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.

Outline

- Stages of adolescence
- Barriers to health care faced by adolescents
- Adolescent-friendly health services
- Confidentiality
- “HEEADSSS”
- Resources

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

- The average teen waits \( x \) 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

- 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 money, insurance, and transportation
- Inaccessible locations and/or limited services
- Limited office hours
Lack of Insurance = Lack of Care

- 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**

- High school students randomized to receive assurance of confidentiality or no assurance
- Students receiving assurance of confidentiality:
  - 47% willing to disclose information
  - 67% willing to follow-up for care
  - 39% willing to disclose information
  - 53% willing to follow-up for care
- Students did not receive assurance of confidentiality:
  - 39% willing to disclose information
  - 53% willing to follow-up for care

**Clinically Essential**

- In a clinical setting, confidentiality affects an adolescent’s
  - Decision to seek care
  - Disclosure of behaviors
  - Follow-up for care

---


**Confidentiality Assurances Enable Better Clinical Care**

2000 study of 32 MA high schools

- 76% of students wanted the ability to obtain confidential health care
- Only 45% perceived that confidential care was available to them

Developmentally Expected

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

Professional Consensus

- Professional organizations support confidential adolescent health care.
  - ACOG ’88
  - SAHM ’92
  - AMA ’92
  - AAFP ’89
  - AAP ’89

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.

Case Scenario

You have recently accepted a new position as practitioner at a pediatric office. The clinic sees a small population of adolescents but wishes to expand its efforts with this population.

What are some initial steps that you take to ensure that your office is adolescent-friendly?

Develop Referral Network

- Social worker
- Nutritionist
- Psychologist or counselor
- 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

SHEADSSS

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

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?

U.S. Home Demographics (2013)

- Teens and children under 18:
  - 22% live in poverty
  - 35% live in single-parent households
  - 31% live with families where no parent has full-time, year-round employment

- 18-24 year olds:
  - 25% live in poverty

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

Young adults (18-24):
- 48% enrolled or completed college
- 16% not attending school, not working, and no degree beyond high school

Teens (16-19):
- 4% not enrolled in school and not high school graduates
- 8% not attending school and not working
- 72% unemployed

(2013) datacenter.kidscount.org

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

- 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

Case Scenario

A 15-year-old female patient comes to your office. You notice that she has gained a bit of weight. When you ask her to stand on the scale, she begins to cry.

- What questions do you ask her regarding her health and body weight?
- How do you approach the subject sensitively?

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.

Rates of Obesity & Overweight

Texas vs U.S.

<table>
<thead>
<tr>
<th></th>
<th>Texas</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obese</td>
<td>15.00%</td>
<td>10.00%</td>
</tr>
<tr>
<td>Overweight</td>
<td>20.00%</td>
<td>15.00%</td>
</tr>
<tr>
<td>Describe selves as overweight</td>
<td>30.00%</td>
<td>35.00%</td>
</tr>
</tbody>
</table>

CDC: YRBS, ARMS. June 13, 2014. 65(4)
Controlling Weight
Texas vs U.S.

Activities

Activities (or lack thereof)
Texas vs U.S.

- How do you like to spend your free time?
- Hobbies, clubs, religious/spiritual activities?
- Do you play any sports?
- How many hours of phone/television/computer per day? Per week?
Drugs and Alcohol

Alcohol Use
Texas vs U.S.

Substance Use (Ever Used)
Texas vs U.S.

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 car driven by someone who was high or had been using alcohol or drugs?
- Do you ever use alcohol or drugs to relax, feel better about yourself, or fit in?
- Do you ever use drugs or alcohol when you are alone?
- Do you forget things while using drugs or alcohol?
- Do your family or friends ever tell you that you should cut down on your drinking or drug use?
- Have you ever gotten into trouble while using drugs or alcohol?

Sexual Health History

- Sexual orientation and gender identity
- History of vaginal, oral, anal sex
- Age at first sex
- Number and genders of partners
- Condom and contraception use
- Pregnancy history
- Childbearing plans
- History of STIs
- Sexual satisfaction
- History of survival, unwanted or coerced sex

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
Assessing Sexual Behavior

What are some types of questions about sexual behavior you would ask?

- How old were you when you first had sex? Include anal, oral, and vaginal.
- What was the date of your last intercourse?
- What kind of protection did you use at last sex?
  - Condoms? Hormonal contraception?
- Do you have a current partner?
- How long have you been with your partner?
- How many sexual partners have you had?
- How many sexual partners have you had in the past 3 months?

Most Males and Females Begin Sex at Age 17

Teen Sexual Behaviors
Texas vs U.S.

High School Teens’ Sexual Behavior

CDC: YRBSS ADOLE June 13, 2014 65(4)
Teen Birth and Pregnancy Rates
Texas vs. U.S.

Texas is #46 in Teen Birth and
#47 in Teen Pregnancy!!!!

Teen Pregnancy Rate (2010) Teen Birth Rate (2014)

Texas U.S.

75.8 57.4
35.2

https://thenationalcampaign.org/data/compare/1701

Contraception Use
Texas vs U.S.

Texas teens less likely
to use condoms, pills & dual use

Condom at last sex Pills at last sex LARC at last sex Shot/Patch/Ring Dual Use at last sex

Texas U.S.

0.00% 70.00%
30.00%
60.00%
90.00%
100.00%

Suicide and Depression
Texas vs. U.S.

Suicide and Depression

Felt sad or hopeless Seriously considered suicide Made suicide plan Attempted suicide 1+

Texas U.S.

0.00% 35.00%
25.00%
15.00%
5.00%

CDC, YRBS, MMWR. June 13, 2014. 63(4)
Suicide and Depression

- Do you feel “stressed” or anxious more than usual?
- Do you feel sad or down more than usual?
- Have you ever received counseling and/or therapy?
- Are you having trouble getting to sleep?
- Tell me about a time when you felt sad while using social media sites like Facebook.
- Have you ever thought of hurting yourself or someone else?

Sexual/Dating Violence
Texas vs. U.S.

- 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?
Interpersonal Violence *includes*

- Child abuse
- Battering
- Domestic violence
- Partner violence
- School, peer, community violence
- Sexual harassment
- Sexual abuse
- Sexual assault
- Hate crime

Drunk Driving
Texas vs. U.S.

Safety

- Have you ever been seriously injured? (How?) How about anyone else you know?
- Do you always wear a seatbelt in the car?
- When was the last time you sent a text message while driving?
- Tell me about a time when you have ridden with a driver who was drunk or high. When? How often?

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”
Complete Your Evaluation Online CME

- https://www.surveymonkey.com/r/ARSHEP