ADOLESCENT SEXUAL & REPRODUCTIVE HEALTH (ARH):
FOSTERING YOUTH-FRIENDLY CLINICAL ENVIRONMENTS & GROWING ARH AWARENESS

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REAL
REPRODUCTIVE EDUCATION + ADVOCACY LOUISIANA

Funding Provided by: David & Lucile Packard Foundation
Population & Reproductive Health #2013-62369

LSU Health NEW ORLEANS
School of Medicine
Department of Pediatrics
Division of Ambulatory Pediatrics & Adolescent Medicine

CHILDREN’S HOSPITAL
NEW ORLEANS

PHYSICIANS FOR REPRODUCTIVE HEALTH
Louisiana Public Health Institute
Learning Objectives

- Describe how to create youth-friendly clinical environments and provide youth-friendly clinical services
- Discuss the unique needs of adolescents seeking sexual and reproductive health services
- Demonstrate the need for understanding and consideration of adolescent sexual and reproductive health needs across the provider spectrum

Who is in the Room

- Primary Care Providers?
- Sub-specialists?
Seeking Sexual and Reproductive Health (SRH) Services

The average teen waits how many months after becoming sexually active to make her first family planning visit?


Adolescents

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

- Adolescents are not:
  - Big children
  - Little adults
Adolescence in Context

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

External Barriers to Care

- Perceived lack of confidentiality and restrictions (parental consent/notification)
- Inadequate communication with providers
- Lack of provider experience and skills with population
- Lack of money, insurance, and transportation
- Inaccessible locations and/or limited services
- Limited office hours
- Limited time for visits
Adolescent-Friendly Services

- Adolescent-specific
- Multi- & Interdisciplinary
- Accessible
- Financially affordable
- Adolescent-focused materials on display
- Peer educators
- Adequate space
- Confidential
- Flexible scheduling
- Comprehensive services
- Continuity of care
- Help transitioning into the adult medical care system

Develop Inter-Disciplinary Referral Network

- Social workers
- Nutritionists
- Psychologists or counselors
- STD clinics
- Department of Health clinics
Confidentiality: Preparing for Clinical Visits

Case Discussion

Michelle is a 15-year-old woman who has come to your clinic with her mother complaining of sinus problems. Her mother requests to remain in the room for the duration of the history and 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

Students did not receive assurance of confidentiality

39% willing to disclose information

53% willing to follow-up for care

Confidentiality Assurances Enable Better Clinical Care

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

2000 study of 32 MA high schools


Confidentiality Increases Adolescents’ “Hearing You” = Better Clinical Care

- 429, 11-13yo
  - Time Alone with Provider
  - 3.2 fold increase in AG recall

- 443, 14-17yo
  - Time Alone with Provider
  - 4.3 fold increase in AG recall

2015 study of 872 11-17yo patients’ Recall of Anticipatory Guidance (AG)

Developmentally Expected

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

Professional Consensus

Professional organizations support confidential adolescent health care.

<table>
<thead>
<tr>
<th>ACOG ’88</th>
<th>AAP ’89</th>
<th>AAFP ’89</th>
<th>AMA ’92</th>
<th>SAHM ‘92</th>
</tr>
</thead>
</table>

Confidentiality: Parental Perspective

- Parents are not the enemy
- Parents are experiencing their own adjustment
- Opportunity to educate parents on need for confidentiality

Discuss Confidentiality in Advance

- Inform parents about confidentiality policy before visit
- Letter home:
  - Detail when parent will or will not be included in the visit.
  - Discuss billing issues (e.g., routine STI testing, etc.)
- Clearly display materials on confidentiality in office
- Ensure staff understand and consistently apply policy
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.

Sample statement developed by URMC Department of Pediatrics

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
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- S: Sexuality
- S: Suicide/depression
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Sexuality
### Sexuality, 2013 YRBS (U.S.)

<table>
<thead>
<tr>
<th>YRBS Question</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>% students ever had sex</td>
<td>46.8%</td>
</tr>
<tr>
<td>% students who used a condom at last sex</td>
<td>59.1%</td>
</tr>
<tr>
<td>% students had sex with 4 or more persons (lifetime)</td>
<td>15.0%</td>
</tr>
<tr>
<td>% students had sex with at least 1 person in last 3m</td>
<td>34.0%</td>
</tr>
</tbody>
</table>

### Contraception, 2013 YRBS (U.S.)

<table>
<thead>
<tr>
<th>YRBS Question</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of students who used birth control pills; an IUD or implant; or a shot, patch, or birth control ring</td>
<td>25.3%</td>
</tr>
<tr>
<td>% of students who used both a condom and birth control pills; an IUD or implant; shot, patch, birth control ring at last sex (dual method use)</td>
<td>8.8%</td>
</tr>
<tr>
<td>% did not use any method at last intercourse</td>
<td>13.7%</td>
</tr>
<tr>
<td>% of students who used birth control pills; an IUD or implant; or a shot, patch, or birth control ring</td>
<td>25.3%</td>
</tr>
</tbody>
</table>

Kann, Kinchen et al. (2014)
Talking to Adolescents About Sexual Health

Sexual Health History

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

**Don’t**
- Ask “Are you sexually active?”
- Use gender-biased pronouns referring to partners
- Use judgmental language
- Use slang unless a must

**Do**
- Assure confidentiality
- Explain why asking sensitive questions
- Ask patient to describe specific sexual behaviors
- Add “second tier” questions

Assessing Sexual Behavior

- What are some types of questions about sexual behavior you would ask?
Assessing Sexual Behavior

► When did you last have sex? (oral, anal or vaginal.)
► How old were you when you first had sex? (O,A,V)
► Did you use condoms & contraception last time you had sex?
► Do you have a current sexual partner?
  ► How many partners in last 3 mos? Lifetime?

Sexual Health

► Have you ever had any STIs?
  ► If “No”- Have you ever been tested for an STI?
► Have you ever been pregnant or gotten anyone pregnant?
► Do you have any concerns about fertility?
► When (if ever) would you like to have children?
Sexual History: The Five Ps

- **Partners**
  - Gender(s), Number (3 months, lifetime)

- **Prevention of pregnancy**
  - Contraception, EC

- **Protection from STIs**
  - Condom use

- **Practices**
  - Types of sex: anal, vaginal, oral

- **Past history of STIs**

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Adolescents: Risks for STIs/ Sexual Health Concerns
Half of New STIs: Ages 15-24

New Orleans, # of Newly Diagnosed Chlamydia Cases per 100,000 = 1,190 - National Average = 291
Why Does it Matter to You?

► As a **generalist** do you need to be concerned with Adolescent Health Issues?

► As **specialists** do you need to be concerned with Adolescent Health Issues?

► Especially Sexual Health Issues?

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Why Does it Matter to You?

Do you have adolescent patients?
Why Does it Matter to You?

Will your patients become adolescents?

Why Does it Matter to You?

▶ Are your primary care providers are “Taking Care of it.”

▶ A Local Story...
### Why Does it Matter to You?

<table>
<thead>
<tr>
<th>STIs in Renal Transplant Patients 13-23yo</th>
<th>CHNOLA</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHNOLA Renal Transplant Recipients with an STI?</td>
<td>30%</td>
</tr>
<tr>
<td>Sexually Active Female CHNOLA Renal Transplant Recipients with an STI?</td>
<td>37%</td>
</tr>
<tr>
<td>Sexually Active Male CHNOLA Renal Transplant Recipients with an STI?</td>
<td>20%</td>
</tr>
</tbody>
</table>

Ashoor et al. (2015)

### Why Does it Matter to You?

<table>
<thead>
<tr>
<th>Contraceptive Use in Female Renal Transplant Patients 13-23yo</th>
<th>CHNOLA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female CHNOLA Renal Transplant Recipients using hormonal Contraception?</td>
<td>40%</td>
</tr>
<tr>
<td>Sexually Active Female CHNOLA Renal Transplant Recipients using hormonal Contraception?</td>
<td>75%</td>
</tr>
<tr>
<td># Unintended Pregnancies in the Cohort?</td>
<td>0</td>
</tr>
</tbody>
</table>

Ashoor et al. (2015)
Why Does it Matter to You?

Contraceptive Use: Female Renal Transplant Patients 13-23yo

1694 Adolescent Patients

4506 Prescriptions for Teratogenic Medications

4172 Clinic Visits

Provision of Contraceptives Documented in Visits? 28.6%

Stancil et al. (2016)

Teratogens Rx’s with Highest Frequency to Adolescents

Stancil et al. (2016)
Why Does it Matter to You?

▶ Primary Care Providers are “Taking Care of it.”

▶ Oftentimes Specialists ARE the PCP!

Discussion

▶ Why are STI rates so much higher in Adolescents?

▶ Why significantly increased rates for our patients?

▶ Why are rates so high in New Orleans?
### Biological Risk Factors: Females

- Adolescent cervix
- Lack of local immunity from prior infections
- Ectropion

### Cognitive Risk Factors for STIs in Adolescents

- Early adolescence: concrete thinking
  - Often unable to plan ahead for condoms

- Serial monogamy
  - Increased # total partners = increased cumulative exposure

- Personal fable
  - Unable to judge risk for STIs
    - Recently challenged theory
Risk Factor: Social/Institutional

- Lack of Insurance/$ to Pay
- Lack of Sex Ed Regarding Risk and Symptoms
- Adolescents Not Being Screened and Treated
- Concerns About Confidentiality
- Stigma

Behavioral Risk Factors

- Age at First Intercourse
- Intimate Partner Violence
- Sexual Activity with New Partner
- Substance Use
- Multiple Sexual Partners
STI Protective Factors

- Peer support for contraception and condoms
- Communication with parents about sex
- Connection to family
- Connection to school and future success
- Connection to community organizations

STI Protective Factors

- Peer support for *contraception* and *condoms*
- *Communication* with parents about sex
- *Connection* to family
- *Connection* to school and future success
- *Connection* to community organizations
Efficacy of Condoms in Preventing STIs

- **HIV**: Provide up to 85% reduction in transmission
- **HPV**: May prevent 70% of high- and low-risk infections in females
- **GC, CT, and Trich**: When used consistently and correctly, reduce transmission risk
- **HSV and Syphilis**: Can prevent transmission when infected areas are covered

[www.cdc.gov/condomeffectiveness/references.html](http://www.cdc.gov/condomeffectiveness/references.html)

### Place Matters

<table>
<thead>
<tr>
<th>Broken Windows Groups</th>
<th>Poverty Groups</th>
<th>Sample Size</th>
<th>Gonorrhea Rate (Mean +/- SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>Low</td>
<td>25</td>
<td>27.4 +/- 12.5</td>
</tr>
<tr>
<td>Low</td>
<td>High</td>
<td>10</td>
<td>25.0 +/- 9.0</td>
</tr>
<tr>
<td>High</td>
<td>Low</td>
<td>4</td>
<td>32.3 +/- 9.9</td>
</tr>
<tr>
<td>High</td>
<td>High</td>
<td>16</td>
<td>52.0 +/- 15.8</td>
</tr>
</tbody>
</table>
Relationships Matter

The Structure of Romantic and Sexual Relations at “Jefferson High School”

Each circle represents a student and lines connecting students represent romantic relations occurring within the 6 months preceding the interview. Numbers under the figure count the number of times that pattern was observed (i.e. we found 63 pairs unconnected to anyone else).

Adolescent Friendly Efforts at CHNOLA

- Started a Clinic July 2015 – Wednesday Afternoons
  504-896-2888
- Training Staff to be Adolescent Sensitive
- Providing Condoms in ACC
- Addressing Confidentiality (EMR Next)
- Rapid HIV Testing, WBC on Wet Preps, Educating all
Take Home Points

- Adolescents receive best possible care when environments and visits tailored to their unique needs

- Sexual and reproductive health services integral part of adolescent health care

- Adolescent sexual and reproductive health services are responsibility of entire health system:
  - Primary Care, Specialty Care, Allied Health, IT, Administration...

Additional Take Home Points

- Be aware of racial and ethnic disparities and practice sensitive, culturally competent reproductive health care

- 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”
Case Discussion

Michelle is a 15-year-old woman who has come to your clinic with her mother complaining of sinus problems. Her mother requests to remain in the room for the duration of the history and exam.

Do you allow Michelle’s mother to stay?

THANK YOU

Funding Provided by: David & Lucile Packard Foundation
& Reproductive Health #2015-60000
References

- The Alan Guttmacher Institute, Fulfilling the Promise: Public Policy and U.S. Family Planning Clinics, 2000
- Thomas N, Murray E, Rogstad KE. Confidentiality is essential if young people are to access sexual health services. International Journal of STD & AIDS 2006; 17: 525–529.

References

References

- http://nccd.cdc.gov
- Adapted from the presentation "Interviewing the Adolescent: Tricks of the Trade" by Melanie A. Gold, D.O., Associate Professor of Pediatrics, Division of Adolescent Medicine, University of Pittsburgh School of Medicine, Pittsburgh, PA.

References

References

- Adapted from, “Hanging out or Hooking Up: Clinical Guidelines on responding to Adolescent Relationship Abuse” by Elizabeth Miller, MD, PhD and Rebecca Levenson, MA. (pg. 15)
- http://www.cdc.gov/condomeffectiveness/docs/Condoms_and_STDS.pdf

Resources

- U.S. Centers for Disease Control and Prevention
  - Statistics and Surveillance Reports: www.cdc.gov/std/stats/default.htm
  - Expedited Partner Therapy: www.cdc.gov/STD/ep/default.htm
- CDC Treatment Guidelines:
- National Chlamydia Coalition: ncc.prevent.org
- American Social Health Association:
  http://www.ashastd.org/std-sti/hpv.html
Comparison: Rate of Newly Diagnosed Chlamydia Cases; U.S., LA, Orleans

Newly Diagnosed Chlamydia Cases, 2012

<table>
<thead>
<tr>
<th>Region</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>United States</td>
<td>291</td>
</tr>
<tr>
<td>Louisiana</td>
<td>594</td>
</tr>
<tr>
<td>Orleans Parish</td>
<td>1,190</td>
</tr>
</tbody>
</table>