



# CARE FOR KIDS



Early & Periodic Screening, Diagnosis & Treatment

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## Family Planning Services for Iowans from Diverse Cultures

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Family planning plays a key role in a family's ability to nurture its children — but family planning is a sensitive issue, especially when a health care provider from one culture discusses it with a patient from another culture. How can you make your services more welcoming, and more effective, for people from other cultures?

Health care providers need to anticipate what may happen when differing systems of belief — the provider's and the patient's — come into contact. We must recognize and be respectful of the beliefs of our patients if we are to understand the factors that will shape their family planning decisions.

Although some behaviors may be more characteristic of one ethnic group than another, behaviors that result from certain systems of belief often cross racial

and ethnic boundaries. For this reason, these behaviors — rather than the practices of specific ethnic groups — should be the focus. With that in mind, here are some suggestions that were found to be successful at Allen Women's Health Center.



Recognize and learn about cultural differences among the people you serve. Then make changes in your practices that reflect what you have learned.

Include qualified individuals on your staff who come from the cultures of the people you serve. This can raise the comfort level of people who come to you for care, for they will often view staff members from their own background as more approachable and empathetic.

**Family dynamics** vary greatly from one culture to the next. In a number of cultures, the male head of household makes the decisions for the family. (Latinos, for example, refer to this as being "macho.") He may also expect to be present for the medical examinations of family members. Often, he will be the one to answer your questions. In these families, if the male is not present at a family planning exam, decisions about birth control or other family planning concerns may be delayed. So, you will want to include him

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for part of the exam, but also create an opportunity to talk with the woman alone, so that you can learn more about her personal concerns and beliefs.

**Contraception** is a sensitive topic, even within a family. In some cases, visible or immediate birth control methods may not be acceptable. Other, more long-term methods, such as an intrauterine device or contraceptive injection, may be more satisfactory. For some people voluntary termination of pregnancy is preferred to contraception. In situations like this, talk with the individual to understand the belief system, and work within it to offer a variety of options.

**Punctuality** does not have the same significance or value from one culture to the next. People sometimes feel it is acceptable to be late for appointments. Your scheduling may need to be more flexible. You may find that some patients are more likely to be on time for mid- to late afternoon appointments. People may also be better able to cancel an appointment they can't keep if that appointment occurs later in the day.

## Interpreter services

Access to interpreters is becoming more essential in Iowa as our communities experience an influx of families who don't speak English. Many health care providers find they need to have an interpreter on staff or on call. Interpreters who are seen as part of the staff can facilitate assessment, treatment, and education. If a staff interpreter is not an option, a family member, such as an aunt or mother, may be able to

translate. Children should not be asked to serve as interpreters. In many cultures reproductive issues are not discussed with the opposite sex, so for these women you will need to consider female interpreters for family planning. If no interpreter is available, you may need to reschedule the appointment for a time when an interpreter is on hand.

Each patient should sign a consent form giving permission for the interpreter to be present. This, and all other medical consent forms, should be in the language of the person who signs them. The interpreter should sign each medical chart to indicate that interpretation was provided for the patient.

Dialects within a language often vary, so speaking a language may not qualify a person to serve as an interpreter for all others who speak that language. An informal way to assess the skill of an interpreter is to ask the person to translate into English a document, written in their language, whose content is familiar to you. Local foreign language teachers or other multilingual people in your community may be willing to help you develop some simple tools to assess an interpreter's skills. These same multilingual resource people may be willing to translate the consent forms as well. The Division of Latino Affairs of the Iowa Department of Human Rights is currently developing a certification process for interpreters, but this is not yet available.

## Written materials

**Communication cards** are one way you can begin to bridge the language gap. Created with

the help of an interpreter, each card has a specific question in the language of your patient, along with "yes" and "no" responses. Ask the patient the question, show them the card, and have them point to the appropriate response. Use these cards, for example, to assess previous methods of birth control. Similar cards can be prepared for other purposes, such as intake, billing, and laboratory services. To see sample cards in Bosnian, contact the Iowa Healthy Families line at 800-369-2229 (voice) or 800-735-2942 (TTY).

**Signage** in the office should give directions in the languages used by your patients.

**Educational materials** should be available in an individual's first language, even if the person speaks English. This is especially important in the area of preventive health care. Individuals often fail to comply with recommendations because they lack a clear explanation of why something is recommended. One source of printed materials in Spanish and 11 other languages is the online Ethnic Health Resource Center. A resource for creating health care materials is the University of Iowa Translation Laboratory. For more information about both of these services, see "Resources," page 7.

**Collaboration** with other "credible voices" in your community, such as faith-based organizations, ethnic retailers and other merchants, and other culturally based groups can improve your ability to serve the diverse families.

*(continues on page 7)*

# Promoting Healthy Adolescent Sexual Choices

Mary S. Larew, MD, FAAP, Assistant Professor of Pediatrics

Although talking to teens about their sexual behavior can be uncomfortable, information provided by parents and physicians can significantly affect the choices teens make. Our goal in influencing adolescent behavior is to promote physical and emotional health, including a healthy sexual identity. Sexual health in adolescence includes:

- Developing positive feelings about one's changing body
- Expressing sexual feelings in appropriate ways
- Discriminating between healthy and unhealthy sexual activity
- Preparing for responsible sexual relationships

Adults can play an important role in promoting healthy adolescent sexual behavior. For example, they can look for opportunities to discuss the facts and to explore misinformation. These discussions should neither lecture nor moralize, so that they encourage an ongoing dialog. Adults also need to observe what they communicate to adolescents through their use of humor, comments about the opposite sex, or about those with a different sexual orientation.

Adolescents often do not know how to gain access to health care. They may be embarrassed or fearful about their changing bodies and feelings. Teens are more

likely to share questions and information about their relationships if they know the listener will be open to hearing what might be perceived by the teen as "weird" or inappropriate. If a teen is uncomfortable discussing sexual issues with you or a parent, it is crucial to encourage them to seek out another responsible adult with whom to talk.



Communicating with teens about sexuality requires an understanding of the changes that occur as an individual moves from early puberty to full adulthood:

- In **early adolescence**, from age 10 to 14, teens experience newfound sexual urges and interests, and become intensely curious about sex. They become highly aware of their changing bodies, and are often highly egocentric and self-conscious.
- During **middle adolescence**, from 14 to 17 years, they grow more comfortable with their new bodies, and begin to experi-

ence adult-like sexual drives. They are more aware of sexual messages directed to and from them, and may participate in sexual experimentation and risk-taking. During this time, their sense of invulnerability puts them at especially high risk, because they may not appreciate the health implications of their choices.

- In **late adolescence**, teens become more aware of their sexual identity and the consequences of their actions, and they develop increasingly intimate relationships.

## Issues in adolescent sexual health

**Sexual identity.** Not all adults who provide guidance to teens recognize that by the age of 19 years, 6% of females and 17% of males report they have had a homosexual experience. These activities do not define a person's sexual identity, and may be a part of teenage sexual experimentation. However, because an estimated 5 to 10% of the adult population is homosexual, one can assume a similar proportion of teens are homosexual — many of whom are not aware of their sexual identity.

Although it is important to be nonjudgmental when communicating with any teenager about sex, it is especially important with

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those struggling with their sexual identity. Approximately a third of adolescent suicides, and a third of AIDS cases in middle adolescence, occur among teens who are homosexual. All youth are at risk for stress, sexual victimization, depression, suicidal behavior, substance abuse, and sexually transmitted diseases, but gay and lesbian youth are particularly vulnerable. They especially need positive, responsible adult support.

**Pregnancy.** Frank discussion of the implications of sexual activity is necessary to assist teens in avoiding negative consequences. Annually, about one million teenage girls become pregnant in the United States. This represents over four times the teen pregnancy rate in France, Germany, or Japan. Only about half of U.S. teens used condoms the last time they had intercourse. On average, female adolescents consult a physician for birth control pills one year after beginning to be sexually active.

Most teens do not fully appreciate how parenthood will interfere with their social lives, may interrupt their education, limit their job opportunities, and potentially create a less than ideal life for their child. The abortion alternative, which carries substantial emotional and physical risk, is chosen by almost one third of pregnant 15 to 19 year olds.

**STDs.** Three million American teens contract a sexually transmitted disease (STD) each year. Some of these diseases are not adequately treatable, and can be fatal. Nonfatal complications may include:

- Cancer
- Ectopic pregnancy
- Infertility
- Neonatal infection, which may lead to death
- Recurrent abdominal pain
- Recurrent ulcers
- Surgery

**Rape.** Parents and teens may feel that pregnancy and STDs are obvious negative consequences of premature sexual activity. However, young men and women often do not recognize the damage caused by acquaintance rape. Four out of five adolescents believe that forced sex is acceptable under some conditions. Many teens have the misperception that date rape is not “real” rape, due to the nature of the relationship. However, date rape victims suffer from the same symptoms as those who have been sexually assaulted by strangers.

Ninety-two percent of victimized adolescents were assaulted by someone they knew. Eighty percent of rapes on college campuses occur between dating partners. It may be helpful for teens to understand that alcohol use is one of the strongest predictors of date rape. The use of specific date rape drugs is also on the increase; these drugs are tasteless, odorless, and much stronger than alcohol.

### Anticipatory guidance

We must provide teens with tools to protect themselves from unhealthy behaviors by listening to their concerns, by reassuring them that their confusion and fears are normal, and by guiding

them to factual information that can help them make choices that are right for them. They can be encouraged to postpone sexual activity, maintain support systems, set limits, communicate with their partners, be assertive, and learn conflict resolution techniques. Some questions that may help open discussions involving these difficult issues include:

- Do you date or have a steady partner? Do they treat you well?
- Have they pressured you into going further than you wanted to? How did you deal with that situation?
- Has anyone ever physically hurt you or forced you to have sex?
- Have you had sex with a girl? Boy? Both?
- Do you use birth control? What kind? Do you know how a condom is used?
- Do you know what an STD is? How would you know if you had an STD?
- Many kids your age drink, or use drugs. Do any of your close friends? Have you? How much?
- Do your parents have rules about when to be home?
- Can you talk with them about sex?

### Resources

*Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, at [www.BrightFutures.org](http://www.BrightFutures.org).  
Bluestein, J. *Parents, Teens, and Boundaries* (1993).  
Bartle, N. *Venus in Blue Jeans* (1998).  
Slap, G. *Teenage Health Care* (1994).  
Steinberg, L. *You and Your Adolescent: A Parent's Guide for Ages 10 - 20* (1997).

# EPSDT Care for Kids Newsletter

## Reader Survey, Fall '00

We value your input, and use it to shape the content and focus of this newsletter. Please circle your response for each question below. Or you may also answer online by using the questionnaire at <http://www.medicine.uiowa.edu/uhs/epsdt/srvy9-00.html>

1. I usually read all of the Care for Kids Newsletter.

Yes No

2. When it comes, I usually (please circle one):

- a. Scan the headlines      c. Read the insert pages  
b. Read some of the articles      d. Read all of it

3. After I read it, I often save it for future reference.

Yes No

4. Sometimes I only save the insert pages.

Yes No

5. I often share my copy with (please circle letters of all that apply):

- a. Colleagues      e. Do not share it  
b. Other professionals      f. Share with others, who include  
c. Office staff      (please list):  
d. Patients and families

6. I wish that this newsletter, which is published three times a year, arrived in (please circle):

- A. January, May, and September  
B. February, June, and October  
C. March, July, and November  
D. April, August, and December

7. I have visited the online version of the newsletter, at <http://www.medicine.uiowa.edu/uhs/epsdt>.

Yes No

8. I have printed out articles from the online version of the newsletter.

Yes No

9. I provide health care to (please indicate populations served and approximate percentages):

Percent of total served → 0-5% 10-15% 15-25% 25-50% >50%

Patients/others served ↓

Children 0-5 years

Children 6-11 years

Children 11-21 years

Well-child-care patients

	0-5%	10-15%	15-25%	25-50%	>50%
Children 0-5 years					
Children 6-11 years					
Children 11-21 years					
Well-child-care patients					

10. My profession is (please circle the letters of all that apply):

- a. Family physician  
b. Health care office manager  
c. Nurse practitioner  
d. Nutritionist  
e. Pediatrician  
f. Physician's assistant  
g. Psychologist  
h. Public health nurse  
i. School nurse  
j. Social worker  
k. Other, please describe:

11. Topics I would like to see covered in future issues of this newsletter:

(survey continues on back)

**EPSDT Care for Kids Newsletter Reader Survey**

*(Please fold this third down first)*

- 10. I have the following comments or suggestions about how the newsletter could be improved:**

Please fold and mail. Or you can respond online by using the questionnaire at <http://www.medicine.uiowa.edu/uhs/epsdt/srvy9-00.html>

**Thank you!**

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EPSDT CARE FOR KIDS NEWSLETTER QUESTIONNAIRE  
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*(Family Planning Services for Iowans from Diverse Cultures, continued from page 2)*

## Resources

**Family planning, women's health:** Your local Maternal Health Center, family planning agency, or call 1-800-383-3826.

**Latino information and interpreters of Spanish:** Latino Affairs, Iowa Department of Public Health, 515-281-4080.

### Multicultural healthcare:

**Iowa Bureau of Refugees -**  
515-283-7999

**Diversity Rx:** [w.diversityrx.org](http://w.diversityrx.org)

**Center for Cross-cultural Health:** [w.crosshealth.com](http://w.crosshealth.com)

**Cross-cultural resources for primary care practice,** an extensive list of resources:  
<http://medicine.ucsf.edu/resources/guidelines/culture.html>

**Ethnic Health Resource Center** - Sources of patient education materials in Cambodian, Chinese, Korean, Hmong, Laotian, Russian, Samoan, Spanish, Tagalog, Thai, Tongan, and Vietnamese; at [w.health.state.ut.us/ethnic/html/ethnic\\_health\\_resource\\_center.html](http://w.health.state.ut.us/ethnic/html/ethnic_health_resource_center.html)

**Minority Health Resource Center,** Washington, DC, 1-800-444-6472;  
[w.healthy.net/pan/cso/cioi/omhrc.htm](http://w.healthy.net/pan/cso/cioi/omhrc.htm)

### University of Iowa Translation Laboratory

Provides translation services (16 cents/word, price negotiable for larger projects); can help you prepare health care information or create communication cards in Spanish and a wide range of other languages. Contact Gertrud Champe, [gertrud-champe@uiowa.edu](mailto:gertrud-champe@uiowa.edu); 319-335-3418; or write to her at the Translation Laboratory - 120 BSQ, University of Iowa, Iowa City, IA 52242.

## How Do I Bill for Family Planning and Reproductive Health Care Services?

Billing procedures for family planning and reproductive health services vary depending on the provider. If you have questions, please contact:

- Consultec Provider Relations - 515-337-5120 or 800-338-7909
- Managed health care/EPSTD provider relations - 515-327-5122 or 800-338-8435



## LEAD ALERT!

### Lack of Testing Puts Iowa Children at Risk

A recent Iowa Department of Public Health study shows that only 30% of children under age six enrolled in EPSTD in Iowa have received a blood lead test. This test is required as part of an EPSTD screen — if a child under age six in your practice has not received a blood lead test, complete one at the next visit! For details on lead screening, refer to the summer 1999 issue of this newsletter (online at [w.medicine.uiowa.edu/uhs/EPSTD/lead.html](http://w.medicine.uiowa.edu/uhs/EPSTD/lead.html)). For more information, please contact the Iowa Department of Public Health at 1-800-972-2026.

### Editor's Correction:

We mistakenly reported in the Summer '00 issue of this newsletter that the rule changes affecting reimbursement for early childhood caries in a child's medical home would be effective September 1, 2000. We have subsequently learned that, upon the recommendation of the Iowa Dental Association, the Council on Human Services has decided to table discussion of this issue until their October meeting.

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If you have questions about **billing** related to EPSDT Care for Kids services, please call  
Provider Services: **1-800-338-7909**

If you have questions about **clinical issues** and EPSDT Care for Kids services, please call  
Edward Schor, MD: **1-800-383-3826**

**Please note:** Due to budget restraints, the *EPSDT Care for Kids Newsletter* is sent to offices and organizations, rather than to individuals. Readers are welcome to photocopy material from the newsletter to share with others. **The newsletter is also available online at <http://www.medicine.uiowa.edu/uhs/epsdt/epsdt.html>.** If you wish to reprint material from the newsletter in another publication, whether print or electronic, please obtain permission prior to publication by contacting the editor. Please include the following acknowledgment with reprinted material: Reprinted by permission of the Iowa *EPSDT Care for Kids Newsletter*.



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