



Framing the Issues: Overview of Approaches"



David L. Bell, MD MPH
Columbia University

- Working Together with Diverse Communities Institute

Promoting Health Equity in Community-Wide Teen Pregnancy Prevention Initiatives





Why Focus on Adolescent Health?

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





Cultural Competency and Adolescent Health

What does it mean to provide culturally competent care to adolescents?

How does the “culture of adolescence” differ from commonly held notions of culture?

How does the culture of adolescence interact and coexist with racial and ethnic cultures?





Adolescence



Stage
separating
childhood
and
adulthood

Occurs
between
ages 11-
22

Needs vary by
development
and personal
circumstances

Shaped by
socioeconomic
status, race,
ethnicity,
religion,
family/peers





Early Adolescence

11*-14

- Characterized the physical changes
- Beginning of sexual maturation
- Start to think abstractly





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



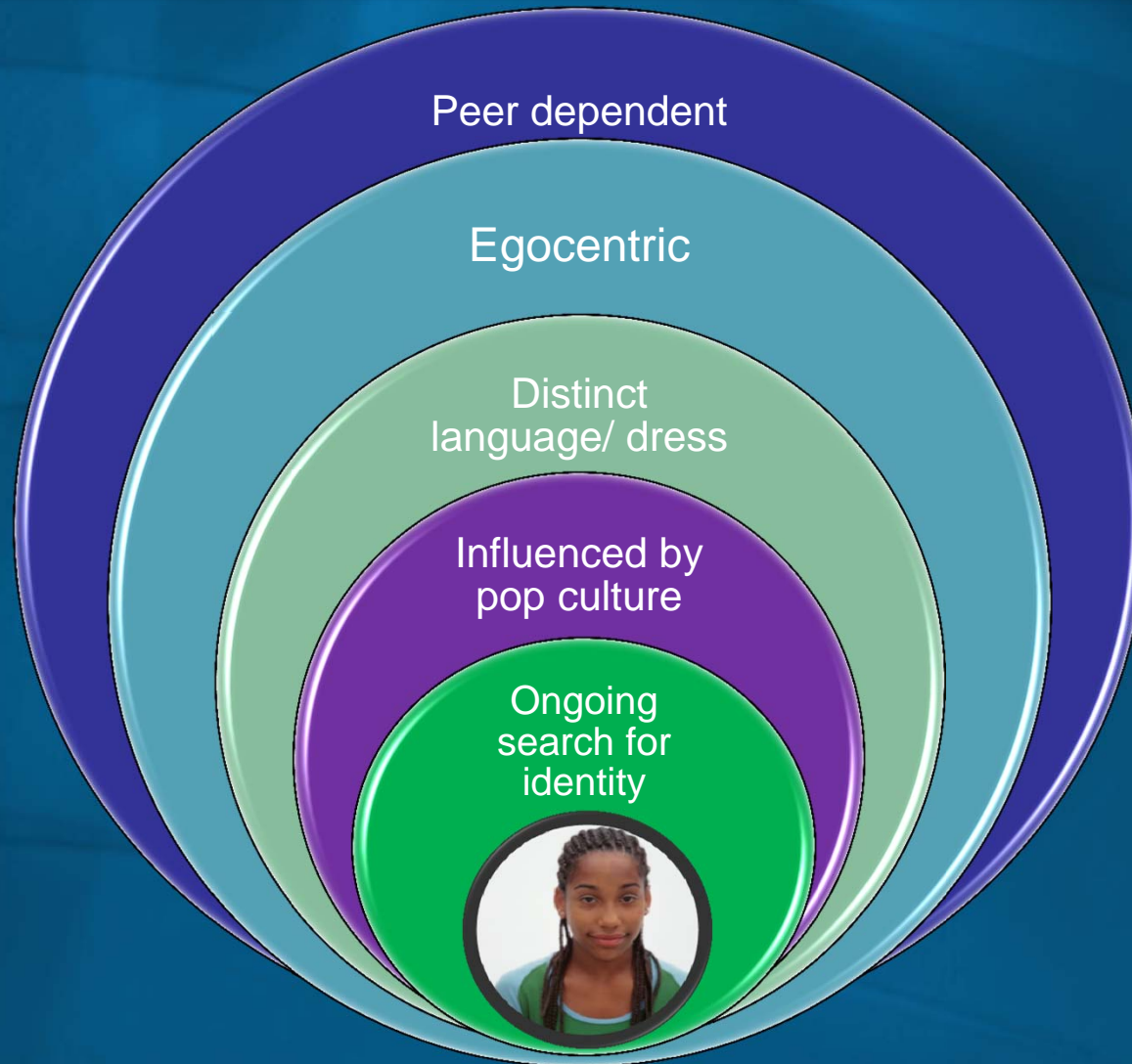


Late Adolescence 18 and older

- The body continues to develop and takes adult form
- Development of distinct identity and more settled ideas and opinions



The Culture of Adolescence





An Adolescent's Identity Includes:

Race and
Ethnicity

Religion/ Spirituality

Genetics

Socioeconomic
Status



Geography

Ability

Peer Group

Gender Identity

Stage of
Development



Sexual
Orientation

Family Structure



Adolescents

- For the most part, adolescents are:



- Healthy
- Resilient
- Independent yet... vulnerable

- Adolescents are not:

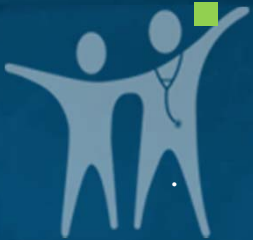
- Big children
- Little adults





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





External Barriers: Lack of Insurance

- One in 8 (3.3 million) adolescents ages 12-17 lack health insurance
- One in 4 (8 million) youths ages 18-24 are uninsured
 - The risk of being uninsured doubles when a teen turns 19





Lack of Insurance =
Lack of Care

- Insured adolescents seek medical care 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



Providing Reproductive Healthcare to Adolescents



Preparing for Clinical Visits





Cultural Humility



- Puts onus on provider to self-evaluate how personal biases may affect service delivery
- Redresses power imbalances in patient-physician dynamic





Healthcare Providers' Identities

Race and
Ethnicity

Profession

Medical
Specialty

Marital Status

Sexual
Orientation

Gender
Identity



Parental
Status

Training
Background

Age

Religion/Spirituality





Self-Evaluation During a Clinical Encounter

How do you react when confronted with a patient situation that does not fit your expectations?

Are you able to assess what is going on within yourself as well as within the patient?

Does the situation provoke feelings of anxiety and discomfort?





Providing Care to Adolescents

- Confront personal biases head on
- Be prepared to refer patient for appropriate care if unable to provide it





Discuss Confidentiality in Advance

- Inform parents about confidentiality policy before visit
 - Letter home:
 - Detail when parent will be included in clinical visit and when not
 - Discuss billing issues
- Display materials such as posters or brochures discussing importance of doctor/patient confidentiality





Adolescent-Friendly Health Services Include:

- Establishing a comfortable, confidential, safe space maintained by office staff and providers
- Communicating respectfully and appropriately
- GETTING TO KNOW THE INDIVIDUAL
- DISCOVERING THE STRENGTHS OF THE INDIVIDUAL
- Screening for behaviors that put them at risk and attempting to understand the contexts of those behaviors.





Adolescent-Friendly Health Services Include:

■ Providers/Staff

- who are aware of the structural challenges that many adolescents face.
- In particular how:
 - Socioeconomic status, age, culture, gender identity, sexual orientation, and religion can affect an adolescent's health, including their reproductive health
- who genuinely care and come from a place of integrity and authenticity





Adolescent-Friendly Health Services Include:

- Referral Sources
 - Across agencies and across disciplines
 - Create a positive “village”
 - that create a “safety nets” for our young people
 - that assist youth to realize their potential and live up to expectations



Positive Strokes/Positive Expectations



- --- Live up to our **POSITIVE EXPECTATIONS** that we have for them
- We may be the only one that have positive expectations of them!
- Express them -- it is important that they hear them!



Positive Strokes/Positive Expectations



- <http://www.youngmensclinic.org/video.php#ytplayer>



Adolescent Friendly Health Services



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