Adolescent Health Care: Are We Meeting Their Needs?

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Objectives

- Define Twenty-first Century adolescent’s beliefs regarding sexual and reproductive health.
  - Millennials: Diverse, Connected and Committed
  - Cognitive behavior and risk
  - Technology and teens
- Recognize obstacles faced by adolescents obtaining health care
  - Inter-related barriers to care
  - Youth of color: a disproportionate risk
  - Gay, Lesbian, Bisexual, Transgender and Questioning (GLBTQ) population in need
  - Males: the forgotten half of the equation
- Articulate adolescent friendly health care services and how to incorporate these concepts into practice
  - Best practices for delivering adolescent friendly services
  - Science and success
  - Making our practices adolescent friendly

Millennial Generation: Diverse, Connected & Committed

Millennial Generation (Gen Y) 1983-2004

- Approximately 80 million (2012) which means that ~half of the global population is <25 yrs
- Diverse: 39% non-white (14% African American, 20% Hispanic, 5% Asian)
- Educated: 54% have some college
- Politically: 25% voters (~2 times as likely to identify as liberal) in 2012, by 2020 that number will rise to ~40%
- More likely to support same-sex marriage, abortion, birth control coverage (regardless of an organizations religious affiliation)
- Connected: 90% use the internet, 75% connected to social media
- Digital Natives: comfortable and fluent with technology

http://www.advocatesforyouth.org/millenials
Adolescent Health: 21st Century Implications

- Community
  - Ethnic composition
  - School attendance
  - Age groups
  - Socioeconomic position
- Threats
  - Injuries, homicide & suicide
  - Drugs, alcohol & tobacco
  - Sexual behavior
  - Mental health
- Societal trends
  - Income disparities
  - Globalization
  - Government instability
  - Violence
- Shrinking and shifting world
  - Migration & urbanization
  - Changing family
  - Technology
Adolescent Health: Why does it matter?

- For the most part, adolescents are:
  - Healthy.
  - Resilient.
  - Independent yet vulnerable.
- Adolescents are not:
  - Big children.
  - Little adults.

Trends in health care:
- How we define adolescence
  - Early
  - Middle
  - Late
- Behaviors
  - Enhancing
  - Compromising

The Adolescent Brain

- A Work in Progress
- 90% of development happens by age 5 but important changes occur during adolescence
- Prefrontal cortex – CEO of the brain – is the last to develop (planning, strategizing, organizing, judgment, self control, emotion regulation)
- Teen brains have to work harder than adults
- Easily overloaded by stress
- Need more sleep
- Use more primitive part of brain to process emotions
  - React first, think later
  - Inaccurate at interpreting others’ emotions

The Culture of Adolescence

- Peer dependent
- Egocentric
- Distinct language and dress
- Popular culture influence
- Ongoing search for identity
Early Adolescence
11–14
- Characterized by a spurt of growth
- Beginning of sexual maturation
- Start to think abstractly
- Lack power
- Lack participation in decision-making
- Limited life experiences

Middle Adolescence
15–17
- Physical changes of puberty are complete
- Develop a stronger sense of identity and relate more strongly to peer group
- Thinking becomes more reflective
- Begin developing ideals
- Seek role models
- Non-heterosexuals begin to feel internal conflict

Late Adolescence
18 and older
- The body continues to develop and takes adult form
- Development of distinct identity and more settled ideas and opinions
- Adult role models important
Inter-Related Barriers to Care

- **INDIVIDUAL BARRIERS**
  - Feelings of shame, fear or anxiety related to reproductive health
  - Lack of awareness about services available
  - Poor health or advice-seeking behaviors
  - Perceived lack of confidentiality and restrictions (parental consent/notification)

- **SOCIO-CULTURAL BARRIERS**
  - Social norms that dictate male & female behavior
  - Stigma around being sexually active
  - Cultural & language barriers
  - Provider attitudes

- **STRUCTURAL BARRIERS**
  - Transportation
  - Lack of youth-friendly facilities
  - Lack of facilities for adolescents with disabilities
  - Inconvenient office hours
  - Long wait times
  - Insurance
  - Lack of privacy
Inter-Related Barriers to Care

- MARGINALIZED ADOLESCENTS
  - Youth of Color
  - LGBTQ
  - Males

Barriers for Youth of Color

Persistent Inequality

History of Medical Abuses

Financial Cultural Institutional Barriers

Marginalized Youth

HIV: African American & Latino
- 13-19 yrs: 87% NEW infections
- 20-24 yrs: 79% of HIV infections

Chlamydia & Gonorrhea: African American
- Females: 15-19 yrs, 7 times higher than white females
- Males: 20-24 yrs, 8 times higher than white males
- 71% of all reported cases of gonorrhea among AA
Marginalized Youth

Lesbian, Gay, Bisexual, Transgender, and Questioning Youth (LGBTQ)

- Many LGBTQ teens lead normal, productive lives
- Usually develop resilient adaptations to social biases and mistreatment
- Many develop and possess remarkable strength and self-determination

**Asking questions about sexuality:**
- Are you sexually attracted to guys, girls, or both?
- When you think of yourself in a relationship is it with a guy, a girl, or both?

By Coming Out, Many Youth Face Safety Risks

- 28% drop out of school due to harassment
- 24-40% of homeless youth may be LGBTQ
- Increased risk of bullying or harassment
  - 84% report verbal abuse
  - 30% report being punched, kicked, or injured
  - 55% of transgender youth report physical attacks
Creating a Safe Space

- Train all staff
- Zero tolerance for insensitivity
- Assure Confidentiality
- Provide support resources
- Display LGBTQ affirming materials

Males: the forgotten half of the equation

Structural Barriers to Care for Adolescent Males

- No consensus on standards
- Lack of routine channel for obtaining care
- Inadequate medical training
- Gaps in financing
  - One in five have no health insurance
  - Groups more likely to be uninsured:
    - Older adolescent males
    - Young adult Black and Hispanic males
- Provider/staff bias toward providing male reproductive healthcare
Adolescent-Friendly Health Services

CONFIDENTIALITY POLICIES
FREE CONDOMS
GENDER INCLUSIVE LANGUAGE
TEEN FRIENDLY REPRODUCTIVE HEALTH INFORMATION

FREE CONDOMS
PROVIDE PRIVACY CAREFUL TO AVOID ASSUMPTIONS ABOUT GENDER OR SEXUAL ORIENTATION

POSSIBLE MISTAKES OR ASSUMPTIONS ABOUT GENDER OR SEXUAL ORIENTATION

AWARE OF PERSONAL BIASES COMPETENT, CONFIDENTIAL & NON-JUDGMENTAL
AWARE OF ADOLESCENT DEVELOPMENT PROVIDE MEDICALLY ACCURATE INFORMATION WHILE EMPHASIZING THE IMPORTANCE OF HEALTHY RELATIONSHIPS

The Clinical Interview

**HEEADSSS MODEL**

- H: Home
- E: Education/Employment
- E: Exercise/Eating
- A: Activities
- D: Drugs
- S: Suicidality/Depression
- S: Sexuality
- S: Safety
*Additional questions: Strengths, Spirituality

Sexual/Reproductive Health History

**SEXUAL ORIENTATION/ATTRACTION**

**Initial Questions**
- Some of my teen patients are exploring new relationships. Do you have a crush on anyone? Are you dating?
- Are you attracted to guys, girls or both?

**Follow-up questions**
- How long have you been dating?
- Are you having sex?
- Have you thought about having sex?

**Follow-up questions for LGBTQ teens**
- Who have you told about your sexual orientation? What was the reaction?
Sexual/Reproductive Health History

SEXUAL ACTIVITY

Initial questions
- Many teens are dealing with their sexuality and relationships. Have these issues come up for you? How?

Follow-up questions
- What do you consider “having sex?”

Follow-up questions
- Have you ever had sex?
  - If yes: I am going to ask you some questions about your experiences with sex so I can help you make/keep these experiences positive and healthy.
  - How old were you the first time you had sex?
  - Do you have sex with guys, girls or both?
  - How many people have you had sex with in the last 3 months?
  - For some people sex can be fun, for others it may not be all that fun and even hurt. What is usually your experience?
  - Has there ever been a time when you had sex but didn’t want to? Were you ever high on drugs or alcohol?

- If no: When do you see yourself making the decision to have sex?
  - Who do you talk to about relationships and sex?

Best Practices for Providing Adolescent Friendly Services
Best Practices for Youth-Friendly Services
#1: Confidentiality

- Laws vary by state regarding minors’ rights to confidential care.

- State-by-state factors affecting rights:
  - Legal definition of “minor”
  - Conditions of legal emancipation
  - Parental notification and consent requirements
  - Mandatory reporting requirements


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Best Practices for Youth-Friendly Services
#1: Confidentiality

- In my home state: Mississippi

  ➢ Minors (under 18) can receive pregnancy testing and contraceptives (including EC) without parental consent from Title X clinics.

  ➢ The law is silent on other providers – so others can and do provide these services to minors without parental consent.

  ➢ Minors may consent to testing and treatment for STIs, as well as testing for HIV.

  ➢ Minors must have parental consent or court approval for abortion.

- To find your state, go to: [www.guttmacher.org](http://www.guttmacher.org)

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Obstacles to Obtaining Health Care: Confidentiality

**POLICY ON CONFIDENTIALITY**

Your health care is very important and in order for you to feel comfortable, we want you to know that all of our discussions with you are private. We hope that you feel free to talk openly with us about yourself and your health.

Information is not shared with other people unless we are concerned that someone is in danger.
**Best Practice #2:** Provide integrated and/or well-coordinated services for young people.

- School-based and adolescent clinics are valuable because they:
  - Offer comprehensive services in one location
  - Include preventive counseling
  - Have staff who are skilled with youth
  - Help teens feel safe and protected from “disclosure”
  - Link sex education in classes with clinic (SBHCs)
  - Ensure continuity of care

**Best Practice #3:** Offer culturally competent services and engage young people

**Becoming culturally competent involves:**

- Reflecting on our cultural biases;
- Recognizing how discrimination affects reproductive & sexual health care & access;
- Assessing & addressing disparities in health outcomes;
- Expanding our own cultural knowledge;
- Adopting our services to meet the culturally unique needs of clients;

**Best Practice #4:** Offer Easy Access to Affordable Care

**Barriers to Care**

- Lack of transportation
- Difficulties making appointments
- Not knowing where to go
- Limited hours and days available for appointments
- Follow-up requirements
- Cost
- Language barrier
- Fear (and relief)
- Shame and embarrassment
- Guilt and anger
- Discomfort (and content)
- (Excitement and anticipation)
Best Practice #5: Provide Tailored Reproductive and Sexual Health Services

- Use standardized, youth-friendly intake form (or computer asst. tech)
- Offer one-on-one counseling sessions
- Allow for longer counseling sessions
- Provide adequate follow-up
- Encourage teens to delay sexual activity and “say no” to unwanted sex
- Repeat clear, consistent, and explicit messages about sex and protection

Every time with every client

- Affirm your expertise, trustworthiness and accessibility
  - **Expertise:** “I have dealt with these issues a great deal.”
  - **Trustworthiness:** “Let’s make sure we get this worked out for you in the best possible way.”
  - **Accessibility:** “If something comes up, you can always call and I promise I will get back to you.”
- Mention that you’ll be following up to see how things are going
  - Ask for the best way to contact the client
  - Make a follow-up call (containing no personal or confidential email) to make sure there are no issues during the learning period

Web Resources:

- [FactNotFiction](http://factnotfiction.com/)
- [http://www.prenatal.emory.edu](http://www.prenatal.emory.edu)
- [http://www.ahwg.net/](http://www.ahwg.net/)
- [http://www.cdc.gov/teenpregnancy/teenfriendlyhealthvisit.html](http://www.cdc.gov/teenpregnancy/teenfriendlyhealthvisit.html)
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<td>Alan Guttmacher Institute</td>
<td><a href="http://www.guttmacher.org">www.guttmacher.org</a></td>
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<tr>
<td>Physicians for Reproductive Choice and Health</td>
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