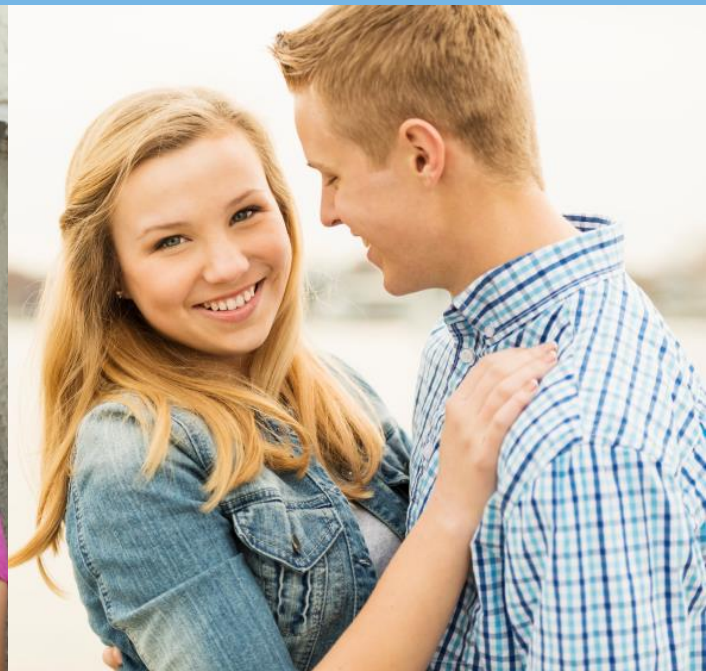


Youth Perspectives

Adolescent Perceptions of Reproductive Health Issues, Health Information, and Access to Health Care Services in Ouachita Parish, Louisiana

January 2016

The Louisiana Public Health Institute



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Louisiana Public Health Institute

In Partnership with The Children's Coalition for Northeast Louisiana

January 2016

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Executive Summary

This report is a summary of findings from interviews conducted with adolescents and young adults in Ouachita Parish, Louisiana between November 1st, 2014-December 31st, 2015 in order to understand:

- Adolescent Perceptions around Reproductive Health
- Adolescent Experiences Accessing Reproductive Health Information and Health Services

Adolescent reproductive health is a critical, yet often neglected issue in Louisiana. Despite having some of the highest STD rates nationally, and a high teen birth rate, state laws restricting sex education and collection of sexual risk behavior data in schools pose as major barriers to building coordinated and evidence-supported systems to improve health outcomes.

To address these challenges, the Louisiana Public Health Institute (LPHI) in partnership with Children's Coalition for Northeast Louisiana conducted a one year project **to capture youth perspectives on adolescent reproductive health to provide health advocates with tools to understand barriers and opportunities to move forward in planning and implementing larger programmatic solutions.**

Key Findings

- *"We are too embarrassed to ask someone."* **Stigma and shame** around seeking reproductive health information and services was ever present. Adolescents reported a 'culture of silence' about reproductive health. They feared talking to parents, or teachers. Shame, stigma and embarrassment often delay, or prevent youth from accessing critically needed healthcare.
- *"We want to be educated, but we've never had that topic."* **Knowledge gaps** as a result of not being provided with sufficient information around reproductive health left informants with a lot of questions and they noted their own knowledge deficit with great frustration. They wanted more information and were discouraged by adults and systems limiting their access to it.
- **Increasing provider comfort and youth-friendly services** is critical as most adolescents interviewed preferred to access one-on-one information from a health professional they have an established relationship with. Youth-friendly services increases access to, and quality of healthcare to youth by addressing barriers to care.
- **Increasing parental capacity** to discuss reproductive health with their children continues to be reported as a strongly recommended strategy for Ouachita Parish by adolescents, clinical providers and CBOs. One third of all students interviewed said they were able to talk to a parent or caring adults, and two thirds said they would like to be able to.
- *"Do clinics have commercials? Why don't they?"* **Promotion of health services** through increased advertising and social marketing aimed at educating young people about available services was reported as greatly desired. Youth stated that they were unaware of the names of clinics and their locations. They stated that clinics needed to advertise through venues such as social media, television, and billboards.

Introduction

Adolescent reproductive health is a critical, yet often neglected issue in Louisiana. This is evidenced by the fact that Louisiana has some of the highest sexually transmitted disease (STD) rates in the country, consistently surpassing national averages. Young people, ages 15-24, account for over half of new STD infections every year.ⁱ The birth rate for adolescent girls age 15 to 19 in Louisiana was 39.2/1,000 in 2013, the eighth highest teen birth rate in the country.ⁱⁱ Additionally there are clear racial disparities around adolescent reproductive health with African American females making up over half of teen births in Louisiana as compared with 24% in the United States.ⁱⁱⁱ Despite having some of the highest STD rates nationally, and a high teen birth rate, state laws restricting sex education and collection of sexual risk behavior data in schools pose as major barriers to building coordinated and evidence supported systems to improve health outcomes. While schools, health care providers, and community-based organizations (CBOs) interact with adolescents within their own institutional arenas, the systems are fragmented and there is no consolidated statewide strategy to address adolescent reproductive health.



To address these challenges, the Louisiana Public Health Institute (LPHI) in partnership with Children’s Coalition for Northeast Louisiana (CCNELA) conducted a one year project **to map strengths and weakness of the health system in order to provide reproductive health advocates with tools to understand key systems assets, barriers, and opportunities to move forward in planning and implementing larger programmatic solutions that address adolescent reproductive health.** The primary rationale for this project was:

- The high rate of STDs
- An above average teen pregnancy rate
- The lack of accessible and quality reproductive health services for adolescents and young adults.

This report is a summary of findings from interviews conducted with adolescents and young adults in Ouachita Parish, Louisiana between November 1st, 2014 and December 31st, 2015 in order to understand: a) their overall perceptions around reproductive health, and b) their experience accessing both reproductive health information and health services. For the purposes of this report “adolescents”, “youth” and “young adults” are used to describe the ages between 14-24.¹ Although referred to in the

¹ Interviews were conducted with ages 14 and above only owing to assessment content and study design, however, additional health and demographic data within this report include ages 10-24 to capture a full range of youth needing, or accessing reproductive health services.

literature, and in clinical settings as “pediatric” or “adolescent” patients, interviewees reported preferring to be referred to as “youth” or “young adults” and therefore all three are used interchangeably throughout the report.

Methodology

In-depth interviews (both individual interviews, group interviews, and focus groups) were conducted with 46 youth informants between the ages of 14 and 24 years in Ouachita Parish. Participants were identified by the Children’s Coalition of Northeast Louisiana, an LPHI-funded partner, through recruitment at community health clinics, pediatric provider groups, and additional youth-serving community based organizations (CBOs) in Ouachita Parish. Thirteen interviews were conducted. Several participants were interviewed individually, and others were broken into focus groups of six to eight participants and small group interviews of two to three participants. Participants were students at private schools, public schools, and at the University of Louisiana at Monroe. Sixteen participants (35%) were female, thirty participants were male (65%). Twenty participants were African American (43%), twenty-five were White (54%), and one was Hispanic (2%).

Adolescent Sexual Development

Adolescence is a time of rapid development; one of the many changing factors during adolescence is sexual health. The World Health Organization defined sexual health as “state of physical, emotional, mental and social well-being in relation to sexuality...not merely the absence of disease... Sexual health requires a positive and respectful approach to sexuality and sexual relationships... free of coercion, discrimination, and violence.” Sexual development involves changes in the adolescent’s psychological (brain development), biological (puberty), and socio-cultural (family and friends) positions. Adolescent sexual development is about more than just STDs and pregnancy. It includes other developments such as defining gender identity, sexual orientation, and developing healthy relationships. All of these factors affect an adolescent’s relationships from teen years throughout the life span.

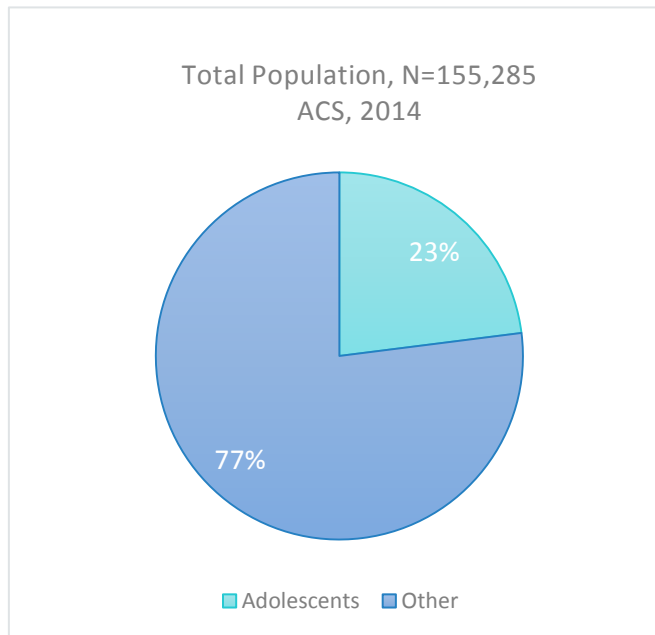
Key Topics of Investigation Included

- Understanding where and from whom adolescents get their reproductive health information
- Perceptions of the accuracy of the reproductive health information they receive
- Issues encountered by adolescents around access and utilization of reproductive health care
- If and how adolescents engage social media and the internet to access reproductive health information and resources

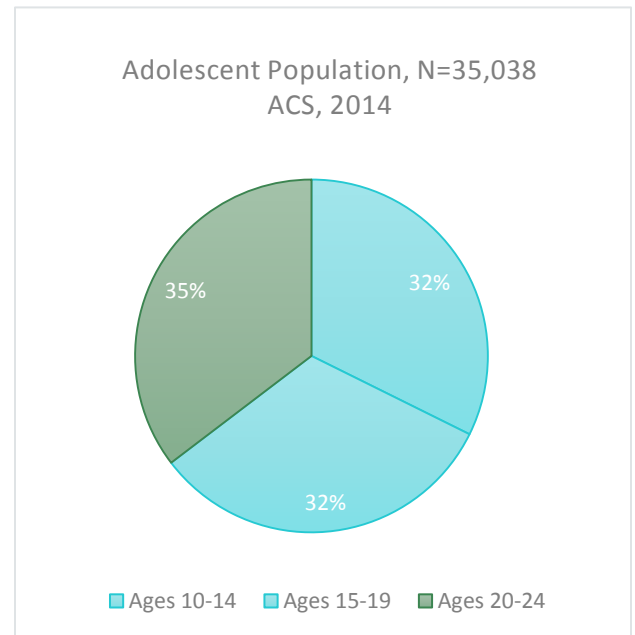
Interviews varied in length from thirty minutes to an hour. All interviews were recorded and transcribed verbatim for accuracy. A thematic analysis was conducted using a team-based approach. Each team member read through the transcripts and then met collectively to identify themes and code the data.

Who are the Young People Living in Ouachita Parish?

Ouachita Parish is located in the Northeastern region of Louisiana. The population estimate for Ouachita Parish in 2014 was 155,285 with a median age of 34.6 years. Seventy-six percent of the population lives in an urban area (Monroe, LA), however, part of Ouachita Parish is rural, and the majority of the surrounding parishes are rural. Although Ouachita Parish as a whole has a higher percentage of females (55% female; 45% male), the adolescent population is approximately 50/50. Adolescents make up approximately 23% of the total population in Ouachita Parish. Of that 23%, approximately 32% of adolescents are between the ages of 10 and 14, 32% are between the ages of 15 and 19, and 35% are between the ages of 20 and 24.

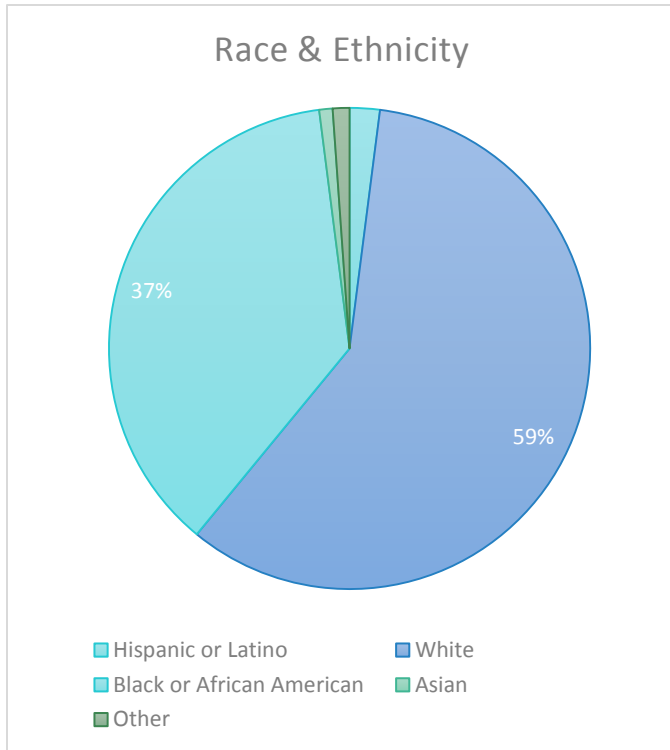


Source: ACS, 2014

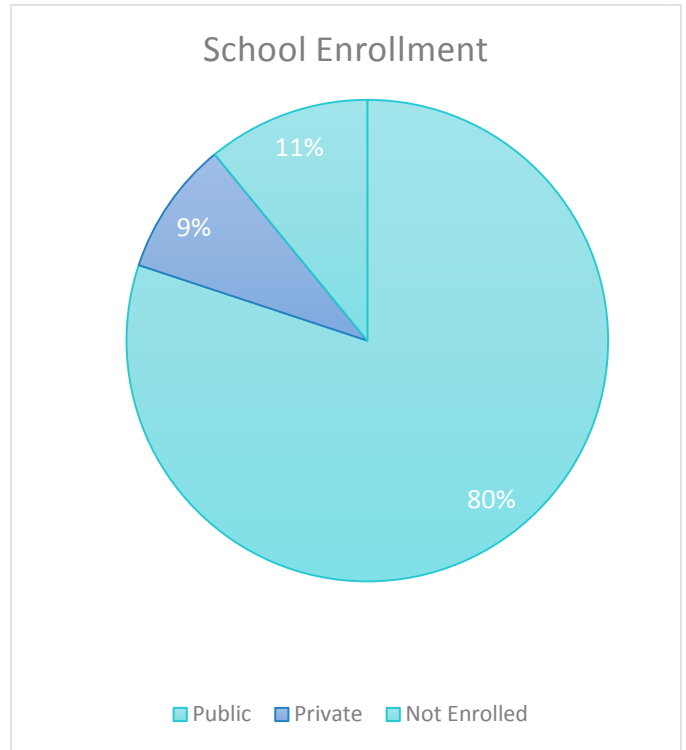


Source: ACS, 2014

Approximately 59% of the population is Non-Hispanic White, 37% is Non-Hispanic Black or African American, and the remaining 4% is predominantly Hispanic and Asian. There are two public school districts in Ouachita Parish as well as three public charter schools. The Ouachita Parish School Board serves all of Ouachita Parish except the city of Monroe, which is served by Monroe City Schools. The majority of all youth are enrolled in a public school.



Source: ACS, 2014



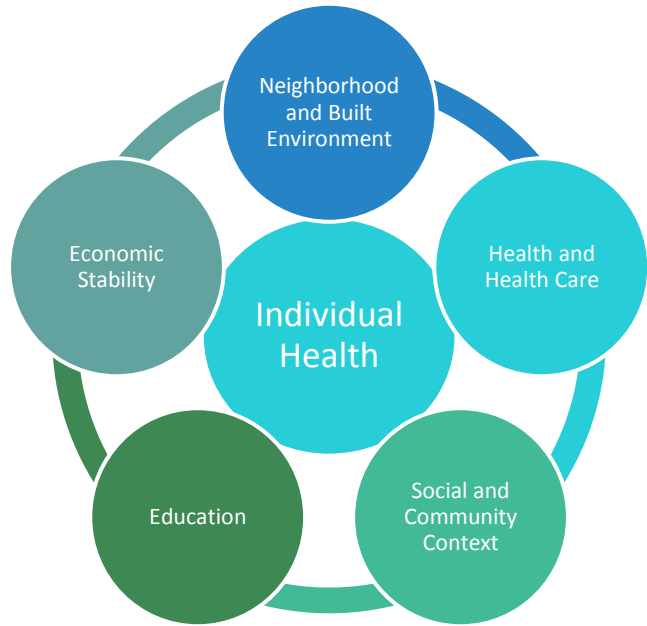
Source: ACS, 2014

Race and Ethnicity, Ouachita Parish, ACS 2014		
Hispanic or Latino (of any race)	3,145	2%
Not Hispanic or Latino		
White alone	91,506	59%
Black or African American alone	57,496	37%
Asian alone	1,393	1%
Other	1,745	1%
Total Population	155,285	

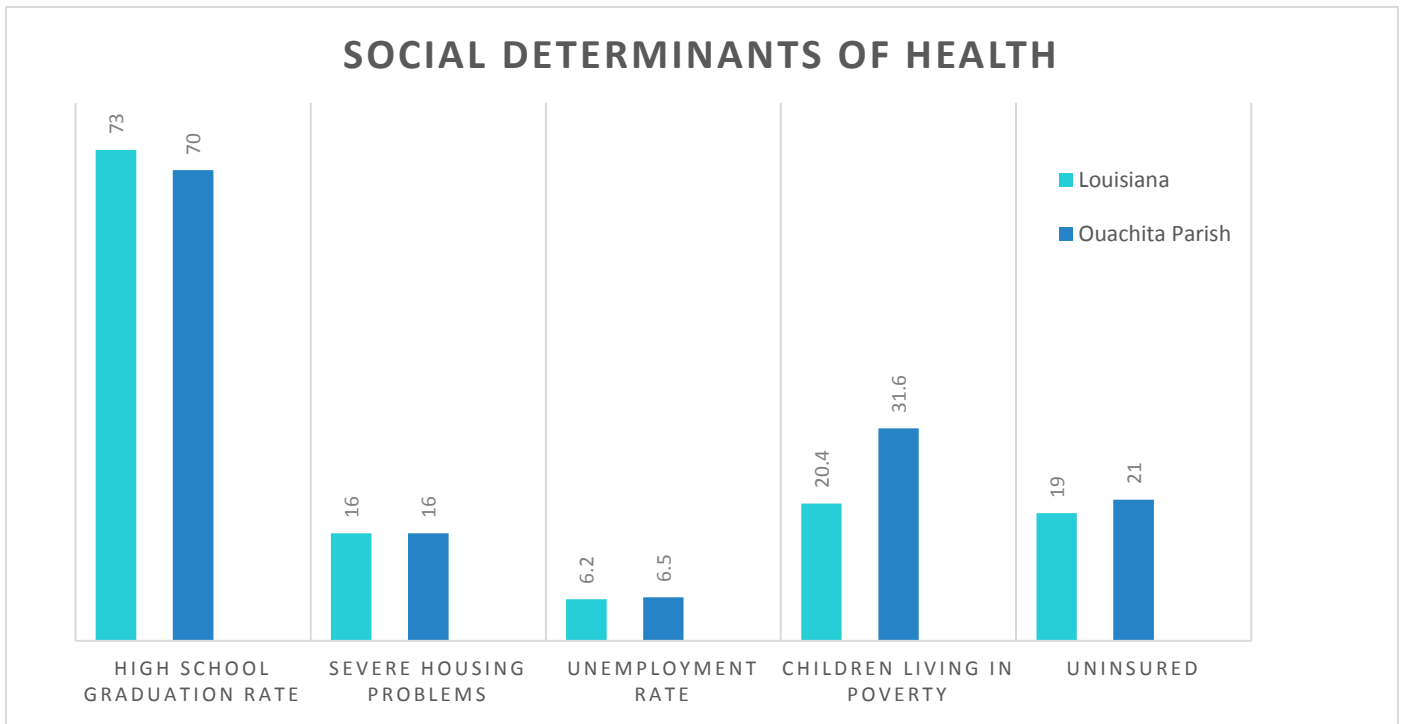
Source: ACS, 2014

What Affects Health?

Social determinants of health are the conditions in the places where people live, learn, work, and play that affect a vast range of health risks and outcomes.^{iv} Factors such as the neighborhood and built environment in which a person lives, their access to quality health care and education, their social and community context, and the economic stability of the individual and their community are consistent predictors of health outcomes. Poverty plays a major role in an individual’s life trajectory and their overall health outcomes by limiting



access to things such as healthy foods, better education, healthcare, and safe neighborhoods. Social determinants of health play a large role in the overall health of the population in Ouachita Parish. The poverty rate of Ouachita Parish (24.3%) is significantly higher than the national average (14.5%), the most recent census demonstrates a child poverty rate of 35.9%. Further, there is a lower graduation high school graduation rate, and a higher uninsured rate than the rest of Louisiana. Poverty is an indicator for increased rates of teen childbearing.^v Not only are rates of teen pregnancy higher in states with higher income inequality, the rates of abortion are lower, meaning that more children are born to teens in lower income states, such as Louisiana.^{vi,vii}



Source: America’s County Health Rankings, 2015

What do Adolescents and Young Adults Identify as Their Most Important Health Issues?

Adolescents and young adults were asked to identify what they saw as the greatest health concerns for people their age. The most commonly reported health issues were of a reproductive health nature. Some type of reproductive health issue was mentioned in every interview conducted with adolescents in Ouachita Parish. More specific concerns of the adolescents in this region around reproductive health ranged from STDs to birth control to pregnancy and pregnancy prevention. The primary health concerns listed by adolescents, not specific to only reproductive health included:

- Sexually Transmitted Diseases (STDs)
- Birth Control
- Minor illness
- Pregnancy
- Obesity and Nutrition
- Drugs and Substance Abuse



Sexually Transmitted Diseases

Sexually transmitted diseases (STDs) were the number one reported health issue for both males and females in Ouachita Parish and were mentioned as a major health issue for adolescents in nearly every interview.

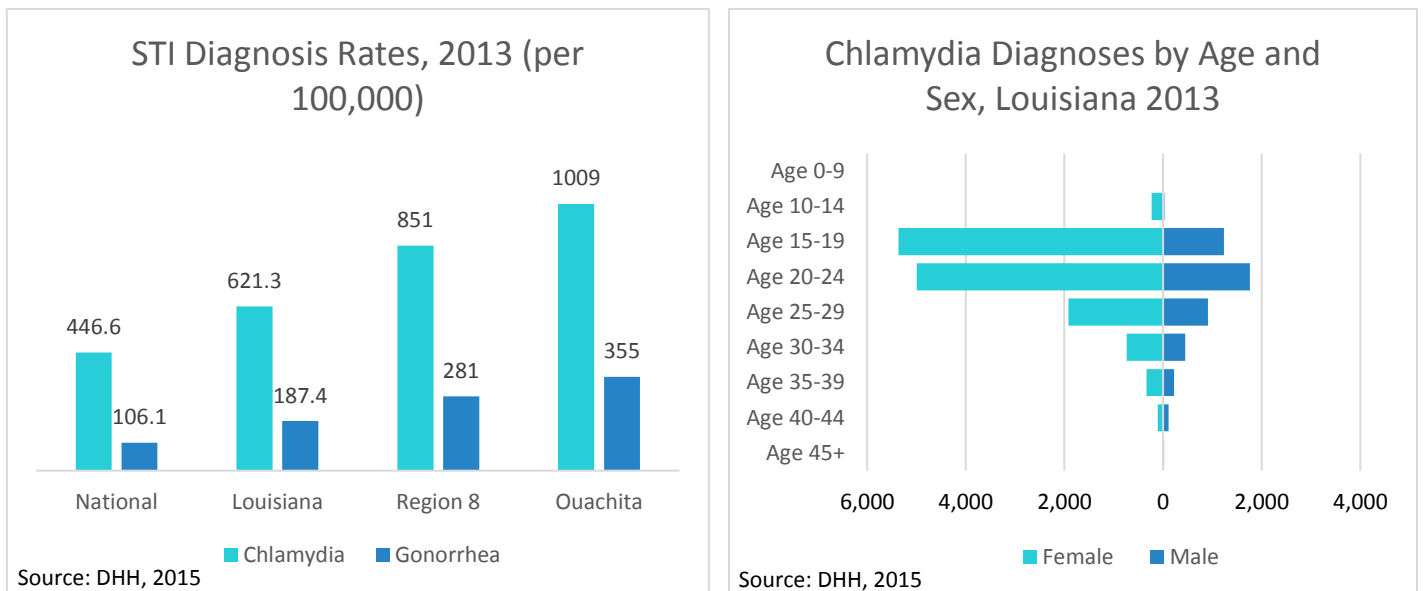
Nationwide estimates suggest that young people aged 15–24 acquire half of all new STDs and that one in four sexually active adolescent females have an STD.^{viii} Young people are at a higher risk of acquiring STDs due to a combination of behavioral, biological, and cultural reasons. Female adolescents in particular are more susceptible to contracting an infection for anatomical reasons, and also more likely to be screened than their male counterparts contributing to the higher diagnosis rates.

“I know that [high school in Monroe, LA] has been the nation’s number one STD capital for a while. Everyone I know is like ‘be careful.’ And everyone is like, ‘it’s not that big of deal’, but they are rated that for a reason. Obviously this is a big deal and we need to figure it out.”

In 2013, Louisiana ranked first in the nation for gonorrhea diagnoses and second for chlamydia.^{ix} Louisiana Public Health Region 8 where Ouachita Parish is located had the highest chlamydia and gonorrhea diagnosis rate in the state.^x

The chlamydia rate in Ouachita Parish is over 125% higher than the national average.^{xi}

In 2013, young people ages 15–24 made up 72% of all chlamydia diagnoses and 67% of gonorrhea diagnoses in the state.^{xii} In addition, 25% of all new HIV diagnoses occurred among persons 13–24 years old.



The adolescents interviewed were aware that STDs were a great health concern for their community and their age group. However, they also mentioned a lot of ambiguity around diseases, and the overwhelming feeling that many young people do not know that they have an STD and are hesitant to get treatment. This is particularly important in females as they are more likely to be asymptomatic. Further, research demonstrates that adolescents and young adults are less likely to disclose or seek care when they have an STD. Adolescents interviewed stated:

You probably do know someone. Nobody is going to say, 'Hey, I have an STD,' but we're like number one for chlamydia, we're way up there.

STDs are common. Most people don't know they have it.

[What is the biggest health issue?] *Herpes. There are too many people around here, you have to watch and research.*

Access to Birth Control

Although research demonstrates low utilization rates of birth control other than condoms amongst adolescents nationwide^{xiii}, obtaining birth control was cited as one of the main reasons a young person would go to the doctor. However, many participants mentioned:

- 1) They do not know where to obtain birth control
- 2) They do not know how to obtain birth control
- 3) They feel ashamed to ask about birth control and how to access it

In addition to this, health system assessments with health providers conducted during the same time period in the Ouachita Parish region showed that few providers report regularly offering or providing birth control to patients. Less than half of the providers surveyed (14) reported offering any form of birth control, and only two of 14 clinics assessed offered a full range of birth control methods.

[Why do young people go to the doctor?] *Birth control. Everybody is getting pregnant.*

You don't go [to the doctor] for a casual check-up, you only go if you are sick or need to get on birth control.

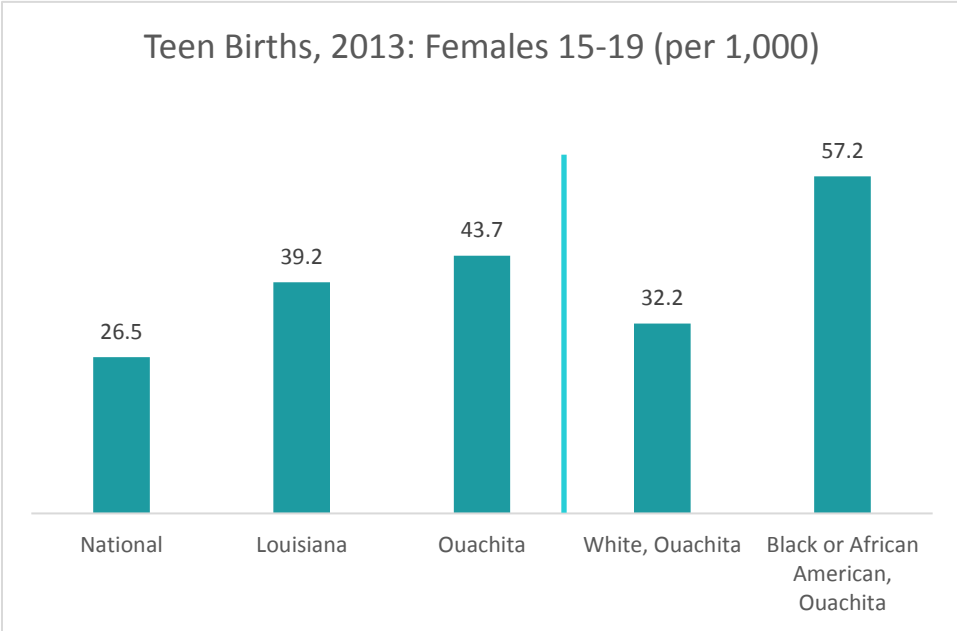
Interviewees stated that often times a young woman might ask a parent to get birth control under the guise of needing it to improve acne or to help with difficult periods. Participants stated that many young people were uncomfortable talking to their parents about birth control, and that needing birth control for preventing pregnancy was viewed as embarrassing and shameful.

People are more embarrassed, they are too embarrassed to ask someone or to go get it [birth control] themselves.

Pregnancy

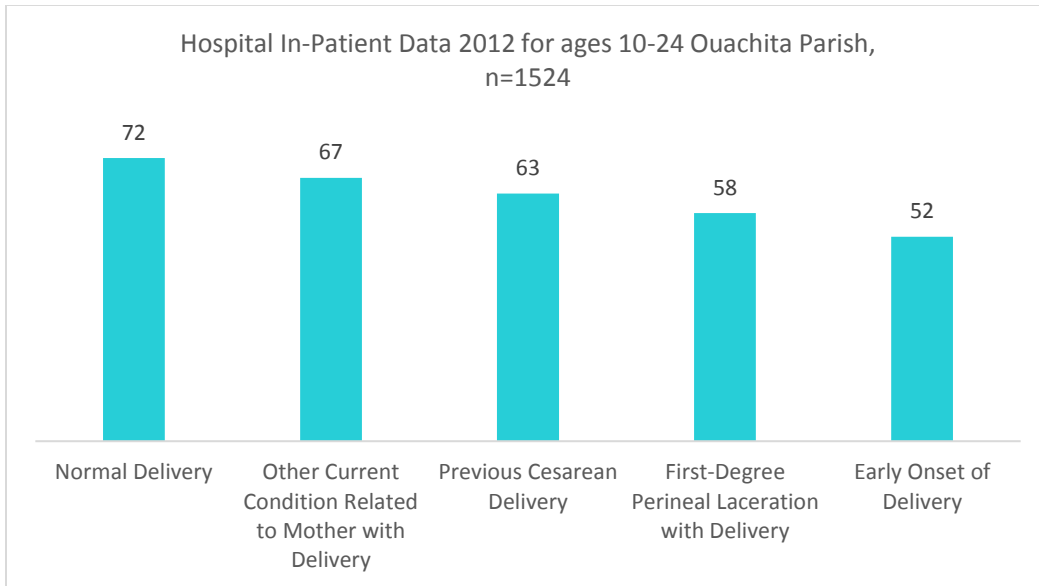
The teen birth rate in Ouachita Parish was 65% higher than the national average at 43.7 births per 1,000 females between 15 and 19 in 2013.^{xiv} Nationally, substantial disparities still exist in rates of teen childbirth, with rates for African American and Hispanic youth remaining more than twice the rate of teen births amongst non-Hispanic white teens.^{xv} In Ouachita Parish, the teen birth rate was 77% higher amongst African American teens than their white counterparts. Data was not statistically reliable for Hispanic youth. Teen childbearing carries negative short- and long-term consequences for these young parents and their children, as well as negative social and economic impacts on society. Only 50% of teen mothers earn a high school diploma by age 22, and teen fathers are 25 to 30% less likely to graduate than teens who are not fathers.^{xvi} It is also estimated that between 20 and 37% of teen mothers have a subsequent birth within two years of their first child, making one in five births to a teen mother a repeat birth.^{xvii,xviii}

Teen childbearing is associated with an increased risk of an adverse birth outcome including preterm delivery, low birth weight, extremely low birth



Source: NVSS-N (CDC, NCHS)

weight, and neonatal mortality.^{xix} In Ouachita Parish in 2012, the most recent year for which there is available data, the top five in-patient admittances to hospitals in for ages 10–24 were from pregnancy-related complications. These diagnoses accounted for 20% of all in-patient admittances for people in that age group.



Source: Louisiana Hospital Inpatient & Discharge Data, 2012

Pregnancy was mentioned by approximately one-third of participants as being a major health issue facing their peers. This is of note given that more than half of the youth interviewed were male. Many participants stated that it was common to see pregnant students at school.

Yes, the pregnancy bug has definitely got around...there are like 50 babies.

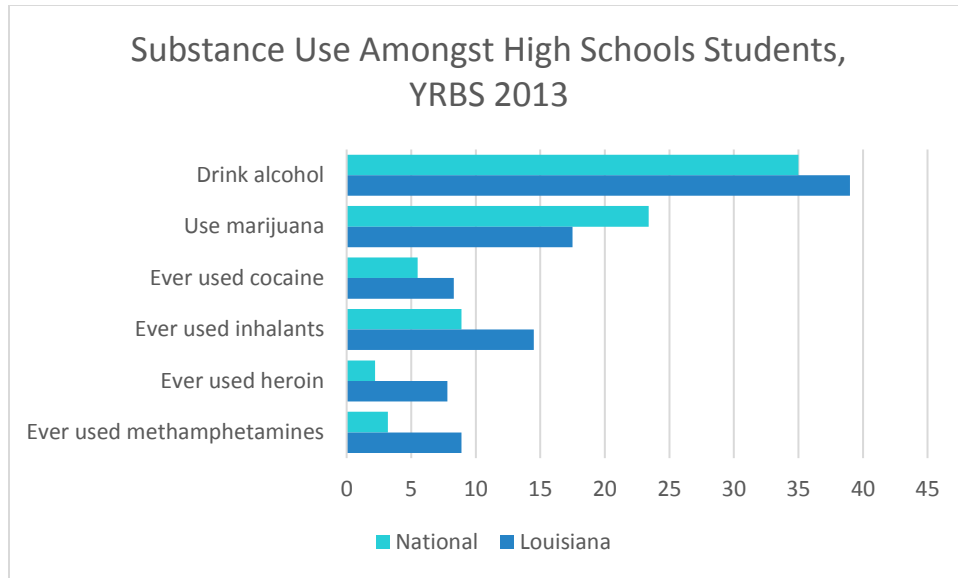
Where I went to high school you always had one person that was walking around pregnant.

Despite many participants mentioning pregnancy, a few felt that it was not an issue that pertained to the people they knew. This divide seemed more pronounced between the students that attended private schools and those that attended public schools. Private school students stated,

I feel like people are pretty safe with sex. At least with the people I know that are at school, you don't hear about anybody getting pregnant.

Drugs and Substance Abuse

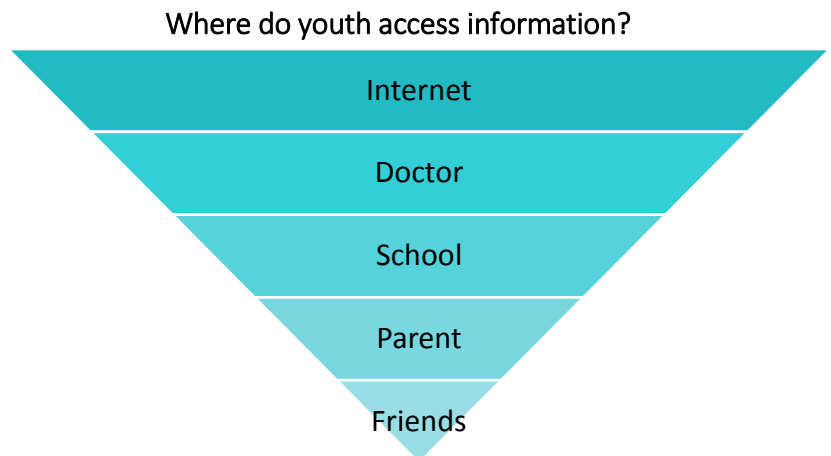
According to the 2013 Youth Risk Behavior Survey, approximately 39% of adolescents in Louisiana currently drink alcohol, compared to about 35% nationwide.^{xx} Adolescents in Louisiana were less likely to use marijuana (17.5% versus 23.4%), but were more likely to have ever used cocaine (8.3% versus 5.5%), inhalants (14.5% versus 8.9%), heroin (7.8% versus 2.2%), and methamphetamines (8.9% versus 3.2%).



During the interviews in Ouachita parish, male informants were more likely to mention drugs and substance abuse as a major health issue than female informants. Teens were likely to state drugs and drug abuse as a major health concern rather than alcohol use. Young people who use substances are more likely to have sex, initiate sex at a younger age, and have multiple sex partners, thus placing them at a higher risk of unintended pregnancy and acquiring an STD.^{xxi} Alcohol and drug use are also risk factors associated with a greater likelihood of sexual violence.

Accessing Reproductive Health Information

In addition to overall health concerns, interviewees were asked where they and their friends go to access reproductive health information. The internet was the number one cited source of information, followed by a doctor or trusted health professional, tied for third were mother/parent, and school. Friends, trusted adults, and experienced peers were also mentioned as sources of information but were less commonly reported as being accessed by interviewees.



Stigma and fear were reported as the main reasons for accessing information through the internet, and as reasons for not talking to a parent, teacher or even a friend. Although, friends were seen as less biased than other sources of information, informants only reported wanting to ask a friend they knew had already been through a similar process. Informants reported appreciating the confidential nature of using the internet, and were likely to use it as the first place they went to in order to access more

information and answer questions. Fear of upsetting parents was mentioned several times as a reason not to go to them for information.

Doctors were seen as a trusted and reliable source. Many informants stated a doctor or health professional as being the preferred source of information.

You can't trust everybody. You have to go to a professional.

Personally, I learned about it [reproductive health information] from my pediatrician. He sits every patient down. I was in there one day and he sat someone down and he is like, 'this is this' and, 'if you every have an issue with this you drive over here'. This is very awkward for a 16-year-old to go in there and have someone blatantly be like, 'this is birth control, this is this,' so it is something I was glad someone talked to me about it. Most parents are not going to have that conversation with their kid if they don't think they need to.

"I would use the internet before I would ask. You don't want your parents to worry. If you ask them a simple question it gets in their mind, and they go off."

Several participants mentioned receiving some form of sex education in schools, however, the curriculum and the extent of the education varied by school and even by teacher.

Ninth grade that's when we take Health Education, but that is as far as it goes. From ninth grade up they don't talk about health care.

[What do they talk about in health education?] *The different diseases you get, how to protect yourself and if this were to happen to go and get help immediately. If you don't have a good teacher you aren't going to know anything.*

There are many misconceptions around the legality of teaching sex education in schools in Louisiana. Louisiana does not require instruction in reproductive health education at any grade level, although schools are allowed to teach sex education in grades 7-12.^{xxii} Sex education must emphasize abstinence, but can include information on other risk reduction methods such as condoms and birth control, although neither of these can be distributed on school campuses. Since sex education is allowed, but not required, there are great disparities over what each school offers when it comes to reproductive health education, with some schools teaching comprehensive sex education, some teaching abstinence-only education, and many teaching nothing at all. School sex education assessments conducted during this time with one school district in Ouachita Parish found that no curriculum was being used, and any instruction that did take place was not being documented or monitored.

Adolescents and young adults reported additional challenges when trying to access information on reproductive health. Adolescents voiced frustration with the lack of reproductive health information available to them.

We want to be educated, but we've never had that topic.

For the most part, a lot of people don't know much about health care. They are not informed, they don't have someone who sits down and talk to them about it, which is a common thing now and most people don't know a lot about that stuff.

While reporting frustration about the lack of education in schools, informants presented conflicting views about accessing reproductive health information at school. Several participants mentioned feeling comfortable talking to the school nurse, or a biology teacher.

Others stated they would feel too ashamed to talk to a teacher about a health issue they were having, particularly in a private and/or religious school setting.

"If you would go to school and you told a teacher, going to Catholic school, they would help you, but they are so weird. I imagine they would think of you differently."

Although informants presented conflicting views about who they would talk to about reproductive health questions, comfort was featured prominently in their information seeking behavior. Thirty eight percent of informants reported feeling comfortable talking with their parents (particularly mothers).

Parents of this generation they are loose a little bit. Some are not afraid to ask their parents about it since they are so close to them. Others, the ones that have a tighter leash on them, they are scared to ask them. Those are the ones that usually get in the most trouble.

Several informants mentioned feeling comfortable talking to a parent because the parent was a health professional such as a doctor, nurse, or dentist. Monroe, the main urban area in Ouachita Parish, is home to three major hospitals, and is a self-described medical hub for Northeastern Louisiana, thus it is not surprising that a large number of informants stated that a parent was a medical professional. Others pointed to a close relationship with a parent, making them feel more at ease when discussing sensitive information.

I get it [health information] from my mother, she is a nurse.

I just ask my mom, she is my best friend.

Still almost two-thirds of the youth interviewed reinforced the notion that they would not feel comfortable talking to a parent about reproductive health issues citing fear of disappointment and shame.

I am not comfortable talking to my mom about stuff, but if I had a really big problem, I think she would be disappointed.

Time and again adolescent informants stated with frustration that sex and reproductive health information was just "not something people talk about" and that there was a "culture of silence" around it. Informants mentioned shame, fear and embarrassment in almost every interview, and often multiple times throughout interviews.

Not only did the young people interviewed report feeling uncomfortable talking to anyone about reproductive health information, they also stated that parents and teachers were often uncomfortable with the subject and this was an additional barrier to them feeling comfortable with pursuing questions and conversations with them. Larger national studies show that youth want to talk to parents, adults and providers about sexual health issues, STD prevention and treatment and birth control^{xxiii,xxiv}.

The Internet and Accessing Information

Although many youth report utilizing the internet for accessing reproductive health information, the youth interviewed presented conflicting views over the ways in which to access information online. Some individuals preferred to do research online, however, often the validity of the information provided was questioned. Informants joked that many internet sites just tell you that you are dying. Others stated that it is important not to take everything you read on the internet seriously.

It [the Internet] tells you that you are dying. It is exaggerated. One thing I looked up and it told me I had four months.

I would rather have somebody talk to me because Google, you have a headache and they say you are going to die in three days, but if I were on my own, I would Google it.

Sites such as Google and WebMD, despite dire health predictions, were seen as confidential resources someone could use to try and fix an issue they were having without having to involve a parent, doctor or friend.

Its stuff you look up when you know your symptoms and you try to play God on yourself. You want to fix it before you go out and tell the doctors or your friends. You want to fix it.

Informants were also split on using social media to access health information. Several informants stated that they would use social media to ask a question or to read an article about a health related issue. They commented on the widespread use of social media and mentioned how it can be a useful tool in getting information out to large groups of people. Others mentioned that although they did not use social media to access information, they saw how it could be a useful tool.

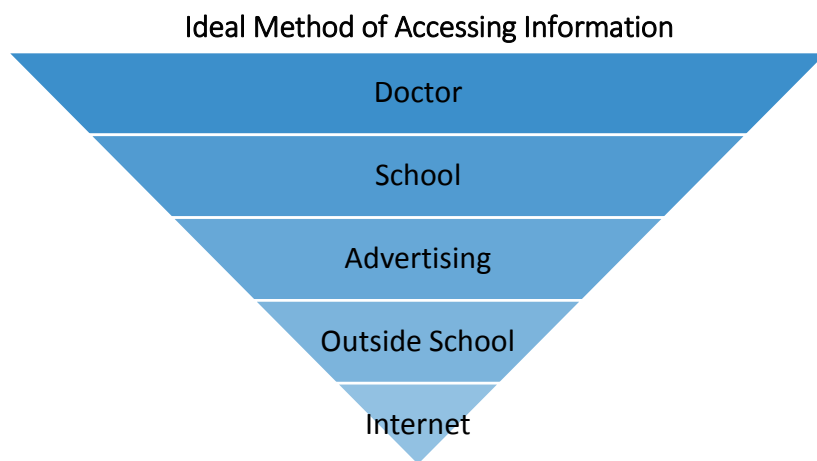
They could ask somebody that they follow or they are friends with. Most people when they want to know something, they will tweet or make a status of it and let it be open to anybody to respond.

However, the majority of the youth interviewed stated that they would not use social media to discuss, inquire, or research health issues, particularly reproductive health issues. They reported that is not seen as confidential and would not be a platform to use for something you didn't want lots of people to know about.

As far as health concerns, no one wants to put it on Facebook because you send a message to your friend and they will say to someone else, 'Look what so and so sent me'.

Informants were asked about the ideal way in which they would like to access reproductive health information. Their ideal three methods of accessing health information included: a doctor or health professional, through a school-based format, or through general advertising to them around reproductive health topics.

The number one reported place that youth access health information was the internet, yet it was the least preferred method of accessing health information.



Most adolescents interviewed preferred to access one-on-one information from a health professional they have an established relationship with. School was seen as an ideal method because you have the opportunity to address larger groups of adolescents at a time. One informant suggested a school assembly:

The easiest way to do it is at school when everyone is there. You sit them down and say look we are going to talk about an important thing that you need to know about here when you are growing up. You tell them what can happen and how to prevent it... I think you have to tell people this is what can happen. It is not necessarily about saying we can give you birth control, but you tell them if you do this with doing this, this is what can happen because you can get some pretty serious stuff.

Informants also suggested that more advertising such as making health information more visible through banners, billboards, or social media would be a good way of learning.

Accessing Sexual and Reproductive Health Services

A clearer understanding of the provider landscape where adolescents go to access services in Ouachita Parish is still developing through ongoing health systems assessments and social network analysis, however the majority of informants (76%) reported accessing general health care services, not specifically reproductive health services at:

- **St. Frances Medical Center** (38%) or an affiliated hospital site, the largest hospital system in Northeast Louisiana.
- **Private Practice Pediatricians** where they have been seen since childhood (38%).

College students reported being more likely to go to their student health center which they felt adequately addressed the needs of college-aged students. However, uncertainty of where to access services was also prevalent amongst those we interviewed. As one informant stated:

I don't go to the doctor, I don't know my doctor's name.

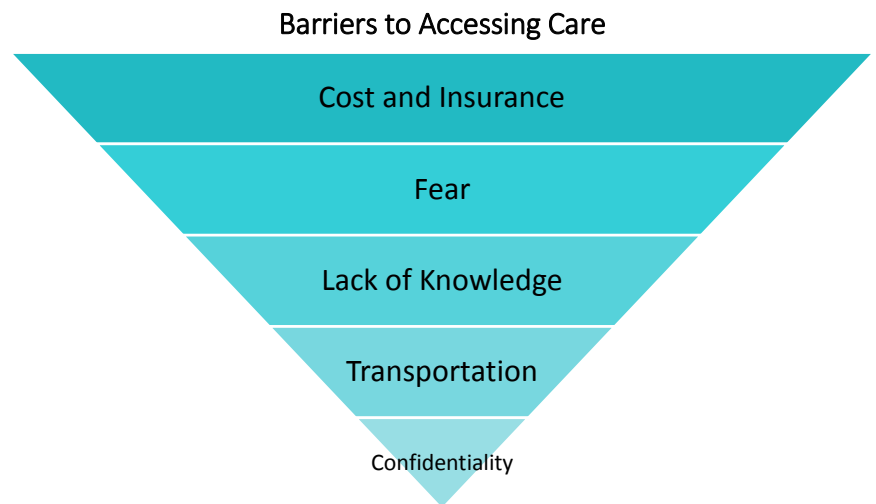
Despite knowing where they accessed general health services, deciding where to go for reproductive health services was usually based on a friend’s recommendation or a place that adolescents heard their peers discussing. Several informants commented that when a reproductive health issue arose they would ask a friend where to go, and assumed “someone has to know.” One participant stated that she felt comfortable talking to the school nurse and would consult her on where to access further services.

I would start at the school nurse and ask her. I don’t really know clinics around here.

Adolescent perception of where and how to access these services was ambiguous. It was common for youth to describe the location of a clinic rather than its name. Adolescents were overwhelmingly unsure of where, how and when to access services specifically related to reproductive health.

Barriers to Accessing Services

Not accessing care is prevalent among adolescents in the United States in general.^{xxv} National studies show that approximately one-quarter of middle and high school students do not recall having had a routine preventative care visit in the past two years. Further, 19% to 27% of adolescents report having forgone health care that they believed was necessary. Similar to national trends, the young people in Ouachita Parish were hesitant to access services at all, and several mentioned waiting as long as possible before accessing care.



I am always the last person, it has to be really bad for me to go.

Nationally, self-reported reasons for not seeing a health professional when it was needed include: fear of what the doctor would say or do, not wanting parents to know, belief that the problem would go away, lack of transportation, and the inability to pay.

In Ouachita Parish, adolescents face many of these same challenges, as well as others. The main barriers to accessing care reported by informants included:

- Cost and insurance issues
- Fear of telling parents
- Lack of knowledge of the process
- Lack of knowledge of services
- Transportation
- Confidentiality

Cost and Insurance Issues

The number one reported reason for not accessing health services was the cost. Informants stated that they did not have access to their insurance documents, and that they did not know how to pay for services.

If you don't know if your parents have insurance you would not want to use it yourself, you don't want your parents to know. People are probably too scared to ask about it.

Some reported not having insurance, and some simply stated that the biggest issue was medical bills, and not being able to afford it despite having coverage. Other informants expressed frustration over Medicaid age constraints.

Somehow Medicaid stops at 18 and they probably don't have any money. That's the biggest one [barrier] I can think of.

Lack of Knowledge of Process and Services Available

Adolescents reported not knowing how to navigate the health care system without their parents. Normal development means that adolescents are beginning to show more independence from parents and spending less time with parents and more time with friends.^{xxvi} This is also the time when adolescents are making more decisions for themselves, however, the process of how to obtain health care is not taught by parents or at school, especially if a parent feels the teen is not ready to be in control of their own health. This is further complicated by complex health systems, providers, and coverage confusion. Thus, navigating the process of identifying a health care provider, setting up an appointment, getting to that appointment, and understanding how to pay for it can be extremely intimidating and overwhelming.

They probably don't know much about it. They don't talk about it much in school, I am not informed on how to get things like birth control. You know, what to do.

They don't ask. They are young and don't know what we are doing. They don't ask what is confidential and what is not.

Many informants were unsure of where to access health services and named that as one of the largest barriers to obtaining services.

[Not knowing where to go] *That's a big one. I would not know where to go.*

Many of the providers surveyed also felt that there was a greater need for advertising and marketing to young people in the area in order to increase knowledge of where to access services and the types of services available.

Confidentiality was not mentioned as often as other barriers, however, the fear of telling parents and confidentiality are tied together. Research shows that less than 20% of adolescents would seek care related to birth control, STDs, or drug use if parental notice was mandated.^{xxvii} In Louisiana, minors are

guaranteed the right to consent for their own health services, including STD screenings and treatment. However, there is no guarantee for confidentiality for minors, and a provider may inform a parent if the provider believes it is best/necessary to disclose the information or if a parent requests the information/their child's medical record. As one informant mentioned, it is extremely important that adolescents have access to confidential services, especially if they do not want to have their parents involved.

I would go to a clinic where I don't have to have my parents know. My mom is a preacher and I would not want anybody to know.

Transportation

Even if a young person is able to identify a provider and set up an appointment, there is often an issue of transportation and how to actually get to the appointment. Most informants stated that transportation would be an issue for them. Although there is a bus system in Monroe, the participants did not feel that it was always reliable. The most commonly noted way of getting to an appointment would be to have a parent or friend take you. One informant stated that if she needed to get to an appointment she would take her mother's car even though she did not have a license.

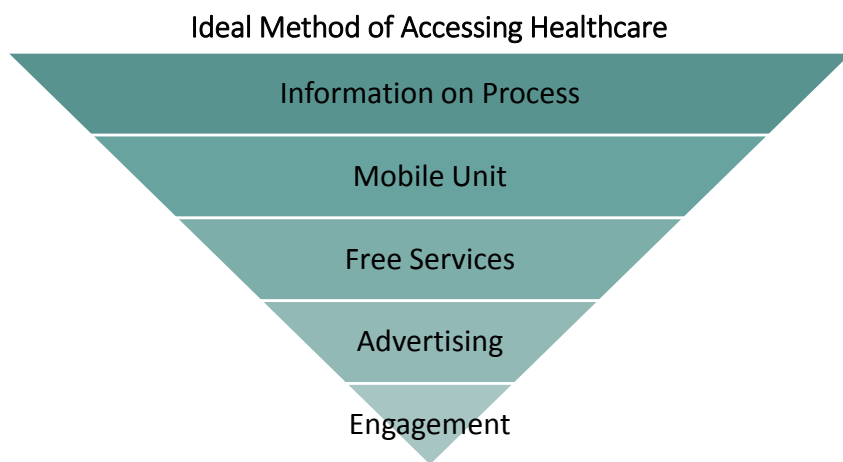
Recommendations of Accessing Healthcare

The informants had many recommendations on how to improve the delivery of health care for young people in Ouachita Parish.

Adolescents interviewed reported wanting to be given information on how healthcare works and the ways in which to navigate it. They reported that any instruction on how to utilize health care would improve the likelihood that they would access care. They suggested that this could be done in a variety of ways they could understand and translate to action including presentations, seminars, or even pamphlets sent home from school or mailed to one's house around how to better access health services.

Adolescents reported that the information that should be included in what they are taught, or resources created for them should include:

- Reasons why someone might go to a doctor
- How to locate a provider
- How to set up an appointment
- What forms or insurance paperwork you would need to bring to access care



- How much services would cost depending on where you go and what types of services you access
- Questions you should ask your physician
- What was confidential or not confidential

Additional recommendation from adolescents around improving access to healthcare included:

Access to Mobile Units to Eliminate Transportation Barriers. Adolescents interviewed felt that making services available in a mobile units might cut down on barriers such as transportation and hours.

Improving Adolescent Friendly Services, Including Confidentially and Trust. The World Health Organization in its recommendations for adolescent-responsive health systems suggests that providing convenient services and training providers in youth-friendly services are key to the success of engaging adolescents in health care.^{xxviii} Providing training to clinics and clinicians who work with adolescents on youth-friendly services is also key to retaining adolescent clients. All staff members should be trained on the importance of adolescent confidentiality, and sensitive issues when working with adolescent patients. Informants stressed that they wanted to feel they could access services in a safe and confidential environment.

In addition to mobile units and youth friendly services, the young people interviewed stated that better advertising and marketing strategies could be an effective tool to increasing utilization and knowledge of services. Several participants mentioned that they were not aware of where clinics were located, and thought that advertising through billboards, television, or on the internet through social media would help them be better informed of where to go. This rationale is supported by the National Institute for Health Care Management, which suggests that social marketing can improve adolescent health care utilization.^{xxix}

Overall Findings

Stigma and Shame

Perceived stigma and shame around seeking reproductive health information and services was ever present within the interviews. Whether it was stated directly, or was labeled as being afraid to talk to a parent, or worried about what a teacher or friend might think, it was clear that a “culture of silence” exists surrounding reproductive health. Not only did informants feel an overwhelming sense of shame and stigma, they reported that they felt this perpetuated by parents and schools and within society in general.

“It’s embarrassing”

“People don’t talk about it”

“I’m worried about what they might think”

“I wouldn’t want to ask”

“Parents are uncomfortable talking about it”

Knowledge Gaps

As a result of not being provided with sufficient information around reproductive health, adolescents were left with a lot of questions and a noted knowledge deficit that frustrated them. Young people in the region were not sure when or where to see a professional, they were unsure of how to make an appointment, how payment and insurance works, and the questions to ask. They had questions about confidentiality and their rights. While some were more aware of the major reproductive health issues plaguing their region, others were not. There was a clear need for education, and the informants indicated a desire to be informed.

Coverage and Coverage Gaps

Despite some additional coverage beyond LaCHIP, adolescents were unaware of any entitlement programs that offered additional coverage for reproductive health services. Not a single interview in Ouachita Parish mentioned Take Charge or Take Charge Plus and cost was listed as a significant barrier perceived by youth even when youth were potentially eligible for coverage under additional programs.

Louisiana is one of the states that chose not to expand Medicaid under ACA in Louisiana.² This has had an impact on low income young adults when they turn 19 years of age are dropped from LaCHIP. Often, these young adults fall into a “coverage gap” of having incomes above Medicaid eligibility limits but below the lower limit for Marketplace premium tax credits. While young adults may fall into a “coverage gap” with regard to traditional Medicaid, there is an additional health entitlement program available. The first, Take Charge, is available to all low-income young adults of reproductive age in Louisiana³. Sixty percent of sites reported that they accept Take Charge.⁴ Take Charge is an 1115 Medicaid Waiver program that provides health coverage for family planning and family planning related services to males and females of reproductive age that do not qualify for Medicaid but are not above 158% above the poverty level. Take Charge/Take Charge Plus covers seven office visits (per calendar year) including a well visit and care related to family planning; prescriptions and lab work related to family planning or family planning related services; Birth Control (including pills, patches, implants, injections, condoms, diaphragms, and IUDs); Cervical cancer screening and treatment for cervical dysplasia; Contraceptive counseling and education; Testing and treatment for sexually transmitted diseases (STDs other than HIV/AIDS and hepatitis); Voluntary sterilization for males and females (over age 21); Vaccines for males and females for the prevention of HPV; and Transportation for family planning appointments.

² With the election of Governor John Bel Edwards, Louisiana is now beginning the process of Medicaid expansion.

³ It should be noted that Take Charge, an 1115 Medicaid Waiver program became Take Charge Plus during the duration of this project. Take Charge Plus covers additional visits and treatment of STD's. It is hypothesized that this waiver under Medicaid expansion will be eliminate by the LA-DHH Medicaid Office.

⁴ For more on Take Charge, go to <http://www.dhh.state.la.us/index.cfm/page/232>.

Methods of Accessing Information

It is especially significant that young people’s ideal three methods of accessing health information included: a doctor or health professional, through a school-based format, or through general advertising to them around reproductive health topics. Despite this preferred methodology, the number one reported place that youth access health information was the internet, yet it was the least preferred method of accessing health information. The inability of youth to access information in a way they prefer may serve as an active deterrent to seeking out health information overall.

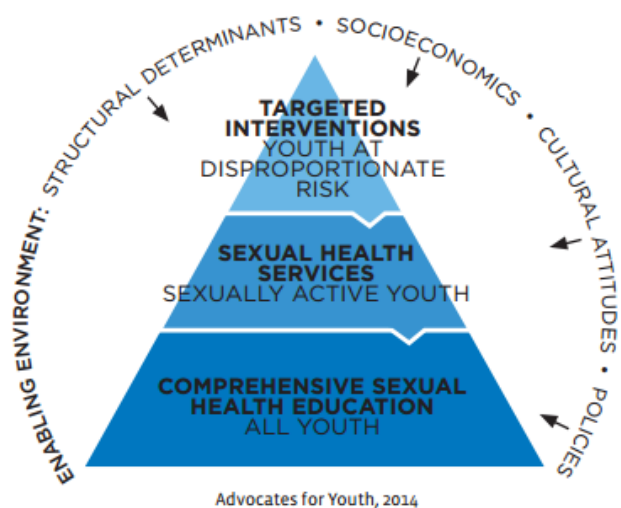
Barriers

While there are many assets to be leveraged within Ouachita Parish to build better adolescent reproductive health outcomes, several gaps and barriers still exist to improving access to and quality of reproductive health services and access to health information for adolescents. These include:

- A conservative environment
- No reliable transportation system
- A lack of provider comfort
- Confidentiality
- A Lack of school buy-in
- A Lack of funding for services and education

Due to entrenched community, cultural and religious values, adolescent reproductive health continues to be subject to a large amount of stigma in the region. As was mentioned during the interviews, the ‘culture of silence’ around reproductive health only further perpetuates stigma, shame and a lack of health information sharing leading to ongoing negative health outcomes for youth. Without adult and/or decision-maker comfort around reproductive health topic areas, making strides to improve access to information and services continues to be very difficult.

School buy-in remains disjointed. Advocates for Youth⁵ states that “young people have the right to lead healthy lives, and society has the responsibility to prepare youth by providing them with comprehensive sexual health education that gives them the tools they need to make healthy decisions.”^{xxx} At the foundation of optimal youth reproductive health lies comprehensive sex education. Only one school district would allow the LPHI project team to complete the school assessment, while the other felt



**YOUTH SEXUAL HEALTH PROMOTION:
THE BUILDING BLOCKS**

⁵ Advocates for Youth is an organization that partners with youth leaders, adult allies, and youth-serving organizations to advocate for policies and champion programs that recognize young people’s right to honest sexual health information; accessible, confidential, and affordable sexual health services; and the resources and opportunities necessary to create sexual health equity for all youth. advocatesforyouth.org

strongly that sex education was not something they were willing to discuss. This continues to contribute to the lack of information youth have around health and healthy behaviors.

At the time of this report, funding for adolescent reproductive health in the region was still limited. While some funding exists for smaller targeted interventions such as a grant from United Healthcare for teen parenting support, larger funding sources are necessary to implement large scale programmatic solutions. There was no identified teen pregnancy prevention or reproductive health specific funding identified.

Young people and organizations alike identified transportation as a large barrier to accessing reproductive health services. Although a public transportation system exists, an adolescent's ability to navigate this system and to access clinics in their current locations may prove to be an ongoing challenge.

Confidentiality remains a large issue for adolescents in the region. While adolescents have the right to consent to most medical procedures, current state law does not guarantee confidentiality, which is at the discretion of providers. Several providers in the region were more likely to preserve confidentiality, such as the State's Parish Health Unit, which is required under Title X, however, many adolescents reported that they were not able to get services without parental notification. Ensuring patient confidentiality increases the likelihood that an adolescent will seek reproductive health services such as STD screening and treatment, and pregnancy testing.

Assets

Despite barriers, there are many assets in the region for improving access to comprehensive reproductive health services and information for adolescents. A few of these include:

- Solid relationships with multi-sectorial partners
- Buy-in from the faith-based community
- Non-monetary resources (social capital and unfunded manpower)
- Community-informed priority areas
- Existing programs that can be leveraged

As identified through a comprehensive mapping of the health systems by LPHI in 2015, multiple CBO's and faith-based organizations have moved towards prioritizing this issue. Multi-sector partners have been shaped into the ***Northeast Louisiana Adolescent Health Coalition***, which is in the beginning stages of forming work and action plans to address many of these unmet needs. A key asset is the buy-in from the faith-based community, particularly when working in a deeply traditional community. Multiple faith-based participants representing community organizations and local churches have joined the coalition. Another strength comes from the involvement of several health systems partners who have come to the table repeatedly to identify solutions to improving access to information and services. In addition, there are several CBO, school leaders, and elected officials involved who are concerned with improving overall adolescent reproductive health outcomes.

Lastly, there are several programs that already exist in the region that could be leveraged to address the larger needs of the community including Nurse Family Partnership, Parents as Teachers, and senior level nursing students from University of Louisiana at Monroe who could be used as health educators.

Opportunities

Build Parent Capacity. There is a clear need to build the capacity of parents to be able to discuss reproductive health with their children. This need was expressed by both adolescents and during Northeast Louisiana Adolescent Health Coalition meetings, where concerns over parental involvement were brought up during every meetings. Research shows that adolescents who felt connected to their parents, and parents who were warm, firm and granted adolescents the right to make decisions were more likely to^{xxx}:

- Delay initiating sexual intercourse
- Report less emotional distress than their peers
- Report less depression and anxiety
- Score higher in self-reliance and self-esteem

In addition to being important reproductive health educators for their children, they can also be important advocates for comprehensive sex education in schools. Nationwide, parental support for school-based comprehensive sex education is overwhelmingly positive. Parents see such courses and content as supplementing, not supplanting, their discussions at home.^{xxxii} Ideally, there would be a parent survey conducted in the community to gather firsthand data and evidence of the particular needs for Ouachita Parish as well as to assess buy-in and opinions on sex education in schools.

Advertising. Great opportunity lies in increased advertising and social marketing aimed at educating young people about available services. The youth informants stated that they were unaware of the names of clinics and where they were, they stated that clinics needed to advertise better through venues such as social media, television, and billboards. As one informant stated, *“Do clinics have commercials? Why don’t they? They should have them on shows or networks teens watch the most.”* They also stated that fliers and pamphlets as well as lectures given by professionals would be a good way to get information around about where and how to access services.

Support Health Care Professional Comfort and Capacity. Health care professionals need further support in order to improve their adolescent friendly services. Very few of the clinics surveyed offered any sort of adolescent-friendly features outlined by the World Health Organization’s national quality standards for adolescent friendly health services.^{xxxiii} In addition to improved services, health care professionals need a mechanism for referrals of care, both to and from their clinics. Ideally these referrals would come from schools, however, referrals from community-based organizations and faith-based organizations are critical as well. Outside of schools these are the most common touchpoints for adolescents to receive referrals to care. Clinics who begin receiving more adolescent clients and see adolescents requesting reproductive health care may be more incentivized to improve the overall components of their clinics that would make them more adolescent-friendly.

Provide Adolescent with Tools to Access Care. Beyond knowing where to access care, youth expressed wanting to know what types of services could be provided to them, questions they could ask a clinician about their health, and an overview around their rights to confidentiality. These are all resources that can potentially be developed to foster adolescent empowerment around accessing healthcare and information.

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