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# Welcome to the SBHC & RC Coordinators Meeting!



# “Youth Moment”

People react to being called beautiful

<https://youtu.be/aW8BDgLpZkl>





## AGENDA

8:00 - 8:30 am	Check in and grab breakfast
8:35 – 8:45 am	Welcome
8:45 - 9:00 am	Opening Remarks
9:00 – 9:30 am	Youth Sexual Health in Oregon
9:30 - 10:30 am	Sexual and reproductive health services for youth: Ensuring an adolescent-centered AND evidence-based approach from design to evaluation
10:30 - 10:45am	BREAK
10:45 - 11:45am	“Youth Speak”
11:45 – 12:00pm	BREAK
12:00 – 1:15pm	LUNCH – Working lunch
1:15 - 2:45pm	Communication & Collaboration Action Planning
2:45 – 3:00pm	BREAK
3:00 - 3:45pm	The Case for Confidentiality
3:45 – 4:30 pm	So what, now what?
4:30 – 4:45pm	Closing



# Brief Introductions!

At your table, please share your:

- Name
- Organization/Agency/Program
- What you do



# Helene & Jessica!



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# Youth Sexual Health in Oregon

Shelagh Johnson, Youth Sexual Health Coordinator



PUBLIC HEALTH DIVISION  
Adolescent & School Health

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# Let me introduce myself:



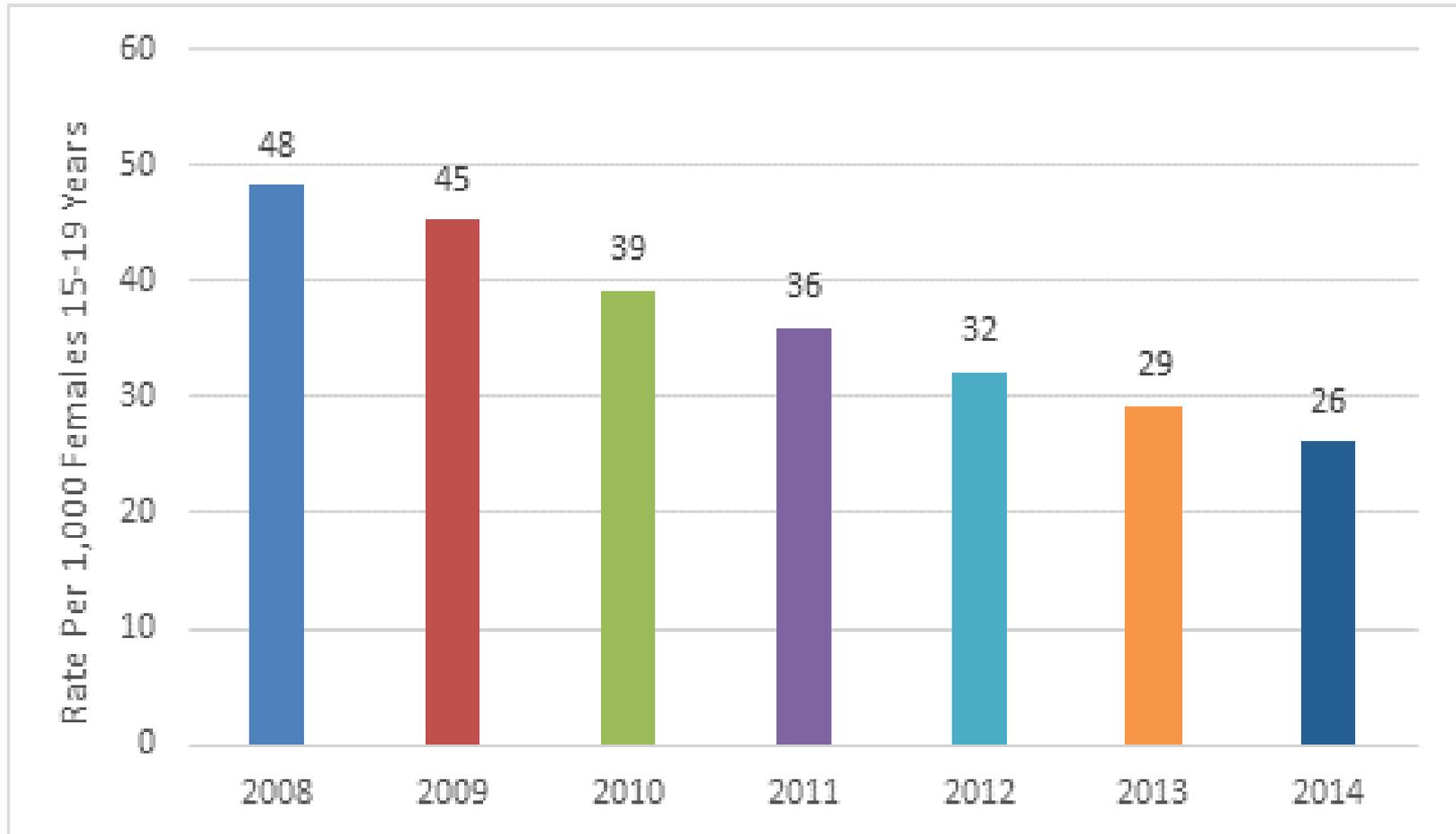
# Why am I here?

- 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

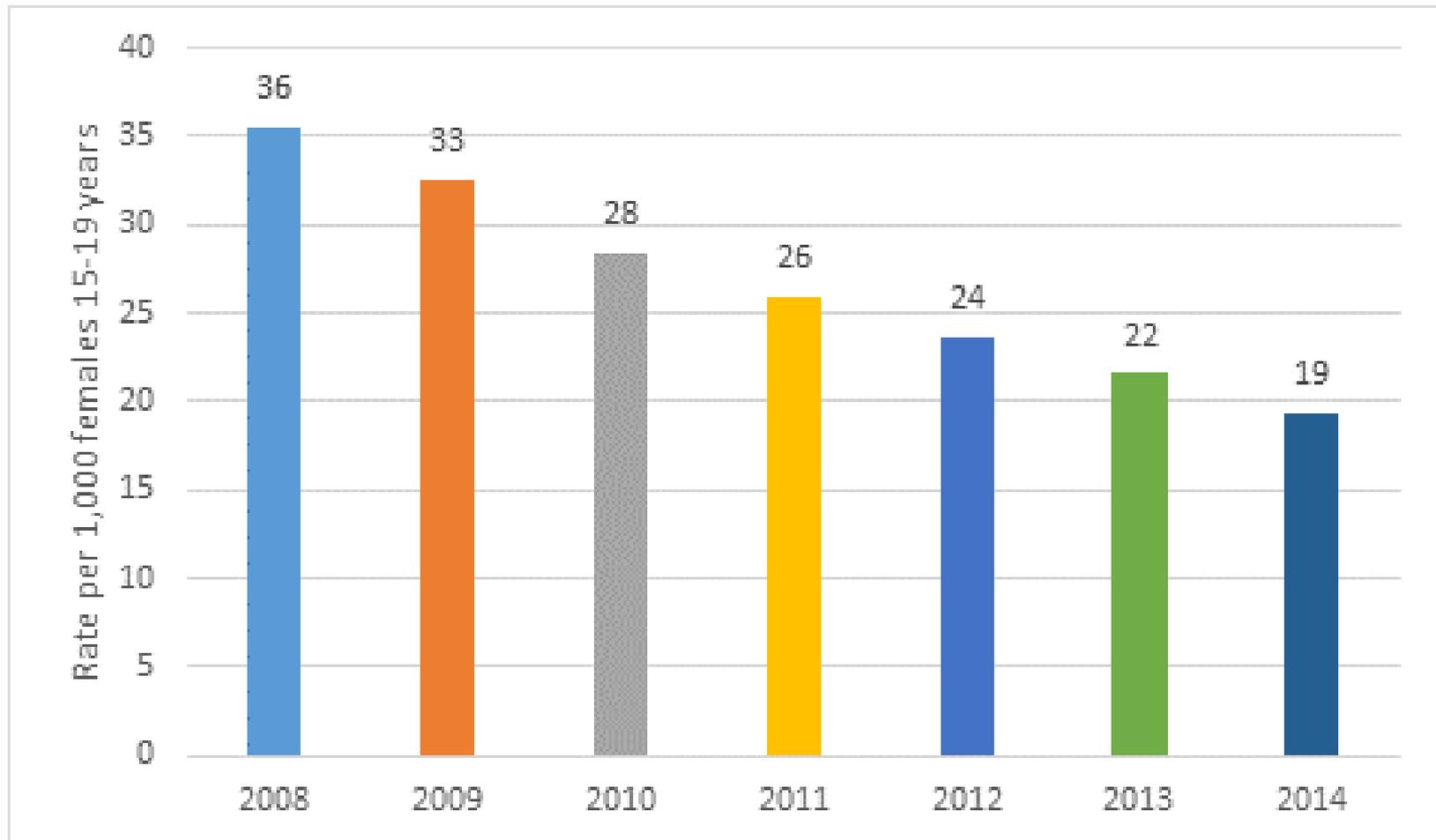
- In 2015, 9.3% of students in grade eight and 41.1% of students in grade 11 in Oregon said they have had sexual intercourse.<sup>15</sup>
- In 2015, 3.3% of students in grade eight and 2.1% of students in grade 11 in Oregon reported having had sexual intercourse before age 13.<sup>16</sup>
- In 2015, 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.<sup>17</sup>
- 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.<sup>18</sup>
- 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.<sup>19</sup>

# 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

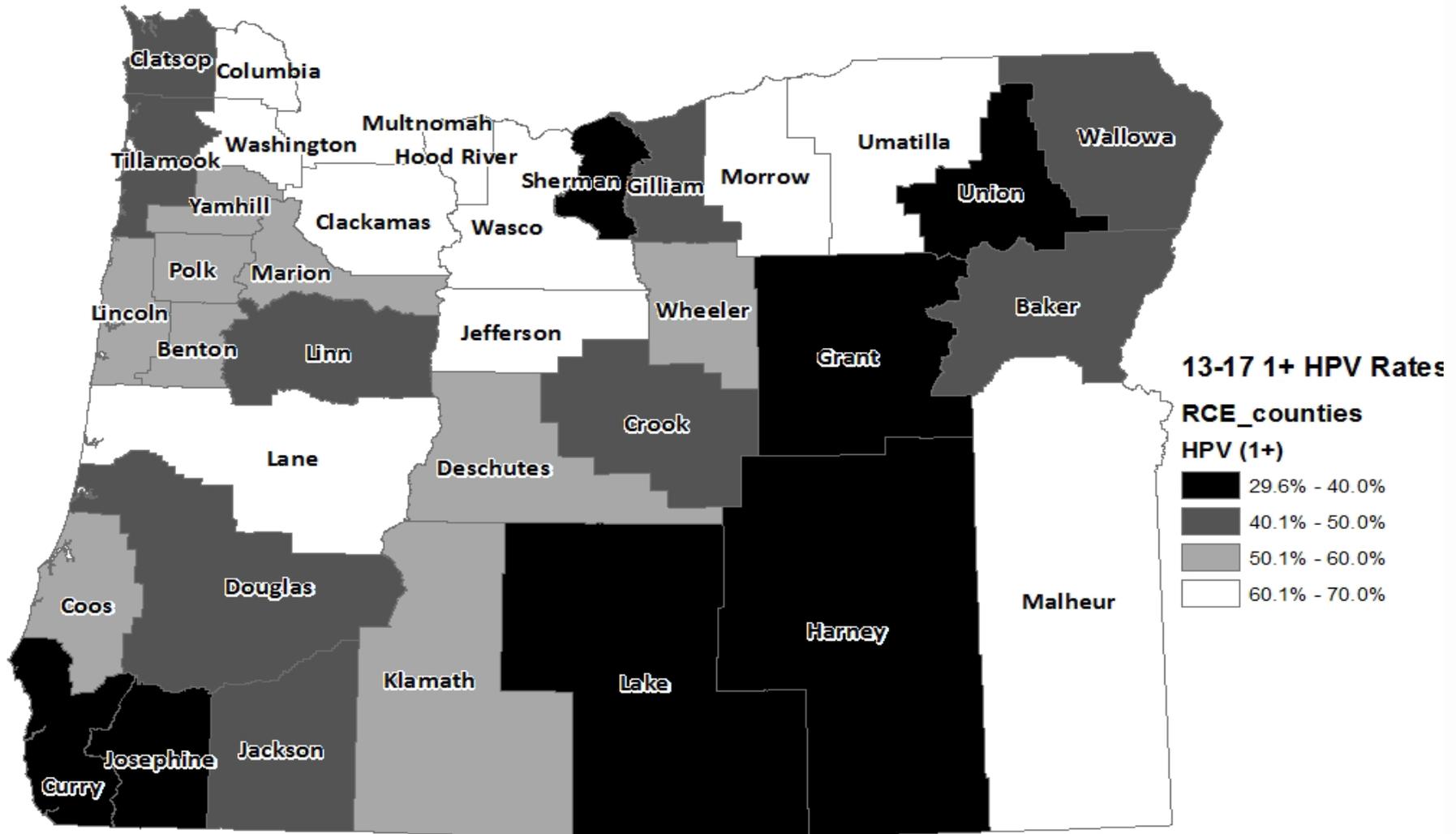


Oregon Health Authority Public Health Division Center for Health Statistics (2016)

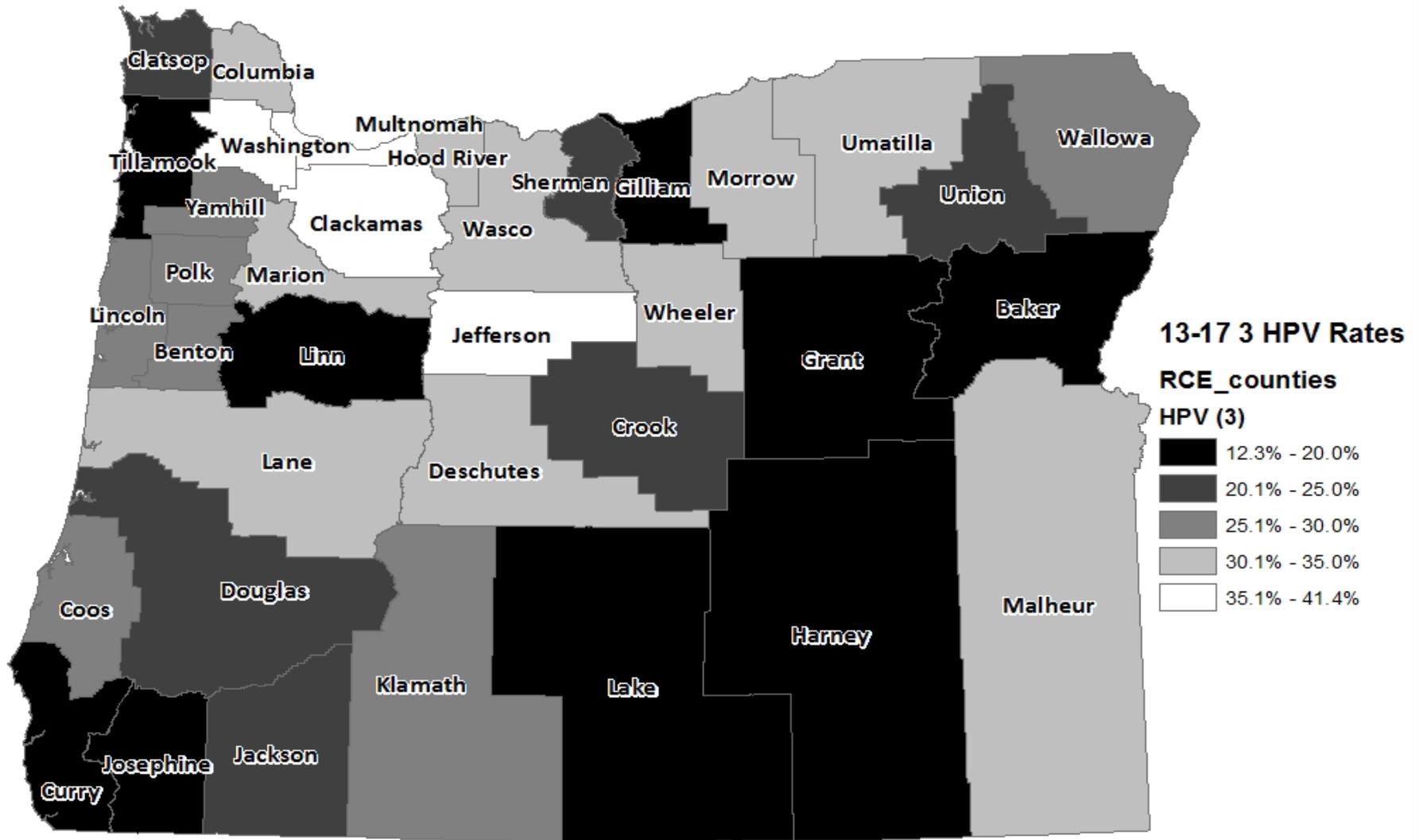
PUBLIC HEALTH DIVISION  
Adolescent & School Health

Oregon  
**Health**  
Authority

# Adolescents 13-17 years with 1+ dose HPV vaccine, 2016



# Adolescents 13-17 years with 3+ doses HPV vaccine, 2016

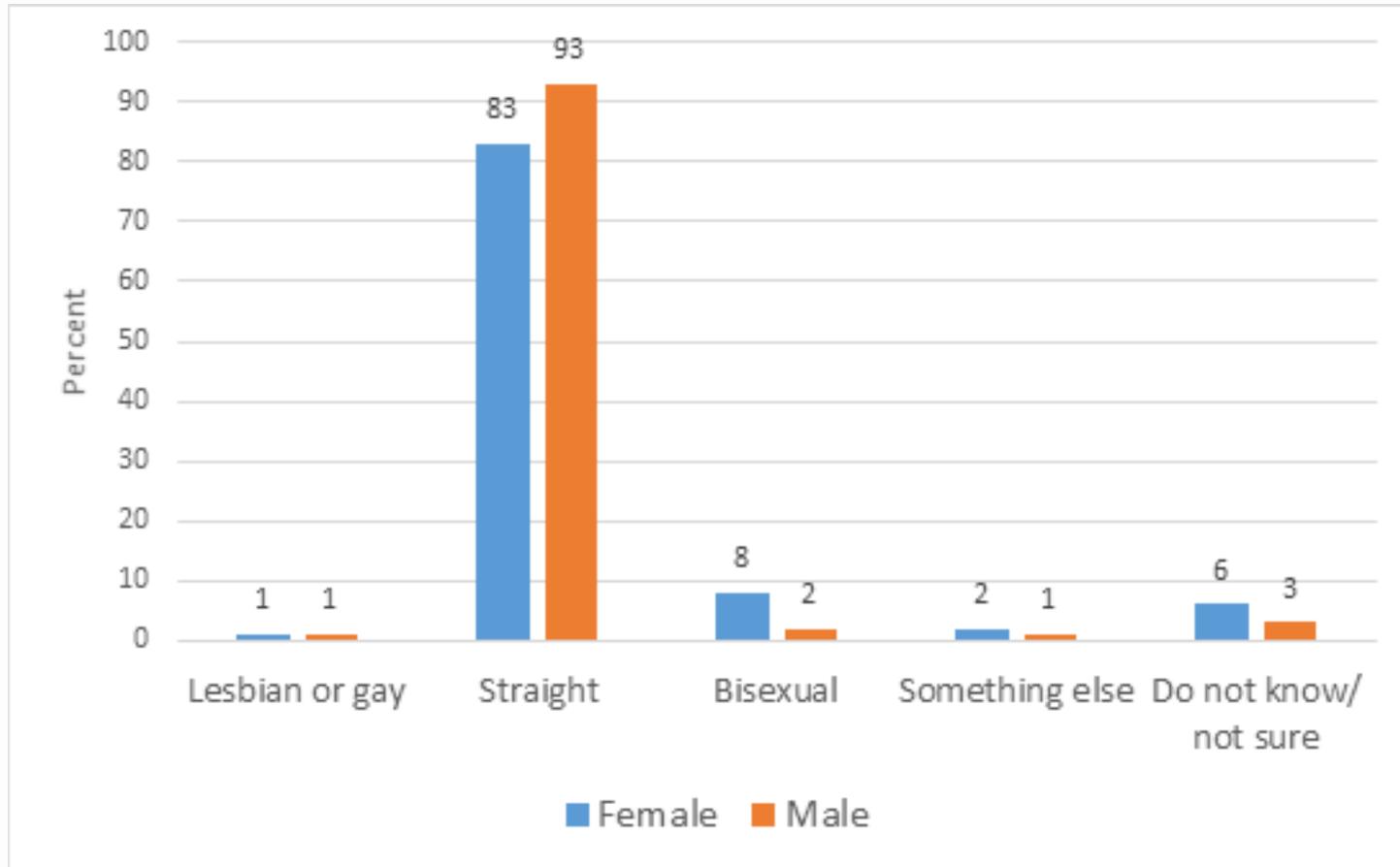


County	Cervical Cancer Incidence/100,000*	3 Dose HPV Immunization Rate**
Clatsop	12.2	22%
Klamath	10.5	30%
Marion	9.9	32%
Linn	9.0	28%
Jackson	8.6	24%
Josephine	8.1	20%
Umatilla	8.0	30%
Deschutes	7.5	30%
Benton	7.2	29%
Polk	6.7	28%
<b>State</b>	<b>6.6</b>	<b>33%</b>
Yamhill	6.5	30%
Douglas	6.4	23%
Clackamas	6.1	36%
Multnomah	5.8	41%
Lane	5.7	32%
Washington	4.9	37%

\*Data source: Oregon State Cancer Registry, 2009-2013. Rates are age-adjusted to the 2000 US Std Population standard.

\*\*Data source: Oregon Immunization ALERT IIS, 2016, ages 13-17 years.

# Figure 1. What best describes you? 8<sup>th</sup> 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



WOMEN'S  
FOUNDATION  
of OREGON

Learn more:  
[CountHerIn.org](http://CountHerIn.org)  
#CountHerIn

“We are more than just numbers”



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/>



Centennial HS students respond to “locker room talk”

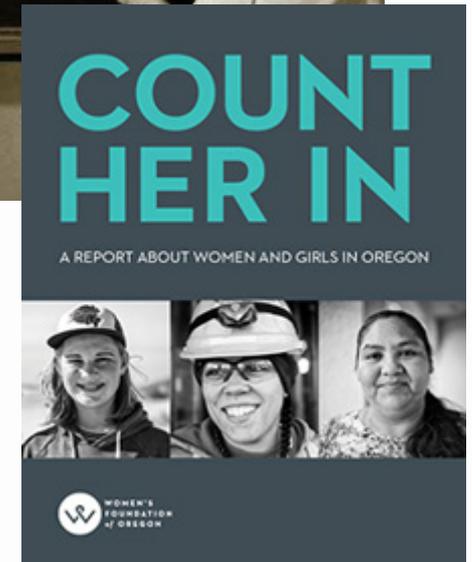


<https://oryouthconnection.org/>

# This work is not easy



# And it is bigger than us



PUBLIC HEALTH DIVISION  
Adolescent & School Health

# Overwhelmed? Deep breaths!



# Forget 'baseball' — think pizza!



# Contraception works

Welcome! (Sign in or Create your account)

**BEDSIDER** [birth control methods](#) [where to get it](#) [reminders](#) [features](#) [questions](#)

**METHOD EXPLORER /** ★ most effective Y party-ready X STI prevention Q easy to hide ♥ do me now



share this / Like 187

*What is all this stuff?*

The explorer is a place to learn about all of the different methods of birth control. Click on any method for more details. Want a more apples-to-apples way to compare? [View a side-by-side comparison.](#)

# 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

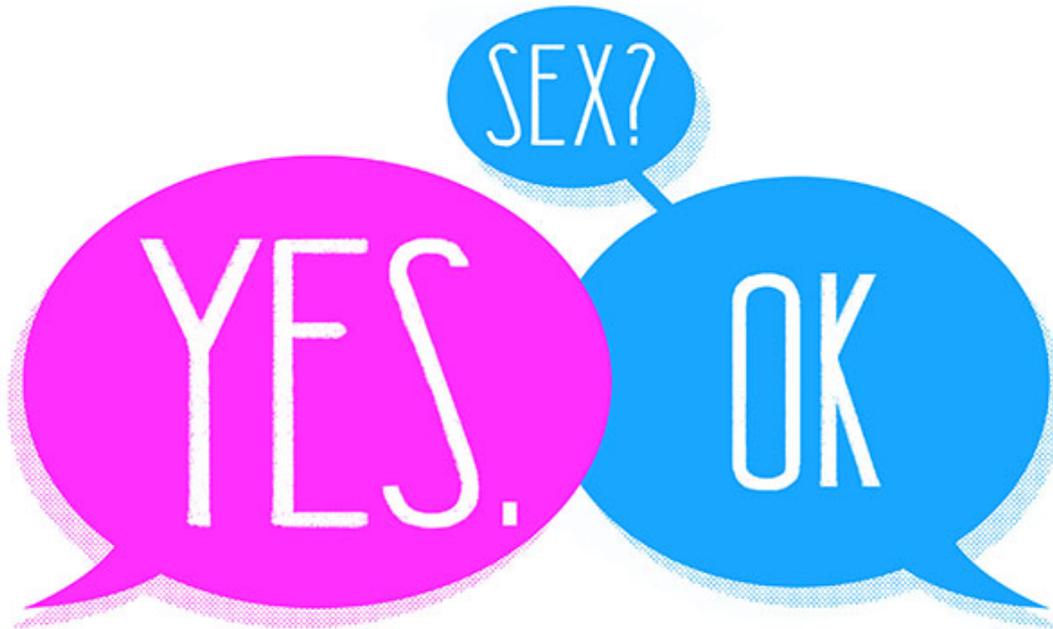


Britni de la Cretaz @britnidlc · Apr 6

**#ShoutYourStatus** is for STI+ people to shatter stigma & not feel ashamed. There's too much shame & judgment, when so many of us have STIs.



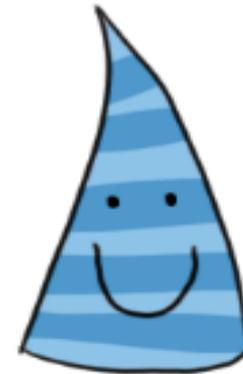
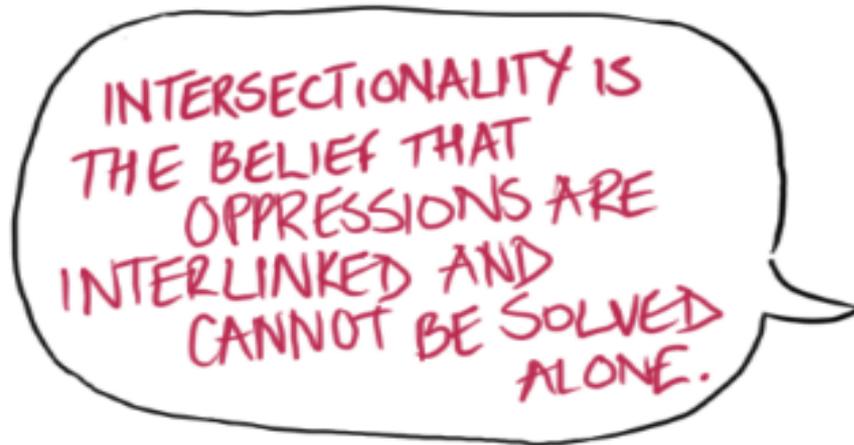
# Talk about consent, have a plan for disclosures of sexual/domestic violence



# Your clients are LGBTQIA2S+



# Embrace Intersectionality



OPPRESSIONS ARE NOT ISOLATED.  
**INTERSECTIONALITY NOW!**





# Sexual and Reproductive Health Services for Youth

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

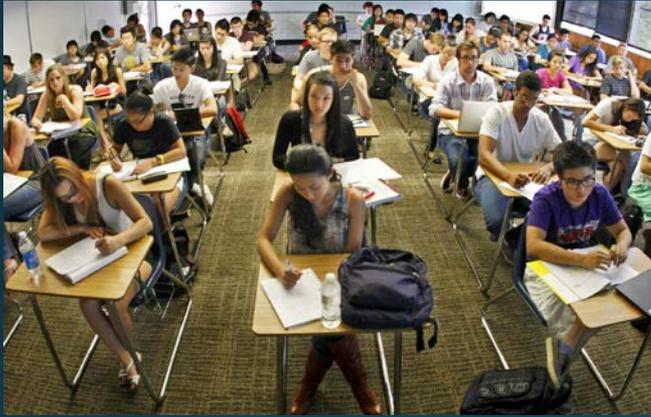
Andrea J. Hoopes, MD, MPH

University of Colorado School of Medicine

# Who are youth?



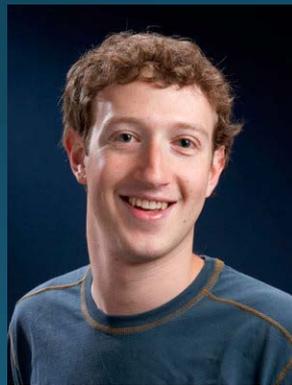
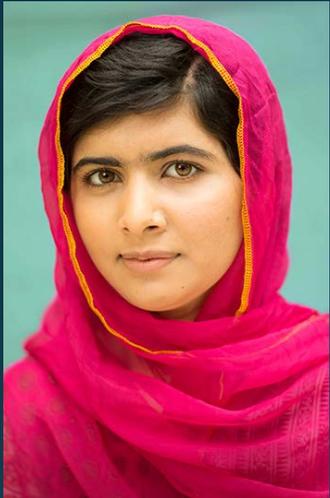
# Youth learn



# Youth work



# Youth achieve

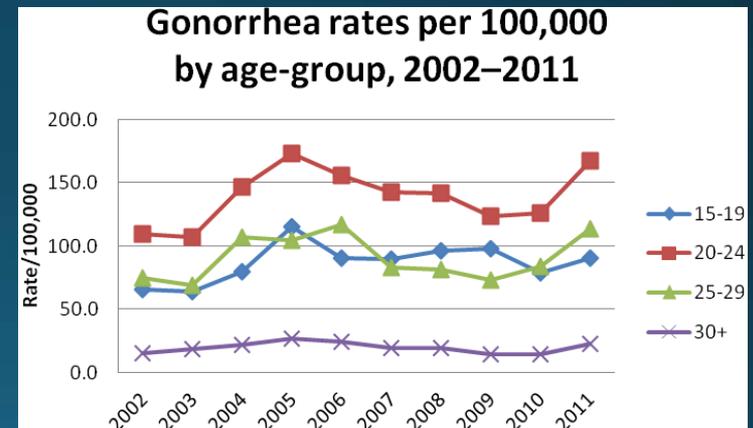
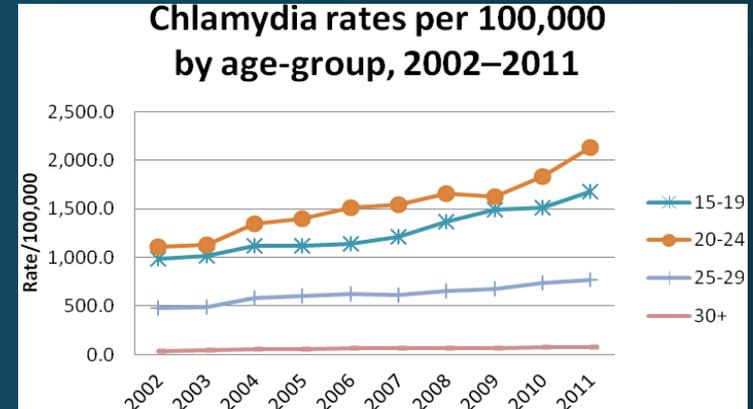


# Youth need support to become healthy adults



# Youth in Oregon

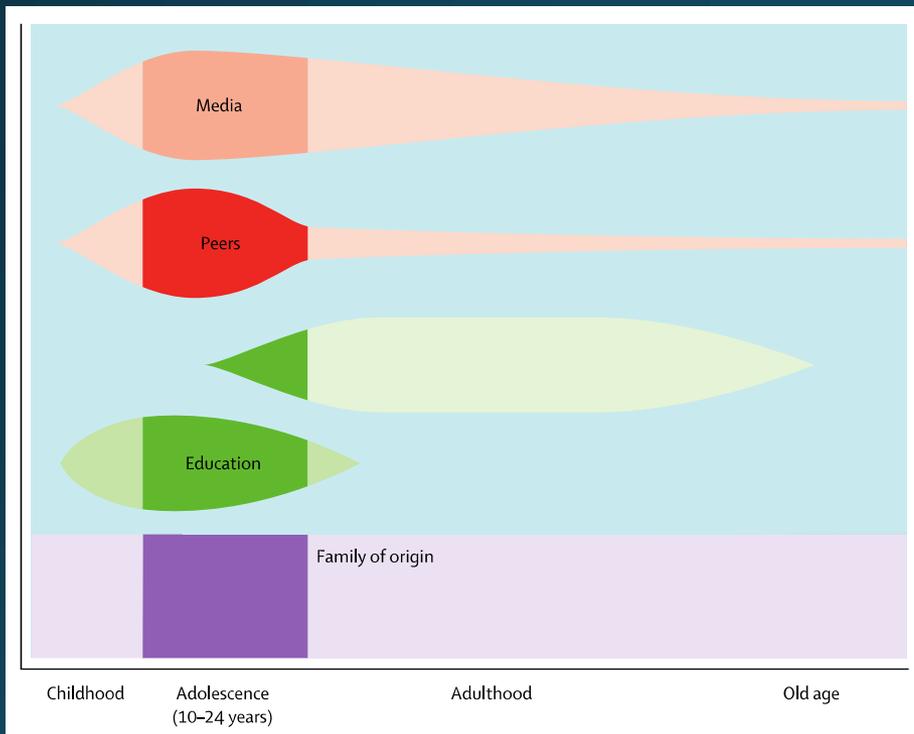
- 9% of 8<sup>th</sup> graders and 41% of 11<sup>th</sup> graders have had sex
- Among 11<sup>th</sup> sexually active grade students
  - 5% using IUD or implant
  - 15% using depo, pills, patch or ring
  - **77% using condoms and withdrawal**
  - 17% reported using alcohol or drugs before their last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



<https://public.health.oregon.gov/DiseasesConditions/CommunicableDisease/DiseaseSurveillanceData/STD/Pages/index.aspx>

[https://public.health.oregon.gov/BirthDeathCertificates/Surveys/OregonHealthyTeens/Documents/2015/2015\\_OHT\\_State\\_Report.pdf](https://public.health.oregon.gov/BirthDeathCertificates/Surveys/OregonHealthyTeens/Documents/2015/2015_OHT_State_Report.pdf)

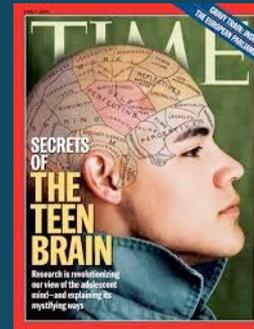
# Adolescent Developmental Context



- 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



# 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



<http://www.thelancet.com/commissions/adolescent-health-and-wellbeing>

# 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



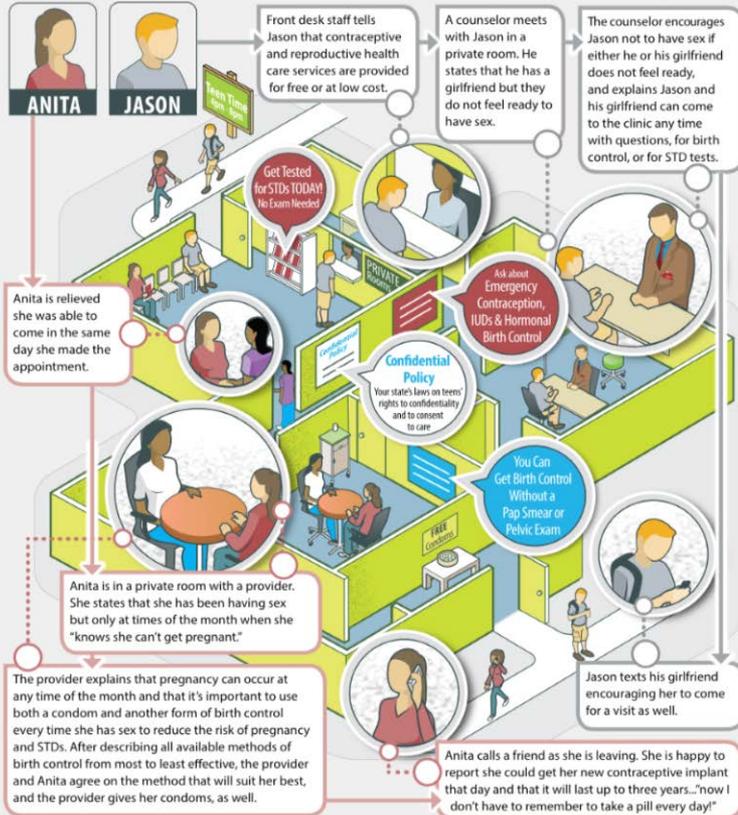
# CDC Providing Quality Family Planning Services: Counseling Adolescent Clients



- 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

## A Teen-Friendly Reproductive Health Visit

Two teen-friendly reproductive health visits: one for a sexually active female, and one for a male not yet having sex.



Learn more at [www.cdc.gov/TeenPregnancy/TeenFriendlyHealthVisit.html](http://www.cdc.gov/TeenPregnancy/TeenFriendlyHealthVisit.html)

National Center for Chronic Disease Prevention and Health Promotion  
Division of Reproductive Health



- Confidentiality
- Privacy
- Consent
- Cultural and Linguistic Inclusivity
- Comprehensive services
- Parent/Guardian Involvement



AS OF OCTOBER 1, 2016      STATE LAWS AND POLICIES

## An Overview of Minors' Consent Law

<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



An Agenda for Change



## Making health services adolescent friendly

Developing national quality standards for  
adolescent-friendly health services



## Quality Assessment GUIDEBOOK

A guide to assessing health services  
for adolescent clients



# 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* (ie 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

# Society for Adolescent Health and Medicine Position Papers

POSITION PAPER

SAM POSITION STATEMENT

Access to Health Care  
Adults

Confidential Health Care for Adolescents: Position

Pos Position paper

Sexual and  
for Adolescents

Position paper

Recommendations for Electronic Health Record Use for Delivery of Adolescent

Position paper

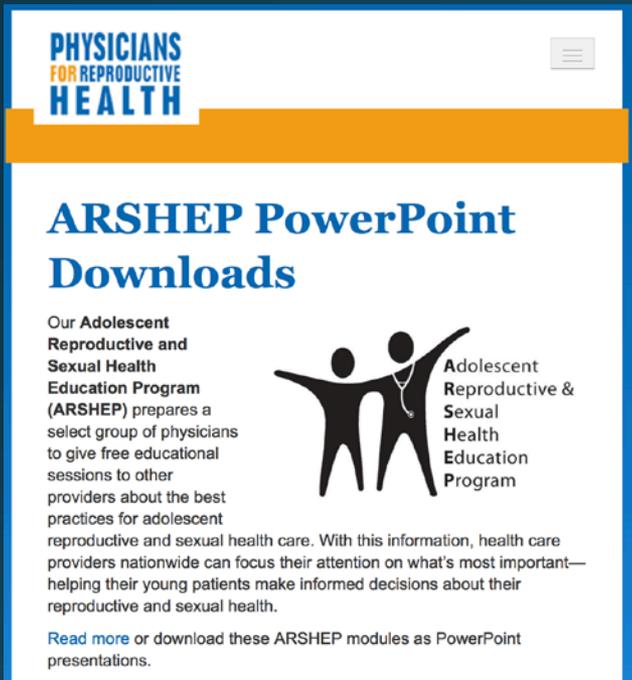
Confidentiality Protections for Adolescents and Young Adults  
in the Health Care Billing and Insurance Claims Process



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



**PHYSICIANS FOR REPRODUCTIVE HEALTH**

## ARSHEP PowerPoint Downloads

Our Adolescent Reproductive and Sexual Health Education Program (ARSHEP) prepares a select group of physicians to give free educational sessions to other providers about the best practices for adolescent reproductive and sexual health care. With this information, health care providers nationwide can focus their attention on what's most important—helping their young patients make informed decisions about their reproductive and sexual health.

[Read more](#) or download these ARSHEP modules as PowerPoint presentations.



Adolescent Reproductive & Sexual Health Education Program

- 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/>

Review article

## Effective Strategies to Provide Adolescent Sexual and Reproductive Health Services and to Increase Demand and Community Support

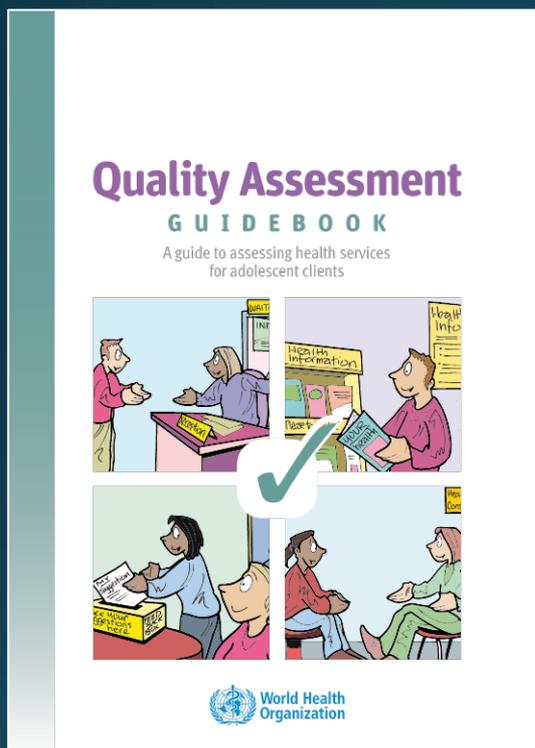


Donna M. Denno, M.D., M.P.H.<sup>a,b,\*</sup>, Andrea J. Hoopes, M.D.<sup>c</sup>,  
and Venkatraman Chandra-Mouli, M.B.B., M.Sc.<sup>d</sup>

- 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



Data collection Instrument	Recommended sample frame
Adolescent client tool	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.
Health-care provider tool	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.
Support staff tool	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.
Health facility manager tool	Typically, there is one manager per health facility. Each manager should be interviewed.
Outreach worker tool	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.
Community member tool	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).
Adolescent-in-community tool	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.
Observation guide	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.

# University of Michigan Adolescent Health Initiative ACE Assessment



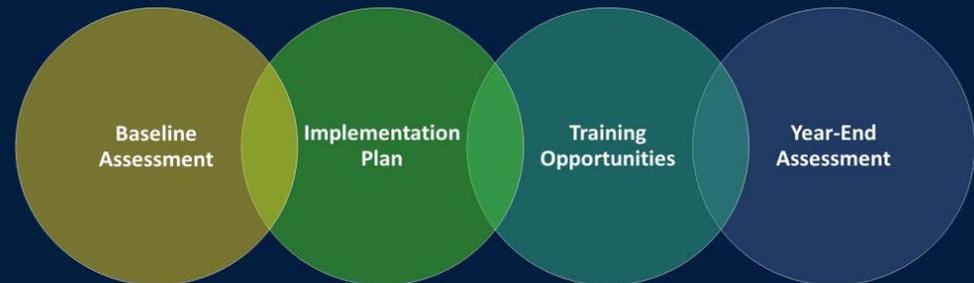
## Adolescent-Centered Environment (ACE) Assessment Process

Health centers complete a self-assessment scoring themselves on 12 key areas of adolescent-centered care.

Health centers receive a plan comprised of robust recommendations and resources to drive improvements through the ACE process.

AHI offers pre-packaged adolescent-centered trainings for health centers to facilitate with staff and providers.

Health centers complete a year-end assessment, capturing improvements made throughout the process.



# Evaluation Resources

Pathfinder INTERNATIONAL

ABOUT US | WORK & IMPACT | RESOURCES | GET INVOLVED | **DONATE**

June 10, 2000

## FOCUS Tool Series 5: A Guide to Monitoring & Evaluating Adolescent Reproductive Health Programs (Part 2)

f  
t  
in  
+



Mount Sinai Adolescent Health Center

NEWS | CONTACT | **DONATE**

ABOUT YOU | ABOUT US | **OUR IMPACT** | HOW TO HELP | OUR BLOG

## EVALUATING OUR MODEL

Leading health authorities say adolescent health demands special attention, but that there's a lack of hard evidence showing how to do it best. We've accepted the challenge, bringing in an outside evaluator to conduct a rigorous assessment of our model.

Why the study? The big questions

<http://www.pathfinder.org/publications/focus-tool-series-5-guide-monitoring-evaluating-adolescent-reproductive-health-programs-part-2/>

[https://www.measureevaluation.org/prh/rh\\_indicators/specific/arh](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



**Hey Girl, it's December**

**Available Here!**

Month	Method	Frequency	Notes
January	The Ring (NuvaRing)	Once a month method	
February	IUD (Mirena)	Good for 5 years of pregnancy prevention	
March	The Patch	Once a week method	
April	IUD (ParaGard)	Good for 10 years of pregnancy prevention	
May	The Pill	Every day method	
June	Withdrawal	Every single ejaculation	
October	Abstinence	Always	
November	Implant (Nexplanon)	Good for 3 years of pregnancy prevention	
December	The Shot (Depo Provera)	Given every 11 weeks (3 months)	

**The Shot (Depo Provera)**  
An injection (shot) of hormone given in upper arm to prevent pregnancy.  
Given every 11 weeks (3 months)

**The Patch**  
Worn every 7 days and changed every 1 week.  
Good for 3 years of pregnancy prevention.

**The Pill**  
Taken every day.  
Good for 3 years of pregnancy prevention.

**Implant (Nexplanon)**  
Good for 3 years of pregnancy prevention.

**Abstinence**  
Always.

**Withdrawal**  
Every single ejaculation.

**IUD (Mirena)**  
Good for 5 years of pregnancy prevention.

**IUD (ParaGard)**  
Good for 10 years of pregnancy prevention.



# Thank you!

[andrea.hoop@childrenscolorado.org](mailto:andrea.hoop@childrenscolorado.org)



FRIDAY NIGHT RIGHTS

## 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/>

FOX NEWS FOX BUSINESS FOX NEWS *Live* FOX NEWS GO FOX NEWS RADIO FOX + NATION

**FOX NEWS insider** The Official Blog of Fox News Channel Latest Trending

**OUTRAGEOUS** **Schools Offer IUDs to 11-Year-Old Girls Without Parental Consent**

share this email



Jul 06, 2015 // 2:22pm As seen on **Outnumbered**

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

sections **cnsnews.com**

**81,579**  
Total Shares

Share Tweet Email Print Comment

**Seattle 6th Graders Can't Get a Coke at School, But Can Get an IUD**

By Kathleen Brown | July 1, 2015 | 11:07 AM EDT



**Intrauterine device (IUD).** (AP photo)

(CNSNews.com) -- Middle and high school students can't get a Coca-Cola or a candy bar at 13 Seattle public schools, but they can get a taxpayer-funded intrauterine device (IUD) implanted without their parents' consent.

Sources: <http://insider.foxnews.com/2015/07/06/11-year-old-girls-can-get-iuds-birth-control-school-without-parental-consent>

<http://cnsnews.com/news/article/kathleen-brown/seattle-6th-graders-cant-get-coke-school-can-get-iud>



# “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 · 🌐

Its been difficult for me to find the words to what Im 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 wouldve done something to myself. I simply am a damaged human swimming in a pool of emotions everyday of my life. Theres a ragin violent storm inside of my heart at all times. Idk what peace feels like. Idk 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 cant make new friends because of it. I dont trust anyone because of it and Im 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. Im scared, im sad, I feel like I let a lot of people down and again, Im sorry. Its time I fix me. Im nervous but ima get through this.

I wont 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.

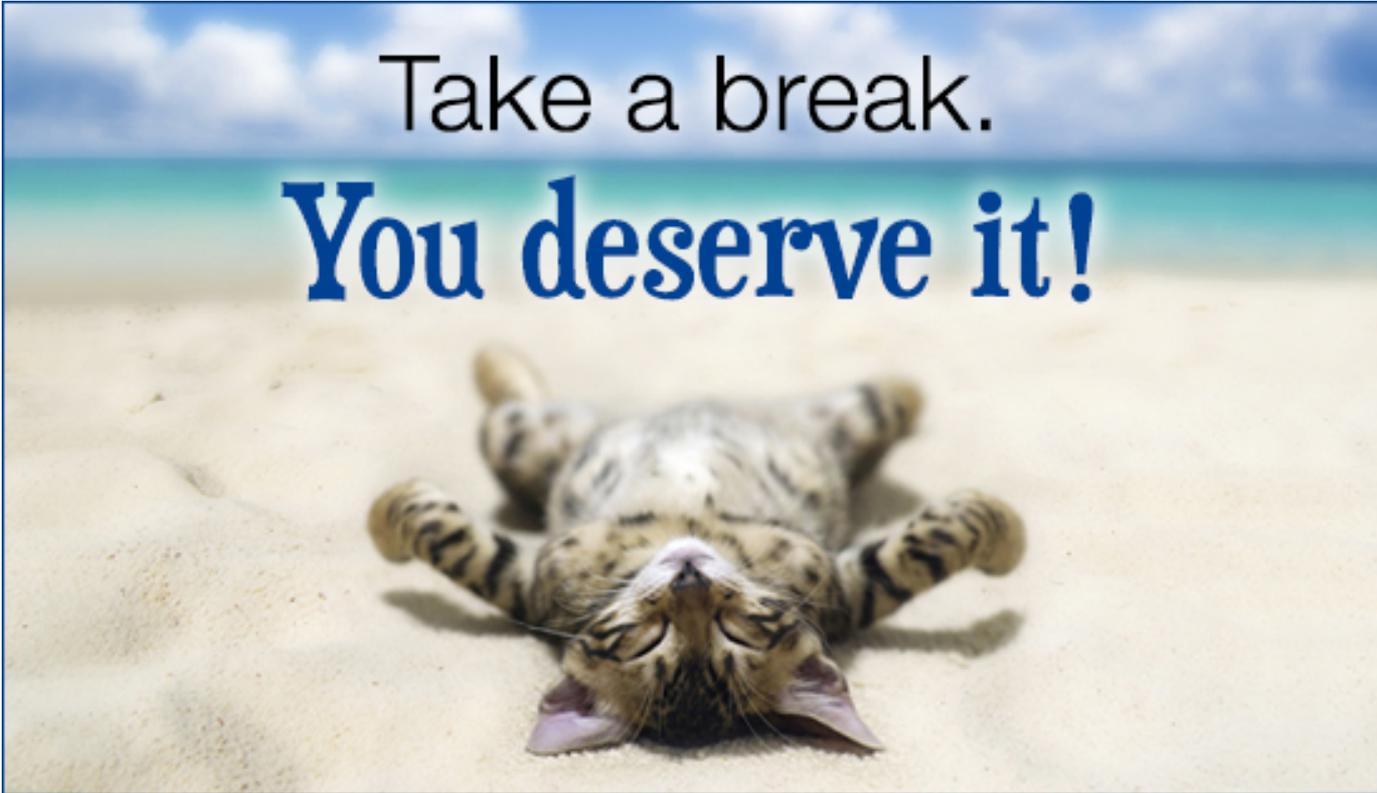
If all goes well ill be out in time for Complexcon and ill be lookin forward to seeing you all there for high fives and hugs.

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



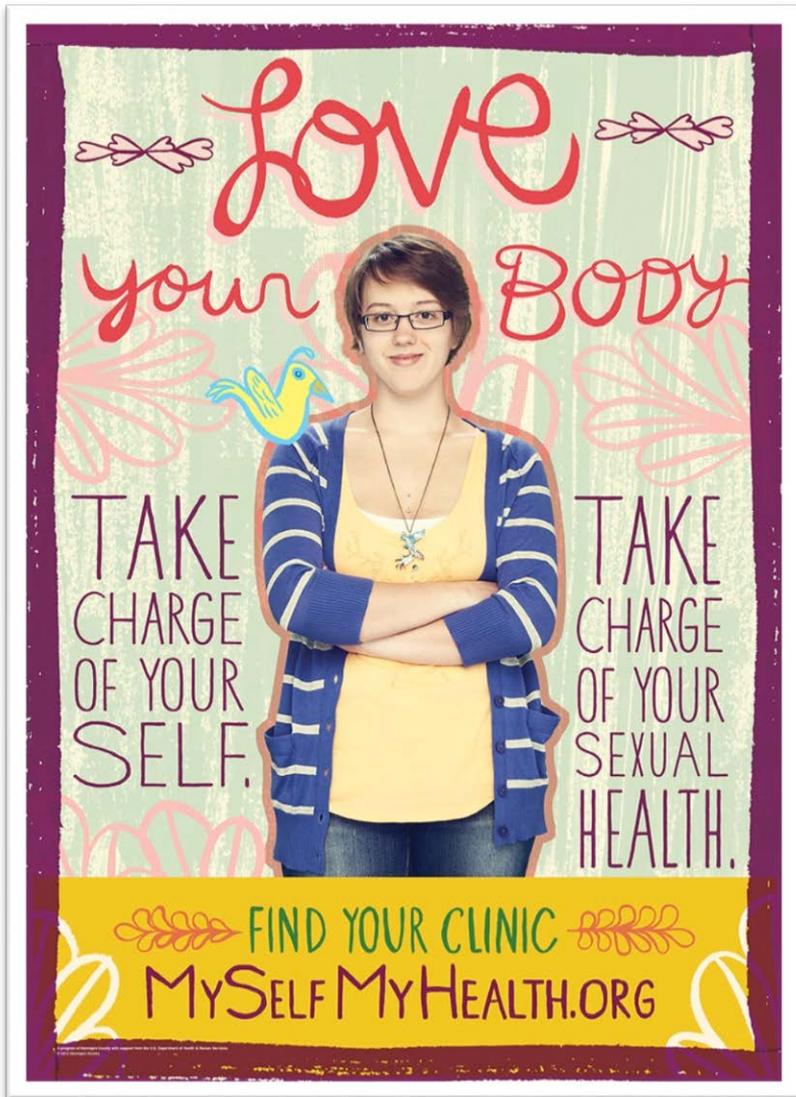
# “Youth Moment” / Break

Soy Yo – Bomba Estéreo

<https://www.youtube.com/watch?v=bxWxXncI53U>

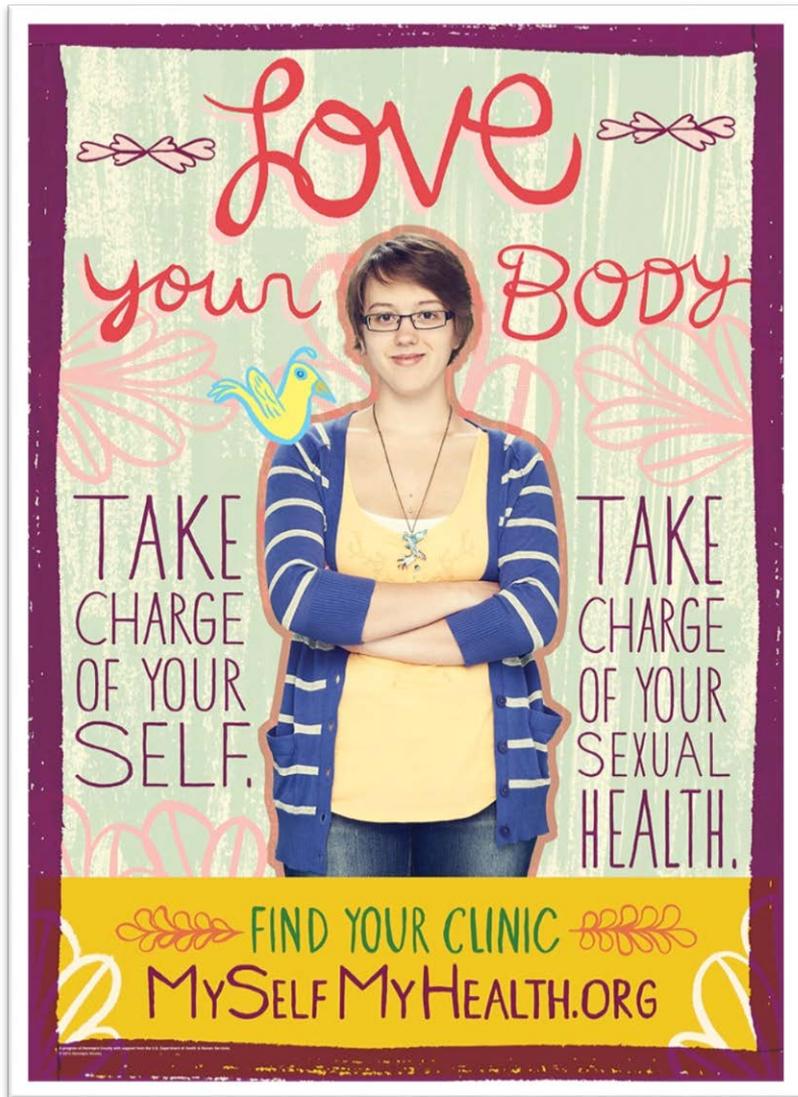
# Communication & Collaboration Action Planning

Glynis Shea



## Communication & Collaboration Action Planning

Oregon SBHC & Reproductive Health Program Coordinators Meeting \* October 27, 2016



**how we talk about  
what we do matters**

**how we do  
what we do  
matters**

**talking about what  
we do matters**



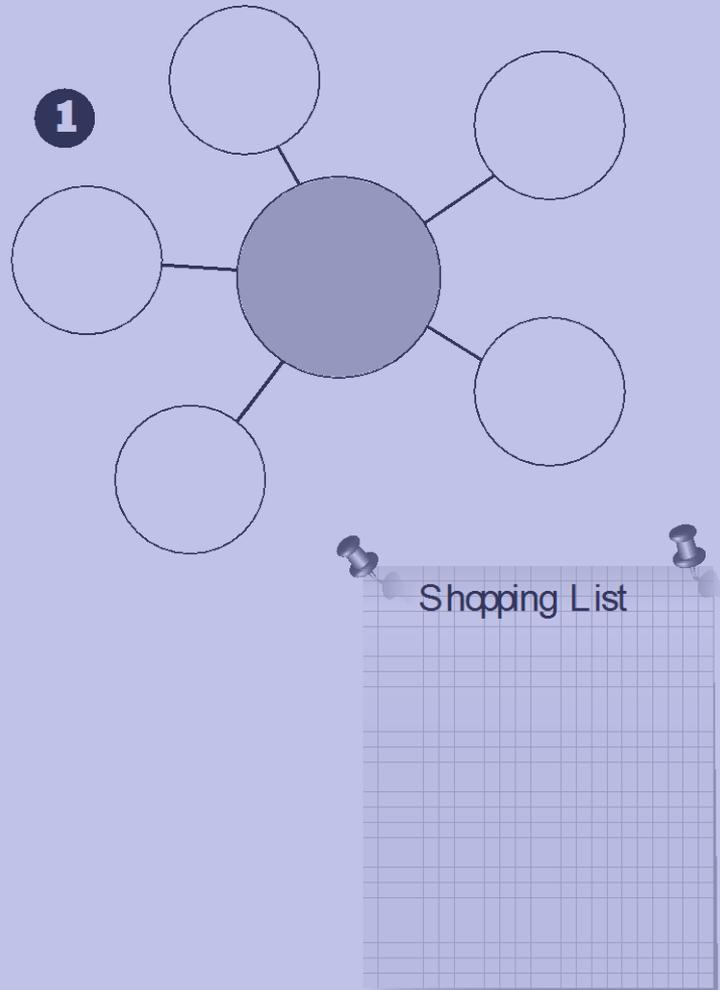
**SBHC folks  
youth-y folks**

Share goal: improve how your community supports the sexual health of young people



**RH folks  
sexy folks**

## communication & collaboration action planning



Glynis Shea • sheax011@umn.edu  
Konopka Institute for Best Practices in Adolescent Health  
University of Minnesota

strengths & assets

things you need



State Adolescent Health Resource Center

Adolescent & Young Adult  
Health National Resource Center



sheax011@umn.edu /// 612-247-4260

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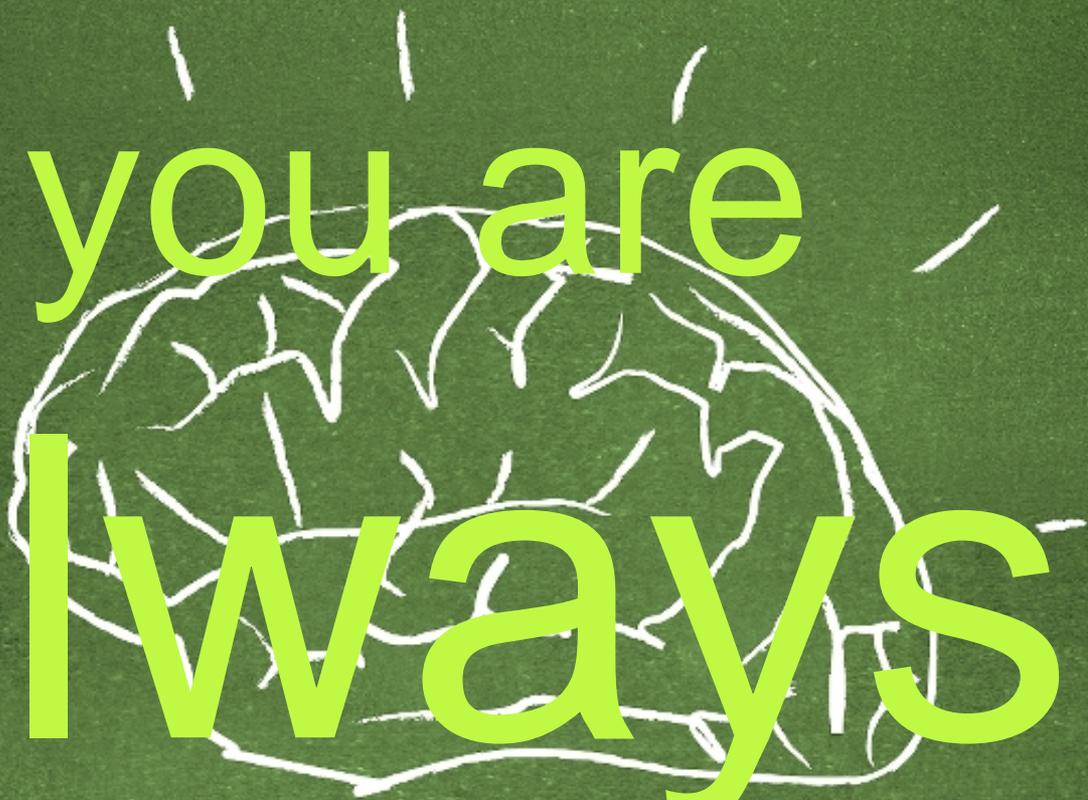
what you want to say  
vs.  
what they need to hear

# frames and framing

your brain does it  
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 bit



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Workgroups 3.11 (enhanced), HP-Photosmart and HP-PhotoJet. <sup>1</sup>Source: 1994 J.D. Power and Associates PC Customer Satisfaction Study. Study conducted among business users and based on 1,151 user responses. ©1994 Hewlett-Packard Company (HPG43)

  
pentium

policy

**TAXES  
DUE  
4/15**





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

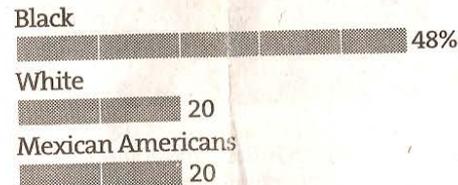
About 3.2 million teenage girls are infected with a common sexually transmitted disease, according to the first CDC study examining the national prevalence among adolescents.

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

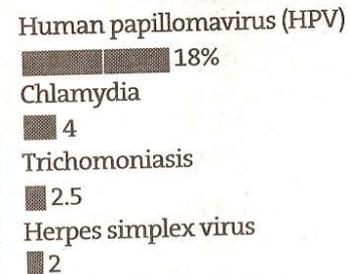
#### OVERALL PREVALENCE



#### RACE/ETHNICITY



#### INFECTIONS TESTED FOR



Sources: Centers for Disease Control and Prevention, Associated Press

**how?**

Make context visible  
Talk about development

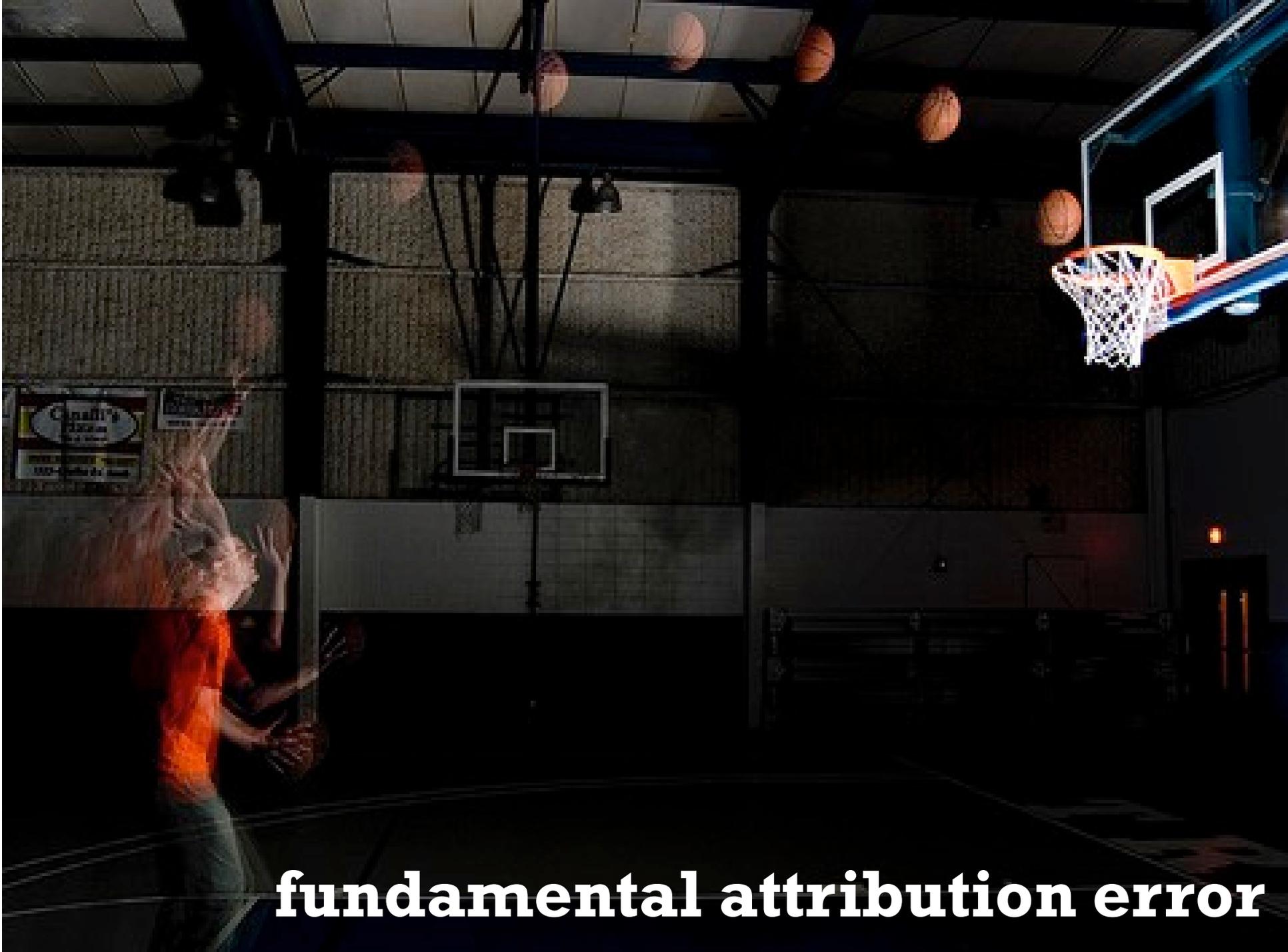
health is about ...



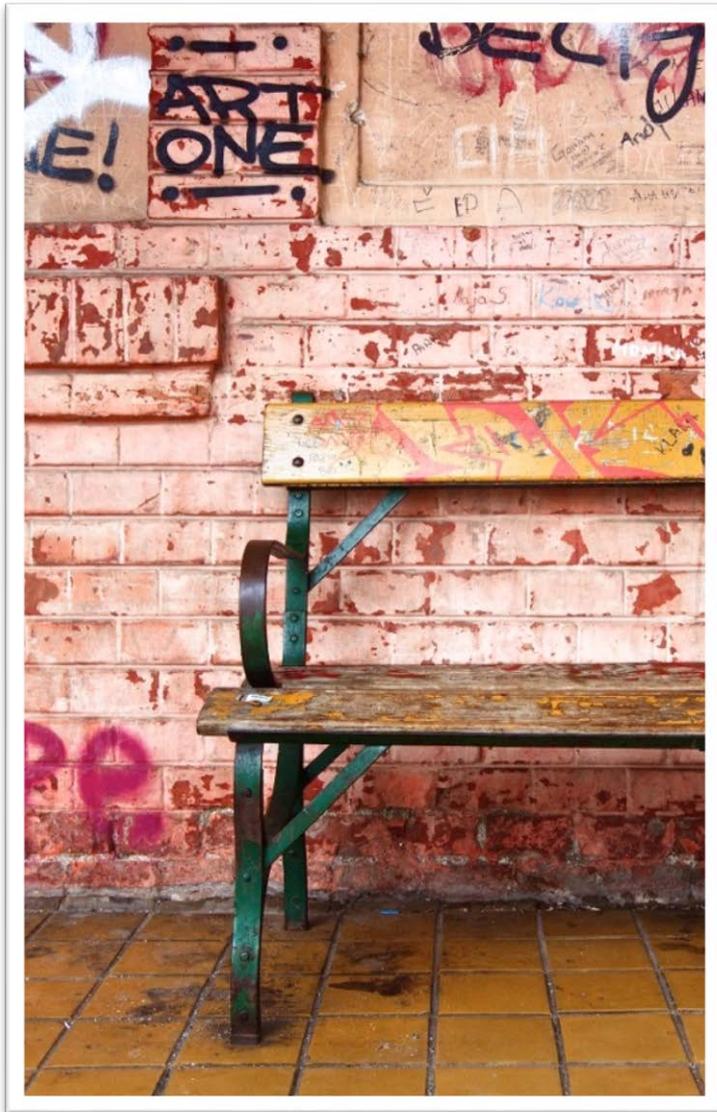


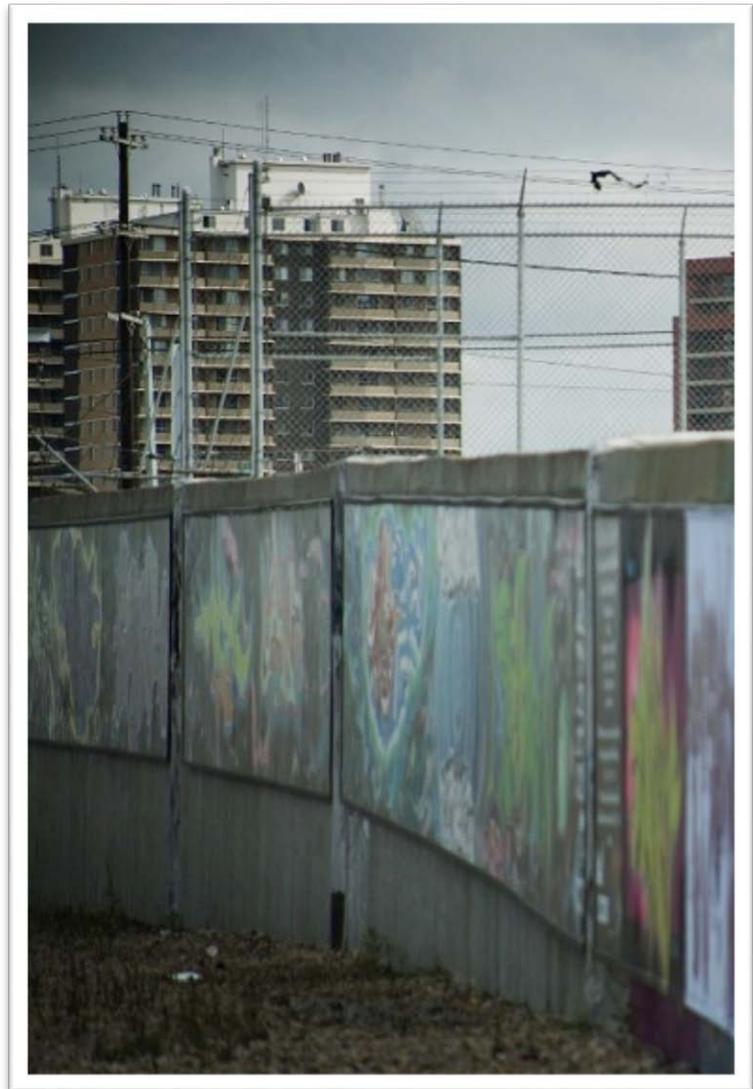
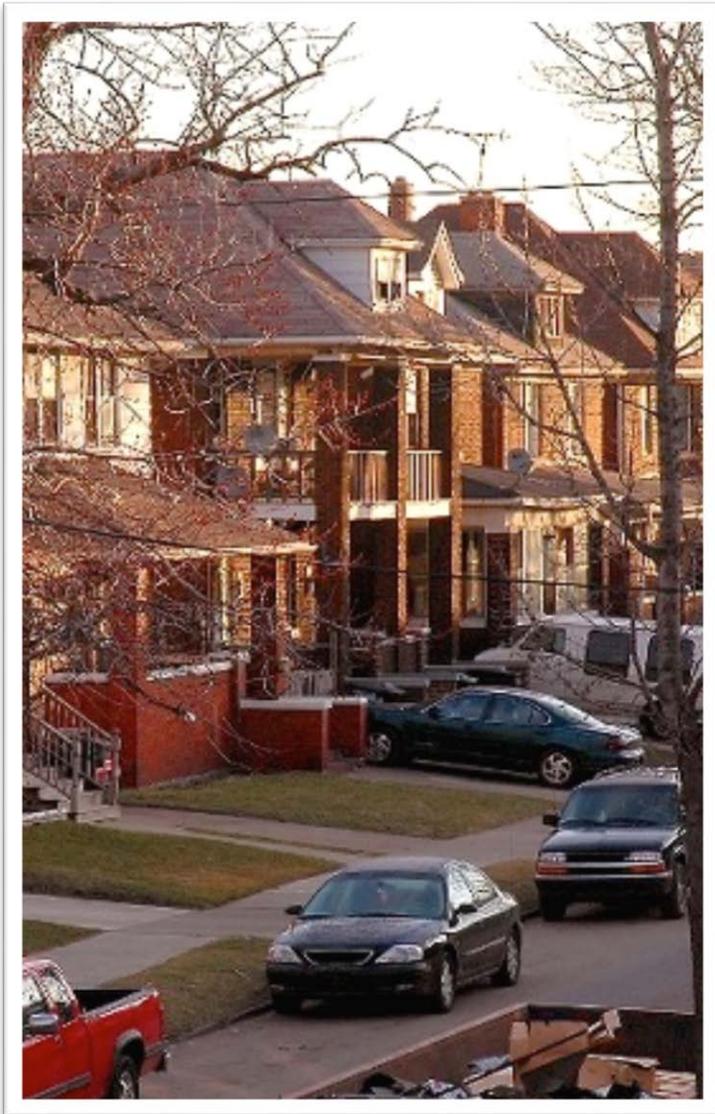


**Individualism**

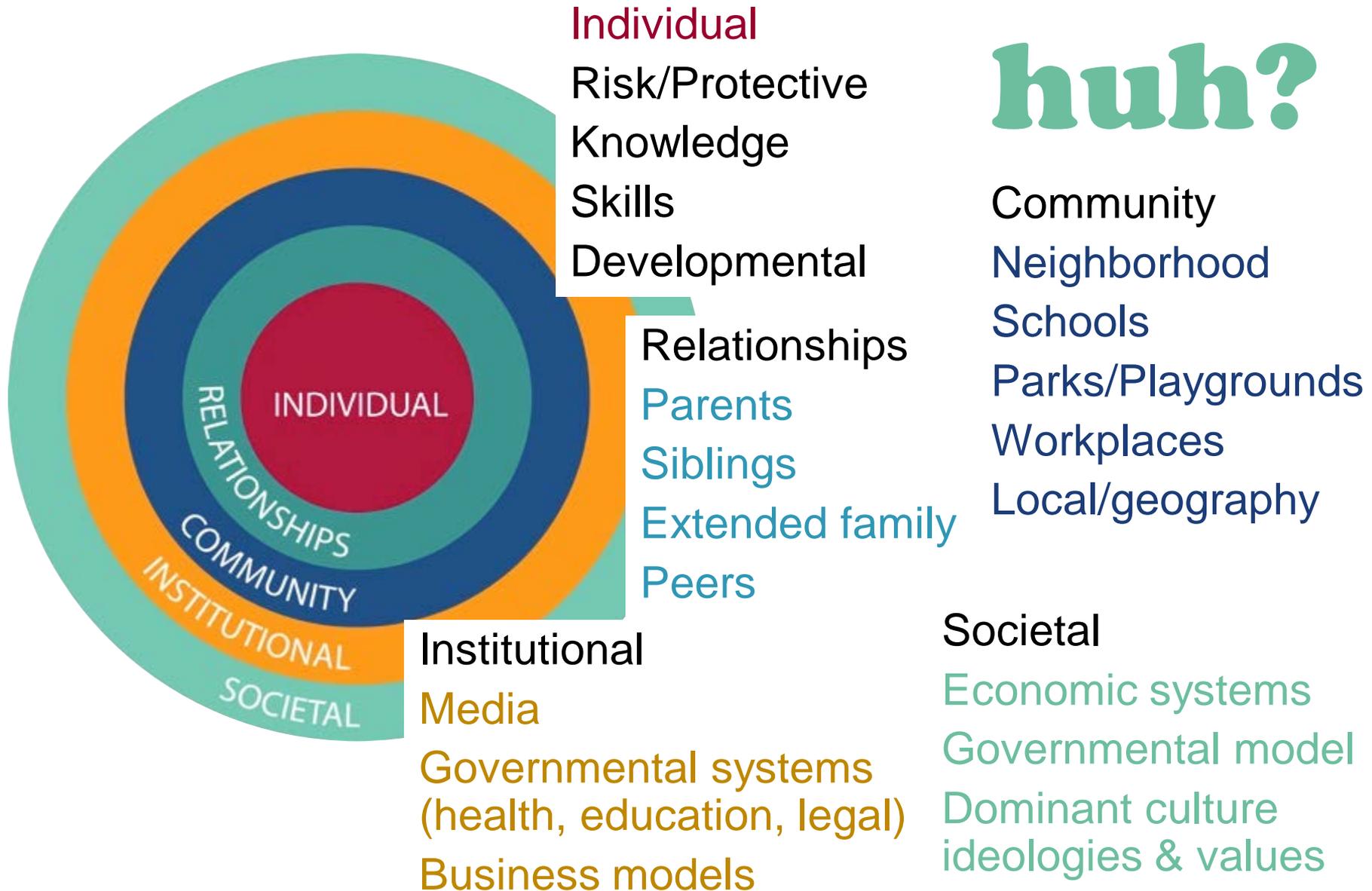


**fundamental attribution error**





# Social determinants of health



**huh?**

# Naming it (aka labels)



**huh?**

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, 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: human papillomavirus, chlamydia, herpes and trichomoniasis. The study was reported Tuesday by health officials in a conference call. The study was conducted in 2005. It found that 26% of all teenagers had at least one sexually transmitted disease. Among all teenagers, HPV, at 18%

## FIRST STUDY SHOWS HIGH STD RATES

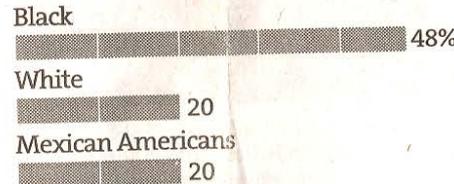
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### Common sexually transmitted diseases (STD), girls aged 14-19

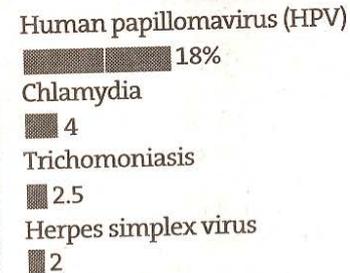
#### OVERALL PREVALENCE



#### RACE/ETHNICITY



#### INFECTIONS TESTED FOR



Sources: Centers for Disease Control and Prevention, Associated Press



fix it. make it about context.



**how we talk about what we do  
matters**



All youth  
students



development



development

Mini-adults; fully formed

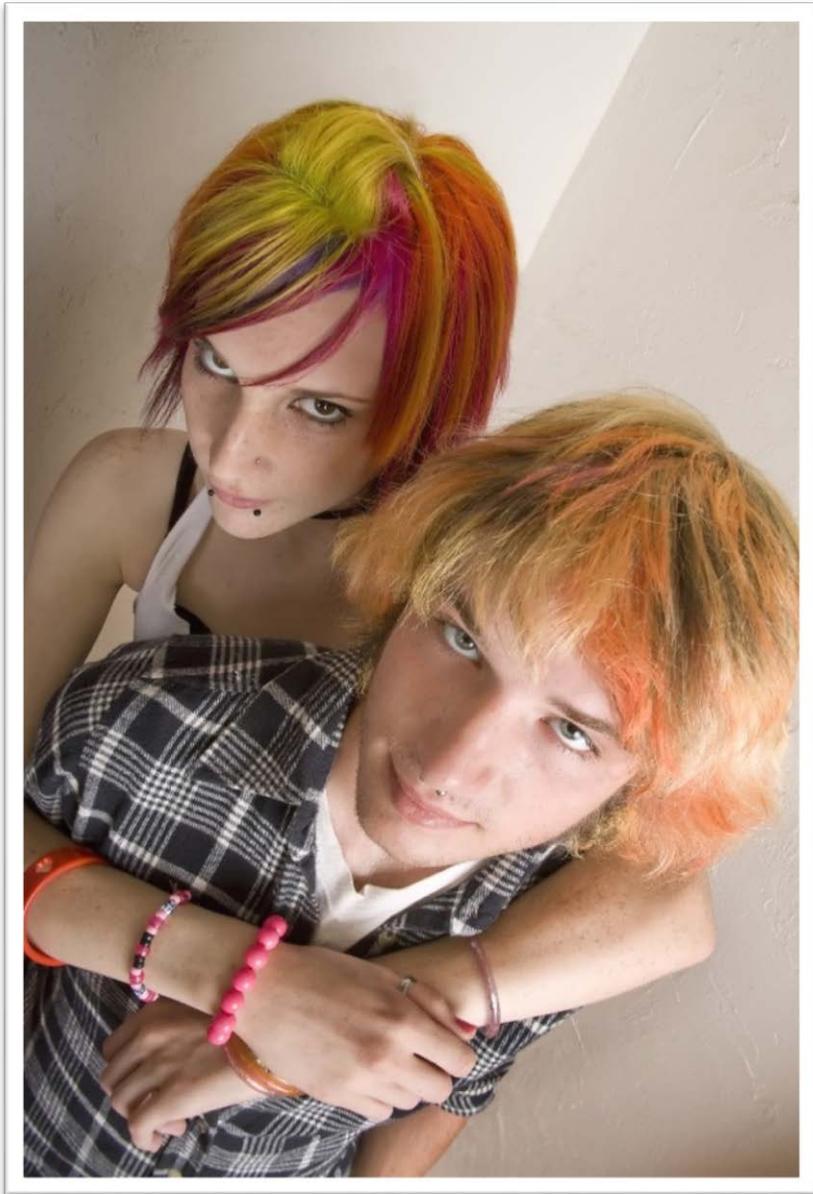
Frameworks





**Healthy development =**

**Vaccines + 10 commandments + state capitals**



**Explore identity  
=  
disrespect**



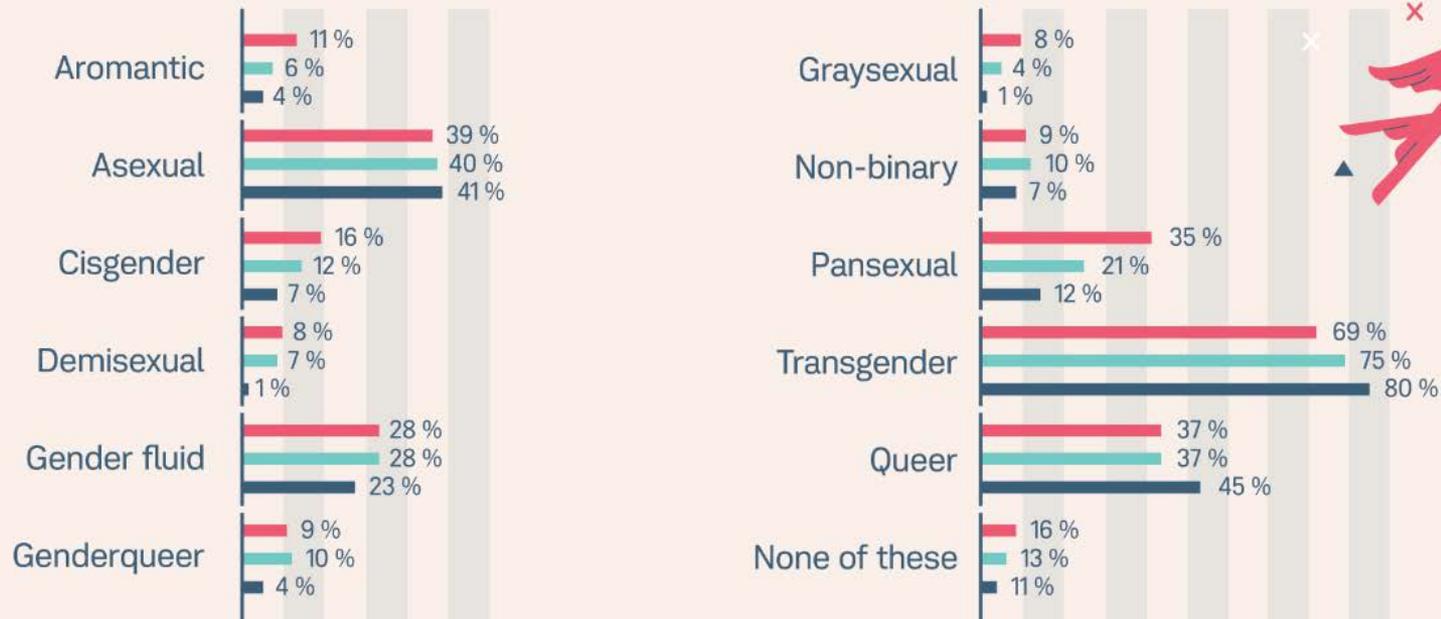
**Focus on physical = vain**

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?



Total respondents Gen Z - 13-20 ● 300 Younger millennials - 21-27 ● 151 Older millennials - 21-34 ● 149

Exploring sexuality = \_\_\_\_\_



# The National Campaign to Prevent Teen and Unplanned Pregnancy

**BEDSIDER**

**STAYteen.org**

*Pregnant Pause*  
blog.TheNationalCampaign.org



Centers for Disease Control and Prevention  
CDC 24/7: Saving Lives. Protecting People.™

## About Teen Pregnancy

### 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.<sup>1</sup> (#\_edn1) 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.<sup>2</sup> (#\_edn2)

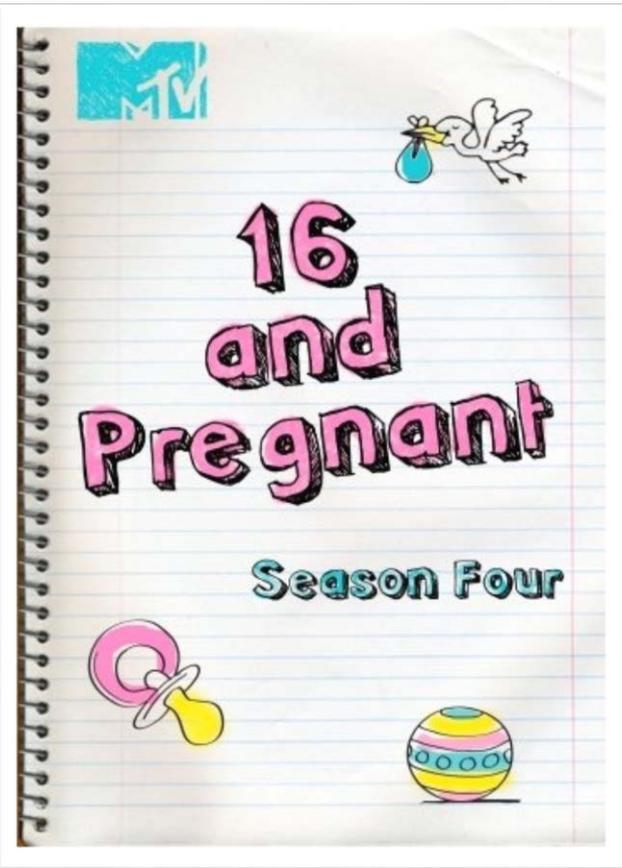
### Birth Rates (Live Births) per 1,000 Females Aged 15–19 Years, by Race and Hispanic Ethnicity, 2000–2011

— All — Non-Hispanic White — Non-Hispanic Black  
— American Indian/Alaska Native — Asian/Pacific Islander — Hispanic



## UD professor: Teens having babies costs U.S. billions

By ALISON KEPNER, The News Journal  
Posted Wednesday, November 15, 2006 at 10:09 am



ON YOUR HEALTH

## '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

**how?**

Talk about development



**Prevent adolescent  
risk taking**

VS

**Provide  
developmentally  
appropriate and  
safe  
risk-taking  
opportunities**

**Development, development,  
development**

Search here...

Teens Home

Your Body

Your Mind

Sexual Health

Food & Fitness

Recipes

Drugs & Alcohol

Expert Answers

Diseases &

Sex and sexuality  
as fundamentally  
dangerous and harmful

Real Reason

## About Sexually Transmitted Diseases (STDs)

KidsHealth > Teens > Sexual Health > STDs & Other Infections > About Sexually Transmitted Diseases (STDs)

AAA  
Text Size  Print

► **What's in this article?** (click to view)

- [How STDs Spread](#)
- [Preventing and Treating STDs](#)
- [More Information](#)

## 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

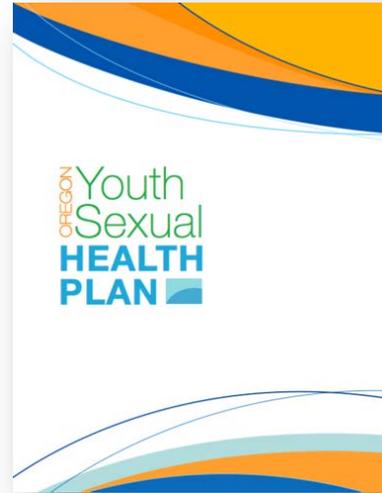


gender role expectations; and (3) the assumption that everyone is or should be heterosexual. Effective efforts to promote sexual health advance socioeconomic and gender equality, challenge definitions of what it means to be male or female and encourage openness to sexual diversity.

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



connect/values

context/normalize

developmental insight

our role/ask

ask

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.

## 10 Tasks of Adolescence

### **TASK 1:**

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

### **TASK 2:**

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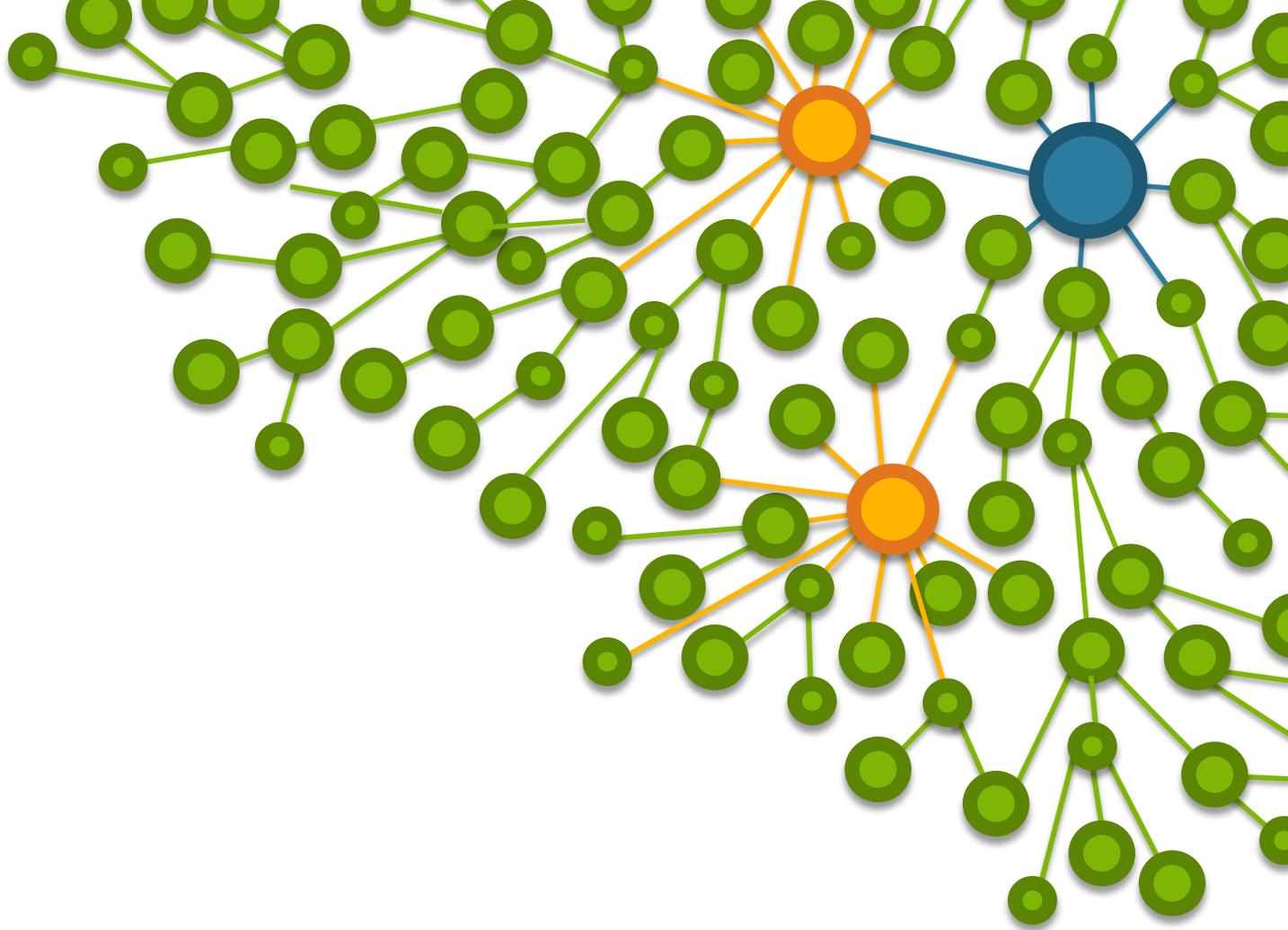
During adolescence, young people are

---

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**

Waitress

People in grocery line

Partner, spouse, parents

Roommate, friend

Bus/Train seat partner

Co worker

Boss

Teachers

Program partner

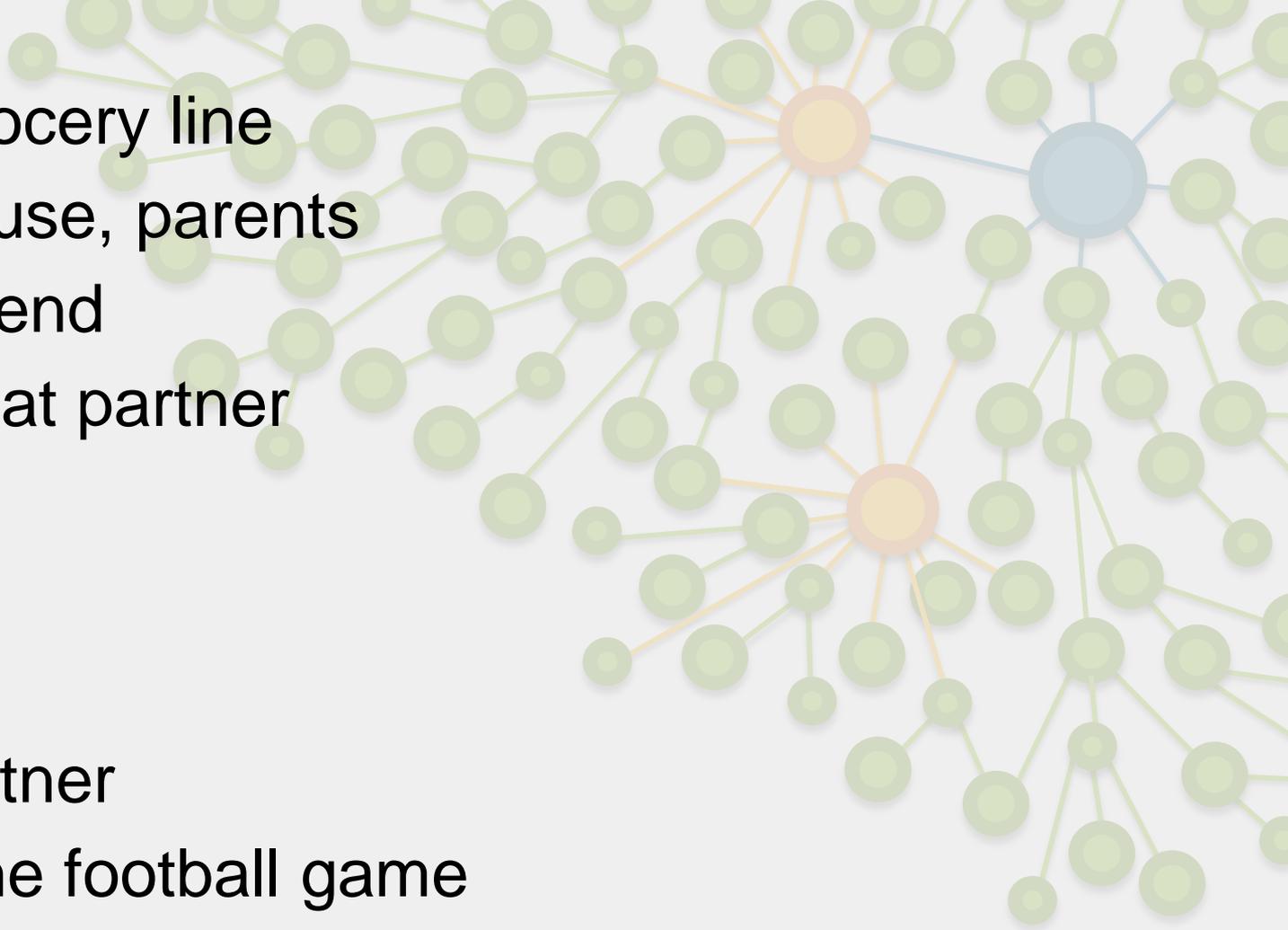
Parents at the football game

Barista

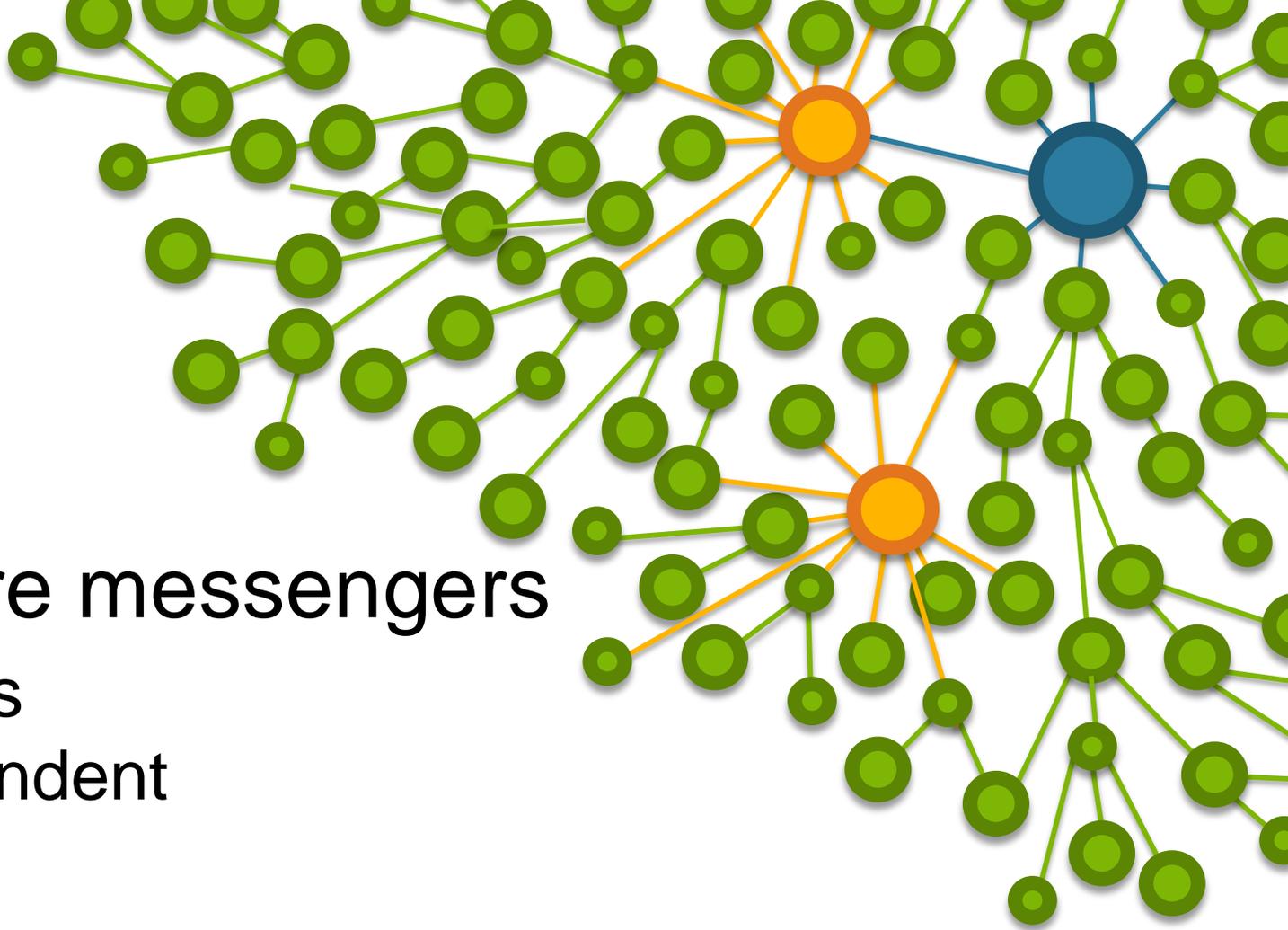
Hair stylist

Coaches

VIP at event



When? With whom?



## Make more messengers

50 parents

Superintendent

Principal

PTA

Coaches

Student Council

**how?**

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?



The screenshot shows a Wikipedia article page. At the top left is the Wikipedia logo and navigation links like 'Main page', 'Contents', and 'Featured content'. The article title is 'Anthony Weiner sexting scandal'. Below the title is a summary: 'From Wikipedia, the free encyclopedia'. The main text begins: 'The Anthony Weiner sexting scandal, also dubbed Weingate, began when Democratic U.S. Congressman Anthony Weiner used the social media website Twitter to send a link to a sexually suggestive picture to a 21-year-old woman from Seattle, Washington. After several days of denying media reports that he had posted the image, he admitted to having sent a link to the photo, and also other sexually explicit photos and messages to women both before and during his marriage. He denied ever having met, or having had a physical relationship with any of the women. On June 16, 2011, Weiner announced his intention to resign from Congress.' To the right of the text is a portrait of Anthony Weiner, captioned 'Former Congressman Weiner'. Below the text is a 'Contents' table of contents with 7 items: 1 Initial media reports and Weiner's denial, 2 Admission, 3 Later events, 4 Political and constituent reaction, 5 Resignation, 6 Special election, 7 See also.

wellness council?

environment?



condoms in school

## connect/values

Wow! Parent of teen, right? I get the freak out.  
**And** at the same time I think it's awesome.

## context

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!

## developmental insight

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

## our role

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

## ask

Is this wacky? I want to know more about why you think condoms will cause sex ...

## 10 Tasks of Adolescence

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not enough

**how we do what we do matters**  
**how we talk about what we do matters**

**how we do what we do matters**

huh?

healthy youth development

**how we do what we do matters**

## 10 Tasks of Adolescence

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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

# FACT SHEET

*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:

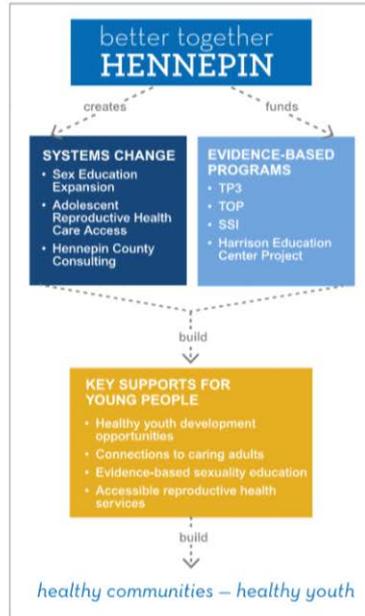
- Healthy youth development opportunities
- Connections to caring adults
- Evidence-based sexuality education
- Accessible reproductive health services for those who choose to be sexually active

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.



## HENNEPIN COUNTY HUMAN SERVICES AND PUBLIC HEALTH DEPARTMENT

Summer 2012 Campaign  
Supporting the Health and Well-Being  
of Youth and Young Adults



# 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



Simone Simpson  
Augsburg



Grace Yang  
UMD



Lanee Johnson  
Edison H.S.



Hassan Sankoh  
Augsburg



Janiru Herath  
U of M



Jessie Toye-Thompson  
U of M



Sara Aliyeva  
Sabathani



Michelle Wheeler  
St. Olaf



Grace Ward  
Cooper H.S.



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"

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

## RATIONAL

"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 ~~them~~ 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. I'M TAKING CARE OF MY SEXUAL HEALTH.

FIND YOUR CLINIC  
MySelfMyHealth.org

**TAKIN' CHARGE**

HEY! THESE ARE YOUR GIRL PANTS 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. I'M TAKING CHARGE OF MY SEXUAL HEALTH.

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)



### 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

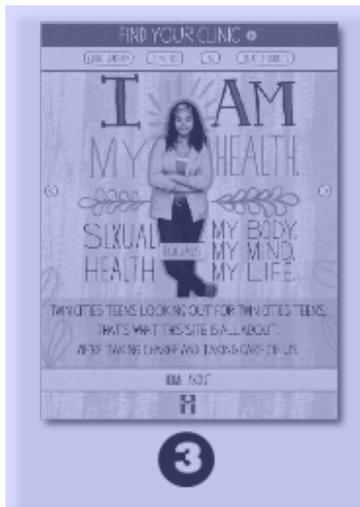
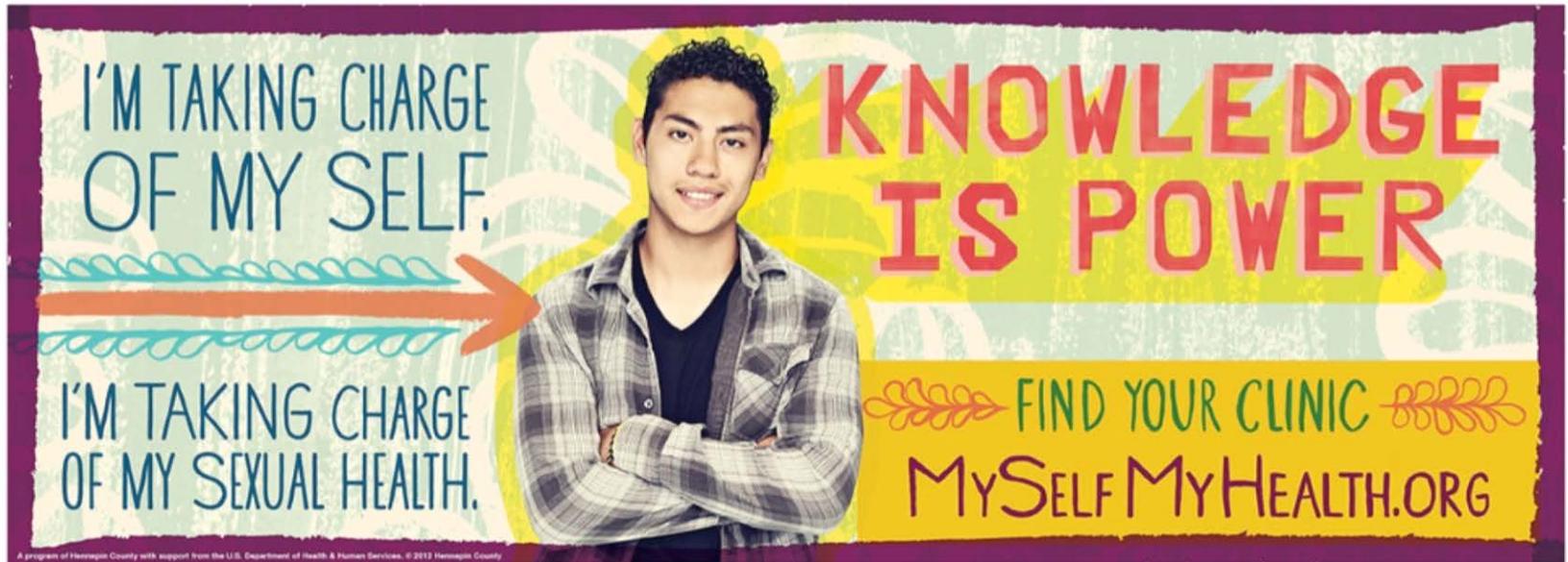
**TASK 9:**

Meet the demands of increasingly mature roles and responsibilities

**TASK 10:**

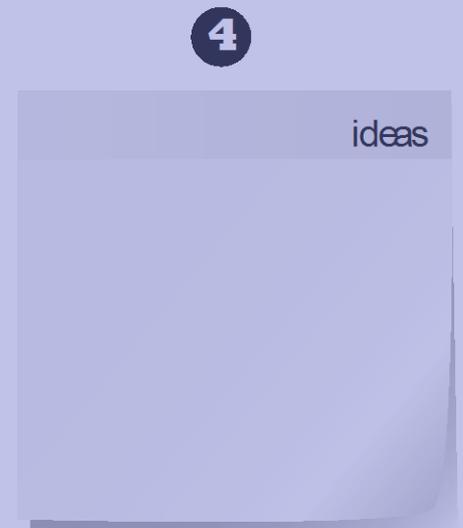
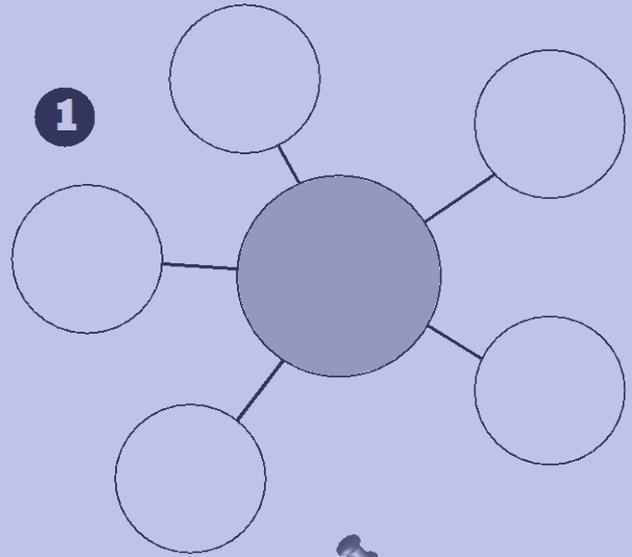
Renegotiate relationships with adults in parenting roles

**how we do what we do matters**



Do you do this? How? What works?  
Youth Advisory Councils!  
Collaborate!!!

# communication & collaboration action planning





youth-y folks



sexy folks

thank you!

**BEDSIDER**

birth control methods

where to get it

reminders

features

questions

search

## METHOD EXPLORER /

★ most effective

🍷 party ready

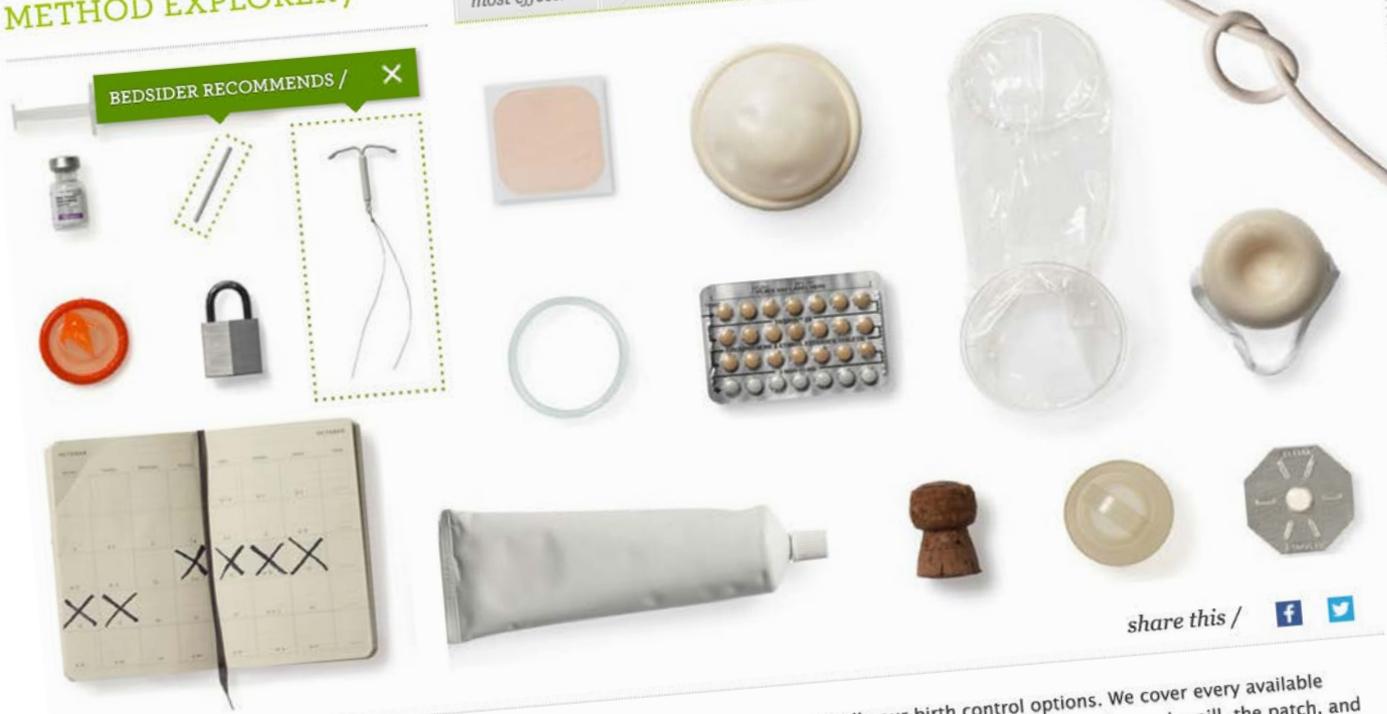
🛡️ STI prevention

🚫 hormone free

🔍 easy to hide

❤️ do me now

BEDSIDER RECOMMENDS / ✕



What is all this stuff?

The explorer is a place to learn about all your birth control options. We cover every available method, from the IUD (and others on our most effective list) to condoms, the pill, the patch, and more. Click on any method for more details. Want a more apples-to-apples way to compare? [View a side-by-side comparison.](#)

share this /



challenge: go beyond “providing information”



# BREAK



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# The Case for Confidentiality

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

October 27, 2016



Adolescent, Genetics, and Reproductive Health Section  
Public Health Division

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# Today's Session

- Overview of confidentiality issues
  - Description of Oregon's confidential communication request law
  - Strategies for implementation
- 15 minutes
- 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?



# 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.



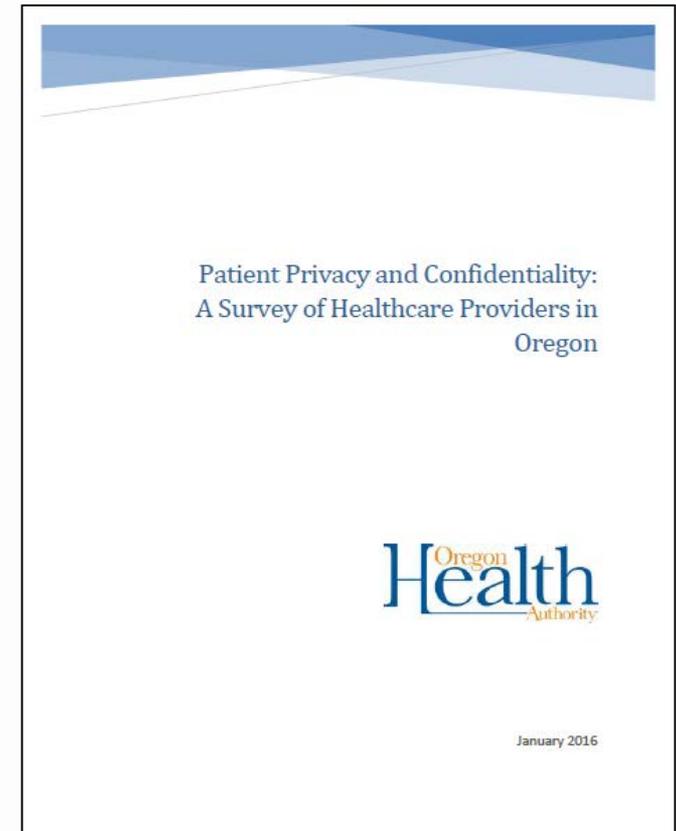
Source: reference 5.

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>

The screenshot shows the Oregon Department of Consumer and Business Services website. The navigation bar includes links for Home, e-Alert, News, Agents, Answers & Action (highlighted), Insurers, Legal, and Medicare help. The breadcrumb trail reads: Department of Consumer and Business Services / Division of Financial Regulation / Get help / Health / Patient right to privacy. The main heading is 'Patient right to privacy'. On the left is a sidebar menu with items like 'File a complaint', 'Appeals process', 'Health insurance', 'Preventive care services', 'Patient right to privacy' (selected), 'Individual (nongroup)', 'Employers', 'Health insurance report', 'Enrollment data', 'Common questions', 'Long-term care', 'Avoid fraud', 'Insurers contact information', and 'External review'. The main content area explains that Oregon law guarantees the right to have protected health information sent directly to the patient instead of the primary account holder. It lists ways to share information: Email, Telephone, and At a different mailing address. It instructs users to complete, sign, and send the 'Oregon Request for Confidential Communication' form to their insurer. A red box highlights the form name, with a red arrow pointing to it. A 'PLEASE NOTE' box states that if insurance companies change, a new request must be made. Below, it defines 'protected health information' and lists examples: name and address of a provider, explanation of benefits notice, and information about an appointment. A 'Key links' section on the right contains links for 'Information for health care providers' and 'Links to insurer confidentiality information'.

# Confidential Communication Request Form

**OREGON  
REQUEST FOR CONFIDENTIAL COMMUNICATION**

You have the right to have protected health information\* sent to you instead of the person who pays for your health insurance plan. You can ask to be contacted:

- At a different mailing address
- By email
- By telephone

To make this request, complete, sign, and send this form to your insurer. You can send it by mail, fax, or email. To find contact information for your health insurance plan, visit <http://www.oregon.gov/DCBS/Insurance/gethelp/health/Pages/confidential-communications.aspx>.

**Please note:** It can take up to 30 days from the date your insurer receives your hard-copy request to process it. Requests made by telephone, by email, or over the Internet must be implemented by your insurer within seven days of receipt.

Name of your health insurance company \_\_\_\_\_

Your name \_\_\_\_\_

Your date of birth \_\_\_\_\_ Your insurance member # (# available) \_\_\_\_\_ Your insurance group # (# available) \_\_\_\_\_

Please tell us how we should contact you. If you mark more than one way, put a "1" next to your first choice, "2" next to your second choice, and so on. Your health plan must contact you through at least one of the communication methods noted below:

Email to the following email address: \_\_\_\_\_

U.S. Mail at this address: \_\_\_\_\_

Text to the following phone #: \_\_\_\_\_

Message through online insurance patient portal: \_\_\_\_\_

Phone call to the following number: \_\_\_\_\_

**IMPORTANT! The following two sections MUST be completed:**

1. If a communication cannot be sent in the above selected formats, or if you want information by U.S. mail, provide the address below:  
\_\_\_\_\_

2. Is there a phone number or email to use if there are questions regarding this request?  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Form #440-5059 Page 1

# Insurance Division Website

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

## Patient right to privacy

File a complaint

Appeals process

► Health insurance

Preventive care services

Patient right to privacy

⊕ Individual (nongroup)

⊕ Employers

Health insurance report

Enrollment data

Common questions

Long-term care

Avoid fraud

Insurers contact information

External review

### 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 aide 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 to do 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](mailto:gayle.woods@oregon.gov)

#### Other resources:

[Oregon Request for Confidential Communications](#)

[Oregon Minor Rights: Access and Consent to Health Care. A Resource for Providers, Parents and Educators](#)

**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





PROTECTING PATIENT PRIVACY: THE OREGON CONFIDENTIAL COMMUNICATION REQUEST

WHAT PROVIDERS NEED TO KNOW

**BACKGROUND**

Patient confidentiality is an essential aspect of the patient-provider relationship. When confidentiality is not assured, patients may be reluctant to communicate openly with their health care provider and may delay or even forgo accessing needed care. Sensitive information about the care received by dependents can be inadvertently divulged to the health insurance policy holders (such as parents/guardians or spouses) through billing-related communications. Disclosure of sensitive health information can negatively impact all consumers of health care services, but are most problematic and common for:

- adults of any age whose partner holds the insurance policy,
- minors who may consent to specific health care services and are insured through a parent, and
- young adults (age 18-26) remaining on their parent's health insurance.

Protecting patient privacy and confidentiality does not preclude patient or family involvement in care. Encouraging and helping to facilitate patient and family involvement is an important piece of patient-centered care. Best practices call for providers to balance the need for privacy and confidentiality with appropriate patient and/or family involvement.

February 2016 1

# 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.



**Oregon Health Authority**  
PUBLIC HEALTH DIVISION  
Adolescent, Genetics and Reproductive Health

01/16/2017 (02/2018)

## ¿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.



**Oregon Health Authority**  
PUBLIC HEALTH DIVISION  
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01/16/2017 (02/2018)

# 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:
  - <http://dfr.oregon.gov/gethelp/Pages/file-a-complaint.aspx>
  - To connect with a consumer advocate (consumers and providers):  
1-888-877-4894 or [cp.ins@oregon.gov](mailto: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

Emily Elman

Reproductive Health Program Policy Analyst

971-673-0219

[Emily.I.elman@state.or.us](mailto:Emily.I.elman@state.or.us)

Kate O'Donnell

SBHC Systems Development Analyst

971-673-1054

[Kathryn.m.odonnell@state.or.us](mailto:Kathryn.m.odonnell@state.or.us)



# 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!**

# “Youth Moment”

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

<http://www.kansascity.com/news/local/article106110547.html>