

Update

Meeting the Needs of Adolescent Family PACT Clients

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Adolescent clients seeking reproductive health care face a particular set of barriers and challenges that are very different than those facing the adult Family PACT population. There are a number of factors that must be considered and addressed to ensure that providers are adequately meeting the needs of the adolescent Family PACT population.

Why are teens reluctant to seek care? According to teens, there are a number of reasons they are reluctant to seek care for family planning needs. Some of these include: (1) They are concerned about confidentiality; (2) they are afraid of medical procedures, especially pelvic exams; (3) they don't feel that clinic staff understand their issues or think the staff is unfriendly; (4) clinics are not open during convenient hours; (5) they have problems with transportation; and (6) they can't afford services.

As Family PACT providers, it is important to find ways to reduce these barriers to care for the adolescent population. Here are some helpful tips that can be used to reduce problems associated with the above issues.

Making Sure Teens Feel That Services are Confidential

There are several ways providers can assure teens that the services they receive are confidential.

- Train all staff on minor consent and confidentiality. Remember that in the State of California, a minor may receive birth control and medical care related to the prevention or treatment of pregnancy (except sterilization) without parental consent.

Also remember that there is no lower age limit in the Family PACT Program. A minor must be 12 years of age or older to request testing or treatment for sexually transmitted diseases (including HIV). Parental consent is required for immunizations for minors under the age of 18. More information on minor consent (and exceptions) and mandatory reporting can be downloaded from the internet at www.ahwg.net/resources.

- Providers should always discuss consent, confidentiality, and its limits with adolescent clients.
- Be aware that some of the systems in place at clinics used for the general adult population may work when dealing with adolescent clients. For example, due to the issue of confidentiality, sending a reminder card about appointments or doing a follow-up call might be inappropriate for teen clients. Always ask adolescent clients how they can be reached.

Putting A Teen's Mind At Ease Regarding Medical Procedures

Adolescents often fail to seek care because they are afraid of medical procedures. In particular, female teens are often fearful of having to receive a pelvic exam before they can receive a birth control method.

- Remember that it is not necessary to perform a pelvic exam or a pap smear for initiation of hormonal contraception. Based on recommendations from the American Cancer Society, a female teen should obtain a pap smear three years after the onset of sexual intercourse or by age 21.

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Important Date to Remember

November 25, 2007

(Dual use period begins on May 23, 2007 and ends on November 25, 2007, so apply as soon as possible for your NPI).

Every healthcare provider, whether they are individuals or organizations, must obtain an NPI for use to identify themselves in HIPAA standard transactions. Even providers who do not bill for services may need to disclose their NPI to providers who order lab tests or refer patients for diagnostic testing, etc.

Make sure to register your NPI with Medi-Cal as the final step.

You can find more information about the NPI and how to register at: www.medi-cal.ca.gov or www.cms.hhs.gov/NationalProvIdentStand/

Putting A Teen's Mind At Ease ... continued

- Use non-invasive screening approaches, such as NAAT for GC/CT or OraSure for HIV, when possible and appropriate.

How to Ensure Clinic Staff Are "Teen-Friendly"

The more clinic staff knows about adolescent behavior and needs, the more likely they are to be viewed by an adolescent client as "friendly."

- Train all staff about adolescent development.
- Clinic staff needs to understand the specific needs of young people and how important the issue of confidentiality is to adolescent clients.
- Staff that interacts with teens in the clinic setting needs to feel comfortable with the idea of teen sexuality. They need to remain non-judgmental and refrain from showing any personal biases about teen sexual behavior. Teens are very aware of clinic staff that appears to show disapproval of their sexual activities and lifestyle.

Making Clinic Services Accessible

Many teens fail to seek family planning care because they are unaware of how to access clinic services or can't access clinic services during regular hours of operation.

- Consider expanding clinic hours to include evening hours or hours on Saturday. If possible, designate particular after-school, evening, or weekend hours as "teen clinic" hours.
- The location of the clinic site is important for teens, especially if they rely on public transportation. Some other clinic site options might be to explore the possibility of school-based satellite clinics, clinic hours at a Family Resource Center, or a mobile clinic.

- Walk-in hours are often helpful for teen clients since they may be less likely to plan ahead and make appointments.

More Clinical Issues to Remember When Serving Adolescent Family PACT Clients

- "Quick Start" regimens for the initial of hormonal contraceptive methods improve the likelihood of successful contraceptive use.
- EC should be made available by advance provision. Doing so does not increase the likelihood of risk taking behaviors, either for STI or pregnancy risk.
- Sexually active females 25 years of age and younger should be screened annually for Chlamydia.
- It is strongly recommended that providers screen adolescents for intimate partner (and dating) violence.

These are just a few things providers can do to help make clinic services more accessible for the adolescent population. The following websites also have information on providing reproductive health care to teens:

Sexual Health: An Adolescent Provider Toolkit
Adolescent Health Working Group
Available at <http://www.ahwg.net> or <http://sfhp.org>

The Society for Adolescent Medicine
<http://www.adolescenthealth.org>

A Rapid Assessment of Youth-Friendly Reproductive Health Services
http://www.pathfind.org/site/DocServer/YFS_TG_Final_web_versionpdf?docID=762

DID YOU KNOW?

- 77% of teens think making emergency contraception more widely and easily available is consistent with a strong message to teens that abstinence from sex is their best option by far.
- 51.7% of teens believe that one of the main reasons that teens do not use birth control is because their partner doesn't want to.¹
- 90% of sexually active adolescent women who use no [birth control] method become pregnant within one year of initiating intercourse.²
- 88% of 12,000 teenagers who had pledged to remain abstinent until marriage reported having had sexual intercourse before they married and "pledgers" also had STD infection rates comparable to their peers who did not take virginity pledges.³

¹ National Campaign to Prevent Teen Pregnancy Website. <http://www.teenpregnancy.org>.

² Alan Guttmacher Institute, 2006.

³ Bruckner, H Journal of Adolescent Health, 2005

The Other Half of the Equation: Serving Male Family PACT Clients

Not unlike adolescents, males--adolescent and adult--have unique needs to consider when providing family planning services. Often times, facility barriers, staff barriers, and client barriers get in the way of males accessing available family planning services. Breaking down these barriers will increase your male family planning client population.

What are facility barriers?

- Consider the name of the clinic. It is unlikely that a male feels completely comfortable accessing services at a "Women's Health Clinic."
- Consider the posters on the wall or the pamphlets and magazines in waiting rooms and exam rooms. Do they hold any interest for men or address male health issues?
- Consider hours of operation. If men work all day, they might be more likely to access services during the evening.

What are staff barriers?

- Did staff primarily get into the field because they were interested in women's health? If so, they may have particular attitudes that accompany their own personal mission. These need to be explored and shared.
- Is all staff comfortable talking to men about their sexual behaviors or reproductive health needs?
- Is there any male staff available during clinic hours? Often times men will feel more comfortable if there is a male staff person they can talk with.

What are client barriers?

- In general, males are less likely to seek out family planning services unless they are exhibiting symptoms or are aware of a partner with symptoms. When males come in for services, make sure the opportunity is not missed to provide them with important information about their reproductive health and their role in family planning.

Topics to Include in the Male Family Planning Counseling Visit

- EC
- Condom Use
- Involvement in past pregnancies
- Relationship roles
- Sexual satisfaction
- Sexual function

- Injury prevention
- Sexual risk
- Substance use
- Mental health issues
- Legal Issues (age disparity; sex under the influence; the meaning of "no")

New Clinical Practice Alerts

Look for the Clinical Practice Alert -
Providing Clinical Services to Female Adolescents
on the website at www.familypact.org