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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Acknowledgments

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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)
“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)
  – 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?

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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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References