

Adolescent-Friendly Health Services and Confidentiality

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I have no financial
relationships to disclose

Objectives

- ▶ Identify three key barriers to health care access faced by adolescents
- ▶ Describe three elements of adolescent-friendly health services
- ▶ Utilize the HEEADSSS model of patient interviewing

When Do Adolescents Seek Sexual and Reproductive Health (SRH) Services?

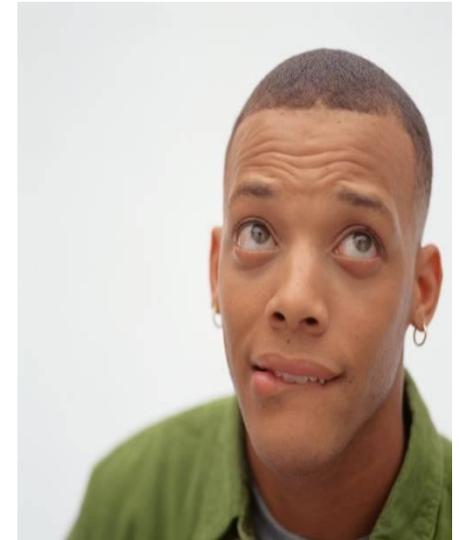
- ➔ The average teen waits ? months after becoming sexually active to make her first family planning visit.

“The pregnancy test is an admission of unprotected sexual activity and an indication of the need for appropriate reproductive counseling.”*

Adolescents

- ▶ For the most part, adolescents are:
 - ▶ Healthy
 - ▶ Resilient
 - ▶ Independent yet vulnerable

- ▶ Adolescents are not:
 - ▶ Big children
 - ▶ Little adults



The Culture of Adolescence

- ▶ Peer dependent
- ▶ Egocentric
- ▶ Distinct language and dress
- ▶ Popular culture influence
- ▶ Ongoing search for identity



Why Focus on Adolescent Health?

- ▶ Reduce death and disease, now and for the rest of their lives
- ▶ Fulfill the rights of adolescents to health care, especially reproductive health care
- ▶ Increase the chances for healthy adulthood

Adolescence in Context



- ▶ Changes during adolescence are shaped by
 - ▶ Race/Ethnicity
 - ▶ Religion
 - ▶ Socioeconomic Status
 - ▶ Family
 - ▶ Peers

Early Stages of Adolescence: 11-14



- ▶ Growth spurt
- ▶ Begin sexual maturation
- ▶ Increased interest in sexual anatomy
- ▶ Anxieties and questions about size of genitals begins
- ▶ Self-exploration and evaluation

Middle Stages of Adolescence: 15-17



- ▶ Stronger sense of identity
- ▶ Relates more strongly to peer group
- ▶ More reflective thought
- ▶ Transitioning between dependence and independence

Late Stages of Adolescence: 18+



- ▶ The body fills out and takes its adult form
- ▶ Distinct identity; ideas and opinions become more settled
- ▶ Focus on intimacy and formation of stable relationships
- ▶ Plans for future and commitments

External Barriers to Care: Native American Youth

- ▶ Limited access to health care facilities
- ▶ Insufficient federal funding for Indian Health Care
- ▶ Disproportionate poverty rates and education levels
- ▶ Perceived lack of confidentiality and restrictions (parental consent/notification)
- ▶ Poor communication by providers
- ▶ Insensitive attitudes of care providers
- ▶ Lack of provider knowledge and skills

Lack of Insurance = Lack of Care

- ▶ **26.9% of AI/ANs lack health insurance & rely solely on IHS**
- ▶ Uninsured adolescents are:
 - ▶ Less likely to receive medical care
 - ▶ Less likely to have a usual source of care
 - ▶ More likely to experience long wait times
 - ▶ More likely to be low-income and of color
- ▶ Insured adolescents visit a physician's office twice as often as uninsured teens.

Adolescent-Friendly Services

- ▶ **Adolescent-specific**
- ▶ Multi- and interdisciplinary
- ▶ **Accessible**
- ▶ Financially affordable
- ▶ Adolescent-focused materials on display
- ▶ Peer educator component
- ▶ Adequate space
- ▶ **Confidential**
- ▶ Flexible scheduling
- ▶ **Comprehensive services**
- ▶ Continuity of care
- ▶ Help transitioning into the adult medical care system

Preparing for Clinical Visits

Case Discussion

- ▶ Michelle is a 15-year-old woman who has come to your clinic with her mother complaining of an ear infection. Her mother requests to remain in the room for the exam.

***Do you allow
Michelle's mother
to stay?***



Rationale for Confidentiality

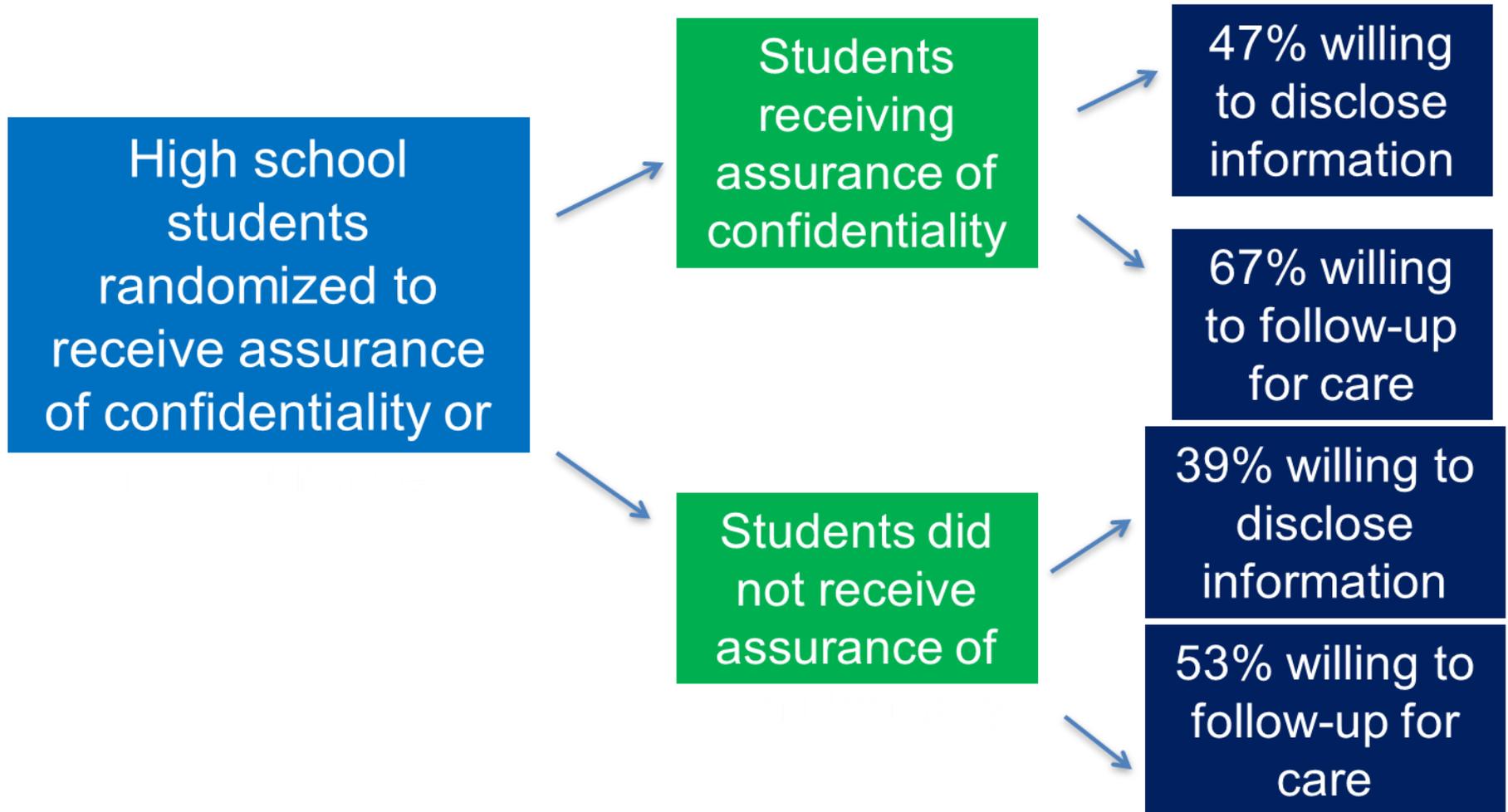
Confidentiality in Adolescent Health Care

Clinically
Essential

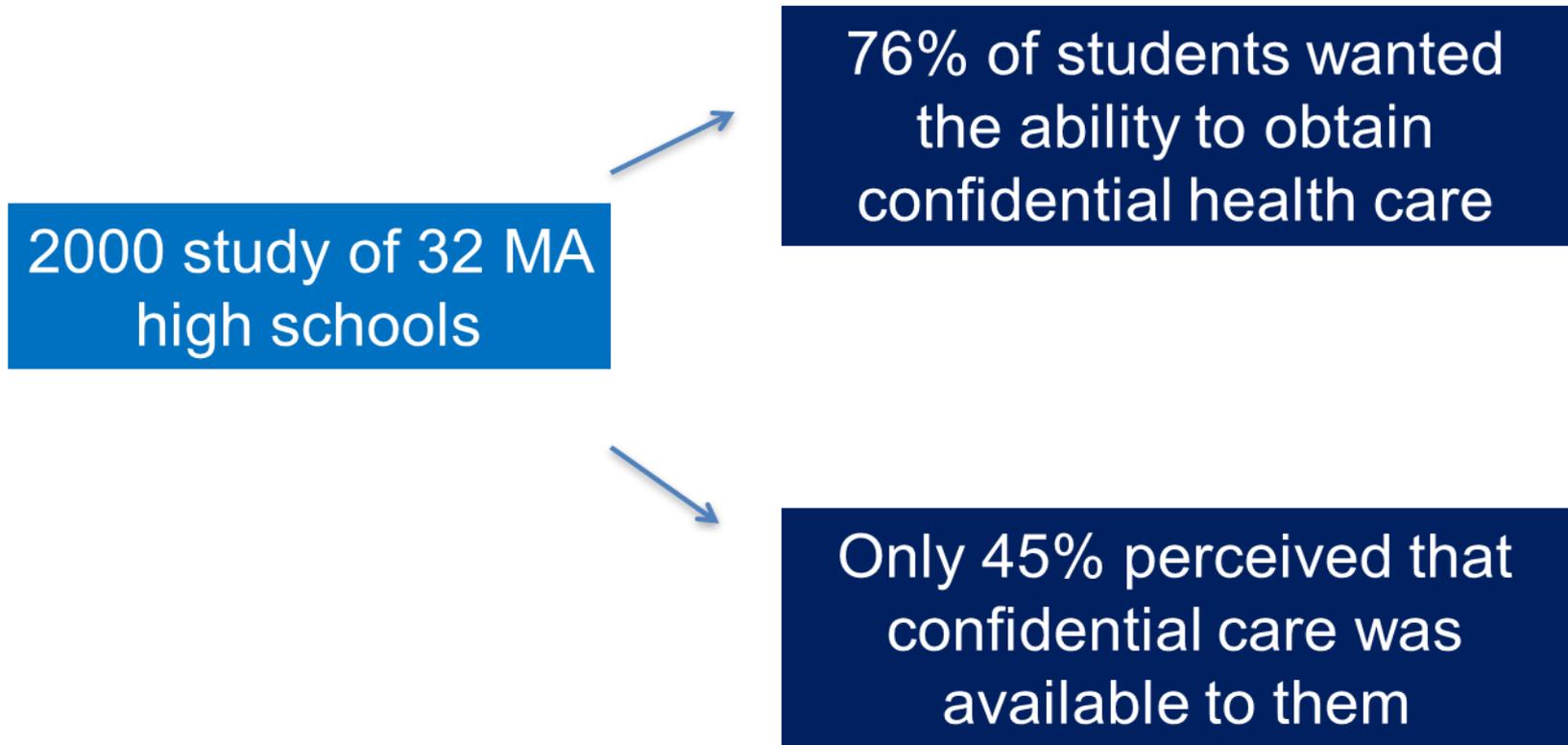
Developmentally
Expected

Supported by
Expert
Consensus

Confidentiality Assurances Enable Better Clinical Care



Confidentiality Assurances Enable Better Clinical Care



Developmentally Expected

- ▶ Confidentiality is developmentally expected:
 - ▶ Emotional need for increasing autonomy
 - ▶ Increasing intellectual capacity to give informed consent
 - ▶ Opportunity to take responsibility for health

Confidentiality: Parental Perspective

- ▶ Parents are not the enemy.
- ▶ Parents are experiencing their own adjustment to their child's adolescence.
- ▶ Providers have an opportunity to educate parents about the need for confidentiality in the provider-patient encounter.

Discuss Confidentiality in Advance

- ▶ Inform parents about the confidentiality policy up front before a visit.
 - ▶ Send a letter home:
 - Detail when parent will or will not be included in the clinical visit.
 - Discuss billing issues (e.g., routine STI testing, etc.).
 - ▶ Display materials discussing importance of doctor/patient confidentiality.

OUR POLICY ON CONFIDENTIALITY

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.

Develop Referral Network

- ▶ Social worker
- ▶ Nutritionist
- ▶ Psychologist or counselor
- ▶ Abortion, adoption, and prenatal care services
- ▶ STD clinics
- ▶ Department of Health clinics

The Clinical Interview

Comprehensive HEEADSSS

- ▶ H: Home
- ▶ E: Education/Employment
- ▶ E: Eating
- ▶ A: Activities
- ▶ D: Drugs
- ▶ S: Sexuality
- ▶ S: Suicide/depression
- ▶ S: Safety
- ▶ *Additional questions:
 - ▶ Strengths, Spirituality

SHEEADSSS

- ▶ S: Strengths/Spirituality
- ▶ **H: Home**
- ▶ **E: Education/Employment**
- ▶ **E: Eating**
- ▶ A: Activities
- ▶ **D: Drugs**
- ▶ S: Sexuality
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Strengths-Based Approach

- ▶ Identify strengths early
- ▶ Look for examples of past difficulties that your patient has successfully overcome
- ▶ Praise
- ▶ Use reflective listening and pause
- ▶ Create a comfortable, trusting, nonjudgmental setting
- ▶ Share your concerns

Strengths*

- ▶ Assess healthy behaviors and resiliency throughout the interview
- ▶ Identify past difficulties that have been overcome
- ▶ Provide positive feedback and balance to the interview

Spirituality*

- ▶ How do your beliefs influence your health and attitudes about sex and contraception?
- ▶ How important are your spiritual beliefs in your day-to-day life?
- ▶ How often do you participate in religious activities?
- ▶ What do you consider to be your religion?

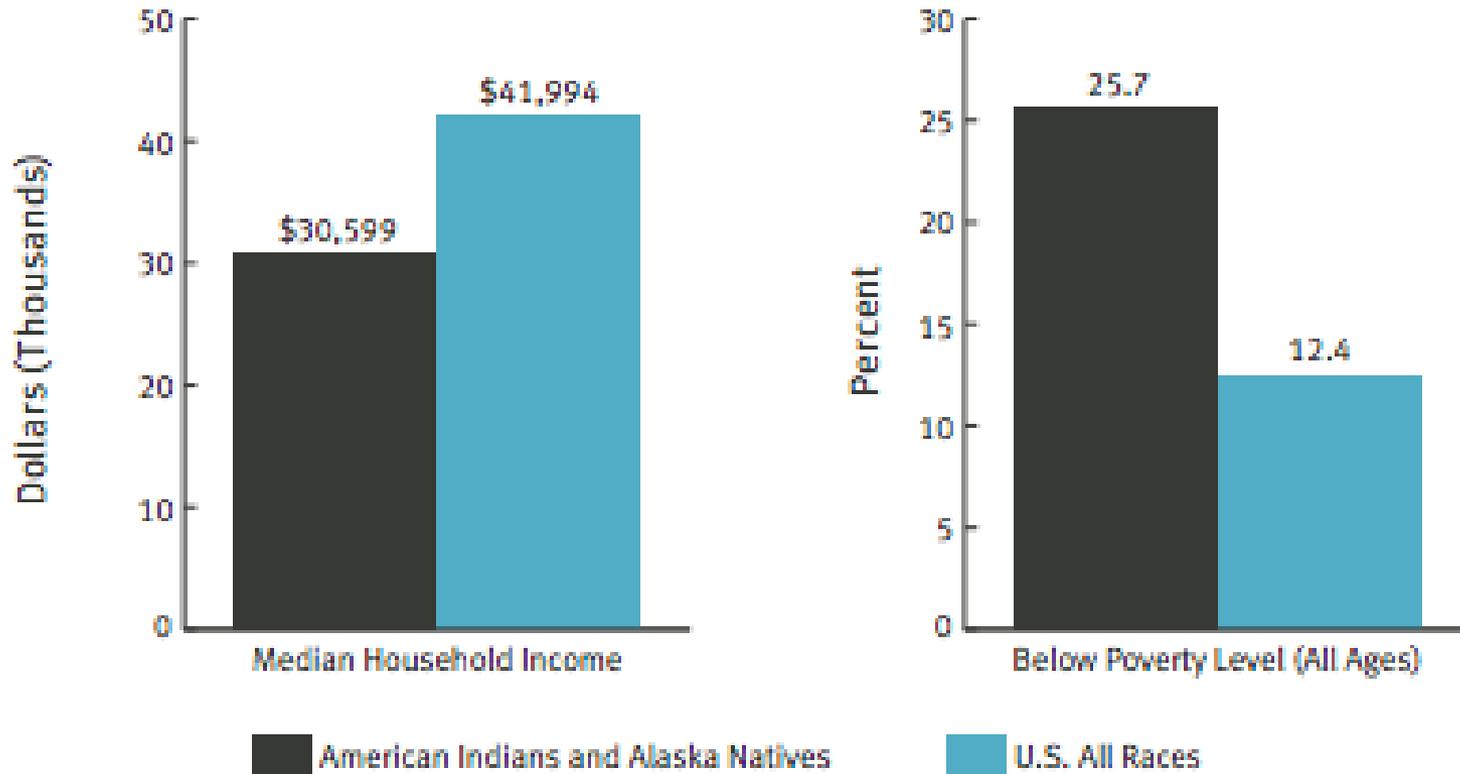


Home



Income and Poverty Level Comparisons

American Indians and Alaska Natives (alone) and U.S. All Races, 2000 Census



Home

- ▶ **Where do you live and who lives there with you?**
- ▶ What are relationships like at home?
- ▶ Can you talk to anyone at home about stress? Who?
- ▶ What are the rules like at home?
- ▶ Is there a gun in your home?
- ▶ Ever been homeless or in shelter care?
- ▶ Ever been in foster care or group home?

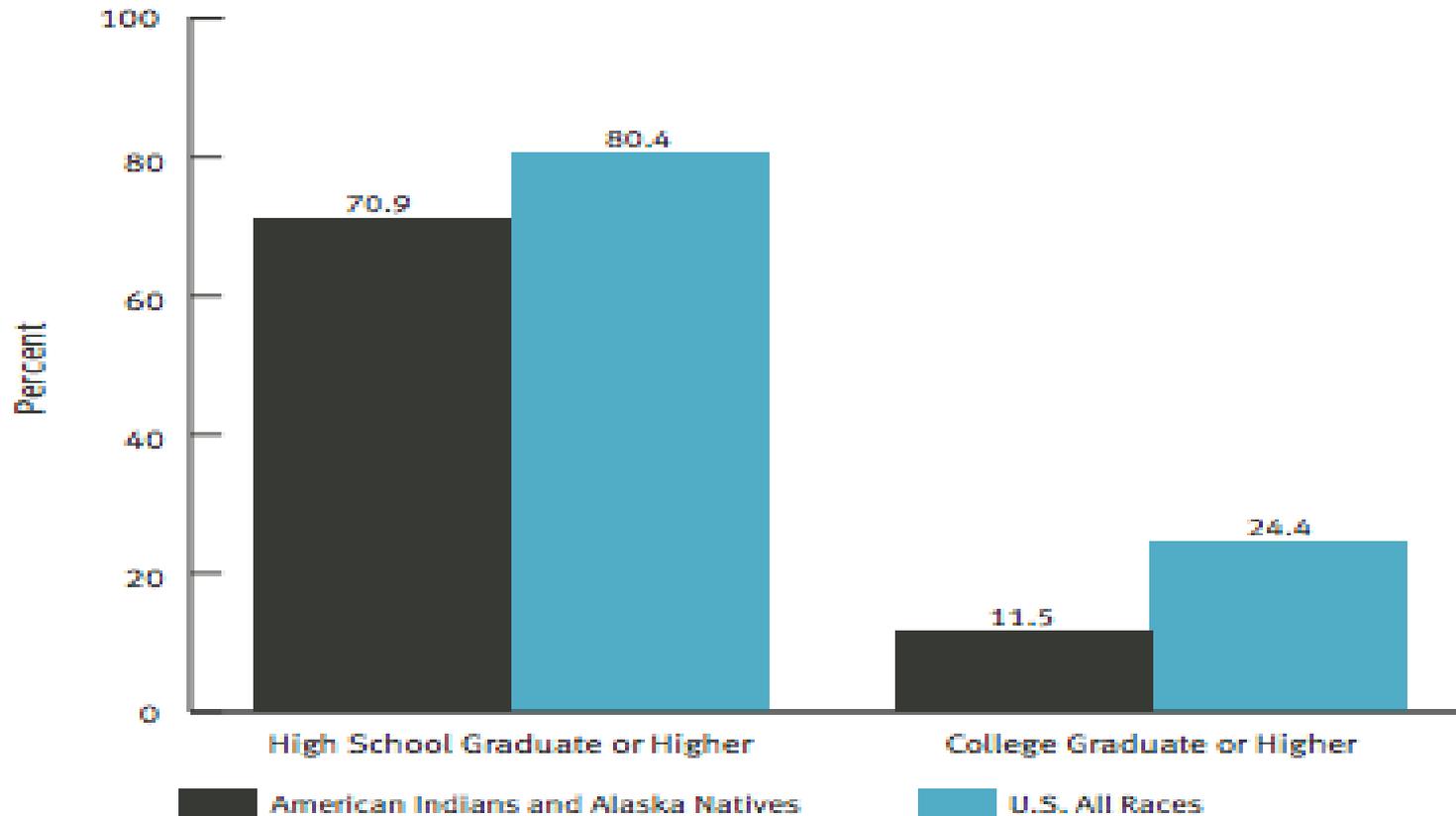
Education and Employment



Native American Youth 101. Aspen Institute.

Education Comparisons

American Indians and Alaska Natives (alone) and U.S. All Races, 2000 Census

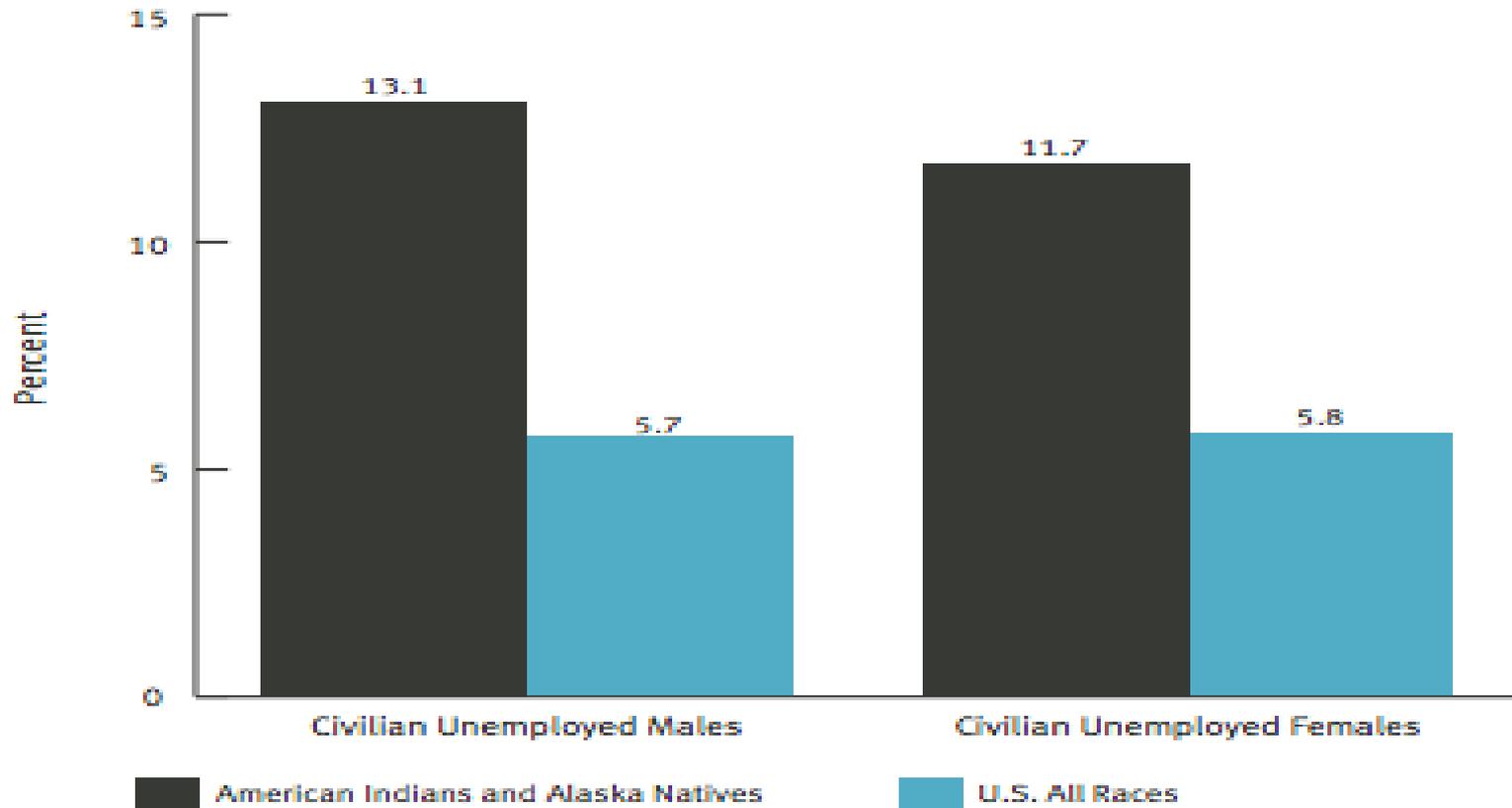


Education

- ▶ **Tell me about school.**
- ▶ Do you feel connected to your school? Do you feel as if you belong?
- ▶ How many days have you missed in the past year and what was the reason?
- ▶ Have you ever had any educational setbacks? Why?
- ▶ Have there been any recent school changes?
- ▶ What are your educational and life goals?

Employment Status by Sex

American Indians and Alaska Natives (alone) and U.S. All Races, 2000 Census



Employment

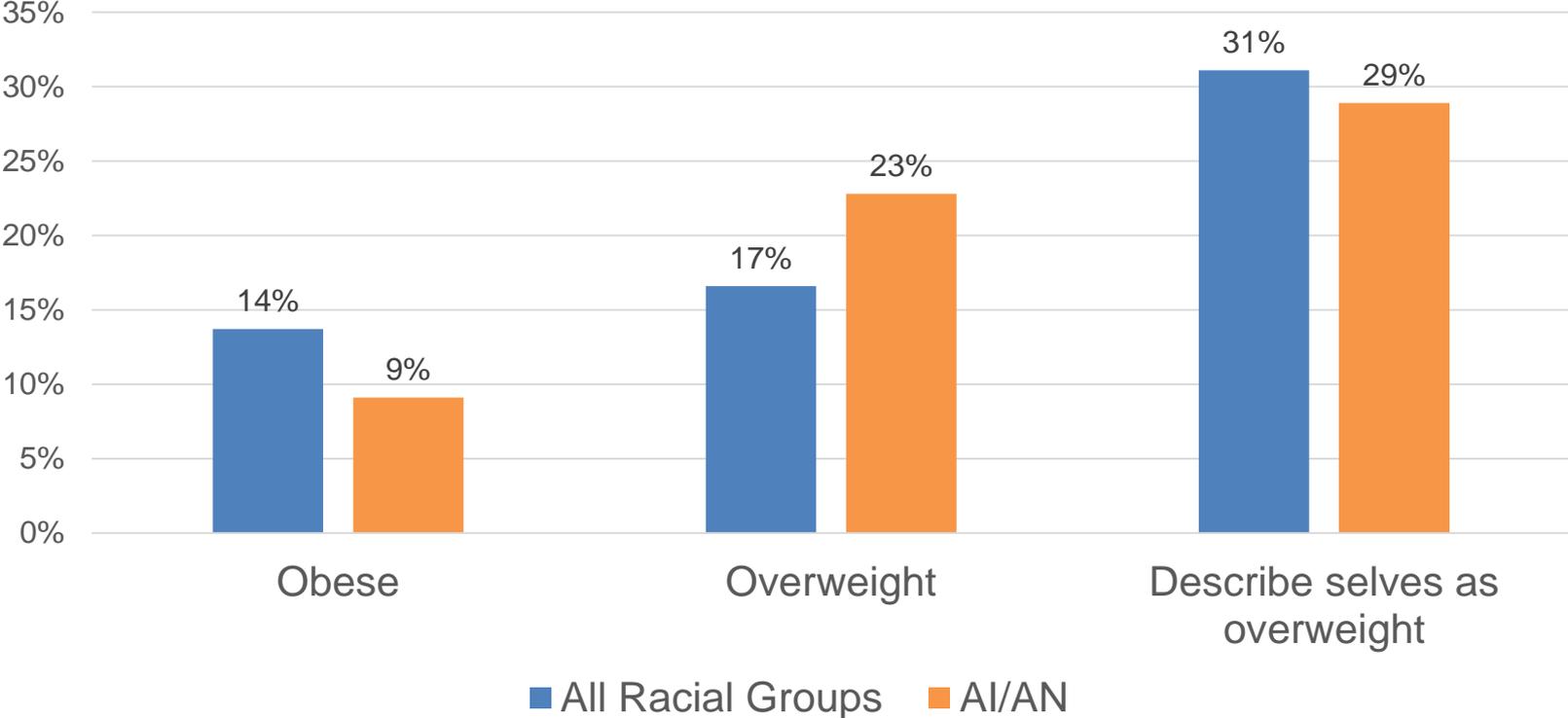
- ▶ **Are you working? Where? How much?**
- ▶ What type of work do you do?
- ▶ How many hours a week?
- ▶ Do you help to pay for things at home?
- ▶ What are your future career interests?
- ▶ Do you have any home chores?
 - ▶ Allowance?

Eating



U.S. High School Students, Weight, 2013 YRBS

AI/AN Youth more overweight than other racial/ethnic groups



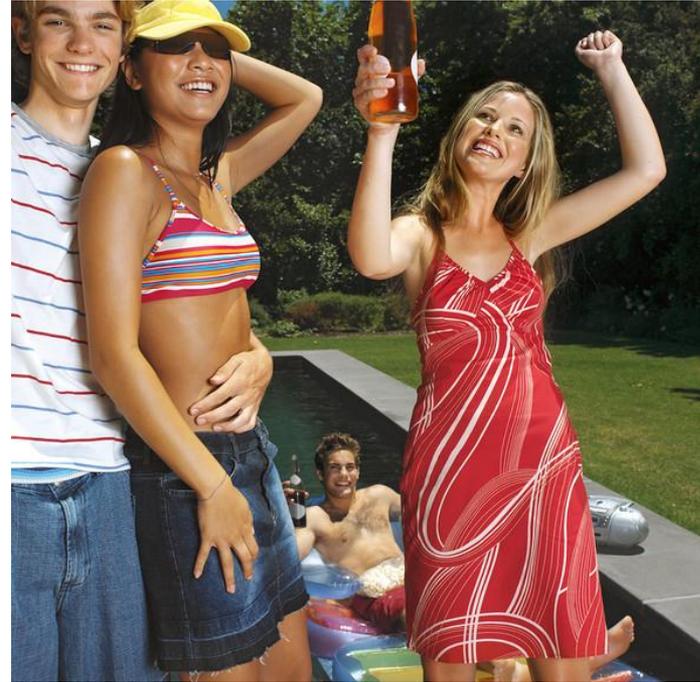
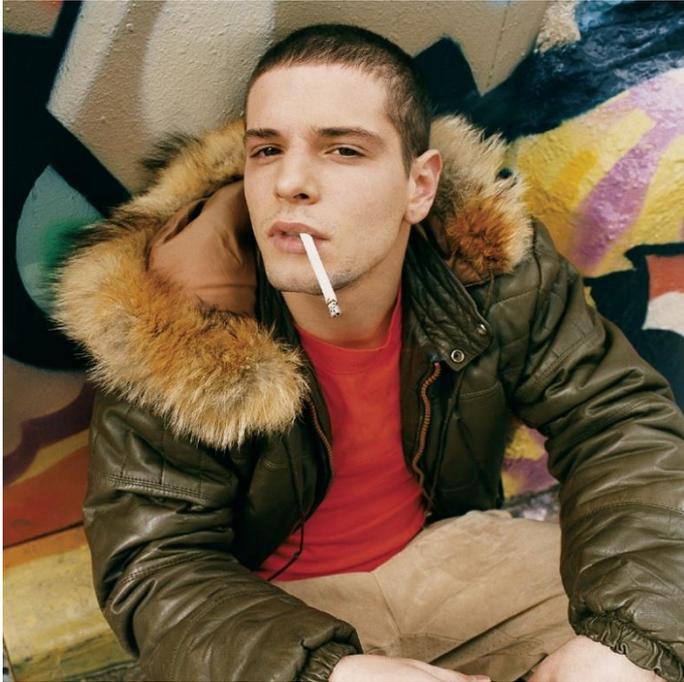
Obesity and Diabetes

- ▶ Rates of diabetes in the AI/AN population are **177% higher** than the US general pop.
- ▶ **AI/AN have highest rate of Type 2 diabetes in the U.S.**
 - ▶ Type 2 diabetes was once exclusive to adults, but is increasingly common among youth.
- ▶ Between 1994 and 2004, diabetes rates among **AI/AN youth aged 15-19 rose 68%**

Eating

- ▶ **Does your weight or body shape cause you any stress? If so, tell me about it.**
- ▶ Have there been any recent changes in your weight?
- ▶ Have you dieted in the past year? How? How often?
- ▶ What do you like and not like about your body?
- ▶ Tell me about your exercise routine.

Drugs



U.S. Substance Use, 2013 YRBS

- ▶ Ever Used:
 - ▶ 66.2% drank alcohol
 - ▶ 18.6% drank alcohol before age 13
 - ▶ 20.8% reported episodic heavy drinking
 - ▶ 40.7% used marijuana
 - ▶ 8.9% inhalants
 - ▶ 6.6% ecstasy (“MDMA”)
 - ▶ 5.5% cocaine
 - ▶ 3.2% methamphetamines

Substance and Drug Abuse

- ▶ According to SAMHSA (Substance Abuse and Mental Health Services Administration), AI/AN teenagers, young people, and middle-aged adults have the **highest rates of methamphetamine use and associated trauma** in the United States.
- ▶ What is the percentage of AI/AN high school youth that has ever drunk alcohol?

AI/AN Substance Use, 2013 YRBS

- ▶ Ever Used:
 - ▶ **70% drank alcohol**
 - ▶ **28.2% drank alcohol before age 13**
 - ▶ 18.3% reported episodic heavy drinking
 - ▶ **46.2% used marijuana**
 - ▶ **19.6% inhalants**
 - ▶ **9.7% ecstasy (“MDMA”)**
 - ▶ **13.3% cocaine**
 - ▶ **10.6% methamphetamines**

Drugs and Alcohol

- ▶ **Does anyone you hang out with smoke, drink, or use drugs? How frequently and how much?**
- ▶ Do you use tobacco?
- ▶ Do you use electronic cigarettes?
- ▶ Do you drink alcohol?
 - ▶ What kind: beer, wine, hard liquor?
 - ▶ Any blackouts? Ever pass out? Vomit?

CRAFFT Questions: Identify Problem Use

- ▶ Have you ever ridden in a **C**ar driven by someone who was high or had been using alcohol or drugs?
- ▶ Do you ever use alcohol or drugs to **R**elax, feel better about yourself, or fit in?
- ▶ Do you ever use drugs or alcohol when you are **A**lone?
- ▶ Do you **F**orget things while using drugs or alcohol?
- ▶ Do your family or **F**riends ever tell you that you should cut down on your drinking or drug use?
- ▶ Have you ever gotten into **T**rouble while using drugs or alcohol?

Sexuality



Sexual Behavior Questions

Don't

- ▶ Ask “Are you sexually active?”
- ▶ Use gender-biased pronouns when referring to sexual partners
- ▶ Use judgmental language
- ▶ Use slang unless patient offers it first

Do

- ▶ Assure confidentiality
- ▶ Explain why you are asking sensitive questions
- ▶ Ask patient to describe specific sexual behaviors
- ▶ Add “second tier” questions to assess comfort with behaviors

Sexuality

- ▶ **Have you ever been in a romantic relationship? Tell me about the people that you've dated.**
- ▶ Have any of your relationships ever been sexual relationships (such as involving kissing or touching)?
- ▶ Are you attracted to anyone now?
- ▶ Are you interested in boys? Girls? Both? Not yet sure?

Safety



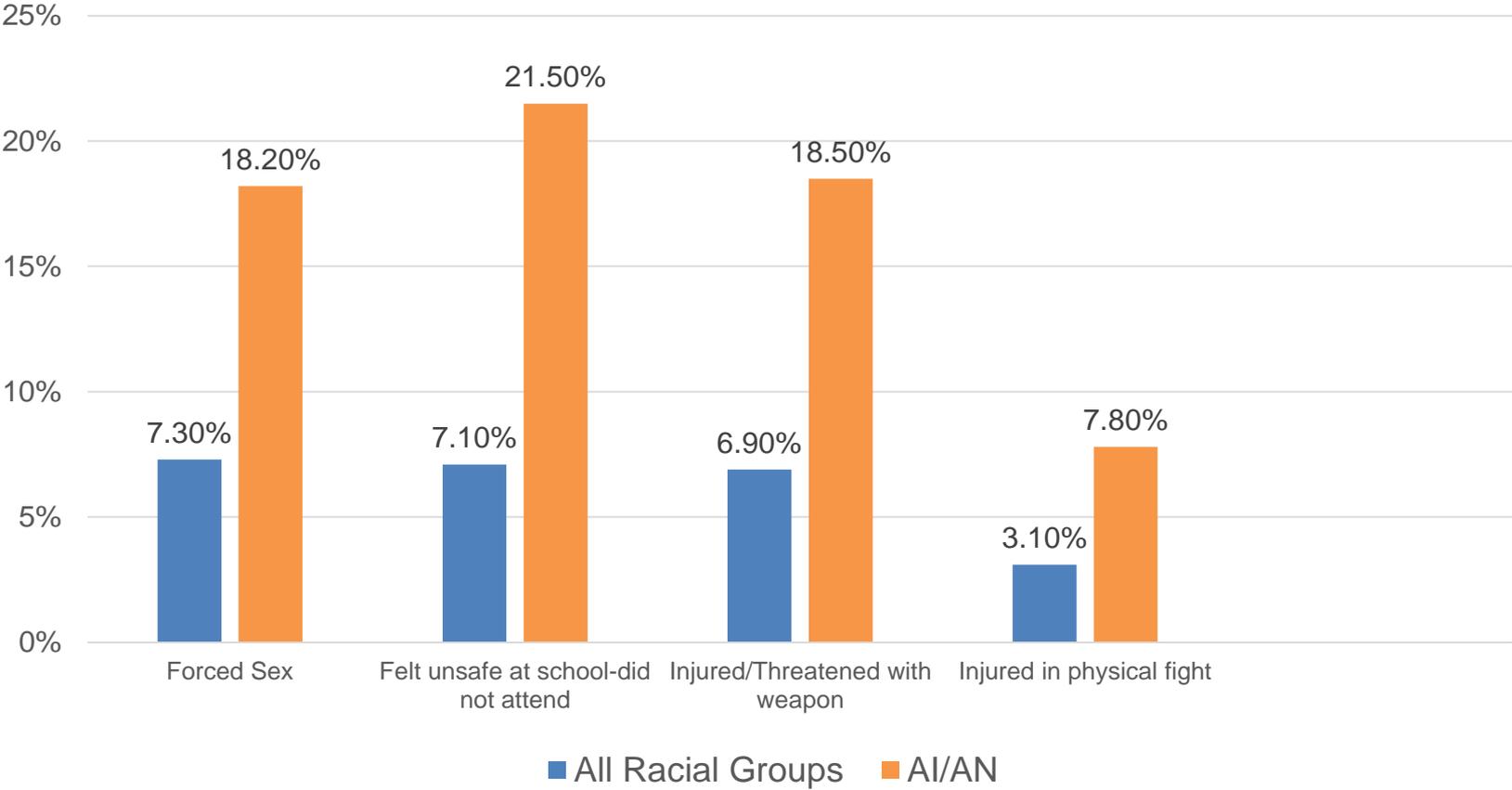
Native American Youth 101. Aspen Institute.

Violence and Gang Activity

- ▶ AI/AN communities experience rates of violent crime nearly twice as high as in the general population
- ▶ 15% of AI/AN youth are involved in gang activity, compared to 8% of Latino youth and 6% of African American youth
- ▶ **Compared to the total rate of US high school students of all racial/ethnic groups, the rate of AI/AN youth who were injured/threatened with a weapon at school AND did not attend because they felt unsafe is:**

Injuries and Violence, YRBS, 2013

AI/AN Youth have higher rates sexual/school violence



Sexual and Physical Abuse

- ▶ Have you ever been forced to have sex or been touched in a way against your will?
 - ▶ By whom and is this still going on?
 - ▶ Who did you tell?
 - ▶ How does it affect your day-to-day life?
 - ▶ In what ways does that experience affect your sexual relationships now?
- ▶ Has anyone ever hurt you on a repeated basis? At home, in school, or in your neighborhood?

Wrap Up

- ▶ Emphasize that your approach is nonjudgmental and that you welcome future visits
- ▶ “I’m here for you, and I want you to feel comfortable confiding in me. If you have something personal to talk about, I’ll try to give you my best advice and answer your questions”