

Bridging the Gaps:
Eliminating Disparities in Teen Pregnancy and Sexual Health
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**Reducing Unintended Pregnancy by
Addressing Social Determinants
of Health by Improving Communication to
Increase Empathy and Trust during
Adolescent and Adult Interactions**

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Objectives

- Review connections between social determinants of health and teen pregnancy
- Review unexpected outcomes of a training modality intended to reduce disparities
- Discuss connections between quality therapeutic relationships and positive health outcomes
- Explore and practice techniques and approaches to improving relationships

Social Factors and Teen Pregnancy?

- What are some of the social factors that contribute to high rates of teen pregnancy?
- What are some of the factors that are contributing to the disparities we see between racial and economic categories?

Social Determinants of Health

- Contribute to discernible differences in health status between social groups
- “Social determinants of health ... impact a wide range of health, functioning and quality of life outcomes.”

(U.S. Department of Health and Human Services)

Social Determinants of Health

“Latino adolescents living in the United States are ***disproportionately affected*** by a number of social and economic disadvantages which contribute to disparities in sexual and reproductive health outcomes.”

(Guillamo-Ramos *et al*, 2012)

Not Only Teen Pregnancy

- HIV Treatment
- Breast Cancer Treatment
- Family Planning (New York State)

(Sabin, 2009; Livaudais *et al*, 2012; Evan *et al*, 2011)

Social Determinants of Health

- Social Stress
- Trauma
- Transportation
- Daily Living Conditions
- Social Stigma
- Institutionalized Racism
- Internalized Stigma
- Physical Environment
- Public Safety
- Distribution of Resources
- Policy
- Quality of Relationship and Communication with Provider and/or Staff

Cultural Competency

- Proposed Response to Health Disparities
 - “Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations.”

(Office of Minority Health)

Cultural Competency

- Endorsed by:
 - Health Resources & Services Administration (1998)
 - Office of Minority Health (2001)
 - Agency for Healthcare Research and Quality (2001)
 - HIV/AIDS Bureau (2002)
 - The Sullivan Commission (2004)
 - The American College of Physicians (2004)
 - The American Medical Association (2006)
 - Institute of Medicine (2008)

Cultural Competency

- Available resources:
 - “**Greek families** tend to be very close.”
 - **Hispanics** have a “strong sense of loyalty” to family and to the “Virgin of Guadalupe”
 - “**Germans** take pride in their school system, particularly in their craftsmanship and technology.”

(Wintz and Cooper, 2001; Papadopoulos and Purnell, 2003)

Cultural Competency

- “It has been difficult to prove that cultural competence itself is related to high-quality care”

(Hasnain-Wynia, 2006)

Cultural Competency

- Proposed as a means to improve provider/patient interactions (i.e., relationship, communication, etc.)
- Many approaches may actually undermine efforts to establish quality therapeutic relationships
- Need to advocate for better training

Addressing Disparities

- To overcome social and interpersonal barriers, we need “a language of **relationships**, not attributes.”

(Goffman, 1968)

- We already recognize the importance of effective relationships
- This is something we **can** do

Empathy

“The [provider] equipped with the ... capacities to recognize the plight of the patient fully and to respond with reflective engagement can achieve more effective treatment that can the [provider] unequipped to do so.”

(Charon, 2001)

Trust

“Contraceptive care is arguably among the **most preference-sensitive areas** of medical decision-making, and is a public health priority.”

(Dehlendorf *et al*, 2010)

Teaching Empathy and Trust?

- Integrated Medicine
- Literature and Medicine
- Medical Humanities
- Narrative Medicine
- Patient-Centered Care
- Person-Focused Care
- Social Determinants
- Spirituality & Medicine
- Trauma-Informed Care
- Virtue Ethics

Teaching Empathy and Trust?

- **LEARN**
 - Listen
 - Explain
 - Acknowledge
 - Recommend
 - Negotiate
- **CONFHER**
 - Communication
 - Orientation
 - Nutrition
 - Family
 - Health Beliefs
 - Education
 - Religion
- **ETHNIC(S)**
 - Explanation
 - Treatment
 - Healers
 - Negotiate
 - Intervention
 - Collaboration
 - Spirituality

Teaching Empathy and Trust?

- What do all of these have in common?
 - Engagement
 - Empathy
 - Trust
 - Person-Centered

*The foundations of effective communication.
What we **already know** that works.*

Barriers to Relationships?

- Interest
- Time
- Skills
- Personal Attitude
- Personal Bias

Categorical Thinking

- Natural cognitive process
- Evolutionarily advantageous
- Simplifies our daily tasks

- Basis of stereotypes

Categorical Thinking

- This process can be controlled
- One can practice slowing one's perception
- Take a few more steps before coming to conclusions
- This process **needs** to be controlled if we are going to communicate effectively with youth

Slowing Down

- ***The Intelligent Eye***
 - David N. Perkins, Mathematician
- Beyond *look and see*
- Need to *look and **think** and see*

Slowing Down

- We need to be put a few steps in between first meeting someone and forming a conclusion about them
- We need to practice slowing down
- We can use artwork to practice

(Perkins, 1994)

Looking to Fast?

- We make quick assessments
- We don't have a habit of expecting that there could be more to the picture ... more to the story

Slowing Down

- When we make quick assessments with our adolescent patients, what happens to our communication?
- What happens to the service we hope to provide?

Slowing Down

- Taking these steps can help us develop a broader perspective
- We do not need to learn any new skills to get this broader perspective
 - Open ended questions, reflective listening
- We need to change our habits

Connections to Counseling

- What does this have to do with contraceptive counseling with adolescents?
 - Why do we need to change our habit when it comes to having the “whole picture?”

Connections to Counseling

- This is not a “magical” solution
- It is what we already know
 - Engagement, Communication, Open-ended Questions, Reflective Listening, Respect, Empathy, Trust
- But these skills are useless if not used

(Yi, 2010; Hausman, 2011; Schoenthaler, 2012)

Culture

- Culture can influence behavior
- Culture is part of the “big picture”
- We need a new way to understand culture so that we keep the individual adolescent in the center of the conversation

Cultural Humility

- “A process that requires humility as individuals continually engage in self-reflection and self-critique as lifelong learners and reflective practitioners.”

(Tervalon and Jann Murray-Garcia, 1998)

Cultural Humility

- “Bring into check the power imbalances that exist in the dynamics of provider-patient communication by using patient-focused interviewing and care”

(Tervalon and Jann Murray-Garcia, 1998)

Cultural Humility

- Implications for Individual Practice
 - Commit to partnership with patient
 - Relinquish role of “expert”
 - Explicit commitment to learn from patient
 - What have their past encounters been like?

(Tervalon and Jann Murray-Garcia, 1998; Hausmann, 2011)

Cultural Humility

- “Poor and minority patients want as much information regarding their conditions as did other patients, they received **less** information regarding their condition, **less** positive or reinforcing speech, and **less** talk overall.”

(Tervalon and Jann Murray-Garcia, 1998)

Cultural Humility

- The best (and only) way to get *closer* to the “whole picture” with our adolescent clients is to ask them
- We have to *want* to ask them
- But what do we ask them?

Culture

- This approach to culture can capture a lot more than “art, music, food, holidays...”
- This approach to culture can help us discover more of the social influences (***social determinants***) that are affecting our youth
- This approach helps us keep person-centered

Person-Centered Care

- “The provision of sexual/reproductive health care to young [person]... should be individualized on the basis of the patient’s developmental and psychosocial needs.”

(Marcel *et al*, 2011)

Person-Centered Care

- “Trust and relationship building are critical elements of the ... adolescent’s visit that help [them] to feel comfortable regardless of the physician’s gender and/or background.”

(Marcel *et al*, 2011)

And When We Don't ... ?

- What happens to the service we provide when we do not take the time to understand our adolescents' lived experience?

Conclusion

- Why is any of this important?
 - Avoid blaming the person for individual choices
 - Avoid “jumping to conclusions”
 - Avoid assuming that everyone’s cultural “list” is the same as mine
 - We do not want to become one more ***determinant*** leading to negative outcomes in the lives of our adolescents

Conclusion

- How has this affirmed what you already do?
- Is there anything you might do differently?

This may not solve every issue that leads to disparities, but it is an important place to begin

Thank You

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