

Serving the Sexual and  
Reproductive Health  
Needs of Community  
College Students:

**PROMISING  
PRACTICES  
TO PROMOTE  
STUDENT  
SUCCESS**

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WOMEN'S POLICY RESEARCH

## ABOUT THIS REPORT

Sexual and reproductive health and well-being plays a central role in the lives of young adults. Having the ability to plan whether and when to become pregnant, to protect against sexually transmitted infections, and to receive essential medical care during pregnancy, for example, have important effects on young people's lives—including their ability to earn a postsecondary education. Ensuring community college students have access to the care, information, and resources they need to take care of their sexual and reproductive health is an important factor in their ability to achieve their educational goals. This report shares findings from an Institute for Women's Policy Research (IWPR) study of promising practices for providing sexual and reproductive health services to community college students in the United States. Based on a scan of efforts to provide community college students with sexual and reproductive health services, interviews with key experts in the fields of higher education and reproductive health, and a literature review, IWPR identified the major programs, strategies, challenges, and opportunities related to improving access in community college contexts. The report describes existing gaps in service provision and highlights a range of practices that can be replicated and scaled up to expand access for community college students.

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# INTRODUCTION

Improving community college students' success is increasingly recognized as essential to meeting U.S. economic and workforce demands. Yet, community college completion rates remain lower than rates at public bachelor's degree-granting institutions—just 41 percent of community college students earn a credential within six years, compared with 67 percent of students at public four-year institutions (National Student Clearinghouse Research Center 2019).

Growing awareness of the diversity today's community college students' experiences has increased attention to the effect of life circumstances and needs on educational attainment. Increasingly, community colleges are acknowledging the challenges posed by factors such as poverty, structural racism, and caregiving responsibilities to academic outcomes, recognizing the imperative to holistically support students of color, students with low incomes, and students who are parents, among other historically marginalized populations. These students are also likely to need accessible, comprehensive sexual and reproductive health services, which research shows can affect students' ability to persist in and complete educational programs.<sup>1</sup> As the U.S. community college system places growing emphasis on holistic approaches to improving student outcomes, institutions, communities, and policymakers must consider how to better support students' access to sexual and reproductive health services and information.

More than one third of all U.S. undergraduates are enrolled at public community colleges (U.S. Department of Education, National Center for Education Statistics 2018). These students have high need for sexual and reproductive health services and low levels of sexual and reproductive health knowledge (Cabral et al. 2018; Eisenberg, Lust, and Garcia 2014). Little is known, however, about the state of reproductive health access on community college campuses. Community colleges often do not offer health care to their students, due in part to the fact that they are unlikely to have on-campus health centers. They also face increasingly restricted budgets, leaving them with limited resources to support the needs of their student body (Kahlenberg 2015).

Through a scan of existing community college reproductive health programs and services, over 40 expert interviews, and a review of the literature, the Institute for Women's Policy Research (IWPR) assessed the state of community college students' need for and access to sexual and reproductive health services and information (a list of experts interviewed for this project can be found in this report's Appendix). This research was complemented by a convening in July 2019 of community college staff, faculty, and administrators, higher education experts, sexual and reproductive health researchers, advocates, and students who shed vital insight into the range of students' reproductive health needs and the opportunities for building a stronger network of reproductive health supports at the community college level.

This report summarizes IWPR's findings around promising programs and practices for meeting community college students' sexual and reproductive health needs. It discusses the importance of expanding sexual and reproductive health care access for community college student success, shares the challenges and opportunities to doing so, and describes strategies that have been successful or hold promise for advancing reproductive health services for community college students. The report concludes by offering recommendations for future action to increase community college students' access to sexual and reproductive health support as a part of holistic student support efforts.

<sup>1</sup> For a review of the literature on the on the association between childbearing and educational outcomes, see Bernstein and Reichlin Cruse (2020).

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# COMMUNITY COLLEGE STUDENTS' NEED FOR IMPROVED SEXUAL AND REPRODUCTIVE HEALTH SUPPORTS

## THE KNOWLEDGE GAP AMONG COMMUNITY COLLEGE STUDENTS

Adolescents and young adults often lack access to comprehensive and accurate information about sexual and reproductive health. Although most young people want to avoid or delay pregnancy, research has demonstrated that a substantial portion are not using contraception to do so—likely due in part to misconceptions and a lack of knowledge of effective contraceptive methods (Kaye, Sullentrop, and Sloup 2009).

The quality and content of sexual education also varies widely across the country—including within secondary school settings—which can contribute to community college students' knowledge gap, despite the fact that they tend to be older than students at bachelor's degree-granting institutions (Landry et al. 2003). IWPR's interviews with college staff and program administrators reinforced the need for greater awareness of sexual and reproductive health among community college students, citing a lack of comprehensive sex education in high school as one reason for students' need for sexual and reproductive health information at the community college level.

Gaps in sexual health education in high school have consequences for students' lives in community college. For example, one 2015 study of community college students in California found that participants expressed both strong desires to avoid pregnancy in the next year and high aspirations for educational attainment. Yet their awareness of pregnancy risk and contraceptive knowledge were low, with many holding fears and negative beliefs about contraception (Cabral et al. 2018).

A separate study of the Make It Personal: College Completion project from 2010-2012, conducted by Power to Decide, (formerly the National Campaign to Prevent Teen and Unplanned Pregnancy) and the American Association of Community Colleges, identified similar knowledge gaps among participating community college students. Three quarters of students reported that avoiding pregnancy was very important to them, with 8 in 10 respondents saying that having a child while in school would make it harder to accomplish their goals. Yet respondents reported low levels of knowledge about many contraceptive methods (Prentice, Storin, and Robinson 2012). These findings demonstrate a discrepancy between young people's desire to avoid pregnancy and the knowledge and ability to successfully do so.



"...our students are not given enough information or education about having safe sex, about how to avoid getting pregnant if they do not intend to, or about sexually transmitted infections. So our first goal is to educate."

*Kimberly Rush  
Academic Advisor, Plan2Postpone,  
East Mississippi Community College*

"Students need more help and opportunities to learn how to communicate honestly with one another. They need to be supported in understanding their needs and wants, and how to communicate that [to their partners]. They need to be conscious of the fact that it is their body and that they have the right to make choices about it. They need to know what a healthy relationship looks like."

*Mona Scott  
Residential Faculty, Mesa Community College*

## A LACK OF SERVICES AND CAPACITY ON CAMPUSES AND IN COMMUNITIES

### The Absence of Health Services on Community College Campuses

In recent decades, public community colleges have faced progressive cuts in state higher education investments, leaving them with fewer resources to provide services and supports for their students (Kahlenberg 2015; Mitchell, Leachman, and Saenz 2019). Partly a consequence of this declining funding, the availability of sexual and reproductive health services on college campuses varies widely (Eisenberg et al. 2012).

"Community college administrators seem to be so pulled in so many directions and have so many expectations [for what they should prioritize]. They just don't have the bandwidth."

*Kristine Hopkins, Research Scientist  
Texas Policy Evaluation Project  
The University of Texas at Austin*

Community colleges are less likely than bachelor's degree-granting institutions to have health centers on campus. They are under-represented in the American College Health Association (ACHA), a membership network for higher education institutions' health professionals. Of the 137 institutions included in the 2016 ACHA National College Health Assessment, just 11 were community colleges—10 of which were from one state (American College Health Association

2016). Community college students are also less likely to have health insurance, potentially in part because fewer community colleges offer school health insurance plans—an issue that was raised by several interview respondents (Hopkins et al. 2018).

### Scarcity of On-Campus Sexual and Reproductive Health Services

A survey completed in 2014-2015 found that community colleges were less likely than four-year campuses to offer screening and testing for sexually transmitted infections (STIs; Habel et al. 2018). This disparity is particularly important given that community college students may be at greater risk for sexual risk behaviors and sexually transmitted infections (Habel et al. 2017; Trieu, Bratton, and Hopp Marshak 2011). Without adequate testing and treatment, community college students are at risk for a number of adverse sexual and reproductive



health outcomes, such as infertility, cervical cancer, pelvic inflammatory disease, and pregnancy complications (Deal et al. 2004).

Research suggests that community college students may also be considerably more likely to experience sexual assault and intimate partner violence (Scull et al. 2019). While IWPR's study did not examine the presence of sexual assault services provided by community colleges, this research underlines the need for services tailored to survivors of sexual and partner violence, using principles of trauma-informed care (Reproductive Health Access Project 2017). It also highlights a need for educational programming related to topics such as gender roles and stereotypes, establishing equitable relationships, and recognizing and preventing unhealthy relationships.

In addition, even when sexual health education programming or services are available at community colleges, it often does not reflect the diversity of the student population it aims to serve. Programming that is heteronormative may not address the needs and concerns of all students; sexual health programs should be respectful and inclusive of young people who vary in their sexual orientation and gender identity (Scull et al. 2018). Research demonstrates that students of all sexual orientations express contraception as a salient concern, and many young people use contraception for benefits unrelated to pregnancy prevention (Cabral et al. 2018).



### **Gaps in Community-Based Contraceptive and Abortion Care**

Compounding a lack of sexual and reproductive health care on campus, community college students may not be able to access affordable contraception in the areas where they live or study. Over 19 million women in the United States live in contraceptive deserts—meaning they lack reasonable access to a health center offering the full range of contraceptive methods (Power to Decide 2019a). Students attending rural community colleges face particular difficulty in locating nearby clinics where they can receive care. Even when affordable services are available, students may not be aware of them or know how to access them.

In addition, availability of affordable contraception is being further limited by changes to the Title X program, which provides low-income women with affordable family planning services. Although Title X funding is already prohibited from covering abortion services, rules implemented in 2019 and 2020 further limit the activity of Title X providers. These regulations prohibit grantees from providing referrals



to abortion providers and block funds to grantees who provide abortion services with separate funding, among other restrictions (Sobel, Salganicoff, and Frederiksen 2019). These regulations have resulted in a number of grantees withdrawing from the program (Kaiser Family Foundation 2019). These changes to Title X threaten to expand contraceptive deserts, which would effect access for community college students who rely on publicly funded contraception (Power to Decide 2019b).



Abortion, a key component of reproductive health care, may also be inaccessible for many community college students. Funding for abortion is highly restricted: federal funds are prohibited from paying for the procedure (with exceptions for rape, incest, and life endangerment), as are Medicaid funds in most states (Guttmacher Institute 2020). Lack of funding for abortion care may be particularly burdensome for community college students, since they are more likely to have low incomes compared with students at four-year institutions (Ma and Baum 2016).

Beyond funding, abortion services may not be located near community colleges. In 2014, nearly one-fifth of abortion patients traveled over 50 miles to receive care—and the most common reason reported for clinic choice was that it was the closest available (Fuentes and Jerman 2019). In addition to the transportation challenges faced by all abortion patients—obstacles that are greater in states that require multiple visits to a clinic—students who do not have easy access to a clinic must navigate complex class, work, and often caregiving schedules to arrange a visit.

## **ATTITUDES ON COMMUNITY COLLEGES' ROLE IN ADDRESSING STUDENTS' SEXUAL AND REPRODUCTIVE HEALTH NEEDS**

Community colleges—whether rural, urban, or suburban—have an opportunity to fill gaps in access to sexual and reproductive health services and information. Although this lack of access can affect their students' ability to persist, there are varying attitudes around the role of community colleges in students' personal lives. Interviewees noted that many community colleges do not see it as their responsibility to meet students' sexual and reproductive health needs. Several interviewees suggested that this may be due in part to the perception that, because community college students tend to be older than four-year college students and are more likely to have life experience—including having families of their own—that they are able to address their health needs without additional support.

"I think the fact that most are commuter students makes it tough just finding a time they can commit to coming in and doing a session, out of class time."

*Ginger Mullaney  
BAE-B-SAFE Program Director  
Healthy Futures of Texas*

Findings from a 2010 qualitative study of 78 two- and four-year students in Minnesota suggests that the perspective that providing sexual and reproductive health services is not the role of community colleges can be shared by community college students themselves (Eisenberg et al. 2012). The authors suggest, though, that this perspective is likely reflective of students' expectations based on existing services at community colleges: because most do not offer health services, students are less likely to expect them from their schools.

Depending on the environment of a school and its surrounding community, taboos around sexual and reproductive health may also influence whether colleges

are willing to take on these issues. For example, one interviewee studying the effectiveness of reproductive health education for community college students described resistance from colleges who were concerned that dually enrolled high school students who visit community college campuses would be exposed to information deemed inappropriate for minors. Another expressed the low likelihood that community colleges would be willing to engage with the issue of sexual and reproductive health since it can be seen as controversial or polarizing.

Hesitancy around engaging with this topic, which can be seen as intensely personal for students, compounds the lack of existing support on campuses to help students understand how and where to access information and services that can meet their needs. Despite this hesitancy, research suggests that students welcome this information and find it valuable when it is offered (Prentice, Storin, and Robinson 2012).

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## PROMISING PRACTICES FOR SERVING COMMUNITY COLLEGE STUDENTS

"The people who interact with students on a daily basis see how big of a problem [unintended pregnancy] is with students dropping out, student retention, and other things that come along. They are the ones reaching out and taking it upon themselves to solve the problem. There is a need for more resources to help students address their reproductive health needs."

*Latisha Latiker, Director of Grants Programming  
Women's Foundation of Mississippi*

Facilitating the provision of services that can help community college students' meet their sexual and reproductive health needs requires information and guidance on the range of options that have shown promise, and which can be adjusted to fit individual community college contexts. The following section describes practice examples from IWPR's research that can guide how community colleges approach providing support for students' reproductive health needs. The practice and program examples below, identified through IWPR's program scan and expert interviews,

represent opportunities to connect students with the resources and information they need to manage their reproductive lives in a way that aligns with their educational and career aspirations.

### EDUCATING AND EMPOWERING COLLEGE STAFF AND FACULTY

Community college staff and faculty who regularly interact with students have a unique opportunity to not just share information about available sexual and reproductive health services, but to set the tone on their campus and in the classroom that sexual and reproductive health is an essential component of student success more broadly. Educating community college



staff on the link between sexual and reproductive health needs and student outcomes can encourage them to think critically and creatively about how to support their students' needs and promote their success in the classroom. Intentional trainings that address this link can also equip staff and faculty with the practical information they need to be able to answer students' questions on sexual and reproductive health access, such as providing them lists of affordable nearby health centers.

Trainings are also an opportunity to educate faculty and staff on youth-friendly methods for interacting with students seeking referrals or other information related to sexual and reproductive health. Youth-friendly services are those tailored to the developmental needs of young people and the unique obstacles they face in accessing quality care (Brittain et al. 2015). In seeking care, young people value confidentiality, supportive provider interactions, training specifically tailored to young people's needs, and removal of logistical barriers to accessing care (Brittain et al. 2018).

Young people may delay seeking services for reasons related to the health care environment, such as fear of being judged, poor treatment, lack of privacy, and a lack of information around eligibility for care and location of services (EngenderHealth 2002). Making health care settings more youth-friendly can address many of these barriers that may get in the way of young people accessing care (Hock-Long et al. 2003).

## PROGRAM SPOTLIGHT

### **Adolescent Health Project in partnership with Metropolitan Community College Omaha, NE**

The Adolescent Health Project (AHP), an initiative of the Women's Fund of Omaha, is an example of how **partnerships can enhance community colleges' capacity** to meet students' needs. Launched in response to high rates of sexually transmitted infections among young people in Omaha, Nebraska, AHP has four main goals:

1. to advocate for comprehensive sexual health education;
2. build the capacity of providers to deliver sexual and reproductive health care in line with best practices;
3. raise awareness around STIs and unintended pregnancy through public awareness and outreach (including distribution of free condoms at sites throughout Omaha); and
4. connect young people to the free birth control method of their choice.

**Free testing is provided at participating community college campuses**, and strategic planning has allowed AHP to optimize service delivery for the community college student population—including offering take-home kits for STI testing and encouraging clinics to operate at hours that work for students' schedules.

AHP has also implemented its **"Asakable Adults Matter" training for community college staff** on how to be approachable and knowledgeable about topics like sexual and reproductive health and how to refer students to inclusive, affirming, youth-friendly services.

For instance, the **Adolescent Health Project (AHP)**, run by the Women's Fund of Omaha, offers "Askable Adults Matter" trainings for community college staff at **Metropolitan Community College** in Omaha, NE. These workshops help community college staff working with students understand the importance of and how to be approachable and knowledgeable about sexual health topics and prepare them to refer students to available services on campus and in the community. Being "askable" means being perceived as approachable by young people for information on sensitive topics so they will come to you before looking to other (potentially less reliable) sources (Huberman and Alford 2005; Planned Parenthood League of Massachusetts 2020).

**BAE-B-SAFE**, a program run by Healthy Futures of Texas and provided to students at four institutions of the **Alamo Colleges District** in San Antonio, TX, offers faculty trainings to cultivate champions who will promote the program and provide sexual health education in their classes. The trainings help faculty understand how their students experience the intersections of life and school, including how sexual and reproductive health impacts educational success. The training topics offered include Trauma-Informed Approaches, Gender and Sexual Diversity, Cultural Proficiency, and Sex Ed 101: A BAE-B-SAFE Introduction. They are relevant to instructors who engage with non-traditional students regularly and serve as a foundation for attendees to better understand how their students experience the intersections of life and school.

These classes build faculty buy-in by making the connection between students' sexual and reproductive health and Alamo Colleges students' educational success. BAE-B-SAFE staff cited the importance of these trainings for building support among college faculty, who are integral to the recruitment of students to participate in the program.



## PROGRAM SPOTLIGHT

### BAE-B-SAFE at Alamo Colleges District San Antonio, TX

Healthy Futures of Texas (HFTX) runs BAE-B-SAFE at four colleges within the Alamo Colleges District in San Antonio, Texas (including San Antonio College, Palo Alto College, St. Philip's College, and Northeast

Lakeview College). The program began by targeting schools with the highest need, as measured by rates of unplanned pregnancy. Entering its fifth year of operation, BAE-B-SAFE implements programming in 30-35 educational courses per semester, in addition to out-of-class sessions, presentations, and campus events. It is federally funded through a Competitive Personal Responsibility Education Program grant, through the Family and Youth Services Bureau of the U.S. Administration for Children and Families.



BAE-B-SAFE provides evidence-based education programs focused on pregnancy prevention: Seventeen Days, an interactive online module for female students,

and Sexual Health and Adolescent Risk Prevention (SHARP), a facilitated workshop for male students, both of which are provided to 18-19 year olds (or up to 21, if pregnant or parenting). Power to Decide online educational modules are provided to students of all other ages. In addition to these educational modules:

- BAE-B-SAFE staff are available on each campus to provide information and referrals to students, including eligibility counselors who provide **information on public funding and insurance programs**.
- Trainings help faculty understand how students' lives intersect with their academic careers.
- **Peer mentors** increase the program's reach, in addition to **branded recruitment materials, marketing, and strategic communications**.
- Finally, BAE-B-SAFE **partners with two teen-friendly certified clinics and provides direct referrals to a local federally qualified health center**, to connect students to sexual and reproductive health care. Through these partnerships, the program hosts campus events featuring partners and mobile clinics providing services like STI testing and contraceptive care.

## LEVERAGING COMMUNITY PARTNERSHIPS

### Building Referral Networks between Colleges and Community Service Providers

Some community colleges have had success in integrating sexual and reproductive health referrals into existing holistic support models. **Single Stop**, for example, provides a one-stop shop to connect students to resources and services on campus and in the community, such as food pantries, community closets, and public benefit and health insurance screening, among other services. At **Hinds Community College** in Jackson, MS, the Single Stop office has built intentional relationships with local health clinics to which students are referred to access free family planning services and other care. Hinds Single Stop also helps students navigate the logistics of health insurance and accessing health services at those clinics.

Single Stop at Hinds Community College also partners with a program called LinkedUP, which is administered by Teen Health Mississippi. **LinkedUp** works with students transitioning out of high

“When we talked to students at Hinds Community College, we learned that they often started school without knowing anything [about where to access sexual and reproductive health services]. They had to learn on their own and they didn’t have any support. So ideally what we want is for students to be linked with the access they need before they start at Hinds or wherever they enroll.”

Josh McCawley, Deputy Director  
Teen Health Mississippi

school, including those enrolling at Hinds Community College, to ensure that they remain connected to the sexual and reproductive health care they need as they go to college, get a job, join the military, and/or enter the adult healthcare system. Through LinkedUp, staff at select Mississippi high schools and at Hinds Community College are trained to counsel students on how to access youth-friendly sexual and reproductive health care after transitioning from high school, including providing them referrals to clinics that offer youth-friendly care and contraceptive education. LinkedUP also offers a resource guide that provides information on where to access services nearby (or on-campus, where available) four- and two-year institutions in Mississippi. In addition, the guide provides information on how individuals without insurance can receive care through the Medicaid Family Planning Waiver program.

In Oregon, **Support to Expectant and Parenting Students**, or **STEPS**, represents another example of how building an intentional referral network in partnership with community service providers can help students access key reproductive health care and information. While the grant funding for STEPS has now ended, it funded four community colleges in the state to provide pregnant and parenting students with

referrals to campus and community services that could help them and their children thrive. STEPS was funded by the most recent round of Pregnancy Assistance Fund (PAF) grants, a \$25 million competitive grant program operated by the Office of Population Affairs at the U.S. Department of Health and Human Services (U.S. Department of Health & Human Services 2016).

STEPS programs helped students find support within five key areas: personal health, including reproductive and maternal health; child health; self-sufficiency, education, and employment; support for basic needs; and parenting supports (U.S. Department of Health & Human Services 2018).<sup>2</sup> In addition to STEPS coordinators at the campus level making referrals to community reproductive health services, the state STEPS team at the Oregon Health Authority connected with Oregon MothersCare, with which STEPS established a formal partnership to connect students to pregnancy and prenatal information and care.<sup>3</sup>

### Partnering with Health Care Providers to Increase Services for Students

Developing relationships with local health providers, such as federally qualified health centers and health departments, offers opportunities to facilitate access to convenient, affordable sexual and reproductive health services for students in lieu of campus-based health services. For example, through partnerships with local health clinics and the public district hospital, **BAE-B-SAFE** in San Antonio, TX, arranges for health providers to attend campus events to provide services such as no-cost contraception to students. Mobile clinics run by a local hospital system also come to campus to provide access to resources

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<sup>2</sup> The four colleges which had STEPS programs included Columbia Gorge Community College, Klamath Community College, Linn Benton Community College, and Chemeketa Community College.

<sup>3</sup> Email communication with Beth Gebstadt, Public Health and Education Consultant for the Support to Expectant and Parenting Students Project, on January 28, 2020.

such as hormonal implants—a form of long-acting, reversible contraception—to interested students.

The **Adolescent Health Project (AHP)**, through its relationships with local health clinics, has improved access to sexual health services for students attending **Metropolitan Community College** in Omaha, NE. The AHP worked with health providers to adjust their hours for STI testing so that students can make appointments which are outside of typical class times, allowing students to more easily access services. The AHP and its health provider partners have also made take-home STI testing kits available for students on the Metropolitan campus, through tabling events and through the help of staff, who can provide kits directly to students who request them.

Some schools hold regular clinic hours on campus through partnerships with local health providers, even if they do not have an on-campus clinic. **Arkansas State University Mid-South**, a public community college in West Memphis, AK, partners with a local health clinic, which provides health services on campus one day per week. Although the health services offered are not limited to reproductive health

care, students can visit the clinic to obtain materials about pregnancy prevention and reproductive health. Some faculty even bring students to the clinic to orient them to the services available.

At **Mesa Community College** in Mesa, AZ, faculty established a partnership with the local Indian Health Services, the Arizona Department of Health, and a community clinic and food pantry to hold an annual sexual health fair. The fair was launched in response to needs expressed by students, such as better access to affordable contraception. While the fairs are no longer held, past events featured a nurse who provided health education and free condoms for students, in addition to sharing information and resources on relevant topics, like healthy relationships.



**"We have students who come in from all walks of life and are dealing with both visible and invisible barriers. As a community college, our overall goal is to serve students and the community around us. This is one more resource to help students reach their goals."**

**Monique Cribbs, PhDc**  
**Director of Enrollment**  
**Metropolitan Community College**

## **PROVIDING SEXUAL AND REPRODUCTIVE HEALTH EDUCATION AND RESOURCES**

### **Incorporating Sexual and Reproductive Health Education into Campus Activities**

Integrating sexual and reproductive health education into existing campus activities or courses can increase access to information for students without requiring extensive effort or resources on the part of the institution. Many community colleges have had success integrating sexual and reproductive health education modules into new student orientation and required classes for first-year students. Because these courses often cover health and wellness more generally—rather than strictly academic subjects—topics like family planning can be integrated without the creation of new programs. This

approach has the added benefit of reaching a wider swath of students, since students receive the information through their existing courses and activities. Many experts interviewed by IWPR noted the challenge of recruiting students to reproductive health programs on campus; by providing education to new students across the board, schools can ensure that all students receive a base level of sexual and reproductive health education.

For example, **Arkansas State University Mid-South** incorporates education into their orientation class for all incoming freshmen. The institution invites health care professionals to talk to students about making informed decisions about sex and the prevention of unplanned pregnancy. Additional sexual and reproductive health education content is included in other required courses, such as Concepts of Physical Activity and Health and Safety classes.

### **Making Use of Technology**

By taking advantage of web-based education platforms, community college staff can reach more students with fewer resources. IWPR identified several programs that have had success using evidence-based interactive tools administered via computer. Often, these programs were used in combination with in-person outreach or service delivery. Some programs interviewed, such as **BAE-B-SAFE**, administer online education modules created by Power to Decide (formerly the National Campaign to Prevent Teen and Unplanned Pregnancy). These web-based lessons discuss the effects of unplanned pregnancy, address common myths and gaps in knowledge, explain how to choose and access birth control, and share other strategies for discussing sex and contraception with partners and health care providers.<sup>4</sup>



Online resources can offer sexual and reproductive health information for students while maintaining their privacy. In addition to the online educational modules used by BAE-B-SAFE, Power to Decide has developed **Bedsider**, a website, app, and online birth control network, which is designed for women ages 18-29 and provides information about different birth control options and other sexual health topics.<sup>5</sup> Bedsider helps women locate health clinics and allows eligible users to have birth control pills and emergency contraception delivered through the application.

In North Carolina, researchers from innovation Research and Training (iRT) piloted a mobile health media literacy education program to build off of their work studying sexual risk behaviors among community college students. The web-based program aims to improve sexual health outcomes, including sexual risk behaviors as well as norms, attitudes, and knowledge, among older adolescent community college students. It does this through interactive features, videos, examples from the popular media (like songs, advertisements, and clips from television and films), and skill practice. Their findings suggest that the program is a promising form of sexual education for this population (Scull et al. 2018).

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<sup>4</sup> To learn more about educational modules provided by Power to Decide, visit: <https://powertodecide.org/what-we-do/information/resource-library/college-online-lessons>.

<sup>5</sup> To learn more about Bedsider, visit: <https://www.bedsider.org/>.



Community colleges without a health center on campus, as well as those in rural areas and contraceptive deserts, may be able to expand students' health care access through partnerships with nearby universities which have robust health services and hospital systems. Although no longer in operation, one community college in Kentucky found success in establishing a satellite clinic that provided basic health services on campus with additional capabilities via telemedicine, in partnership with a state university's medical campus (Hurley, Turner, and Floyd 2000). In addition to providing clinical services and referrals to students, the satellite clinic's providers organized health promotion and public health activities, including health fairs, health education with classes and clubs, and individual student consultations.

### Emergency Contraception Vending Machines

Emergency contraception (EC), available both over-the-counter and by prescription, is an important resource for students who are sexually active, yet it is not available at all pharmacies and school health centers—despite its safety and efficacy in preventing pregnancy after unprotected sex. In California, the state where community colleges are most likely to have campus health centers, a survey revealed that just two-thirds (62 percent) of campus health centers dispensed or prescribed EC. Even among those colleges providing emergency contraception, lack of awareness among students was reported as a major barrier to provision of EC (Trieu et al. 2011).

Student activists have successfully led efforts to implement EC vending machines at many four-year campuses, allowing over-the-counter EC to be purchased conveniently and discreetly. The **American Society for Emergency Contraception** is developing a legal guide and toolkit to help students replicate the process at their schools, offering students at community colleges an opportunity to expand EC access on campus.

Although IWPR has not identified any community colleges that have implemented EC vending machines as of the writing of this report, student advocates at four-year universities have seen important successes that could be replicated at the community college level. For instance, **Tulane Students United for Reproductive Justice (SURJ)** began offering free EC to students in November 2019. Just two weeks after beginning to distribute the emergency contraception on their own, the campus health center took note and started dispensing free EC—with no requirement for a health plan or prescription (Uddin 2019).



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## OPPORTUNITIES TO EXPAND ACCESS

In addition to the promising strategies outlined above, there are a number of opportunities that could help increase access to services for community college students.

### INTEGRATING SEXUAL AND REPRODUCTIVE HEALTH INTO HOLISTIC SUPPORT INITIATIVES

Emerging initiatives to improve student outcomes through holistic support reflect a growing understanding that educational success is integrally connected to both personal and academic circumstances. Increasing attention is being paid to the unique needs of historically underserved student groups, such as students of color, students with low incomes, students who are parents, working adult students, and first-generation students, among others, to improve equity in access to and success in college. To meet these needs, colleges are rethinking how they promote student success and acknowledging that challenges related to issues such as poverty, structural racism, and caregiving responsibilities can negatively impact academic outcomes—regardless of a student’s intellect or commitment to their studies.<sup>6</sup>



Holistic support efforts aim to provide a suite of coordinated services, through advising, career planning, and case management, to help students make progress towards their academic progress and goals, as well as meet their basic needs—such as housing, food, child care, and transportation—maintain financial stability, and generally set them up for success (Achieving the Dream 2020). While mental health—an urgent need among college students—is often included among these supports, sexual and reproductive health services are typically omitted.

Given the evidence linking access to quality and affordable sexual and reproductive health care and information to educational outcomes, the holistic supports movement represents an opportunity to improve sexual and reproductive health care access for community college students as a part of broader efforts to improve their success (Bernstein and Reichlin Cruse 2020).

### ENGAGING WOMEN'S FUNDS IN MEETING STUDENTS' NEEDS

Local women's foundations have a unique ability to understand and help to address their communities' needs, and they are well-positioned to leverage relationships with community stakeholders to instigate

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<sup>6</sup> A number of organizations focus on meeting the needs of today's diverse postsecondary population, including Lumina Foundation's Today's Student campaign (<https://luminafoundation.org/campaign/todays-student>), Achieving the Dream's Holistic Student Supports initiative (<https://achievingthedream.org/resources/initiatives/holistic-student-supports>), and Higher Learning Advocates' Today's Students Coalition (<https://higher-learningadvocates.org/policy/todays-students>).

**"In addition to the legislative process, we have built a ground campaign of students who are passionate about this work and have mobilized with us to help pass this bill. They have attended lobby visits with us and they come to all of the committee hearings to voice their support for the bill; they have learned a lot about advocating for bills throughout our campaign."**

***Dey Nava, California State Program Director  
URGE: Unite for Reproductive & Gender Equity  
(Former Campaign Manager, Women's Foundation of California)***

both localized and broader systems change. In a few instances, women's funds have led the way in expanding sexual and reproductive health services and information for community college students (Reichlin and Augeri 2015).

**The Women's Fund of Omaha**, for example, launched the **Adolescent Health Project (AHP)** in 2014 to support access to adolescent sexual health care and education for all genders, ages 15-24 years of age. The project was a response to research that revealed high rates of STIs and unintended pregnancies among young people in Omaha — health outcomes associated with a lack of comprehensive sex education in local school districts and which highlighted a need for access to compassionate, high-quality, youth-friendly sexual health care. By working across K-12 schools, community colleges, and health centers, the AHP has been able to tackle multiple aspects of sexual and reproductive health care, including connecting young people to free contraception, testing for STIs, and effective sex education.

In Mississippi, the **Women's Foundation of Mississippi** was instrumental in the passage of the 2014 legislation (SB 2563) that mandated that all public universities and colleges develop and implement plans to prevent unintended pregnancy among young adult women and support for students who are parents (Power to Decide 2018; Reichlin and Augeri 2015). Once the law was implemented, the Foundation assisted four Mississippi community colleges in implementing new programming on campus through a partnership with Power to Decide, whose past work on community college students' reproductive health needs provided a foundation of expertise on which colleges could build their plans. This programming was informed by commissioned research by IWPR and the Social Science Research Center of Mississippi State University on the experiences of women in community college (Hess et al. 2014).

In addition to administering their own online lessons, Power to Decide helped tailor programs to meet schools' needs through their partnership with the Women's Foundation of Mississippi. These strategies included referral networks and a strengthened partnership with the health department at **Copiah-Lincoln Community College**; the creation of a Community Health Coalition at **East Mississippi Community College**; the creation of an educational wellness fair at **Hinds Community College**; and the establishment of an Unplanned Pregnancy Awareness month at **Mississippi Gulf Community College** (Power to Decide 2018).

## IMPROVING STUDENT ACCESS THROUGH STATE AND FEDERAL POLICY

### Medication Abortion Provision on Campus

For community college students without access to abortion services, making medication abortion available on campus offers an exciting opportunity to expand reproductive health access. California student activists and advocates successfully pushed for legislation mandating California public colleges to provide medication abortion on campus (Carrión 2019). Signed into law in October 2019, the legislation also provides funding for implementation, including training and equipment.

Although community colleges are not mandated to provide medication abortion under this legislation, they can opt in to receive funding to do so. Because community colleges in California are more likely to have health centers on campus than anywhere else in the country, and also have a unifying health association, they have the opportunity to offer abortion services.

This innovative policy avenue for expanding abortion access is now being pursued in other states: similar bills have recently been introduced in Massachusetts (MA H.3841) and New York (NY A08743; Epstein 2019; Sabadosa 2019). States implementing these laws should consider how to engage community colleges, since their students are likely in need of expanded abortion access.

### Legislation to Prevent Unintended Pregnancy in Mississippi and Arkansas



Particularly in states without comprehensive sexual health education in high schools, legislative mandates could help improve the availability of sexual and reproductive health education for community college students. In Mississippi and Arkansas, which both have high teen pregnancy rates, legislation has focused on the promotion of pregnancy prevention education for college students. These efforts have been driven largely by concerns for workforce development, with unintended pregnancy seen as not only affecting individual's education and career goals, but also the strength of the workforce at the state level (Blackman 2016).

In 2014 and 2015, respectively, Mississippi (SB 2563) and Arkansas (Act 943) passed first-of-their-kind laws addressing pregnancy prevention among college students. These laws mandated that public higher education institutions develop and implement plans for how to help college students prevent unplanned pregnancies and support those who are already parents (Doty 2014; Ferguson 2015). These

**"The thing we observed to be very helpful in Mississippi is that the women's foundation for the state got behind the program and helped roll out it out to college campuses. Their assistance to help us frame Arkansas' approach to that issue was invaluable.**

**People often think of Mississippi as more resistant to that type of education, but I found it be more accepted in Mississippi than in Arkansas, which I think is due to the Women's Foundation [of Mississippi] fighting those battles and getting the right people involved."**

**Debra West, Ph.D.  
Chancellor, Arkansas State University  
Mid-South**



acts also called for the identification of challenges specific to student parents, such as child care, transportation, and financial aid. Although it is up to individual schools to create their own plans, states offered examples such as integration of pregnancy prevention information into orientation and coursework, and the creation of campus health fairs. Arkansas also encouraged schools to reach out to local health departments to collaborate, given that many students lack health insurance and access to services. Schools in both states are required to share their plans and report to the education department on how they are implemented.

Other states could consider following the model of using legislative or regulatory means to encourage or mandate the provision of sexual and reproductive health education to college students. Future efforts should prioritize evidence-based approaches and ensure that educational materials are inclusive and youth-friendly, in addition to building in funding for implementation and accountability measures that ensure the development of high-quality interventions.

### **Policy to Improve Contraceptive and Abortion Access**

Policies to expand contraceptive access for underserved populations broadly are also a key opportunity to improve access for community college students (Bernstein and Reichlin Cruse 2020). These policies include provision of over-the-counter oral contraception, dispensation of a 12-month supply of prescription contraceptives, and pharmacist prescription of contraception, which have been implemented in various states.<sup>7</sup> Similarly, the elimination of restrictions to Title X and increased funding for that program would improve access to family planning services for people with low incomes, including many community college students.

Beyond the opportunity of providing medication abortion on campus, removing abortion restrictions more broadly would improve reproductive health access for community college students. Fewer funding restrictions on abortion, including Medicaid and private insurance, would allow students greater access to care regardless of income.

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<sup>7</sup> For a map of which states have implemented various contraceptive access policies, see: <https://powerto-decide.org/what-we-do/access/state-policy/rh-access-policies>.

## BUILDING EVIDENCE ON WHAT WORKS

Rigorous research to understand community college students' sexual and reproductive health needs and how to effectively address them is essential to identifying sustainable solutions that can be implemented at the community college-level. The **Make It Personal:**

**College Completion (MIPCC)** project by Power to Decide and the American Association of Community Colleges (AACC) helped build a foundational understanding of community college students' levels of knowledge and need. This effort revealed that, although most students hold a desire to prevent pregnancy, they also hold a number of myths and misconceptions about how to do so. Through MIPCC, six participating community colleges from around the country implemented innovative strategies to address this knowledge gap, including curricular content, college success courses, and online resources, and generated evidence on how to effectively improve reproductive health education for community college students (Prentice, Storin, and Robinson 2012).



More recently, several promising studies have been completed, or are in progress as of the writing of this report, that can help the field assess gaps in access as well as evaluate the effects of interventions to build evidence around effective strategies. Researchers from the University of California, San Francisco, for example, have conducted interviews with community college students in California to assess pregnancy intentions, knowledge of contraceptive methods, and how those relate to their educational aspirations (Cabral et al. 2018). They found that, although most students held strong desires to prevent pregnancy, in part to complete their educational goals, they had limited knowledge of pregnancy risk and prevention. Researchers from the Texas Policy Evaluation Project (TxPEP) at The University of Texas, Austin, have also examined need for contraception among community college students. TxPEP researchers found high unmet demand for more effective contraception among Texas community college students (Hopkins et al. 2018).

Building on these studies, UCSF researchers, together with TxPEP, are implementing a randomized controlled trial at community colleges in California and Texas to test the efficacy of an intervention designed to increase student knowledge and access to a range of contraceptives, including a clinic locator to help students find services nearby. The multicomponent intervention is designed to change access at the student level, as well as at the level of health care provision, by bringing together community clinics surrounding each college site to strengthen their referral networks and offer clinic staff—from both community clinics and college health centers—an accredited training in high-quality contraceptive care. The study is also now assessing the impact of the COVID-19 pandemic on contraceptive access and educational attainment in community colleges, as well as on employment and economic outcomes.

In addition, Child Trends is currently undertaking new research to identify, evaluate, and disseminate successful strategies for providing family planning services to adolescents in school-based settings. The project, funded by the U.S. Office of Population Affairs, seeks to increase family planning providers' knowledge of ways they can collaboratively work in and/or with secondary schools and community colleges to better reach underserved adolescents and young adults, including community college students.<sup>8</sup>

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<sup>8</sup> Information on studies being conducted by UCSF and TxPEP, as well as by Child Trends, comes from IWPR expert interviews; findings have not yet been published.

Continued research on the effects of access to reproductive health information and care on student knowledge, health, and educational outcomes will help refine interventions for improving student health and success. As efforts to improve community college students' access to sexual and reproductive health services continue, new programs and interventions should build in evaluation frameworks from the start so that appropriate data are collected to assess their impact.

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## INCREASING MOMENTUM FOR CHANGE

Improved access to sexual and reproductive health services and education can help community college students stay healthy and maintain focus on their educational goals, increasing their likelihood of successfully graduating and establishing economic security. As community colleges embrace holistic approaches to student success, access to sexual and reproductive health care—particularly access to the full range of contraceptive options and testing and treatment for STIs—should be included as an integral component of holistic service models.

The practices and opportunities described in this report provide a roadmap for high- and low-intensity interventions that can improve students' knowledge of and access to services that can help them maintain their sexual and reproductive health. Elevating this issue in broader conversations of community college success and thinking creatively about how to partner to meet students' needs are essential to mainstreaming better access to information and resources for community college students more broadly.

- **ENGAGE ACROSS SYSTEMS TO IMPROVE CARE QUALITY AND AVAILABILITY**

Strategic collaboration between state and local health departments and clinics and community college systems can inform and facilitate the development of tailored service provision to address students' unique needs. At the institutional level, community colleges should build relationships with community and systems-level health providers to leverage existing capacity in their community and provide a pipeline to health services.

- **BUILD MOMENTUM WITHIN THE COMMUNITY COLLEGE SYSTEM**

Greater awareness of the link between community college students' outcomes and their ability to meet their sexual and reproductive health needs is needed among community college system and institutional leaders, faculty, and staff. National and regional community college networks and associations, state higher education systems, and community college districts should help build awareness of this link through strategic learning opportunities, student testimony, and presentations of research evidence.

- **FOSTER STUDENT-LED ACTIVISM AT COMMUNITY COLLEGES**

Supporting the development of student advocacy groups at community colleges, which tend to have fewer student organizations and less unified activism than four-year colleges, could empower students to advocate for their need for greater sexual and reproductive health support to community college system and institutional leaders. Student-led activism has been successful in efforts to make medication abortion and emergency contraception available in the four-year space, and more opportunities for community college students to make their voices heard are necessary to instigate change.

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## APPENDIX. LIST OF EXPERT INTERVIEWS

### **Alexandra Coor**

Centers for Disease Control and Prevention  
Atlanta, GA

### **Anita Bell-Muhammad**

Single Stop, Hinds Community College  
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### **Ann Clemmer**

Arkansas Division of Higher Education  
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### **Ashley Hill**

The Uptown Doula  
New Orleans, LA

### **Becky Perelli**

(Formerly) San Francisco City College and  
Health Services Association - California  
Community Colleges  
San Francisco, CA

### **Beth Benne**

Los Angeles Pierce College  
Los Angeles, CA

### **Brenda Council**

(Formerly) Women's Fund of Omaha  
Omaha, NE

### **Christina Malik, PhD**

innovation Research & Training (iRT)  
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### **Cindy Costello**

Consultant (retired)  
Washington, DC

### **Cynthia Harper, PhD**

Bixby Center for Global Reproductive Health  
University of California, San Francisco  
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### **Danielle Lampton**

Converge: Partners in Access  
Jackson, MS

### **David Baime**

American Association of Community Colleges  
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### **Deborah Ferguson**

Arkansas State Representative  
West Memphis, AR

### **Deborah Floyd, EdD**

Florida Atlantic University  
Boca Raton, FL

### **Debra West, PhD**

Arkansas State University Mid-South  
West Memphis, AR

### **Dey Nava**

URGE: Unite for Reproductive & Gender Equity  
(Formerly Women's Foundation of California)  
Sacramento, CA

### **E.A. "Beth" De Santis**

Fact Forward  
Columbia, SC

### **Fedora Galasso**

(Formerly) Young Invincibles  
Austin, TX

### **Aurora Harris**

Young Invincibles  
Houston, TX

### **Gail Robinson**

Consultant  
Takoma Park, Maryland

### **Ginger Mullaney**

BAE-B-SAFE  
Healthy Futures of Texas  
San Antonio, TX



**Jamie Bardwell**

Converge: Partners in Access  
Jackson, MS

**Jamie Sarmiento**

BAE-B-SAFE  
Palo Alto College  
San Antonio, TX

**Jeanne Harris-Caldwell**

Saddleback College; Health Services  
Association - California Community Colleges  
Mission Viejo, CA

**Jennifer Manlove, PhD**

Child Trends  
Bethesda, MD

**Jennifer Yarger, PhD**

Bixby Center for Global Reproductive Health,  
University of California, San Francisco  
San Francisco, CA

**Jessyca Perez, EdD**

Miami Dade College  
Miami, FL

**Joanne Brown, DNP**

University of Kentucky; American College Health  
Association Sexual Health Promotion and  
Clinical Care Coalition  
Lexington, KY

**Josh McCawley**

Teen Health Mississippi  
Jackson, MS

**Jovonna Parker**

Hinds Community College  
Raymond, MS

**Katherine Beaumont Doss**

Palo Alto College  
San Antonio, CA

**Kelli Garcia**

Southern Poverty Law Center  
(Formerly) National Women's Law Center  
Washington, DC

**Kelly Cleland**

Office of Population Research,  
Princeton University; American Society  
for Emergency Contraception  
Princeton, NJ

**Kimberly Rush**

East Mississippi Community College  
Scooba, MS

**Kinjo Kiema**

Advocates for Youth  
Washington, DC

**Kristine Hopkins, PhD**

Texas Policy Evaluation Project (TxPEP),  
The University of Texas at Austin  
Colorado Springs, CO

**Latisha Latiker**

Women's Foundation of Mississippi  
Jackson, MS

**Lina Guzman, PhD**

Child Trends  
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National Women's Law Center  
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Centers for Disease Control and  
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National Family Planning and  
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**Mona Scott, EdD**

Mesa Community College  
Mesa, AZ

**Monica Morrison**  
River Parishes Community College  
(formerly Coptah-Lincoln Community College)  
Sorrento, LA

**Monique Cribbs, PhDc**  
Metropolitan Community College  
Omaha, NE

**Renee Ryberg, PhD**  
Child Trends  
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**Sang Leng Trieu, DrPH**  
Ohlone College  
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**Vir-laesta Vergel de Dios**  
Pasadena City College  
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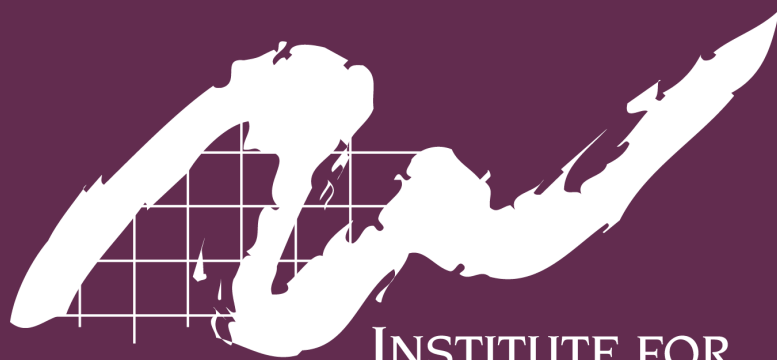
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