

Assessing Adolescent Barriers to Using the Healthy Teen and Young Adult Center

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Strategic Plan to Reduce Teen Pregnancy in Baltimore City

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- Pregnancy ← Risky Sexual Behavior → STDs ⇒
- 3 million unplanned pregnancies in the US/year
- In Baltimore City as of 2008, the teen pregnancy rate was 64.4/1000 women
- 1.5 times higher than US national average of 41.5/1000 women
- 2008 almost 4% of new HIV and 1.5% of new AIDS cases in Baltimore City were among teens 13–19 years.
- 2008 Baltimore City had 2614 cases of Chlamydia in 20-24 year olds compared to 8202 total cases in Maryland. This represents 32% of the total state cases

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Strategic Plan to Reduce Teen Pregnancy in Baltimore City

The Plan

In 2008 the City of Baltimore Department of Health in conjunction with the Health Teen Network and community stakeholders

- Studied teen pregnancy and developed
- The Strategic Plan to Reduce Teen Pregnancy in Baltimore City(The Plan)
- The Plan identified a need to implement city wide evidenced based sex education programs
- Increase teen access to reliable contraceptives methods
- Identified existing city programs that provide services to teens.
- The Healthy Teen and Young Adult Clinic is an integral part of the plan to reduce teen pregnancy.

Healthy Teen and Young Adult Clinic

- Provides health education and reproductive health services to 10-24 y/o
- Community-based in Druid Hills neighborhood of west Baltimore City
- Open 43.5 hr/wk to 6pm and Saturday mornings
- Capacity to service 10800 clients/year
- Serviced 2668 clients in 2010
- Utilization of 24.7%
- Under* utilization is not unique to HTYA it is a city wide problem

Assessing Adolescent Barriers to Using the Healthy Teen and Young Adult Clinic

The scope of this project: Discover which factors are capable of increasing primary patient volume and enhancing patient retention.

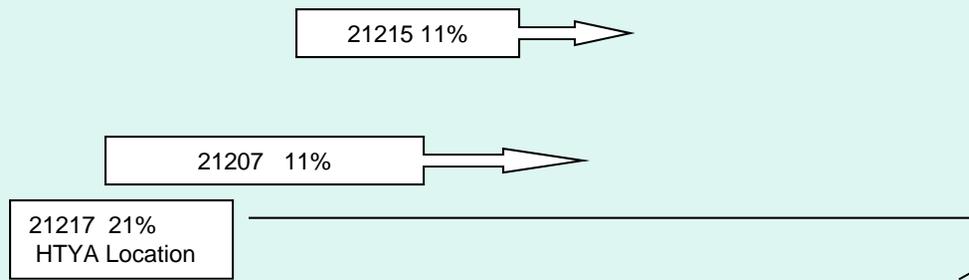
Methods: Client and Staff Patient Satisfaction Survey

- 100 Male and female clients ages 14-25 years mean 20y/o
- 16 staff members
- One month period in 2011
- Paper and pencil survey of 33 client or 14 staff questions
- Totally voluntary survey

•**Results:** n=80 client participant (80%)
n=9 staff participants (56%)

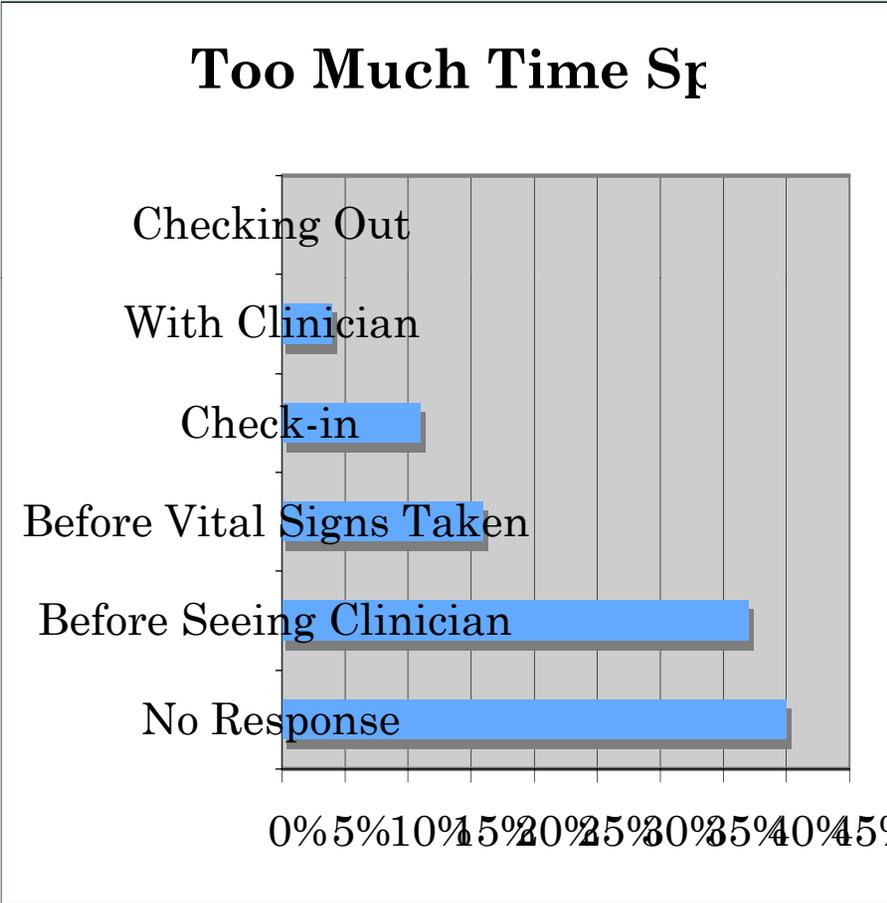
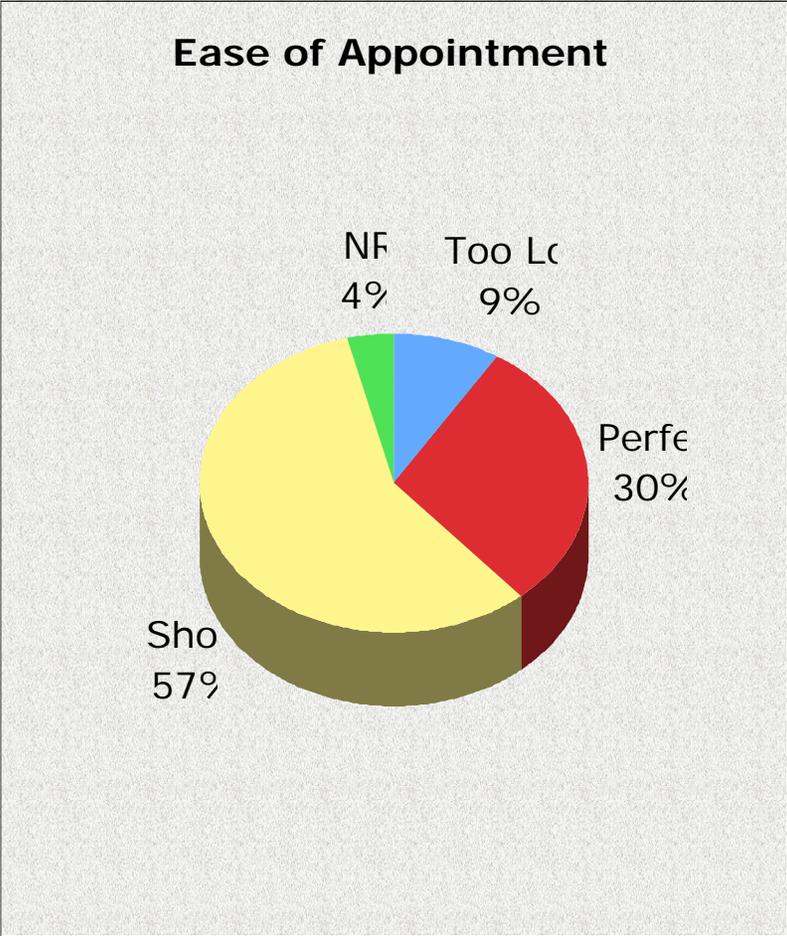
- Clients: 91% single, 58% students, 94% AA 3% Hispanic 1% white.
14% new clients 86% returning
Median income \$8596

Baltimore City Zip Code Map

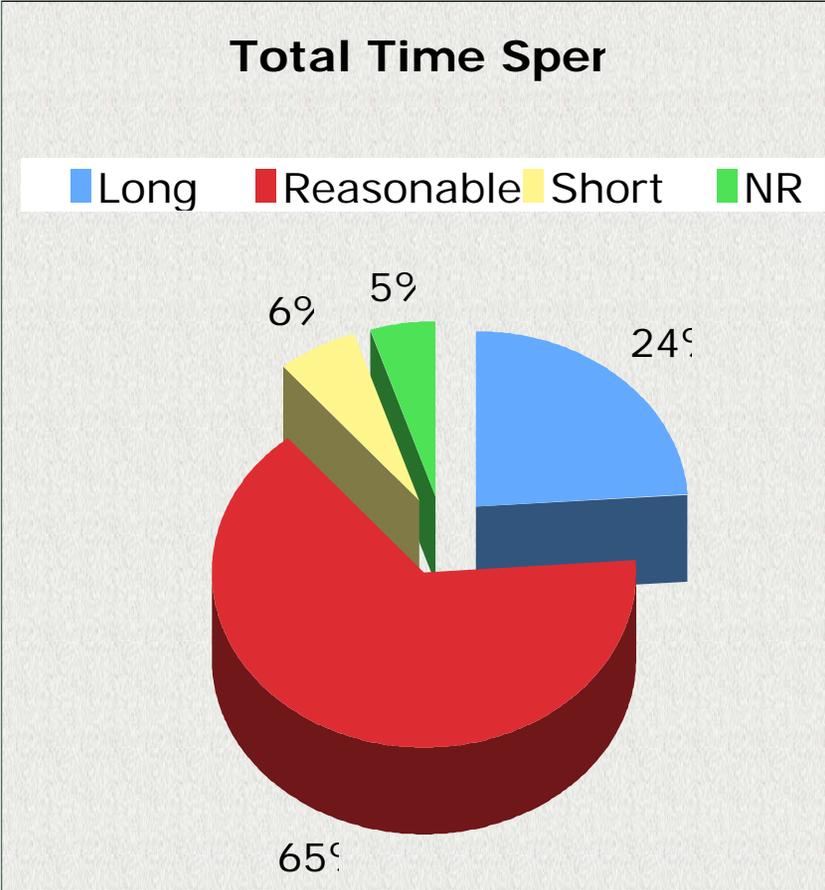
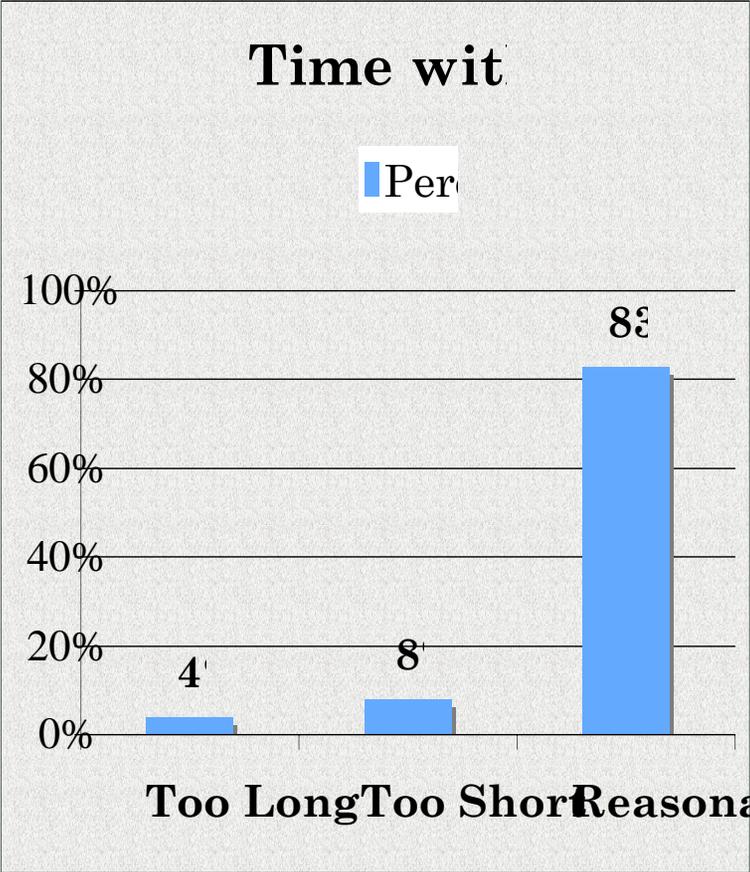


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Is it Waiting Time?

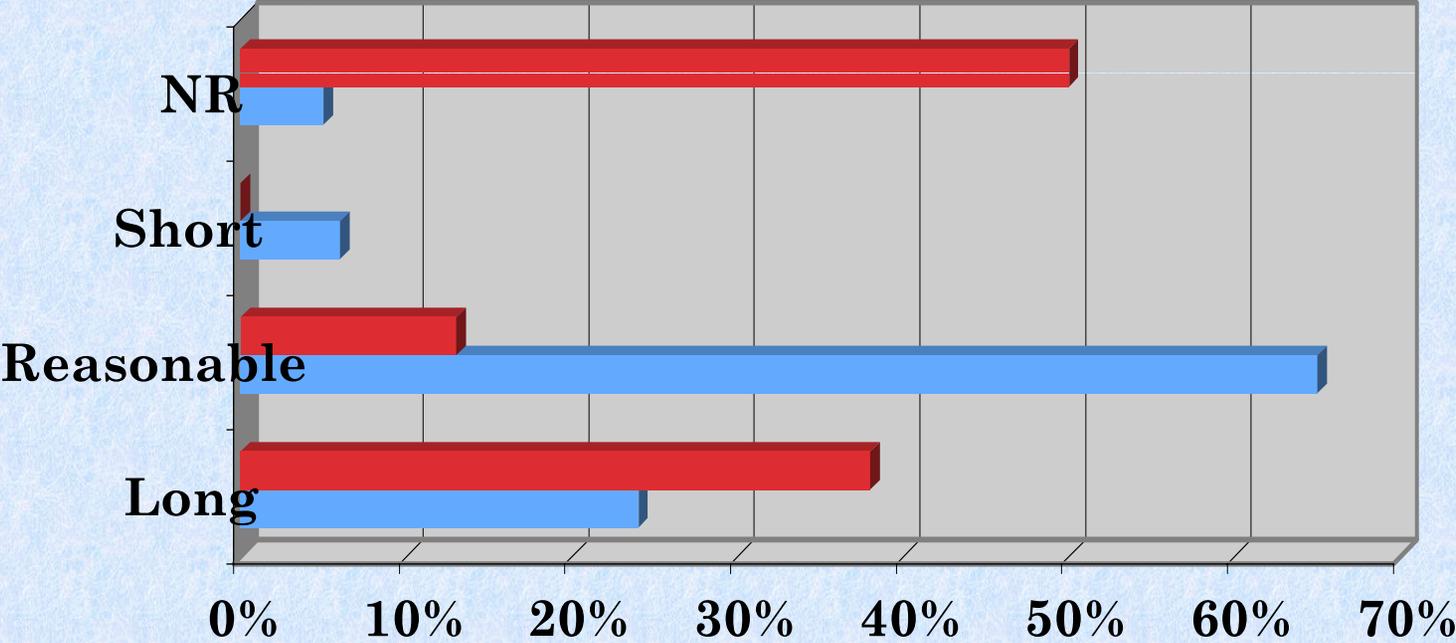


Is it Waiting Time?



Client vs. Staff Views of Wa

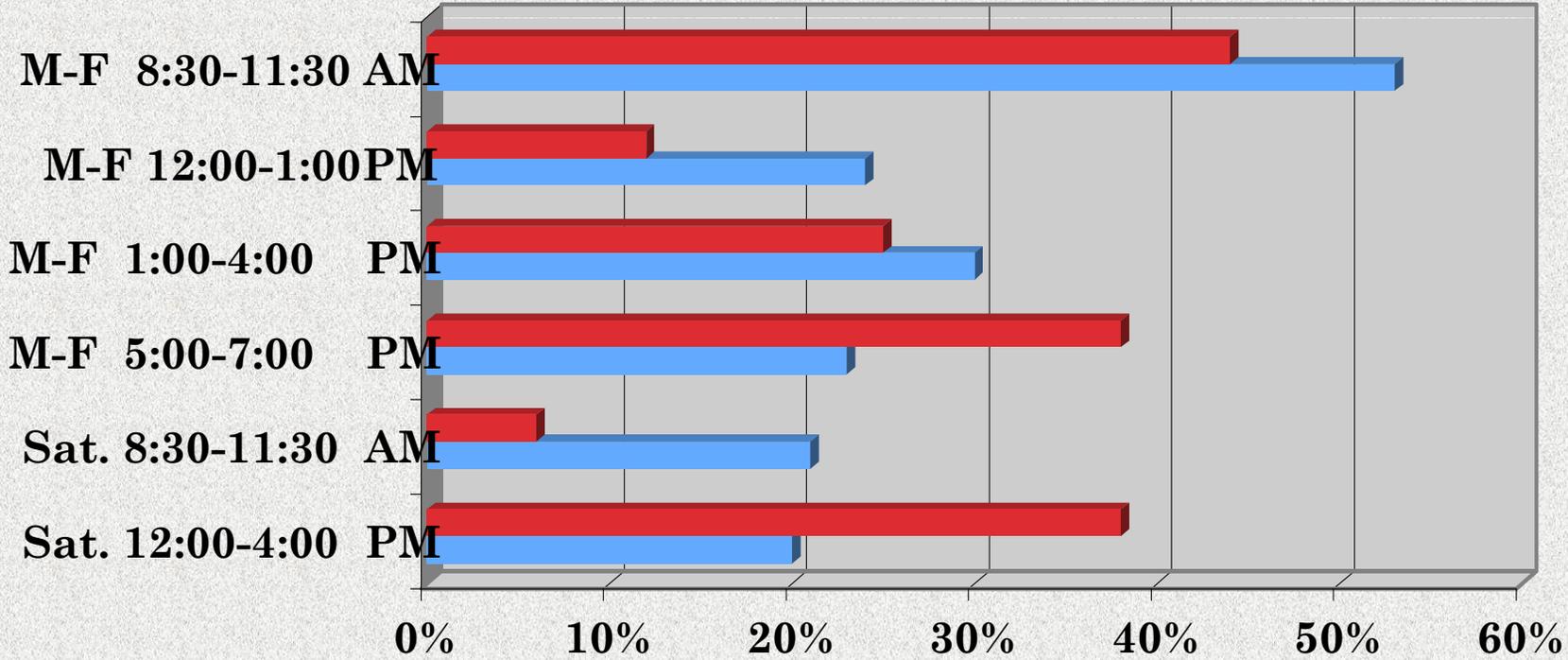
■ Percent Client ■ Percent Staff



Best Hours of Operation Clients vs. Staff

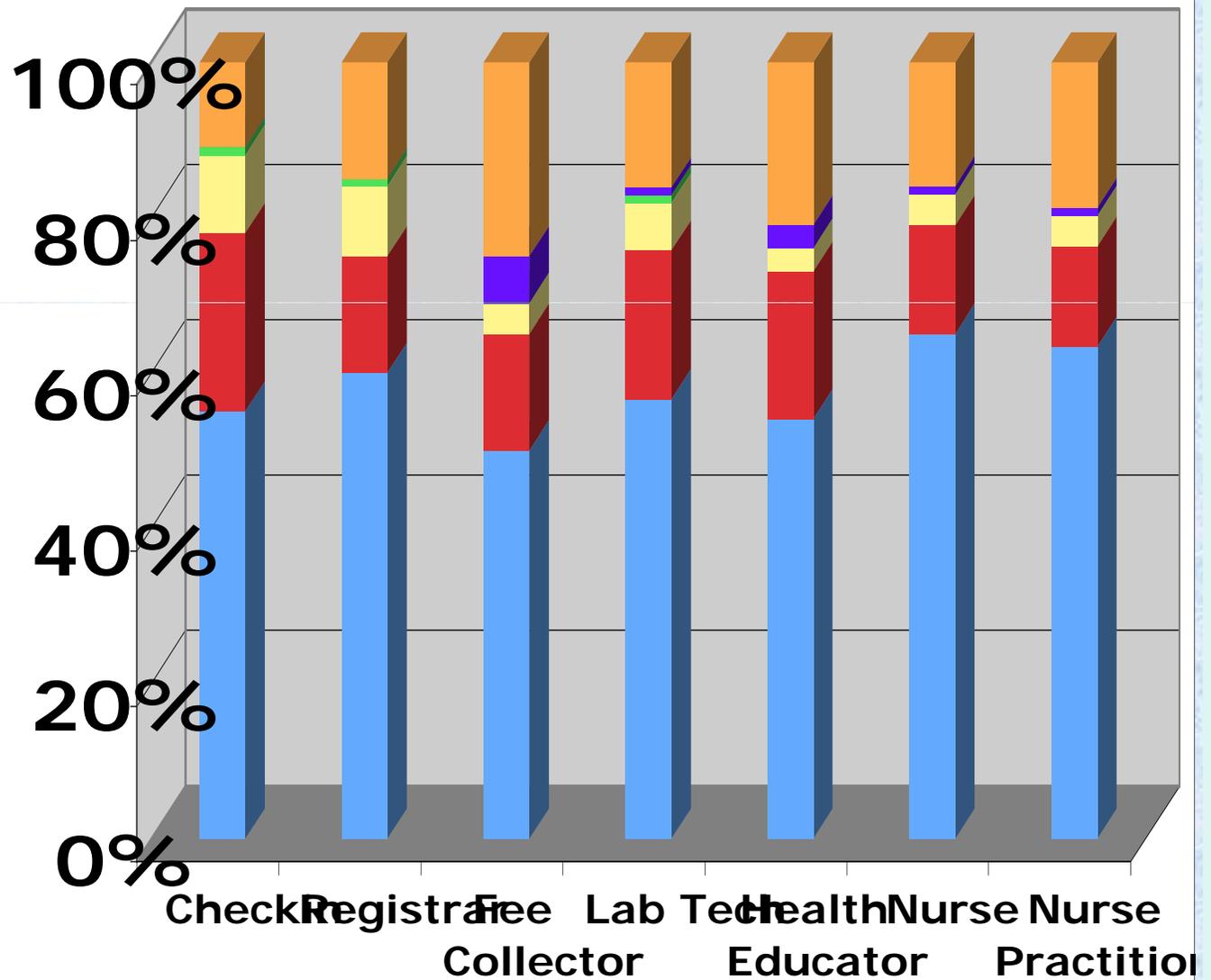
Suggested Hours of Operati

Client Percent Staff Percent

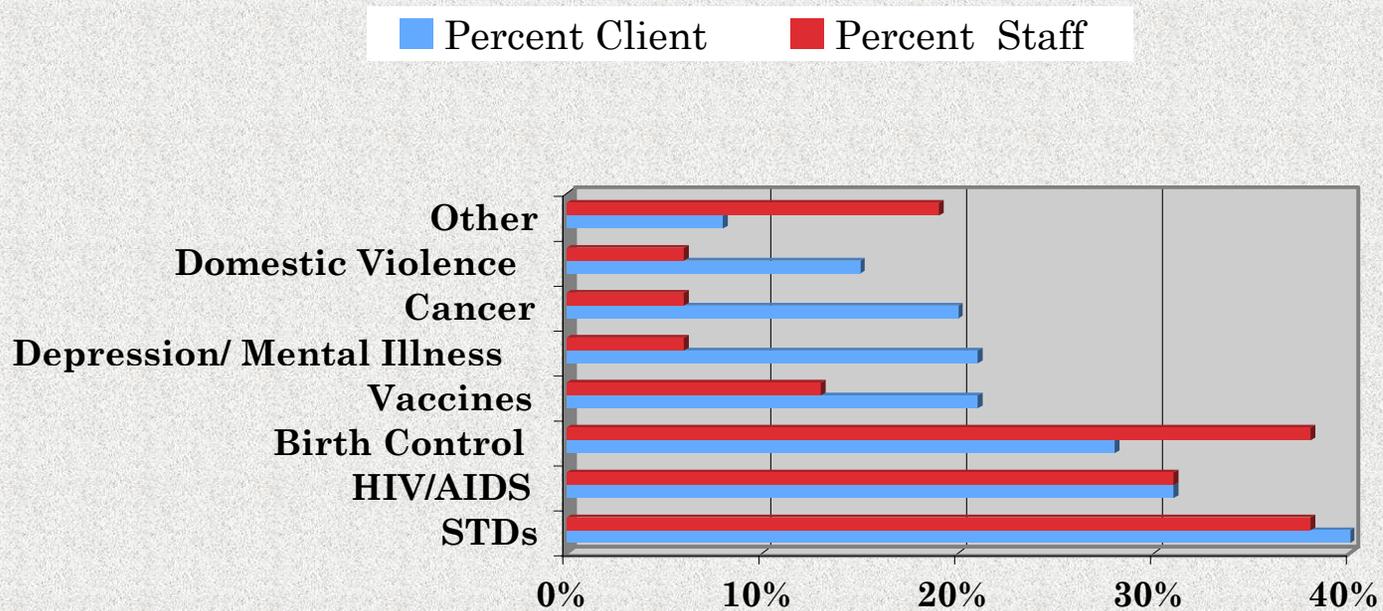


Perceived Treat

- NR
- I Don't
- Below A
- Average
- Good
- Exceller

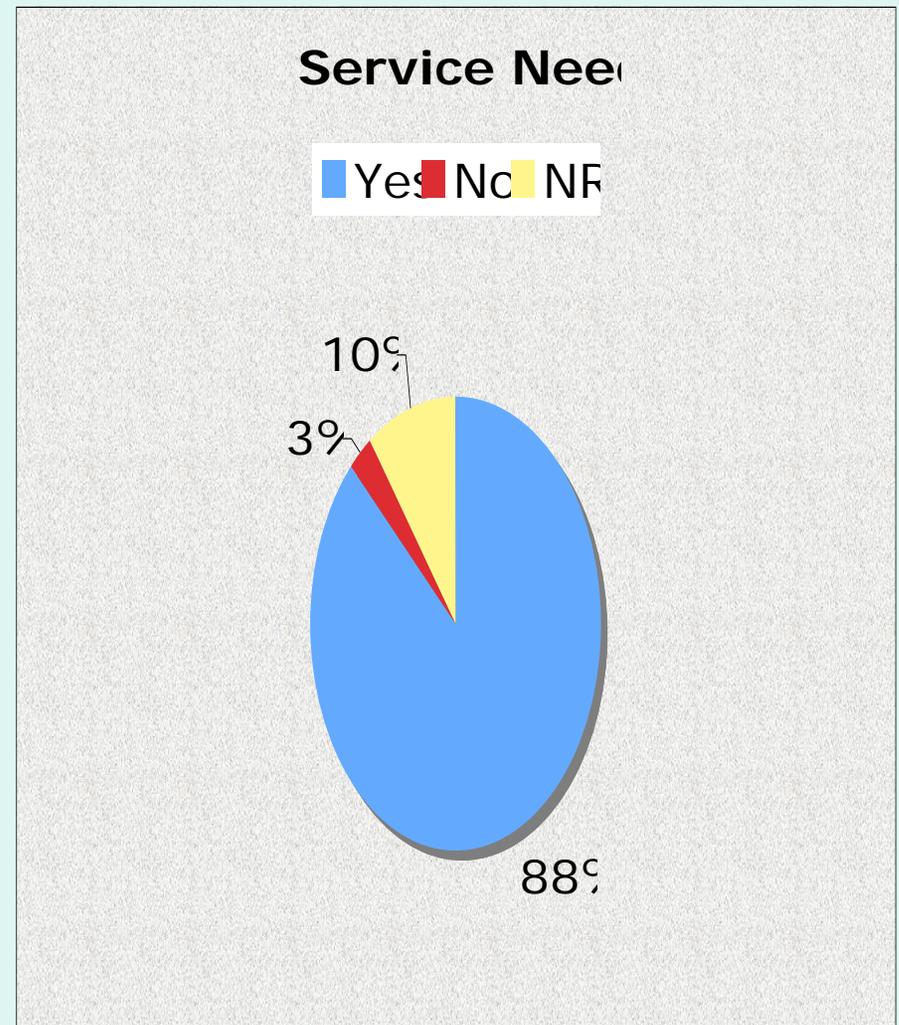


Client Desire for Health Information vs. Health Information Typically Given by Staff



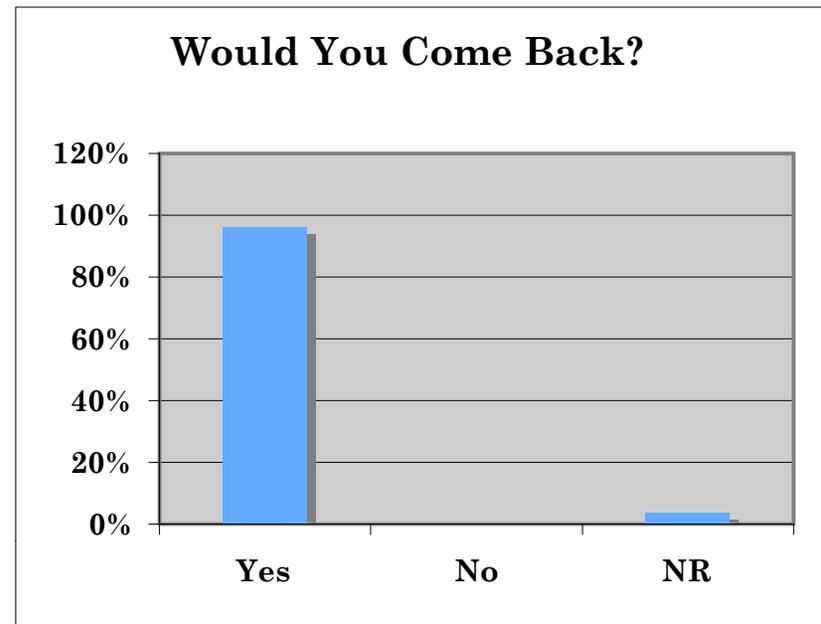
Perceived Treatment By Staff

- Thought clinician was easy to talk to
- Visit was confidential
- Equally split on male vs. female providers
- 35% wanted information about employment



Referral Sources

<i>Referral Source</i>	<i>Percentage</i>
Friend	54%
Clinic Sign	18%
Relative	15%
Other	9%
Pamphlet	5%
Poster	4%
Radio	3%
TV	0%
Newspaper	0%
NR	8%



Suggestion For Improving HTYA

Clients

- Better educational DVDs
- Snacks and Beverages
- Being Seen at Scheduled Time
- Decreased waiting time
- Don't Change

Staff

- More male focused community out reach and advertising
- Additional advertising to surrounding middle and high schools and the community about the variety of services available at HTYA
- Updating current website information and social marketing on facebook and Twitter
- More clinicians(M/F) to help reduce wait time

In Summary

- Hours of operation are adequate both clients and staff ID M-F 8:30-11:30am as the best time.
- Address prolonged waiting time between check in and before seeing clinician
- The response to treatment by the staff indicates a need to review office etiquette and customer relations especially since the major source of referrals is through friends and family.
- Many of the staff suggestions were similar to the overall goals of the Strategic Plan

Study limitations:

- Small staff size made it difficult to generalize the results
- Self-reported information can be inaccurate
- Doesn't clearly delineate what factors the clients find important during a quality clinic visit
- Lack of pilot testing to help refine survey and strengthen assessment
- Failure to ask gender/gender preference of clients