

GETTING TAKEN CARE OF: CONNECTING YOUTH TO CLINICAL SERVICES – WEBINAR TRANSCRIPT

SPEAKER: The broadcast is now starting. All attendees are in listen only mode.

MS. JAE'MIE HUGHES: Good afternoon, everyone. I'm Jae'mie Hughes and I'd like to welcome all of you to Getting Taken Care of: Connecting Youth to Clinical Services Webinar. Before we begin the presentation, I'd like to quickly review a few administrative items and let you know how you can participate in today's web event.

All participants should be able to hear the audio and view the presentation slides. You may participate in today's webinar by accessing the microphone and speaker functions through your computer or by using the toll free option. This information may be found in the go to webinar interface in the control panel on the right side of your computer screen.

I'd like for everyone to quickly turn your attention to the go to webinar attendees' interface which is made up of two parts. The viewer window on the left, which allows you to see everything the presenter will share on their screen, and the control panel on the right.

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And if access is still unable to be gained, please check your email inbox for updates regarding rescheduling of this webinar event. We will now begin the webinar presentation. And thank you everyone for attending.

MS. ALEXANDRA EISLER: Excellent. Thank you very much, Jae'Mie. Welcome to the webinar Getting Taken Care of: Connecting Youth to Clinical Service. And we're excited that you've all been able to join us today on this beautiful Friday afternoon. So we'll go ahead and get started.

My name is Alex Eisler and I work for Healthy Teen Network. I'm a trained technical assistance manager working on various federal projects, just like this one today sponsoring this webinar. And I've been doing training technical assistance for several years at the local, state and national level. And I'm here with my colleague Becky Griesse from The National Campaign. And I'll go ahead and let her introduce herself as well.

MS. BECKY GRIESSE: Good afternoon, everyone. This is Becky Griesse. I am Senior Manager of State Support at The National Campaign to Prevent Teen and Unplanned

Pregnancy. I provide technical assistance and training to a variety of state and local partners on topics related to sexual health and reproductive health. And I'm excited to be here to take you on this journey.

MS. ALEXANDRA EISLER: Excellent. Thank you, Becky. And Marissa is also on the line as well from RTI and I'll let her go ahead and introduce herself for a moment as well.

MS. MARISSA GREMINGER: Good afternoon. This is Marissa Greminger. And as Alex mentioned, I work for RTI International. And I oversee all of the off-site training products, such as webinars, tip sheets, the updates and cluster calls. I'm really looking forward to this webinar and I'm going to be assisting Becky and Alex with all of the questions that you contribute through the checkbox. So you're going to hear my voice pop in and out as I indicate to Alex and Becky when you do have questions. Thank you.

MS. ALEXANDRA EISLER: Thanks, Marissa. So like Marissa said, you'll only hear from her periodically. But throughout the webinar, just as Jae'mie said, we'll be using polls. We'll be using chats. And because we do have a lot of people on the webinar today, though you do have the ability to raise your hand and ask questions verbally, in order to best reach our questions, it might be more efficient to type your questions into the chat box and we'll be reviewing those periodically. So, if you have any questions that come up, please do put them in and we will get to your questions as quickly as we can.

Just as kind of a side note, it is a celebration here in Baltimore where I am right now. The Blue Angels have been running exercises over my office periodically. So if you hear something that sounds like a train coming through a tunnel, everything is okay. It is just

these airplanes flying overhead and I don't know how often they're going to be coming. So my apologies in advance if they make an appearance during our webinar.

So that said, we'll go ahead and get started. And our focusing objective today is that your mission, should you choose to accept it, is to find quality, youth-friendly ways to make sure the teens that you work with can connect with a clinician.

And what that means is that during the course of this webinar, we're hoping you'll walk away with the skills to identify at least three services that youth can access as part of the Affordable Care Act, or the ACA as we'll be referring to it for the remainder of the webinar, identify at least three characteristics of teen-friendly clinical services and describe at least one way your programming can link teens to clinical care. So what services the ACA can provide, three characteristics of youth-friendly services and find one way that you can make connections for the young people that you serve.

So if that all sounds good, I'd like to take a moment to give a big thank you to FYSB for making this webinar possible through the PREP project, the Personal Responsibility Education Program project. So, thank you very much. We appreciate it.

So before we get too deeply into the weeds of it, I'll go ahead and launch a quick poll to get you warmed up. So go ahead and launch that poll. So what best describes how you felt about going to the doctor when you were a teen? So go ahead and vote away. I'll give you just a moment. Was it something that you were curious about? Did you see going to the doctor as a necessary evil? Is it a rite of passage? Or did you feel some

other way about it? About 75 percent of you voted. Go ahead get your last ones in there. I'll close the poll in five, four, three, two, one. So I'll go ahead and close the poll.

Here are the results review. So, 18 percent of you said it was something that you were curious about. So almost one in five of you. Forty-two percent saw so it as a necessary evil. Eighteen percent saw it as a rite of passage. And almost a quarter of you, 23 percent, felt some other way about it. So thank you for sharing. We appreciate it. We'll go ahead and hide those results now and keep on moving.

So, we're going to get started with Getting Taken Care Of and Connecting Teens To Clinical Services. So one of the things to think about is that it's critical for adolescents to begin taking care of their health, not only to build a habit of seeking care well into adulthood, but also to manage their sexual reproductive health care needs as they become relevant. For some teens, they may not yet be relevant. And for others, they may be very much front and center in their lives. So our ability to make sure they get connected with these services, much like when we all were teens, is a really big deal.

So we're going to go ahead and we're going to explore this concept through a case study. We have James and Julia here. James and Julia are two teens who know that they should seek care, but they feel a little lost about what kind of care they should get and how they should get it. Julia is on her parents' private insurance and James' family uses Medicaid. They got the same school and they live in the same neighborhood.

So we're going to go ahead and follow the two of them through their journey to learn more about what kind of services they can get. So setting the stage here, why is it

important to link teens to clinical services? And so most of us, or a lot of us on the line anyway, are often offering some sort of service like sex ed or youth development programming. And while this is really good service to offer to teens, it's not quite enough to connect them to the care and that coverage that they might need.

And so what we see is that adolescents need to learn (1) how to access healthcare in general. And we also need to make sure that they know that the ACA, or again, the Affordable Care Act, makes accessing care easier than before with a broad range of coverage and more services that are available to them, often without a copay.

So we're going to go ahead and get us warmed up. So I'm going to launch this poll in just a second here. Regarding their sexual and reproductive health, assessments indicate teens like Julia and James most often say that they:

Don't know where they can go for contraception and reproductive health care.

Don't know what services are available to them.

Don't know what their rights are to access contraception and reproductive health care.

Or all of the above.

We've got a lot of folks voting. I'm just going to give you a few more seconds. Five, four, three, two, one. I'm going to go ahead and close the poll and share with you the results of what you all said.

So regarding the sex and reproductive health, assessments indicate that teens like Julia and James most often say that they: all of the above. They don't know where to go to get this kind of care. They're not really sure what services are available to them and they don't actually have a good sense of their right to access this care.

So, for those of you that said all of the above, you are absolutely correct. So this is why it's really important to see our jobs as making sure they know what kind of care they can get. It's one for us to say go take care of yourself. It's another thing to bridge that gap. So you'll see a few things for the bridge moment in just a moment.

So again, this is a Call to Action. Frontline staff and service providers, you all can inform youth about the care that they are eligible to receive and also make sure that they get it from providers who are youth-friendly. So your role can be two-fold. So you can make sure they know about their rights to seek care. They can know about the information on what contraception and testing is available at other clinical services and the resources on where and how to find a youth-friendly clinic. Actually, I guess that's three-fold. And so this is our Call to Action. We ask you to consider this in your work with youth.

Oh, and something I had actually meant to mention before we got started and slipped my mind is that the platform that we're using today to show visuals is unfamiliar to you. We're actually using something called PREZY and it's called a zooming presentation platform. And so we hope that you like it. We hope that it's not too unfamiliar. And it will be archived so that if you're interested in navigating it yourself at a later time, you can. So I apologize I didn't mention that sooner.

So I'm going to quickly check to see if there are any questions at this time. Marissa, do you have any questions in the cue for us yet?

MS. MARISSA: The only two questions that I have received are about whether the presentation will be archived or the slides will be sent out and the answer is yes. They are going to be archived and put on the Communities of Practice website and on the FYSB website. And I can distribute the slides again after this webinar.

MS. ALEXANDRA EISLER: Thank you, Marissa. So we we'll continue on. So as we've been talking about the Affordable Care Act or the ACA, let's find out what kinds of services James and Julia can access. And so one of the major pieces of the ACA is that there are what they call ten essential health benefits. And these are benefits that require no copay. I have a list here of these various benefits. I'm going to give you a moment to read over them.

Okay. I hope you had a moment to just give that a once over. And you'll see that they cover all sorts of different kinds of healthcare needs. And there are a few here that we see as relating very specifically to our focus today which is sexual reproductive healthcare. So those ones you can see bolded, the first one being prescription drugs which may be useful for treatment of infection or also for contraception or other needs relating to prescription drugs.

Laboratory services, again relating to testing and other sorts of sexual health issues.

The preventive and wellness services and chronic disease management, which may relate to wellness, Pap smears, that sort of thing.

And then pediatric services, including oral and vision care, which is similar to preventive and wellness. These are services for younger patients in that same vein.

So you can see this list on the healthcare.gov website as well and these are some of the services. So will note, however, that there are other services on here that may not be specifically related to sexual health, but may often play a role in a young person's sexual reproductive health development, like mental health services, substance use and abuse services, maybe maternity and newborn care. These all may also be relevant depending on the needs of the young people that you serve. So as you can see, these health benefits really will play a pretty critical role in helping the young people that we serve be able to seek the care that they need.

So let me go ahead and take us to one more poll event. So based on what I just told you, I'm going to launch this poll. So James and Julia are interested in getting services, just like we talked about. Which of the following do you think they can access via the Affordable Care Act without a copay? I'll go ahead and launch this poll here. So based on their interest in receiving care, what of the following do you think that they can access: STI screen, birth control, the HPV vaccine, or all of the above? Go ahead and get your votes in. Almost half of you voted. Three quarters of you in there.

I want to go ahead and close the poll. There are the results. So, it's sort of a slam-dunk. Because I just talked about a lot of the services that you can get under the youth

essential services or essential health benefits, excuse me. And so 91 percent of you said all of the above, STI screening, birth control, and the HPV vaccine, which is absolutely correct.

There are some factors you want to keep in mind depending on where you're located and what the policies are in that area say. But the HPV vaccine maybe subject to parental notification laws, as well as actually some of the other pieces in this list as well. So you want to make sure that you're up to speed on your location's particular parameters as far as what the law says and policies, that kind of thing. But yeah, under ACA generally speaking, all of the above are available. I'm going to go ahead and hide those.

MS. MARISSA: Alex, this is Marissa. We have a question from Doug Keith wondering if you happen to know when the age of pediatric care ends.

MS. ALEXANDRA EISLER: That's a great question. I am not sure to be honest if it relates to turning eighteen. Or Becky, do you happen to know since you're on the line with me?

MS. BECKY GRIESSE: No, unfortunately I'm not sure with the age cutoff is for that.

MS. ALEXANDRA EISLER: That's a great question, Doug. Marissa, can we commit to finding out and maybe sharing in some other way?

MS. MARISSA: Yes, we certainly can do that.

MS. ALEXANDRA EISLER: Let me make a note real fast. Doug, thank you for your question.

That is really helpful. Okay. Were there any other questions Marissa?

MS. MARISSA: We just got a response from Ebony who says that the age is twenty-one.

MS. ALEXANDRA EISLER: Oh, that's helpful. Thank you, Ebony. All right. There you have it.

Ask and you shall receive. excellent. The age when pediatric care ends is age twenty-one. Thank you for that, Ebony. We appreciate it.

All right. So continuing right along folks. Specifically sexual and reproductive services for adolescents include, under ACA, cervical dysplasia screening, HIV screening, HPV vaccine, STI prevention counseling and screening, cervical cancer screening and contraception, as well as wellness visits. I'm going to give you a moment to just look that over. There are a few qualifiers under ACA that I've mentioned just after the topic in brackets. Some of these are better defined than others in the actual law, but it's helpful to know, for example, that cervical dysplasia screening is covered for sexually active females. HIV screening for people ages 15 to 65 or other adolescents at higher risk. So I'll give you just a moment to give that a read over as we share that. But those are very specific sexual reproductive health services available for adolescents under the Affordable Care Act.

So as you look at that, remembering also when we looked at the essential health benefits, that there are also several other things that are covered that may relate to all of these, including mental health, substance abuse and even things like domestic violence, care and counseling, that may be very relevant to the population that you serve.

So we're going to do one more poll. So thinking about health insurance and the ACA. So we're going to switch gears a little bit. So, Julia feels okay about finding a provider so far, given what we just told her. And Jameson knows it's important, but wants to know more about youth-friendly clinics. Which of the following is not a characteristic of youth-friendly services?

Offering clear information about patient's rights to confidentiality.

Open at convenient times and may offer walk-in hours.

Explain information in simple language and answer questions.

Will not send explanation of benefits (EOBs) to family/policyholder.

So which one is not? I'll go ahead and launch the poll. Go ahead and answer that. Which is not characteristic of youth-friendly services? So if James wants to know more about youth-friendly clinics, which would you tell him is not a characteristic? About 70 percent of you voting just now. So I'm going to go ahead and close the poll and share the results.

So, as we go over these results, I should have said when I started this poll that we're switching gears from the kinds of care young people can access and we're switching gears over to the quality of care they can access. And when we think about offering care

to young people, we really think of youth-friendly services as the top tier of the kind of care we can give them. That way it's most appropriate for their needs.

So here we're asking which is not a characteristic? And the answer is the last one. A provider will not send an explanation of benefits to a family or policyholder. And what that means is it's a highly subjective -- well, not subjective, but it varies by insurance company to insurance company and policy.

So we can't guarantee that an EOB won't be sent home to a young person's family or policyholder. If the young person is worried about that, the best thing that they can do is to contact their health insurance company if they have a policy and ask them how they handle it, and if there's a way to send an explanation of benefits to the patient rather than the policyholder, if that's possible. It may or may not be, depending on the kind of services that they get.

But the other three that we see there, offering clear information about patient's right to confidentiality, open at convenient times and offering walk-in hours, and explaining information in simple language and answering questions, so avoiding jargon and really technical terms and sort of thing. Those three are all part of youth-friendly services.

So I'm going to hide that poll. So we should all be back here. I want to just quickly check in with Marissa. Are there any questions or comments that anyone has at this point in time?

MS. MARISSA GREMINGER: We do have one question. It says I thought that cervical cancer screenings and cervical dysplasia screenings should not be done until the age of twenty-one. Do you have any input from the presenters?

MS. ALEXANDRA EISLER: So, my understanding, I'm not a clinician, but my understanding is that it will vary. There's a standard of when they usually start. But if somebody is at higher risk or their history would indicate that it's necessary, that they could offer those for younger patients based on their needs. Is there anyone else who knows? But that is my understanding. Who else can back me up or have another thought about it?

MS. BECKY GRIESSE: This is Becky. I believe you are correct. I know that the recommendation more recent is the starting at age twenty-one as opposed to earlier. But I think if there are clear indications that a patient needs to be checked before then, that they might do that.

MS. ALEXANDRA EISLER: Thank you, Becky. So I hope that helps for the person that asked. Were there any other questions, Marissa?

MS. MARISSA GREMINGER: That's it.

MS. ALEXANDRA EISLER: Good stuff. All right. So I'm going to go ahead and hand this over to Becky. Bear with me for just a moment, I am going to hand the screen over to my co-presenter, Becky Griesse, from The National Campaign. Becky, can you confirm for me that you are now the presenter?

MS. BECKY GRIESSE: I think I am.

MS. ALEXANDRA EISLER: It looks like you are.

MS. BECKY GRIESSE: Oh, great. All right. Let me get this started. Well, good afternoon everyone. I'm going to continue with you all, taking you through a little bit more specifics on the characteristics that Alex already mentioned as far as youth friendliness goes and also show you some ways to link youth with clinical services.

So to begin with, when you think about characteristics of clinics that you want to send youth like Julia and James to, one is confidentiality which we already mentioned. The teen should receive clear information about their rights, according to state laws, of course, and the clinics should follow those state laws.

Billing procedures should maintain teen confidentiality. But if the clinic is not able to guarantee that or is aware that the insurance maybe wanting to send home an EOB, then they should advise the teen of that and then provide alternative options or referrals to other clinics.

Another characteristic would be privacy. The provider should have counseling and exam spaces that offer both visual and auditory privacy. And teen patients should have time alone with the provider at every visit to discuss topics like sexual and reproductive health. So that if the a parent is with the teen, that there would be time set aside just to have the provider talk with the patient, the teen. And also, the clinic should refrain from

discussing patient information in common areas. And medical records, of course, should be kept secure.

Another characteristic would be consent. And in this case, teens should receive clear and understandable information about informed consent, give permission to receive care related to contraception and reproductive health. They should also receive confidential contraceptive and reproductive care without parental consent as long as that follows the state laws. So be sure to know what your state laws are and the minor's rights are for accessing sexual and reproductive health.

As far as accessibility goes, services should be provided at a time of day that is convenient for teens. So, if a teen is spending all day in school from 8:00 to 2:00 and that is the only time the clinic is open, that's not very convenient. So making sure that the clinics you are sending teens to or youth to have some nontraditional hours, so after school, evenings or weekends, and that they're able to get there easily. So that they don't have to have a car. Maybe they can take public transit or walk there.

Another characteristic would be that they provide culturally and linguistically appropriate care. So providers deliver care in a culturally competent way that leaves patients feeling respected and engaged in their care. That it's provided in a way that meets the needs of biological, cognitive and psychosocial needs, and that conversations are a two-way street between the provider and the patient, and not just the provider talking to the patient.

Another characteristic would be offering a full range of contraception and sexual and reproductive services for teens. So they can receive the care, including contraception, testing for sexually transmitted infections or HIV, counseling about these services. This would include all methods of contraception, discussion about dual protection, using condoms and other birth control methods and access to vaccinations, like the HPV vaccination we just mentioned.

This would also include a quick start contraception. No pelvic exam is required for female patients and access to emergency contraception for both males and females, as well as STI and HIV testing.

As Alex mentioned earlier, making sure that you are able to refer youth if you do not provide the services in-house to mental health, substance abuse, violence and other health concerns, making sure those are available.

And last, another characteristic of youth-friendly would be having parent and guardian involvement. So informing parents about clinical procedures for clinicians to consult with teen patients alone and making sure they understand that and why that's important. Encouraging parents to be involved in teen healthcare decisions and also giving medically accurate information and encouraged to have open and honest communication with their teen about sexual and reproductive health.

So those are just some characteristics. Another one would be promoting youth participation in the work of the clinic. So that might be consulting with teens and developing new programs, implementing programs or providing feedback about the

services that they and their peers are having. This can help increase a sense of ownership of the program by youth and increase mutual respect between the providers, the staff and the youth clients.

There may be some additional barriers that teens in rural areas may experience as opposed to teens in more urban or suburban areas. And that maybe related to confidentiality being in a small town and being concerned about who the teen maybe concerned that the people that work at the clinic or who are running the front desk maybe relatives or friends and may somehow get the information back to their parents. Or there may not be a lot of clinics in the area and you would need a car or some other way to access that clinic. So these are just things to keep in mind as you are finding where to send youth to.

I also wanted to share the CDC's Division of Reproductive Health infographic on a teen-friendly reproductive health visit. So this walks you through some basics of teen-friendly care and also what the teen should expect throughout their visit.

So now James and Julia, we're back to them, and they're feeling pretty good about what services that they can seek out. They know about what kind of clinics, youth-friendly clinics, they can go to. So how do we actually get them to those clinics? So I want to take just a brief moment and see if there are any questions that have come up. Marissa, has anything come up?

MS. MARISSA GREMINGER: We had one question from Joan and Alex was able to answer it. And she wanted clarification on the statements on sending EOB's to teens' families. And

just for folks who aren't watching the chat discussion, Alex, would you mind articulating what you let Joan know about the EOBs?

MS. ALEXANDRA EISLER: Yes, so to clarify about the explanation of benefits or the EOBs is that if a teen is worried about an EOB being sent to their family, then they want to use their insurance company. So those two things are at play. They need to contact the insurance company and ask them what their policy is, and if there's a way to send the EOB to the patient rather than the policyholder. The problem is there's no hard and fast rule about that. It really is based on the insurance company's policy about handling those requests. And so if a young person is concerned about it, they should ask and find out how that particular insurance company will handle those kinds of requests.

So I hope that helps. And then actually someone, who was it? It was Dina had mentioned that Title X clinics can offer confidential services where parents will not be notified. And that is absolutely true. That just means that we as providers need to make sure that the teens we serve know how to seek out a Title X clinic because not every clinic is a Title X clinic. Thank you, Joan, for that question and Dina for your follow-up. We really appreciate it.

MS. BECKY GRIESSE: Great. Thank you so much. So let's keep following Julia and James on their journey. But we're going to talk about how to actually connect youth now to the care that they are looking for. But before we look at a few tips, take a minute and use the chat box to tell us how you are linking youth to clinical care in your community. And once we get those responses, I'll share those with you. All right. We have through school-based clinics, school-based health centers and family resource centers. Some have teen

text message lines which we'll talk about some other ones as well, providing HIV testing to all teens we work with, have referrals and information, a lot of school-based health clinics. So thank you all for sharing some of those ideas.

Now let's take a look at some other ones, and I'm also going to be sharing with you some websites and showing you some screenshots of ones that you can use in your communities as well. I'll be going back and forth between websites and when I have the full screen, it doesn't quite work as well.

So some first tips on connecting care would be to select programs that already have activities linking students or youth to clinical care. So one example would be Reducing the Risk curriculum has a clinic visit as part of it. Another thing you can do is adapt programs to include care seeking activities. So perhaps you take a field trip to a clinic, you investigate with the youth clinical services and what they offer or you bring a provider into the program to share information about their clinic.

Some other ways are to integrate lessons or resources into what you're doing to help demonstrate the value and ease of seeking service. One example of that is to keep it simple. Here is just a screenshot of this lesson and it was developed by Healthy Teen Network and CII. And it's a 45 minute lesson that addresses the gaps in knowledge about access to care, about minor rates, services and contraception available and locations. So you can include this lesson into work that you are already doing.

You can also promote websites that have clinical caterers and text reminders. Let me just show you a couple of examples. If somebody wants to chat in real quick a zip code, I can show you how the stateteen.org zip code or rather Health Center location works.

So right here, 03101. I enter that. And this has pulled up three health centers that are within this zip code. So it provides an opportunity for youth to get directions here, to visit the website of the clinic. And this is a national website that is geared towards young teens so they can also find a bunch of other information on here about sexual and reproductive health, play videos and interact with other teens as well.

Another example would be The Playbook. This was developed in North Carolina for Gaston County. And on the screen, you should be able to see some of the characteristics that they require the doctors' offices to have for their clinic to be on this list. So as you can see, confidentiality, time and care, quality and knowledge and a positive outlook, and that they provide access to birth control for free or at low cost.

So from there, you can then find, either by ZIP code or by looking at this list on your screen, some health centers that are nearby that have been approved by the The Playbook.

SPEAKER: Becky, if I can add in, it's really useful what they did for The Playbook. It was APPCCMC out of North Carolina. They took the work out of young people figuring out which is a teen friendly clinic and only picked folks that really met all the criteria that we talked about earlier for what a youth-friendly service provider actually does. So super useful.

MS. BECKY GRIESSE: Yes, thank you for mentioning that. And also, we'll look in a second at teens in NYC or from New York City, that they also provide criteria that a clinic has to meet before they are put on the clinical list. But we'll get to that one in a second.

We can also encourage clinical providers to use patient reminders. So, one example is bedside providers. This is a service through The National Campaign. And providers can come on and sign up. It's free of charge. And they can then connect their patient with a variety of reminders to help them with their sexual and reproductive health. So it can be birth control reminders, appointment reminders, refills for prescriptions, as well as free test reminders for chlamydia and gonorrhea.

Another thing providers can do on here is check to make sure that they're on the clinic locator that is provided on bedside. And if they are not for some reason, they can submit their information and get listed on the where to get it on bedside.

Another point to point out is that the provider does not necessarily want to sign up for this, they can still connect youth with other reminder systems. So they can connect them to other apps that are available to connect youth with reminders about birth control or about STI or STD testing. So connecting youth with those services is something else providers can do.

It's also important that providers and other youth-serving organizations have a media presence on some of the social media platforms such as Facebook or Snapchat or

Instagram. Some of these are widely used by youth and a way to connect youth with the services you provide.

You can also establish a collaboration between clinical providers and school health personnel making sure everyone is aware of each other and providing referral sources for students that may come into the health clinic at school.

Another resource would be mobile apps. So some communities have created their own mobile app. GCAPP, the Georgia Campaign for Adolescent Power and Potential created gPower. And it's an app available for youth to download through the Google Play or through iTunes. And this app provides youth with information about sexual health services that are close to them, and also provides them an opportunity to call directly from their phones or to review. They can find out maybe some birth control methods that would be appropriate for them and what their rights are in Georgia. gPower also has the ability to have birth control reminders as well as appointment reminders.

Another app that's great is Teens at NYC. This is similar to gPower in that it provides information about where to go, what to get and what to expect. And also provides information about the specific birth control methods, videos about what to expect when you visit a clinic and then information about how they have selected the clinics that are on that.

Another way to connect youth with clinical care would be through local websites. We just showed you the playbook in North Carolina. So that was developed by and for teens to get information about a variety of sexual and reproductive health. You see at the top

they can get information about birth control. They can ask questions, find out about their rights, and how to talk about sexual and reproductive health.

Another example is from Colorado. And this is geared towards older teens, but it's trying to normalize the conversation about sexual and reproductive health. It was a lot of input from youth in creating this site. You can find a health center nearby where emergency contraception is. And it's a great way for youth to find out more information about locally in their state and environment.

And then lastly, another suggestion is to engage youth in creative ways through music, theater arts, promote social norms or increase teens' perceptions of risk. So these are just some examples of ways that you can connect youth or bridge the gap between services and care for youth. And now we're excited because Julia and James are all set. They know what kind of services they can get. They know where to go and what to expect. So as we see here, they are at the clinic and ready to go.

Really briefly, we have a couple of websites to get more information about healthcare, information about the ACA, as well as information about youth accessing teen friendly services. So now I think we're going to open it up to some more questions and answers. So I'm going to turn it over to Marissa to help guide us through.

MS. MARISSA GREMINGER: Thank you Becky. So one of the questions that we received was -- is it Juanita? I hope I'm pronouncing your name correctly. The question is what about peer educators? How effective are they?

MS. ALEXANDRA EISLER: Well, peer educators would be one way from one of the characteristics of youth-friendly services to get youth involved in the actual clinic. I think there's some mixed evidence on the effectiveness of peer educators. So I can't really speak to if they are or are not effective. I don't know, Alex, if you have any thoughts on that.

MS. ALEXANDRA EISLER: Yes, my understanding also is that it's been sort of mixed depending on which studies you look at. But as far as driving youth to clinical service, I think that there's a lot of variables at play. So I can't give a concrete answer just like you said. It certainly doesn't hurt so long as you're well training your peer educators to be knowledgeable and have accurate information at their disposal. I mean, it's not a bad thing. But as far as the research goes, I can't speak to a definitive yes or no that they are very or aren't very effective at driving youth to seek those services. Sorry I don't have a more definitive answer, Juanita. Sorry about that.

MS. MARISSA GREMINGER: We have another question. This is from Alicia. She asks can you share the additional links like Stay Teen, et cetera, in an email? I don't see them on the slide presentation.

MS. ALEXANDRA EISLER: I think we would be happy to. Is that something that you would be able to send out, Marissa?

MS. MARISSA GREMINGER: I certainly can. So I will get all of the websites that Becky just demonstrated. And I'm going to be sending the slides out again because we did have some additional registrants. And so I will send the webinar slides back out later after this webinar and I will include with that the URLs for all the links that Becky shared.

And another question we have is from Arlene. She says on stateteen.org, how can we get them to put us on their site as a teen school-based center? I just checked and our school-based clinics, which there are three of them, are not on it. And one of the four clinics has the wrong info.

MS. ALEXANDRA EISLER: That is great information to share with us. Maybe in the email, Marissa, that you send out, I can provide a link for people that they can fill out to and put their health center into the locator, as well as to contact me or one of my coworkers as far as incorrect information. Thank you.

MS. BECKY GRIESSE: Yes, that's a great idea, okay. So we've got another question. It's from Carlotta. Where to find essays on effectiveness of all the presented suggestions and recommendations?

MS. ALEXANDRA EISLER: Becky, I can answer. So to my knowledge, this particular topic of taking teens and getting them to go to a clinic is not, to my knowledge, and someone may know more than I do, and if you know, please speak up. But it's not especially well researched in that there's a database that says these are the studies that showed what did and did not work. You can look at some studies, and you'd really just have to do a library search for research articles. I don't know that there's a list the way that there's a list of evidence based interventions. I'm not aware of something like that for these kinds of clinical practices.

And so you can look at different research articles about clinics and how they drove youth to seek their services. But I'm not aware of like a specific you can go here and find pretty much everything you need. Becky or Marissa or anyone else on the line, are you aware of anything that I'm not?

MS. MARISSA GREMINGER: No, I'm not.

MS. BECKY GRIESSE: No, I'm not either.

MS. ALEXANDRA EISLER: So if somebody wants to put that together so that we can all have a clearinghouse of this kind of research, that would be wonderful. Marissa, is there any other questions?

MS. MARISSA GREMINGER: I don't see any other questions, but I certainly invite attendees to type in any questions that they have.

MS. ALEXANDRA EISLER: I'll give you just a moment there.

MS. MARISSA GREMINGER: So, we do have a question from Sarah. Would you recommend a separate teen health clinic from a pediatric clinic?

MS. ALEXANDRA EISLER: Yes, there is some research that shows that – and you can look into the characteristics of youth-friendly services, and within those characteristics are making the services appealing to that particular age group of teens.

So if a pediatric clinic say is crawling with babies and has lots of toys and things and that sort of thing and has that much younger feel to it, that would be off-putting to an older teen or an adolescent. And so if at all possible, to have a clinic that feels more age-appropriate for that group or a waiting room for them or something like that, that makes them feel that these services are for you that can be very useful in making adolescents feel more comfortable seeking out services at that location.

MS. MARISSA GREMINGER: And Sarah follows up with another question and asks where can she find the research that you were just speaking about?

MS. ALEXANDRA EISLER: So there are a few different places that you can find information on youth-friendly services. The CDC Division of Reproductive Health, where you saw that infographics that Becky just talked about, they had some information there. Advocates for youth as well as if you look on their website, they have information about what makes youth friendly services.

There are a few other heavy hitters on youth-friendly services that in this moment are escaping me. I know CAI is a really excellent report on what the services are. And we at Healthy Teen Network have resources. I don't believe they're posted on our website at this time. So if you're interested in that from us, you'd have to contact us directly. Although, we are updating our website soon. Becky, are there other places that you can think of?

MS. BECKY GRIESSE: The link that's on the screen right now, at least I think it's still on the screen right now, the second link at the bottom also is a resource article that talks about youth-friendly services.

MS. ALEXANDRA EISLER: Oh, that's true. It is. And it is still up, Becky. I can see it.

MS. MARISSA GREMINGER: We have a question from Melanie. She says based on my role in working with teens and their attitudes and ideas about sex and sexual behavior, where can I find statistical data, i.e. pregnancy, STDs, poverty rate, based on teen pregnancy, et cetera, on one site to share with teens?

MS. BECKY GRIESSE: Well, one option would be the national campaign has a data portal which has a variety of data like you just mentioned in one section. It can go by state. So that would be something that you could share. It's not necessarily a teen friendly website. So you would want to take that information and present it in a way that would be best suited for the teens that you're working with. But that is a kind of one stop shop for data like that. We can send that out in the links.

MS. ALEXANDRA EISLER: Marissa, any other questions? I'm looking as well. I don't see any. Do you?

MS. MARISSA GREMINGER: I do. So I can follow-up by saying that now that the webinar's over, the presenters and I are going to be calling the questions and comments that you contributed throughout the webinar and we are going to identify ones that could use

further discussion or exploration. And we're going to be posting those to the FYSB communities of practice website.

This is a website that's available for all FYSB grantees. And so we encourage FYSB grantees to visit the site next week or going into the future and answer any of the questions that you see in there, contribute to the discussion or possibly pose their own questions. I did send out an email yesterday with step-by-step instructions of how to post or contribute to communities of practice website discussions led.

And I know that we are being joined by several friends from OAH. And unfortunately, you don't have access to the communities of practice website. However, both Becky and Alex have generously agreed to provide their email addresses. So that if you do have any remaining questions, you are encouraged to reach out to them individually and they should be able to answer any questions that you have.

In addition to that, I do encourage FYSB grantees who may have more complex questions that would like to seek out technical assistance to reach out for TA provision. The way you do that is to contact your project officer at FYSB and then they can help facilitate that process. If you guys have any questions about that, you're certainly welcome to put it in the chat discussion. But I think that that covers it. Thank you very much, Becky and Alex, for a wonderful presentation.

MS. ALEXANDRA EISLER: It was my pleasure. Thank you very much. Good way to spend a Friday afternoon.

MS. BECKY GRIESSE: Thank you, everyone. It was a real pleasure to work.

MS. MARISSA GREMINGER: And you'll see that Becky has included her email address in the chat discussion, the chat box. And Alex is right above that. And I hope everybody can see that. I can also include their email addresses when I do send out that follow-up email with all of the other URLs. And Melony would like to know what Becky's last name is and it's Griesse.

MS. BECKY GRIESSE: G-r-i-e-s-s-e.

MS. MARISSA GREMINGER: I'd like to thank everybody for attending and I hope you all have a wonderful weekend.

MS. ALEXANDRA EISLER: All right. Thank you.

MS. MARISSA GREMINGER: Thank you.

(END OF TRANSCRIPT)