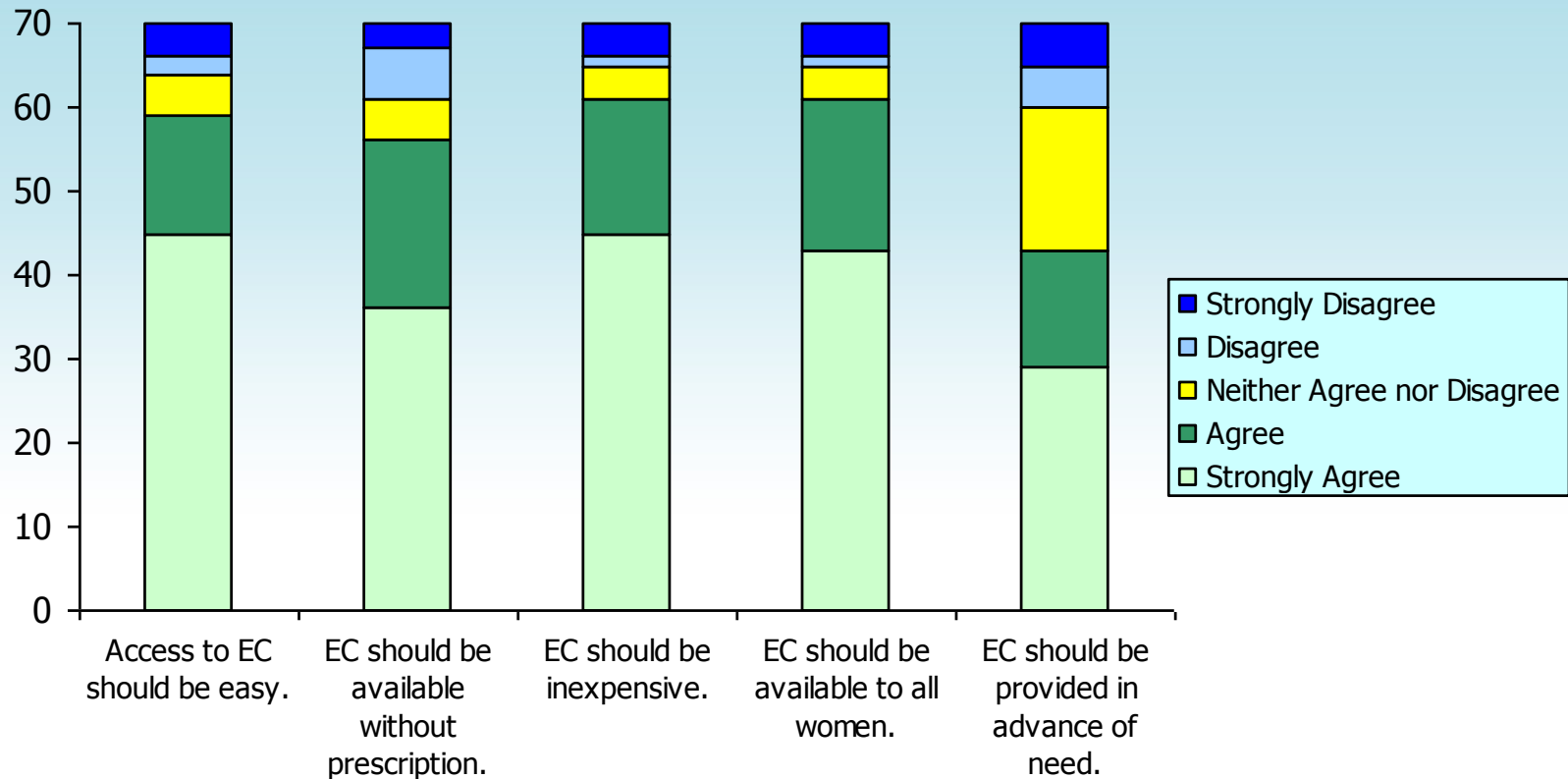




# Attitudes regarding EC Administration

[http://www.youtube.com/watch?v=  
ePBglj6\\_uQ4&NR=1](http://www.youtube.com/watch?v=ePBglj6_uQ4&NR=1)

# Level of agreement regarding EC accessibility statements (N=70)



# Mean differences in attitudes regarding EC accessibility, by provision of EC

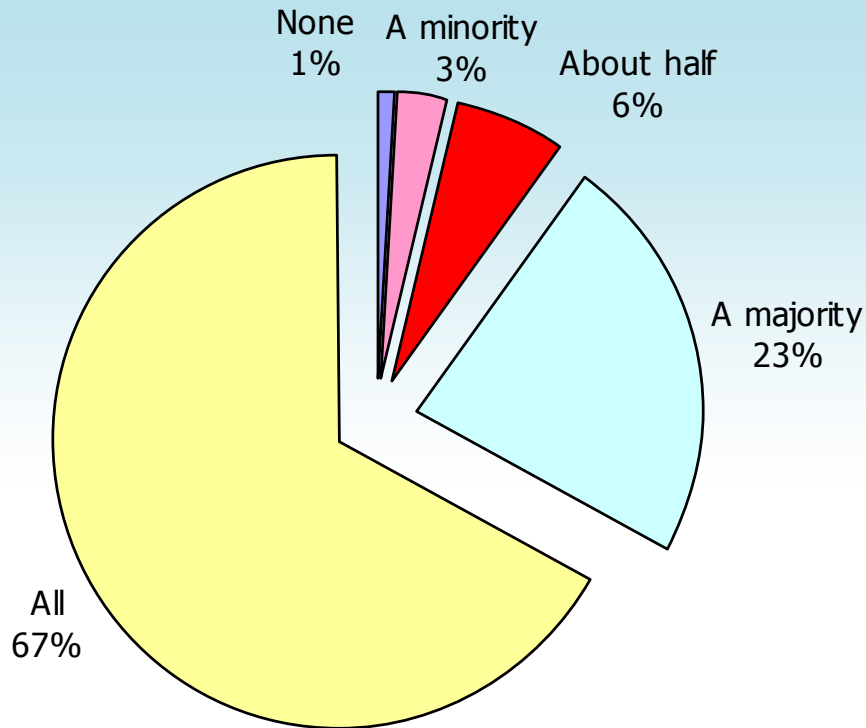
Mean Differences In Attitudes Regarding EC Accessibility by Provision of EC<sup>a</sup>

<i>College Health Centers that</i>	<i>Dispense EC (N=44)</i>	<i>Do Not Dispense EC (N=28)</i>
Total attitude score*	4.40	3.88
Access to EC should be easy	4.48	4.12
EC should be available without prescription	4.32	3.85
EC should be inexpensive*	4.61	4.00
EC should be available to all women*	4.57	4.00
EC should be provided in advance of need	4.02	3.46

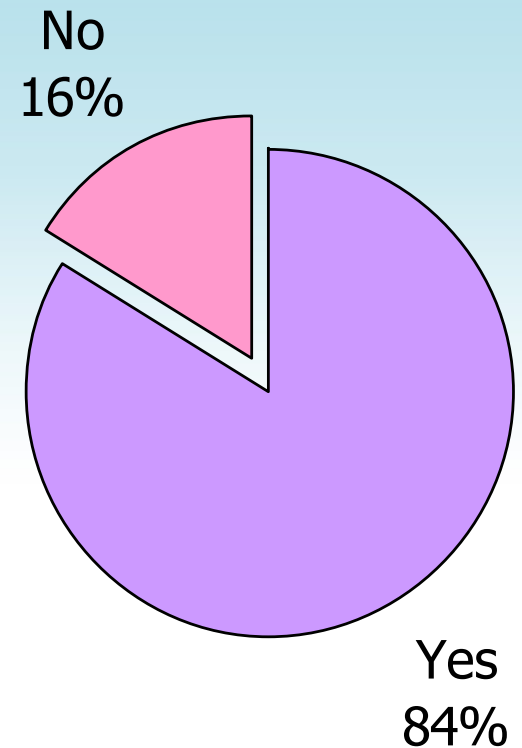
\*p<.05

<sup>a</sup> 5 item scale using 5 point Likert Scale

Proportion of health center staff  
who support the concept of EC  
(N=70)



Interest in improving  
awareness and availability of  
EC on campus (N=67)



# Approximate\* number of unplanned pregnancies per academic year (N=61)

- Range: 0 to ~120
- Median: 7.5
- Mean: 16
  
- Not sure/unknown: 20 campuses
- Zero pregnancies: 2 campuses

\* Respondents were asked to use any available data source, thus yielding scattered responses

# Recommendations for Health Center Capacity Building



- Consider expanding EC provision such as advance prescription and dispensing to male partners
- Make EC information available at all sexual and reproductive health visits
- Development of written protocols for EC administration for campuses without one
- Increase health promotion programs and diversify publicity around EC availability
  - Increase use of health center website to inform students about EC availability
  - Bridge generational gap by utilizing social media

# Recommendations for Health Center Capacity Building - con't

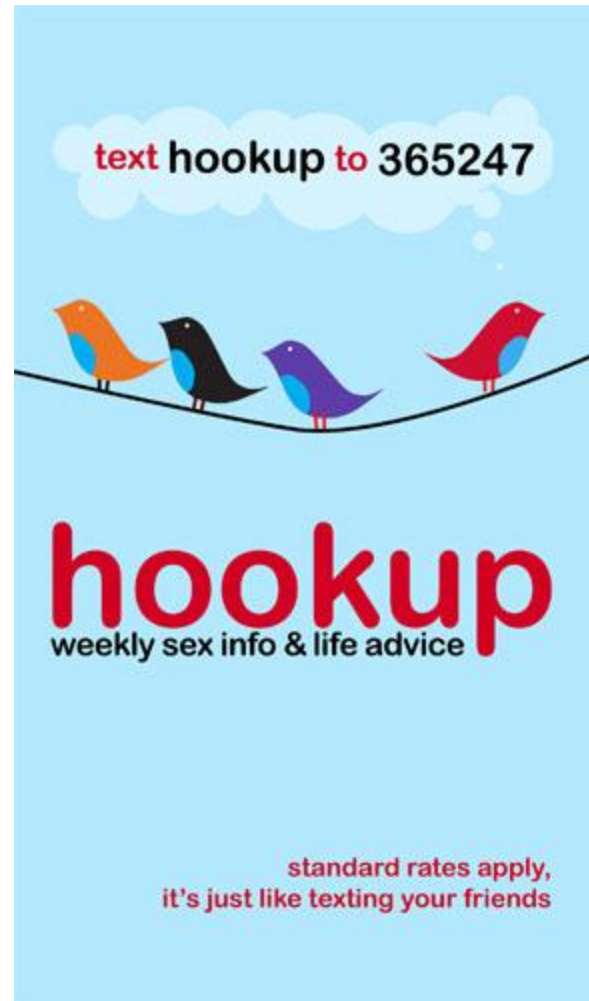
- Address budgetary issues by participation in:
  - 403(b) drug pricing program
  - Cooperative purchasing programs such as California Family Health Council, Inc.
- Encourage participation in publicly funded family planning programs
- Collect data on unintended pregnancy rates using various data sources (e.g. patient encounters, positive pregnancy tests, Family PACT)

# Recommendations for Sexual & Reproductive Health Advocates



- ACHA-NCHA tool to expand the question on EC use history to include multiple usage (may address perception of overutilization by some students)
- Recognize distinctions of health status and needs of community college students compared to their four-year counterparts (e.g., community college students have twice the rate of EC use)

# The Hook-Up Campaign

A vertical poster with a light blue background. At the top, a white thought bubble contains the text "text hookup to 365247". Below the bubble, four colorful birds (orange, black, purple, and red) are perched on a thin black wire. The word "hookup" is written in large, bold, red lowercase letters, with "weekly sex info & life advice" in smaller black lowercase letters underneath. At the bottom, the text "standard rates apply, it's just like texting your friends" is written in red lowercase letters.

text hookup to 365247

**hookup**  
weekly sex info & life advice

standard rates apply,  
it's just like texting your friends



And if Plan B doesn't work ...

<http://www.youtube.com/watch?v=gVL7n1z0o70&NR=1>

# Whaddayathink?

This year, **14 community colleges in California** participated in the Spring 2010 ACHA-NCHA, yielding a sample of more than **10,500 respondents**.

What was the percentage of students who reported feeling “very lonely” in the last 2 weeks:

- a. 8%
- b. 11%
- c. 19%
- d. 25%
- e. 51%

# Stay tuned ...

The State of Students' Mental Health and its  
Impact on Academic Performance:  
Aggregate Finding from 15 California  
Community Colleges

Becky Perelli, RN, MS, West Valley College

Tuesday, 8:30 AM- 9:30 AM

Studio B



Sally: [sbratton@ohlone.edu](mailto:sbratton@ohlone.edu)

Sang: [strieu@ohlone.edu](mailto:strieu@ohlone.edu)

W: [www.ohlone.edu/healthctr](http://www.ohlone.edu/healthctr)

P: 510.659.6258

Questions or comments?

Thank you to all of our participants  
and for your attention.