Adolescent Health Care: Are We Meeting Their Needs?

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Objectives

- Define adolescent health
  - Twenty-first Century implications
  - Recognize obstacles faced by adolescents obtaining health care
  - Articulate adolescent friendly health care services and how to incorporate these concepts into practice

- Describe the University of Mississippi’s School of Nursing:
  - Innovations in nurse-led health care: Lanier High Teen Wellness Clinic
  - Effective interdisciplinary teams in providing adolescent care
Millennial Generation (Gen Y) 1983-2004

- Approximately 80 million (2012) which means that ~half of the global population is < 25 yrs.
- Diverse: 39% non-white (14% African American, 20% Hispanic, 5% Asian)
- Educated: 54% have some college
- Politically: 29% voters (2 times as likely to identify as liberal) in 2012, by 2020 that number will rise to ~40%
- More likely to support same-sex marriage, abortion, birth control coverage (regardless of an organization's religious affiliation)
- Comprehensive sex education
- Connected: 90% use the internet, 75% connected to social media
  - Digital Natives: comfortable and fluent with technology

http://www.advocatesforyouth.org/millennials
HYPER-CONNECTED TEENS AND TWENTY-SOMETHINGS
DATA BASED ON AMERICANS AGED 13-24

PC
Almost 8 in 10 take action after seeing an online ad, including searching for more information or visiting a website.

SMARTPHONE
45% use a smartphone to access online resources and content.
8.2 hours a week are spent online on smartphones.

TV
44% spend more time watching online video than TV.
71% search for information online after seeing a topic of interest on television.

GAMING
Gaming is the #1 most popular content accessed online.
76% play games online vs. only 64% of the general population.

92%
engage with at least two devices simultaneously – including TV, PC, Smartphones and Tablets.

TABLET
More than 1 in 5 use a tablet to access online content.
74% are spending the same or more time going online via tablets vs. last year.

Source: ipos/Google 2012 Teens & Twenty-Somethings Research Study
Adolescent Health: 21st Century Implications

- **Community**
  - Ethnic composition
  - School attendance
  - Age groups
  - Socioeconomic position

- **Threats**
  - Injuries, homicide & suicide
  - Drugs, alcohol & tobacco
  - Sexual behavior
  - Mental health

- **Societal trends**
  - Income disparities
  - Globalization
  - Government instability
  - Violence

- **Shrinking and shifting world**
  - Migration & urbanization
  - Changing family
  - Technology
Adolescent Health: Why does it matter?

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

- Adolescents are not:
  - Big children.
  - Little adults.

- Trends in health care
  - How we define adolescence
    - Early
    - Middle
    - Late
  - Behaviors
    - Enhancing
    - Compromising
The Adolescent Brain

- A Work in Progress
- 90% of development happens by age 5 but important changes occur during adolescence
- Prefrontal cortex – CEO of the brain – is the last to develop (planning, strategizing, organizing, judgment, self control, emotion regulation)
- Teen brains have to work harder than adults
- Easily overloaded by stress
- Need more sleep
- Use more primitive part of brain to process emotions
  - React first, think later
  - Inaccurate at interpreting others’ emotions
The Culture of Adolescence

- Peer dependent
- Egocentric
- Distinct language and dress
- Popular culture influence
- Ongoing search for identity
Early Adolescence
11–14

- Characterized by a spurt of growth
- Beginning of sexual maturation
- Start to think abstractly
- Lack power
- Lack participation in decision-making
- Limited life experiences
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
- Begin developing ideals
- Seek role models
- Non-heterosexuals begin to feel internal conflict
Late Adolescence
18 and older

- The body continues to develop and takes adult form
- Development of distinct identity and more settled ideas and opinions
- Adult role models important
Inter-Related Barriers to Care

➢ INDIVIDUAL BARRIERS
  ➢ Feelings of shame, fear or anxiety related to reproductive health
  ➢ Lack of awareness about services available
  ➢ Poor health or advice-seeking behaviors
  ➢ Perceived lack of confidentiality and restrictions (parental consent/notification)
Inter-Related Barriers to Care

**SOCIO-CULTURAL BARRIERS**
- Social norms that dictate male & female behavior
- Stigma around being sexually active
- Cultural & language barriers
- Provider attitudes
Inter-Related Barriers to Care

- **STRUCTURAL BARRIERS**
  - Transportation
  - Lack of youth-friendly facilities
  - Lack of facilities for adolescents with disabilities
  - Inconvenient office hours
  - Long wait times
  - Insurance
  - Lack of privacy
Inter-Related Barriers to Care

- MARGINALIZED ADOLESCENTS
  - Youth of Color
  - LGBTQ
  - Males
Creating a Safe Space

Train all staff

Zero tolerance for insensitivity

Provide support resources

Assure Confidentiality

Display LGBTQ Affirming materials
Adolescent-Friendly Health Services

CONFIDENTIALITY POLICIES
FREE CONDOMS
GENDER INCLUSIVE LANGUAGE
TEEN FRIENDLY
REPRODUCTIVE HEALTH INFORMATION

FRIENDLY TO ADOLESCENTS
KNOW THE LAW
PROVIDE PRIVACY
CAREFUL TO AVOID ASSUMPTIONS ABOUT GENDER OR SEXUAL ORIENTATION

AWARE OF PERSONAL BIASES
CONFIDENT, COMFORTABLE & NON-JUDGEMENTAL
AWARE OF ADOLESCENT DEVELOPMENT
PROVIDE MEDICALLY ACCURATE INFORMATION WHILE EMPHASIZING THE IMPORTANCE OF HEALTHY RELATIONSHIPS
LANIER HIGH TEEN WELLNESS CLINIC
LANIER HIGH TEEN WELLNESS CLINIC
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Every time with every client

- Affirm your expertise, trustworthiness and accessibility

  **Expertise:** “I have dealt with these issues a great deal.”

  **Trustworthiness:** “Let’s make sure we get this worked out for you in the best possible way.”

  **Accessibility:** “If something comes up, you can always call and I promise I will get back to you.”

- Mention that you’ll be following up to see how things are going
  - Ask for the best way to contact the client
  - Make a follow-up call (containing no personal or confidential email) to make sure there are no issues during the learning period
Web Resources:

- http://factnotfiction.com/
- http://www.girlshealth.gov/
- http://www.ahwg.net/
Adolescent Health Working Group, 2010 http://www.ahwg.net/

Advocates for Youth http://www.advocatesforyouth.org/index.php

Alan Guttmacher Institute www.guttmacher.org


Physicians for Reproductive Choice and Health www.prch.org


