



## **Bridging the Gaps:**

# Eliminating Disparities in Teen Pregnancy and Sexual Health

June 4-6, 2014

Using Technology & Interdisciplinary Sexual Health Care to Identify Disparities, Decrease STI Rates, and Showcase Outcomes

Jennifer Salerno, DNP, CPNP, FAANP



# Disclaimer

The views expressed in written training materials, publications, or presentations by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

At the conclusion of this presentation, participants will be able to:

1. Develop standardized work flows in their practice setting, identify key gaps in adolescent care, and apply collaborative strategies to reduce those gaps.
2. Describe the use of technology in identifying sexual health risks, disparities within populations, and inter-related risk behaviors affecting sexual health decision making.
3. Identify ways to use data to determine disparities in their populations, direct resources, and demonstrate effectiveness.

As an inventor of the RAAPS risk screening tool, I have licensed the IP from the University of Michigan to market the web based version of the RAAPS tool.

The paper version of the RAAPS screening tool is available for download and clinical use free of charge.

Photography Sourcing Note:

All photos in this presentation were purchased at iStock.com



# OBJECTIVE # 1

Identifying and Reducing Gaps with a Standardized Approach



ADOLESCENT SEXUAL HEALTH

# RISK FACTORS AND DISPARITIES

**Today's adolescents are engaging in risk behaviors at earlier ages and with more diversity.**

- Tobacco use
- Alcohol and other drug use
- **Sexual behaviors that contribute to:**
  - Unintended pregnancy
  - STI's, including HIV infection
- Dietary behaviors
- Physical activity
- Unintentional injuries and violence



## Behaviors such as...

- Early onset of sexual activity
- Multiple sexual partners
- Not using a condom during last intercourse
- Not using contraceptives
- Using drugs or alcohol prior to sex

## ...resulting in high incidence of:

- Sexually Transmitted Infections (STIs)
- Unintended Pregnancy

**Disparities** among adolescents who engage in risky sexual behaviors have been found in:

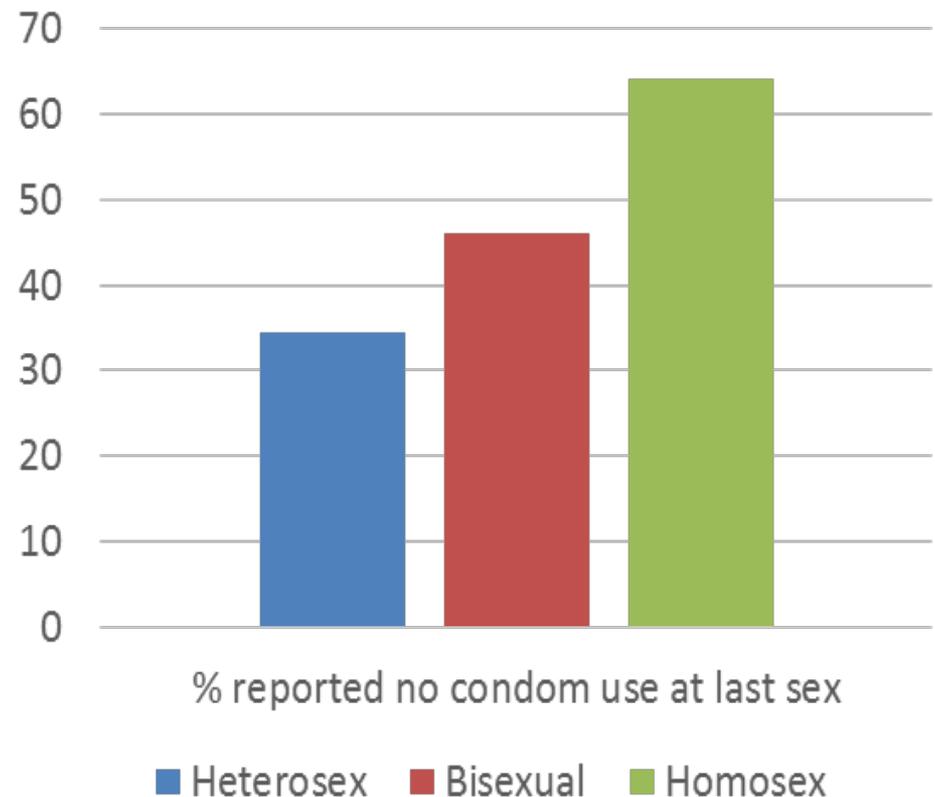
- LGBTQ Youth
- Racial Minority Youth
- Low Socioeconomic Status

Unaddressed disparities result in higher rates of STIs and pregnancy among these populations

# Disparities: LGBTQ Youth

## Gay and Lesbian Youth:

- 3x more likely to have experienced dating violence
- 4x more likely to have had sex against their will
- 4x more likely to have been, or gotten someone, pregnant



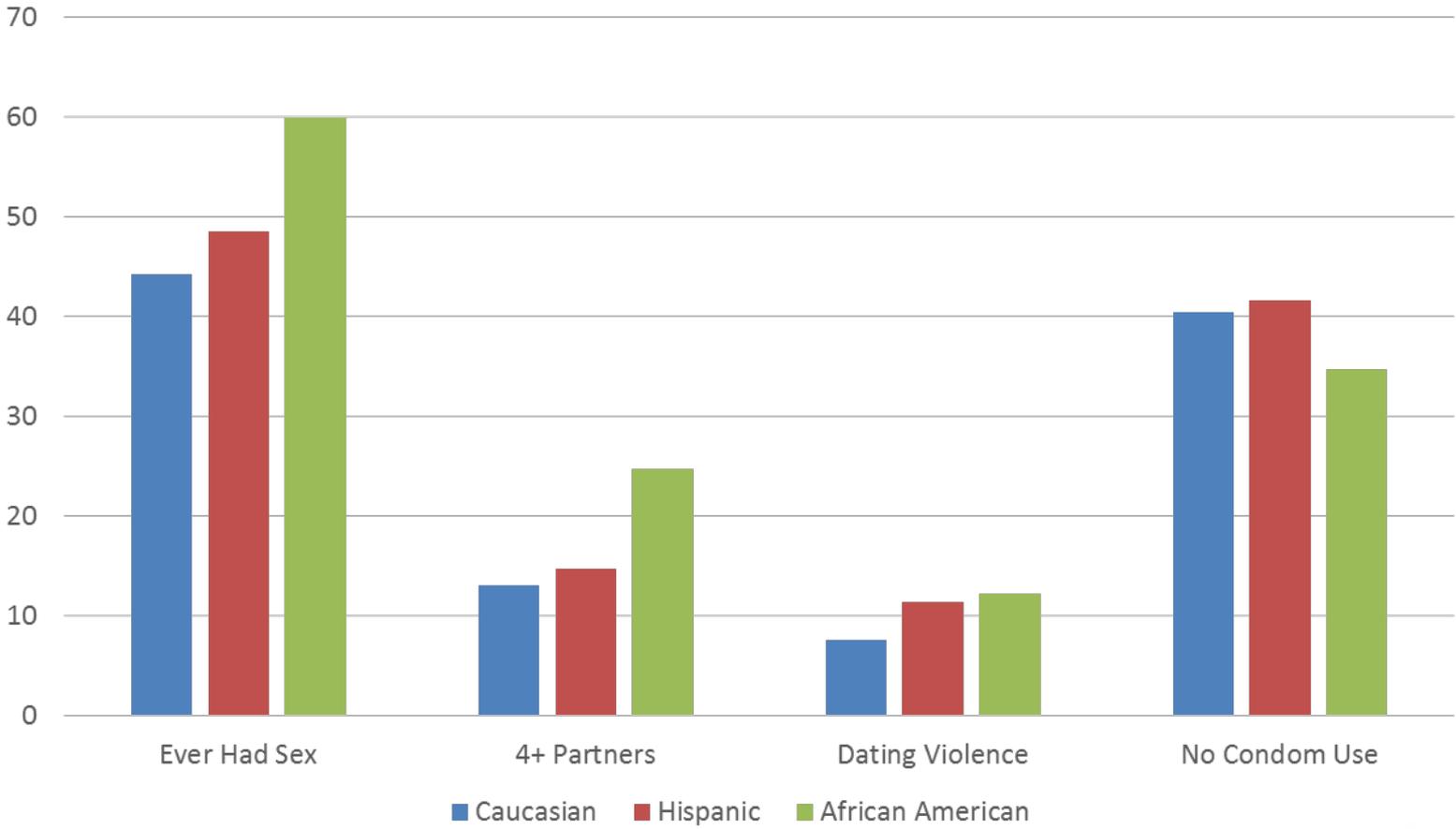
# Disparities: Racial Minority Youth

African and Hispanic Youth > Caucasian Youth:

- Early Sex (<14 yrs)
- Sexually Active by High School Graduation
- Dating Violence
- Forced Sex



# Disparities: Racial Minority Youth



# Disparities: SocioEconomic Status

Macro-level Environmental Influences Within a Teen's Community (poverty / disadvantaged neighborhoods) can:

- Result in lower and inconsistent use of condoms and increased number of sexual partners
- These environmental factors can also manifest as adolescent “stressors” or psychological distress

DiClemente, 2007; Bauermeister, 2011; Aral, 2001; Chia-Chen, 2007; Crosby, 2003; Cubbin, 2010; Sionean, 2001



# Risk Factors for Sexual Behavior

Research suggests these **risk factors** contribute to unsafe sexual decision making:

- Substance use prior to sex
- Depression and low self esteem
- Homelessness
- School failure and lack of future goals
- Sexting
- History of abuse
- Dating violence

# Risk Factors: Substance Use

- The use of alcohol or drugs prior to sexual activity
  - Decreases the likelihood of condom use
  - Increases number of sexual partners
- Substance use prior to sex is more common among sexual minority groups
- Substance-using maltreated youths were less likely to use condoms vs. youths who did not use substances

# Risk Factors: Depression

- Feelings of depression or hopelessness
  - Increases likelihood of engaging in sexual activity
  - Increases likelihood of pregnancy
- Among 10 and 11 year olds, incidence of early sexual behavior was higher among those with high levels of depressive symptoms
- Odds of having sex in the past week 2x higher for adolescents in low-income neighborhoods with high levels of hopelessness
- Severity of depression increases sexual risk behaviors

# Risk Factors: Homelessness

- Homelessness greatly increases the likelihood of adolescents engaging in:
  - sexual activity (survival sex).
  - risky sexual behaviors (condom nonuse, increased number of partners, casual partners)
  - abusive relationships
- Many co-factors influencing sexual decision making in homeless youth

- Both school failure and having a lack of future goals is a predictor of risky sexual behaviors among adolescents
  - Schools as a stressor
  - Disadvantaged schools have higher rates teen pregnancy
- Protective Factors among 9<sup>th</sup>-12<sup>th</sup> graders include:
  - Academic achievement
  - School connectedness

Atkins, 2012; DiClemente, 2007; Kirby, 2002; Kirby, 2004; Anda, et al., 2000

## **Sexting as a predictor of risky sexual behaviors:**

- Young adults who “sext” were more likely to be sexual active than inactive.
- Associated with high-risk sexual behaviors (unprotected sex and multiple partners)
- Associated with recent sexual activity (within past 30 days)

# Dating Violence and Abuse

- More common in sexual minority youth
- Dating violence more common in relationships where the adolescent has had multiple lifetime sexual partners
- Childhood maltreatment is a strong predictor of sexual risk behaviors later in life, including:
  - Early first intercourse
  - Poor use of contraception
  - High rates of pregnancy



ADOLESCENT SEXUAL HEALTH

# EVIDENCE-BASED RECOMMENDATIONS



## Teens have unique needs

- Heightened development and change
- Risky behaviors
  - Unintentional injuries and violence
  - Tobacco use
  - Alcohol and other drug use
  - Sexual behaviors contributing to unintended pregnancy, STDs (HIV)
  - Dietary behaviors
  - Physical activity

**Engagement matters** – language, technology

With teens the **moment is now**:

- Lowest utilizers of healthcare services
- More at stake than presenting symptoms



# Adolescent Health Trends & Policies

- **Institute of Medicine (IOM), National Research Council, Pediatric Health 2011 Report** concludes “improving health outcomes for adolescents is essential to achieving a healthy future for the nation”.
- **National Alliance to Advance Adolescent Health** developing an adolescent-centered model of primary care: *"Improving clinical preventive services to reduce risk and address conditions early"*
- **NCQA** proposed new 2013 child health measures (HEDIS) targeting risk assessment and counseling in adolescents 15-18 years of age.
- **World Health Organization (WHO)** is reviewing adolescent personal health records and world-wide surveillance systems to create of recommendations for population health surveillance.



# Adolescent Screening Recommendations

Organization	Adolescent Risk Screening Recommendations
American Medical Association (AMA)	Annual comprehensive screening for risky behaviors
American Academy of Pediatrics (AAP)	Annual screening psychosocial/behavioral assessment & drug/alcohol use assessment
US Preventive Service Task Force: AHRQ	Screening for depression and tobacco use/prevention
American Academy of Family Physicians (AAFP)	Screening for sexual activity, depression, tobacco use
American College of Preventive Medicine	Annual comprehensive screening for risky behaviors – all visit types

# Value of Standardization

- As humans we are forgetful – and we can't possibly remember everything, every time.
- We have subconscious biases – and we don't ask the same questions to every teen
- How we ask a question affects the answer we get
- Sometimes the answer to one question means you don't get to the next one

# Standardized Adolescent Risk Assessment

Current practice in pediatric care:

- 21% **always** use a standardized risk screening tool
  - 33% occasionally use one
  - 46% **never** use one
- *In Conversation*
  - *Practice Specific*
  - *Paper-Based*
  - *Technology-Based*



# SMALL GROUP DISCUSSION

## What's your standard?

1. **How do you assess adolescent sexual risk in your practice/program?**
  - A. It's not standard practice
  - B. A series of verbal questions based on my experience
  - C. Some questions are included in our assessment/intake or evaluation
  - D. Standardized – paper survey
  - E. Standardized – electronic/online survey
  - F. Standardized – in face-to-face Q&A or group discussion
  
2. **How often do you assess adolescent sexual risk?**
  - A. At a patient's first visit/first session in program
  - B. Annually
  - C. If exhibiting, or reporting, at-risk behavior
  - D. All of the above (A-C)
  - E. Every visit/contact
  - F. Not Applicable

## What's your standard? Activity Worksheet

- Subpopulations that exist within your practice/program
- Significant risk factors that exist in your youth population
  - What is your current adolescent sexual health risk screening process?
  - How could/should it be modified or improved?
  - How will changes in screening affect your programming or workflow?
  - Who could partner with you to provide screening follow up or referral services?
  - What does it take in your organization to facilitate change?



## **OBJECTIVE # 2**

Role and Use of Technology in Identifying Sexual Health Risks





**You know teens take risks...**



**...but do you know what you need to make a difference?**

**RAPID ASSESSMENT FOR ADOLESCENT PREVENTIVE SERVICES**  
Teens don't always share. But they will RAAP.

- Teens are more honest when using technology interface than with paper-based survey or face-to-face interview.
- Tailored risk information
- Multi-lingual, health literacy options
- Data collection and analysis: individual and population over time
  - Track improvement of individual risks
  - Identify population trends and modify proactive education / interventions

# Rapid Assessment for Adolescent Preventive Services©

- RAAPS was born at the **University of Michigan**
- Standardized and validated
- Addresses barriers to providing evidence-based risk screening
- **RAAPS Surveys:**
  - Standard (12-18yrs)
  - Older Child (9-11yrs)
  - College Age (18-24yrs)
  - **Sexually Active**

# RAAPS-SH (Sexual Health)

Incorporates an assessment of sexual behaviors and social factors that put teens at higher risk

## Intent:

Identification of significant factors (sex health)

+ “Adolescent Friendly” questions =

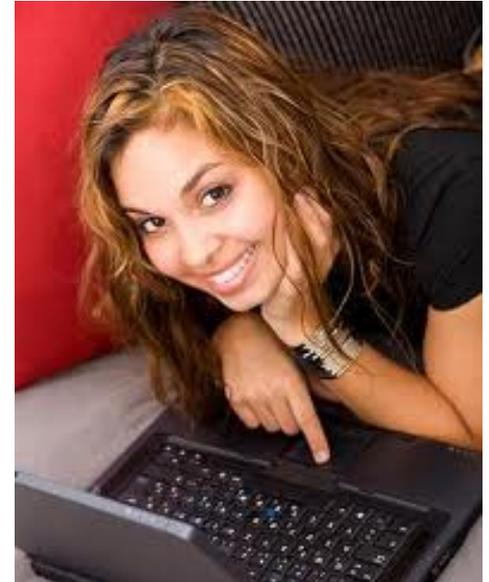
Creation of a strong tool for identifying contributing factors to unsafe sexual activity

- 24 question youth-friendly, SH screening tool addressing :
  - Sexual Attraction and Orientation
  - Sexual Partner History
  - Contraception Use
  - History of STI/Preg & Testing
  - Substance Use
  - History of Abuse
  - Depression
  - Academic Performance
- Scientific validation in process
- Tool has been programmed into the RAAPS online system



# Innovation For Teens

- Designed to Engage
- Technology Based  
Tablet, iPad, Kindle
- Audio & Multilingual options
- Health Messages geared to teens





RAPID ASSESSMENT FOR  
ADOLESCENT PREVENTIVE  
SERVICES

The **last time** you had sex (vaginal or anal), did you use a "male" condom (type of condom that goes over a penis) or "female" condom (type of condom that goes inside a vagina or anus)?

- Yes  
 No

The **last time** you had sex, did you (or your partner) use another form of birth control (pills, patch, ring, IUD, shot, other) instead of or in addition to condoms?

- Yes  
 No  
 The sex I have can't result in pregnancy

Have you **ever** had sex (oral, vaginal, anal) with the **same gender** (sex with girls if you are a girl/guys if you are a guy)?

- Yes  
 No

> NEXT





## RAPID ASSESSMENT FOR ADOLESCENT PREVENTIVE SERVICES



# Thank You

Thank you for completing the survey. Please take a moment to read these health messages.

- You do not deserve to be treated badly, no matter what anyone tells you. Abuse can happen in lots of ways to all kinds of people, but it is **never** okay and it is **never** your fault! **If you have been or are being abused, it needs to stop.** Telling someone what happened to you can be very hard. It takes a lot of courage to talk about things that have happened, but you can do it! **You are not alone and you should never feel ashamed.** There are people who care about you, who believe you, and who want to help.
  - Talk to somebody you trust such as a friend, family member, teacher, coach, or counselor for help.
  - You may want to contact the police to report the incident.
  - If you feel you are in danger tell a trusted adult right away.

**It takes a lot of courage to talk about things that have happened to you, but you can do it! There are people who care about you, who believe you, and who want to help you.**

<http://www.loveisrespect.org/is-this-abuse/types-of-abuse/what-is-physical-abuse>

<http://www.loveisrespect.org/wheel-video/anger-emotional-abuse>

<http://www.stayteen.org/dating-abuse>

# Innovation for Health Professionals

- EHR format for Documentation
- Evidence-based Suggestions for risk reduction
- Individualized Patient Health Education
- Referral Tracking
- Access to Data





Confidential - Adolescent Health

Selected Survey: 02/24/2014

Reg #: 768937465 Gender: Male Insurance: MIChild

Birthdate: 04/20/1998 Ethnicity: Black/African American Age: 15yrs 10mos

Survey: RAAPS Sexually Active Language: English

- 1. Have you had 4 or more sex partners in your **lifetime**?  No  Yes
- 2. Have you had sex (oral, vaginal, anal) **within the past 3 months**?  No  Yes
- 3. The **last time** you had sex (oral, vaginal, anal), did you drink alcohol or use drugs before?  No  Yes
- 4. The **last time** you had sex (vaginal or anal), did you use a "male" condom (type of condom that goes over a penis) or "female" condom (type of condom that goes inside a vagina or anus)?  Yes  No
- 5. The **last time** you had sex, did you (or your partner) use another form of birth control (pills. patch. ring. IUD. shot. other) instead of or in ad  N/A  Yes  No
- 6. Have you **ever** had sex (sex with girls if you are   
 20. **In the past 12 months**, have you lived with someone other than your parent or guardian because you were kicked out or didn't have a permanent place to stay?  No  Yes
- 7. Are you or do you think you   
 21. Have you **ever** received in school suspension (ISS) or out of school suspension (OSS)?  No  Yes
- 22. On your **last** report card or semester grade report, did you get a "C" or better in **all** of your classes?  Yes  No
- 23. Do you have goals or plans for your future and feel that you can accomplish them?  Yes  No
- 24. **If you needed it**, do you have an adult that you can talk to about your sexual experiences, feelings or relationships?  Yes  No

**Office Use Only**

**For Office Use Only**

**Evaluation:** At Risk Counselor

**Needs Follow-up:**

**Counselor:**

**Referred to:**

**Referred to:**

**Signature:**

**Date:** 02/24/2014

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# School Wide Use

## All students screened; RAAPS reports allow schools to:

- Identify highest risk youth
- Target youth for programming/interventions
- Monitor trends, behavior changes over time, and outcomes



# Data Helps Answer the Tough Questions

- What are the greatest risks in your teen population?
- What subpopulations of increased risk exist within your population?
- Are you providing the right risk prevention counseling or programming to the right teen?
- What is the effectiveness of the risk counseling or intervention you are providing?



# Know Your Teen Population's Top Risks

>> [Logout](#)  
 ^^ [Reports Menu](#)



## Survey

RAAPS Sexually Active ▾

## Start Date

01/01/2009

## End Date

04/28/2014

## Clinic

## Clinic Type

- Chronic Care Clinic
- Community Based Clinic
- Community Based Organization
- Emergency Center

## Ethnicity/Race

- American Indian
- Asian/Pacific Islander
- Black/African American
- Hispanic

## Insurance

- County Insurance Plan
- MIChild
- NCHHealthChoice
- Private

## Language

- English
- French
- Spanish

## Gender

- Female
- Male
- Transgender Male
- Transgender Female

## Age

- 9
- 10
- 11
- 12

To review only specific demographics in results, or a combination of demographics, select fields of interest above.

Generate Report

Export

## Risk Ranking

Rank	Question	Risk Answer	Risk #	Total #	Risk %
1	Have you had sex (oral, vaginal, anal) <b>within the past 3 months?</b>	Yes	130	186	69.9%
2	The <b>last time</b> you had sex, did you (or your partner) use another form of birth control (pills, patch, ring, IUD, shot, other) instead of or in addition to condoms?	No	126	186	67.7%
3	Have you <b>ever</b> received in school suspension (ISS) or out of school suspension (OSS)?	Yes	123	186	66.1%
4	Have you had a Chlamydia test <b>within the last 6 months?</b>	No	114	186	61.3%



# RAAPS

## LIVE DEMONSTRATION

# Live Demonstration

Go to: [www.raaps.org](http://www.raaps.org)

Click on user login



Join the RAAPS mailing list to receive updates and the latest information!

Subscribe

[User Login](#)



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CASE STUDIES

FAQ

CONTACT US

**You do important work - but it's a tough job.**

- You need honest risk information
- You have to navigate hard conversations
- You need data to show you are effective
- You have limited time and budgets...

RAAPS is a **risk screening system** developed especially for the needs of young people...*and* professionals (like you)!

**ID: DemoClinic**

**Password: Raaps14!!**

**Security Words in Blue “Code” Box (see screen shot below)**

**RAPID ASSESSMENT FOR ADOLESCENT PREVENTIVE SERVICES**

Teens don't always share. But they will RAAP.

Join the RAAPS mailing list to receive updates and the latest information!

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**User Login**

Please enter your credentials to access the requested page.

Login ID:

Password:

[Forgot your password or Login ID?](#)

Type the **RED** Moving Letters

**the Code: NRM**

Moving Letters:



State of Michigan Department of Community Health

# STI SCREENING PROJECT

# STI Screening Project: Overview

## AIMS:

- Increase the number of sexually active teens receiving STI and HIV counseling/testing
- Identify and reduce disparities in teen sexual health
- Screen sexually active teens for experiences and behaviors contributing to poor sexual health decision making and STIs
- Provide risk reduction counseling to improve behaviors identified
- Create linkages with community agencies and provide resources and follow up to teens identified with mental health concerns

# STI Screening Project: Overview

## IMPACTS:

- Improve STI and HIV rates
- Increase condom and contraception use
- Improve mental health symptoms

# STI Screening Project: Overview

## Activities / Project Components:

1. Sexual Health Questionnaire: RAAPS-SA
2. STI Screening
3. HIV Screening
4. Risk Reduction Plans
5. Referrals
6. Repeat Sexual Health Questionnaire
7. Repeat STI screening



STI Screening Project

# PRELIMINARY DATA



**N = 186**

## **Demographics of Youth:**

- African American: 87%
- Female: 70%
- State Funded Insurance: 79%
- 16-17yrs: 61%

## Sexual Orientation

- Are you or do you think you might be gay, lesbian, bisexual, queer or another sexual orientation that is not heterosexual (straight)? **15.1%**
- Have you ever had sex (oral, vaginal, anal) with the same gender? **9.1%**

## Population has significantly higher risk rates than “average”:

- Multiple sexual partners
  - Not using a condom during last intercourse
  - Not using contraceptives
- 
- Have you had sex (oral, vaginal, anal) within the past 3 months? **70%**
  - The last time you had sex, did you (or your partner) use another form of birth control instead of or in addition to condoms? **68%**
  - The last time you had sex (vaginal or anal), did you use a condom (male or female)? **40%**
  - Have you had 4 or more sex partners in your lifetime? **34%**

## **This population is failing in the school-environment:**

- 2 out of 3 have had a school suspension
- Nearly 40% exhibit poor academic performance

## **They also struggle emotionally and lack supportive relationships:**

- 23% report feeling badly about themselves
- 20% do not have an adult that they can talk to about sexual experiences, feelings, or relationships.
- 18% have been in an abusive relationship.



## **OBJECTIVE # 3**

Identify disparities, direct resources, & demonstrate effectiveness with data.

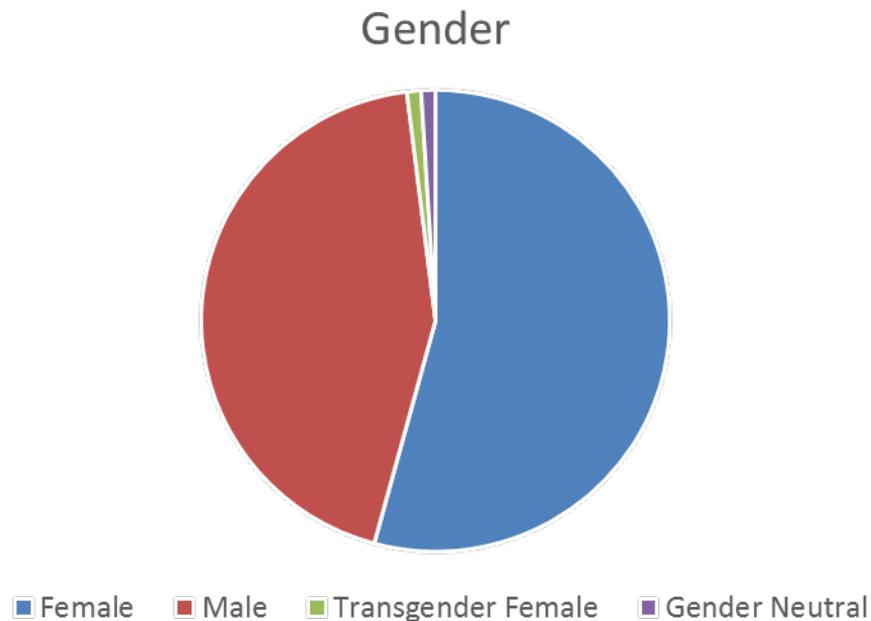


RAAPS DATA – 2011 To 2013

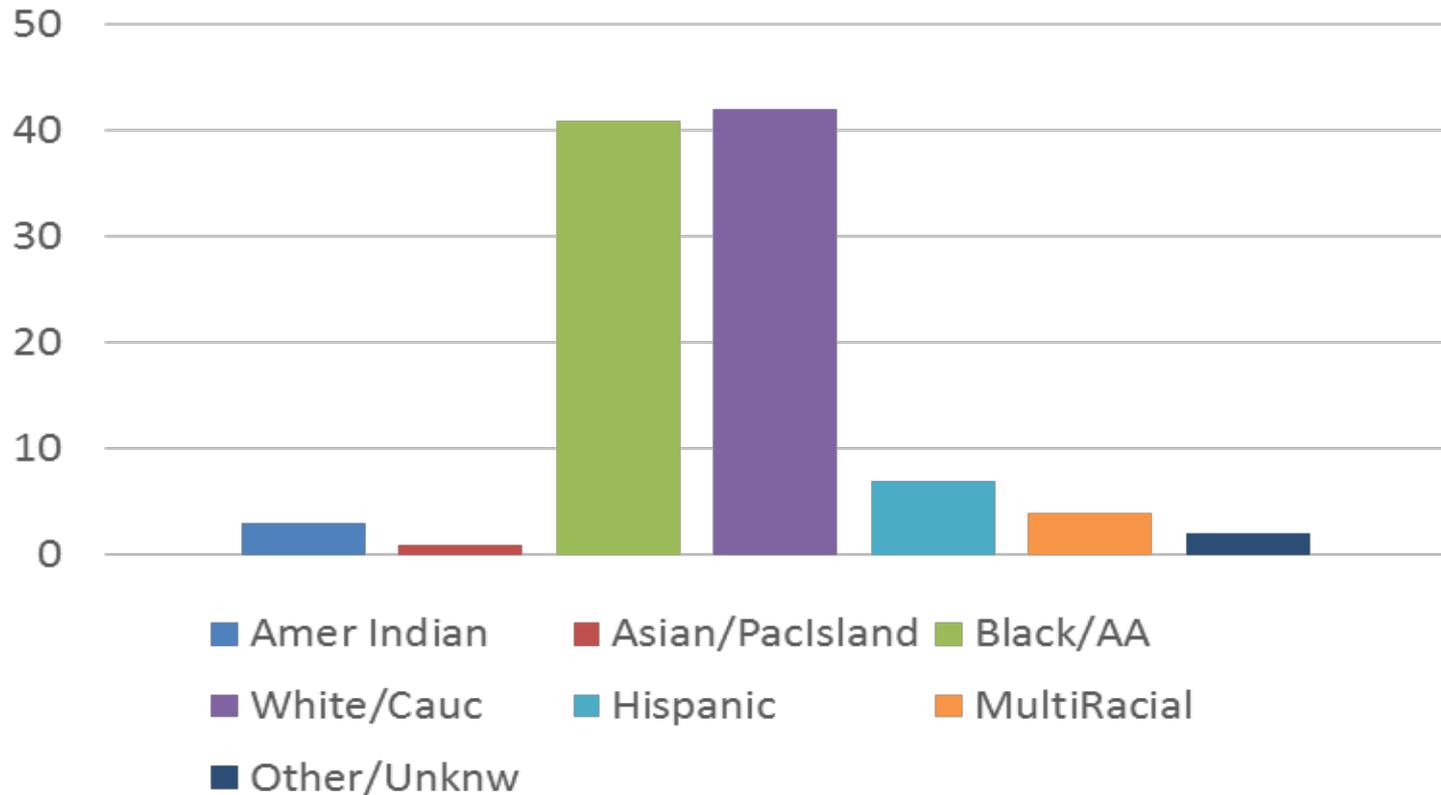
# TEEN RISKS: DATA & TRENDS

# About the Data

- Over 50,000 completed risk assessments to date – *with* counseling provided
- Data that will be discussed today: from 39,115 surveys completed between 2011-2013

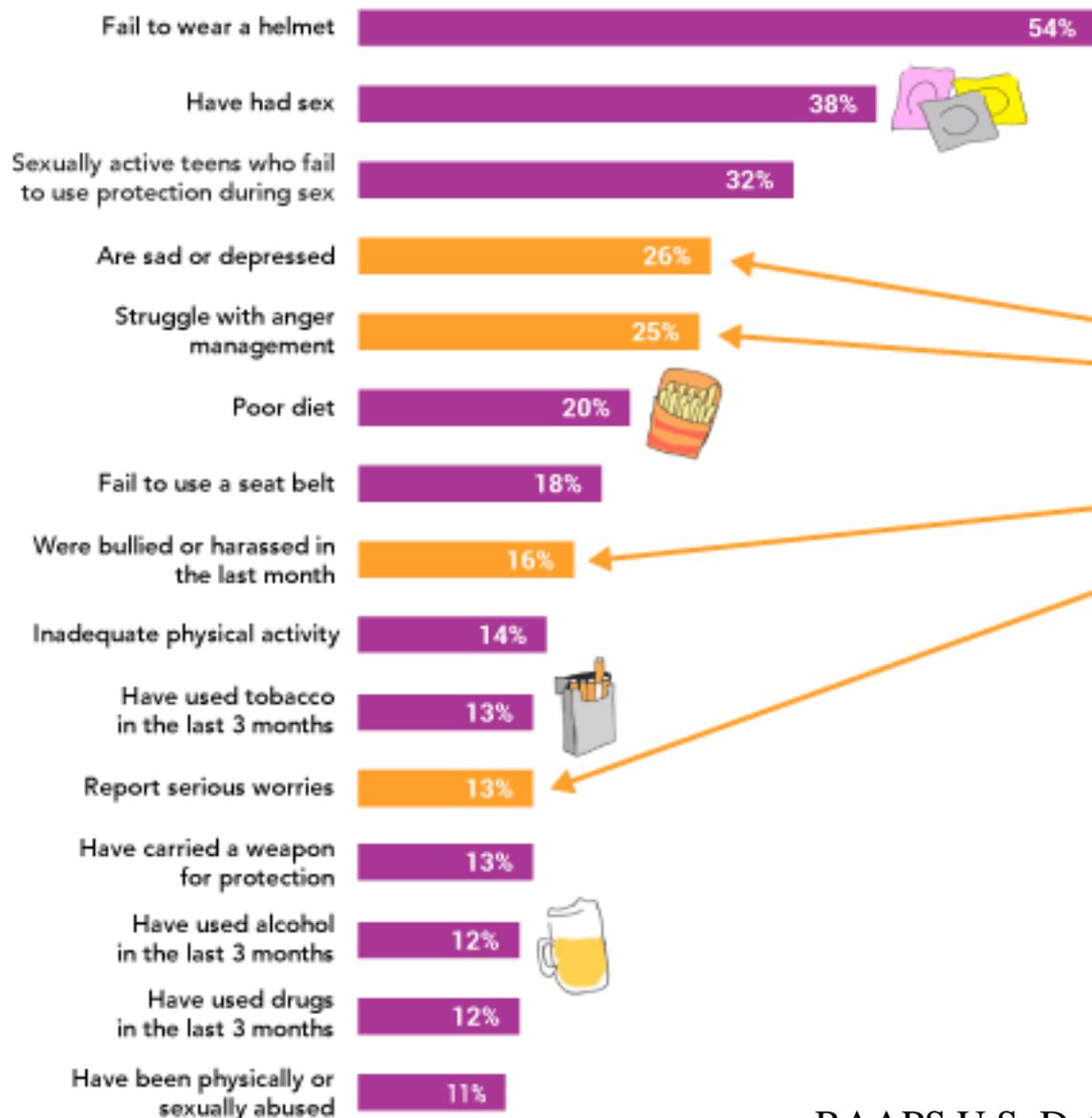


## Ethnicity/Race



# Top 15 Reported Adolescent Risk Behaviors in 2013

Of the risks among teens across the US – the top behaviors affect at least 1 in 9 of our adolescent population!



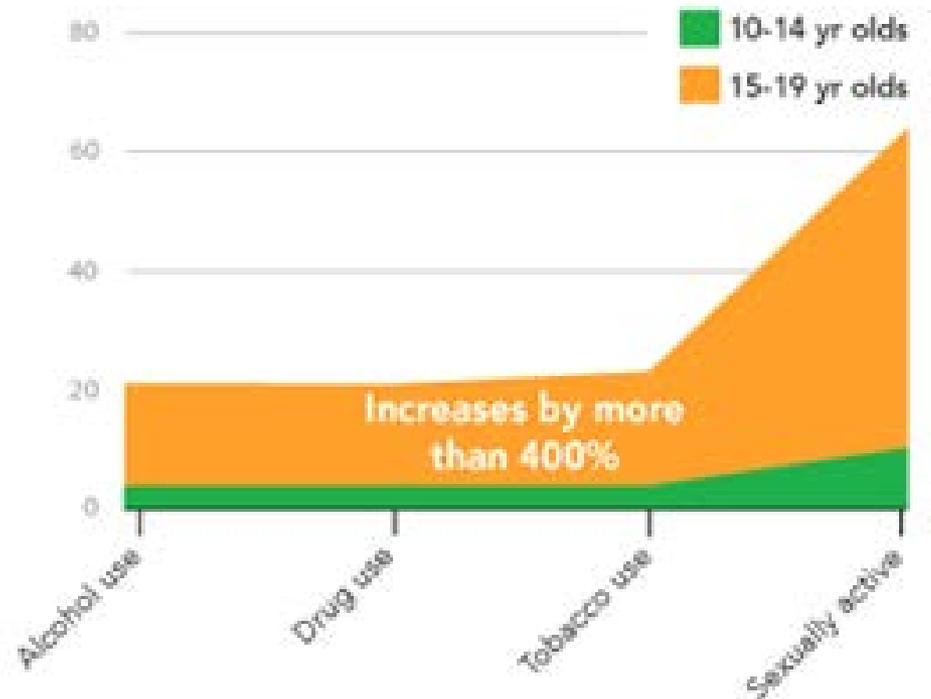
Data shows mental health issues (including anger management, depression, and bullying) rank higher than the "usual concerns" of teen risks: drugs and alcohol.



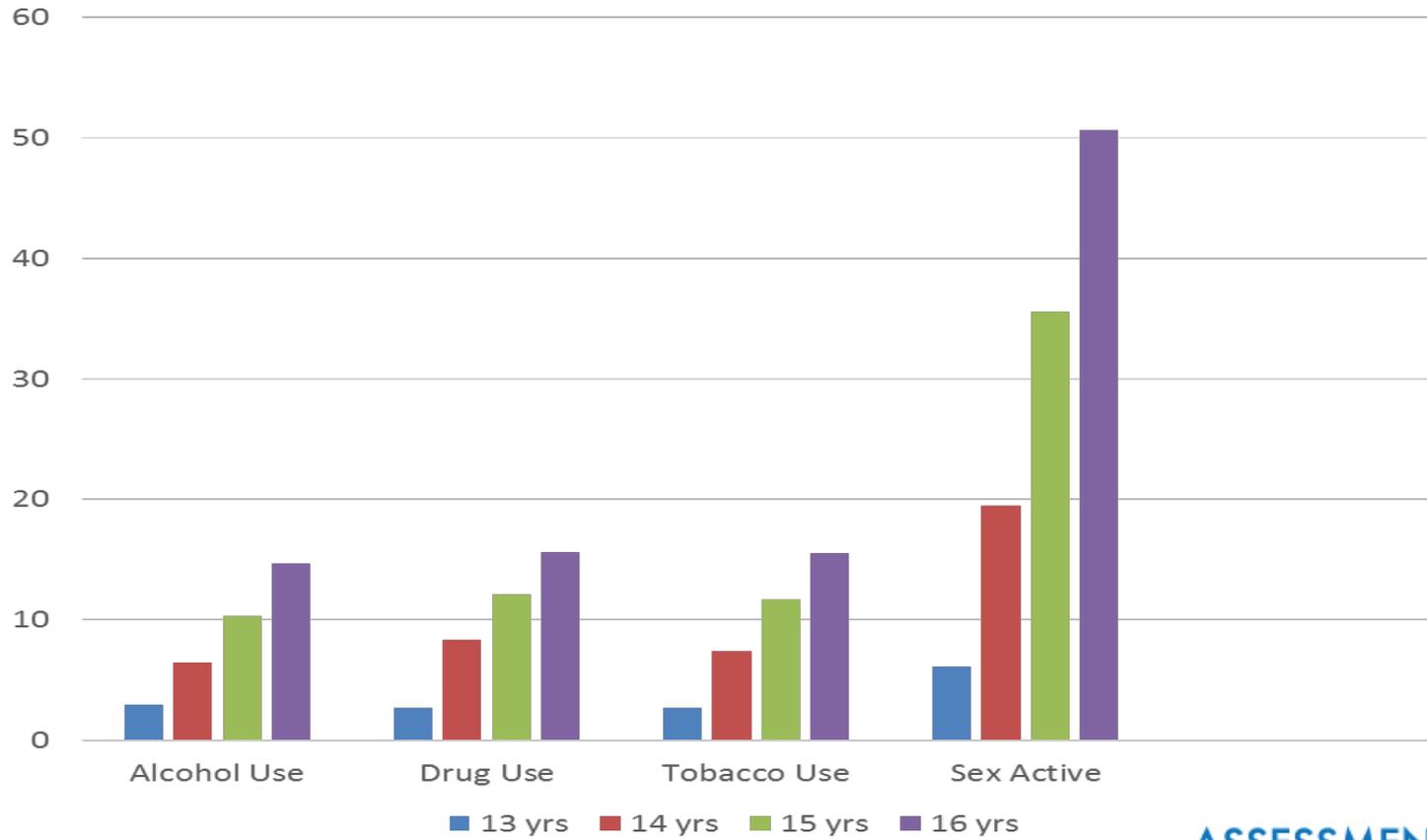
RAAPS DATA – 2011 To 2013

# DATA BY AGE

- Teens aged 15+ are significantly more likely to have engaged in risky behaviors
- Sexual activity and use of alcohol, tobacco, and drugs increase by more than 400% between 10-14 and 15+



### Behaviors Over Time



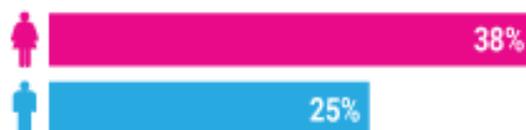


RAAPS DATA – 2011 To 2013

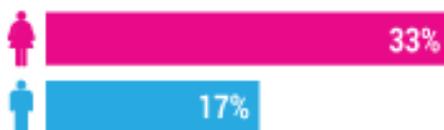
# DATA BY GENDER



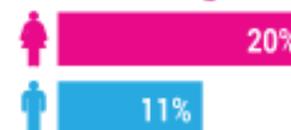
Fail to use protection during sex  
1 out of 3 girls



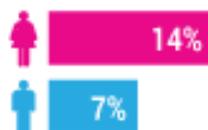
Sad or depressed  
1 out of 3 girls



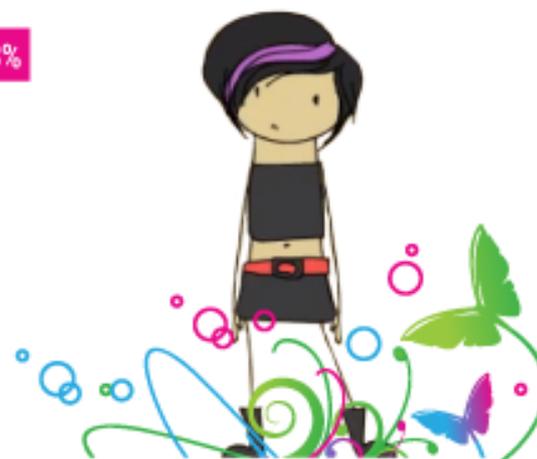
Bullied or harassed  
1 out of 5 girls



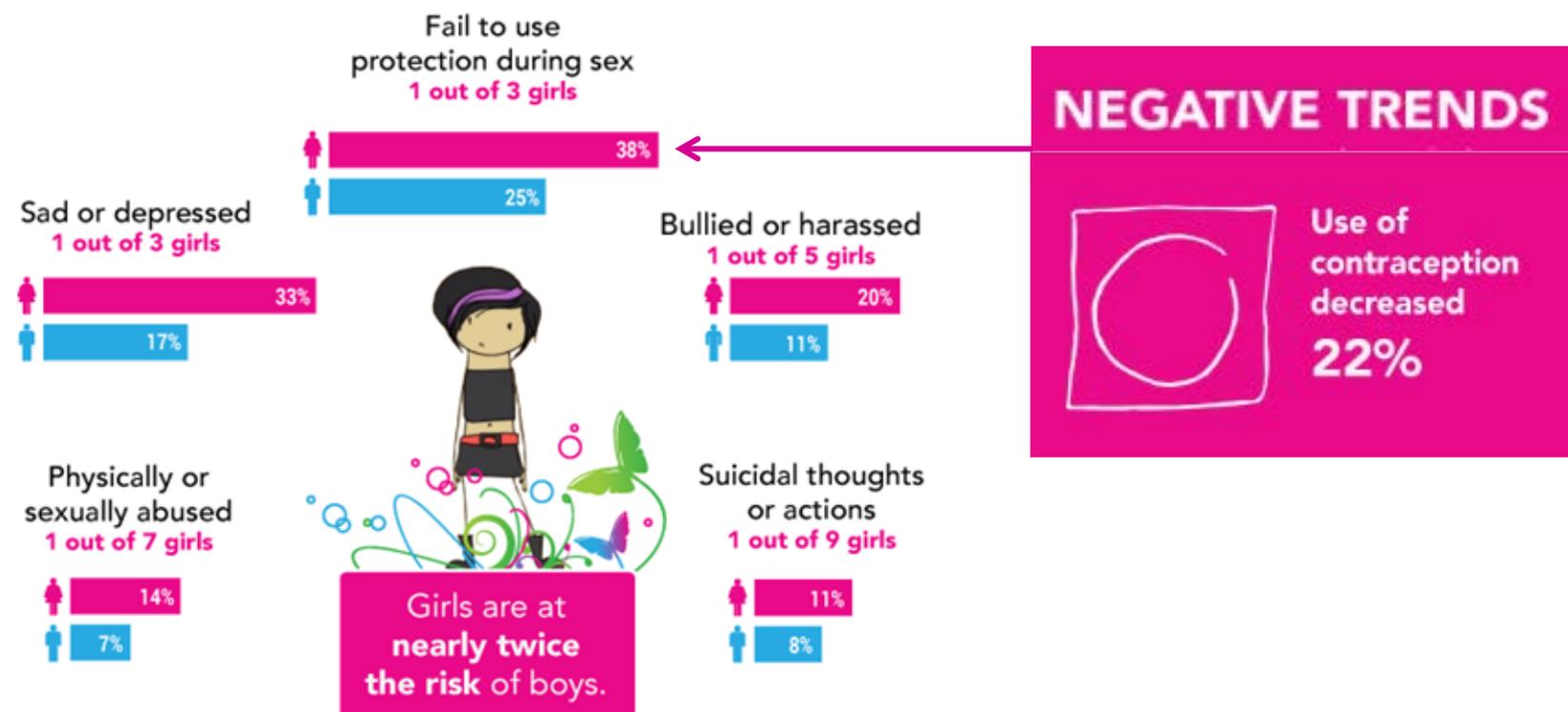
Physically or sexually abused  
1 out of 7 girls



Suicidal thoughts or actions  
1 out of 9 girls



Girls are at nearly twice the risk of boys.

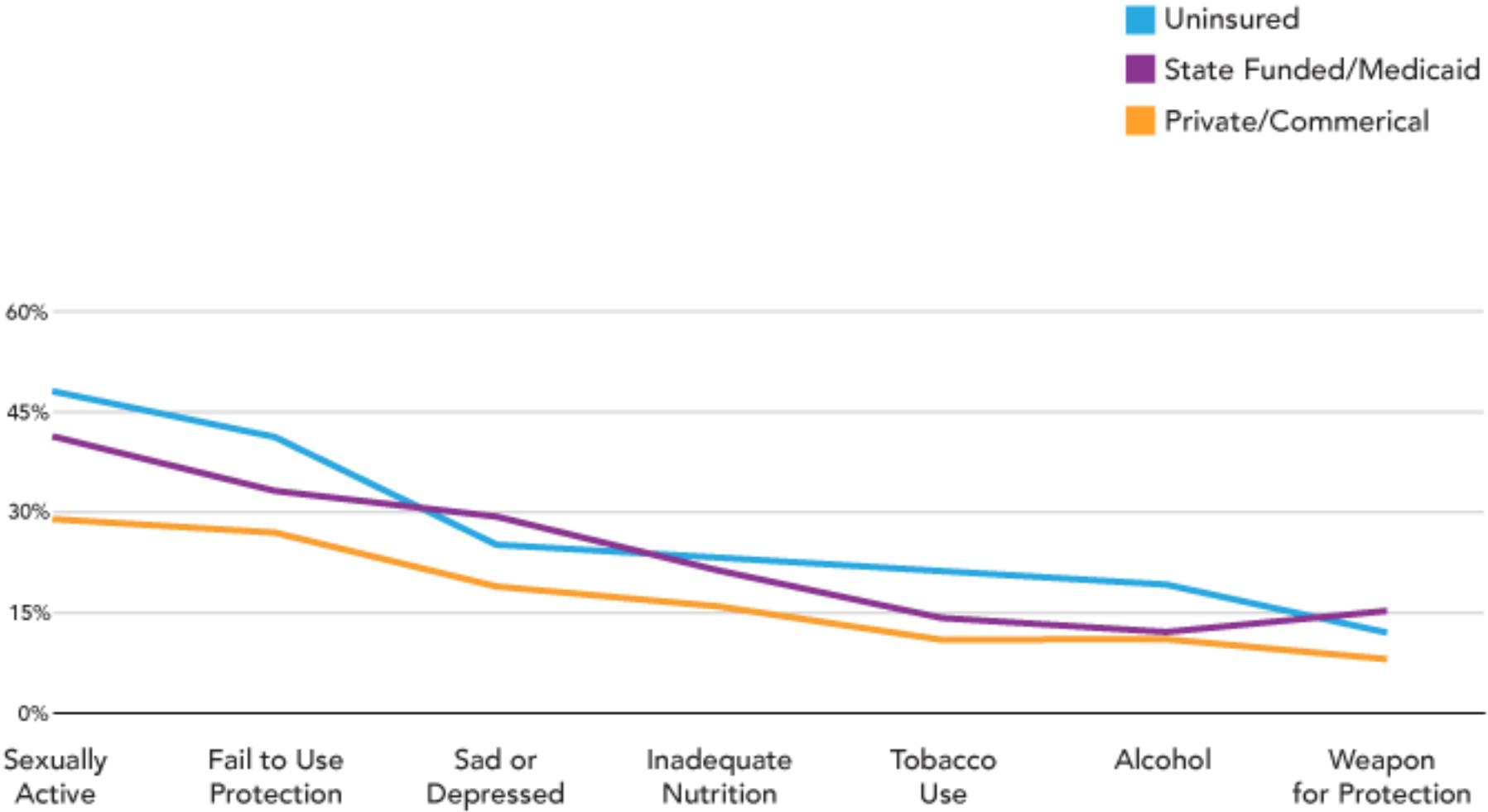




RAAPS DATA – 2011 To 2013

# **DATA BY PAYOR**

# Payor



**NEGATIVE TRENDS**

**Use of contraception**  
decreased by similar rates among  
both Insured and Uninsured teens.

**Use of contraception**



**Rates of sexual activity**  
increased significantly among un-  
insured population





RAAPS DATA – 2011 To 2013

# OUTCOMES

## **Child and Adolescent Health Center (CAHC) Program:**

- Celebrating 25 years!
- Annual state funding through K -12 Education budget
- Currently funding 62 School-based and School-linked Health Centers and 9 School Wellness Programs in Michigan
- 2nd largest state funded school-based/linked program in the country

## How we got to Risk Assessment for All...

- All sites understood that annual standardized risk assessment was required for compliance with MPRs.
- Sites struggled with various tools that were too long, difficult to use, not meeting program needs, etc.
- RAAPS was electronic and could provide a site specific and program wide data base.

## Data Local & State:

- Demographics (race/ethnicity, gender, age, insurance)
- Risks by population/assessment of needs, risk trends
- Regional risks and differences in needs
- Surveillance over time/monitor change

## Service Opportunity:

- Match right programs to greatest risk (needs assessment is a program requirement)
- Target care & programming to those identified with risks
- Revise health education materials for clients, families & school community



## ...Identify Disparities

### “No Response” to Question: Do you always use a method to prevent STI and pregnancy?

<b>By Gender:</b>	24.3% Males (432)	<b>37.9% Females</b> (855)	
<b>By Race:</b>	32.9% African American (558)	32% Hispanic (77)	30.6% Caucasian (542)
<b>By Insurance:</b>	28.1% Private (281)	31.9% Medicaid (661)	<b>36.5% Uninsured</b> (201)

## State and Program Level

- Provides annual program wide aggregate data for reporting purposes to all required and other stakeholders
- “Fits” Governor's metrics requirements to remain as a funded budget item
- Informs CAHC strategic planning, i.e. additional trainings or technical assistance
- Informs Medicaid Administrative staff

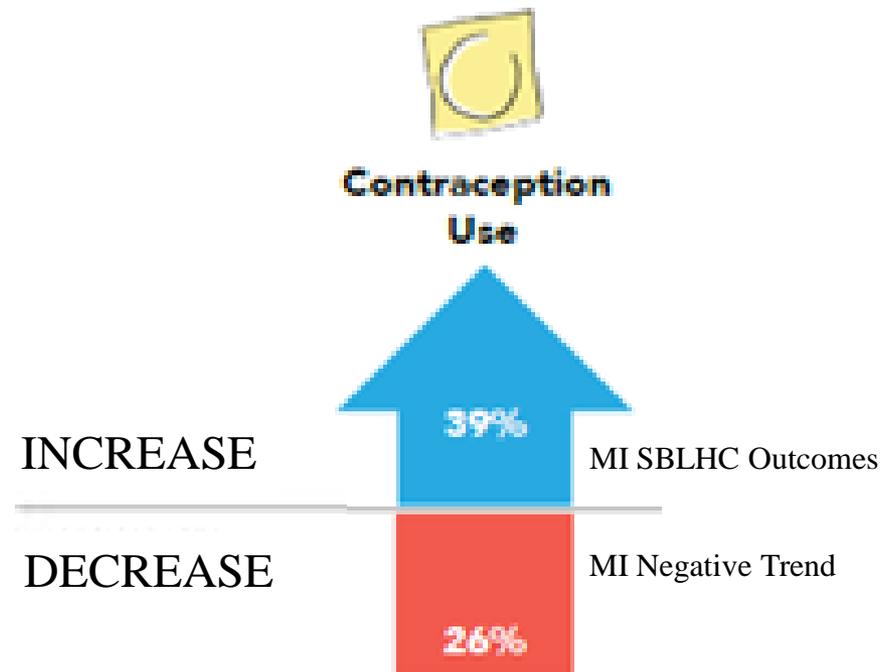
## Local Level

- Direct programs and services to those in greatest need
- Provides change in practice/programming rational
- CQI project material/ measure change over time individual and group
- Leverage additional \$\$s by using data for other grants and funding opportunities
- Informing and educating all stakeholders

# Sample Outcomes

- Risk identification and intervention can make a significant difference
- Sample outcomes from MI School-Based and Linked Health Centers from 2011-2013

## SBLHC Outcomes



## **Ensure all teens are screened for sexual risk behaviors using a standardized approach**

- Identify contributing risk behaviors
- Provide risk reduction counseling/programming, resources and referrals

## **Utilize the data on your population to:**

- Make programming decisions
- Justify your program costs
- Showcase your outcomes of improved behaviors and positive impact on STI and pregnancy rates

# Contact Information

Dr. Jennifer Salerno

[jsalerno@raaps.org](mailto:jsalerno@raaps.org)

Toll Free Phone: 855-767-4244

[www.raaps.org](http://www.raaps.org)

Twitter: @RAAPS4teens





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