

Implementing the CDC Sexual Health Best Practices to Reduce STDs and Teenage Pregnancy Rates: Post-implementation Phase

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Background

For the age group 15—19 years, Peoria county has higher rates for:

- Teen birth: 25.9 births per 1000 women (State rate: 18.4, National rate: 20. 3)
- African/American women had teen birth rates 4.2 times higher than Caucasian women
- Chlamydia : 912 cases per 100,000 (State rate: 589.9 cases per 100,000, National rate: 528.8 cases per 100,000)
- Gonorrhea : 487 cases per 100, 000 (State rate: 186.4 cases per 100,000, National rate: 171.9 cases per 100,000)
- Purpose of the study: To determine the effectiveness of implementing CDC’s standardized sexual health screening 5Ps for reducing STDs and teenage pregnancy among patients aged 11-24 years who visited the Unity Point Methodist Family Medical Center

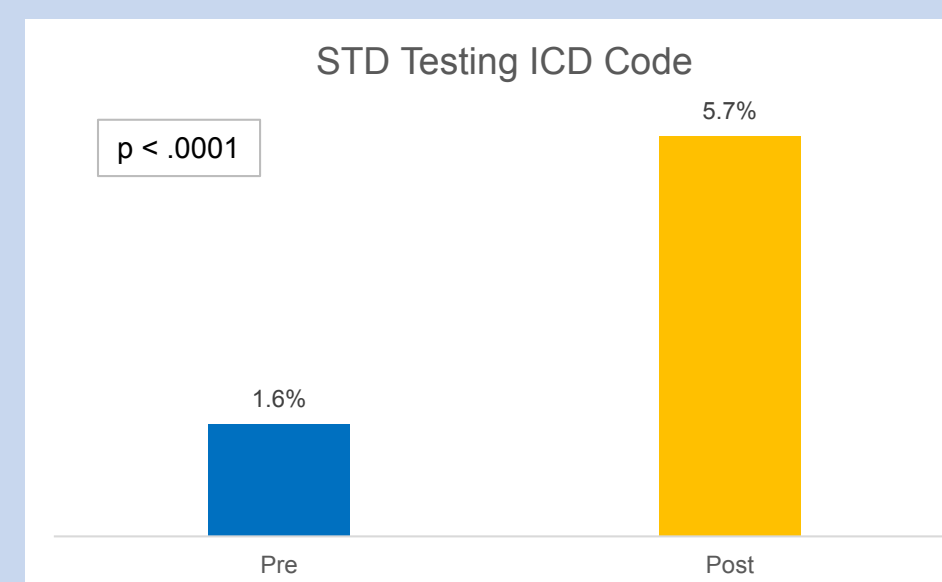
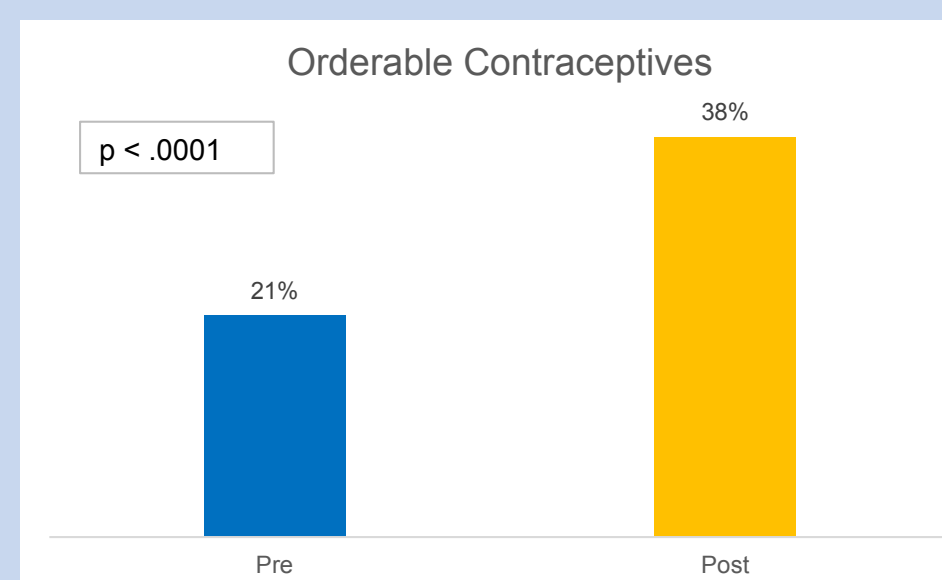
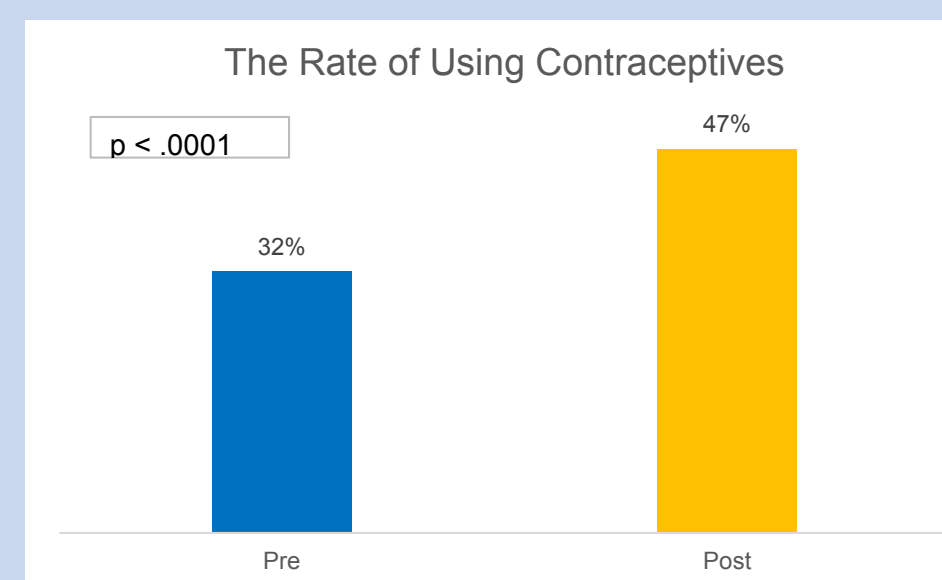
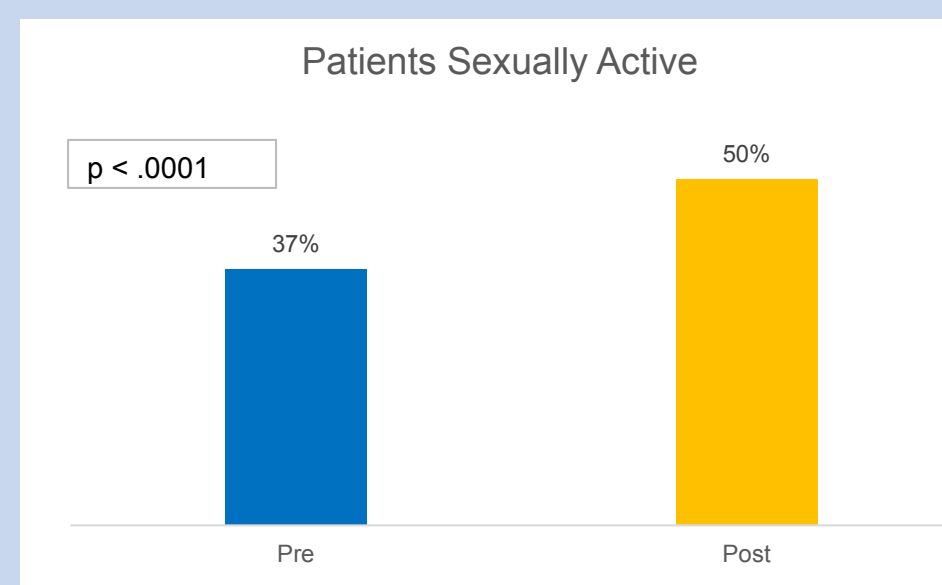
Methods

- Cross sectional study aimed at Quality improvement
- Conducted in two phases:
 - Pre-Implementation Phase: July 2014 to July 2015
 - Post-Implementation Phase: October 2016 to October 2017
- Retrospective chart review of all patients aged 11-24 for documentation of the CDC sexual history 5Ps
- Analysis done using SAS 9.4
- Outcomes pre- and post-implementation phase were compared using Chi-Square Test

Results

- 3920 charts reviewed in the post-implementation phase
- Mean age at encounter: 18.59± 4.01

Variable	Rate of Yes		p value	Effect Size (phi)
	Pre	Post		
Sexually Active	37%	50%	< .0001	0.13
Use of Contraceptives	32%	47%	< .0001	0.14
Orderable Contraceptives	21%	38%	< .0001	0.17
STD Testing ICD Code	1.6%	5.7%	< .0001	0.11



Results

- In the pre-implementation phase, 37% cases were sexually active; in the post-implementation phase, 50% cases were sexually active
- In the pre-implementation phase, 32% cases were using contraceptives; in the post-implementation phase 47% were using contraceptives
- In the pre-implementation phase, 21 % cases were on orderable contraceptives; in the post-implementation phase, 38% cases were on orderable contraceptives
- In the pre-implementation phase, 1.6% cases had STD testing; in the post-implementation phase, 5.7% cases had STD testing

Conclusions

- CDC recommends that all sexually active 11-24 year olds should have STD and contraception counseling based on the 5Ps best practice guideline
- It was not routine in our pre-and post-implementation phases to ask about sexual activity and to receive contraceptive counseling

Conclusions

- The results show that the implementation of the CDC 5 P’s has proven effective in screening sexually active youth and screening for STD and contraceptive use
- If this is expanded to all primary care sites in the Tri-county area, significant strides can be made.

References

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