

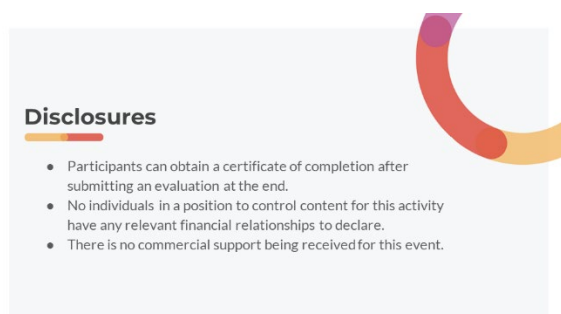
Providing Family Planning Services to Adolescents During Uncertain Times
June 22, 2021
Transcript

Slide 1



Meg Shehan: All right, let's begin. Hello everyone and thank you so much for joining us today. My name is Meg Sheahan. I'm from the Title X Reproductive Health National Training Center and I am so happy to welcome you all to our discussion on Providing Family Planning Services for Adolescents during Uncertain Times. This webinar builds on one that we hosted in March of 2020 called the [Promoting Youth-Friendly Environments in Family Planning Clinics](https://rhntc.org/resources/promoting-youth-friendly-environments-family-planning-clinics-webinar) webinar (<https://rhntc.org/resources/promoting-youth-friendly-environments-family-planning-clinics-webinar>). You can access this first webinar at rhntc.org.

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I have just a few announcements before we begin. Everyone on today's webinar will be muted, but we'll have time for questions, so please feel free to type them in using the Q&A feature at any time during the webinar. Participants can obtain a certificate of completion for attending today. To receive your certificate, please complete the evaluation at the end of the webinar. Please note that in order to receive the certificate, you must be logged into your RHNTC account when you complete the evaluation. You can then go into your training account to download the certificate. No individuals in a position to control content for this activity have any relevant financial relationships to declare. There's no commercial support being received for this event. This presentation was supported by the Office of Population Affairs and its


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Learning Objectives

By the end of this presentation, participants will be able to:


- Describe the experiences of youth receiving family planning services during COVID-19
- Describe the experiences of service providers working to meet adolescents' needs
- Identify three common challenges for adolescents who want to access family planning services during COVID-19
- Describe at least two strategies providing youth-friendly family planning services during COVID-19 that can be continued after the pandemic to increase access to care



By the end of this presentation, participants will be able to describe the experiences of youth receiving family planning services during COVID-19. Describe the experiences of service providers working to meet adolescents' needs. Identify three common challenges for adolescents who want to access family planning services during COVID-19 and describe at least two strategies for providing youth-friendly family planning services during COVID-19 that can be continued after the pandemic to increase access to care. To lead this discussion, we're delighted to have Kaleigh Cornelison from the Adolescent Health Initiative. Kaleigh is the Lead Program Specialist at AHI. She oversees a team of dedicated folks to provide training, coaching and technical assistance to health centers and healthcare providers across the country. We also have two clinical team panelists joining us today, Safiya Yearwood and Chinwe Efuribe. I'll pass it to Kaleigh first for introductions.

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Meet the Panelists



Kaleigh
Cornelison
MSW

Safiya
Yearwood
BSN, RN

Chinwe
Efuribe MD,
MPH

Kaleigh Cornelison: Thanks Meg, I'm really excited to be with you all today and my name is Kaleigh Cornelison. I'm the Lead Program Specialist at the Adolescent Health Initiative and my pronouns are she and her. And we're joined with two folks who have been partners of AHI through a couple of the quality improvement processes that we facilitate. First is Safiya Yearwood and I'll let you introduce yourself, Safiya.

Safiya Yearwood: Good afternoon, everybody. My name is Safiya Yearwood I am a nurse with the University of Maryland in our Adolescent and Young Adult Center and I'm excited to be here with you guys and discuss today.

Kaleigh: Thanks.

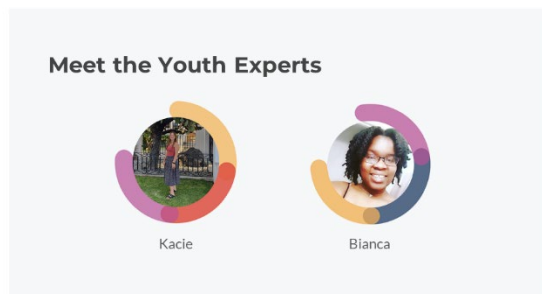
Safiya: Thanks for having me.

Kaleigh: And then we have Chinwe Efuribe who's also joining us. Chinwe, if you want to introduce yourself.

Chinwe Efuribe: Sure thing, thanks Kaleigh. It's pleasure to be here. I'm Chinwe Efuribe. I am a Pediatrician and Alison Medicine Specialist in Austin, Texas and we've really had a great time in the Texas Youth Friendly Initiative. And I look forward to talking more about it here.

Kaleigh: Thanks Chinwe.

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Meg: We're especially honored to have two youth experts joining us today, Kacie and Bianca. Kacie and Bianca will inform our understanding of how to provide family planning services for adolescents during uncertain times through the lens of their experiences and perspectives. I'll pass it over to you first, Kacie and then onto you Bianca to introduce yourself.

Kacie: Hi, I am Kacie Vasquez. I was a patient of Dr. Efuribe and I'm here today just to give my perspective and it is a pleasure to be discussing this topic with all you guys.

Bianca: My name is Bianca and my pronouns are they, them, their and I am also a youth who attends LSA University clinic with Safiya and I'm here to share my thoughts and help to improve your knowledge.

Meg: Thank you, Bianca and with this, I hand it over to Kaleigh.

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Adolescent Health Initiative

The Adolescent Health Initiative (AHI) provides training, technical assistance, and coaching to health care providers, health systems, and organizations across the country to improve adolescent-centered care.

Our vision is to transform the health care landscape to optimize adolescent and young adult health and well-being.

www.AdolescentHealthInitiative.org



Kaleigh: Thanks Meg. So, first I just want to share a little bit about the Adolescent Health Initiative before we dive into the content. So, AHI is based out of the University of Michigan but we provide training, technical assistance, consulting and resource development to healthcare providers, health systems and youth-serving organizations all across the country. And you can see on our beautiful map here, all of the dark blue states are ones that we are currently working in or have worked in in the past. So, I always like to say, if you're in one of those light colored states and you want to work with us, we would love to hear from you and also anyone from any state actually. So, we're currently working in over 40 states right now and we are always hoping to expand. So the vision of the Adolescent Health Initiative is to transform the healthcare landscape to optimize adolescent and young adult health and wellbeing. And thank you so much for having me here today and the wonderful group of panelists to help work towards that mission and vision that we have at AHI.

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Current & Ongoing Challenges

For Adolescents

- Social isolation and mental health struggles
- Unsafe or unhealthy home environments
- Concerns or confusion around the transition to telehealth
- The impact of racism and structural racism
- The shift to remote learning

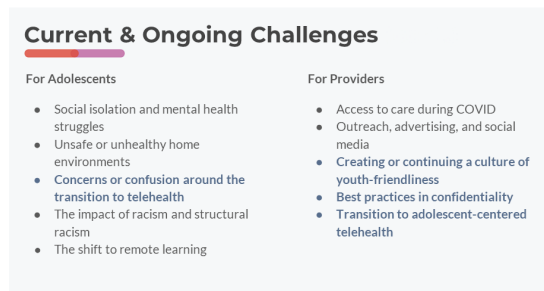
For Providers

- Access to care during COVID
- Outreach, advertising, and social media
- Creating or continuing a culture of youth-friendliness
- Best practices in confidentiality
- Transition to telehealth

So, both adolescents and, diving into our content for today, both adolescents and service providers have been facing a lot of challenges over the past year and those may very well continue into the future. So, I worked with Meg a little bit in the lead up to this webinar to hear from youth and that many of you as Title X grantees have shared some of these challenges that you've seen over the past year. So, some of the challenges that young people we've heard have faced are struggles with social isolation and mental health, unsafe or unhealthy home environments that we're sort of stuck in because we haven't been able to sort of go out and to our normal environments. We haven't had an opportunity to sort of escape from that in school settings because folks have been learning from home, concerns or confusion around the transition to telehealth when it comes to accessing healthcare services. The impacts of racism and structural racism have not been new but have been more in the public conversation in the

last year plus and then also shifts to remote learning have been a really big challenge in the last year or so. From providers and Title X grantees specifically, these are some of the feedback that we've heard from you all that access to care during COVID has been a challenge for your patients. Outreach, advertising and social media are areas where you're still sort of trying to find some support and strategies. Creating or continuing a culture of youth friendliness during a time where we have lots of competing priorities and things that we're dealing with. Understanding best practices in confidentiality both for in-person services and telehealth services. And then of course, the quick transition to telehealth that many folks have had to make in the beginning of the pandemic over a year ago.

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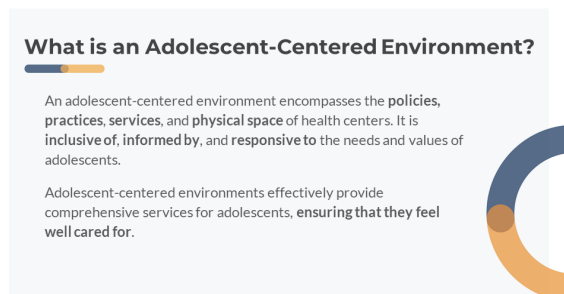


Current & Ongoing Challenges

For Adolescents	For Providers
<ul style="list-style-type: none">• Social isolation and mental health struggles• Unsafe or unhealthy home environments• Concerns or confusion around the transition to telehealth• The impact of racism and structural racism• The shift to remote learning	<ul style="list-style-type: none">• Access to care during COVID• Outreach, advertising, and social media• Creating or continuing a culture of youth-friendliness• Best practices in confidentiality• Transition to adolescent-centered telehealth

So, in the hour that we have today, we can't cover everything but we are going to touch specifically on a few things here. So, specifically, we're going to talk about creating a culture of youth friendliness, we're to do some best practices in confidentiality and also talk about transitioning to not just telehealth but adolescent-centered telehealth and how you can sort of continue to have that stuff in practice moving forward 'cause I don't think it's going away. And I'll just say sort of the format of today is going to be, I'm going to give a little bit of a presentation piece and then we'll hear from our panelists and then there'll be an opportunity for Q&A just so you sort of know what to expect for the next hour or so.

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What is an Adolescent-Centered Environment?

An adolescent-centered environment encompasses the policies, practices, services, and physical space of health centers. It is inclusive of, informed by, and responsive to the needs and values of adolescents.

Adolescent-centered environments effectively provide comprehensive services for adolescents, ensuring that they feel well cared for.

So first things first, what is an adolescent-centered environment? How would we define that? And so at AHI, the way that we define that is that it's an environment that encompasses policies, practices, services and the physical space of health centers. It's inclusive of, informed

by and responsive to the needs and values of adolescents. So that's a lot there. So I think it's important to highlight we're talking about policies, practices, services and the physical space and we're also thinking about how we're incorporating that youth voice and feedback in what we're doing. So informed by, inclusive of, responsive to the values and needs of young people. In an adolescent-centered environment, we're really thinking that young people are feeling well cared for in all of these different ways. And we can see that those things, they're going to feel well cared for when our policies, practices, services and physical spaces are geared towards them.

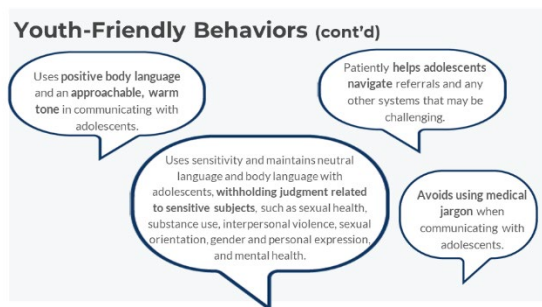
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So what are a few youth-friendly behaviors? So the next two slides are going to cover eight key youth-friendly behaviors and then I'll have a summary slide that sort of shows all of these and as I go through these, it might be helpful for you to be thinking about how have these stayed the same during the last year, during COVID, during the pandemic? And how have maybe some of these changed or looked a little bit different over the past year or so? 'Cause I'll ask you to chat in your thoughts on that once we get a couple of slides further. So to start off with a couple of youth-friendly behaviors. So first of all, accurately discussing and applying confidentiality and consent laws with all adolescent clients for all adolescent patients. So, it's one thing for us to know what the minor consent and confidentiality laws are in our state and we know they are different in every state that we're in but are we letting all of our adolescent patients know what their protections are? Especially when we're providing Title X services, the protections are even greater. So, are we informing everyone of what their rights are? Because while we might be really well versed in it, our staff might be really well versed in it. Are we ensuring that everybody knows what their rights are and what they have access to without a parent or a caregiver's consent? That we provide and/or support fair treatment and equal opportunities for all adolescents. So that might look like, whether in your physical space, is it accessible for adolescents who might need to use a wheelchair? Is it inclusive of LGBTQ+ youth? Are we creating visual cues that show us that youth of color are a valued group of young people who can access services here? So there are some things that might be related to how your physical space looks. There are other pieces of that that might be a part of your policies and procedures and how your staff is trained and trained to treat all youth with respect and giving them equal treatment. Are we listening to and objectively consider what adolescents have to say? I typically find that Title X providers are pretty good at this but it's a helpful reminder that we want to center youth when they're the patient. So sometimes we can have that impulse to

talk to a caregiver or to a parent. Are we looking at our adolescent patient? Are we hearing their concerns and feedback and taking that in and responding to them? And is everyone on our staff doing that? Everyone from security guard to the front desk, to our MAs, to our providers, it's a whole health center approach. Accommodating the needs of individual adolescent clients. So everything from, if they're running late, are we making attempts to accommodate folks? Because sometimes transportation for young people is less certain than it is for adult patients. Can they bring a friend along before COVID protocols allow for that? What are we doing to help them feel really comfortable in that space?

Slide 11




And then the other four youth-friendly behaviors. So using positive body language, an approachable warm tone. Again, sort of a simple thing but something that can go a long way in helping folks to feel comfortable. Patently helping adolescents navigate referrals and any other systems that may be challenging. And again, this is like when we're so in the system, we sort of understand how systems and referrals might work but for young people or really for any of our patients, navigating referrals, navigating these types of systems is maybe newer to them, it's more complicated than we might think 'cause we're a part of that system a lot of time. So how can we sort of make that bridge for folks? Avoiding medical jargon when communicating. Always a challenge when we're so steeped in it. I find myself doing that in my role with acronyms all the time but how can we sort of shift away from that and make sure we're spelling things out or really making sure that folks understand what we're talking about? And then being sensitive and withholding judgment about sensitive topics. So this is everything from sexual health to substance use, interpersonal violence, sexual orientation, personal expressions, mental health, et cetera, et cetera. The list could go on but are we opening up those conversations with our patients, our clients and doing it in a nonjudgmental way, right? If we just exhibit some sort of judgment in our tone, in our facial expression, in our body language, that could really shut somebody down right away when you might be that person that they want to share that with. So, those are our eight youth-friendly behaviors that we really like to focus on at AHS.

Resource:

[Youth in Health: Inclusive Stock Photography Collection](https://www.umhs-adolescenthealth.org/improving-care/health-center-materials/chai-photos/) (<https://www.umhs-adolescenthealth.org/improving-care/health-center-materials/chai-photos/>)

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Being Adolescent-Centered in Uncertain Times & Beyond

1. Accurately discusses and applies confidentiality/consent laws.
 2. Provides fair treatment and equal opportunity for ALL.
 3. Listens to and objectively considers what youth have to say.
 4. Accommodates individual needs.
 5. Uses positive body language and an approachable, warm tone.
 6. Helps adolescents navigate referrals and other systems.
 7. Avoids using medical jargon.
 8. Uses sensitivity and maintains neutral language and body language, withholding judgment related to sensitive subjects.
- 

This is a little summary of the eight and I was reflecting on this, not many of these have changed and the times that we're living them but some of them might look slightly different. And so this is going to be an opportunity for you all to chat in your response to this but my question is which of these youth-friendly behaviors have looked different for you in the past year? And if you want to chat into all panelists and attendees, then everyone can see your responses. So you just click that little drop down. So which, if any of these, have looked different to you or for you in the past year? Being able to accommodate individual needs. Using sensitivity. Body language. Yeah, we're going to talk about body language in a sec too when it comes to telehealth. Yeah, number five due to phone visits. Yeah, we can't see our body language and all that over the phone. Yep, using body language is a lot harder. Lots of folks are saying that. Navigating referrals, absolutely. Can't see your face during texts, yup. Being able to bring a friend, absolutely. Yeah, referrals again. Yeah, yeah, body language. Accommodating individual needs. Yeah, so some of our systems have been a little bit more limiting and not able to accommodate individual needs because of the circumstances of the past year. Yeah, such a good point. Yeah, fair and equal opportunity for all. How can we do this when not everyone can navigate telehealth or have access to telehealth? Absolutely. Yeah and for in-person services sometimes wearing a mask makes it more difficult to do that body language or those facial expressions, right? We can see them better almost on telehealth if you're doing a video. Ensuring safety, yup and cameras off can be a challenge. Absolutely, thank you all so much for thinking through those. It's helpful to keep these at the center when we're doing a think creatively about how we can sort of get around some of these challenges or how they're looking a little bit different and sometimes it's okay that they look a little bit different during times that are pretty unprecedented but we want to make those shifts as best as we can.

Slide 13

The Rise of Telehealth: Benefits & Barriers

Benefits:

- No transportation needed
- Streamlines efficiency
- Adolescents are often comfortable with technology
- Rapid telehealth ramp-up

Barriers:

- Translation of in-person services to virtual
- Access to reliable technology (WiFi, devices)
- No control over client's environment to ensure privacy/confidentiality

And we're going to do that by thinking through telehealth a little bit to start with. So there's some benefits and barriers and I think you all identified a few of those barriers in the chat when it comes to telehealth. So a couple of the benefits might be, you don't need transportation, right? Streamlines efficiency in some ways. Often adolescents are way more comfy with technology than we are. I think that's usually the case and they're quick adopters of things too. It might take me a week to figure out Zoom and it takes the young person an hour, right? And then the interesting thing, I've been working in this field for many years now and so many providers I've talked to in the last year have said, well, we were going to get telehealth up and running in like five years but we did it in a month or less, right? Because we had to, right? So that's really ramped up the access to telehealth and really forced us to get on that. Some of the barriers are just the translation of in-person services to virtual can be really tricky and we can't do everything in a virtual space. As someone mentioned in the chat, access to reliable technology is not the case for every person. So WiFi devices, et cetera, it's just not accessible a lot of times for all. And there's no control over the client's environment to assure privacy or confidentiality and someone mentioned that in the chat as well. That can be a really big challenge. I am going to talk a little bit more about that in a moment too.

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Miranda Talks about Privacy (video clip)



So first, I want to show a fairly short video clip of Miranda, just talking a little bit about privacy when it comes to telehealth and a couple of suggestions that she has around that. I'm going to make sure I share my sound and I'm going to play this short clip for you. "Some of the bigger obstacles patients face while having a medical visit from home are typically around privacy and accessibility. I think the hardest part of having a medical visit from home is that sometimes I'm not always alone in the house and more often than not, there are multiple people here and I may not want to share certain information with my provider if I know the other people in the

house may be able to hear me which can definitely affect the quality of the visit. I think this is also where cultural competence plays a factor in as well. For example, I live in a Latino household where topics such as reproductive health are very taboo and not talked about. And it is also hard because there are multiple people in my household and I also may not have my own room or a space where I can talk about such topics privately and in a safe space as well. I believe this also goes into a patient's level of accessibility and that some solutions to these problems of privacy and accessibility aren't accessible to every single person that is needing healthcare and is needing to do telemedicine visits. And some of these solutions are putting a fan outside of the room that you're doing your visit in, just to add some background noise, using headphones during your visit so at least, other people may not be able to hear the provider and also locking the door to the room you're doing your telemedicine visit in if possible. Or maybe even just scheduling around different times when you know not many people will be in the house at the same time.”

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Kaleigh: Okay. There we go. So Miranda shared a couple of thoughts about confidentiality and privacy but here are a few more thoughts when it comes to strategies you may want to think about. So number one, are they alone, right? We might assume from the little square that we can see if people on your screen that they are alone but it's important to ask because that's not always the case. So, I might have someone standing just out of the frame and I've heard from many providers that this has been a case that the caregiver is like just outside the frame of the Zoom window. So just definitely asking, checking in. You could even type a question like that into the chat if you feel like safety is a concern and they can maybe get a little creative about moving rooms, putting in headphones, maybe some questions are asked in a chat as opposed to verbally to sort of deal with that privacy issue if you're really having a hard time getting a parent or a caregiver outside of the space. And then sometimes that just includes having a conversation with that person just as you would in-person, right? This is a confidential visit, going into your sort of explanation of why it's important as you might do in-person. The other thing that, again, Miranda mentioned this in her piece is can people hear them outside the room? So, even if they're alone, we know even sometimes in our exam rooms, they're not visually private. So, can the patient relocate, use headphones? Again, chat yes or no questions in the chat. They either shake their head, nod their head, a couple of different options if being overheard is an issue. And do they have other concerns that they want to discuss with you? So ensuring that time alone to discuss any sensitive information or concerns using this time to

once you're ensuring that feeling of privacy, allowing them to open up and be honest and ask any questions that they might have for you.

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Finding Creative Solutions

- Risk Screening**
 - Paper → Electronic
 - Sending it through the EMR to complete beforehand (if applicable)
 - Talking through it together onscreen
- STD testing**
 - Mailing supplies home & ask to send to lab
 - Forego testing and prescribe treatment (CDC guidelines)
- Vitals**
 - Ask client to use at-home equipment such as scale, blood pressure monitor, Fitbit, or other biometric device



Sometimes it's also about finding creative solutions when we're hitting barriers. So you can consider creative ways for adolescent privacy just like Miranda mentioned in the video who suggested putting a fan outside her door, using headphones. When the pandemic hit, it forced almost all healthcare workers to be innovative on the spot, we know we can do this. So switching from in-person care to telehealth almost overnight and now that we've had a little time to get used to it, we can improve on some of these strategies. So, one big thing that can be really important in identifying needs for adolescent patients is risk screening. So, can we do it electronically in a telehealth visit versus on paper as we might do in person? So sending it through an EMR to be completed beforehand if applicable or even just talking through it together on screen. Ideally, we want young people to fill it out on their own but sometimes it's not the best system for the technology that we have. So even just talking through a risk screener and sort of flagging those things for follow-up, it's good practice to do over the screen. STD testing. So strategies like mailing supplies home and having them send to the lab. And actually, I know Safiya is going to talk about something that they did in their clinic when it came to testing during the past year. And then for vitals. So, again, it might not be the most ideal situation but we can get creative with that too. So, asking clients to use at-home equipment such as a scale, blood pressure monitor, Fitbit or other biometric device could be a great strategy to get those vitals that you would get. They're probably a little bit more accurately in-person but this could be your creative solution for the workaround for a telehealth visit.


Resource:

[CDC's April 6, 2020 letter about treatment options](https://www.cdc.gov/std/dstdp/DCL-STDTreatment-COVID19-04062020.pdf) (https://www.cdc.gov/std/dstdp/DCL-STDTreatment-COVID19-04062020.pdf)

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Ensuring Confidentiality

- Scheduling:**
 - Confirm the adolescent's phone number
 - Confirm private patient portal account (if they have a parent-proxy account)
 - Explain right to confidentiality
- During the Visit:**
 - Ask if they are in a private space
 - Ensure confidentiality/discuss threats to confidentiality
- After the Visit:**
 - Ensure needs are met for follow-up care
 - Be mindful of documentation



So, sort of moving forward and helping to continue to ensure confidentiality is when we're scheduling confirming the adolescent's phone number. Making sure we have the right number for folks in our system. It's not a caregiver's phone number that we're accidentally calling if there's some sort of follow-up we need to do. Confirming private patient portal account. If that's something that you're set up for, I know that varies from clinic to clinic but if they have a parent-proxy account or if the account is in the caregiver's name, making sure that we have a system to flag that and either not send confidential information there or the unit switched over, so it's the adolescent's account themselves. And then as I mentioned in the beginning, explaining the rights to confidentiality, what you're able to provide confidentially in your setting. We already talked about doing the visit, asking if they're in a private space, talking through challenges to confidentiality during that time. And then after the visit, ensuring needs are met for follow-up care. So again, helping navigate referrals, follow-ups, any tests that needs to be done. Do you need to do a follow-up in-person because what you've done via telemedicine could only go so far, what are the next steps for them? And then being mindful of documentation. Again, if the portal is going to be going to a caregiver, it needs to be confidential, thinking a little bit more deeply before we document STI tests and that a parent is going to get a red flag on that.


Resource:

[best practices in adolescent-centered virtual care](https://www.umhs-adolescenthealth.org/improving-care/timely-topics/) (https://www.umhs-adolescenthealth.org/improving-care/timely-topics/)

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Confidentiality Best Practices Beyond Telemedicine

- Counsel all adolescent clients on the protections and limitations of laws and clinic policies/practices
- Obtain a cell number for all teen clients and standardize systems for calling teens and young adults with test results, etc.
- Standardize time alone for all adolescent clients with the provider
- Use a workflow that allows for confidential completion of risk screening tools



So sort of thinking confidentiality best practices beyond telemedicine, a couple of additional strategies here. So, I think I've mentioned this a couple of times already but counseling all adolescent clients on the protections and limitations around confidentiality and that includes mandated reporting. So while we may be able to include tons of confidential services, we still have to let them know about the limitations when it comes to reporting any suspected child abuse or neglect, any harm to self or others. So making sure we explain that thoroughly to folks. Again, obtaining a cell number for all clients and standardizing systems for calling teens and young adults with their test results as opposed to caregivers. Standardizing that alone time for adolescent clients, with the provider, having that system in place, so it's standard practice, it's not out of the ordinary. It comes to be expected every time. And using a workflow that allows for confidential completion of risk screening tool. So again, this is thinking a little bit outside of the telemedicine space. So if we're doing a risk screen or in-person, we're making sure that a caregiver isn't sitting right next to somebody, watching them fill it out 'cause the responses aren't going to be as accurate as if they're alone in a room, they're in a separate waiting room. You do that when you take them over to get weighed or do other vitals and the caregiver's left in the room, there's lots of different workflows that you could use for that.

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Confidentiality Best Practices Beyond Telemedicine (cont'd)

- Instate universal chlamydia/STD screening
- Keep an updated list of referral resources
- Train ALL staff and providers on practices, policies, and legal protections and limitations
- Convey an environment of confidentiality by using privacy screens at check-in, white noise machines, etc.

Initiating universal chlamydia and STD screening. So, this can really help with confidentiality because we'll say, well, we do this screening for everyone. It's part of our standard practice and folks have to opt out, right? Instead of opting in. So this can be a real benefit to a young person who wants the screening. Doesn't want to tell a caregiver and they just say, oh, they do it for everybody. So we're going to do it for this young person. Keeping an updated list of referral resources. So same as above, they don't have to ask, it's all right there and AHI has a really cool resource that's called a Community Resource Guide, that's a template for putting together a resource list like that. Taking a full health center approach, right? So we train all staff and providers on the policies, practices, legal protections and limitations of confidentiality, so mandated reporting. What can you offer without a caregiver's permission? And then conveying an environment of confidentiality. So using screens, privacy screens at check-in, considering those white noise machines if your walls are a little bit less than soundproof can really send a message that we care about confidentiality here.

Talking with Adolescents about Confidentiality

Inform adolescent clients about their rights and limitations regarding confidentiality laws and procedures.

- Many teens don't know that they have the right to access certain services without a parent/guardian's consent.
- Adolescents are more likely to disclose sensitive information if they have an assurance of confidentiality from their provider.
- Encourage adolescents to still connect with a trusted, positive adult. Just because they CAN do it on their own, doesn't mean they have to.



And then finally and then I'm going to pass it over to our panel. It's really important, as I mentioned, multiple times to inform adolescent clients of their rights and routinely have conversations with them about privacy rights and confidentiality including that mandated reporting piece. So, a lot of folks might not know that they have access to those services. It could be a good time to explain to them the protections and safeguards afforded to them via Title X specifically. Adolescents are much more likely to disclose sensitive information when they have that assurance of confidentiality from the provider and then still encouraging them to connect with a trusted positive adult. Just because they can do it on their own doesn't mean they have to but just opening up that conversation too. So we've talked about this today. Who else in your life might be a good person to get resources on this about? Or who else might be a person that you would trust having this conversation with? So that's a lot from me. Now, I'm going to share the perspectives, or I'm not going to share, they're going to share the perspectives from Safiya, Chinwe, Kacie and Bianca and I have a couple of prepared questions for you all. So I'm going to stop sharing my screen for a moment, one sec, so you can just see their lovely faces. And my first question is going to be to Chinwe and Safiya to our providers in the room, which is what are some creative ways you've continued to address the needs of your adolescent clients during the past year?

You want to go first? [to Safiya]

Safiya: Yeah sure. Okay, hi, everybody, that was great, Kaleigh and a lot of the pieces that I had written down, you touched on a lot of those, so thank you. And I learned a couple things too which I will definitely maybe put into my practice. so thank you for that. I think for us, the first thing we did was, I know we think about creative and thinking outside of the box but I think the first thing we did when we were sent home was just to get back to basics. So, we first made sure that we split up our patient list and just reached out to them and tried to see if there's anything specific that they needed. What were some of the, you know, is your housing okay? How are you doing mentally? Are you having food? And just those basic needs, as we all know that many people were kind of suffering with throughout the pandemic. So just kind of getting back to those basics and like you said, Kaleigh, around the resources, we wanted make sure that we had an active list that was updated on what are some of those places where people can get food and get different social resources. So we just kept those kinds of things in mind and really made sure that we were checking in with our patients more frequently. So I think

sometimes these kinds of pandemics make us go back to the basics about what our basic needs our patients need. And I think, you know, telehealth has been really exciting and at the same time also very challenging. So I'm so glad you did such a amazing piece on those pieces and I think privacy was probably one of the big ones for us but like you said, just really having those conversations prior to the visit even if it was via text or on the phone just what is it that you're comfortable talking about? Are you safe at home? 'Cause we know that partners and parents might not agree with some of the things that we're talking about and some of the services that our patients are looking for. So making sure that patients are number one, safe to even have these conversations and then determining where can they do it? We've had conversations with patients in their bathroom. We've had patients go to their cars if it's around the corner, just trying to make sure that our patients can have an open conversation and we can really make sure we're giving them the services that they need. But for us, we kind of within, I think like two or three months into the pandemic, we realized that there's, we provide a very urgent and emergent service. And so we realized that some of these visits just really couldn't happen via telehealth. So we made it within, I want to say by June, we were kind of back in the office doing more of a hybrid telehealth, in-person visit and making sure that we really had very good protocols in place around COVID, making sure we're asking symptoms, about exposure, really spacing out those appointments. So we didn't have a million people sitting in our waiting room, breathing on each other. So we realized that things like Depo shots, those can't wait. Things like, you know, we're all in public health there, if someone thinks that they have an STI, come on and we want to get you treated. So it's not spreading 'cause we'd love to think that everybody stayed isolated and weren't having sex but we've seen the STI rates have gone up still and it's still very much a thing. So we want to be realistic and still be a resource to our patients. I guess that's more of the boring stuff. We did some really exciting creative things which I'm grateful for a pandemic 'cause it made us push ourselves outside of our box. And so our wonderful outreach team, STAR TRACK was able to really utilize our social media. And so we did some really great Facebook and Instagram virtual events because they're very active in the community going to a lot of festivals and pride events and working with our colleges and different afterschool programs. So they put everything virtually and we've had some drag makeup nights and we've had Wednesday workout nights and we've started a voices women's group, cis-gender group talking about healthy relationships and reproductive health and how to ask for consent. And just really hearing from the community what they needed and making sure that we were just present and during all those virtual events, they were still promoting the clinic saying that we're still here, we're still providing primary care. We're still providing HIV services, PrEP, Pap and just we're still, you know, we're here to check in. And one of the big things they did was every Monday, they would check in and do a, what's everything going on over there? Allowing people to vent, which was really awesome. So we were able to bring in our social workers to do any sort of mental health kind of workshops with them which was great and I think this is something that we're going to try to continue hopefully. The other exciting thing that we did was start That Box, which is our HIV rapid testing kits that you can do at home. And so we did some wonderful focus groups which I think the pandemic really helped us connect with our patients again and get their feedback. So we were able to set up these kits and they said you know, we want to make sure it's confidential. So it's a nice little box. There's no sort of markings on there that would say there's HIV and condoms in here. So we had our

little testing bits, we're doing STIs as well. STI testing for gonorrhea and chlamydia and they're able to provide the results back to us. If they don't feel comfortable, they don't have to but we did give an incentive that if they wanted to, they get a gift card for telling us their results. We also made sure that it was important that they had pre and post-counseling. So making sure that that piece was in there because we know that sometimes it's difficult to get that information. So we wanted to make sure all those pieces were in there and then just some fun things. We put like little toys and pencils and fun masks for them to have in there as well. So since November, I think we've done over 220 boxes out to the community. So it's been really exciting and able to link our patients back to us and to get additional services. And then lastly, we were able to get our mobile van up and running, which was great during the pandemic. It isn't exactly fully at the place that we want it to be because we're still trying to stick with our COVID guidelines but we've been able to work very closely with our college campuses and some of the community organizations and we just do like scheduled appointments. So we make sure that there's still that spacing, we're wiping down after every visit and just really still being able to provide that. I think we also went to a pride event last week, which was really exciting and so for that, we just kind of pass out some of That Box as well, so that they can do those testing at home too, if they just don't feel comfortable walking into the van and everybody knows what they're maybe about to go do. So, we've had some really exciting things happen and I'm kind of glad that that pandemic was able to push us. We saw some light at the end of the tunnel and allowed us to think a little more creatively as to how we can continue to provide services to our patients. So, I think that's it.

Kaleigh: Thanks Safiya. I love all of those creative solutions that you had 'cause they're just so responsive to the community. You did a focus group and the van is going to people where they're at and spreading those services and even the social media outreach that really helps with that two-way communication with clients and patients. Thanks. Chinwe, how about you?

Chinwe: Well, I'm very impressed with Safiya and her clinic. I wish I was part of all that great work. So, I think most clinics have different variations in terms of their level of youth engagement and how youth friendly their services are. So with Lone Star, we had one clinic that was working on our youth willingness. And it was just the clinic where I practiced. Lone Star has about like 52 clinics across five counties and so, not every clinic necessarily has these particular considerations in place. And so during the pandemic, it was really almost kind of going back to the basics because now we're kind of in a mode of keeping clinicians and staff safe, trying to increase our communication about COVID, making sure that that's transparent and ongoing. And so specific to teens, there really had to be intentional effort to say, hey, don't forget about the young people 'cause Lone Star is again, a large organization. And so I think having advocates there to say, as we're putting policies in place, let's not forget the needs of youth and young adults. So, if you're an institution that doesn't necessarily have a lot of programs already in place, I represent you guys on that sense. So I'll tell you what we did. So specific teams, I'll say there are four areas that we needed to keep in mind. So the effect of the quarantine on family dynamics, right? So mental health concerns definitely has been up. We had in-person services where behavioral health was integrated with our primary care services. So during the pandemic, it was a bit challenging to be able to continue that but I'll talk more about that later.

So, that's the first thing, how the quarantine affected their mental health and healthcare access. Number two, how young people may have minimized the urgency of their health concerns in light of the rapid disruptions to their family, to their social and academic lives. Remember, this is when like prom and graduations were getting canceled and the young people were like what? Like what's going on with my life? And then third, interruptions in contraception refills and the late initiation. That's something that we had to keep in mind that would be specifically affecting young people. And then fourth, exacerbated communication challenges with navigating the healthcare system. Like I mentioned, we were already trying to get that off the ground but I think the pandemic basically, either attempted to put that on pause but there had to be intentional effort to continue to say, hey, don't forget that young people need to hear some of these health messages as well. And so some of things that we try to keep in mind when it came to the first thing about how the quarantine affected access and mental healthcare? We made sure that our behavioral health access was fully telehealth accessible and so that was basically ongoing. And then for our services, we actually provided 24-hour services. So, I was working like a five to midnight shift on telehealth . So I remember some conversations with some young people around like 10:30, 11 o'clock at night but it was what they needed. It was the time they were most available, right? And we really had to shift and accommodate to when the young people were going to be most available to have their visits. Other things related to telehealth. We had to create scripts because in-person in clinic, we had the providers step out and have one-on-one time with the young people on a screen or through telehealth or even for the phone. Yes, having a conversation the same as is our practice or we usually have one-on-one time with our young people. And we would like to continue that even during this visit. Are you in a space where you can talk privately? Or if the parent was there in the visit, also letting them know that this is something that we've always been doing that we wanted to continue doing it. So they don't think that, like why are you talking to my young person in the bathroom with the door locked? It's just having some transparency and this is what we've done in-person and we want to continue that. And then making sure that in the demographic session of the telehealth because prior to that, when young people would call and schedule, we were able to update some of that information. But if we have parents accessing by proxy or accessing the patient portal by proxy, sometimes that information either was not available for them to update. And so it was very important for us to instill in a checklist of what do you do when you start a teen visit is making sure that their preferred pronouns are updated. Their preferred names are updated and I think that was a bit of a jolt for some of the other providers who may not necessarily had had to do that in the past. Usually, that was something that the front desk did. But now that the young people were connecting directly to providers, that was really on them to make sure some of that EHR information was up-to-date. So again, that was very teen specific and Alison friendly that we tried to institute. And then build a rapport. Oh my goodness, like it's one thing when you have a young person in the room and you're like, hey, I like your shirt or you're finding something or having some dialogue that you use to introduce yourself, right? It's not as easy to do that during the telehealth visit or even by phone visit, right? Like, so I think for me, what I try to make sure I do is just have a debriefing session saying, how are you doing? What's going on? I see that you're scheduled for a sore throat but is there anything else that I need to keep in mind about how you want this visit to go? Because that's when sometimes like, well, my mom's an essential worker and I

haven't seen her all week or something comes up that is really more in their heart than the sore throat or the rash that is on the chief complaint. So I think, doing that really allowed time to connect even if it was in a remote way and I think that's very important to really consider yourself a youth-friendly environment. And then of course, ensuring safety when you ask those questions too, are you in a safe space? Do you have light? 'Cause we were in Texas and so around the pandemic, we also had a Texas storm, the ice storm. And so that was, again, a lot of things going on. So that was a couple of things. Most of this is really about the access in telehealth. Language, we had translation integration. So that was our way of becoming also being culturally responsive 'cause of all the conversations about inclusivity, equity, all that was going on. So, that's that and then last thing with contraceptive and STI hacks, definitely, there was a shortage of supplies at some point. So I'm very impressed you guys had boxes to send out. Yeah, there are times we did not have a NAAT testing to send out for GC/chlamydia testing. So we had to do a lot of clinical treatments or clinical diagnoses and, you know, so yeah. So the couple of things I can go on and on and kind of take up a lot of time. But one thing that I would say that I'm most proud of is our ability to maintain ongoing feedback from young people about what their needs are. So, we run a Youth Advisory Council through the clinic made up of adolescent patients but also in partnership with some college students that I've worked with. And I think during the pandemic, it was really hard to maintain that. One of the slides talked about like what are some of the things that allow for you to be able to be youth friendly is having a way to know what the needs of young people are that is relevant to them, that is meaningful to them and that is timely. And so, I would have to say it took a while. It was a challenge because I was the one running it and so with the changes and trying to move from in-person to telehealth, I was like, I don't have time to do any, you know, YAC meetings but something within me and my team, my staff and especially the college students who said, let's reach out and see what they want to do. Do they still want to continue meeting? Do they still want to do health workshops? And a lot of them, oh my goodness, overwhelmingly, all of them said, yes, please allow us to have a say in something. We don't have a say when we're having graduation. We don't have a say whether we get to go to prom. We don't have a say in when we get to go and just, we're stuck in our house. Like, there's so many things that we've lost autonomy over that affects us. Can you just please let us still just keep this going? And so we did, it was not easy but we did. We even were able to put together some of their responses about how COVID has affected them and we put out a commentary that was published in a Journal of Adolescent Health and that came out of the pandemic. So, I love young people's resilience in times of crisis because at the end of the day, they're like, don't underestimate our voice and what we can contribute. And even through our engagement with them, they give us ideas of how to improve our patient portal for young people 'cause as most of you know, there are some complexities depending on which EHR you're using but they gave us a way to kind of create a graphic that educates young people to say, okay, this is how you use it, this is where you go, this is what you do, this is what to expect. 'Cause at the end of the day, they just want to know what should I expect? How can I access it and what information is going to...? So, all in all, there's a lot of changes but I think there's hope to know that young people are always ready to kind of come through.

Kaleigh: And that, your last point there, Chinwe was a perfect segue into your talking about the importance of youth voice. So, let's incorporate some youth voice right now with Bianca and Kacie. My next question is for the two of you and so the question is, oops, let me go back to my notes here. What, if any challenges have you faced in the last year accessing Title X services and how are those challenges addressed? So Title X services meaning like contraception, STI services, confidential services. Challenges with access and how did you see that being addressed?

Kacie: So, Bianca, do you want me to go first? Okay, so I experienced trouble and there was quite a few things that already have stood out to me during this presentation, such as talking in bathrooms and closets. I was talking on the phone behind the shed and my like family came out, I had to hang up. Like there was just so many times where there were moments where I was just trying to keep it more of a private matter because I already knew that I was dealing with my own repercussions of being like, oh, why did I kind of allow this to happen? Or what could I have done to prevent this? And so I did not think that I needed to hear or experience the repercussions from my family as well. My family and I were living with my grandparents at the time and my brother and I were sharing a room. And so that made it very, very difficult for me to even be able to talk on the phone and access information. Every time that I would call to try to see how I could make my visit confidential, it was difficult because I would have a couple of questions and then I knew that I was going to get interrupted. So I'd be like, okay, I'm going to get off the phone now, take a second and then whenever I would try to call back another time, it would never be the same representative who I was talking to. And so I was not able to have that person who I asked and they said they would check on something for me along those lines and I could never get access to that person with that information again because it wasn't their shift or they weren't working that day. And that made it really, really difficult and because of that, I actually postponed any visits for at least a month because I wasn't able to do it. Especially in that time, I didn't have a car, like it was my parents' car. If I needed to go and do something, I'd be like, hey, like I'm going here and I'm doing this. It's not like I'm going to my doctor to get help with Title X services. Like that girl said in the video, it's not something that I could just open up and talk to about then and I knew that it would be okay once I got to Dr. Efuribe but the hard part was getting there. And so for me, it was really just figuring out how to ensure that that information would not be available on the patient portal for my mom to see. That was the first time I used my patient portal was after all that stuff, she had done all that for me before. And also if I did need to receive some form of treatment or medication, it was also figuring out how to access that 'cause I didn't want it being charged to the insurance. I had never even had my insurance card or my med card before, I had to like find that, dig it out of her wallet, crazy stuff. So once I finally got there and received help from Dr. Efuribe, I felt so relieved because it had just been an ongoing battle for me for quite a while. It made me really, really anxious just during those weeks when I'm like I have to get this done but I don't have time. I don't have the space and I don't have the place where I can do it privately. And so I think that everything, all of the solutions that you guys are coming up with, I absolutely really, really think that what you said, Safiya, about sending those boxes out, that is so smart. Like I know you said you had a shortage, Dr. Efuribe, but that is a wonderful idea. There are so many creative solutions that you guys have been talking about that I think are really going to benefit

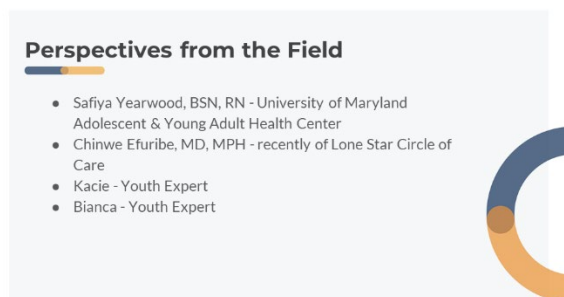
so, so many young people. So this is wonderful and I'm so happy that you invited me to be a part of this, so thank you very much.

Kaleigh: Thank you, Kacie, and I think so much of what you said too speaks to trying to have that whole health center approach, right? You got to your provider who really knows the youth friendly stuff but the call center folks didn't necessarily have the answers for you. And so that just really speaks to that as well. Bianca, how about you? What about your experiences with which you would share?

Bianca: I think one of the barriers was like she was saying getting there because we were in a state of emergency and you were not allowed to drive anywhere. And then once you were allowed to go, you were thinking, you were worried about COVID yourself. So it was a stigma behind COVID and we were worried, like, I know I was worried. I was like, why would I go see my doctor who's seen more than 12 people a day, who I think, so now she's at risk and I'm at risk. So I'm like, I would call and be like, I need like the first appointment. I need to be the first person who sees you because I'm scared if I come after nine o'clock, you're going to have COVID and that's not what happened but that fear was real. And I was like, I got to go home to other people and I work in foster care. So I'm like, I'm going to come with you and I'm just like, can I just spray you with Lysol. And I think that does that fear and to getting the services and even like birth control and getting, I know when I go to the clinic, Safiya and Emma was giving me like a goodie bag and it's so cute and it's like a bag but it has condoms and all of these things that I need and all of these services that I wasn't getting. So then I had to go into the store and then everyone's looking at you when you're in a family plan now and then what are you buying? Versus if I go to the clinic. Safiya is going to load me a bag of stuff that I don't have to go to the store with and there's no judgment there and it's safe and I can tuck it in the bottom of my purse and I have it for the month or so. So that was also a different feeling because I was like, I don't know how I feel about this but I can say one of the good things was when we were spacing out time in the clinic where they only have one patient, it almost felt like it was your clinic. Or you may have had like one or two patients may have been in the waiting room when you came and it was still privacy but when I came and it was my hour to come, their whole team was there and they really kind of like tag team on whatever you need once you finally got there. So like you got the social worker, you got the nurse, you got your doctor, you got the pediatrics and practitioner versus before they're cycling three patients all at one time. But when you're there for the hour, with COVID, it was just you and I really appreciated that and I don't need all the services all the time but just being able to like and they're happy to see you because you're probably the last person they've seen in the hour. So they're like, "Hey, Bianca's here, guys!" and it feels welcoming. It feels warm and they get to know what you need and you're not afraid to say, like, I need this. But over the phone, you're not going to be in the house with your friends, and my doctor is Sue, and Sue calls you and you're like, oh, by the way, I have this discharge and I think something's wrong. It's not comfortable conversation. You're now at the bus stop telling her about, I think I have an itch, you can't say that because people are going to put you off the bus. So it is hard to have the privacy that people think about when you're having those difficult conversations. And I think that that box that really helped and they didn't promote it just in the clinic. They promoted it via social media and that really helped

because everyone has a phone, like a phone and if they don't have a phone, most teens will ask their friends, so they have an Instagram so they can log into their Instagram from their phone. So that information being on there was really great because we can really see like what was going on. And Safiya didn't mention, they have a vogue via Zoom and that was fun. Like a fun event that wasn't pressuring. You didn't have to know how to do anything and we did vogueing. So they try to make fun events that everyone can get to even though we couldn't get to it, like physically which made it seem like if you can tell someone like, hey, I'm just going to this event and you don't have to say, I'm going to the clinic. And it's other youth there and it makes you feel good and it gives you a connection. So, overall, I think you did a good job but definitely, having that privacy, those difficult conversations. And then those barriers of like, if you don't have a phone, if you can't get in. And even I was listening to Dr. Efuribe and I was thinking maybe even getting some headphones and supplying those to the patients, like those little cheap ones that you guys can get, even like maybe gifting them that so that you know that they have it because it's easy to say, put your headphones in and it can be private but what if they don't have access to that? So, I thought that was a great point as well, maybe and making a safety plan to say how does safety look to you? If I meet you on the phone, what does safety look like? Are you safe if you raise your right hand when you first came in?

Slide 21

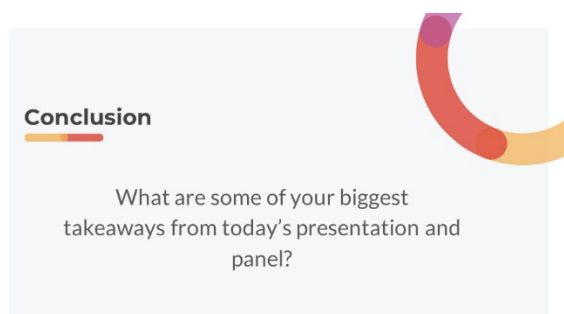


Perspectives from the Field

- Safiya Yearwood, BSN, RN - University of Maryland Adolescent & Young Adult Health Center
- Chinwe Efuribe, MD, MPH - recently of Lone Star Circle of Care
- Kacie - Youth Expert
- Bianca - Youth Expert

Kaleigh: Thank you so much, Bianca. I'm sorry, I have to cut you guys off right now. I could talk to you all all day long but we are at the end of our hour of this webinar and I have totally gone over, Meg. I'm so sorry for, I just couldn't cut you guys off 'cause all four of you, you didn't even need me to do my presentation at the beginning 'cause you all said everything.


Slide 22



Conclusion

What are some of your biggest takeaways from today's presentation and panel?

Slide 23




Summary

- The principles of youth-friendliness remain the same—they just might look slightly different during this time
- Difficult times call for creative solutions!
- Confidentiality is still incredibly important to adolescents. We need to continue to adapt our practices to ensure this
- Incorporate youth voice, always

Slide 24

Q&A | What questions do you have for us?



I'm just going to share the last couple of slides here with our summary of the day and I know we had a few questions, Meg, in the Q&A that I don't know that we'll get to but...so sorry.

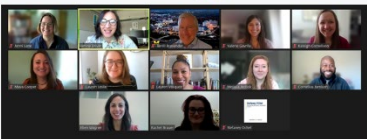
Meg: No, this was the good stuff. So I loved it when a conversation kept going and I wish we had more time. Thank you so much panelists for sharing your experiences and your insights, we wish we had more time. We had some questions come in from the chat. We've recorded these questions and we'll reach out to the individual with each question and we'll get to answer.

Slide 25

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Kaleigh: Great. Great, great and then, oh yeah, here's just a little info about AHI and then I know, Meg, you had a couple of slides at the end too.


Slide 26




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Meg: Sure, so here's some ways to engage with the RHNTC further. Subscribe to our newsletter, email us, sign up for an account on rhntc.org and follow us on Twitter and thank you so much for joining us today. We are especially grateful to the panelists. Our final request is that you please complete the evaluation. The link, it'll appear when you leave the webinar and it will also be emailed to you afterwards. We really love getting your feedback and we'll use it to inform future sessions. I already know that we're going to meet here. Please take more time for the panelists, so that's a good sign. Thanks again, everybody. Thanks for joining us. Have a wonderful week.

Slide 27



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