


Integrating Bright Futures into Public Health at the State and Local Levels


**Bright Futures.**
prevention and health promotion for infants, children, adolescents, and their families™

BRIGHT FUTURES

Promoting Healthy Sexual Development and Sexuality

May 18, 2011

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Introduction to Media Site

**Ann Stueck, Infant and Child Nurse Consultant
Bureau of Community Health Promotion (BCHP)
Family Health Section (FHS)**

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Before We Get Started

http://dhs.wisconsin.gov/dph_bfch/MCH/BrightFutures.htm

Remember to complete the evaluation when we are finished. Link can be found on the above website, along with the slides from today's presentation.

If more than one person is at your site, please send one email informing us of how many.

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ASK A QUESTION !!

by using feature at top of speaker screen
anytime during the presentations

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PRESENTERS

Murray L. Katcher, Chief Medical Officer, BCHP
Wisconsin Department of Health Services (DHS)

Paul Grossberg, MD, Clinical Professor Emeritus,
Department of Pediatrics, University of Wisconsin
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PRESENTERS

Megan A. Moreno, MD, MEd, MPH, Faculty,
University of Wisconsin School of Medicine and
Public Health

Megan Lederer, MD, Pediatric Resident, University of
Wisconsin Hospital and Clinics


Millie Jones, MPH, Family Health Clinical Consultant,
Wisconsin Department of Health Services

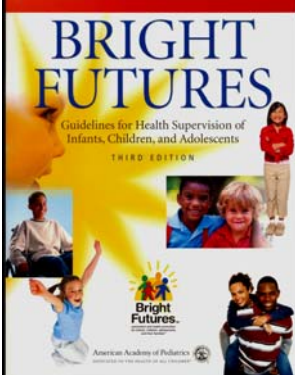
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What Is Bright Futures?




Bright Futures

Bright Futures is a national health care promotion and disease prevention initiative that uses a developmentally-based approach to address children's health needs in the context of family and community.




Bright Futures.

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Bright Futures Guidelines—3rd Edition

Features of special interest to Public Health professionals:

- Revised Periodicity Schedule
- Integrated adaptations throughout for children and youth with special health care needs
- Visit section defines newer, more family- and community-driven, enhanced content for the well care of infants, children, and adolescents in primary care practice
- The 10 Themes have special application to Public Health



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How do the 3rd edition Guidelines differ from previous editions?

- **Structure**
 - Part I—Themes
 - Includes 10 chapters highlighting key health promotion themes
 - Emphasizes “significant challenges”—e.g., mental health and healthy weight
 - Part II—Visits
 - Provides detailed health supervision guidance and anticipatory guidance for 31 age-specific visits
 - Lists 5 priorities for each visit
 - Includes sample questions and discussion topics for parent and child
- **Health Supervision Priorities**
 - Designed to focus visit on most important issues for age of child
 - Anticipatory guidance presented in several ways
 - Include health risks, developmental issues, positive reinforcement



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Wisconsin's Bright Futures Webcasts

http://dhs.wisconsin.gov/dph_bfch/MCH/BrightFutures.htm

Applying the 10 Bright Futures Themes to Public Health

- Promoting Oral Health
- Promoting Safety and Injury (and Violence) Prevention
- Promoting Healthy Weight
- Promoting Healthy Nutrition
- Promoting Physical Activity



Integrating Bright Futures into Public Health at the State and Local Levels

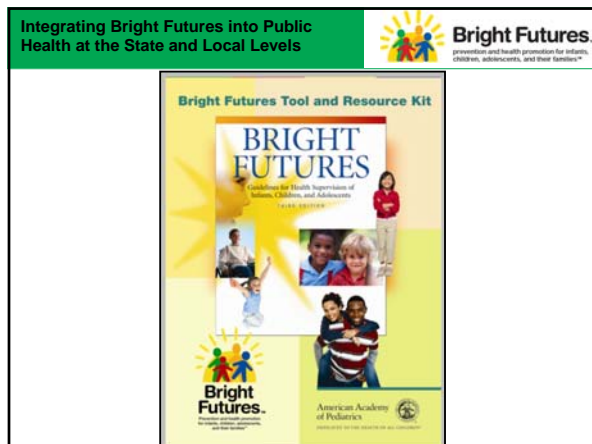

Wisconsin's Bright Futures Webcasts

http://dhs.wisconsin.gov/dph_bfch/MCH/BrightFutures.htm

Applying the 10 Bright Futures Themes to Public Health

- Promoting Family Support
- Promoting Child Development
- Promoting Mental Health
- Promoting Healthy Sexual Development and Sexuality
- Promoting Community Relations and Resources





Wisconsin Division of Public Health
Department of Health Services

**Bright Futures Webcast
May 18, 2011**

**Motivational Interviewing Strategies
in Public Health:
Connecting Adolescent Brain Development
to Drugs, Sex and Rock 'n Roll**

Paul Grossberg, M.D.
Clinical Professor Emeritus
Department of Pediatrics
University of Wisconsin
School of Medicine and Public Health
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See separate PDF file to view
Dr. Paul Grossberg's slides
used in this presentation.

Talking with Teens about Sex

Meg Lederer, MD

Adolescent Sexual History

The Rules:

- Patient must be alone
- Define the rules of the discussion
- Collect information
- Prescribe testing and meds as needed
- Provide support
- Make follow up plan

Patient Must Be Alone

- Let patients and families know at the very start of the visit that it is your clinic's/your own standard to meet with all teens alone for part of the visit
- *"This is an important part of her learning to take responsibility for her own health care"*
- *"If you have specific concerns about _____, I'm happy to meet with you alone for a few minutes of the visit as well."*

Define the Rules of the Discussion

- Normalize it
- *"I'm going to ask you some questions about your life and how decisions you make may affect your health, these are questions I ask all my patients who are your age."*

Define the Rules of the Discussion

- Confidentiality
- *"Before we get started you should know that anything we talk about in the next few minutes is confidential, that means it is information that is not shared with your parents unless you want it to be....."*

Define the Rules of the Discussion

- Confidentiality AND ITS LIMITS
- *"Before we get started you should know that anything we talk about in the next few minutes is confidential, that means it is information that is not shared with your parents unless you want it to be.....with two important exceptions....if you told me that someone was hurting you or you were planning to hurt yourself or someone else I would want to get help for you."*

Define the Rules of the Discussion

- This confidentiality is supported by HIPPA, Wisconsin state minor consent law, Supreme Court decisions, US common law and in statements from every major American medical organization.

Collect Information

- You heard it from Dr. Grossberg! Use motivational interviewing and suspend judgment.
- Leave your own stuff at the door

The Sexual History

Be

- Open
- Respectful
- Professional
- Expressionless
- Comfortable
- Ready for surprises

The Sexual History

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The Sexual History

It's important to be as inclusive as possible and remember:

- Not all patients are heterosexual
- Self-identified heterosexual males may also have same-gender sexual partners
- Self-identified lesbians may still need birth control
- Patients with developmental delays and chronic illness may be sexually active

The Sexual History

It's important to be as inclusive as possible and remember:

- Female adolescents may be engaged in anal sex
- Safe sex might mean different things to you than it does to the teen

The Sexual History

Part of this is assessing risk

- “Have you ever been involved with someone sexually when you didn’t want to be?”
- If yes, you must report



Prescribe Testing and Meds as Needed

- This has everything to do with your situation and the resources available to you but remember this:
- Pregnancy, GC and CT - One pee gets all three!

Provide Support

- Tell the teen what they are doing well:
- If not sexually active :
“I think you are making a great choice by waiting to become sexually active”
- If responsibly sexually active:
“I think you are doing a great job of protecting yourself against pregnancy and STDs.”

Provide Support

If nothing else

- "I'm really glad you felt comfortable talking to me about this topic today."

Follow Up

- Make a plan to see the adolescent again - be a safe place to get advice
- ***New CDC Guidelines: f/u in 3 months for test of re-infection for GC/CT***

Disclosure



Disclosures

These disclosures can happen ANYTIME:

- "Have you ever been sexually involved with someone when you didn't want to be?"
- During discussion about STI testing
- "Is there anything else you'd like to talk about today?"
- As you walk out the door, "Oh, by the way..."

Disclosures



Red flags for potential sexual abuse or assault:

- Unexplained abdominal pain or perineal pain
- Distress during physical or genital exam that seems out of proportion

Disclosures

- If yes, you must report
- STOP
- Take a deep breath
- Compose yourself
- Realize this is a big deal
- Realize you will be late



Disclosures

If yes, you must report

Acknowledge:

- "It must have been difficult for you to share this with me."
- "This must have been a terrible experience"
- It is ok to just listen at first
- It is ok to express emotion
- "I feel" statements

Disclosures

- If yes, you must report
- Obtain more information
 - Who?
 - When?
 - What?
- Is the patient safe to go home today?
- Document, document, document

Disclosures

- If yes, you must report
- Get help
- Get a colleague's assistance
- Get a social workers assistance
- Get help arranging for an exam if needed
- Get help rescheduling or seeing patients

Disclosures

- If yes, you must report
- Help the patient with what will happen next
- How to discuss with parents
- How you can support him or her

One Last Thing...

One Confusing FAQ

- When is it statutory rape? And when do I report?



One Confusing FAQ

- This is complex!
- Use your judgement and common sense
- Ask about alcohol or drug use
- Make a follow-up plan

Thank you

References

- Thanks to Megan Moreno, MD for many of these slides and the basic framework for this talk
- Berlan ED and Bravender T. Confidentiality, consent, and caring for the adolescent patient. Curr Opin Pediatr 21:450-456.
- Garofalo, R and Forcier, M. Adolescent Sexuality. UpToDate, 2011.

Adolescent Health and Social Networking Sites: New Opportunities and New Challenges

*Megan A. Moreno, MD, MEd, MPH
University of Wisconsin-Madison
Assistant Professor
Department of Pediatrics
Adolescent Medicine Section*

Overview

- SNSs: Popular, beneficial and risky
- Health displays on SNSs:
 - Meaning to teens
 - Potential impact on teens
- Challenges and opportunities

SNSs:
Popular, beneficial and
risky too



Popular

- Social networking sites
 - 73% of teens
 - 90-95% of college students
 - 40% adults over 30



Why so popular?

- Adolescent development
 - Independence
 - Peer group involvement
 - Identity exploration



SNSs: Benefits and Risks

- Exposure to new viewpoints
- Open access
 - No cost
 - Everyone welcome
- Peer group for “weird kids”
- Long-distance friendships
- Organize events and opportunities



SNSs: Benefits and Risks

- Little supervision
- No moderator
- No accountability
- Time sink
- Personal information displayed globally and permanently



What health behaviors do
teens display on SNSs?

What health risk behaviors do
teens display on MySpace?

500 public MySpace profiles of 18-year-olds

– Substance use 41%

- Alcohol 37%
- Tobacco 13%
- Drugs 10%

– Sex 24%

– Violence 14%

– Any of these 54%

Moreno MA, Parks MR, Zimmerman FJ, Brito TE, Christakis DA. Adolescents' Display of Health Risk Behaviors on MySpace: Prevalence and Associations. Archives of Pediatrics and Adolescent Medicine. 2008;163:35-41.

Category of reference	Example from Web profile
Sexual behavior	Listed "sex" as a hobby
Alcohol use	"Friday night I drank until I pissed 80 proof."
Tobacco use	Answered survey question "how do you deal with stress?" with "Cigarettes, man"
Drug use	"My favorite Friday night date is Mary Jane."
Violence	"And if you think you're a playa I'll kick your ass."

What health risk behaviors do teens display on SNSs?
300 public Facebook profiles of 18-year-olds

Health risk behavior references

- Substance use 76%
 - Alcohol 73%
 - Tobacco 9%
 - Drugs 18%
- Sex 24%
- Wanting to quit 0.6%

What health risk behaviors do teens display on SNSs?
300 public Facebook profiles of 18-year-olds

Health references

- Depressive symptoms 26.1%
- Chronic illness 4%
 - Endometriosis, allergies, migraines
- Weight concerns 6.4%

Depression references	Annie is so depressed, why does life have to be so hard?
	Mike is ready to drink away his tears

Summary

- Adolescents display a great deal of health related information on SNSs, some of which is:
 - Risky
 - Illegal
 - Stigmatizing
 - Personal
 - Private
 - Important

Health displays on SNSs

What do they mean to the profile owner?



What do these references mean
to the profile owner?

- Consideration of behavior
- Engagement in behavior
- Boasting, bragging about nonsense

What do these references mean
to the profile owner?

- Displayed alcohol on social networking sites



Conclusion

- Display of intoxication/problem drinking references on SNSs is positively associated with being at-risk for problem drinking, compared to Non-Displayers and Alcohol Displayers

Health displays on SNSs

What do they mean to the viewer?



What do these references mean to the viewer?

- Younger teens and alcohol
 - *“If a guy puts alcohol on his MySpace, you can’t really say it isn’t true”*

What do these references mean to the viewer?

- Male college students and sex
 - *“To me, [sexual reference display] means sexual activity is around the corner”*
 - *“If she’s willing to put it up on Facebook, why wouldn’t she be willing to give it to me in person?”*

Challenges and opportunities



Challenges

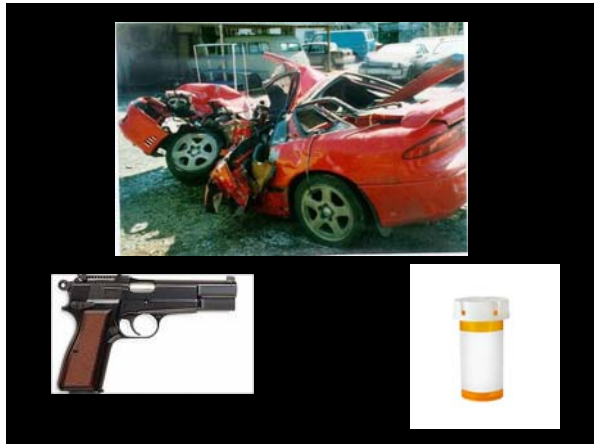
- How can we promote safe SNS use among adolescents?
- How can we utilize information displayed on SNSs in a way that is acceptable, ethical and practical?



Opportunities

- Health care providers can encourage parents to use media as a “safe” venue to talk with children about these issues
- SNSs may offer a new venue to promote healthy messages



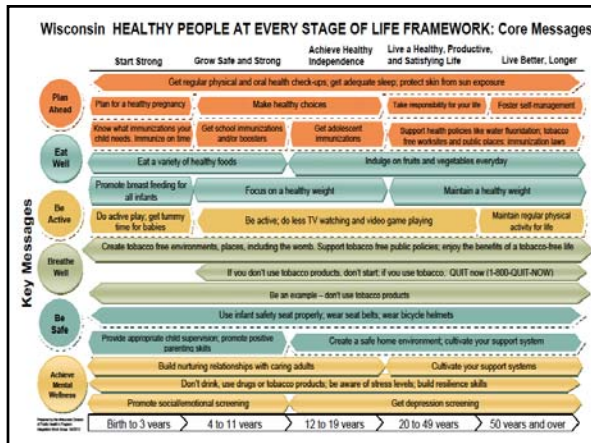


Precursors to M and M

- Health risk behaviors
 - Risky sexual activity
 - Substance use
- Comorbidities
 - Depression







Identifying a Reproductive Life Plan:

- Do you hope to have any (more) children?
- How many children do you hope to have?
- How long do you plan to wait until you (next) become pregnant?
- What do you plan to do until you are ready to get pregnant?
- What can I do today to help you achieve your plan?

Questions taken from a presentation by Merry-K Moos at the Preconception Health and Health Care conference, October 2007



Resources

- www.citymatch.org/lifecoursetoolbox
- www.managingcontraception.com
- Life course materials can be found at the Key Concepts link found at:
<http://www.dhs.wisconsin.gov/health/mch/EarlyChildhoodSystems/index.htm>



Healthiest Wisconsin 2020

Objective 2 Reproductive and Sexual Health

By 2020, establish a norm of sexual health and reproductive justice across the life span as fundamental to the health of the public.

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Time for Questions

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COMPLETE EVALUATIONS:

http://dhs.wisconsin.gov/dph_bfch/MCH/BrightFutures.htm

THANK YOU!!
