



ACHA

American College
Health Association

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ACHA 2015 PAP & STI SURVEY

FOR CALENDAR YEAR 2014 DATA

Developed on behalf of the
ACHA Sexual Health and Clinical Care Coalition
Prepared January 2016

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INTRODUCTION

ACHA 2015 Pap and STI Survey Data Report

2015 marked the 25th year that the American College Health Association (ACHA) has surveyed member institutions to obtain information about their screening practices for cervical cytology and sexually transmitted infections and to obtain selected test data for those conditions. Additionally, the provision of contraceptive and safer sex methods has also been included in this report.

This survey collects institutional information about gynecologic services, Pap tests, and testing for STIs performed at U.S. colleges and universities during calendar year 2014 (January 1-December 31). Over the years, the ACHA Pap and STI Test has served as an important benchmarking tool and as a means to assess education outreach efforts. This data report provides specific breakdowns of responses for all questions in the Calendar Year 2014 survey.

Methods and Notes

Survey questions were written by members of the ACHA Sexual Health Education and Clinical Care Coalition with assistance from the ACHA staff. An electronic survey was administered using Vovici online survey software (Vovici, Inc.) and response data were analyzed using IBM SPSS Statistics v22 (SPSS, Inc.).

A total of 152 institutions/health centers completed the survey online however, not all respondents completed every question. Surveys were limited to one respondent per institution. Cumulative student enrollment for 149 respondent institutions was just over 2.9 million students (three schools did not provide data). Health centers reported a total of 3,090,509 visits in 2014, including 423,534 women's health visits. A majority of the institutions (75.7%, N=115) were public, 4-year institutions.

All respondents were self-selected and thus the respondent institutions should not be considered representative of all college health centers in the United States and extrapolation of this data to college populations in general may not be appropriate. For calculations of test result positivity in variables with numerical data, we excluded respondents that did not provide both a numerator and denominator in their response (i.e., both the number of positive tests and the number of tests done needed to be entered). The data were reviewed for data entry errors, (e.g. more positive tests, than total tests reported; more tests reported than students enrolled, etc.) and these responses were not included in the data analyses.

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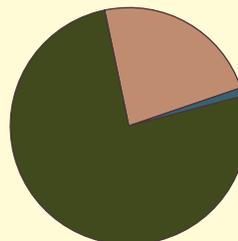
DEMOGRAPHICS OVERVIEW

Institutional ACHA Membership (n=152)

ACHA

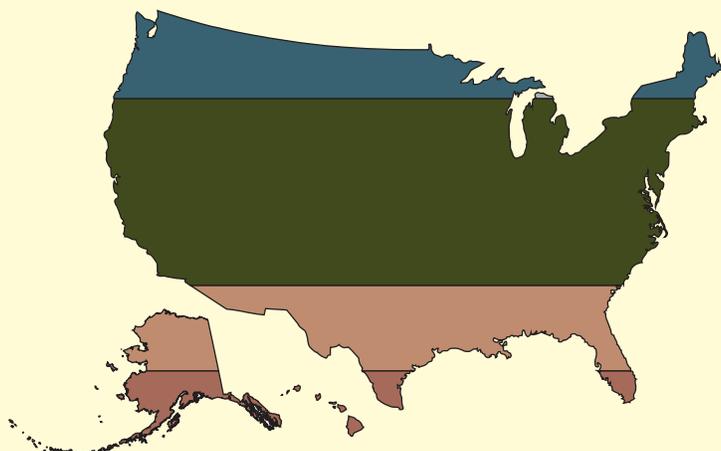
- Yes (90%)
- No (8%)
- Uncertain (2%)

Type of Institution (n=152)



- Public 2-yr (1%)
- Public 4-yr (76%)
- Private 4-yr (23%)

Campus Location (n=152)



- Urban >1,000,000 Population (17%)
- Urban 100,000-1,000,000 population (35%)
- Suburban (16%)
- Rural (15%)
- Other (1%)

Number of Student Enrolled (n=149)



Mean=19,658
Min=975
Max=60,821



Percent Female (n=144)
55%

Number of Medical Visits* (n=145)



Mean=21,314
Min=45
Max=94,779



Percent Female (n=135)
63%

*To your health center in 2014, Students Only

KEY FINDINGS & HIGHLIGHTS

Reccomendation for Beginning Regular Pap Testing (n=144)

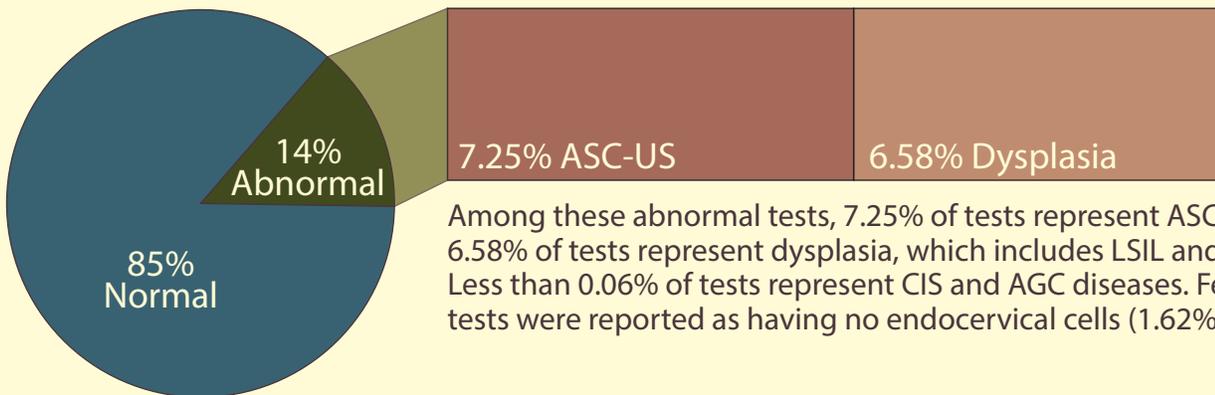
Among 150 health centers, 96% (N=144) of respondents indicated that their standard recommendation for when to begin regular Pap testing is age 21, in accord with current published guidelines. This result is a higher percentage of responses compared to those for calendar year 2013 (87.2%).

2014: 96% at age 21

2013: 87% at age 21

Pap Test Results (n=148)

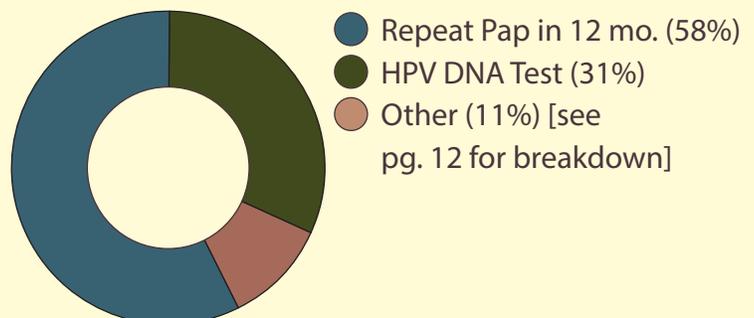
According to Pap test results (question 19), 84.68% of tests reported normal while 13.89% of tests reported abnormal.



Among these abnormal tests, 7.25% of tests represent ASC-US and 6.58% of tests represent dysplasia, which includes LSIL and HSIL. Less than 0.06% of tests represent CIS and AGC diseases. Few Pap tests were reported as having no endocervical cells (1.62%).

Management of a First Screening Pap Test Reported as ASC-US (n=146)

For women under age 25, the usual practice for management of a first screening Pap test reported as ASC-US was to repeat Pap in 12 months (57.7%, n= 86) followed by HPV DNA test (reflex or otherwise) 31.5% (n= 47). It appears that most providers are following national guidelines on cervical screening; this finding is consistent with the ACHA Benchmarking Committee's findings on cervical cancer screening in Spring 2015.



Screening for Sexually Transmitted Infections



Basic screening for sexually transmitted infections (chlamydia, gonorrhea, and HIV) is widely available upon client request. 96.1% of health centers (n=146) offered routine screening for STIs for sexually active students upon request regardless of risk factors.

Additionally 65.1% (n=99) specifically indicated that they offered STI testing based on identified demographic risks (e.g., MSM, women 25 and under, incarceration, geographic risks, etc.).

Costs: Over 6% (n=10) of health centers reported offering all STI testing for free. Almost 40% (n=59) of respondents offered some STI tests for free. The remaining 45% (n=69) charged for all the tests or billed insurance. The number for all tests free is more than what was reported for calendar year 2013 (5%), but less than the report for calendar year 2012 (6.9%).

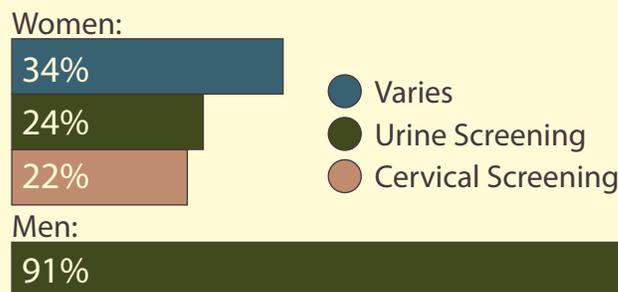


- Charged for all tests (45%)
- Some STI tests for free (40%)
- All STI tests for free (6%)

Chlamydia Screening

Most health centers (88.2%, n=134) reported routinely screening sexually active women under the age of 26 for chlamydia. Given the current recommendations and the evidence supporting them, adherence to routinely screening women ages 25 and younger demonstrates room for improvement. This is supported by the ACHA Clinical Benchmarking Committee's finding of 58% compliance among college health centers with the CDC chlamydia screening guidelines in Spring 2015.

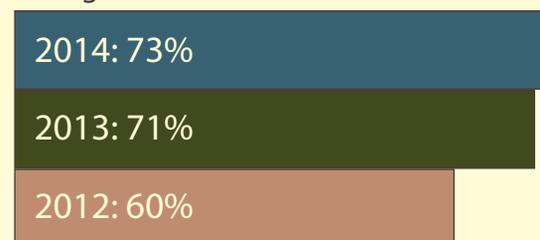
The top three clinical practices for chlamydia screening for women were "varies" (34.2%, n=52), followed by urine screening (24.3%, n=37) and cervical screening (21.7%, n=33). For men, 91.3% (n=137) of health centers reported urine as the usual male chlamydia test specimen.



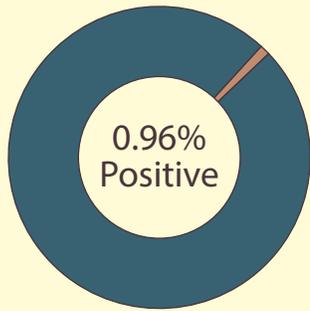
Gonorrhea Testing

Most health centers (72.8%, n=110) indicated that they perform gonorrhea testing from non-genital sites (rectal or pharynx) in men who have sex with men (MSM). The number is increasing compared with the number in calendar years 2012 (60.3%) and 2013 (70.8%). The CDC recommends screening for gonorrhea at all exposed sites in MSM and for rectal chlamydia in MSM who report a history of receptive anal intercourse.

Non-genital sites in MSM:

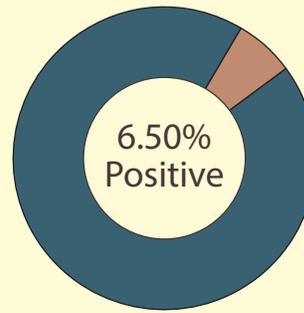


Overall Positivity Rates for Gonorrhea



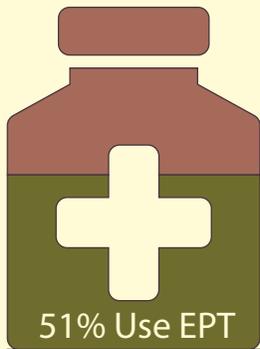
The overall positivity rate for gonorrhea was 0.96% with lower rates for females (0.47%) and tests performed on individuals with gender unknown/unspecified (0.29%) compared to males (2.5%).

Overall Positivity Rates for Chlamydia



The overall positivity rate for chlamydia was 6.50% with higher rates for males (9.67%) compared to females (6.01%) and those with gender unknown/unspecified (3.10%).

Expedited Partner Therapy (EPT)



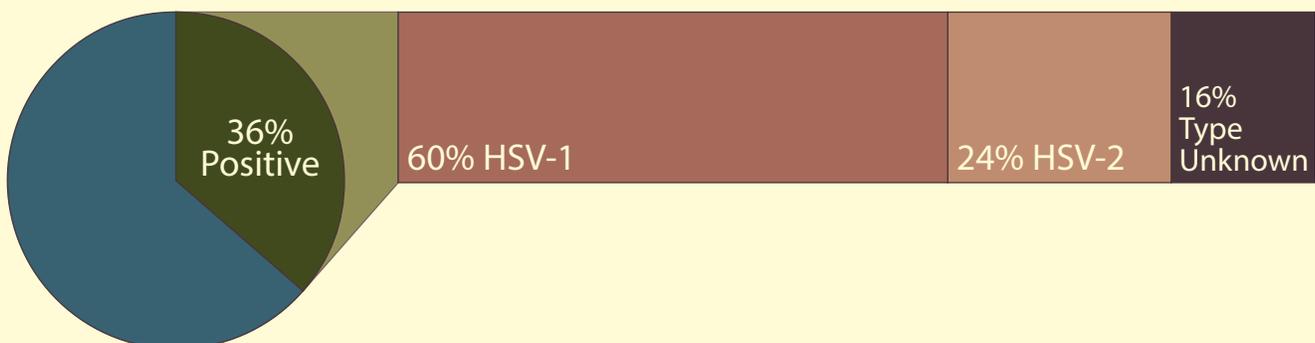
Expedited Partner Therapy (the provision of antibiotics for a sex partner without a healthcare visit) was reported to be legal in 70.7% (N=106) of the respondent's states. Only 51.3% (n=77) respondents reported using EPT in their clinic. There is a large discrepancy since EPT is permissible in 38 states, potentially permissible in 8 and only prohibited in four (CDC, www.cdc.gov/std/ept/legal/default.htm, 2015). Since this is a legal practice in many states, further investigation could be performed to determine the meaning behind this practice gap.

Overall Positivity Rates for HIV & Syphilis

HIV and syphilis were fairly uncommon infections among college students, with an overall positivity of 0.11% for HIV, and 0.36% overall positivity for syphilis.

Overall Positivity Rates Herpes

The HSV positivity rate was 36.4% with most genital infections being identified as HSV-1 (59.8% n=1,746 of the 2,919 positive tests).

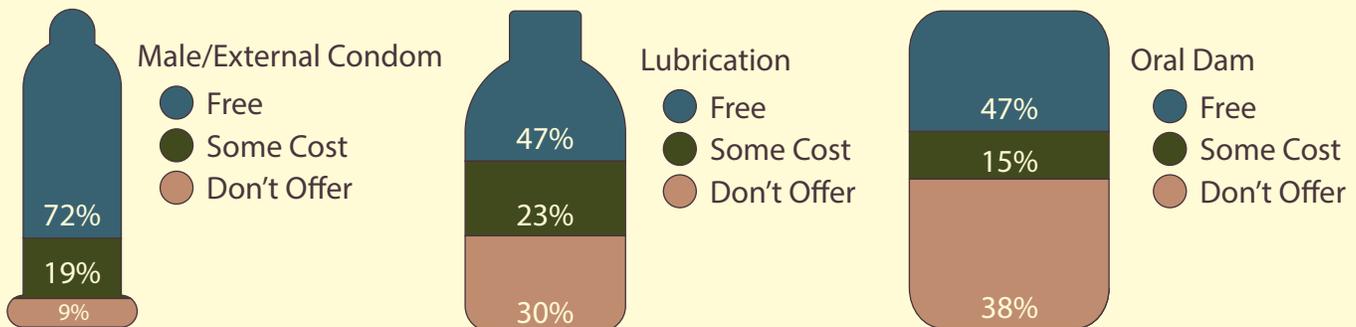


Anal Cytology

19.1% (n=29) of health centers reported that they provide anal cytology for women and 24.3% (n=37) reported that they provide anal cytology for men.

Safer Sex Product Availability & Cost

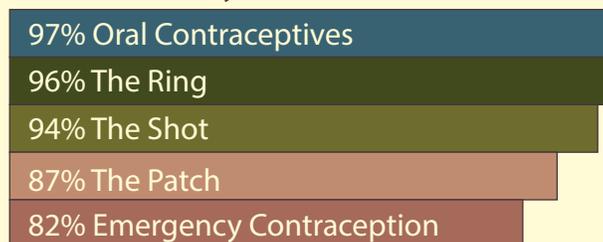
Health centers provided a variety of safer sex products for free with male condoms (72%, n=109) being the most common with oral dams (47.3%, n=71) and lubrication (46.7%, n=70) being the next most frequently offered items



Prescribed Contraceptive Methods

The prescribed contraceptive methods that were most commonly listed as being prescribed at health centers were oral contraceptives (97.2%), the ring (95.8%), the shot (94.2%), the patch (86.7%), and emergency contraception (82.2%).

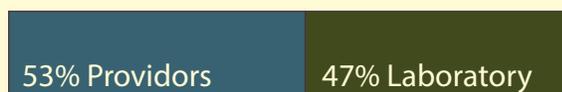
Most Commonly Prescribed:



Referral to an outside provider was common for tubal ligation (96.5%), vasectomy (95.1%), Essure® (89.1%), IUD insertion (88.4-88.7%), and implants (86.6%), though from this survey it is unclear how much this may be based on student insurance coverage. The methods with the lowest administration/insertion were vasectomy (0%), Essure (1.2%) and tubal ligation (1.2%); 44% of health centers are inserting implants and 40% inserting IUDs.

Pregnancy Testing

One hundred percent of health centers offered pregnancy testing either provided by providers (53.3% (n=81) or a laboratory (46.7%, n=71).



The overall positivity rate for pregnancy tests performed in health centers in 2014 was 5.35%. This rate is lower than 2013 (5.88%) and 2012 (6.18%) which is consistent with national trends. "All options" counseling is provided by 80.3% of health centers (n=122).

SECTION 1

Institutional Demographics and Visit Data

Q5. Is your Health Center an Institutional Member of ACHA?

	Frequency	Percent
Yes	137	90.1
No	12	7.9
Uncertain	3	2.0
Total	152	100.0

Q6. If your Health Center is an Institutional Member of ACHA, please select your regional affiliate.

	Frequency	Percent	Valid Percent
Southwest College Health Association	12	7.9	8.5
Southern College Health Association	23	15.1	16.3
North Central College Health	7	4.6	5.0
Central College Health Association	9	5.9	6.4
Mid-America College Health Association	13	8.6	9.2
Ohio College Health Association	6	3.9	4.3
Mid-Atlantic College Health Association	24	15.8	17.0
New York State College Health Association	10	6.6	7.1
New England College Health Association	6	3.9	4.3
Pacific College Health Association	26	17.1	18.4
Rocky Mountain College Health Association	5	3.3	3.5
Total	141	92.8	100.0
Missing	11	7.2	
	152	100.0	

Q7. Type of Institution

	Frequency	Percent
Public 2-year	2	1.3
Public 4-year	115	75.7
Private 4-year	35	23.0
Total	152	100.0

Q8. Campus Location

	Frequency	Percent
Urban >1,000,000 population	26	17.1
Urban 100,000-1,000,000 population	53	34.9
Urban 100,000-1,000,000 population	26	17.1
Suburban	24	15.8
Rural	22	14.5
Other (please specify)	1	.7
Total	152	100.0

Q9. Undergraduate Enrollment

	Frequency	Percent
No undergraduate students	2	1.3
Under 1,000	1	.7
1,000 to 1,999	5	3.3
2,000 to 4,999	20	13.2
5,000 to 9,999	29	19.1
10,000 to 14,999	24	15.8
15,000 to 19,999	20	13.2
20,000 to 24,999	21	13.8
25,000 to 29,999	16	10.5
30,000 to 39,999	11	7.2
40,000 +	3	2.0
Total	152	100.0

Q10. Graduate Enrollment

	Frequency	Percent	Valid Percent
No graduate students	7	4.6	4.7
Under 1,000	12	7.9	8.0
1,000 to 1,999	24	15.8	16.0
2,000 to 4,999	52	34.2	34.7
5,000 to 9,999	43	28.3	28.7
10,000 to 14,999	5	3.3	3.3
15,000 to 19,999	5	3.3	3.3
20,000 to 24,999	1	.7	.7
30,000 to 39,999	1	.7	.7
Total	150	98.7	100.0
Missing	2	1.3	

Q11. Special Institutional Attributes

	Frequency	Percent
Historically Black College or University (HBCU)	3	2.0
Minority Postsecondary Institution (MPI)	1	0.7
Hispanic Serving Institution (HSI)	16	10.5
Tribal College and University	0	0
Alaska Native or Native Hawaiian Serving Institution (ANNH)	2	1.3
Faith Based Institution	14	9.2
Community College	2	1.3

Q14.

	Number of students enrolled at institution (n=149)	Percent female (n=144)	Total number of student medical visits to your health center in 2014 (n=145)	Percent female visits (n=135)	Number of student women's health related visits to your health center in 2014 (n=127)
Mean	19657.57	54.88	21313.86	63.46	3334.91
Minimum	975.00	24.00	45.40	.00	.00
Maximum	60821.00	90.00	94779.00	85.50	18624.00
Sum	2928978.00	7902.84	3090509.40	8567.16	423534.00

SECTION 2

OB/GYN Services Offered and Standard Practices

Q15. Percentage of Women's Health Visits Conducted by:

	Mean	Median
Nurse (RN/LPN) (n=86)	9.15%	5.00%
Advanced Practice Nurse/NP (n=134)	67.2%	73.10%
Physician Assistant (n=72)	17.33%	1.00%
Gynecologist (n=73)	9.81%	0%
Other Physician (n=100)	32.25%	18.50%
Non-Provider Visits (n=53)	1.56%	0
Other (n=47)	0.22%	0

n indicates number of health centers reporting for this variable

Q17. Cervical cytology screening test used

Cervical Cytology Screening Test offered	Frequency	Percentage
Conventional slide	14	9.2%
Liquid-based cytology, with reflex HPV testing	127	83.6%
Liquid-based cytology, without reflex HPV testing	80	52.6%
None offered	3	2.0%

(total %=>100 because they could select more than one response)

Q18. Cervical Disease Management (Procedures Used):

Procedure	Frequency	Percentage
Colposcopy	60	39.5%
Laser ablation	1	0.7%
LEEP	9	5.9%
None of the above	91	59.9%
Other *	12	7.9%

*Most common other response was cryotherapy (n = 9)
 (total %=>100 because they could select more than one response)

Q19. Standard recommendation for when to begin regular Pap testing

	Frequency	Percent	Valid Percent
Three years after first intercourse	3	2.0	2.0
Age 21	144	94.7	96.0
At onset of sexual activity	3	2.0	2.0
Total	150	98.7	100.0
Missing	2	1.3	

Q21. For women under age 25, usual practice for management of a first screening Pap test reported as ASC-US

	Frequency	Percent	Valid Percent
HPV DNA test (reflex or otherwise)	47	30.9	31.5
Repeat Pap in 6 months	9	5.9	6.0
Repeat Pap in 12 months	86	56.6	57.7
Immediate colposcopy	1	.7	.7
Varies by provider, no standard practice	6	3.9	4.0
Total	149	98.0	100.0
Missing	3	2.0	

SECTION 3 Pap Test Results and Colposcopy Follow-up Data

Cytology Screening Data (as reported from 138 schools)

	Frequency	Percentage
# of Pap tests done	52,546	
# of pap results	51,585	
Normal	43,680	84.68%
ASC-US	3,740	7.25%
ASC-H	153	0.30%
LSIL	3229	6.26%
HSIL	165	0.32%
CIS	4	<.008%
AGC	27	0.05%
unsatisfactory (no dx)	399	0.77%
other dx, not listed above	188	0.36%
no endocervical cells (with any dx above)	837	1.62%

SECTION 4 STI Screening Practices and Standards

Q22. Routine Screening for STIs (select all that apply)

	Frequency	Percentage
Symptomatic students	124	81.6%
Only students with behavioral risks	26	17.1%
Screening based on identified demographic risk factors	99	65.1%
Sexually active students upon request regardless of risk factors	146	96.1%
None of the above	1	0.7%

Q23. Does your health center routinely screen sexually active women under age 26 for chlamydia infection?

	Frequency	Percent
Yes	134	88.2
No	16	10.5
I don't know	2	1.3
Total	152	100.0

Q24. Type of specimen usually collected for chlamydia testing in women? (select one)

	Frequency	Percent
Cervical swab	33	21.7
Vaginal swab	29	19.1
Urine	37	24.3
Varies	52	34.2
None	1	.7
Total	152	100.0

Q25. Type of specimen usually collected for chlamydia testing in men? (select one)

	Frequency	Percent	Valid Percent
Urethral swab	2	1.3	1.3
Urine	137	90.1	91.3
Varies	9	5.9	6.0
None	2	1.3	1.3
Total	150	98.7	100.0
Missing	2	1.3	

Q26. Cost of STI screening

	Frequency	Percent
All tests/visits are charged to the patient or their insurance (there is always a cost to the patient or their insurance)	69	45.4
Some tests/visits are charged but others are free (there is sometimes a cost to the patient or their insurance)	59	38.8
All tests/visits are free to the student (there is never a cost to the patient or their insurance)	10	6.6
None of the above or not applicable	1	.7
Other (please specify)	13	8.6
Total	152	100.0

SECTION 5 STI Test Results

Q27/28. Gonorrhea Positivity

	GC Female	GC Male	GC Unknown/unspecified gender	GC Overall
# tested	103750	42497	23101	169348
# positive	483	1078	68	1629
Positivity Rate (%)	0.47%	2.5%	0.29%	0.96%

Q29/30. Chlamydia Positivity

	CT Female	CT Male	CT unknown/unspecified gender	CT Overall
# tested	112016	41594	22716	176326
# positive	6729	4022	704	11455
Positivity Rate	6.01%	9.67%	3.1%	6.50%

Q31/32. HIV Positivity

	HIV Female	HIV Male	HIV unknown/unspecified gender	HIV Overall
# tested	34596	30187	12862	77645
# positive	5	74	5	84
Positivity Rate	0.014%	0.25%	0.039%	0.108%

Q33. HIV testing - Confidential vs Anonymous

	Frequency	Percent	Valid Percent
Confidential	124	81.6	82.1
Both	23	15.1	15.2
HIV tests are not offered	4	2.6	2.6
Total	151	99.3	100.0
Missing	1	.7	
	152	100.0	

Q34. Type of HIV antibody tests offered (select all that apply)

	Standard test, blood	Standard test, oral fluid	Rapid test, blood	Rapid test, oral fluid	None	Other*
Frequency	122	5	47	32	4	4
Percent	80.3%	3.3%	30.9%	21.1%	2.6%	2.6%

*Other responses were Confirmatory- Western Blot (reference lab), Free testing at local Health Department, HIV 4th Generation, State Lab performs testing

Q35. Specific HIV assays available for screening/diagnosis (select all that apply)

	HIV 1/2 antibody test	HIV p24 antigen/ HIV antibody combo test	HIV pDNA or RNA test qualitative "PCR" test	HIV RNA quantitative/viral load test	None	Other*
Frequency	116	52	48	47	6	7
Percent	76.3%	34.2%	31.6%	30.9%	3.9%	4.6%

*Other responses included: All specimens sent out for testing; Test ordered - HIV 1/2 antibody test; HIV 1/2 antigen & antibody 4th Generation Reflex (2); HIV 4th generation; HIV-1 Genotype; HIV-2 antibody test; and Local Health Department and hospital lab testing

Q36. Syphilis test used for routine screening

	Frequency	Percent	Valid Percent
RPR	132	86.8	89.8
VDRL	6	3.9	4.1
EIA	9	5.9	6.1
Total	147	96.7	100.0
Missing	5	3.3	
	152	100.0	

Q37. Syphilis positivity: 60,556 tests performed, 217 positive, 0.36% positivity rate

Q38. Lab tests used to diagnose genital herpes infection (select all that apply)

	Viral culture	PCR	Type specific serology (antibody testing)	Antigen tests	Tzank smears	Other*
Frequency	127	46	99	4	3	4
Percent	83.6%	30.3%	65.1%	2.6%	2.0%	2.6%

(total %=>100 because they could select more than one response)

*Other responses were: culture and send to outside hospital laboratory; HSV glycoprotein I & II; Nu-swab; and Viral culture with identification of type

Q39/40/41. Herpes positivity for genital herpes tests

	All patients	Women	Men
Tests done	8025	4772	2005
Positive for HSV-2	714 (8.90%)	545 (11.42%)	164 (8.18%)
Positive for HSV-1	1746 (21.76%)	1267 (26.55%)	468 (23.34%)
Positive for type unknown	459 (5.72%)	361 (7.56%)	175 (8.73%)
Total positive for any type	2919	2173	807
Positivity rate any type	36.4%	45.5%	40.2%

Note: There were three items that asked about the number of tests done, positive number of results for HSV-2, HSV-1 and positive for unknown type. One asked about all patients, one about women and one about men. The results reported above are based on the data provided by respondents though the totals of men and women do not equal the overall total. It is unclear if this is based on error or through the identification of patients who were gender fluid or gender non-conforming.

Q42. Tests used for diagnosis of trichomoniasis infection in women (check all that apply)

	Microscopy (Wet prep)	Culture	Antigen Detection	PCR or NAAT
Frequency	134	15	21	24
Percent	88.2%	9.9%	13.8%	15.8%

(total %=>100 because they could select more than one response)

Q43. Number of patients diagnosed with trichomoniasis in 2014: 791 for 131 schools

Q44. Number of patients diagnosed with bacterial vaginosis in 2014: 21,499 for 132 schools

SECTION 6

HPV Related Data: Genital Warts, Vaccine and Anal Cytology

Q45. Number of patients diagnosed with genital warts in 2014:
female 1074 (from 106 schools); male 1396 (from 104 school respondents);
unspecified 186 (from 54 schools) for a total number of 2656 diagnosed patients

**Q46. Clinic visits for treatment of warts in 2014: female 1631 (from 97 schools);
male 2442 (from 93 schools); unspecified 710 (from 55 schools)**

Q47. Provision of anal cytology (select all that apply)

	Women	Men	Unknown/gender unspecified	None; don't perform anal cytology	Don't know if provide
Frequency	29	37	10	103	4
Percent	19.1%	24.3%	6.6%	67.8%	2.6%

(total %=>100 because they could select more than one response)

**Q48. Number of anal cytology tests performed: female 2 (from 35 schools),
male 117 (from 35 schools), unknown/gender unspecified 16 (from 29 schools)**

**Q49. Provision of pharyngeal and rectal tests for gonorrhea screening in MSM:
72.8% (n=110 clinics)**

Q50. Provision of rectal testing for chlamydia in screening MSM: 69.3% (n=104 clinics)

SECTION 7 Expedited Partner Therapy (EPT)

Q51. In the state in which your health center is located, is expedited partner therapy (EPT) legal for treatment of STIs?

	Frequency	Percent	Valid Percent
EPT is legal for at least one STI	106	69.7	70.7
EPT is of uncertain legality	12	7.9	8.0
EPT is not legal for any STI	25	16.4	16.7
I don't know	7	4.6	4.7
Total	150	98.7	100.0
Missing	2	1.3	
	152	100.0	

Q52. Does your health center's policy permit providers to provide expedited partner therapy (EPT) for treatment of any of the following STIs?

	Not permitted for any STI	Chlamydia	Gonorrhea	Trichomoniasis	Don't know	Other*
Frequency	55	76	51	42	8	9
Percent	36.2%	50%	33.6%	27.6%	5.3%	5.9%

*Other responses include: Not yet legal; no policy (2 responses); partner must come to health center for visit; Patient is given information regarding STI & recommend they share with partner(s). Reportable STIs are reported to the county health department who contacts patient and partner(s); Permitted if partner is also a student [at this institution]; Physicians may provide EPT, not nurse practitioners, state law. However, to dispense, a pharmacy needs a patient name on the rx; Policy is in draft form and not yet approved. Providers have been offering EPT for at least 2 years; We use state-supplied medications which are free to our patients, but state law forbids giving these to persons who are not our patients.

Q53. Which of the following best describes your health center's use of EPT?

	Frequency	Percent	Valid Percent
EPT is used by our providers	77	50.7	51.3
EPT is not used by our providers	67	44.1	44.7
I don't know	6	3.9	4.0
Total	150	98.7	100.0
Missing	2	1.3	
	152	100.0	

SECTION 8

Safer Sex Product Availability and Cost

Q54. Which best describes how safer sex supplies are offered to students from your health center.

	For free	Some cost	Don't offer
A. Lubrication (n = 150)	46.7% (70)	23.3% (35)	30.0% (45)
B. Latex, or non-latex dams (i.e., dental or oral dams) (n= 150)	47.3% (71)	14.7% (22)	38.0% (57)
C. Latex, or non-latex gloves (n = 145)	23.4% (34)	15.2% (22)	61.4% (89)
D. Male condoms (n= 152)	71.7% (109)	19.1% (29)	9.2% (14)
E. Female condoms (n = 149)	43.6% (65)	14.8% (22)	41.6% (62)
F. Cervical cap (n = 144)	0	7.6% (11)	92.4% (133)
G. Sponge (n = 146)	1.4% (2)	13.0% (19)	85.6% (125)
H. Diaphragm (n = 146)	0	37.0% (54)	63.0% (92)

NOTE: N is listed for each response, as some respondents did not provide one. The percentage listed is based on valid percentage that does not include non-respondents.

SECTION 9 Contraceptive Testing and Education

Q55. Which of the following education does your health center provide to students? (n = 152)

	Frequency	Percent
General Family Planning	120	78.9%
Contraception	146	96.1%
Fertility Awareness Methods	98	64.5%
Emergency Contraception	139	91.4%
Abstinence	136	89.5%
Safer Sex	147	96.7%
STI Prevention	148	97.4%
Identity and Sexual Orientation	89	58.6%
Other*	7	4.6%

*Other responses include: Consensual sex; contraception for medical reasons; Medicaid & insurance coverage information; Preconception counseling; Pregnancy/relationship counseling and mental health referrals as needed

SECTION 10 Contraceptive Provisions

Q56. Percentage and frequency of health center respondents indicating affirmative to prescribing, dispensing, administering or referring for the following contraceptive methods.

See Next Page for Chart (p. 24)

	Prescription	Dispensation	Administration/Insertion	Refer to outside Provider
Contraceptive Patch	86.7% (124) N = 143	30.7% (35) N = 114	7.1% (6) N = 85	33.7% (28) N = 83
Contraceptive Ring	95.8% (138) N = 144	54.2% (65) N = 120	27.1% (23) N = 85	30.0% (24) N= 80
Depo Provera	94.2% (130) N = 138	63.8% (74) N = 116	93.1% (121) N = 130	34.2% (26) N= 76
Implant (Implanon or Nexplanon)	46.2% (55) N = 119	30.9% (34) N= 110	44.3% (54) N = 122	86.6% (103) N= 119
Oral contraceptives	97.2% (138) N = 142	69.8% (90) N= 129	20.7% (18) N= 87	28.6% (22) N= 77
Intrauterine device (Copper)	40.7% (46) N = 113	26.6% (29) N=109	39.3% (46) N= 117	88.7% (110) N= 124
Intrauterine device (hormonal)	40.7% (46) N = 113	29.6% (32) N= 108	41.7% (40) N= 115	88.4% (107) N= 121
Emergency Contraception	82.2% (111) N = 135	72.2% (96) N= 133	32.3% (30) N=93	34.6% (28) N= 87
Diaphragm	65.6% (82) N = 125	31.9% (36) N = 113	30.3% (30) N= 99	67.3% (66) N= 98
Cervical cap	17.8% (21) N = 118	2.0% (2) N= 101	1.1% (1) N= 94	72.1% (80) N= 96
Sponge	19.1% (22) N = 115	8.3% (9) N= 108	0% (0) N= 90	54.2% (52) N= 96
Male condoms	27.3% (27) N= 99	92.2% (130) N= 141	14.3% (11) N= 77	15.6% (12) N= 77
Female condoms	25.3% (25) N = 99	59.5% (78) N= 131	9.0% (7) N= 78	29.9% (23) N= 77
Oral/dental dams	22.4% (22) N = 98	58.1% (72) N= 124	6.3% (5) N= 80	32.1% (26) N= 81
Tubal ligation	0% (0) N = 91	1.1% (1) N= 88	1.2% (1) N= 86	96.5% (138) N=143
Essure	1.2% (1) N = 113	0% (0) N= 69	1.2% (1) N= 85	89.1% (123) N= 138
Vasectomy	0% (0) N = 87	0% (0) N= 85	0% (0) N= 86	95.1% (137) N= 144

SECTION 11 Pregnancy Testing

Q57. Does your Health Center offer pregnancy testing?

	Frequency	Percent
Yes, provider performed (in-house)	81	53.3
Yes, laboratory performed (in-house or sent out)	71	46.7
No, not offered, referred elsewhere	0	0
Total	152	100.0

Q58. Number of Pregnancy tests done

	All patients
Number of Pregnancy tests done (n=137)	61,876
Positive pregnancy tests (n=124)	2979
Percentage of + pregnancy tests* (n=124)	2979/55674 = 5.35%

*includes only those schools who reported both number of pregnancy tests and positive results

Q59. For students with a positive pregnancy test, what services are available from your health center?

	Percent (n)
All options" counseling and education	80.3% (122)
Limited counseling and education	21.1% (32)
Referral for adoption services	59.9% (91)
Referral for abortion services	65.8% (100)
Referral for prenatal care	78.9% (120)
Prenatal care services provided on-site	0.7% (1)
Medical abortion services provided on-site	1.3% (2)
No services are provided	0

SECTION 12 Participation in STI Awareness Month Activities

These last questions refer to health centers' participation in national STI Awareness Month activities in April 2014.

Q60. Did your health center experience an increase in STI testing clients seen at your health service in April 2014? (compared to previous months or years)

	Frequency	Percent	Valid Percent
Yes	48	31.6	31.8
No	68	44.7	45.0
Unknown	35	23.0	23.2
Total	151	99.3	100.0
Missing	1	.7	
	152	100.0	

Q61. Did your health center participate in the 2014 GYT "Get Yourself Tested" campaign?

	Frequency	Percent	Valid Percent
Yes	67	44.1	44.4
No	75	49.3	49.7
Unknown	9	5.9	6.0
Total	151	99.3	100.0
Missing	1	.7	
	152	100.0	

Q62. Did your health center offer any free/reduced cost STI/HIV testing in April 2014?

	Frequency	Percent
Yes	72	47.4
No	77	50.7
Unknown	3	2.0
Total	152	100.0