

MOAPPP Monitor

www.moapp.org

Spring 2007

MOAPPP's mission is to develop and strengthen policies and programs that promote adolescent sexual health, prevent adolescent pregnancy and support adolescent parents.

Adolescent Access to Health Care

By Gloria Ferguson, Program Director, Health Start

Adolescents are a medically underserved population. They are the age group most likely to be uninsured, and make fewer clinic visits per capita than any other age group.²⁵ Over the last ten years, research on adolescent access to health care has focused on four themes:

- Overall access
- Foregone care
- Confidentiality
- Specific types of care

Here's what we know:

Most adolescents — even those who are poor, uninsured and/or homeless — see a provider within a year's time. Most young people make at least one health care visit each year, most commonly for routine care. Overall, 59-70% of youth report having had a check-up within the previous year.^{12, 13, 14, 15, 24}

Among sexually active youth, 25% report an unmet need for care. This rises to 40% of uninsured youth, 57% of the uninsured poor,¹⁴ and 62% of out-of-school youth.²⁰

Nonetheless, many adolescents report unmet health care needs. Unmet health care needs result from one of two causes — either no care was received, or the care received did not address their needs. Overall, 19-27% of youth report having needed but not received care at some time in the previous year.^{6, 10, 13, 14, 20, 24}

Although 76% of youth report wanting confidential care, less than half believe it is available from their usual care provider.²² Although provider assurance of confidentiality helps allay fears, many youth remain reluctant to disclose sensitive information. Eight percent of youth report foregoing wanted care in the previous year out

of fear that their parents would find out.²²

In fact, options for confidential care are limited by a number of factors, including providers' lack of familiarity with minors' consent laws, billing policies and federal laws requiring disclosure of services covered under health insurance policies.

Preventive care, sexually transmitted infection testing and treatment and mental health care are three particular areas of unmet need:

- In one study, the mean length of adolescent health care visits was 16 minutes, and no education or counseling was noted in approximately half of the visits.⁴
- Since the early 1990s, the Centers for Disease Control and Prevention has recommended at least annual STI screening for all sexually experienced adolescents. Yet only 18% report being screened.⁷
 - Finally, though one in five youth are in need of mental health care, only 18% of those in need receive any care in a year's time.^{8, 16}

Conclusions and recommendations

We can do better. Doing better begins with building safe environments for care where providers can and do ask young people about their risks. As one researcher puts it, "If we don't ask, they don't tell." In order for them to tell, we must create systems — from intake to billing — that protect confidentiality. We must also be able to respond to the needs we discover in an adolescent-friendly, non-judgmental, affordable, accessible way.

School-based clinics are one option for doing that. School-based clinics have been found to make it easier for the uninsured to obtain care,

Adolescence is a period of physical, emotional and cognitive growth that rivals early childhood in its intensity. However, unlike young children, adolescents are often left to face these challenges without the health care they need.

make it 10 times more likely that young people will receive mental health care, increase access to contraception and STI testing and treatment,¹⁸ and make a routine practice of providing annual risk assessment and follow-up counseling, including health education and nutrition services.

Unfortunately, only about three percent of our country's growing adolescent population is currently served by school-based clinics.¹⁹ More work is needed to increase the number of school-based and community adolescent health clinics, and to improve adolescent access to confidential care through their primary care providers.

Working Together to Solve the Puzzle of Teen Pregnancy



MOAPPP's Teen Pregnancy Puzzle illustrates the complexity of the issue and the need for comprehensive solutions based on research.

DIRECTOR'S NOTES



Dear Friends,

I hope you're finding time to enjoy the milder temperatures this season of renewal brings. In our fair state, we know the season has changed when the mighty Mississippi becomes passable again, the ice on area lakes disappears, the songbirds return and the color green is reintroduced into nature's palette. Despite record warm temperatures in winter, we're always grateful for spring's arrival.

We are gearing up for May — National Teen Pregnancy Prevention Month — when we host our annual conference. Please read about it in this newsletter and on our website, www.moapp.org, and plan to join us.

Our focus for this edition of the Monitor is Adolescent Health Services. We look at this important facet of promoting adolescent health from a variety of perspectives including developments in youth access to services, the important role of confidentiality, the barriers many youth face when seeking care, and ideas for improving health outcomes for adolescent parents and their children.

Special thanks to our guest writers, Gloria Ferguson, Program Director at Health Start, and Clarence Jones, Outreach Director at Southside Community Health Services. We are fortunate to have such supportive colleagues doing such important work on behalf of Minnesota's youth.

Happy Spring!

Brigid Riley, MPH
Executive Director

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MOAPPP's mission is to develop and strengthen policies and programs that promote adolescent sexual health, prevent adolescent pregnancy and support adolescent parents.

Removing Barriers – Confidential Access to Health Care

Since 1971, the Minnesota Minors' Consent for Health Care statute has allowed adolescents to access confidential services for specific categories of care:

- Emergency care
- Pregnancy testing and care
- Sexually transmitted infection (STI) testing and treatment
- Contraceptive care
- Treatment for drugs and alcohol
- Mental health care

Over the years, this statute has been both passionately challenged and defended. Opponents argue that parents should be involved when adolescents make any important medical decision. Advocates contend that confidentiality is necessary for some adolescents to seek timely care.

Research shows adolescents are less likely to access health services without the guarantee of confidentiality.

Protecting Confidential Access: The Public Health Concern

Research shows that without the guarantee of confidentiality, adolescents are less likely to pursue health services, particularly those protected by the statute. In one study, fewer than 20% of adolescents reported that they would seek care related to birth control, drug abuse or sexually transmitted infections if they needed parental consent to do so.²³ This results in significant health risks for adolescents, including delayed treatment for STIs, delayed or absent prenatal care and delayed treatment for mental health, drug and alcohol concerns.

Requiring Parental Consent Does Not Improve Parent-Child Communication

Many of the statute's opponents argue that health decisions related to sexual activity are so significant that adolescents should not be able to make them without their parents' knowledge. But research

tells us that mandatory parental involvement does not convince teens to share their health concerns with their parents.^{21,23} In health care situations where confidentiality is a concern, adolescents don't

While the state statute allows providers to offer confidential care to adolescents, it also allows them to inform parents and guardians in situations where not doing so would jeopardize the health of the minor.

choose to involve their parents, they choose to forgo care. This is the crux of the argument for confidential access. The health needs of adolescents are not served if adolescents do not seek care. Too often, those most at risk state that confidentiality is necessary.

A recent study analyzed the risk characteristics of adolescents who cited concerns for confidentiality as a reason they had foregone healthcare. The study found that adolescents who reported the presence of psychological distress, having engaged in health risk behaviors, and/or unsatisfactory parental communication were those most likely to cite confidentiality concerns as the reason they did not seek care.¹⁷

While the state statute allows providers to offer confidential care to adolescents, it also allows them to inform parents and guardians in situations where not doing so would jeopardize the health of the minor. Often times the health care provider serves as a resource to adolescents as they look for a way to include their parents in their decisions. Research shows that adolescents include their parents in their decisions. Fifty-five percent of adolescents discuss their use of reproductive health services with their parents and an even greater number involve their parents in the event of an unplanned pregnancy.¹ In situations where this parent-child communication is not possible, the ability to access confidential care is an essential measure to ensure positive health outcomes for adolescents.

**SUPPORT MINORS'
ACCESS TO CONFIDENTIAL HEALTH CARE**

Join the Sex Ed for Life Coalition at
www.sexedforlife.org or by calling 651-644-1447 x12

When Cultural Perception and Health Care Collide

By Clarence Jones, Outreach Director, Southside Community Health Services

According to "Cover the Uninsured," a project funded by the Robert Wood's Johnson Foundation, more than 80,000 Minnesota children are uninsured. It is almost unimaginable in this country that so many of our children are not protected by basic health care. Children of color carry a disproportionate burden. Regardless of a child's race/ethnicity or socioeconomic background, this is unacceptable. The actual and perceived impact of this issue is being borne out by our children collectively.

When surveyed about access to health care, young people of different races and ethnicities report significant differences in how they access healthcare.

The information that follows is taken directly from the recent report "The Black Youth Project: The Attitudes and Behaviors of Young Black Americans." More than 1,590 Black, White and Hispanic young people between the ages of 15–25 were surveyed about their attitudes regarding their health and the health care system. Responses were broken down by race/ethnicity, sex and age.

Key findings include the following:

- The majority of Black youth and the near majority of Hispanic youth receive most of their medical care from community health clinics, hospitals and emergency rooms, while White youth most often receive their medical care from a private doctor.
- While Black youth are more likely than either Hispanic or White youth to report knowing someone personally with HIV or AIDS, they are less likely than Hispanic youth to rate their chances of getting HIV/AIDS as high.
- Majorities of Black and Hispanic youth believe that Blacks are treated less fairly than Whites in the health care system.
- An overwhelming majority of Black youth believe that the government would do more to find a cure for AIDS if more White people had the disease.



Implications

This sampling of key findings from the project indicates that young people from our communities of color are making health care decisions based on both fact and misperceptions. Where are young people getting these misperceptions? From society? From their communities? From others' experiences? It does not really matter where they are getting them. It matters that they are getting in the way of young people accessing needed health care.

If the majority of children of color are not accessing or trusting the health care system, what is our responsibility as practitioners to help? As practitioners and concerned individuals, we must be willing to speak out for those who have no voice. It is critical that we work collectively and effectively with public policy makers to insure that all of our children have access to basic health care. We must be creative in our approaches in order to empower youth in their own health care. We have to create innovative programming that will allow young people to enter the health care environment and feel safe.

On a positive note, fewer Black youth reported that there were times during the past year when they thought they should see a health care provider but did not.

Sources:

Black Youth Project (2007). Retrieved March 20, 2007, from <http://www.blackyouthproject.com>

Cover the Uninsured (2006). Retrieved March 20, 2007, from <http://www.covertheuninsured.com>

CALENDAR HIGHLIGHTS

MOAPPP's
16th Annual
Conference

May 3-4, 2007

Earle Brown
Heritage Center,
Brooklyn Center,
Minnesota

For more information and a conference brochure, go to the MOAPPP website at www.moappp.org or call MOAPPP at 651-644-1447 or 800-657-3697

BROADENING OUR PERSPECTIVE

refining our approach

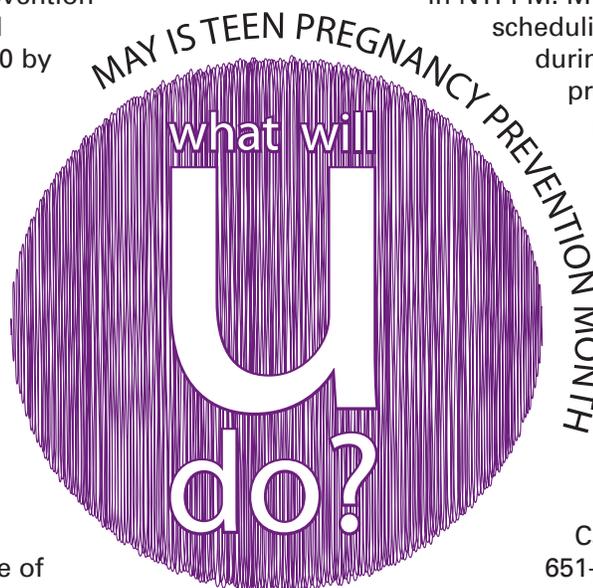
The MOAPPP Conference is the annual gathering of Minnesota professionals committed to teen pregnancy prevention and support for pregnant and parenting teens. Join more than 400 colleagues for two days of dynamic speakers, challenging workshops and countless opportunities for networking and conversation.

Below is a sample of our speakers from across the state and nation.

- **Kathryn Edin**, PhD, University of Pennsylvania, Philadelphia, PA
"Promises I Can Keep: Why Poor Women Choose Motherhood Before Marriage"
- **Lawrence Wallack**, DrPH, Portland State University, Portland, OR
"Framing the Issues We Care About"
- **Verna Cornelia Price**, J. Cameron and Associates, Minneapolis, MN
"The Power of You: Creating and Sustaining Positive Change"
- **Ted Sikes**, Wise Guys, Greensboro, NC
"What's Up With Guys? Sexual Decision-Making Issues for Teen Males"
- **Cordelia Anderson**, Sensibilities, Inc., Minneapolis, MN
"Countering Normalization of Sexual Harm: Strategies for Teen Pregnancy Prevention"
- **Monica Rodriguez**, SIECUS, Washington, D.C.
"What's Good: Sexuality Education and Youth Culture"

MOAPPP takes the lead in Minnesota to promote National Teen Pregnancy Prevention Month (NTPPM). This annual campaign was started in 1980 by the Adolescent Pregnancy Prevention Coalition of North Carolina and is now promoted nationally.

The National Campaign to Prevent Teen Pregnancy promotes the "National Day." On this day, teens are asked to go online and take a fun, engaging "quiz" that presents them with several real life scenarios involving sex and asks them to choose a course of action. Encourage the teens who you work with and care about to take the National Day Quiz on May 2 at www.teenpregnancy.org. The quiz will be available online for the entire month of May.



The National Day Quiz is just one way to participate in NTPPM. MOAPPP recognizes NTPPM by scheduling its annual conference during the month of May. This provides MOAPPP with a platform to bring wider attention to the importance of teen pregnancy prevention in Minnesota.

Don't miss Teen Pregnancy Prevention Month as an opportunity to start a "conversation" about teen pregnancy prevention in Minnesota. For more information about what U Can Do, contact Jocelyn at 651-644-1447 x19 or jocelyn@moappp.org.

www.teenpregnancy.org

Keeping Them Healthy: Improving Outcomes for Teen Parents and Their Babies

ADOLESCENT parent NETWORK

The health outcomes of teen parents and their children are intricately intertwined with their educational, social, developmental and economic

needs. Compared to older pregnant women, pregnant teens are far less likely to receive timely and consistent prenatal care. Infants born to teen mothers are at an increased risk of being born prematurely and at a low birth weight, posing serious long-term medical consequences. Children of teen mothers are less likely to visit a medical care provider than children of older mothers. And, given that these young parents are still teenagers, they are less likely to seek medical care for themselves. So how can we have an impact on the health outcomes of young parents and their children?

- Whereas lack of health insurance is the key issue for many teens, the barrier for teen families is the complexity of the application and renewal process. Something that is difficult for even the most capable adult is often overwhelming for the young parent. Teen parents need support from case managers, public health nurses and organizations like Portico Healthnet (see page 7) to help them navigate this complex and time-consuming process.
- Care must be easily accessible if we want to increase the likelihood that a teen parent seeks medical care and minimize the amount of school missed because of a sick child. A simple case of pink eye can lead to multiple days out of school and childcare if young parents don't have access to same-day appointments and locations close to school. Donna Amidon, CNP, Minneapolis Health Department urges all providers to "take every window of opportunity to give teen parents access to health care. When they bring their baby in for a cold, consider doing a health assessment or child and teen checkup. Find out if they need birth control, nutrition counseling, referrals to WIC, refills for asthma medications, etc."
- Service providers must recognize that adolescent parents are not simply younger versions of their adult clients. They struggle with their own adolescent development as they work to fulfill their responsibilities as parents.²⁵ As they serve teens, providers must be prepared to revisit the same issues multiple times. Decisions about future pregnancy, contraception, nutrition, breastfeeding, etc. made at one visit, may be different the next. Ongoing conversation, consistent reinforcement and structured support are essential.³

"Take every window of opportunity to give teen parents access to health care. When they bring their baby in for a cold, consider doing a health assessment or child and teen checkup. Find out if they need birth control, nutrition counseling, referrals to WIC, refills for asthma medications, etc."

Donna Amidon, CNP, Minneapolis Health Department



- Consistent, caring relationships are critical. Given that teen parents are more likely to seek health care for their children than themselves, pediatricians and other health care providers can build on their established relationship as the child's provider and pay attention to the needs of the adolescent parent as well.²
- Consistent use of contraception is a complex issue for many young parents, complicated by feelings of ambivalence about future pregnancy, issues of sexual violence, accessibility of reproductive health services, etc. Counseling about contraception needs to be initiated during pregnancy and continued after pregnancy with an emphasis on long-acting methods coupled with condom use.²

- There are a number of models of care that have been shown to support positive health outcomes of teen parents and their children. For example, school-based clinics provide easy access, teen-friendly services, and a connection to other community-based programs and services. The Nurse-Family Partnership (see page 7), a home visiting model for first time pregnant women, has shown improved prenatal health, delays in second births, fewer childhood injuries and improved school readiness.

Young parents and their children are at higher risk for a myriad of health issues. If we hope to have healthy babies nurtured by healthy teen parents, we are challenged to refine our practice to meet their unique and changing needs. No one person or organization can do it alone. But together, we have the chance to ensure the health and wellbeing of the young parents and children in our community.

RESEARCH

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RESOURCES

The Center for Adolescent Health & the Law (CAHL)

CAHL is a national nonprofit legal and policy organization that promotes the health of adolescents and their access to comprehensive health care. www.cahl.org

Guttmacher Institute

The Institute produces research, policy analysis and public education on a wide range of topics pertaining to sexual and reproductive health, including *State Policies in Brief* which report policies related to adolescent access to confidential health care services. www.guttmacher.org

Maternal and Child Health Library

This virtual library hosted by Georgetown University provides accurate and timely information including the weekly newsletter MCH Alert, resource guides, full text publications, databases, and links to quality MCH sites. Feature Knowledge Path: *Child and Adolescent Health Insurance and Access to Care* www.mchlibrary.info

The Nurse-Family Partnership

Nurse-Family Partnership is an evidence-based nurse home visitation program that improves the health, well-being and self-sufficiency of low-income, first-time parents and their children. www.nursefamilypartnership.org

Portico Healthnet

Portico Healthnet helps people connect to free or low-cost health coverage programs. They provide assistance with applications to programs such as MinnesotaCare or Medical Assistance. www.porticohealthnet.org

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Newsletter of the Minnesota
Organization on Adolescent
Pregnancy, Prevention and Parenting

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