Outreach efforts for teen populations

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Learning Objectives

After this session, participants will be able to:

1. Apply several theories to the outreach process.
2. Identify two types of barriers to outreach for teens' seeking reproductive health services and how to assess these situations as necessary.
3. Explain factors that influence effective outreach.
4. Discuss new strategies involving outreach.

Theoretical bases of outreach

- Client centered care
- Stages of Change
  - Assessed using motivational interviewing
- Health belief model
  - Effectiveness of outreach

Client centered case management

- The health professional's personal relationship with the patient helps to effectively assess the client's needs, coordinate care, and monitor services provided.

6 steps to client centered case management

1. Referral
2. Assessment
3. Care planning
4. Service coordination
5. Monitoring
6. Documentation

Motivational interviewing based on Stages of Change

- Behavior change occurs as an individual moves through 5 stages
    1. Pre-contemplation
    2. Contemplation
    3. Preparation
    4. Action
    5. Maintenance
- Each stage has specific strategies, or *processes*, that are used to move an individual from one stage to the next

Applying the Stages of Change to outreach

- Offers perspectives on how to approach outreach for those in different stages
- Can help understand and explain why individuals are not going to the clinics or completing their referral by finding out what stage they are in

Motivational interviewing based on Stages of Change

- Technique in which a counselor seeks to determine and enhance an individual's level of *readiness to change* a behavior through outreach (e.g., sexual practices)

Examples of questions to ask to determine readiness to change	Stage of change
Are you interested in getting a LARC	Pre-contemplation
Are you thinking about getting a LARC	Contemplation
Are you ready to plan how you will get a LARC	Preparation
Are you in the process of going to get a LARC	Action
Do you have any questions about keeping a LARC	Maintenance

Effective components of motivational interviewing

- Feedback to participants on key aspects of their behavior (e.g., using birth control) is highly motivating for change
- Important to use an empathetic, non-confrontational, and therapeutic style of communication

More effective components of motivational interviewing

- Emphasize client choice and responsibility
- Avoid argumentation
- “Rolling with resistance”
- *To facilitate compliance for outreach, one must be able to gain their attention and trust*

Effectiveness of outreach & referrals based on HBM

- 6 main factors that influence the effectiveness of referrals to reproductive health services

1. **Perceived susceptibility** – individuals must believe they are susceptible to a condition (e.g., getting an STI)
2. **Perceived severity** – individuals must believe that the condition has serious consequences (e.g., that getting an STI is a serious problem)
3. **Perceived benefits** – individuals must believe that taking action will benefit them (e.g., that getting tested for an STI will let you know your status so you can get treatment if you have a positive test result)

Effectiveness of outreach and referrals based on HB Model

4. Perceived barriers – individuals must believe that the costs of taking action are outweighed by the benefits (e.g., it is worth taking the time to go to a clinic because you will find out your STI status)

5. Cue to action – individuals are exposed to factors that prompt action (e.g., commercials on TV promoting STI testing)

6. Self-efficacy – individuals are confident in their ability to take action (e.g., confident they can find a clinic, go to the clinic, and get tested for an STI)

New technology and outreach

- HIV test results
- Location of a testing site
- Social support for risk reduction
- Directions to clinical services
- On-line counseling
- Telemedicine--- taking a photo with a blackberry and emailing to a health provider

What is IN reach?

Conducting “Outreach” in the Clinic by promoting services to your current female patients to reach out to their, family, friends, your staff, vendors, and anyone who walks through the door.

All staff from phone to front desk to back office to clinicians had responsibilities to be “Marketers” of services you offer.

Maximizing Web portals

Role of new technologies

- Twitter
- Blogs
- FAQs
- YouTube inserts
- Text messages

Ethical dilemmas related to outreach

- Governing statutes
- Disclosure guidelines
- Services protected by confidentiality
- Situations in which confidentiality is in conflict or may be breached
- Services requiring parental consent
- Social media policies

Governing factors for outreach involving health

- Federal law
  - Especially related to sexuality and minors
- State statutes
  - Large variance by state
- School board rulings
  - Sensitive to public pressure
  - Evolving perception of student-teacher relationship
- Codes of conduct

Legal Considerations

- Referrals are affected by laws governing consensual sex and affirmative defense
- The actor was not more than three years older than the victim and of the opposite sex
- The actor did not use duress, force, or a threat against the victim at the time of the offense
- Affirmative defense is applicable to unmarried clients from 14-16 years old

Disclosure guidelines

- Involve professional standards
- Often governed by trade practices

Ethics in Patient Outreach

- A federal law, the Stark Law, enacted in 1989, that prohibits referrals by a physician to a clinical laboratory in which the physician has a financial interest. A 1994 amendment includes other services and equipment such as physical and occupational therapy; radiology and other diagnostic services; radiation therapy; parenteral and enteral nutrients, equipment, and supplies; and home health services.

Outreach & referral services protected by confidentiality

- Section 59.5 (a) (1) of Title X regulations specifically lists adolescent services as part of the overall family planning program. In addition, Section 59.2 notes that adolescents may request confidential services without parental consent. Supreme court rulings bolster law.

Outreach & referral services protected by confidentiality

- Existing ambiguity over referrals for medical services – currently the Texas Family Code (Chapter 32.003) permits minors to consent for their own care for sexually transmitted reportable diseases, pregnancy (not abortion), substance abuse, and to prevent suicide. Unlike many states, Texas does not specify that minors can consent for prescription contraceptives. The statute could be amended to allow minors over a certain age to consent for prescription contraceptives.

Where outreach and referrals and confidentiality may conflict

- Access to abortion
- Self-report of personal violence or child abuse
- Access to Plan B for teens <16 years
- Same sex relationships for teens >18 in state funded programs

Situations when confidentiality is breached and may affect the outreach & referral

- Adolescent discloses intent to harm self
- Adolescent discloses intent to harm others
- Adolescent reveals that they are being harmed by another
- Court subpoena
- Reporting requirement of state statutes

Services requiring parental consent

- Primary care
- Contraception
- Vaccinations
- Abortion
- CHIP services

Practical issues in outreach management

- Community networking
- Validation of service provider
- Staff availability
- Tracking follow up system
- Protecting confidentiality for reproductive health patients

Case study #1

Existing Texas Statutes and their impact on referrals

In the process of outreaching, the counselor identifies a possible rider violation or an infraction of legislation covering sexual exploitation.

Example

If the older man supports the young mother and her parents, is the relationship acceptable? Does the appropriateness change if the parents give their active or passive consent for such liaisons? What is an appropriate age of consent?

Case study #2

Implications for referring professionals.
Clinic counselors can become party to abuse.
Under the Texas Family Code, any person who actively or passively approves of a sexual relationship between a child < 17 years and an adult commits abuse by neglect. Such a provision could to apply to parents who do not object to sex between teenagers <17 and adult men.

Example: A parent can commit child abuse by:

- Failing to make a reasonable effort to prevent sexual conduct harmful to a child
- If the parent compels/encourages child to engage in sexual conduct with adult.
- Neglect by the parent can occur if the parent fails to remove a child from a situation in which child is to a substantial risk of harmful sexual conduct .

A parent therefore must: Make reasonable efforts to prevent a sexual relationship between a female ≤17 years and an adult male.
Such knowledge does not absolve a practitioner from reporting.

Role of outreach & follow-up

- **Strategies to outreach to patients when services are confidential**
  - **Paper contact**
  - **Electronic contact**
- **Validation of referral agency**
- **Managing HIPAA**