It's built so why aren't they coming?
Addressing Stigma to Increase Utilization of SBHCs

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2/15/2017
Learning Objectives

- Describe how stigma is a barrier to adolescents’ health care access
- Identify strategies for addressing stigma to improve utilization of SBHCs
Stigma

- Latin/ Greek stigma = tattoo/mark

- Stigma is a *real* or *perceived* negative attribute that causes someone to devalue or think less of the whole person or themselves
Components of Stigma

- Labeling
- Stereotyping
- Devaluing
- Discriminating
- Ignorance
- Prejudice
Stigma is...

Problem of knowledge = Ignorance
Problem of attitudes = Prejudice
Problem of behavior = Discrimination
- hurt or soothe,
- to honor or insult,
- to inform or misinform.

Words reflect and shape prevailing attitudes, attitudes that in turn shape behaviors.
Stigma Deters Treatment

- **Individuals**
  - Keeps people who are experiencing a problem from acknowledging problem and seeking help

- **Family/ Community/Societal**
  - Keeps people from recommending help or acknowledging problem for family and friends

- **Policy Arena**
  - Keeps service sector (gov’t and private) from addressing problems
Stigma and Age

What words are commonly used to describe teenager?
“Typical” Teen

- Impulsive
- Stubborn
- Willful
- Tests Limits
- Explosive
- Defiant
- Withdrawn
- Aggressive
- Hyperactive
“Typical” Teen

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Deficits-based assumptions impact unconscious bias, implicit and explicit attitudes and behaviors.
Re-Define as  Strengths

- Impulsive
- Stubborn
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Adapted from Sara Truebridge’s 2012 Adolescent Family Life Program Presentation
Stigma & Mental Health

- 1:5 adolescents has a diagnosable mental health disorder (CDC 2016)
- It can disrupt school, harm relationships, and lead to suicide (2\textsuperscript{nd} leading cause of death in teens).
- Effective treatment can reduce neg. impact on an adolescent’s life.
- Yet, stigma prevents adolescents and families from seeking care (Pinto, 2012)
Stigma & SRH

- Youth (15-24 yo) = ¼ of sexually active population, but account for 50% of new STI’s & HIV infections each year.
- US has highest rate of teen pregnancy compared to all other developed countries
- Of those who had an unintended pregnancy, 60% did not use any contraceptive method.
Unintended Pregnancy

- Stigma surrounding sexual behavior, sexuality, sexual orientation makes young people reluctant to access services
- Perceived to be acts of disobedience: “disgrace,” “disrespect,” “shame,” ect…
- Contributes to community “gossip” and labeling.
What about the boys?

- Utilization of SBHCs is lower for males than females: perceived gender- and peer-based stigma or discrimination
- Male utilization often viewed as unusual and draws unwanted attention from peers
- Males who access the centers may be viewed as “weak” and thus subject to ridicule
- Males accessing for STIs contributes to even greater stigmatization.
Stigma & LBGTQ Youth

LBGTQ Youth experience greater rates of
- **Mental Health** (emotional distress, depression, suicidal ideation and attempts)
- **Substance Use** (smoking, alcohol and other drug use)
- **Sexual health disparities**: risk behaviors and lower condom and contraceptive use
- **Targets of violence** (physical/sexual abuse, school-based verbal or physical violence such as bullying and harassment)
PYD/Resilience Framework

- Not all LGBQ youth experience poor health outcomes
- Most live healthy, fulfilling adult lives, despite facing societal challenges during adolescence.
- Protective factors promote healthy developmental outcomes and reduce risk behaviors:
  - nurturing family relationships, supportive friends, caring other adults such as teachers and coaches, connectedness to school, etc.
PYD/Resilience Framework

- **Strengths-Based** - All youth have strengths. Recognize and build strengths rather than looking at deficits.

- **Youth Voice and Engagement** - Youth have a voice and choice on their perspectives and priorities that is heard and respected.

- **Caring Staff-Youth Relationships** - Young people benefit from + adult support
PYD/Resilience Framework

- Culturally Responsive and Inclusive – Staff recognize, demonstrate respect for, and respond proactively to diverse backgrounds of youth, their family and community.

- Developmentally Appropriate - Physical, cognitive, social and emotional development vary greatly among adolescents and can be influenced not only by age but also by a young person’s environment and experiences.
Promoting Wellness to Reduce Stigma

A comprehensive/integrated approach “normalizes” utilization of SBHCs

- Provide full-range of services:
  - Provide preventive health services, IZs, dental care, nutrition
  - Administer medication to students with chronic conditions,

- Partner with school sports teams for physicals

- Raise awareness for Wellness services: clinic tours, visit classrooms, youth ambassadors, etc.
Youth-Centered Approach

- Staff welcoming and respectful to students -- even when they break agreements/rules/arts.
- Much traffic is generated youth-youth
- Engage Students: YAB, Youth ambassadors

Young people ≥12yo have the right to leave school to seek confidential medical services (SRH; mental health; drug or alcohol counseling/treatment)
Confidentiality Assurances Enable Better Clinical Care

2,224 high school students

76% of students wanted the ability to obtain confidential healthcare

Only 45% perceived that confidential care was available to them
Confidentiality Assurances Enable Better Clinical Care

High school students randomized to receive confidentiality assurance or no assurance

Students receiving assurance confidentiality:
- 47% willing to disclose information
- 67% willing to follow-up for care

Students did not receive assurance of confidentiality:
- 39% willing to disclose information
- 53% willing to follow-up for care
Limits of Confidentiality: Mandated Reporting

“...everything we discuss will be kept between us, unless you tell me that:

- someone is hurting you,
- you are hurting yourself or someone else,
- you are having sex with someone significantly older than you.

Then I will need to share that with someone else to get you help or support that you may need.”
Engage parents and community by working with families to help them receive services for the physical and emotional development of their children

Support access to/enrollment in health insurance and other health benefits.

Support/educate teachers on how to incorporate strategies that promote child health and development into their daily curriculum
Potential for Computer Interventions to Enhance Utilization & Reduce Stigma

- >80% of AYAs search the internet for health information
- Teens perceive computers as less judgmental than health educator or clinician
- Computer-based health risk assessments improve teen’s disclosure of risk behaviors
- Teens report higher levels of comfort & honesty for computer screening vs paper (Ozer 2016)
- 62% of adolescents prefer waiting room electronic screening vs. home (Ozer 2016)
Research Limitations

- Limited research on how stigma interventions lead to behavior change
- Little examination of long-term effectiveness
- Limited attention to diverse cultural groups
- No research on a “Wellness-centered” approach
Can an interactive, individually tailored mobile health application:

- support contraceptive decision making?
- increase sexual health knowledge and use of services?
- improve efficiency and effectiveness of clinical encounter?
- improve contraceptive use & reduce unintended pregnancy?
Pilot study findings:

- Increased sexual health knowledge: 58% correct pre to 79% post ($p<0.001$)
- Increased intention to use effective contraceptive in 69% of users
- 30% reported it improved conversations with provider
- Providers reported increased youth engagement, re-enforced health ed. msgs & supported youth decision-making
User Satisfaction

>90% of adolescent girls reported:

- easy to use
- trust the information
- learned something new
- recommend to help friend pick the best birth control option for their needs
- felt comfortable answering questions
- educational videos helped me choose a birth control method
Health-E You/Saludi Tu

- PCORI funded to test efficacy using a RCT
- Eligible youth offered $70 to complete baseline, and 3 brief post-surveys
- Research opportunities another way to drive traffic to Wellness Centers
Reflection

- To what extent do SBHC’s staff and providers have a genuine interest in youth wellness?
- How do you promote a youth-friendly setting?
- Does the staff reflect the ethnic and linguistic diversity of the youth served?
- How does your SBHC engage students in health education, outreach, and the evaluation of SBHC services?