

Nemours® Children's Health System



**Navigating the Health Care System:
Enabling Adolescents to Be
Their Own Self Advocate**

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Nemours Health and Prevention Services

Financial Disclosures

- We have no financial disclosures to disclose

Adolescent Engagement

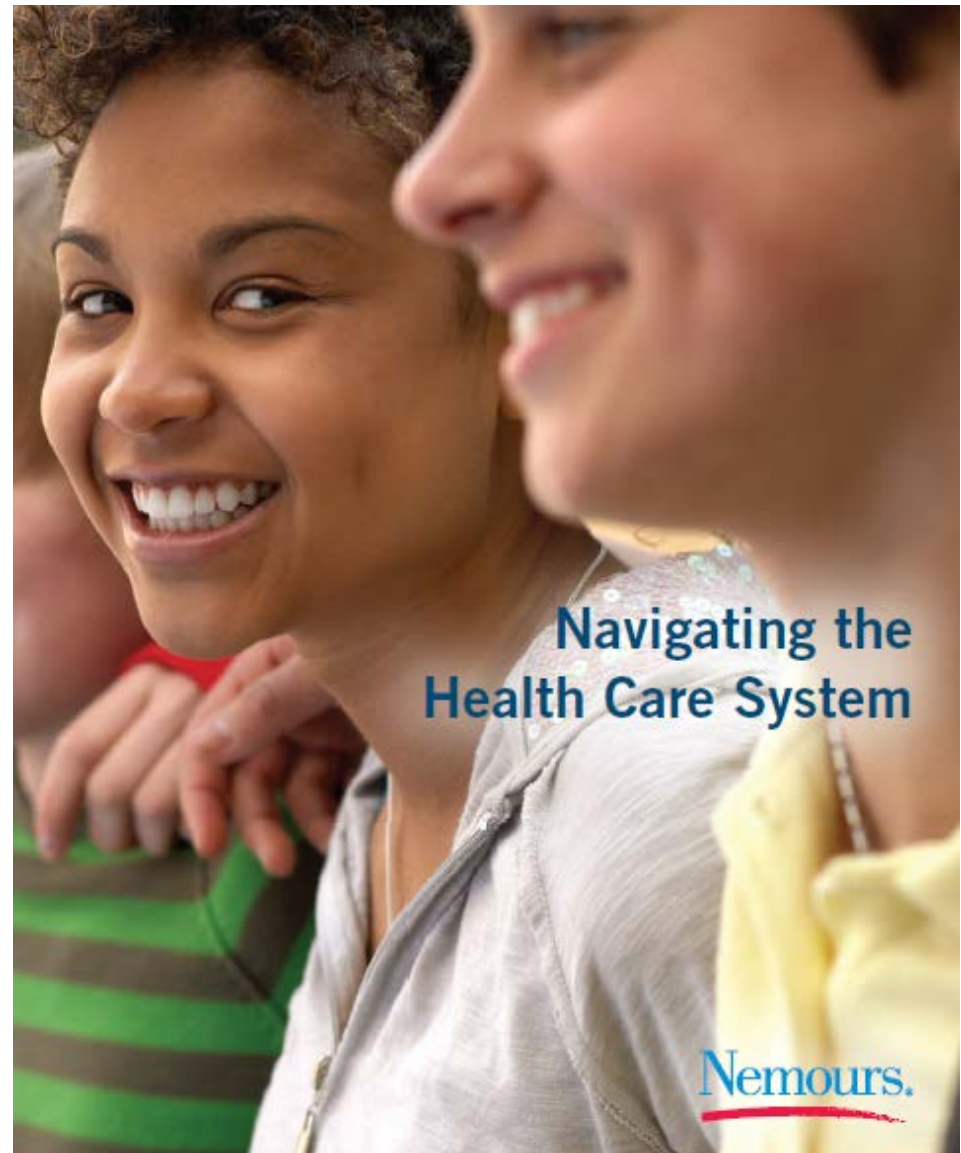
- PhotoVoice
 - Statewide
 - 101 middle and high school students participated
 - Determine what in their environment helped them and prevented them from being healthy
- Adolescent and Parent Focus Groups
 - Middle and High school students and a parent/caregiver
 - Determine who their trusted resources are, where they go for information, and how they make decisions related to their health, navigating their doctor visits

Learning Objectives

- Participants will be able to:
 - develop an understanding of the importance for adolescents to take charge of their health utilizing the education system.
 - demonstrate the effective use of self-advocacy as an avenue to successfully navigate the health care system.
 - identify and teach the practical skills needed to complete medical forms, understand insurance coverage, and navigate through a doctor's visit.

Adolescent Health Literacy

- The challenge:
 - Adolescents lack skills to navigate the healthcare system
- The solution:
 - Empower adolescents to be their own health advocates through skill-based learning



Materials

- Google Drive
 - PowerPoints
 - Activity Toolkit
 - Review Activities
 - Student Workbook (English and Spanish)
 - Teacher's Guide
 - Pre/Post Student Knowledge Survey

Modules

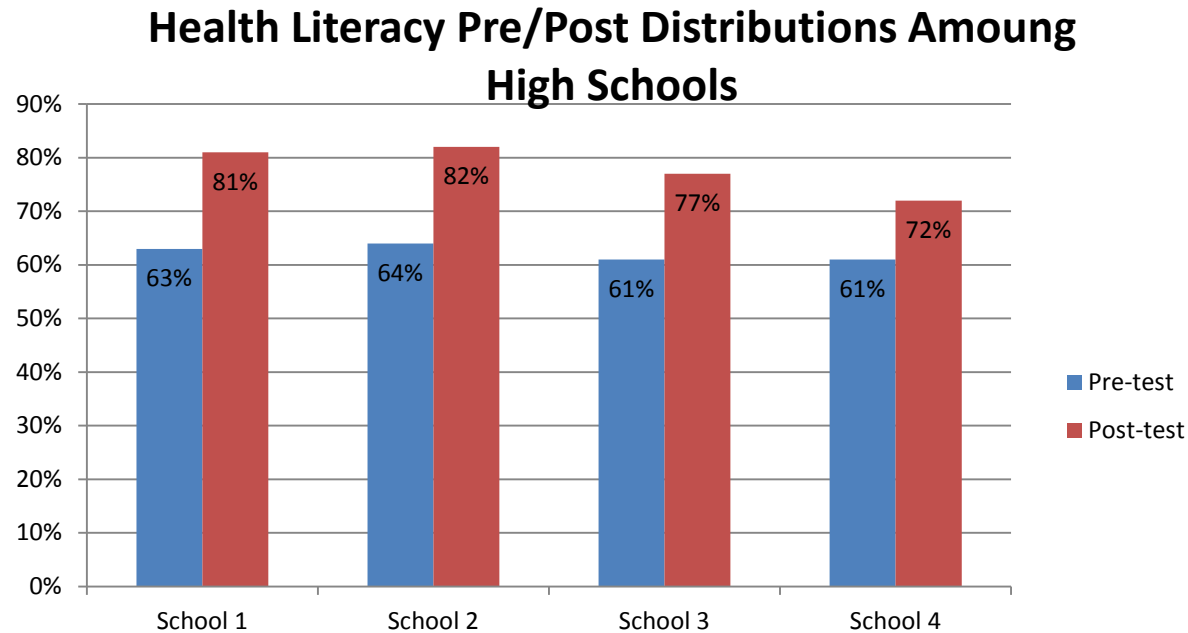
- Module 1: Definitions, Self Advocacy, Doctor Types, ED/Urgent Care, Family Medical History
- Module 2: Symptoms, Diagnosis, Allergies, Medications and Vaccines
- Module 3: Insurance and Privacy/Confidentiality
- Module 4: Making/Navigating Your Visit, Filling out medical forms

Pilot 1

- Test the content and feasibility of the unit
- 4 High Schools
- 200 students (9-12th grade)
- Demographically diverse population
- Taught by Nemours staff

Pilot 1 Results

- Post-test content knowledge scores were significantly higher ($p=.000$) than pre-test scores for all schools indicating successful knowledge gain.



Pilot 1 Results

Applied skills test - overall 80% achieved

Measured students ability to perform skills taught in the unit

Student Feedback

“I found out how you have to be very honest with your doctor b/c he does not know you” –Sophomore

“Family history was the most interesting because I discovered things about my family I didn’t know”- Freshman

“Teaching us how to fill out medical history forms was very helpful” -Sophomore

Pilot 2- Teacher Led Units

- Train health and health science teachers on modules to pilot teach-ability
- Evaluate teach-ability of unit through student and teacher feedback questionnaires
- Evaluating resources needed to teach this unit (power points, booklets, one on one training vs. blackboard, etc.)
- Pilot unit outside of Delaware
- Produce final product

Trainings

- Trained in a 3 hour in person training by Nemours staff
- Additional training options:
 - On-line (Blackboard)
 - Peer

Pilot 2- Teacher Led Units

Overall, Navigating the Health Care System has been taught to **2,857** Delaware High School Students.

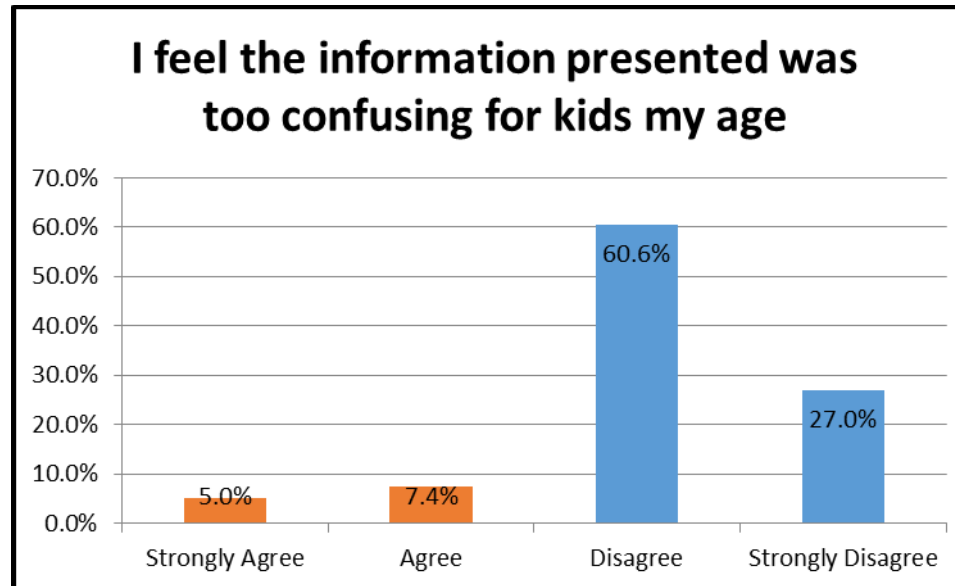
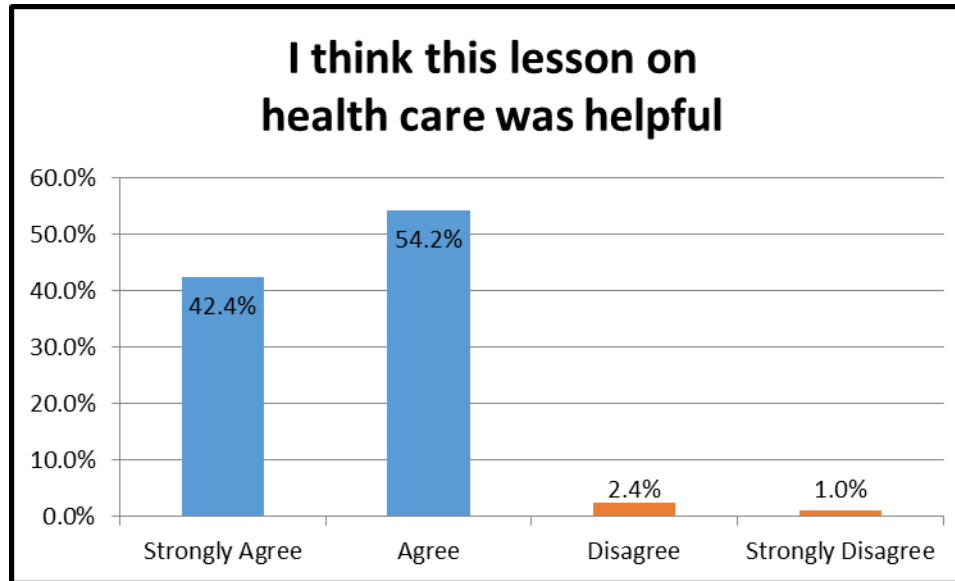
	Schools	Teachers	Classes	Students
SY 2014-2015	11	13	35	986
SY 2015-2016	14	18	39	949
SY 2016-2017	13	14	36	922

Pilot 2- Results

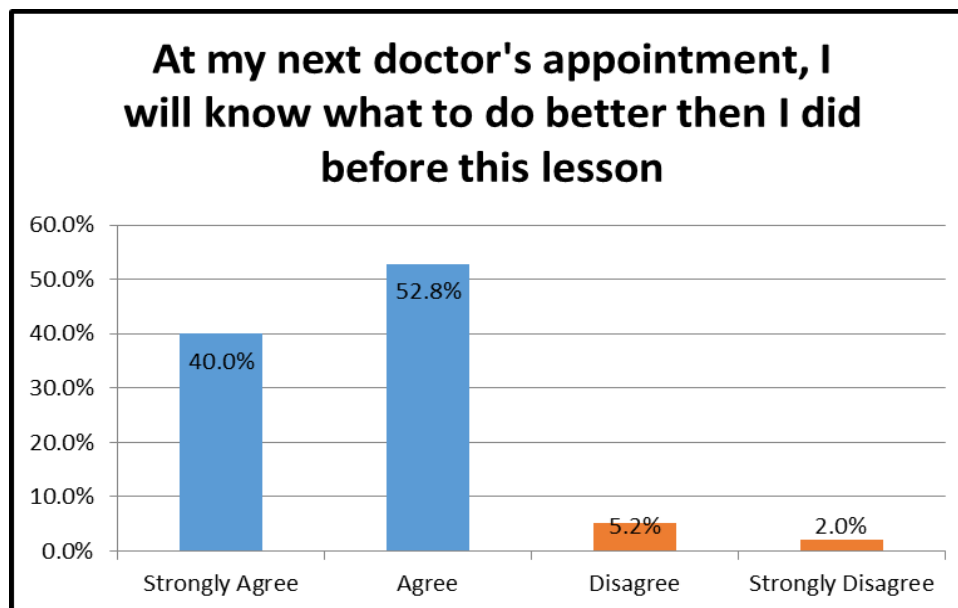
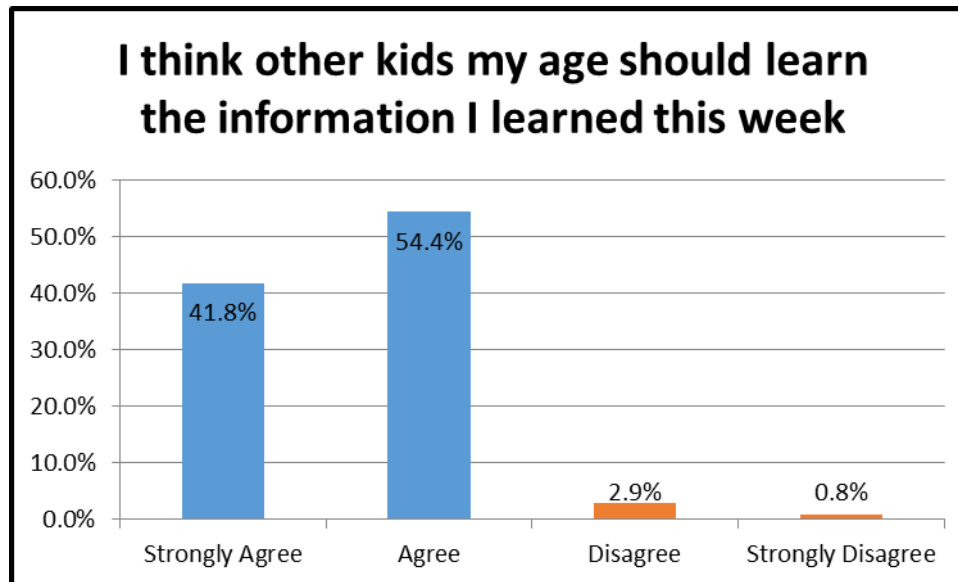
- Pre/post test differences
 - Overall, post test content knowledge scores were significantly higher than pre test scores
 - Significantly higher post test scores by school and by teacher type (health, physical education, school nurse and health services/technical education*)

	Pre-test			Post-test			
	Mean (<i>SD</i>)	% correct	N	Mean(<i>SD</i>)	% correct	N	Significance
SY 2014-2015 Overall	10.88(2.38)	64.0%	986	13.99 (2.74)	82.0%	948	0.000
SY 2015-2016 Overall	10.82 (2.34)	63.6%	949	13.64 (2.99)	80.2%	928	0.000
SY 2016-2017 Overall	10.63 (2.81)	62.5%	922	13.60 (3.27)	80.0%	897	0.000

Pilot 2- SY 2016-2017 Results

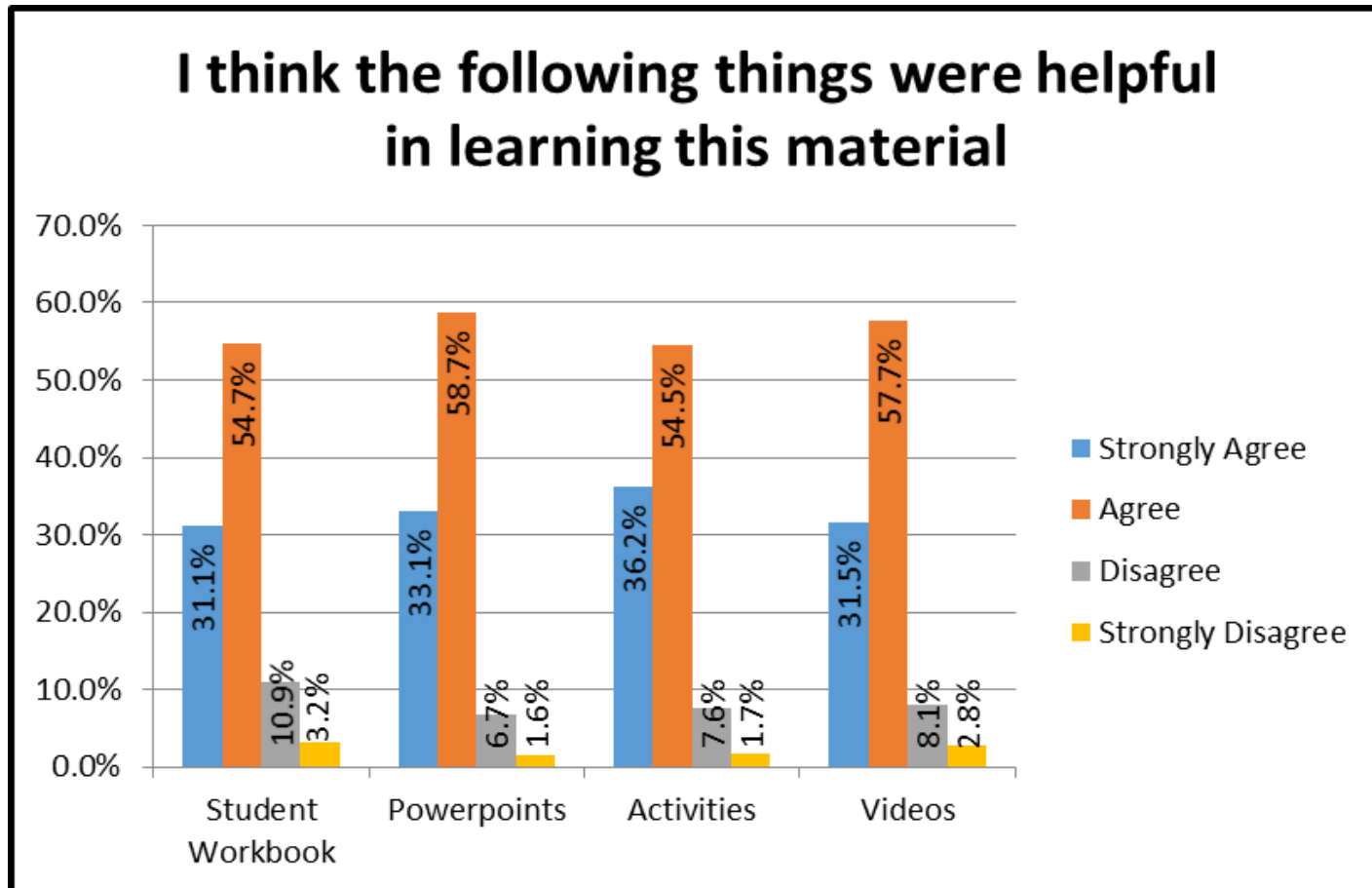


Pilot 2- SY 2016-2017 Results



Pilot 2- SY 2016-2017 Results

Student feedback on materials



Out of State- Pilot Data

Overall, Navigating the Health Care System has been taught to **678 Out of State** High School Students consisting of 4 states, 10 schools and 12 teachers.

Homeless Shelter, After- School Programs, Youth Advisory Council, Health Department Summer Jobs Interns

	Pre-Test			Post-Test			
	Mean (SD)	% correct	N	Mean(SD)	% correct	N	Significance
School 1-Overall	12.90 (2.61)	75.8%	222	14.46 (2.59)	85.1%	275	0.000
School 2-Overall	11.73 (2.00)	69.0%	63	13.98 (2.27)	82.2%	60	0.000
School 3- Overall	10.83 (3.06)	63.7%	12	14.20 (1.39)	83.5%	10	0.004
School 4- Overall	11.50 (2.77)	67.6%	8	15.57 (1.13)	91.5%	7	0.004
School 5- Overall	10.42 (2.11)	61.2%	89	12.92 (2.64)	76.0%	88	0.000
School 6-Overall	9.75 (1.23)	57.3%	16	13.35 (2.46)	78.7%	14	0.000
School 7-Overall	10.25 (2.4)	60.2%	92	13.38 (2.97)	78.7%	78	0.000
School 8-Overall	12.72 (.90)	74.8%	11	14.90 (1.04)	87.6%	11	0.000
School 9- Overall	10.6 (2.84)	62.3%	60	12.55 (3.32)	73.8%	59	0.001
School 10- Overall	9.87 (2.11)	58.1%	79	12.75 (2.31)	75.0%	76	0.000

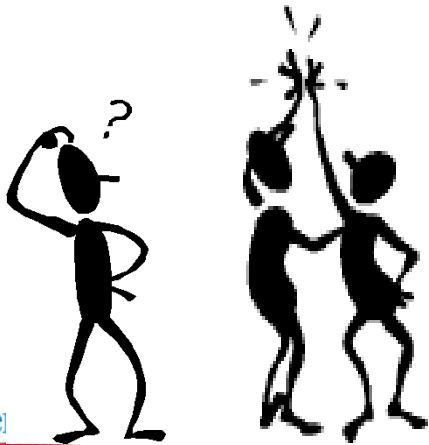


Module 1: Introduction

- Definitions
- Self Advocacy
- Primary Care Physicians
- Where to go to receive care
- Personal and Family Medical History

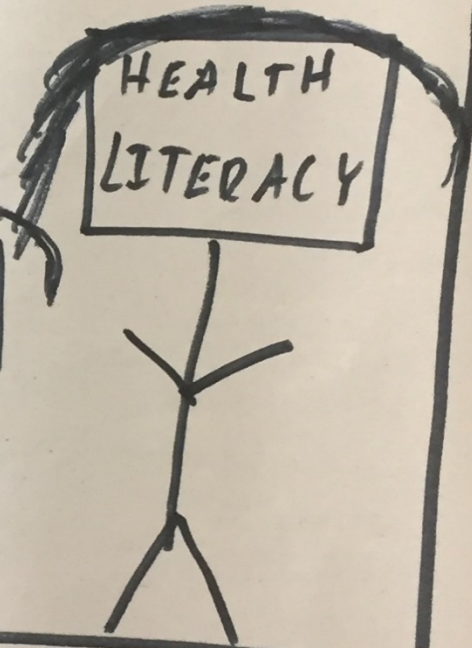
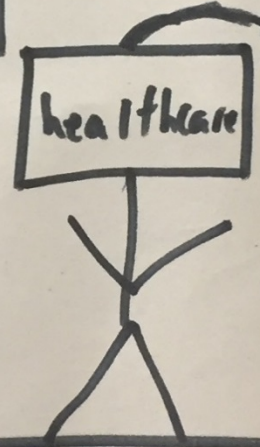
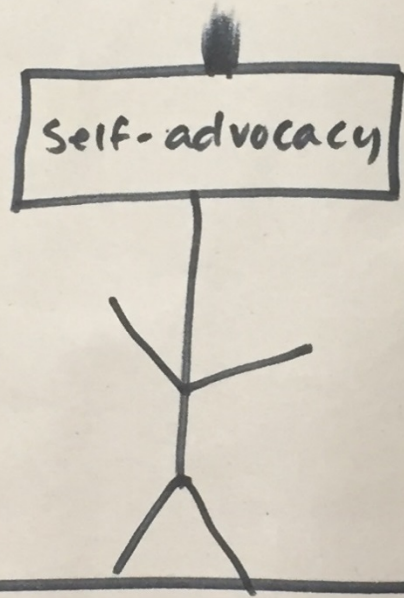
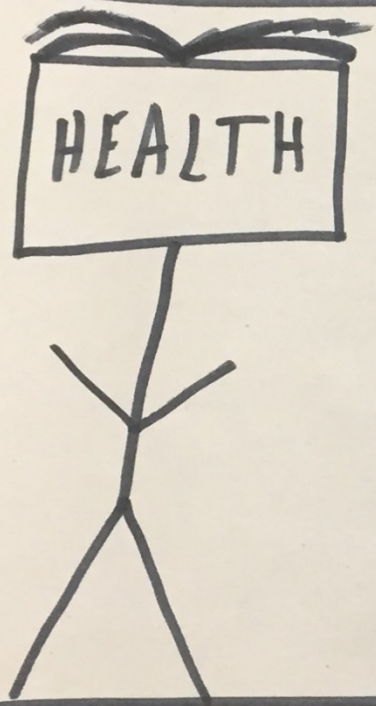
Module 1: Introduction

- Introduction of unit vocab (health, health care, health literacy, self advocacy)
- Individual brainstorm & group discussion/product



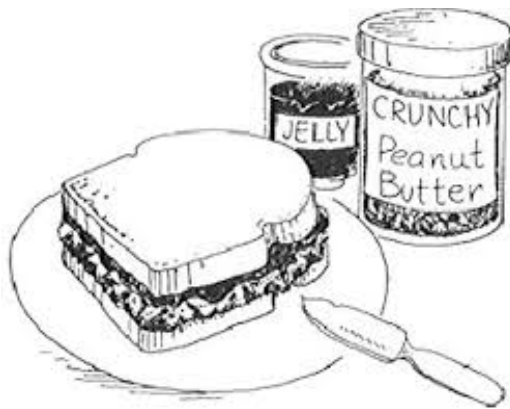
Module 1: Introduction

~~★~~ FAM PHOTOS ~~★~~



Module 1: Introduction

How do you make a PB&J?



Does everyone make their PB&J the same way?

How does this relate to

self advocacy and

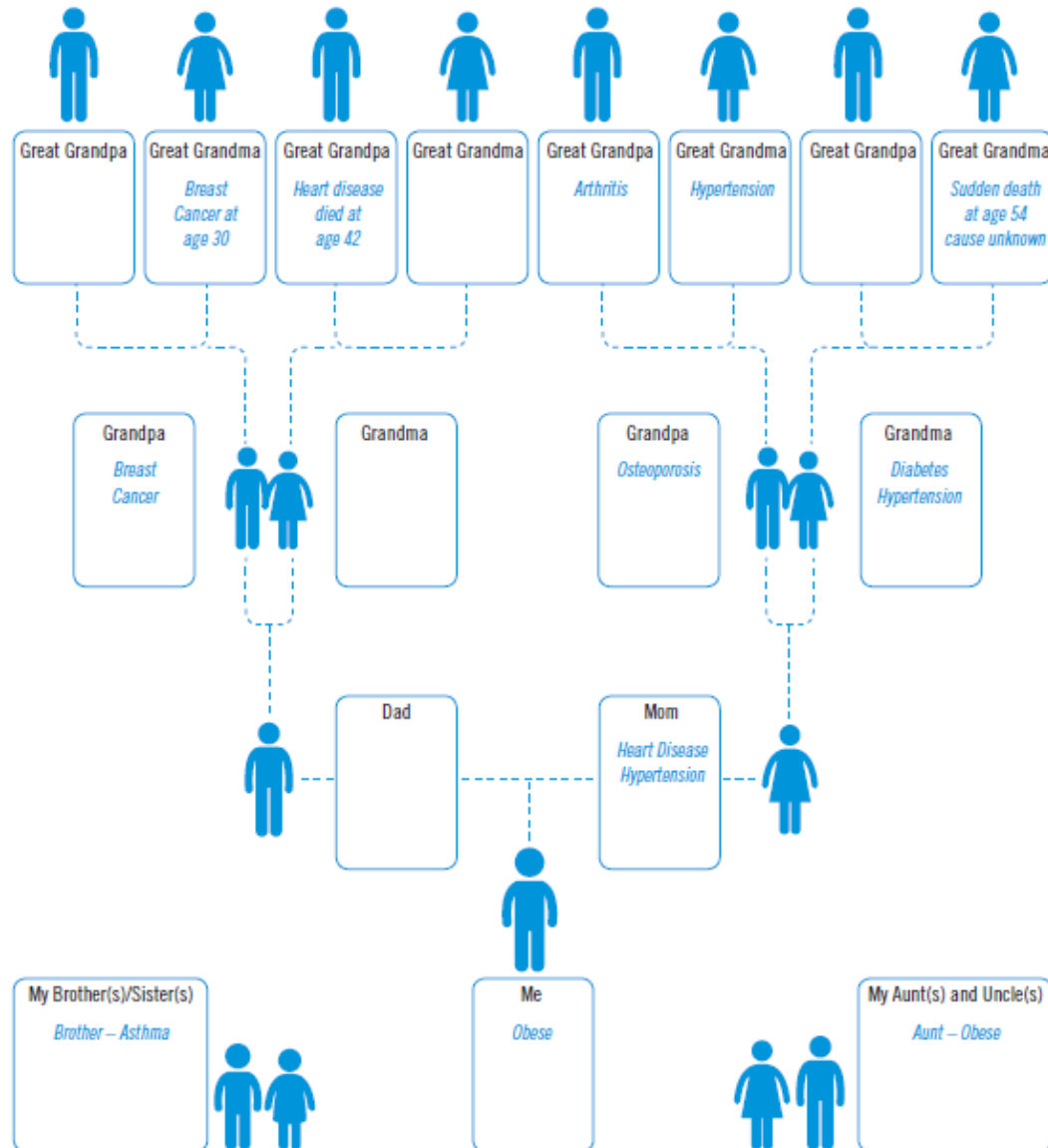
How would someone know how to make your PB&J?

health care?

Where Do You Go?

- You have a high fever of 103°F and can't stop vomiting:
 - *Emergency Department*
- You have severe ear pain on Sunday morning:
 - *Urgent Care*
- You need a physical exam (check-up) to play a sport:
 - *PCP/Doctor*

Personal & Family Medical History



Module 2

- Symptoms and Diagnosis
- Medications
- Vaccinations

Who will get the better care?

Jackie

“I have had itchy eyes, I have been sneezing all the time, a really stuffy nose, and a cough.”

vs.

Sarah

“I have been feeling really weird for the past few days.”

Reading a Label

- Use
 - Allergies
 - Sneezing, runny nose, itchy/eatery eyes, itchy throat
- Amount to be taken
 - 2 tablets every 4 – 6 hours
- Age restrictions
 - 6 – 12 years 1 tablet
 - Under 6 – consult a doctor
- Side effects
 - Drowsiness and Excitability
- What to avoid
 - Alcohol
 - Be careful operating a vehicle
- Storage
 - Room temperature (68 – 77 degrees)

Drug Facts	
Active ingredient (in each tablet)	Purpose
Chlorpheniramine maleate 2 mg.....	Antihistamine
Uses temporarily relieves these symptoms due to hay fever or other upper respiratory allergies: ■ sneezing ■ runny nose ■ itchy, watery eyes ■ itchy throat	
Warnings	
Ask a doctor before use if you have	
■ glaucoma ■ a breathing problem such as emphysema or chronic bronchitis	
■ trouble urinating due to an enlarged prostate gland	
Ask a doctor or pharmacist before use if you are taking tranquilizers or sedatives	
When using this product	
■ drowsiness may occur ■ avoid alcoholic drinks	
■ alcohol, sedatives, and tranquilizers may increase drowsiness	
■ be careful when driving a motor vehicle or operating machinery	
■ excitability may occur, especially in children	
If pregnant or breast-feeding, ask a health professional before use.	
Keep out of reach of children. In case of overdose, get medical help or contact a Poison Control Center right away.	
Directions	
adults and children 12 years and over	take 2 tablets every 4 to 6 hours; not more than 12 tablets in 24 hours
children 6 years to under 12 years	take 1 tablet every 4 to 6 hours; not more than 6 tablets in 24 hours
children under 6 years	ask a doctor

Drug Facts (continued)	
Other information ■ store at 20-25° C (68-77° F) ■ protect from excessive moisture	
Inactive ingredients D&C yellow no. 10, lactose, magnesium stearate, microcrystalline cellulose, pregelatinized starch	

One bottle

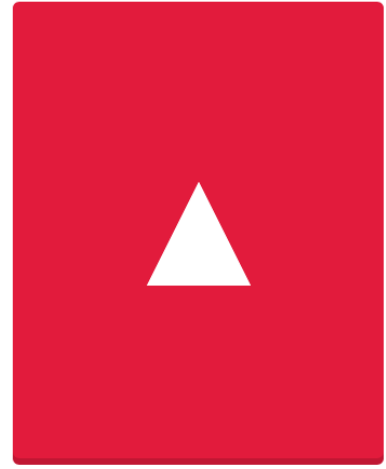
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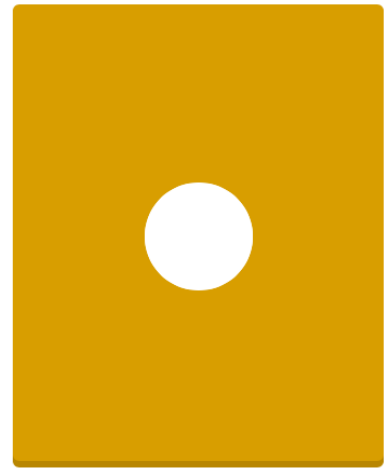
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Skip

0 Answers



Over the Counter



Prescription Drug

Katie

939



Vaccines

- Fact or Myth
 - Have students determine whether each statement is a fact or a myth.
- CDC Vaccine site
 - <http://www.cdc.gov/vaccines/schedules/hcp/index.html>
 - This provides the schedule of vaccines that children should have by age.
 - Remind students where they may be able to find their vaccination records: school (nurse) or doctor's office
 - If they see vaccines they should have received but didn't, it is not too late for them to receive them. They should talk with their doctor if they would like to receive it.

Module 3

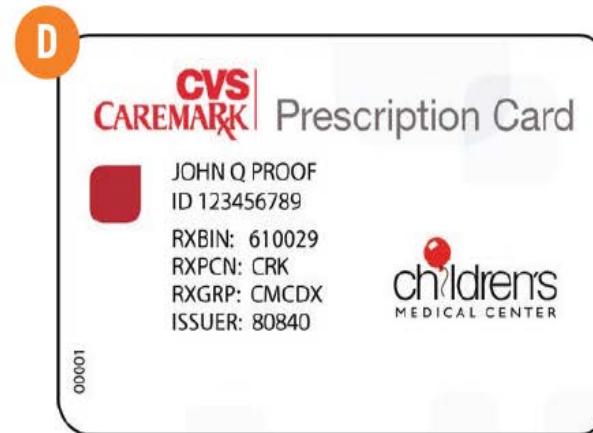
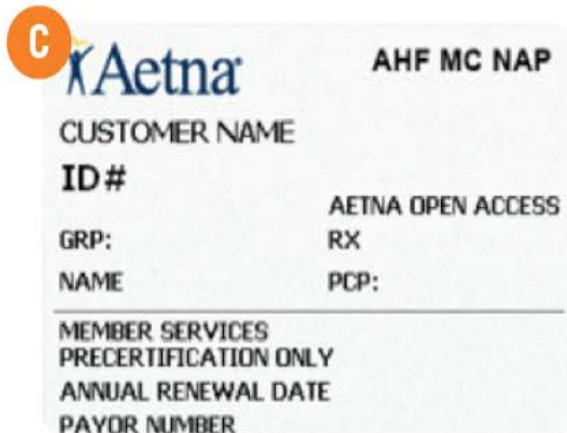
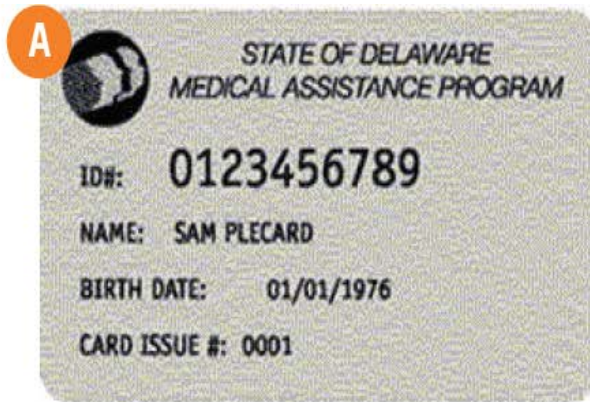
- Insurance
- Privacy

The Insurance Card

		BlueCard®		4
		PPO		
1	Member Name	PRIMARY CARE \$20		5
	JOHN DOE	SPECIALIST \$30		
2	Member ID Number	EMERGENCY ROOM \$125		6
	IDC3HZN99999999	INPATIENT HOSP COPAY \$150		
3	GROUP NUMBER	75999-0000	DENTAL DEDUCTIBLE \$50	
	TYPE	FAMILY	DENTAL MAXIMUM \$2500	
	BCBS PLAN CODES	280/780	RXBN 004336	
		RXPCN HZR ISSUER (80840)		
		RXGRP 0759990000		
				

Insurance Card Activity

Have students take a look at the four insurance card examples in the workbook.



Privacy



Module 4

- Scheduling an appointment
- Checking In
- Medical Forms
- The Visit
- Checking Out

Medical Forms – Student Workbook

Personal and Family Health History Form²

As a new patient you will have to fill out a registration form. These forms provide the doctor with your basic information (name, address, date of birth, insurance, etc.) as well as your personal and family medical history. If you are a returning patient, you will be asked to review your information and make sure it is still correct. Practice filling out the medical forms below using the scenario provided in class.

General information

Name

First: _____ Middle: _____

Last: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: (_____) _____ Date of Birth: ____/____/____

Place of Birth: _____

Race (Check any that apply)

Native Hawaiian/Pacific Islander White/Caucasian Black/African-American

American Indian/Alaska Native Asian-American Hispanic/Latino

Height: _____ feet _____ inches Weight: _____ pounds

Gender: Female Male

Marital Status: Single Married

When was your last physical exam? ____/____/____

Name of Doctor: _____ Telephone: (_____) _____

Personal contact information

Home Phone: (_____) _____ Cell Phone: (_____) _____

Family contact information

Parent/Guardian Name (1): _____ Relationship: _____

Home Phone: (_____) _____ Cell: (_____) _____ Work: (_____) _____

Parent/Guardian Name (2): _____ Relationship: _____

Home Phone: (_____) _____ Cell: (_____) _____ Work: (_____) _____

Do you have any siblings? Yes No

Name: _____ Age: _____

Name: _____ Age: _____

Emergency contact

Name of Contact: _____ Relationship: _____

Home Phone: (_____) _____ Cell: (_____) _____ Work: (_____) _____

Medical Forms – Teacher Guide

Personal and Family History Form (Pg. 35-39, Slides 4-6)

Instructor's note: Activity – Personal and Family Health History Form Based on the scenario below have the students fill-in the form provided. Review Personal and Family Health History forms with class to make sure it is filled out correctly.

Scenario (Pg. 35, Slide 4)

- You are John Bob Doe lives at 1313 Mockingbird Ln. Nowhere, DE 19999. He was born 12/2/2000 in Somewhere, DE.
- Home Phone # 302-555-1212 Cell #302-555-3333
- Dad, Joe is Asian; cell is 302-555-1111, work 302-444-1111.
- Mom, Jane is Caucasian, cell is 302-555-2222, work 302-888-2222.
- You have a 10 year old brother Jack.
- You are 5 feet 7 inches and weigh 130 pounds
- Your last visit with Dr. Smith was on 1/1/11

Instructor's Note: When you get to emergency contact emphasize - Emergency contact should be a trusting, consistent adult in their life – parent, relative, teacher, etc. and not a friend or current boy/girl friend.

Personal and Family Health History Form

General Information

Name: John Bob Doe Date: _____
(First) (Middle) (Last)

Street Address: 1313 Mockingbird Ln

City: Nowhere State: DE Zip: 19999

Telephone: (302) 555-1212 Date of Birth: 12/2/2000

Place of Birth: Somewhere, DE

Race (Check any that apply)

Native Hawaiian/Pacific Islander **White/Caucasian** Black/African American

American Indian/Alaska Native **Asian American** Hispanic/Latino

Height: 5 feet 7 inches Weight: 130 lbs

Gender: Female **Male** Marital Status: **Single** Married

When was your last physical exam? 1 / 1 / 11

Name of Doctor: Dr. Smith Telephone: (____) _____

 Notes



son



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Grandpa Jim and Dad - emphysema & glaucoma

Great Grandma and Sister - Asthma

Uncle Sal and Aunt Miranda - drug addiction in both extended families

Prima

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Ho

JEOPARDY!

Next Steps

- Adult version
- Launch nationally

Barriers

- Not required to be taught as a part of health
- Competing content priorities
- Teacher modifications

Group Discussion

- What populations could this benefit?
- How can you use this in your current role?
- What opportunities do you see with your community partners?
- How to combat the barriers described
 - Not a part of current health curriculum
 - Competing priorities and teacher modification

Contact Info

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