You Say Tomato… I Say Tomahto

Adolescent Health Care Communication Project (AHCCP)

Jenny Russell, Youth Advocacy Coordinator

Joanne Alba - Education Projects Coordinator and Training Specialist
Youth-led trainings for current and future healthcare providers

Designed to improve delivery of sexual health services to young people by bridging communication gap between providers and their teen patients

Youth themselves are best equipped to offer providers accurate and authentic insight into adolescent experiences, concerns, and preferences
The Whats and Whys of AHCCP…

Overarching Goals

• Enhance knowledge and skills of health care providers

• Improve youth access to sexual health information and services

• Improve health outcomes for youth and communities
Project Components…

**Standardized Patient Session**

- One-on-one intake
- Teen trainers present as patients (character) with issues common for youth
- Social/sexual histories; needs assessment; relevant health issues
- Constructive feedback from the youth trainer (out of character)
Project Components…

Keeping It Real with Your Patient

✓ Assumptions and biases
✓ Oregon laws related to reproductive health and rights of minors
✓ Values clarification related to different issues around adolescent/teen care
• Why is it important for health care providers to focus on teens and their health care – their sexual health?

• What issues could create barriers in young people seeking care?
• Teens are forming lifelong habits and providers have an opportunity to develop a relationship with young people where they see their provider as a ‘trusted adult’ in their lives.

• Health care providers have an opportunity to screen for risks that can become apparent and they can provide necessary education.
Barriers for teens in seeking health care

- Lack of confidentiality
- Poor communication
- The possibility of a parent or guardian being notified
- Insensitive attitudes and judgment
The messages and beliefs we received while growing up and that we may still carry around with us.

How can these messages affect you as a health care provider?
13 year old is seeking birth control, without parent’s knowledge

Oregon law says…

Young people of any age can access birth control-related information and services without parents’ knowledge or consent. This includes pregnancy testing, contraception, and some STI infection screening and treatment.

Age 15 is minimum legal age to consent to any medical procedure or surgery, including abortion. ORS 109.610, ORS 109.640
LAWS

14-year old with an 18-year old boyfriend

Oregon law says…

Minors under age 18 are legally considered to be unable to give consent to a sexual act. If sexual contact occurs between a minor and a person who is three or more years older, even if the older person is also a minor, it is a crime.

Health care providers are considered mandatory reporters who would have to report this to Department of Human Services. ORS 419B.005

Each health center, clinic or practice, may have varying protocol – however the provider is required to report this information to DHS according to Oregon law.
Client in her 20’s has a positive pregnancy test and seeking referral for a 2nd or 3rd abortion

Oregon law says…

There is no law that determines the number of abortions one can legally have. Roe V. Wade (1973)
Use of emergency contraception can reduce the risk of pregnancy if used up to 120 hours after unprotected intercourse or contraceptive failure and is most effective if used in the first 24 hours. American Academy of Pediatrics Policy Statement – 11/12

Young women who are not yet having sex could still find themselves in an emergency situation in which they need EC – such as rape or assault.

It is good practice to explain the purpose of EC even if the patient is not having sex and to give them the choice of receiving a ‘just in case’ prescription from the provider.
Health care providers do not need to make special efforts to communicate and connect with gay, lesbian, bisexual, transgender, queer or questioning youth – because all adolescents should receive the same care.

Young people who identify as LGBTQ have some additional concerns and needs.

The acronym LGBTQ is often used to describe the lesbian, gay, bisexual and transgender communities. As a result of discrimination, LGBTQ youth experience a greater risk of health problems than many of their peers.

Research has shown that those who identify as LGBTQ have an increase in health risks such as depression and suicide, drug and alcohol, smoking, eating disorders and dropping out of school and homelessness.
- Avoid making assumptions
- Accept different gender identifications
- Use respectful language and gender neutral pronouns
- Ask open-ended questions about sexuality
- Admit when you don’t understand, but be open to explanation
- Ensure confidentiality
- Create a safe space
Confidentiality is essential in promoting teens’ health!!

- American Medical Association
- American Academy of Pediatrics
- American College of Physicians
- American Public Health Association

…all support the provision of confidential health services for youth.

Oregon law does not give minors a “right” to confidentiality or parents a “right” to disclosure. When a minor self-consents for health care services, providers are encouraged to use their best clinical judgment in deciding whether to share information with the parent or guardian (ORS 109.650).

Providers and adolescent patients should discuss usual confidentiality practices, as well the types of information that providers are required to report.
Mandatory Reporting

There are times when confidential information must be reported:
• Reportable infectious and communicable diseases;
• Suspicion of abuse or neglect of a vulnerable individual;
• Entering a drug or alcohol detoxification program; and
• Individual is a health or safety risk to themselves or others.
The American Medical Association, American Academy of Pediatrics and Society for Adolescent Medicine recommend following the HEADSSS model in their adolescent interviews.

**HEADSS**

- **H** – Home
- **E** – Education
- **A** – Activities
- **D** – Diet/Drugs
- **S** – Sexuality
- **S** – Self Esteem/Suicide/Safety
For more information about the Adolescent Health Care Communication Project contact:

Joanne Alba, Education Projects Coordinator and Training Specialist – (541) 344-1611 x1 – joanne.alba@ppsworegon.org

Jenny Russell, Youth Advocacy Coordinator and Educator – (541) 344-1611 x4 – jenny.russell@ppsworegon.org