

Northern RI Partners' for Healthy Families



Improving Adolescent Wellness in Woonsocket

**A report of the Northern Rhode Island Partners' for Healthy Families
CATCH Project**

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Table of Contents

Problem Statement	1
State and Local Response	2
Background	2
Demographics of Woonsocket RI	2
Indicators of Poverty in Woonsocket	3
Youth in Woonsocket	3
School Health Services Requirements	4
Methodology	4
Findings	5
Summary of Woonsocket Area Physician Findings	5
Summary of Woonsocket Area Parent Survey Findings	7
Youth Focus Group Results	8
Recommendations	10
Physicians	10
Families and Youth	10
Local and State Policymakers	11
Conclusion	11
References	13
Appendix A	14
Appendix B	16
Appendix C	24
Appendix D	34

Improving Adolescent Wellness in Woonsocket

Problem Statement

This study was conducted to better understand experiences with adolescent medical homes representing a consistent source of health care for an individual and/or family care. Youth in their school years often do not have, or use, a regular “medical home”. Even those who were seen regularly by a pediatrician in their younger years may not continue in adolescence, and youth often have needs that are hard to address in a busy primary care setting (Rhode Island Department of Health, 2003). Although adolescence in general is a period of overall good health, it is also a period of high risk taking behavior. This paradox has created disparities within the health care system particularly among racial and ethnic minority adolescents. Adolescents have morbidity and mortality rates twice that of younger children (National Center for Health Statistics, 2007). Adolescents face many barriers to care, however, medical office sites that have adolescent-convenient locations, inviting waiting rooms, and staff trained to meet the multi-variant needs of adolescents, can help reduce those barriers. Co-location of services including physical, behavioral, and reproductive health care provide rich opportunities for clinicians to work together on behalf of their adolescent clients (Sandmaier, Bell, Fox, McManus & Wilson, 2007). Further, McManus and Fox (2007) advocate for establishing a more effective health care financing and delivery system that is more aligned to the needs of adolescents. They further assert that parents need skills and support to enable them to maintain close relationships with their adolescents.

The National Adolescent Health Information Centers (2008) further describes the issues related to adolescent health care access. The proportion of adolescents with private health insurance is declining. Almost three quarters of adolescents had a preventative care visit in the past year yet almost half of adolescents reported visiting an emergency room in the past year. Finally, one in five youth with special health care needs goes without needed health care services. This information further underscores the need to support health insurance for adolescents as well as venues where adolescents can access care designed to address their developmental needs.

Comprehensive primary care medical home models for adolescents sometimes seem financially unrealistic. If patients are privately insured, publicly insured or uninsured, reimbursement rates usually do not cover the full cost of care. Both private and public insurance programs are not structured to support integrated primary care services for adolescents. Adolescents are underserved in Medicaid because payment policies discourage preventive counseling. Further studies have demonstrated that providing health insurance in and of itself, do not increase access to care for adolescents. Visionary and collaborative approaches can help ensure successful medical home models for adolescence.

Characteristics include: an wide range of services including physical, behavioral and reproductive health services; team approach to care' efficient division of responsibility designed to optimize physician time; staff sensitivity toward youth needs; teen friendly environment; and a youth development focus supporting health decision making, avoidance of high risk behaviors and development of health care consumer skills (Fox, McManus, Limb, & Schlitt, 2008; Fox, Limb & McManus, 2007; Sandmaier et al., 2007).

State and Local Response

State and local partners merged efforts to further assess these issues in RI. The Rhode Island Department of Health had convened an Adolescent Medical Home group to define aspects of a medical home. A medical home is a system of services and supports that meet the health care needs of an individual/family. Characteristics of an adolescent medical home include: accessible; continuous; comprehensive; family centered; coordinated; compassionate and culturally effective. The full definition can be found in Appendix A.

Locally, the Northern Rhode Island Partners' for Healthy Families Coalition which consists of health, education, and human service providers in Woonsocket applied for a Community Access To Child Health (CATCH) grant through the local American Academy of Pediatrics to study the medical home model in Woonsocket. A local CATCH pediatrician provided the leadership necessary to initiate this process. The CATCH program is designed to improve health care by supporting community based efforts that involve local pediatricians. The Coalition has been meeting for over ten years in an effort to improve and advocate for programs and services for families in order to reduce health disparities and improve health outcomes in Woonsocket. The purpose of this project was to identify barriers to care and give providers the tools and resources to improve adolescent wellness and ensure teenagers remain connected to medical homes. Thundermist Health Center has been serving communities in Rhode Island for thirty years, providing comprehensive, affordable, culturally sensitive care. As the primary health provider for many Woonsocket families, this project will help the Center to serve as a model for local pediatricians to reach out to Woonsocket teens and improve access to a teen medical home.

Background

Demographics of Woonsocket RI

Woonsocket, Rhode Island, is home to the majority of low-income families in Northern Rhode Island. The community is geographically isolated from other urban areas, and its at-risk health indicators are amongst the highest in the state. Woonsocket, Rhode Island is considered one of the state's six core urban areas. A third of all children in Woonsocket live below the federal poverty threshold and

nearly one in five live in extreme poverty. Although minorities account for only 35 percent of the population, minority children comprise 61 percent of all poor children. Almost half (46%) of children live in single-parent households, a 15 percent increase from the 1990 Census. Although the teen birth rate has declined over the last few years, it is still double the state rate. A recent substance abuse survey found that one in ten middle school students in Woonsocket had reported using drugs within the past thirty days, while the figure for high school students rose to one in four. Woonsocket High School had 1,970 students enrolled in 2002-03, while Woonsocket Middle School enrollment topped 1,600, placing it among the most populated middle schools in New England.

Woonsocket has a population of 43,877 (2000 U.S. Census), a slight decline of 2.8% in population from the 1990 census. Recent estimates of the population show a slight increase, likely due to an increase in the immigrant population, particularly from Spanish-speaking countries. The 2000 U.S. Census reported a median household income level of \$30,819 in 1999, well below the state average of around \$42,000.

Indicators of Poverty in Woonsocket

The child poverty status is among the highest in the state, with 29.4% of 5-17 years old living in families with incomes below the poverty line. Over all, almost 17% of Woonsocket families live under the poverty level. Twenty-five percent of the mothers in Woonsocket did not graduate from high school. The City's rate of child abuse reported per thousand is also among the highest in the state, at 14.7 per 1,000 (state average is 7.4 per 1,000).

A lack of affordable housing has led to an over-population of the two main public housing complexes. Escalating housing costs and increased unemployment are exacerbating a downward trend in quality of life, leaving youth increasingly more vulnerable. In 2000, 114,528 (70%) of children between the ages of 6 and 17 in Rhode Island had all parents in the workforce. Lack of parental supervision is just one risk factor confronting Woonsocket's youth facing possible decisions on whether to engage in risky behavior.

Youth in Woonsocket

The 2006-2007 School Accountability for Learning and Teaching (SALT) survey revealed that 21% of Woonsocket Middle School students consumed alcohol in a 30-day period, 9% admitted to using illegal drugs, and 18% admitted to using tobacco. The same questions asked to Woonsocket High School students revealed that 39% admitted to using alcohol, 26% used drugs, and 36% admitted to using tobacco. Furthermore, the high school graduation rate in 2007 was 54.9% among the lowest in the State.

Woonsocket Middle School, the state's largest middle school, is overcrowded. It is the city's only middle school, receiving students from 10 public elementary schools. The Rhode Island Department of Education has designated the Woonsocket Middle School as "low performing with no indication of improvement." The high school graduation rate in 2007 was 54.9% among the lowest in the State.

School Health Services Requirements

Currently, youth are required to receive a physical examination in the seventh grade. Evidence suggests that students do not return for recommended yearly wellness exams, unless prompted. This creates a missed opportunity for providers to coordinate a medical home and to help reduce risky behaviors presently engaged in by Woonsocket teenagers. This project proposes to identify barriers and improve outreach to teens and their families to improve adolescence wellness and provide resources to providers to ensure teenagers remain connected to a medical home.

Methodology

A mixed methods approach, including surveys and focus groups, was used to query physicians, parents and adolescents about aspects of medical homes for adolescents. The purpose of this study was to improve use of medical home among families with adolescents residing in the city of Woonsocket through:

- Identifying barriers to use of medical homes among families with adolescents age 12-18 residing in Woonsocket.
- Developing strategies to reduce barriers to use of medical homes among adolescents living in Woonsocket.
- Developing strategies to improve the quality of medical homes utilized by adolescents residing in Woonsocket.

A survey was designed based on the definition of adolescent medical home and mailed to physicians in Northern Rhode Island, N= 50, who serve a majority of Woonsocket adolescents, in the Fall of 2007. Seventeen (n=17) physicians responded. There was one mailing with follow-up phone calls. Some surveys were resent by fax to the physicians. Results were compiled within the working definition of adolescent medical home (Appendix B).

A survey was designed for parents based on the definition of adolescent medical home. The survey was administered in the Spring 2008, through community organizations including: Woonsocket WIC office, Thundermist Dental Office, Family Drop In Center at Family Resources, and Woonsocket Heal Start. Parents of adolescents, ages 11-18 years old and residing in the Woonsocket

area, were asked to complete the survey. Forty-eight (48) parents participated, with demographics as follows: 60% White, 19% Black/African American and 21% Other. Additionally, 35% reported Hispanic ethnicity. Results were compiled within the working definition of adolescent medical home (Appendix C).

Three focus groups were conducted by three different facilitators at three different locations in the Spring 2008. A total of 34 youth participated. In the first focus group, there were five girls and eight boys with ages ranging from ten to fifteen years old. There were 12 participants in the second focus group with five girls and seven boys with ages ranging from fourteen to sixteen years old. There were nine participants in the third group with five girls and four boys with ages ranging from fifteen to eighteen years old. The results were compiled within the working definition of adolescent medical home (Appendix D).

Findings

The results from the surveys and focus groups were analyzed to inform strategies consistent with the purposes of this study within the definition of adolescent medical home.

- | | |
|------------|---|
| Purpose 1: | Identify barriers to use of medical homes among families with adolescents age 11-18 residing in Woonsocket. |
| Purpose 2: | Develop strategies to reduce barriers to use of medical homes among adolescents living in Woonsocket. |
| Purpose 3: | Develop strategies to improve the quality of medical home utilized by adolescents residing in Woonsocket. |

Summary of Woonsocket Area Physician Survey Findings

Accessible

- Almost 60% of respondents indicated their offices were located on a bus route.
- 71% are open some evenings and weekends, all are open Monday-Friday, 9-5.
- Roughly one in five doctors can be reached by email.
- Parental consent for confidential youth visits is obtained 41% of the time, with 12% stating there are limitations to the confidentiality (planned suicide/homicide).
- Overwhelmingly, 88% of doctors spend time counseling youth without a parent present.
- 88% of doctors provide health information via printed materials, about half (47%) offer Internet resources and none provide video materials or peer counseling.

Continuous

- 71% of group practices make efforts for youth to be seen by the same physician for every visit.
- 76% of doctors have a system to keep track of overdue patient visits.
- The average age for both boys and girls to transition to adult care is 19.
- Under half of all doctors (41%) refer patients to specific adult providers.
- Only a quarter (24%) have a system to ensure the transition was successful.

Comprehensive

- All but one doctor surveyed (94%) takes a sexual history of adolescent patients.
- Half (53%) offer contraceptive services to patients and also write prescriptions for contraceptive services.
- 82% of doctors surveyed discuss sexual orientation with their patients.
- 41% use a risk and/or strengths assessment with their patients.
- Just two responders (12%) reported having a substance abuse and/or mental health provider in their office, all but one (94%) provide referrals for these services.
- 76% follow up to make sure patients connect with their referral, with varying degrees of updates.

Family Centered

- Services provided to families to help them meet adolescent challenges include counseling referrals (88%), printed materials (76%), Internet resources (41%) and one provider offers skills workshops.

Coordinated

- 82% of doctors find it difficult to find referrals for specialty services, including psychiatry (3), mental health (2), counseling (1), obesity (1), dermatology (1), neurology (1), substance abuse (1), and cigarette smoking (1).
- 29% of respondents coordinate with school nurses.
- 59% of respondents reported challenges in addressing the needs of immigrant and mobile families.

Compassionate

- The average time for an adolescent well visit is 25 minutes.
- The average time for an adolescent sick visit is 14 minutes.
- Half (49%) do not feel their adolescent patients take an appropriate level of responsibility for their health.
- All group practices give patients a choice of providers.

- Just a quarter (24%) of responders assess patient satisfaction with services.

Culturally Effective

- Two responders provided cultural orientation/training to staff over a year ago and one in the past year.
- 35% of doctors and 71% of staff are bilingual or trilingual. 47% provide translated written materials.
- 71% of responders categorized their office as “teen friendly”.

Your Thoughts

- One issue of concern was raised: ability to discuss sexual orientation with patients.
- 53% of responders were willing to be contacted for follow up information.

Summary of Woonsocket Area Parent Survey Findings

Accessible

- Parents generally take their sick teens to the following locations: neighborhood health center (46%), private doctor’s office (44%), walk-in or urgent care (44%), and the emergency room (14%).
- Parents pay for teen’s medical care with Rite Care (56%), private health insurance (38%), Medicaid (16%) or personal funds such as cash, check, or credit card (2%).
- Reported obstacles to scheduling or keeping appointments included lack of cooperation from teen (14%), work conflicts (14%), child care needs (12%), lack of transportation (12%), and lack of night/weekend appointment availability (12%).
- 38% of parents reported being able to get a check-up medical appointment for their teen in less than a week.
- When a teen is sick, 56% of parents reported being able to get an appointment in less than a day.
- 78% of surveyed parents reported driving their teen to medical appointments, 24% reported getting a ride from someone else, 22% indicated walking to their appointment, 8% of respondents took the bus, and another 8% take a taxi.

Continuous

- 76% of teens see the same medical provider when they seek medical care, while 24% do not.
- At the medical appointment, respondents indicated seeing a doctor 82% of the time, a nurse practitioner 22%, and a physician’s assistant 10% of the time.

Comprehensive

- Of the parents surveyed, 72 % indicated that their teens had received preventative care (check-ups or shots) within the past 12 months. 20% of respondents reported that their teen had not and 6% did not know.

Family Centered

- Word-of-mouth was a means by which 62% of respondents indicated that they gathered advice about raising a healthy family. 50% also reported using medical providers' advice. Other reported means included community organizers (34%), newspapers (22%), TV or radio (18%), computers or internet (16%), and Family Health Information Line (8%).
- Of the 21 responses to an open-ended question about services to help raise a healthy family, 57% of responses indicated a desire for after school or recreational activities for youth.

Coordinated

- Over half of the respondents (56%) reported that their medical provider had never offered to refer their teen to other medical services. However, others reported being referred to a dentist (18%), mental health services (14%), WIC (10%), Rite Care (8%), OB/GYN (8%) and other parent support (8%).
- During the 12 months preceding the survey, 40% of respondents' teens visited a specialist. 8% of the respondents indicated that their teens needed to see a specialist, but did not.
- 32% of respondents indicated that the medical provider *never* talks with them about their child's visit to the specialist. 14% reported that the medical provider *sometimes* discusses the visit, 22% indicated that they *usually* do, and 12% responded that they *always* talk about the child's visit.

Compassionate

- 64% of respondents indicated that a typical wait at a medical office was between 15 and 30 minutes.
- 44% of respondents felt that the medical provider *always* spent enough time with their teen. 36% felt that the medical provider *usually* spent enough time and 12% felt that they *sometimes* did. 8% of surveyed parents felt that they *never* spent enough time with their teen.

Culturally Effective

- None of the respondents indicated that they needed an interpreter to speak to their medical provider over the past 12 months.
- 76% of parents surveyed indicated that they usually spoke English at home and 22% reported speaking Spanish at home.

Youth Focus Group Results

Accessible

- Approximately 72% of the subjects turn to a close person, doctor, or counselor when in need of resources, while only 21% rely on the internet or media outlets.
- The subjects were about split in taking personal responsibility of their health, with 54% not taking accountability, and 46% doing so.

Continuous

- 68% of the subjects have been to the doctor at least within the past year.
- The subjects were about split in taking personal responsibility of their health, with 54% not taking accountability, and 46% doing so.

Comprehensive

- Most (74%) subjects' doctor's inquired about risky behavior and related topics

Family-centered

- The overwhelming majority (67%) of the subjects didn't have their parents present during his or her past doctor visit.

Coordinated

- No responses

Compassionate

- 55% of the subjects had a negative connotation associated with doctor, while only 15% felt positively.
- 63% felt that the personality of the doctor was a more influential factor than knowledge of medicine.

Culturally Effective

- No responses

Your Thoughts

- 66% of the subjects felt that "Healthy" means good nutrition while only 3% felt that it required shots by the doctor.
- 38% of the youth viewed the definition of "Risky Behavior" as violent or aggressive behavior, while only 9% recognized sexual activities and consequences under this category.
- 32% of the youth suggested opening a physical fitness center or implementing fitness programs to improve health.

Recommendations

The following recommendations are offered to further enhance the adolescent medical home model in Woonsocket and across the State.

Physicians

- Local physicians have made efforts to ensure that their practices are accessible to patients and should continue to explore those options. Further outreach is needed to engage youth and their families to local practices.
- Physicians need to continue their efforts to discuss risky behaviors including sexual risk taking behaviors. Resources such as Bright Futures can help provide age appropriate questions and guidance concerning sensitive subjects. Explore the inclusion of nurse practitioners, health educators, and social workers on staff to provide health education and behavior change counseling.
- Physicians can explore co-location of services within their practices, especially behavioral health services. Physician offices can develop referral lists for area medical specialty services.
- Physicians can speak to families about the role of adolescent and provider relationships, including confidentiality of services, in supporting the health of their adolescents.
- Physicians can assist adolescents, especially those with special health care needs in developing skills to successfully transition to the adult health care system (McManus, Fox, O'Connor, Chapman, & MacKinnon, 2008).

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Families and Youth

- Families can support youth in taking responsibility for their own health. Physicians reported that many adolescents do not see personal health as a responsibility and many youth participants concurred. Parents can support and encourage youth to discuss health concerns with the family physician. Choosing one usual provider helps to facilitate relationship among family members and the provider.
- Families and youth should make every effort to keep scheduled appointments.

- Families and youth can mutually learn about adolescent growth and development. Families and youth can embrace the role of trusted adults such as the family health care provider, in supporting adolescent health.
- Youth can take responsibility for their health and learn health consumer strategies such as communication of health issues and follow through on health directives from the physician.

Local and State Policymakers

- Recognize adolescent health as a distinct specialty requiring specific skill sets and create incentives for systems to serve adolescents emphasizing health promotion and disease prevention activities as well as chronic care management (Fox, McManus, Limb, & Schlitt, 2008).
- Explore the requirement of a physical exam for high school entry. The last State required physical exam, excluding sports physicals occurs in seventh grade.
- Explore opportunities to support standards based physical education in all Rhode Island schools and promote physical activity in before, during, and after school programs.
- Provide opportunities for collaboration among schools, health providers and community based agencies, incorporating the link between health and academic achievement, to support positive health and education outcomes among youth (Marin & Brown, 2008).

Advocate for health insurance for all adolescent including reimbursement rates that cover cost of services for youth. These costs would cover longer time periods for interviews and behavioral health counseling. Technology such as email, text messaging and telephone communications would be utilized (National Association of County and City Health Officials, 2008).

- Explore financing strategies to support school based or school linked health care.
- Share information about adolescent health focused groups such as the Society of Adolescent Medicine.
- Provide professional development, in coordination with the RI Chapter of the American Academy of Pediatrics, for Rhode Island physicians in Bright Futures to help support characteristics of adolescent medical home including adolescent growth and development.

- Explore funding opportunities to promote the medical home model statewide (John Snow Inc, 2008).
- The RI Department of Health should explore, with its partners, the development of a separate licensure/endorsement for adolescent health care.

Conclusion

This study was conducted to better understand experiences with adolescent medical homes in Woonsocket. Adolescents face numerous barriers to care. Medical homes provide access to care through a system of services and supports that meet the health care needs of an individual /family. Results showed evidence of pieces of the medical home in Woonsocket. Recommendations include strategies for physicians, local and state policymakers, and families and youth to work as partners to improve and advocate for programs and services for families in order to reduce health disparities and improve health outcomes in Woonsocket. Results should be shared widely with like stakeholders across the state to support the creation of adolescent medical homes across Rhode Island.

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Appendix A

Rhode Island Department of Health, 2007 Characteristics of Adolescent Medical Home

A medical home is a system of services and supports that meet the health care needs of an individual/family.

Accessible

- Care (including medication) is safe, private, convenient (time/place), affordable and comfortable.
- Laws, regulations and practice around adolescent consent for services are designed to achieve the best health outcomes for adolescents and are clear to provider, parents, and adolescents. \
- Care is confidential according to doctor/patient policy, laws, and regulations.
- Information about adolescent health is available for parents and youth via teen friendly and parent friendly media including Internet, phone, peers, written material, film, and is in native language whenever possible.

Continuous

- Age appropriate care is provided annually throughout early, middle and late adolescence.
- Care transitions and transfers smoothly from pediatric to adult care.

Comprehensive

- Includes access to quality wellness care, primary and preventative care, screenings, immunizations, mental/behavioral health services including substance abuse prevention and treatment, oral health care services and specialty services when needed.
- Appropriately addresses the needs of special populations such as adolescents with special health care needs and lesbian, gay, bisexual or transsexual youth.
- Includes access to quality confidential reproductive health services and supplies, as well as, clear, current, and comprehensive information about sex, sexuality, and reproductive health.

Family-centered

- Care is provided in the context of individual, family and community strengths and needs and contributes to the strengths and assets of the individual and family.
- Parents and other caretakers have access to counseling, skill building resources, and other services and supports to help them raise successful adolescents.

- There is a discussion with the family on anticipatory guidance, risk prevention, and reinforcement.
- Adolescents, their parents, and other caretakers have information about adolescent health and development, developmental needs, reproductive health, and birth control, seat belt use, as well as parenting and other preventative strategies.

Coordinated

- Care is coordinated between primary care providers, school nurse teachers, mental health providers, specialists, and others with a central, comprehensive, confidential, portable record to transfer information across a team of providers.
- School physical examination requirements are coordinated and scheduled to address anticipatory guidance for early and middle adolescence, including new immigrants and mobile families.

Compassionate

- Providers build caring, trusting relationships with adolescent consumers and their families.
- Language and terminology used is respectful to clients and families.
- Care is empowering, unbiased, and non-discriminatory.
- Care models responsibility and accountability.
- Privacy and confidentiality are respected.
- Time is available for listening and problem solving.

Culturally Effective

- Provider environments are adolescent-friendly, as defined by adolescents.
- Addresses and respects the “adolescent” culture, as well as individual and family culture related to race, ethnicity, language, religion, and sexual orientation.
- Decisions are made with the consumer, not for the consumer.
- Adolescent consumers take appropriate level of responsibility for their health care.

Appendix B

Physician Survey Results

	Accessible	YES	NO	UNSURE	N/R	OTHER	Total
1	Is your office located on a bus route?	10	5	2	0	0	17
2	Are you open 9-5, five days a week?	17	0	0	0	0	17
3	Are you open some evenings?	12	5	0	0	0	17
4	Are you open on weekends?	6	5	0	0	0	17
5	Can patients and their parents reach you by e-mail?	3	14	0	0	0	17
6	Do you routinely obtain consent from parents or guardians that allow youth to be seen confidentially?	9	8	2	0	0	17
7	Are there any limitations to this confidentiality?	6	6	3	6	0	17
8	If yes, what?	0	0	0	15	2	17
9	As part of your annual adolescent visit do you spend time counseling the adolescent without the parent/guardian?	15	0	1	0	1	17

	present?						
10	Do you make adolescent health information available in any of the following media formats?						
	printed materials	16	2	0	0	0	17
	peer counseling	0	15	1	1	0	17
	video materials	0	15	1	1	0	17
	internet resources	8	9	0	0	0	17
	Continuou						
	s						
11	If you are in a group practice, are efforts made to have the patients seen by the same physician for every visit?	12	2	0	2	1	17
12	Does your physician have a system to keep track of patients that are overdue for physicals?	17	3	0	1	0	17
13	How old are your patients when they are transitioned from pediatric to adult care?						
	BOYS: 16-22, 21, 18, 22avg, 21-23, 18-19, 18, 21, 19-21, college, 18,	avg. 19.3	0	0	1	16	17
	GIRLS: 16-22, 21, 18,	avg. 19.5	0	0	1	16	17

	22avg, 21-23, 18-19, 18 (sooner if pregnant), 21, 19-21,						
14	Do you have specific adult providers that you refer these patients to?		8	2	0	0	17
15	Do you have a system to confirm the transition has been successful?	4	12	1	0	0	17
Comprehensive							
16	Do you take a sexual history of your adolescent patients?	16	1	0	0	0	17
17	Do you offer contraceptive services to patients?	9	8	0	0	0	17
18	If yes, do you write prescriptions for emergency contraceptives?	9	4	0	3	1	17
19	Do you discuss sexual orientation?	16	2	1	0	0	17
20	Do you use a risk and/or strengths assessment with your patients?	7	10	0	0	0	17
21	Do you have substance abuse and/or mental health providers in your office?	2	15	0	0	0	17
22	If no, do you provide referrals for	16	0	0	1	0	17

	these services?						
23	Do you follow up to assure that patients connect with the referral?		3	0	0	1	17
24	Do you receive updates on your patients from the referred service?		3	1	0	4	17
Family-Centered							
25	What services do you provide to parents/families to help them meet the challenges of adolescence?						
	skills workshops		14	2	0	0	17
	internet resources		7	10	0	0	17
	counseling referrals		15	2	0	0	17
	printed information on adolescent development		13	4	0	0	17
Coordinated							
26	Do you find it difficult to find referrals for specialty services?		3	0	0	0	17
27	If yes, which ones?		0	0	4	13	17
	responses: psych-obesity, mental health, counseling						

	psycholog y- dermatolog y- neurology, psych,							
28	Do you coordinate with your patient(s) school nurse(s)?	5	9	0	2	1	17	
29	If yes, how do you share medical information?	6	0	0	14	3	17	
30	Do you have challenges addressing the needs of immigrant and/or mobile families?	6	5	2	0	0	17	
31	If yes, what are they and what would help?	0	0	0	9	8	17	
32	Do you provide the medical care for your patients when they are hospitalized?	16	1	0	0	0	17	
33	How long is your average adolescent well visit?	0	0	0	0	17	17	
		avg: 25.1						

34	How long is your average adolescent sick visit?	0	0	0	0	17	17	
		avg: 13.9						
35	On average, do you feel your adolescent patients take an appropriate level of responsibility for their health?	5	8	3	0	1	17	
36	If you are in a group practice, are patients given a choice of providers?	5	0	0	3	1	17	
37	Do you assess your patients' level of satisfaction with services?	4	12	0	1	0	17	
38	If yes, how?	0	0	0	14	3	17	
Culturally Effective								
39	Do you provide orientation/training with respect to race, ethnicity, religion and sexual orientation to assure that you and your staff are culturally competent?							
	in the last 6 months?	0	14	1	2	0	17	
	in the last year?	1	14	1	1	0	17	

	more than one year ago?	2	12	2	1	0	17
40	How do you handle patients/families who have limited English proficiency?						
	I'm bilingual	6	8	0	3	0	17
	my staff is bilingual	12	3	0	2	0	17
	we provide translated written materials	6	7	0	2	0	17
	other	0	0	0	14	3	17
41	Is your office "teen friendly" with an environment that is comfortable for teens as well as younger patients?	12	1	2	0	2	17
42	If yes, what does that environment look like?						
	Your Thoughts						
43	Do you have any issues of concern that we have not addressed or that you would particularly like help in addressing?	6	3	0	12	2	17
44	Do you have tools that you find	6	10	3	4	0	17

	effective that you would be willing to share with us?							
45	Can you be contacted for follow up information?	9	2	0	5	1	17	

Other

*1 person answered both *cash* and *private health insurance*

*2 people answered both *Private health* and *Rite care*

*2 people answered both *Rite Care* and *Medicaid*

Is there anything that makes it difficult to schedule or keep a medical appointment for your teen(s)?

4 *(Check all that apply)*

Need someone to watch my children 6

My teen does not want to go 7

No transportation 6

No phone 1

Work 7

No night or weekend appointments 6

No one speaks my language 0

Not hard for me to make/keep appt 26

NR 1

Other

2 my last appt was difficult to make
still waiting for call back

*1 person answered both *need someone to watch children* and *teen does not want to go*

5 *How long does it usually take to get a medical appointment for your teen(s) when they need a check-up?*

Less than a week 19

1-3 weeks 18

4-6 weeks 9
 7 weeks or more 2
 NR 2

6 *How long does it usually take to get a medical appointment for your teen(s) when they are sick?*

Less than a day 28

1-3 days 17

4-6 days 5

1 week or more 1

NR 0

Other *1 person answered both *less than* and *1-3*

7 *How do you get to your teen(s) get to their medical appointment? (Check all that apply)*

Drive 39

Take the bus 4

Take the bus with transfers 0

Get a ride 12

Taxi 4

Walk 11

NR 0

Other 0

8 *Does your teen(s) usually see the same medical provider when they are sick or in need of medical care?*

Yes 38

No 12
Do not know 0
NR 0

9 *Who does your teen(s) usually see when they are sick or need medical care?*

Doctor 41
Nurse Practitioner (NP) 11
Physician's assistant (PA) 5
NR 0
Other *3 people answered both *doctor* and *NP*
*1 person answered all three
*1 person answered both *NP* and *PA*

10 *Generally, how long is the wait in the waiting room at your teen(s) medical providers office?*

Less than 15 minutes 11
Between 15 and 30 minutes 32
More than 30 minutes 6
NR 1
*1 person answered both *between 15 and 30*
and *more than 30*

11 *Does your child's medical provider spend enough time with your teen(s)?*

Always 22
Usually 18
Sometimes 6

Never 4

NR 0

*Preventative care visits include things like check-ups and shots (vaccines). During the past 12 months, **12** has your teen(s) seen a medical provider for preventative care?*

Yes 36

No 10

Do not know 3

Other 1 they say they will contact me but never did

13 *Has your medical provider offered to refer your teen(s) to any of the following services? Check all that apply*

WIC 5

Rite Care 4

Parent Support 4

OB/GYN 4

Mental Health Services 7

Dentist 9

None 28

Other 5 dermatology
cardiac specialist
orthopedics, neurologists, PT
dermatologist & asthma specialist
arthritis

14 *Has your teen(s) seen a specialist in the past 12 months? (a specialist includes gynecology, asthma,*

mental health, orthopedists, eye etc.)

Yes 20
 No, but they need to 4
 No, they did not need to 23
 Do not know 1
 NR 1

Responses

sees psychiatrist @nri Community Services
 vision

*1 person answered both *yes* and *no, but they need to*

15 *Were there any problems getting care from the specialist(s)?*

Yes 4
 No, but they need to 23
 Do not know 8
 NA/NR 12

Explain:

no problem getting care from the dermatologist,
 they do not need to
 they do not need to
 copays

*1 person answered both *yes* and *don't know*
 no everything is fine, they do not need to
 never answer phone

16 *Did your teen(s) medical provider's office help you get care from the specialist?*

Yes 21
No 16
Do not know 4
NANR 9

17 *Does your teen(s) medical provider talk with you about your child's visits to the specialists?*

Usually 11
Sometimes 7
Never 16
Always 6
NANR 10

Responses: he explains everything

18 *What services, activities or programs would you like to have offered in Woonsocket to help you raise a healthy family?*

Explain:

after school activities
 Big Brother and Big Sister
 afterschool activities
 recreational activities, organized sports

 affordable childcare for working moms
 fitness , jobs and activities

 afterschool programs

more male doctors
 more communication, contact family when they say
 sex education, how to continue to stay healthy
 knowledge on ways to get to appointments
 medical insurance for 19 year old who has
 completed high school
 2nd medical center needed
 we should survey adult medicine and how people feel about t
 care they get

low cost programs after school
 reading/writing/math everything that helps entertain the teens
 sports, dance classes some sort of program geared toward girls and self image
 after school activities like exercise, art, dancing, homework support, etc
 things for teens to do in the city or programs instead of getting into problems
 NR 11 heating assistance

*How do you find out about services you need to raise a healthy family? Services could include nutrition
 19 advice, counseling Check all that apply*

Word of mouth (family, friends, etc) 31

Medical provider 25

Family Health Information Line 4

TV or radio 9

Newspaper 11

Computer or Web 8

Community organizer 17

None 1

Other 4 magazines

Head Start

Family Resources

schools

*What would be the best way for you to get the information you need to raise a healthy family?
 20 Check all that apply*

Word of mouth (family, friends, etc) 26

Medical provider 26
Family Health Information Line 10
TV or radio 15
Newspaper 15
Computer or Web 14
Community organizer 14
None 1
Other 2 mail
 schools
Explain: Head Start

21 *Does your teen(s) medical provider explain things in a way that you can understand?*

Always 31
Usually 12
Sometimes 7
Never 0
 if I don't understand I will ask to repeat themselves
Explain:

22 *During the past 12 months, did you need an interpreter to help you speak with your teen(s) medical provider?*

yes 0
No 40
Do not know 0
 *1 person answered both *no* and *do not know*

23 *Who interpreted for you? Check all that apply*

Child	1
Other family member	0
Friend or neighbor	0
Staff	0
No one interpreted	31
NR	5
<u>Other</u>	0

24 *What Language do you usually speak at home?*

English	38
Spanish	11
Other	3

Explain: French

*3 people answered both *English* and *Spanish*

Appendix D

Student Focus Group Results

Focus Group – Family Resources Youth Drop in Center – March 12, 2008

Facilitator – Susan Kelly

Group Demographics – 2 Girls, 14 years old
2 Boys, 14 years old
2 Girls, 15 years old
3 Boys, 15 years old
1 Girl, 16 years old
2 Boys, 16 years old

Brainstorming - group was asked to brainstorm/define the word(s) “healthy and “risky behaviors” here are their comments:

Healthy means: Diets
Good Physical Condition
Nutrients
Fiber
Strong bones
Medication
Mental, Physical, emotionally
Physically fit
Food pyramid
Athletic
No drugs
Strong
Vegetables
Fruits
Protein
Diet
OJ
Vitamin C

Risky Behaviors means: Foul language
Steroids
Theft
Stealing
Murder
Suicide
Fighting
Cocaine
Bad singing
Drug overdose
Depression
Harassment
Stress
Cutting
Drugs

Guns
 Vandalism
 Gangs
 Abduction
 Smoking
 Drinking

1. Where do you go for resources:

Regular Doctor
 Planned Parenthood
 Counselor
 Nutrients
 School nurse
 Parents
 Therapist
 Elders
 Internet

2. How do you feel about going to the doctor:

Scarred of what they might say
 Don't like it if there are shots
 Physicals make me nervous
 Boys are more comfortable with girl doctor
 More comfortable with sick visit than physical
 Don't bother them now that they are older

*More than half the participants have been in the hospital for various reasons

3. Last time at the doctor:

Cannot remember
 2 years ago
 In the summer for chicken pox
 1 year ago for a physical
 Last month for a physical
 Six months ago for physical
 Sprained ankle recently
 HPV shot recently
 1 year ago for physical
 Cannot remember when but it was for physical
 1 year ago for an injury

4. Describe doctor visit:

Asks questions and get shots
 Asks questions
 Talks to nurse first, then doctor
 Not sure if they ask questions

*boys want an explanation about what is going to happen during visit, they don't like the cough test

4a. Parent Present for visit:

Girl – yes

Girl – always

Girl – yes

Boy – no

Boy – no

- some did not answer this but stated that parents are asked to leave when doctor asks questions about risky behaviors such as smoking, abuse, sexual activity, drinking
- More boys than girls believed that it was important to tell the truth when asked these questions because your health was on the line
- All felt that if parent were present when asked these questions it would affect the answers
- Some were not scared to answer questions because they felt comfortable that doctor would not tell parent because of confidentiality

4b. Age when parents left room and asked risky behavior questions:

12

13

10

13

11

10

14

10

7

5. What makes a good doctor:

Respect

Good listener

Easy to talk to

Need to know what they are doing

Experience

Knowledge

Smart

Neat

Clean

Cannot look “creepy”

Nice office

6. Doctor discuss risky behaviors/ask questions:

Yes

Yes

Yes

Yes

No

Yes
 Yes
 Yes

*felt that doctor had right to ask these questions

*sometimes will not answer honestly because they didn't want to get into trouble

*overall pretty comfortable with doctor asking questions

7. Take responsibility for own health:

Yes, by exercising

Yes by walking

Yes by playing sports

Yes by having good hygiene

No, they just don't care

No, they don't feel the decisions they make are connected to being healthy

8. Programs to promote health in your community:

Open health food store

Open gym – affordable for everyone to exercise

More things earned through exercising

Create promotional videos with real-life issues and the consequences

Open a health center with Rehab Services

Invest money in a cure for addictions

Have “healthy” contests

Open dance club/studio

Have open space with hiking trails, bike trails

Counseling

Healthy food alternative in schools

Focus Group – Woonsocket High School – March 28, 2008

Facilitator – Jen Amaral

Group Demographics –

- 1 Girl, 15 years old
- 1 Girl, 16 years old
- 1 Boy, 16 years old
- 2 Boys, 17 years old
- 2 Girl, 17 years old
- 1 Boy, 18 years old
- 1 Girl, 18 years old

Brainstorming - group was asked to brainstorm/define the word(s) “healthy and “risky behaviors” here are their comments:

Healthy means:

- Not sick
- Clean
- Drug Free
- Strong
- Works out
- What you are eating

Vegetables
Fruits

Risky Behaviors means: Drugs
Alcohol
Crimes
Hate Crimes
Hatred
Violence
People who hurt themselves
Don't think before you do something
Something that affects your life

9. Where do you go for resources:

Health teacher
Mom
Doctor
School nurse (health hut)
Hospital
Don't go anywhere
Internet

10. How do you feel about going to the doctor:

Don't care
Only go because of high blood pressure
Hate doctor
Don't go unless I have to
Don't like it because they take too long
Don't care
Haven't gone to doctors in 2 years

*More than half of participants use emergency room or walk-in center instead of doctor's office

11. Last time at the doctor:

2 years ago
4 years ago for physical
Sports physical at beginning of school year
8th or 9th grade (few years ago)
Recently for sick visit
Recently
Recently for an injury

*Majority only go to doctor for sickness or sports/school physical needed

*1 had no doctor and no health insurance

*most did not have a regular doctor, used Thundermist

12. Describe doctor visit:

Asks questions and get shots
Asks questions if there is any trouble
Asks sexual questions

Regular doctor doesn't ask questions but OB/GYN does

*most didn't really know what their doctor did because they had not been there is a while

4a. Parent Present for visit:

Girl – no
 Girl – no
 Girl – yes
 Girl – no
 Girl - no
 Boy – yes only at sock visit, not physical
 Boy – no
 Boy – no
 Boy – no only comes in when injury

4b. Age when parents left room and asked risky behavior questions:

14

*Most agreed with this answer

13. What makes a good doctor:

Listens
 Knows what they are doing
 Look you in the eye
 Takes their time
 Nice
 Gentle

14. Doctor discuss risky behaviors/ask questions:

No doesn't ask
 Yes
 Yes
 Yes
 Yes
 Yes
 Yes

15. Take responsibility for own health:

No because they are too busy partying
 No because if they had their own choice they wouldn't go to doctor
 When I turn 18 I am not going so I would say no
 No, only serious issues make them go to the doctor
 No, no one has let them know the importance of going to the doctor

16. Programs to promote health in your community:

Alcohol off streets
 Plant more trees
 Pick up trash

More walking and bike riding instead of driving cars
 Affordable gym memberships
 Affordable health insurance
 Lower charges to go to doctor
 More no drug/no smoking posters

Focus Group – Neighborworks – April 11,2008

Facilitator – Victor Ramos

Group Demographics – 1 G, 10 years old
 1 B, 11 years old
 1 G, 11 years old
 2 B, 12 years old
 1 G, 12 years old
 3 B, 13 years old
 1 G, 13 years old
 1 B, 14 years old
 1 G, 14 years old
 1 B, 15 years old

TOTAL PARTICIPANTS = 13 youth (B=boy, G=girl)

Brainstorming - group was asked to brainstorm/define the word(s) “healthy and “risky behaviors” here are their comments:

Healthy means: Food
 Sports/Exercise
 Nutritional foods
 Milk
 Water
 Hygiene
 Watching Calories/Cholesterol

Risky Behaviors means: Drug Abuse
 Smoking
 Abuse
 Parents are not well
 Eating Disorders
 Drunk Driving
 Having a baby at a young age
 Having sex at a young age
 HIV
 STD's
 Eating too much junk food
 Overdose
 Cancer
 Jail
 Suicide/depression
 Consequences
 Crimes
 Robbing

17. Where do you go for resources:

- B-Clinic
- B-Television/media
- B-psychologist
- B-after school program
- B-Health teacher
- G-Mom, parents
- G-Aunt, uncle, family
- B-magazines
- B-friends
- B-library
- B-School nurse (health hut)
- B-Hospital/Planned Parenthood
- B-Internet

18. How do you feel about going to the doctor:

- B-don't like needles
- B-happy
- B-anxious to get out of there
- B-hate needles
- G-scared of shots
- B-curious
- B-sad because everyone looks sick
- G-afraid of equipment

*Less than half went to a private doctor

19. Last time at the doctor:

- b-don't remember but it was for shots
- b-November for shots
- b last year for shots
- b yesterday for x-ray for accident
- g-physical with shots
- g-last year for tonsils
- b-shots three months ago

20. Describe doctor visit:

- b-Asks questions about sex, gives condoms
- g-asks about period, about sex
- g-asks about period
- g-doesn't ask questions
- g-asks questions and mom stays
- b-only asks if goes to the bathroom regularly
- b-does the cough test and asks personal questions
- b-doesn't ask questions
- b-doesn't ask questions

4a. Parent Present for visit:

Girl – no
 Girl – no
 Girl – yes
 Girl – no
 Girl - yes
 Boy – no
 Boy – no
 Boy – no
 b-no
 b-no
 b-no
 b-yes
 Boy – yes

4b. Age when parents left room and asked risky behavior questions:

12

21. What makes a good doctor:

Makes me feel comfortable
 Uses gloves
 Makes you feel better
 Talks on my level
 Gives stickers and candy
 Asks the right questions
 Knows them from the community

22. Doctor discuss risky behaviors/ask questions:

g-Yes
 b-Yes
 g-Yes, told me about sex
 b-Yes, gives handouts/information on what to do and what not to do
 b-no
 b- no
 b- no doesn't ask questions thinks I'm too young
 g- no not mature enough for risky behavior questions

*most youth felt that the doctors didn't ask everyone questions because they know who is mature enough to handle these types of questions and who is not

23. Take responsibility for own health:

b-No because they don't care
 g-No because don't exercise regularly
 b-Yes because I'm active

b-Yes
b-Yes I play with my friends
g- yes because I'm active but don't eat healthy
g-No
b-No don't eat right
b-no
g-no
b-yes play sports
g-yes
b-yes

24. Programs to promote health in your community:

b-promote after school program at Neighborworks called Healthy Lifestyles
b-encourage people to drink more water
b-organized activities at YMCA, Boys and Girls club
b-school activities
b-play with friends
b-youth rap program
b-community clean-ups
g-earth day
g-organize sports such as soccer

*Create more active programs for youth