Welcome to the SBHC & RC Coordinators Meeting!
“Youth Moment”
People react to being called beautiful

https://youtu.be/aW8BDgLpZkl
<table>
<thead>
<tr>
<th>Time</th>
<th>Session Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 - 8:30 am</td>
<td>Check in and grab breakfast</td>
</tr>
<tr>
<td>8:35 – 8:45 am</td>
<td>Welcome</td>
</tr>
<tr>
<td>8:45 - 9:00 am</td>
<td>Opening Remarks</td>
</tr>
<tr>
<td>9:00 – 9:30 am</td>
<td>Youth Sexual Health in Oregon</td>
</tr>
<tr>
<td>9:30 - 10:30 am</td>
<td>Sexual and reproductive health services for youth: Ensuring an adolescent-centered AND evidence-based approach from design to evaluation</td>
</tr>
<tr>
<td>10:30 - 10:45 am</td>
<td>BREAK</td>
</tr>
<tr>
<td>10:45 - 11:45 am</td>
<td>“Youth Speak”</td>
</tr>
<tr>
<td>11:45 – 12:00 pm</td>
<td>BREAK</td>
</tr>
<tr>
<td>12:00 – 1:15 pm</td>
<td>LUNCH – Working lunch</td>
</tr>
<tr>
<td>1:15 - 2:45 pm</td>
<td>Communication &amp; Collaboration Action Planning</td>
</tr>
<tr>
<td>2:45 – 3:00 pm</td>
<td>BREAK</td>
</tr>
<tr>
<td>3:00 - 3:45 pm</td>
<td>The Case for Confidentiality</td>
</tr>
<tr>
<td>3:45 – 4:30 pm</td>
<td>So what, now what?</td>
</tr>
<tr>
<td>4:30 – 4:45 pm</td>
<td>Closing</td>
</tr>
</tbody>
</table>
Brief Introductions!

At your table, please share your:

- Name
- Organization/Agency/Program
- What you do
Helene & Jessica!
Youth Sexual Health in Oregon

Shelagh Johnson, Youth Sexual Health Coordinator
Let me introduce myself:
Why am I here?

1) To expand our perspectives about youth sexual health in Oregon

2) To share Oregon stories of resilience, optimism, and community support

3) To thank each of you for making Oregon and your communities the very best place for youth to grow, learn, and thrive
OREGON HEALTHY TEENS SURVEY DATA

● In 2015, 9.3% of students in grade eight and 41.1% of students in grade 11 in Oregon said they have had sexual intercourse.\textsuperscript{15}

● In 2015, 3.3% of students in grade eight and 2.1% of students in grade 11 in Oregon reported having had sexual intercourse before age 13.\textsuperscript{16}

● In 2015, 3.3% of students in grade eight and 24.7% of students in grade 11 in Oregon said they have had sexual intercourse with one person in the past three months, while 1.9% of students in the grade eight and 5.1% of students in grade 11 said they have had sex with two or more people in the past three months.\textsuperscript{17}

● In 2015, 4.5% of students in grade 11 in Oregon reported being hit, slapped, or physically hurt on purpose by a boyfriend or girlfriend.\textsuperscript{18}

● In 2015, 5.7% of students in grade 11 in Oregon reported ever being physically forced to have sexual intercourse when they did not want to.\textsuperscript{19}
Pregnancy rates among females 15-19 years, Oregon, 2008-2014

Oregon Health Authority Public Health Division Center for Health Statistics (2016)
Birth rates among females 15-19 years, Oregon, 2008-2014

Oregon Health Authority Public Health Division Center for Health Statistics (2016)
Adolescents 13-17 years with 1+ dose HPV vaccine, 2016

13-17 1+ HPV Rates
RCE_counties
HPV (1+)
- 29.6% - 40.0%
- 40.1% - 50.0%
- 50.1% - 60.0%
- 60.1% - 70.0%
<table>
<thead>
<tr>
<th>County</th>
<th>Cervical Cancer Incidence/100,000*</th>
<th>3 Dose HPV Immunization Rate**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clatsop</td>
<td>12.2</td>
<td>22%</td>
</tr>
<tr>
<td>Klamath</td>
<td>10.5</td>
<td>30%</td>
</tr>
<tr>
<td>Marion</td>
<td>9.9</td>
<td>32%</td>
</tr>
<tr>
<td>Linn</td>
<td>9.0</td>
<td>28%</td>
</tr>
<tr>
<td>Jackson</td>
<td>8.6</td>
<td>24%</td>
</tr>
<tr>
<td>Josephine</td>
<td>8.1</td>
<td>20%</td>
</tr>
<tr>
<td>Umatilla</td>
<td>8.0</td>
<td>30%</td>
</tr>
<tr>
<td>Deschutes</td>
<td>7.5</td>
<td>30%</td>
</tr>
<tr>
<td>Benton</td>
<td>7.2</td>
<td>29%</td>
</tr>
<tr>
<td>Polk</td>
<td>6.7</td>
<td>28%</td>
</tr>
<tr>
<td><strong>State</strong></td>
<td><strong>6.6</strong></td>
<td><strong>33%</strong></td>
</tr>
<tr>
<td>Yamhill</td>
<td>6.5</td>
<td>30%</td>
</tr>
<tr>
<td>Douglas</td>
<td>6.4</td>
<td>23%</td>
</tr>
<tr>
<td>Clackamas</td>
<td>6.1</td>
<td>36%</td>
</tr>
<tr>
<td>Multnomah</td>
<td>5.8</td>
<td>41%</td>
</tr>
<tr>
<td>Lane</td>
<td>5.7</td>
<td>32%</td>
</tr>
<tr>
<td>Washington</td>
<td>4.9</td>
<td>37%</td>
</tr>
</tbody>
</table>


**Data source: Oregon Immunization ALERT IIS, 2016, ages 13-17 years.
Figure 1. What best describes you? 8th grade

Source: Oregon Healthy Teens Survey (2015)
Over 1 million Oregon women & girls have experienced sexual or domestic violence

That’s more than half the female population

It’s one of the three highest rates in the nation

Learn more: CountHerIn.org #CountHerIn
“We are more than just numbers”
Centennial HS students respond to “locker room talk”

Elliot Yoder, Dallas, Oregon
http://www.transstudent.org/dallas

Nadya Okamoto, Founder and Executive Director, Camions of Care and Vincent Forand, Founder and Operations Director
http://www.camionsofcare.org/our-story/

https://oryouthconnection.org/
This work is not easy
And it is bigger than us
Overwhelmed? Deep breaths!
Forget ‘baseball’ — think pizza!
Contraception works
STIs happen

What teens don’t know about STDs can hurt them.

Here’s what you can do...

PROVIDERS
CDC’s screening recommendations
a part of your checklist

PARENTS
Talk with your teens about
sex and STD prevention

EVERYONE
Break the silence — end stigma
and shame around STDs

Pinned Tweet
Britni de la Cretaz @britnidlc · Apr 6
#ShoutYourStatus is for STI+ people to
shatter stigma & not feel ashamed.
There's too much shame & judgment,
when so many of us have STIs.
Talk about consent, have a plan for disclosures of sexual/domestic violence
Your clients are LGBTQIA2S+
Embrace Intersectionality

Intersectionality is the belief that oppressions are interlinked and cannot be solved alone.

Oppressions are not isolated. Intersectionality now!
THANK YOU
Sexual and Reproductive Health Services for Youth

An adolescent-centered AND evidence-based approach from design to evaluation

Andrea J. Hoopes, MD, MPH
University of Colorado School of Medicine
Who are youth?
Youth learn
Youth work
Youth achieve
Youth need support to become healthy adults
Youth in Oregon

* 9% of 8th graders and 41% of 11th graders have had sex
* Among 11th sexually active grade students
  * 5% using IUD or implant
  * 15% using depo, pills, patch or ring
  * 77% using condoms and withdrawal
  * 17% reported using alcohol or drugs before their last sexual encounter

Adolescent Developmental Context

- A perfect storm of interacting levels of change
  - Biological
  - Behavioral
  - Neurodevelopmental
  - Peer
  - Family
  - School
  - Culture
  - Media
Developmental Science of Adolescence

• Shifting focus from perfect storm of risk
  ▪ “Accelerator before brakes”
• Adolescent brain
  ▪ Well adapted for the tasks and challenges of adolescence
  ▪ Encounters unique opportunities for social, emotional, & motivational learning about the complex world they must navigate

http://developingadolescent.berkeley.edu
Why do youth need special services?

• Health risks associated with transition from childhood to adulthood
• Evolving needs as they individuate from parents and families
• Multi-level influences on health
• Increased barriers to accessing services

Health needs and actions in adolescents and young adults

Youth-centered design

- **Video**

**Drawing a Picture: Adolescent Centered Medical Homes**

- Health Experts, Meet Teen Experts
- Take the First Step ... Out of the Exam Room: Helping Your Teen Navigate Healthcare View the extended version [here](#).
- Teen Self-Advocacy: How to be your own healthcare advocate
- Voices of Transgender Adolescents in Healthcare
CDC Providing Quality Family Planning Services: Counseling Adolescent Clients

• Providers should:
  • Give comprehensive information about how to prevent pregnancy and reduce risk of STDs
  • Offer confidential services and observe all relevant state laws and any legal obligations for reporting
  • Encourage and promote communication between adolescent and his/her parents/guardians about sexual and reproductive health
  • Provider services in a “youth-friendly” manner as recommended by the World Health Organization
• Confidentiality
• Privacy
• Consent
• Cultural and Linguistic Inclusivity
• Comprehensive services
• Parent/Guardian Involvement

http://www.cdc.gov/teenpregnancy/health-care-providers/teen-friendly-health-visit.htm#elements
World Health Organization (WHO) Adolescent-Friendly Services
Adolescent-Friendly Health Services

- **Equitable:** All adolescents, not just certain groups, are able to obtain health services.
- **Available:** Adolescents *are able* to obtain health services.
- **Acceptable:** Adolescents *are willing* to obtain health services.
- **Appropriate:** The *right health services* (i.e., the ones they need) are provided to them.
- **Effective:** The *right health services are provided in the right way*, and make a positive contribution to their health.
Experience of Care

- Felt welcome in hospital
- Age appropriate environment
- Respected by clinician
- Trust in clinicians
- Understanding of health information
- Involvement in decisions about care
- Comfort asking questions about health

Evidence Informed Care

- Psychosocial assessment
- Confidentiality discussions
- Time alone in visits
- Self management
- Transfer to adult health services
- Support to continue education
- Connection to external supports

S.M. Sawyer et al. / Journal of Adolescent Health 55 (2014) 484e490
Society for Adolescent Health and Medicine Position Papers

Access to Health Care for Adults

Confidential Health Care for Adolescents: Position

Sexual and Reproductive Health for Adolescents

Recommendations for Electronic Health Record Use for Delivery of Adolescent Health Care

Confidentiality Protections for Adolescents and Young Adults in the Health Care Billing and Insurance Claims Process

The Society for Adolescent Health and Medicine and the American Academy of Pediatrics

http://www.adolescenthealth.org/Advocacy/Position-Papers-Statements.aspx
Physicians for Reproductive Health Adolescent Reproductive and Sexual Health Education Project

- Adolescent-Friendly Health Services
- Adolescent Sexual and Reproductive Health Data
- Caring for Pregnant and Parenting Adolescents
- Caring for Transgender Patients
- Human Papillomavirus and Adolescents
- Sexual History-Taking: Essential Questions

https://prh.org/teen-reproductive-health/arshep-downloads/
• 4 intervention types: in-facility, out-of-facility, special populations and generation of demand and community support

• Ready for scale-up
  • Packaged interventions that train health workers, improve adolescent-friendliness of facilities, generate demand through multiple channels (education, mass-media)

• More research
  • How to reach marginalized or vulnerable youth
  • How to improve community acceptance
  • Youth centers
## WHO Tools

<table>
<thead>
<tr>
<th>Data collection instrument</th>
<th>Recommended sample frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adolescent client tool</td>
<td>Approximately six adolescents per health facility; can be divided into three male adolescents and three female adolescents, but this depends on the type of service being assessed e.g. antenatal clinic or STI clinic.</td>
</tr>
<tr>
<td>Health-care provider tool</td>
<td>In facilities where there are fewer than five health-care providers, all should be interviewed; where there are more than five but fewer than 10 health-care providers, at least five should be interviewed; where there are more than 10 health-care providers, 50% should be interviewed.</td>
</tr>
<tr>
<td>Support staff tool</td>
<td>At each facility, the primary support staff member is usually the receptionist. It might be worthwhile to ask which other staff are most likely to come in contact with the most adolescents. In general, approximately three support staff per health facility should be interviewed.</td>
</tr>
<tr>
<td>Health facility manager tool</td>
<td>Typically, there is one manager per health facility. Each manager should be interviewed.</td>
</tr>
<tr>
<td>Outreach worker tool</td>
<td>Depending on the size of the community and the number and types of outreach workers, a general recommendation is to interview at least five per community.</td>
</tr>
<tr>
<td>Community member tool</td>
<td>Community members can consist of husbands of young women, mothers-in-law, parents of adolescents, teachers of adolescent students and other community leaders. The selection of community members will depend greatly on the cultural context. In most cases, parents should be the primary informant, as they are likely to exert the most influence on whether adolescents seek care at the health facility. When thinking about selecting a sample, try to include various types of people from the community so that you can obtain a wide range of viewpoints. When selecting parents to interview, for example, make sure that you speak to mothers and fathers from different socioeconomic groups. In general, choose two to three people from each category (e.g. mothers, fathers, religious leaders, teachers).</td>
</tr>
<tr>
<td>Adolescent-in-community tool</td>
<td>A focus-group discussion could be conducted among eight to 10 adolescents in a community. Otherwise, approximately five to six adolescents could be interviewed separately in a community.</td>
</tr>
<tr>
<td>Observation guide</td>
<td>If you are going to be assessing Characteristic 17 “Health-care providers have the required competencies to work with adolescents and to provide them with the required health services.”, you must observe approximately three to five interactions between health-care providers and adolescent clients per site. The other characteristics that require observations are more general to the health facility.</td>
</tr>
</tbody>
</table>
University of Michigan Adolescent Health Initiative ACE Assessment

Adolescent-Centered Environment (ACE) Assessment Process

- Baseline Assessment: Health centers complete a self-assessment scoring themselves on 12 key areas of adolescent-centered care.
- Implementation Plan: Health centers receive a plan comprised of robust recommendations and resources to drive improvements through the ACE process.
- Training Opportunities: AHI offers pre-packaged adolescent-centered trainings for health centers to facilitate with staff and providers.
- Year-End Assessment: Health centers complete a year-end assessment, capturing improvements made throughout the process.
Evaluation Resources

https://www.measureevaluation.org/prh/rh_indicators/specific/arh
http://www.teenhealthcare.org/our-impact/evaluating-our-model/
Case #1:

• 16 year old female student gets a Nexplanon at her school-based health center without parental consent

• Mom notices bruising on arm and demands to know what happened

• Comes to school asking “Who is responsible for putting this THING in my daughter?”

• Confidentiality

• Familiarity with laws

• Mediation a conversation focusing on daughter’s strengths and responsible decision

• Pre-emptive support for parents
Case #2

- 17 year old young man is told by a female partner that he was diagnosed with STD
- Needs to come to clinic for screening and treatment

- Expedited partner treatment
- Accessible hours that are equitable for young men free of cost
- Appropriate preventive health screening and linkages to care
Case #3

- 13 year old biologic female shares with provider that they identify as male, feels strong symptoms of depression with thoughts of wanting to end their life

- Inclusive environment and non-judgmental providers
- Crisis mental health support
- Linkages to medical care and psychosocial
- Community partners
Nexi and Udi
Thank you!

andrea.hoopes@childrenscolrado.org
A Seattle high school is taking birth control access to the next level

By Eve Andrews on May 27, 2015   147 comments

Source: http://grist.org/living/a-seattle-high-school-is-taking-birth-control-access-to-the-next-level/
Schools Offer IUDs to 11-Year-Old Girls Without Parental Consent

Seattle public high schools and middle schools are now providing an invasive form of birth control to girls, starting at age 11.

Sources: http://insider.foxnews.com/2015/07/06/11-year-old-girls-can-get-iuds-birth-control-school-without-parental-consent
“Youth Moment”/Break
Let’s Talk About Race
“Youth Speak”

- Malika Edden (Facilitator)
- Dorian Campbell – Momentum Alliance
- Gabrielle Kornahrens – Momentum Alliance
- Llondyn Elliot – Momentum Alliance
- James Biggers – OSBHA Statewide Youth Action Council
- Meg Feely – OSBHA Statewide Youth Action Council
- Natalie Fossoy – OSBHA Statewide Youth Action Council
Kid Cudi
October 4 at 7:17pm

It's been difficult for me to find the words to what I'm about to share with you because I feel ashamed. Ashamed to be a leader and hero to so many while admitting I've been living a lie. It took me a while to get to this place of commitment, but it is something I have to do for myself, my family, my best friend/daughter and all of you, my fans.

Yesterday I checked myself into rehab for depression and suicidal urges. I am not at peace. I haven't been since you've known me. If I didn't come here, I would've done something to myself. I simply am a damaged human swimming in a pool of emotions everyday of my life. There's a raging violent storm inside of my heart at all times. I don't know what peace feels like. I don't know how to relax. My anxiety and depression have ruled my life for as long as I can remember and I never leave the house because of it. I can't make new friends because of it. I don't trust anyone because of it and I'm tired of being held back in my life. I deserve to have peace. I deserve to be happy and smiling. Why not me? I guess I give so much of myself to others I forgot that I need to show myself some love too. I think I never really knew how. I'm scared, I'm sad, I feel like I let a lot of people down and again, I'm sorry. It's time I fix me. I'm nervous but I'm getting through this.

I won't be around to promote much, but the good folks at Republic and my manager Dennis will inform you about upcoming releases. The music videos, album release date etc. The album is still on the way. Promise. I wanted to square away all the business before I got here so I could focus on my recovery.

If all goes well I'll be out in time for ComplexCon and I'll be looking forward to seeing you all there for high fives and hugs.

Love and light to everyone who has love for me and I am sorry if I let anyone down. I really am sorry. I'll be back, stronger, better. Reborn. I feel like shit, I feel so ashamed. I'm sorry.

I love you,
Scott Mescudi
Take a break.
You deserve it!
Networking: the exchange of information, ideas or services among individuals or groups; specifically: the cultivation of productive relationships
“Youth Moment” / Break

Soy Yo – Bomba Estéreo

https://www.youtube.com/watch?v=bxWxXncI53U
Communication & Collaboration Action Planning

Glynis Shea
Communication & Collaboration Action Planning
how we talk about what we do matters

how we do what we do matters

talking about what we do matters
SBHC folks
youth-y folks

RH folks
sexy folks

Share goal: improve how your community supports the sexual health of young people
communication & collaboration action planning

strengths & assets

things you need
what you want to say vs. what they need to hear
Frames, according to many psychologists, linguists and cognitive scientists, are mental shortcuts that are used to facilitate the thinking process. We use frames to provide categories and a structure to our thoughts.
you are always being framed
sound bite
Think Compaq can beat HP PCs for network-ready features and prices?
Prepare to have that idea shattered.

You should ask what Compaq means by "network-ready." For instance, are their PCs easiest to set up in multivendor networks? Is their management solution industry-standard—and can it manage all brands of PCs, not just their own? Are all management features available under Windows 3.1? Are they free? In HP's case, the answers are all yes.

In addition, HP ranked best overall among desktop personal PC users in the 1994 J.D. Power and Associates Customer Satisfaction Study. So call 1-800-322-HPCC, Ext. 9387 for more information and the name of your nearest HP dealer. We're more network-ready than anyone.

HP PCs

FROM $1,859

Hewlett Packard
elephants: words or phrases that trigger unproductive mental shortcuts
Your words trigger mental shortcuts

Their shortcut will always trump your facts
‘Alarming’ number of teenage girls have STDs, first major study finds

At least one in 4 American teens ages 14 to 19 has a sexually transmitted disease. The most common one can cause cervical cancer, and the second most common can cause infertility. Inadequate sex education was blamed.

By LAWRENCE K. ALTMAN
New York Times

The first national study of four common sexually transmitted diseases among girls and young women has found that 1 in 4 are infected with at least one of the diseases, federal health officials reported Tuesday. Nearly half the blacks in the study of teenagers ages 14 to 19 were infected with at least one of the diseases monitored in the study — human papillomavirus (HPV), chlamydia, genital herpes and trichomoniasis, a common parasite. The 50 percent figure compared with 20 percent of white teens, health officials and researchers told a news conference at a scientific meeting in Chicago. The two most common sexually transmitted diseases (STDs) among all the participants tested were HPV, at 18

FIRST STUDY SHOWS HIGH STD RATES

About 3.2 million teenage girls are infected with a common sexually transmitted disease, according to the first CDC study examining the national prevalence among adolescents.

Common sexually transmitted diseases (STD), girls aged 14-19

<table>
<thead>
<tr>
<th>OVERALL PREVALENCE</th>
<th>26%</th>
</tr>
</thead>
<tbody>
<tr>
<td>RACE/ETHNICITY</td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td>48%</td>
</tr>
<tr>
<td>White</td>
<td>20</td>
</tr>
<tr>
<td>Mexican Americans</td>
<td>20</td>
</tr>
</tbody>
</table>

Sources: Centers for Disease Control and Prevention, Associated Press
how?

Make context visible
Talk about development
health is about ...
Individualism
Social determinants of health

Individual
- Risk/Protective
- Knowledge
- Skills
- Developmental

Relationships
- Parents
- Siblings
- Extended family
- Peers

Institutional
- Media
- Governmental systems (health, education, legal)
- Business models

Community
- Neighborhood
- Schools
- Parks/Playgrounds
- Workplaces
- Local/geography

Societal
- Economic systems
- Governmental model
- Dominant culture
- Ideologies & values
Naming it (aka labels)

Societal
Economic systems
Governmental model
Dominant culture
ideologies & values

Excludes and marginalizes those that don’t fit
how?
Make context visible
individual

structures
talking about OUR role
Alarming number of young people have no access to reproductive health services

At least one in 4 American teens ages 14 to 19 has a sexually transmitted disease. The most common one can cause cervical cancer, and the second most common can cause infertility. Inadequate sex education was blamed.

By LAWRENCE K. ALTMAN
New York Times

The first national study of four common sexually transmitted diseases among girls and young women has found that 1 in 4 are infected with at least one of the diseases monitored: human papillomavirus, genital herpes, Chlamydia, and Trichomoniasis. The study, conducted by federal health officials, was announced Tuesday.

Nearly half the blacks in the study of teenagers ages 14 to 19 were infected with at least one of the diseases monitored. Among whites, the rate was 26%; among Mexican Americans, 20%; and among American Indians, 20%

Sources: Centers for Disease Control and Prevention, Associated Press
how we talk about what we do matters
All youth students

http://blacklivesmatter.com/
development
development
Mini-adults; fully formed
Healthy development = Vaccines + 10 commandments + state capitals
Explore identity

= disrespect
Focus on physical = vain
Developing/expressing beliefs = slacker rabble rousers trouble maker
**Terms**

And which of the following terms do you know well enough that you would be able to define them for your parents or someone who has never heard of these terms before?

<table>
<thead>
<tr>
<th>Term</th>
<th>Total</th>
<th>Gen Z - 13-20</th>
<th>Younger millennials - 21-27</th>
<th>Older millennials - 21-34</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aromantic</td>
<td>11%</td>
<td>6%</td>
<td>4%</td>
<td>4%</td>
</tr>
<tr>
<td>Asexual</td>
<td>39%</td>
<td>40%</td>
<td>41%</td>
<td></td>
</tr>
<tr>
<td>Cisgender</td>
<td>12%</td>
<td>7%</td>
<td>8%</td>
<td>7%</td>
</tr>
<tr>
<td>Demisexual</td>
<td>16%</td>
<td>7%</td>
<td>8%</td>
<td>1%</td>
</tr>
<tr>
<td>Gender fluid</td>
<td>28%</td>
<td>28%</td>
<td>23%</td>
<td></td>
</tr>
<tr>
<td>Genderqueer</td>
<td>9%</td>
<td>1%</td>
<td>13%</td>
<td>11%</td>
</tr>
</tbody>
</table>

**Exploring sexuality = _______**

*J. Walter Thompson Intelligence — Study of youth attitudes toward gender*
Teen Pregnancy in the United States
In 2011, a total of 329,797 babies were born to women aged 15–19 years, for a live birth rate of 31.3 per 1,000 women in this age group. This is a record low for U.S. teens in this age group, and a drop of 8% from 2010. Birth rates fell 11% for women aged 15–17 years, and 7% for women aged 18–19 years. While reasons for the declines are not clear, teens seem to be less sexually active, and more of those who are sexually active seem to be using birth control than in previous years.

Birth Rates (Live Births) per 1,000 Females Aged 15–19 Years, by Race and Hispanic Ethnicity, 2000–2011

UD professor: Teens having babies costs U.S. billions
By ALISON KEPNER, The News Journal
Posted Wednesday, November 15, 2006 at 10:09 am

‘Alarming’ number of teenage girls have STDs, first major study finds

1 out of 4 American teens ages 14 to 19 has a sexually transmitted disease. The most common one can
how?

Talk about development
Prevent adolescent risk taking vs Provide developmentally appropriate and safe risk-taking opportunities.

Development, development, development
Sex and sexuality as fundamentally dangerous and harmful

Real Reason
Expanding Our Approach

From Teen Pregnancy Prevention to Sexual Health, Safety and Well-being

As all youth transition into adolescence, they experience important physical, psychological and social changes. It is an exciting time. Youth develop more complex communication and relationship skills, define their identities and engage their communities in new ways. They are actively formulating ideas, attitudes and behaviors related to sexuality.

Historically, most sexual health interventions and sex education curricula focused on the prevention of negative outcomes: unplanned pregnancy, sexually transmitted infections (STIs), sexual violence and abortion. It is important to help young people avoid these outcomes. However, fostering sexual health involves more. For example, the World Health Organization offers a holistic definition with a focus on wellness (see glossary). To foster sexual health we must unequivocally communicate to young people that sexuality is a natural part of human experience.

Central to this effort is the recognition that sexual health outcomes are affected by more than individual decision making. Research indicates that sexual behaviors and outcomes are heavily influenced by structural factors including: (1) poverty and discrimination that can severely compromise family and community support systems; (2) gender inequities and gender role expectations; and (3) the assumption that everyone is or should be heterosexual. Effective efforts to promote sexual health advance socioeconomic and gender equality, challenge definitions of what it means to be male or female and encourage openness to sexual diversity.

The 2009 Oregon Youth Sexual Health Plan reflects a positive approach to working with young people to improve their sexual health. It focuses on promoting comprehensive well-being, rather than simply avoiding negative outcomes. When young people feel valued by their communities, have hope for the future, and are confident their actions make a difference, they are better-equipped to make positive choices about sexual health. Many people and programs in Oregon already incorporate this youth development/health promotion philosophy. For others, adopting this approach may require adjustments in thinking, language, programs, policies and measurement.

This plan emphasizes adults’ responsibility to ensure availability of accurate information, skill-building opportunities and quality health services for all. It also recognizes youth must be centrally involved in defining their own needs and developing programs and policies. It aims to incorporate all young people, recognizing that past efforts have not served or included all groups well. It also conveys trust that young people will make responsible decisions when they feel part of communities that support them. In an effort to be responsive to the input of Oregonians and efficiently organize the efforts of this plan, a logic model has been employed.

A logic model is a systematic and visual way to present and share understanding of the relationships among the resources available to operate a program.

Safety and protection

vs.

Developmental support
Adolescents are incapable

Real Reason
Adolescents are sex-crazed and swept away by hormones

vs.

Adolescents are adjusting to sexually maturing bodies and feelings
We keep them healthy; protect them

VS.

They learn healthy behaviors; make healthy choices
10 Tasks of Adolescence

TASK 1: Adjust to new physical sense of self as well as sexually maturing bodies and feelings

TASK 2: Develop and apply abstract thinking skills

TASK 3: Develop and apply a more complex level of perspective taking

TASK 4: Develop and apply new coping skills (e.g., decision making, problem solving, conflict resolution)

TASK 5: Identify meaningful moral standards, values, and belief systems

TASK 6: Understand and express more complex emotional experiences

TASK 7: Form friendships that are mutually close and supportive

TASK 8: Establish key aspects of identity

TASK 9: Meet the demands of increasingly mature roles and responsibilities

TASK 10: Renegotiate relationships with adults in parenting roles

During adolescence, young people are meeting the demands of increasingly mature roles and responsibilities. Our job as adults is to support their development by ensuring that they have a connection to a caring adult.
During adolescence, young people are

______________________________

Our job as adults is to support their development by

______________________________

ALL of these intersect with sexual health – can you make the link?
talking about what we do matters
When? With whom?

Waitress
People in grocery line
Partner, spouse, parents
Roomate, friend
Bus/Train seat partner
Co worker
Boss
Teachers
Program partner
Parents at the football game
Barista
Hair stylist
Coaches
VIP at event

When? With whom?
Make more messengers

50 parents
Superintendent
Principal
PTA
Coaches
Student Council
Talk about development with people
sexting
**connect/values**
Right? This is the kind of thing that really gets my attention because … vital to MN and our future.

**context**
Of course they aren’t the only ones doing it, are they?

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Have you ever thought about joining our wellness council?
condoms in school
Wow! Parent of teen, right? I get the freak out. And at the same time I think it’s awesome.

This election season has reminded me of how important it is that our community takes a productive approach to sexual health and reproductive rights – for any age!

Especially for young people! You know during adolescence, young people are wrangling sexually maturing bodies and feelings so …

When our schools provide condoms, our community is showing our commitment to supporting their efforts to be sexually health.

Is this wacky? I want to know more about why you think condoms will cause sex …
not enough
how we do what we do matters
huh?
healthy youth development

how we do what we do matters
stuff designed specifically to do this doing what we do in a way that supports these how we do what we do matters
Better Together Hennepin: Healthy Communities — Healthy Youth is a Hennepin County initiative to prevent adolescent pregnancy and promote healthy youth development.

Hennepin County recognizes that youth thrive when they wait until adulthood to become parents, and that healthy, self-reliant young people, in turn, build strong communities. Better Together Hennepin builds four key supports that all young people need in order to delay parenthood:

- Healthy youth development opportunities
- Connections to caring adults
- Evidence-based sexuality education
- Accessible reproductive health services for those who choose to be sexually active

Better Together Hennepin builds these supports in two mutually reinforcing ways: creating systems change and directly funding evidence-based programming.

SYSTEMS CHANGE
Better Together Hennepin staff and contractors partner with a variety of organizations—from school districts to non-profit organizations to Hennepin County departments—to implement policies and practices that give young people the supports they need to avoid pregnancy and parenthood. Current projects include:

Sex Education Expansion: Better Together Hennepin works with school districts to adopt policies that promote the use of evidence-based sex ed curricula; helps them assess their student population and choose curricula that work best for their students; provides training for teachers on selected curricula; and advises districts on communications about curricula with parents and key stakeholders.
THREE THINGS WE WANT TO ACCOMPLISH

1. Promote the use of sexual health clinics by youth and young adults.
2. Portray audience in a positive light.
3. Authentically engage youth in the process.
MEET OUR YOUTH LEADERSHIP TEAM

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Augsburg

Grace Yang  
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Lanee Johnson  
Edison H.S.

Hassan Sankoh  
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Janiru Herath  
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Sara Aliyeva  
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Michelle Wheeler  
St. Olaf

Grace Ward  
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Lauren Salgado  
Washburn H.S.
QUESTIONS ABOUT CLINIC PERCEPTIONS

EMOTIONAL

“Fear of unknown”
“Scared”
“Ashamed”
“Feel will be judged”
“Shame”
“Guilt”
“Embarrassed”
“Fear of test results”
“Shy”
“Low confidence”
“Parents finding out”
“Afraid of what others think”
“Pride”

RATIONAL

Why would a sexually active person choose NOT to go to a clinic?

“Not aware”
“Cost”
“Transportation”
POSITIVE THINGS TO SAY

What are the positive things that can be said about people who go to the clinics?

- They are brave and smart to choose going to a clinic despite all of the emotional barriers they may feel.

- That they care about their health and actually want to be healthy.

- Responsible.
- Informed.
- Sensible.
- Smart.
- SAFE.
THE STRATEGIC PREMISE

There is nothing more important than being myself – mind, body, soul. My health is my past, my present and my future, and I'm the only person that can take care of me. No matter what decisions are made for me, this is one I'm ready to make for myself. I choose to take charge, to learn and to visit a clinic. I don't go because it's the easy choice, I go because it's the right choice for me. Strong, brave, courageous, that's what I choose to be. I am taking charge of my sexual health.
CREATIVE SOLUTION

TAKING CHARGE
TAKES COURAGE
I'M TAKING CARE OF MY SELF.
FIND YOUR CLINIC MySelfMyHealth.org

TAKIN' CHARGE
HEY! THESE ARE YOUR GIRL POWER TALKIN...
AND WE'RE JUST SAYIN' WE'RE HAPPY & PROUD TO BE PART OF YOU AS YOU'RE TAKIN' CARE OF YOUR SEXUAL HEALTH.
FIND YOUR CLINIC MySelfMyHealth.org

KNOWLEDGE IS POWER
I'M TAKING CHARGE OF MY SELF.
FIND YOUR CLINIC MySelfMyHealth.org
RESPONSIVE WEBSITE DESIGN
INITIAL RESULTS – FIRST SIX WEEKS

21,261 visits to the website

Majority of visits came from Pandora, Facebook and YouTube advertising

Over 6,000 people clicked to a specific clinic page on the website

TV spots were viewed approximately 75,000 times on YouTube

$25,000 of “in-kind” media secured through bonus spots and extended postings (estimated)
Do you do this? How? What works?
Youth Advisory Councils!
Collaborate!!!
communication & collaboration action planning

1

Shopping List

4

ideas

next steps
youth-y folks

sexy folks

thank you!
challenge: go beyond “providing information”
The Case for Confidentiality

Oregon School-Based Health Center & Reproductive Health Program Coordinators’ Meeting

October 27, 2016
Today’s Session

- Overview of confidentiality issues
- Description of Oregon’s confidential communication request law
- Strategies for implementation

Questions 5 minutes
Table discussion 15 minutes
Report back 10 minutes
Confidentiality Described (and a note about consent)

• Fundamental principle in health care
• Who is impacted?
  – Adolescents
  – Young adults
  – Dependents on family health insurance policies (children, spouses, domestic partners)
• Privacy concerns around:
  – Mental health
  – Substance use
  – Sexual and reproductive health
  – Experiences of violence

*Confidentiality vs. consent: what’s the difference?
The Tangled Landscape

- ACA - upping the ante
- Federal law
  - HIPAA
  - ERISA
  - Title X
- State law and regulations
- Agency/corporate policy
- Professional ethical obligations
- Best practice recommendations
### Implications - Clients

**PRIVACY PROBLEMS**

Teens are far more likely than older women to cite confidentiality as the reason they are not planning to use their insurance coverage to pay for the care they receive at reproductive health–focused health centers.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 20</td>
<td>31%</td>
</tr>
<tr>
<td>20–29</td>
<td>15%</td>
</tr>
<tr>
<td>30 and over</td>
<td>4%</td>
</tr>
</tbody>
</table>

*Source: reference 5.*

Guttmacher, 2013
Implications - Providers

A 2015 survey of health care providers in Oregon found:

• 32% reported redirecting care to another provider or setting
• 38% reported avoiding coding and/or billing for services
• 41% reported a financial impact on their health center/practice because they cannot or do not bill a clients insurance (private or OHP)
Oregon’s New Law (HB 2758): Confidential Communications Request

What the law **DOES:**

• Requires *commercial* health insurance carriers to permit any member the right to request that protected health information be sent directly to them instead of the person who pays for their health insurance

• Standardized request form

• Types of communication covered include:
  – An explanation of benefits (EOB)
  – Name and address of provider, description of services provided, or other visit information
  – Claim denial
  – A request for additional information about a claim
  – A notice of a contested claim
Oregon’s New Law (HB 2758): Confidential Communications Request

What the law does **NOT** do:

- Apply to patients with Oregon Health Plan (Medicaid).
- Suppress an EOB or other communication. Only redirects it to another location.
- Impact deductible or out-of-pocket maximum amounts.
- Impact communication generated by **providers**.
- Change access to information on online patient portals.
Important Points to Consider and Share

Patient should confirm with insurance company that request has been received and processed.

If the confidential communication request has not been processed, information about the visit may be sent to the policy holder.
Insurance Division Website
http://tinyurl.com/ORPatientPrivacy

Patient right to privacy

Oregon law guarantees you the right to have protected health information sent directly to you instead of to the person who pays for your health insurance plan (the primary account holder).

You can have this information shared with you directly through a number of different ways:
- Email
- Telephone
- At a different mailing address

To make this request, complete, sign, and send this form to your insurer. You can send it by mail, fax, or email. Contact your insurance company to find out where to send your form.

Download the Oregon Request for Confidential Communication form

PLEASE NOTE: If you change insurance companies, you must make a new request to the new insurance company. Until your request is processed, the insurance company may continue to send your protected health information to the person who is paying for your health insurance.

What is protected health information?

Protected health information is individually identifiable health information your insurer has or sends out in any form. Confidential communication of protected health insurance covered under this request includes:
- The name and address of a provider, a description of services provided, and other visit information
- An explanation of benefits notice
- Information about co-payment

Key links
- Information for health care providers
- Links to insurer confidentiality information
Confidential Communication Request Form
Insurance Division Website

Department of Consumer and Business Services / Division of Financial Regulation / Get help / Health / Patient right to privacy

Patient right to privacy

Information for health care providers

As a provider of health care, your help advising patients of their right to privacy is essential. In the process of providing care to your patients, you are on the forefront of dealing with issues of privacy and confidentiality. It is critical that you and your clinic staff are aware of the steps to request confidential communication.

To help support your patients, please consider:

- Ensuring all clinic staff are aware that any patient has the right to request confidential communications from their insurance company, and where the form to do so can be found.
- Educating your patients about their rights.
- Adopting clinic processes that aid clients in requesting confidential communication:
  - Have hard-copy versions of the standardized form available at your clinic.
  - Help patients complete each section of the form.
  - Identify where patients need to send the form based on their insurance company and assist them in doing so.

Important points to consider and share with patients:

- Confidential communication requests made by mail may take up to 30 days to process.
- Confidential communication requests made by electronic means may take up to 7 days to process.
- It is important that patients confirm with their insurance company that their request has been received and processed. If a patient requests confidential communications and the request has not been fully processed, information about their visit may be sent to the policy holder. In other words, information about their current visit may not be kept confidential, even if they submit a confidential communications request on the day of the visit.

If you have questions or concerns about this process, please contact:

Gayle Woods
Senior Policy Advisor
Oregon Insurance Division
(503) 947-7217
gayle.woods@oregon.gov

Other resources:

Oregon Request for Confidential Communications


Minor Rights:
Access and Consent to Health Care
A resource for providers, parents and educators
Recommendations for Implementation

• Ensure all clinic staff are aware of and understand the new law.
• Incorporate discussions about confidentiality and the new law throughout the patient’s visit.
• Consider clinic processes to assist patients in requesting confidential communication.
• Have hard-copy versions of the form available throughout the clinic.
• Consider good client “candidates” for the confidential communications request.
Recommendations for Implementation

**IS IT CONFIDENTIAL?**
Details about your visit could be sent to the person who pays for your health insurance...

**UNLESS YOU TAKE ACTION.**

**Talk to clinic staff.**
They can tell you your options.
For more information:
http://tinyurl.com/ORPatientPrivacy

**Why does this matter?**
Your insurance company may send information about where and when you got health care and what services you had to the person who pays for your insurance, like a parent or spouse.

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**¿ES CONFIDENCIAL?**
La persona que paga su seguro de salud puede recibir detalles sobre su visita...

**A MENOS QUE USTED TOME LAS MEDIDAS NECESARIAS.**

**Platique con los empleados de la clínica.**
Ellos le pueden explicar sus opciones.
Para más información:
http://tinyurl.com/ORPatientPrivacy

**¿Por qué es importante esto?**
Su compañía de seguros puede enviar información sobre dónde y cuándo usted recibió cuidado de la salud y sobre los servicios que recibió a la persona que paga por su seguro, como por ejemplo su padre o cónyuge.
Other Ways to Help Protect Patient Privacy

• Develop/maintain clear clinic policies on confidentiality (including its limits and ways in which to communicate policies to patients)

• Map patient experience to identify gaps where sensitive information could be inadvertently disclosed

• Routinely ask patients how they would like to be contacted

• Understand CCO policies regarding communications to members
Acknowledging Concerns

“It seems complicated, like we have to have the students sign something, but then they have to follow up within a very short period of time to make sure that they know 100% that it’s confidential and that the bill doesn’t actually get generated. That’s the piece that makes me really nervous. I think we don’t trust it.”

“No, we haven’t done this yet. I’m afraid – We’re kind of waiting on this because I’d like to – I’m afraid there might be too many bugs. And I don’t want a client to get a bill at home instead of it going somewhere else.”

-SBHC Coordinators
Next Steps

• Insurance Division report to the legislature by December 2016 on:
  – Effectiveness of the law
  – Education and outreach activities conducted by health insurance plans
• Insurance Division complaint process:
  – To connect with a consumer advocate (consumers and providers):
    1-888-877-4894 or cp.ins@oregon.gov
• Assessment of CCO policies and practices around confidentiality
Table Discussion

1. How do you talk to your clients about confidentiality?

2. Do confidentiality issues affect your clinic operations (e.g. lost revenue, clients seek fewer services)?

3. What are your strategies for addressing confidentiality issues (internally and with clients)?
Questions

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QUESTIONS
What? So What? Now What?

» What did you learn?
  - What did you learn from the youth today?
  - What was the most exciting or surprising thing you learned?

» So what does this learning mean to you and for your program?
  - What insights did you gain from the summit presentations/your peers?
  - What strategies for serving youth do you want to learn more about?

» Now what will you do with what you learned?
  - What things will you do differently?
  - What actions or ideas has this triggered for you?
Our DREAM…

..but until then we will keep providing the youth, and adults, of Oregon with the best possible services!

Thank you!

ADOLESCENT, GENETICS AND REPRODUCTIVE HEALTH
Public Health Division
“Youth Moment”

Oak Park High School teachers tell students 'they are important, inspiring'