

Improving Young Adult - Provider Communication About Sexual Health During Medical Visits

By
Brendan Collins

Honors Thesis
UNC Eshelman School of Pharmacy
University of North Carolina at Chapel Hill

02/02/23

Approved:

Betsy Sleath, Ph.D.

(Name), Faculty Mentor

Improving Young Adult - Provider Communication About Sexual Health During Medical Visits

Brendan Collins¹, PharmD Candidate; Casey Tak², PhD, MPH ; Hannah Catalano³, PhD, MCHES; Nacire Garcia^{1,4}, MS; Betsy Sleath^{1,4}, PhD

¹ Division of Pharmaceutical Outcomes and Policy, UNC Eshelman School of Pharmacy, University of North Carolina at Chapel Hill, Chapel Hill, NC; ² Department of Pharmacotherapy, College of Pharmacy, University of Utah, Salt Lake City, UT; ³ School of Health and Applied Human Sciences, University of North Carolina Wilmington, Wilmington, NC; ⁴ Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill, Chapel Hill, North Carolina

Abstract

Introduction: Of all age groups in the United States, young adults have some of the poorest sexual and reproductive health outcomes. There are numerous factors that account for this phenomenon – one of which is lack of high-quality communication between young adult patients and providers of sexual and reproductive health care. The objective of this study was to gain feedback from focus groups: (a) about barriers and facilitators to communication surrounding sexual health and (b) the feasibility and acceptability of the question prompt list and informational video as tools of patient empowerment via education and question-asking during medical visits.

Methods: A total of three focus groups were conducted: two with patients (n =14) and one with providers (n = 5) of sexual and reproductive health care services for young adults. Young adult participants were aged 18-22 years old. Provider participants were recruited from healthcare clinics.

Results: Participants identified several barriers to communication including feelings of embarrassment and assumptions about patients' knowledge. One facilitator of communication identified was patient-friendly language. Focus group participants offered various suggestions on how to improve the question prompt list and the video, as well as themes that should be covered in the educational video. The question prompt list and educational video were also viewed as useful for encouraging conversation between patient and provider.

Conclusions: There are many barriers that prevent optimal communication between young adult patient and their providers when discussing sexual health. Several improvements to the question prompt list and educational video were identified in this study. It was determined that both the question prompt list and educational video can be used to enhance patient-provider communication.

1 Introduction

Many financial, social, and structural barriers have led to gaps in care for young adult patients seeking care for their sexual and reproductive health.¹ Proper sexual and reproductive health care is critically important for youths.² Young adults have some of the highest unintended pregnancy rates in the United States. Per the Centers for Disease Control and Prevention (CDC) for patients aged 15-19, between 1982 and 2010 77% of pregnancies were unintended; and the unintended pregnancy rate was 50% for patients aged 20-24.^{3,4} Compared to a planned pregnancy, unintended pregnancies have poorer maternal and fetal health outcomes, and are also more likely to end in induced abortion.^{5,6} Additionally, young adult patients account for the highest rates of STIs amongst all age demographics, totaling almost half of all STI cases in the United States.^{3,6,7} These negative outcomes are preventable; therefore it is a necessity to address the gaps in optimization of delivery of sexual and reproductive health care in order for patients to meet their sexual and reproductive health care goals.⁸

Some of the issues facing clinicians and patients in terms of sexual and reproductive health care: a dearth of appropriate information, lack of youth-friendly care services, and ineffective delivery of services to young adult patients.^{9,10} The sensitive nature of sexual and reproductive health begets feelings of discomfort for many patients when discussing their care,

even in a purely medical setting.¹¹ Some of the most common reservations patients express about their sexual and reproductive health care are a fear of judgement from staff and concerns about the confidentiality of their visits.^{8,11} Other obstacles that young adults face are lack of/incomplete insurance coverage, unaffordable costs, inconvenient clinic hours, and needing to rely on others for transportation.¹² In addition to barriers that patients must overcome, providers may lack comfort with delivering sexual health services.⁹

The World Health Organization advises that youth-friendly health services should be accessible, acceptable, equitable, appropriate, and effective.² Unfortunately, the fact remains that youth are not receiving optimal sexual health services. One study of in-depth interviews with young clients of a sexual health care clinic found that 35% of patients felt they were not afforded the time to ask questions and 30% of patients were not provided all the information they wanted during their visit.¹³ And providers may be wanting to improve their services but are unable to due to a lack of training, or simply the uncomfortable nature of sexual and reproductive health.^{9,14} Many will provide surface level care or avoid the topic altogether with their patients. For both patients and providers there is room for improvement of communication during sexual and reproductive health care visits.

Studies have demonstrated that patients who experience high-quality communication have higher rates of satisfaction with their care and improved health outcomes. A systemic review of randomized trials of interventions meant to alter the interaction between patients and providers found that in 18 of 35 studies the intervention significantly improved at least one health-related outcome.¹⁵ However, despite the increased attention given to improving communication between young patients and their providers, there are still hurdles to overcome.

There are many tools currently available that empower patients to understand and improve their health outcomes – one such is example is a question prompt list with an educational video. One study found that of adolescents in the intervention group – who were exposed to the questions prompt list with educational video - 40% of them asked questions about asthma medications, 16% asked questions about triggers, and 5% asked questions about environmental control; all of these categories were statistically significantly greater than the control group.¹⁶

This study seeks to build on that foundation, now exploring the development of the pre-visit educational video and question prompt list's applicability in improving young adult patients' – aged 18-22 years old - sexual and reproductive health care. This purpose of this study is to better understand how to empower young adult patients to become actively involved in their visits and self-manage their care.

2 Materials and Methods

2.1 Focus Groups with Young Adult Patients and Providers

This study has been approved by the University of North Carolina Institutional Review Board (#21-1961). Young adult participants were recruited from a university campus in the Southeast. Providers of sexual healthcare services were recruited from healthcare clinics in the Northeast. Inclusion criteria for young adult patients were: aged 18-22 years old, be able to read and speak English, and agree to be audio-recorded. Inclusion criteria for providers

included: be at least 18 years old, be able to read and speak English, and agree to be audio-recorded. All participants were compensated \$50 for their participation.

Two focus groups were conducted in-person on a college campus with young adult patients. All young adult patient participants completed anonymous surveys where they were asked about their age, highest degree of educational attainment, gender, race, and ethnicity.

One focus group was conducted remotely via Zoom with providers of sexual health services. Provider participants completed an anonymous survey asking their gender, race, type of provider they were, and how long they had been practicing in health care.

Each focus group consisted of two halves; the first half discussion centered on the question prompt list while the second half centered on the pre-visit educational video. In the first half the focus groups, participants were shown the question prompt list for review and then discussion on improvements to be made. In the second half of the focus groups, participants were asked about the how best to administer and utilize an educational video.

All questions posed to participants were open-ended. Questions were meant to facilitate discussion on: current barriers to communication during sexual health visits, the possible utility of both the questions prompt list and the educational video, and how to improve both the questions prompt list and the educational video.

2.2 Analysis

All focus group sessions were transcribed with identifiers removed. Four members of the research team independently analyzed focus group transcripts for (a) current barriers and facilitators to patient-provider communication, (b) what improvements could be made to the question prompt list to increase its utility, and (c) what themes to be included, as well as improvements to be made to, the educational video and its utility. The team then met to discuss which ideas were most relevant for discussion and which improvements were best to be made to the question prompt list and educational video.

3 Results

3.1 Demographics

Results from demographic surveys are presented in Table 1. The average age of young adult participants (n = 14) was 20 years old - range of 18-22 years old. The highest educational attainment amongst young adult participants varied with the majority having finished high school (71%), while other had attained an associate's degree (14%) or bachelor's degree (14%). About half (57%) of young adult participants were female. The racial makeup of the participants was 65% identified as White and 35% identified as Asian; 14% of participants identified as Hispanic ethnicity.

All of the provider participants (n = 5) identified as non-Hispanic, white females. Four participants (80%) were nurse practitioners by training while one participant (20%) was a physician's assistant. Lastly, two of the provider participants (40%) have been practicing for 5-10 years while three providers (60%) have been practicing for 10-20 years.

Characteristic		Young Adult Participants n (%)
Average Age		20 Years Old
Female		8 (57 %)
Race		
	White	9 (64 %)
	Asian	5 (35 %)
Latino		2 (14 %)
Highest Education Obtained		
	High School	10 (71%)
	Associate's Degree	2 (14 %)
	Bachelor's Degree	2 (14 %)

Characteristic		Provider Participants n (%)
Female		5 (100 %)
Race		
	White	5 (100 %)
Type of Provider		
	Nurse Practitioner	4 (80 %)
	Physician's Assistant	1 (20 %)
Time Practicing Healthcare		
	5 – 10 years	2 (40 %)
	10 – 20 years	3 (60 %)

Table 1: Participant Demographics

3.2 Barriers and Facilitators to Communication During Visits

Many different barriers to communication were brought up by the participants. The young adults specifically discussed feelings of embarrassment or shame; in addition to concerns about confidentiality. Lack of trust with their provider was also a theme for some participants, “I guess in recent years it’s felt like physicians and providers just like see you as kind of like a number and you’re just like, you know, you’ve got to get in and out so they can see the next patient so it’s hard to trust them.”

Provider participants also brought up different barriers to communication. One theme that reappeared throughout the focus group centered on providers’ assumptions about patient knowledge and how they can disrupt or inhibit communication, “because most patients just do not know what we are asking, or their answers do not match up with something we ask later because patients are just answering ‘yes’ or ‘no’.”

One facilitator that was mentioned by both young adult patients and providers was using patient-friendly language. Both groups also suggested the question prompt list and educational video may increase patient participation during medical visits as it can, “eliminate that anxiety about how to broach the subjects in the conversation, so I think by checking this off, they do not have to come out and figure out a way to integrate it into the conversation.” This was especially salient for difficult to discuss topics such as sexual health.

Improved question-asking was a common utility of the question prompt list perceived by both patient and provider focus groups, “I think it’s also important that it brings up topics that you might know about. So, if you didn’t even think about asking about it, it kind of like provides questions for you to ask if you’re already curious.” The question prompt list may facilitate question-asking by presenting questions that patients may not have considered beforehand or by eliminating anxiety/embarrassment surrounding the questions.

3.3 Question Prompt List Suggestions

Several ideas that came from the focus groups were incorporated to improve the question prompt list (Appendix 1). One such edit was changing the heading to say “Read these questions and circle the ones you want your provider to answer.” in order to make the patient feel more comfortable using the question prompt list. Another edit to the structure of the question prompt list was to number the questions. In the words of one young adult participant, numbering the questions will give the user confidence to address the topic because “asking someone to simply answer a number is creating a lot of distance between the words on the page and what type of request you’re making”.

Some suggestions included rewording questions. This included specifying certain questions, “‘How do I pay for contraception?’ I wonder if it could be reworded because that is such a broad question. It might be, ‘Are there services to help cover the cost of my contraception?’”. It also involved rewording questions to reduce perceived judgment by the user. For instance, one suggestion was, “if someone is reading this, ‘Why do I need to use a condom when having sex,’ but then they are not using condoms, does it read a little bit like shaming...maybe just rewording that like, ‘Why do people use condoms when having sex?’”. Other suggestions from focus group members included removing certain questions, especially those that were considered informational such as ‘Where can I get condoms?’.

3.4.1 Informational Video Suggestions

One suggestion that came up with both patient and provider participants was having the option to watch the informational video at home. Having the video available at any time and in the privacy of one’s own home was an idea that participants found appealing, “if you want to explore this further like this, then you could come into your doctor already knowing the preliminary information and ask your questions based off of what you saw”.

Content suggested by patients and providers to be a part of the video included: (a) STIs; (b) contraception and emergency contraception; (c) pregnancy; (d) healthy relationships; and (e) gender identity. Themes related to the video content are identified in Table 2 with representative quotes. Each theme is discussed below.

THEME

STIs

“I think another point to add somewhere in it, ‘Can I get an STD from oral sex?’ Because I think a lot of people do not think that they can when in reality they can” – Provider

“We had two programs though. One was – that promoted abstinence strictly, and the other one that didn’t. My parents wanted me in the pro-abstinence one for some reason, so I never really learned about STIs” – Patient

“I feel like I spend a lot of my day talking about is herpes” - Provider

Contraception and Emergency Contraception

“if they don’t know the word contraception, that’s a great way to introduce that word and explain what it means that kind of thing” – Patient

“‘Where can I get condoms?’ or – questions like that or ‘What types of contraception?’ where it would be useful to even have a webpage with different individual videos for people who want to focus in on a certain question, especially if they’re uncomfortable with speaking directly to a person about it where they can still gain access to this information” - Patient

“Emergency contraception like in parentheses plan B. I think a lot of patients do not know what that is and ... just orienting them a little more in more layman terms” - Provider

Pregnancy

“I know there’s a lot of misconceptions around – especially for people that don’t have a lot of education around [pregnancy]” - Patient

“I was just thinking a lot of times it’s like ovulation or when you’re ovulating; so maybe, ‘When are the peak times that I could get pregnant?’, or just educating” - Patient

Healthy Relationships

“For many people, they’re in relationships where the sex is uncomfortable to them or it feels like coercive in some way” – Patient

“They could give a more general answer and say, ‘If you’re struggling with relationship issues and this is an issue for you, we have some referrals we can give you’” - Patient

Gender Identity and Sexual Orientation

“‘What is the difference between biological sex and gender identity?’ and ‘What resources are available if I have questions about my sexual orientation or gender identity?’ I would say maybe try to include more questions based on that” - Patient

“Sexual orientation, gender identity. I think maybe add a couple of questions – I don’t exactly know how this would work. But for people that aren’t necessarily having straight sex, for people in the LGBTQ community” - Patient

3.4.2 STIs

Different types of information related to STIs was discussed as relevant to include in the educational video. This included information about transmission of different types of STIs, treatment of STIs, and proper testing of STIs. These ideas were identified as relevant by both young adult patients and providers.

3.4.3 Contraception and Emergency Contraception

Contraception was a topic of particular interest for young adult participants, with many voicing the utility of informational resources about the variety of different contraceptive methods. A common refrain amongst participants was superficial exposure to contraceptive methods (e.g., through advertisements) that generated a curiosity to learn more.

3.4.4 Pregnancy

Young adult participants mentioned misconceptions surrounding pregnancy as something that patients may need education on. Additionally, resources for pregnant patients could be conducive to the educational video format.

3.4.5 Healthy Relationships

Understanding and explaining what healthy relationships look like, and related issues such as domestic violence and what is consent, were discussed by focus group participants. These ideas were found to be relevant by both the young adult and providers. Additionally, the theme of healthy relationships exemplifies a sensitive topic that patients might be more comfortable viewing in the privacy of their own home.

3.4.6 Gender Identity and Sexual Orientation

Gender identity and sexual orientation were discussed by both young adult patients and providers as important concepts to patients. Of particular importance was the interplay between gender identity/sexual orientation and other themes previously discussed, such as STIs and contraception. Gender identity and sexual orientation were also described as more personal topics that would be conducive to initial learning in the home environment.

4 Discussion and Conclusion

4.1 Discussion

Focus group discussions revealed various barriers to communication about sexual health. These barriers included: feelings of embarrassment, fearing a breach of confidentiality, lack of trust, and providers' assumptions about patient knowledge. Contrarily, focus group discussions did bring up some facilitators to communication like patient-friendly language. The

question prompt list and educational video were also viewed as tools to ameliorate barriers to communication.

Focus group participants provided much feedback to improve both the question prompt list and the educational video. Some feedback was directed towards the format of the question prompt list, while other suggestions were made about specific questions. Focus group participants mentioned the benefit of having the ability to view educational video at home. They also provided information on appropriate themes to be included in the educational video.

Many people find sexual health topics difficult to discuss; this was evidenced by the broad topics that focus group participants identified as useful for inclusion in the question prompt list and educational video. The question prompt list and educational video are designed to empower young adult patients to take ownership of their sexual and reproductive health through education and question-asking during medical visits. This is particularly important for the young adult population who, at that age, typically begin to have more autonomy in their healthcare, leaving behind the auspices of their parents' care. Personal autonomy is doubly important for sexual health, which is an area of care that is much more personal to patients of any age. Both young adult patients and providers voiced the utility of the question prompt list and educational video in improving patients' visits through increased communication.

Strengths of our study include soliciting input from both providers and patients; and focusing on the patient population most likely to need and use sexual and reproductive health care services.

Limitations of our study include recruitment of young adult participants from a single university campus and provider participants were recruited from a single healthcare system. Both of these reduce the generalizability of the results. Additionally, the data collected in our study was qualitative and not causal in nature.

4.2 Conclusions

There are many barriers that exist for young adult patients when they attempt to discuss their sexual health with providers during their medical visits. Focus group participants provided feedback in order to improve a question prompt list and educational video for patients to use to improve their communication. Both of these tools can empower young adults to take more control over their sexual and reproductive health.

4.3 Practice Implications

The question prompt list and educational video may be an effective tool in mitigating the communication divide between young adult patients and providers during sexual health visits. Future studies may examine the effects of question prompt list and educational video in the clinical setting.

Bibliography

1. Hock-Long L, Herceg-Baron R, Cassidy AM, Whittaker PG. Access to adolescent reproductive health services: financial and structural barriers to care. *Perspect Sex Reprod Health*. 2003;35(3):144-147. doi:10.1111/j.1931-2393.2003.tb00135.x
2. Mazur A, Brindis CD, Decker MJ. Assessing youth-friendly sexual and reproductive health services: a systematic review. *BMC Health Serv Res*. 2018;18(1):216. doi:10.1186/s12913-018-2982-4
3. Prevent Unintended Pregnancy | 6|18 Initiative | CDC. <https://www.cdc.gov/sixteen/pregnancy/index.htm>. Accessed March 31, 2021.
4. Data and Statistics - Reproductive Health | CDC. https://www.cdc.gov/reproductivehealth/data_stats/index.htm. Accessed November 19, 2022.
5. ESHRI Capri Workshop Group. Simultaneous prevention of unintended pregnancy and STIs: a challenging compromise. *Hum Reprod Update*. 2014;20(6):952-963. doi:10.1093/humupd/dmu030
6. Shannon CL, Klausner JD. The growing epidemic of sexually transmitted infections in adolescents: a neglected population. *Curr Opin Pediatr*. 2018;30(1):137-143. doi:10.1097/MOP.0000000000000578
7. National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (U.S.). Division of STD Prevention. *Sexually Transmitted Disease Surveillance 2018*. Atlanta, GA: National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention; 2019. doi:10.15620/cdc.79370
8. Denno DM, Hoopes AJ, Chandra-Mouli V. Effective strategies to provide adolescent sexual and reproductive health services and to increase demand and community support. *J Adolesc Health*. 2015;56(1 Suppl):S22-41. doi:10.1016/j.jadohealth.2014.09.012
9. Katz-Wise SL, Gordon AR, Burke PJ, Jonestrask C, Shrier LA. Healthcare Clinician and Staff Perspectives on Facilitators and Barriers to Ideal Sexual Health Care to High-Risk Depressed Young Women: A Qualitative Study of Diverse Clinic Systems. *J Pediatr Adolesc Gynecol*. 2020;33(4):363-371. doi:10.1016/j.jpag.2020.02.012
10. Mbizvo MT, Zaidi S. Addressing critical gaps in achieving universal access to sexual and reproductive health (SRH): the case for improving adolescent SRH, preventing unsafe abortion, and enhancing linkages between SRH and HIV interventions. *Int J Gynaecol Obstet*. 2010;110 Suppl:S3-6. doi:10.1016/j.ijgo.2010.04.001
11. Hoopes AJ, Benson SK, Howard HB, Morrison DM, Ko LK, Shafii T. Adolescent Perspectives on Patient-Provider Sexual Health Communication: A Qualitative Study. *J Prim Care Community Health*. 2017;8(4):332-337. doi:10.1177/2150131917730210
12. Brittain AW, Williams JR, Zapata LB, Pazol K, Romero LM, Weik TS. Youth-Friendly Family Planning Services for Young People: A Systematic Review. *Am J Prev Med*. 2015;49(2 Suppl 1):S73-84. doi:10.1016/j.amepre.2015.03.019
13. Alli F, Maharaj P, Vawda MY. Interpersonal relations between health care workers and young clients: barriers to accessing sexual and reproductive health care. *J Community Health*. 2013;38(1):150-155. doi:10.1007/s10900-012-9595-3
14. Cheeks M, Kaller S, Mays A, Biggs MA. Provider Practices and Young Women's Experiences with Provider Self-disclosure during Emergency Contraceptive Visits. *Women's Health*

Issues. 2020;30(4):277-282. doi:10.1016/j.whi.2020.04.004

15. Griffin SJ, Kinmonth A-L, Veltman MWM, Gillard S, Grant J, Stewart M. Effect on health-related outcomes of interventions to alter the interaction between patients and practitioners: a systematic review of trials. *Ann Fam Med*. 2004;2(6):595-608. doi:10.1370/afm.142
16. Sleath B, Carpenter DM, Davis SA, et al. Improving youth question-asking and provider education during pediatric asthma visits. *Patient Educ Couns*. 2018;101(6):1051-1057. doi:10.1016/j.pec.2018.01.013

Report Addendum

Acknowledgments

None.

Funding Support

The authors have no funding support to disclose.

Conflicts of Interest

The authors have no conflicts of interest to disclose.

Appendix 1 (Sample Question Prompt List)

Questions that Young Adults Often Ask About Reproductive Health

Read these questions and circle the ones you want your provider to answer.

Sexual Health

- 1 What is the difference between biological sex and gender identity?
- 2 What resources are available if I have questions about my sexual orientation or gender identity?
- 3 How do I tell my partner that I do not want to have sex?
- 4 What is oral sex?

Sexually Transmitted Infections (STIs)

- 5 How do I prevent STIs?
- 6 How often should I get tested for STIs?
- 7 Why do people wear condoms when having sex?
- 8 What are my treatment options if I test positive for an STI?
- 9 What is the HPV vaccine and does it have any side effects?

Contraception

- 10 What type of contraception is right for me?
- 11 How does contraception work, does it protect me from STIs?
- 12 What are the side effects of my contraception?
- 13 Do I have to tell my partner or my parents that I am using contraception?
- 14 Are there services to help cover the costs of contraception?
- 15 What do I do if I am on contraception, but forget to take it?
- 16 What is emergency contraception?
- 17 What resources are available if I am pregnant/my partner is pregnant?

Please write any other questions you have in the space below.
