In a society that so often talks about, but not with, them, one group of local teens is working to start a new conversation—one they hope will ensure a healthier future for themselves and their peers statewide.

(*Just don’t call them kids!)
In a first-floor lecture hall of the University of Wisconsin-Madison Health Sciences Learning Center, class is underway. About 30 first-year medical students are scattered among several rows of seats. Their eyes are fixed on the front of the room, where six young guests stand.

They are 17, 18 and 19 years old, and today they are the teachers.

By the end of this October week, these teens will have woven a unique lesson plan into the coursework for more than 170 students at the UW School of Medicine and Public Health. By the end of the year, they will have reached hundreds of others—current doctors, nurses and other health care providers—as well as groups of teens just like them through interactive workshops statewide.

It’s the work of the Wisconsin Adolescent Health Care Communication Program (WAHCCP), the sole Midwest effort of a national initiative aimed at addressing a critical issue in adolescent health care today: the communication gap between providers and their teen patients.

This goal was born out of a specific reality. Teens are sexually active, and despite school sex ed programs and parental “birds and the bees” talks, rates of sexually transmitted infections have climbed and teen pregnancy rates have remained stubbornly high. While doctors recommend that any individual, especially women, engaged in sexual activity seek regular medical care, many teens are either not talking to their doctors about these sensitive issues, their doctors aren’t asking, or both. But teens themselves may be the answer to turning this trend around.

Offering an expertise that even multiple degree-wielding doctors don’t possess—what it’s like to be a teen today—they are working to join a conversation that so often excludes them. One that they hope will be a catalyst toward a healthier future for teens statewide.

We need to talk about it rather than ignore it, and there’s nobody better to talk about it than the teens themselves.

Amy Olejniczak

By their 19th birthdays, a reported seven in 10 American teens have had sexual intercourse. In Wisconsin, sexual activity rates and risk reports vary depending on whom you ask, but according to the 2011 Wisconsin Youth Risk Behavior Survey, an anonymous and voluntary participation survey administered by the Department of Public Instruction, 42 percent of high school students said they have had sex.

Meanwhile, despite seeing teen pregnancy rates in the United States dip to their lowest rate in 40 years, they remain among the highest in the developed world, according to the Guttmacher Institute, which reports on sexual and reproductive health research, policy and public education worldwide. And although 15- to 24-year-olds represent only one-quarter of sexually active individuals, the Institute reports that they account for nearly half of the 18.9 million new cases of sexually transmitted infections each year.

These are numbers that cause a public health advocate like Amy Olejniczak to pause.

The Project Director of the Wisconsin Alliance for Women’s Health (WAWH), a statewide organization advocating for comprehensive women’s health care, Olejniczak has long been focused on

Talk about health care today, and the conversation often turns political. Discuss reproductive health care, and it most certainly does. Then add teen reproductive health care to the mix, and you’ve got a topic that pulls deeply held opinions to the surface. Whatever the political or moral viewpoint you speak from, the facts remain.
taking steps to ensure the health of the next generation.

“I’m very passionate about youth and how they can turn into healthy, happy, functional members of society,” she says. It’s a personal goal that’s in line with growing attention from federal health departments such as the Department of Health and Human Services, as well as national groups such as the National Institute for Reproductive Health (NIRH).

With the help of focus groups through a program known as the Teen Outreach Reproductive Challenge (TORCH), a peer health education and leadership training initiative in New York City, the NIRH sought to understand why, despite comprehensive sex ed programs, teens weren’t confiding in their health care providers.

“In focus groups, a number of teens said that they would love to talk openly with their doctors about sex and sexual health, but they didn’t know how to start the conversation. They hoped their doctors would bring it up, but the discussion was just not happening,” Olejniczak says. “So [the NIRH, through its TORCH program,] started an initiative to bridge that gap.”

And they sought to do it in a unique way: By having teens play the role of educators to the groups on both sides of the equation, reaching out to their peers and the medical providers they see.

The result was the Adolescent Health Care Communication Program, which consists of two separate interactive workshops. The first, called “Keeping it Real With Your Patients,” is aimed at giving health care providers valuable insight directly from teens themselves. The second, “Keepin’ it Real With Your Doctor,” relies on the exclusive access teens have to their own peers to reach adolescents with the information they need to communicate with their health professional.

The New York City program launched in 2003, and garnered positive reviews from teens and providers alike for shining a light on simple ways both providers and teens could break down the barriers that exist between them. From defining patient-doctor confidentiality for teens and reiterating the importance of a provider stressing that confidentiality during visits to more welcoming methods of questioning about health history, providers and teens were being armed with tools that empowered them in each of their roles.

“So the [NIRH] developed a curricula and granted three other sites across the country $10,000 and their curricula to adapt to their own communities,” Olejniczak explains.

She and the WAWH jumped at the chance, and were officially selected in November 2010, along with programs in Washington, D.C., and southern California.

In January 2011, after creating an advisory board of area health care providers, advocates and parents, and getting its first set of Teen Educators on board, the Wisconsin Adolescent Health Care Communication Program became a reality.

Now 10 local teens are charged with creating results.

The WAHCCP teen educators are a tight-knit group. Meeting twice a month at the Goodman Community Center on Madison’s near east side, the start to their meetings is often punctuated by squeals of excitement, high-pitched greetings and hugs—generally what you’d expect when nine young women (and one lucky young man) gather. It usually takes a good 15 minutes or so for the chatter and giggling to quiet down before Olejniczak brings them around to the business at hand.

This is the second group of teens to be chosen through an application and interview process as educators with the
program, but most in this group—all but two, to be exact—have returned for a second year of work with the program.

They’ve gotten to know each other well, and as they review previous workshops—like their turn in front of the UW School of Medicine and Public Health’s first-year students—they offer each other candid feedback while evaluating any insights or questions they received from attendees. In some of these meetings, they review highlights from the initial training they received.

From lessons in public speaking, the facts of medically accurate sex education, and a primer on Wisconsin law as it relates to health care rights, the group has become well versed in the subjects at hand.

But where the workshops really make its impact is in the stories that go beyond what Olejniczak can teach them—their personal insights and experiences that, when shared, leave a lasting impact on the groups they present to.

These teens come from a variety of backgrounds and experiences. Some are products of two-parent households, while others are from single-parent households. Several have grown up in homes where topics normally covered in sex ed are easy to discuss, while others couldn’t imagine asking their parents such questions. Some bring experiences as heartbreaking—and powerful—as homelessness and abuse.

Whatever their background and layers of life experience they carry, each of the teens also brings a voice. With the help of WAHCCP, Olejniczak wants to ensure that health providers hear, and understand, all the perspectives.

“These are real teens, and what makes them real is what we share with health care providers,” Olejniczak says. “Some of it is uncomfortable. But we need to talk about it rather than ignore it, and there’s nobody better to talk about it than the teens themselves.”

The teens also say they see a bigger picture for their work that goes beyond just sexual health.

“It’s about so much more than your body,” says 17-year-old teen educator Aronji Fields.

To them, it’s about moving into adulthood with the right tools in their back pocket.

“Feeling empowered to advocate for yourself can translate to so many areas of your life,” says 19-year-old teen educator Elizabeth Wendt, the first college teen educator of the group. “We’re concerned with sexual health, because I would say that’s the area teens are least likely to open up about. I think if you give doctors and teenage patients the tools to talk about the most sensitive topics, they’re going to be able to talk about the easy topics with the same techniques.”

It’s a message that many are eager to hear. WAHCCP teen educators have presented at statewide conferences, to youth groups both close to home and as far as Appleton—and more presentations are on the horizon.

A program run by the nonprofit WAW, funding is tight. Olejniczak has been working tirelessly behind the scenes to keep the program alive. Her work has paid off, recently securing a $50,000 grant from the Wisconsin Partnership Program of the UW School of Medicine and Public Health to evaluate for program effectiveness.

For now, it’s enough to keep the program alive—along with Olejniczak’s goal of sending a generation of teens into adulthood ready to speak out for their own health needs.

“We know that with teens, the more knowledge they have, the more the knowledge impacts their behavior,” Olejniczak says. “We can’t just tell them to change [a certain behavior] and expect that to happen. It’s changed by empowering them to change it themselves.”

Nearly two hours after class began, the teen educators bring their interactive teaching session to an end.

The med students quickly pack their bags and head out the door, but the teens linger alongside Olejniczak. Munching on homemade cookies, they talk about how the small-group sessions they just finished went. As they take a moment to reflect, their faces already show how they feel about the day; they’re proud.

“Watching the light in their eyes when they realize that they were the presenter, and how powerful their voices are, how much they have to share and to give,” Olejniczak says. “It’s so rewarding to see that happen. It’s so rewarding to know that our program gives them an outlet to do that.”

The message of these teens is that they can be allies, but only if they’re given the chance to truly be heard. All it takes is opening up the conversation.

So, kids these days? What great teachers they can be.

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“Their voices are so powerful, they’re just like the people we’re teaching,” Olejniczak says. “And it’s so rewarding to see them take that ownership and own it and talk about it.”

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