

Hearing From the Youth: A Study on the Needs of Adolescent Patients at Matthew Walker Comprehensive Health Clinic

A needs assessment of the adolescent patients at Matthew Walker Comprehensive Health Clinic in Nashville, TN, with a guide for providers to address the issues that are most important to the youth served by the clinic.

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Abstract:

Adolescent health is an important topic, and one that is sometimes overlooked. Adolescent patients, ages 13 to 18, are a group that is often caught between pediatric care and adult care, in the sense that they are not children anymore, but not quite adults either. Adolescents also engage in more risky behaviors, which can contribute to the health concerns that they may have.¹ This project asked adolescent patients to identify their own health care needs, in order to allow the Matthew Walker Comprehensive Health Clinic (MWCHC) to provide services that meet their adolescent patients' needs. Patients between the ages of 13 and 18 were asked to complete a 21 question survey to gauge their perceptions of the care they are receiving, and help researchers determine the needs of the adolescent patients at MWCHC. The assessment also looked at patient relationships with their health care provider and the comfort level they experienced when

at the clinic. The results of the survey showed that adolescent patients are overall satisfied with their care, given that they scored the clinic highly on the amount of time providers spent with them, their comfort level, and feeling respected by their provider. Patients report that they are getting nutrition counseling and sexual health education but that they desire information about body image, college and other mental health needs as well. Future studies could include patient retention rates and interventions to decrease patients that do not show up to scheduled appointments.

Keywords: adolescent health, primary care, medical homes, needs assessments, screening, patient satisfaction

Introduction:

Adolescent patients, ages 13 to 18, are a group that is often caught between pediatric care and adult care, in the sense that they are not children anymore, but not quite adults either. In my experience, adolescents desire to have more autonomy in the decision-making process related to their health care or any other major decisions. Because they are a population that I am interested in working with, this project was dedicated to hearing from the adolescent population at Matthew Walker Comprehensive Health Clinic in Nashville, Tennessee. The needs assessment conducted as part of this project aimed to better understand how adolescent patients felt about the care they received, and culminated in a provider manual that contains resources for health care providers at MWCHC, so they can better serve their adolescent patients.

Matthew Walker Comprehensive Health Clinic is a full service clinic that operates on a sliding scale financial model. Though MWCHC accepts insurance when

patients are insured, most patients do not have insurance. The majority of the patients are African American, though the clinic sees many Latino patients as well. According to the Medical Director, Dr. Michele Williams, in the past 10 years, the number of Latino patients has increased dramatically. As a result of this change, the survey to assess adolescent health care needs was offered in both English and Spanish. Recommendations were made to providers based on the survey data as well.

Background:

Access to health care has been brought to the spotlight in the last several years and there have been attempts, such as with the Affordable Care Act (ACA), to provide coverage for more Americans. Before passage of the ACA, adolescents were the group most likely to be underinsured.² It will be important to know how the adolescent population has been affected by the implementation of the ACA, and whether or not they continue to be the group most likely to be underinsured, but data is limited, perhaps due to the fact that not all stages of ACA implementation are completed. Regardless, there are a number of reasons that the adolescent population should be considered when identifying health care practices, access and effectiveness. First, it is in adolescence when children begin to make choices about their health and health care, forming opinions about providers and developing trust in the health care system.² Additionally, adolescents are more likely to engage in risky behaviors, and so it is important for health care providers to provide accurate health information to this age group.²

Adolescents in the United States face a number of public health issues, including teenage pregnancy, suicide, sexually transmitted infections and substance abuse.² For these reasons, it is important to understand the adolescent population that MWCHC is

serving, to be able to provide accurate and sensitive materials to patients that address their concerns. Because adolescent patients see health care providers less than any other age group, it is crucial to provide meaningful health care to this group.² Confidentiality can also be a barrier to care because adolescent aged patients do not want to share all health information with their parents. Often, providers want to share health findings with parents, and may feel uncomfortable about keeping anything from an adolescent patient's parents.² The needs assessment distributed as part of this research looks at adolescent patient autonomy in making health-related decisions and the level of trust perceived with their health care provider to keep confidential issues confidential. Confidentiality varies from state to state, but in adolescence, most states begin to protect adolescent patients' confidentiality. This is also the age when patients are allowed to make some of their own health decisions.

Access to a medical home is an important aspect of health care for children and adolescents. In a study conducted by Dr. Jean L. Rapheal, et al, it was found that there were disparities in primary care when comparing patients of ethnic minority with their white counterparts.³ One of the main differences in the care that was provided was the lower incidence of preventive services offered, which included screenings.³ Additionally, there were disparities when analyzing if parents of patients felt understood, parent satisfaction and referral to specialists.³ Though the last three topics are out of the scope of this project, preventive services is a focus of this project, especially with regard to the type of preventive information adolescent patients are receiving and the type of information they want to receive. The majority of the patients seen at MWCHC are

minority patients from a low socioeconomic (SES) background so understanding how a medical home can improve care for this population is necessary as well.

Another important influence of this project is the data that suggests that physician performance ratings are lower in low (SES) areas.⁴ It is unclear how this performance rating is associated with low SES populations, but some of the hypotheses include lower patient satisfaction, less resources, higher risk patients, and psychosocial complexity.⁴ All these issues could contribute to the lower performance ratings in health centers that serve low SES patients.⁴ In giving a needs assessment, this project attempts to uncover adolescent patient satisfaction, as well as identify some of the psychosocial issues that adolescent patients in Nashville desire to have addressed.

Methodology:

The Survey: The needs assessment survey (see Appendix B) was distributed to all patients seen at the MWCHC in Nashville, Clarksville and the MWCHC Health Fair between the ages of 13 and 18. The survey is comprised of 21 questions, which include questions about age, racial identity, opinions about health care providers and health concerns (see Appendix A). Some of these survey questions were created based on questions from another study that looked at the importance of medical homes for children.⁵ The questions attempt to gather information about the comfort level patients experience when they visit MWCHC, the level of trust they have with their providers, and the type of health information that they need. The survey also asks about the best mode of delivery for health information to ensure patients are getting information in a mode that is most easily understood. Most of the questions are multiple choice, as it was the belief that more patients would be willing to complete the survey if it was not entirely

short answer questions. The middle of the survey is formatted in a Likert scale format, with answer choices for each question based on a 1-5 number scale. Each number is associated with a statement, 1 meaning, “never,” and 5 meaning, “all the time.” The last question of the survey is an open answer question that allows patients to fill in the answer in words and address any aspect of their health care that was not addressed in the previous questions.

The Patients: Patients were recruited from MWCHC in Nashville, Clarksville and the MWCHC Health Fair. Patients were approached by a researcher and asked if they would be willing to complete a survey to help the clinic better understand the adolescent patients the clinic serves. Patients were assured that not completing the survey would not compromise their care. They were given the survey in an exam room (when at the Nashville or Clarksville clinics) with the door closed to assure anonymity and then placed the survey in a sealed box before leaving. They were instructed not to write their name on the survey. At the health fair, each teenager was given a clipboard and then asked to place the survey in the sealed box. It was also asked that they not include their name on the survey.

Development of Information Booklet: Based on the information gathered in the survey, a booklet was created that compiles the results of the survey into a tangible resource for providers. The booklet contains information about adolescent patient needs that include but are not limited to information about sexual health, mood disorders, body image and college, as well as the interpretation of the data regarding patient-provider interaction. The booklet is a compilation of the recommendations that resulted from this research in addition to information about each adolescent health need that was identified.

Results:

Surveys were distributed over three weeks and 26 surveys were collected in an anonymous collection box. Only one survey was completed in its entirety, as many patients left the open-ended question at the end of the survey blank. Additionally, nine patients left question 7 blank and eight patients left question 18 blank (all eight patients were the same patients that left number 7 blank). Of the survey participants, 76% were male and 24% were female. Ages of the survey participants were between 13 and 18 years old. Of the participants, 8% were 13 years old, 4% were 14 years old, 23% were 15 years old, 23% were 16 years old, 23% were 17 years old, 4% were 18 years old and 4% did not answer with his or her age. The racial demographics of the survey participants were as follows: 54% African American, 19% Hispanic, 15% Caucasian, 8% mixed racial identity, 4% did not choose an answer. All participants answered the question about sexual identity and the distribution was 88% straight, 4% gay, 4% lesbian, 4% bisexual. The table in Appendix A (Figure 1) shows all of the answers to the questions, listed by answer, and tallied by the number of participants that chose a specific answer. All of the Likert scale questions were answered except for one question on one survey, which was likely just overlooked.

Most of the information that is given to adolescent patients at the clinic is related to nutrition, and sexual health, according to patient responses. Information desired is related to nutrition, sexual health, college and body image. Only 3 patients reported that body image information was given to them during a visit, and only 1 patient reported that college information was given to them (see Figure 4 and Figure 5). Patients generally felt

comfortable at the clinic and felt that their concerns were listened to (see Figure 6 and Figure 7).

Discussion:

The first part of the survey asked about general demographic information, including age, racial background, sexual orientation and chronic disease. Based on the survey results, 81% of adolescent patients seen at the clinic are of ethnic minority and thus it is extremely important to approach patients in a culturally sensitive way. Despite almost all patients answering that they do not have chronic illnesses, it would be helpful to give adolescent patients preventive information that relates to the racial group they are a part of. Certain illnesses are more prevalent in certain racial groups, and preventive information relating to each patient's race is important in spreading awareness. Based on observation, racially relevant information is sometimes given to patients but it would be most effective to ask all patients about their ethnic background and then provide information about diabetes, high blood pressure and high cholesterol, for example, to all patients who may be at risk.

The survey findings show that most patients that are seen at MWCHC feel comfortable when with their provider and providers discuss health issues in language they can understand. Surprisingly, most patients answered that they are honest about sexual health and drug/alcohol use which gives the provider an opportunity to educate patients about risky behaviors and help prevent unwanted pregnancy, sexually transmitted infections and substance abuse. Identifying these risk factors early on can lead to education that addresses the needs of patients that are sexually active and/or using drugs and alcohol.

Of the information that was given to patients, nutritional information seems to be given more than other types of information. This seems to be helpful for patients, as over one third answered that nutrition information was desired. Sexual information was given to patients over 20% of the time, though over 30% of patients wanted sexual health information, meaning that some of those that wanted sexual health education did not get it. There were also a number of other types of information that adolescent patients wanted, including information about body image and college. Information was distributed to patients mostly by talking directly to the patient and via paper handouts or booklets. This matched answers about how patients want information to be disseminated, which is helpful for patient understanding. Additionally, when not getting health information from health care providers, adolescent patients are getting information from parents mostly, which suggests that parents also need to be educated on adolescent health needs.

This survey had several limitations, including the sample size. It was anticipated that more adolescent patients would fill out surveys, but one of the many clinic limitations that influenced this research includes missed appointments. Based on observation, about one third of all clinic appointments in the pediatric clinic are missed. This brings up the issue of patient compliance and retention. Future studies could include surveying patients about the reasons appointments are missed and perhaps implementing patient notification technology to remind patients about appointments. Another limitation of this research was patients leaving answers blank. Because the survey was anonymous to protect patient identity, patients were not required to answer all questions. Two of the most commonly blank questions were the questions about the type of health information patients are given at MWCHC and the type they want to be given. This had the potential

to be a very meaningful set of questions, but because of the lack of answers, it is not known if the answers given are representative of the community population. If another needs assessment were to be conducted, it should be emphasized to patients that the results are most useful if all questions are answered, and the addition of focus groups to the development of the survey will be helpful. Time also proved to be a huge limitation. Six weeks is a very short amount of time to propose a project, discuss the project with stakeholders and then conduct the project. It would have been more helpful to have a longer project period or to be able to discuss project details before arriving onsite.

Recommendations:

The primary recommendation of this project would be to discuss with adolescent patients risky behaviors, mental health issues, nutrition and body image to see what each individual patient needs from his or her provider. Having conversations with the patients and their parents about the patient's needs, wants and concerns will give the provider an opportunity to address specific needs with patients and ensure that proper education is given to both patients and parents so that the health information they have is accurate. Based on the survey answers, patients feel comfortable sharing information with their providers, so providers should continue to ask adolescent patients questions about their sexual health, mental health, dietary habits and substance use so that those that are at higher risk for unhealthy behaviors can be counseled appropriately.

It is recommended that providers ask parents to step out of the room for a portion of the visit so that providers can ask questions about sexual health and drug use without parents present, should the patient feel uncomfortable about sharing with parents present. It is unclear from the survey if patients are honest about sexual health and drug/alcohol

use when talking privately with providers or when parents are present, but this would also be an interesting topic to assess.

Another recommendation involves the topic of patient retention that was observed as a result of this project. It would be beneficial for MWCHC to conduct another study, perhaps with the GE-NMF Primary Care Leadership Program (PCLP) scholars in the summer of 2015 to determine the major reasons patients are missing appointments and then propose an intervention to address the problems associated with those missed appointments. This will also make future GE-NMF PCLP projects more successful, because any project that requires patient involvement is limited by the number of patients that make it to the clinic that day. Because this project was done in the pediatric clinic, the number of patients that show up to their appointments in other departments is unknown, but is data that could be useful in determining MWCHC's future plans and steps needed to ensure patient satisfaction and compliance. Many patients answered that they have been seen at MWCHC for one year or less and this data along with missed appointments could be related in some way to patient perceived quality.

Conclusion:

Adolescent health is an important part of a primary care clinic and is a necessary part of transitioning pediatric patients to adult medicine. By conducting a needs assessment at MWCHC, this research will hopefully inform future adolescent care. By surveying the adolescent population at MWCHC, a better idea of the topics that are important to adolescent patients was gathered and can help providers address patient specific needs. Encouraging results show that MWCHC makes adolescent patients feel comfortable and understood. Providing patient specific education will help improve the

preventive care provided to adolescent patients and lead to an overall better patient experience.

References

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Appendix A: Patient Survey Results

Patient Demographics/Survey Questions	Number of Patients that Answered
Age	
13	2
14	1
15	6
16	6
17	6
18	4
No Answer	1
Racial Identity	
African American	14
Hispanic	5
White	4
Mixed Racial Background	2
No Answer	1
Gender	
Male	20
Female	6
Sexual Orientation	
Straight	23
Gay	1
Lesbian	1
Bisexual	1
Asexual	0
How long have you been coming to Matthew Walker Comprehensive Health Clinic (MWCHC)?	
Less than 1 year	19
1 year to 5 years	2
More than 5 years	4
Never Been	1
Do you have any chronic illnesses? If yes, please list	
Yes	1
No	25

What kind of information do you receive when you visit your health care provider at MWCHC? Check all that apply	
Nutrition	11
Body Image Information	3
How to improve self-esteem	1
Information about how to manage my chronic illness	1
College information	1
Sexual health information (birth control, sexually transmitted infections)	6
Information about drugs and alcohol	3
Cigarette smoking information	2
Stress management information	1
Information about depression or other mood disorders	1
Other (please list)	0
How does your health care provider give you this information? Check all that apply	
By talking to me	16
By having someone else talk to me, such as a counselor	1
In the form of a paper or booklet	6
Websites or Apps	2
When you visit MWCHC, do you feel comfortable talking to your health care provider?	
Never (1)	5
Not Usually (2)	2
Sometimes (3)	4
Most of the time (4)	3
All of the time (5)	12
Does your health care provider spend enough time with you?	
Never (1)	3
Not Usually (2)	6
Sometimes (3)	3
Most of the time (4)	2
All of the time (5)	12
Do you feel that your health care provider listens to your questions and concerns?	
Never (1)	3
Not Usually (2)	1
Sometimes (3)	3
Most of the time (4)	2
All of the time (5)	17

Do you ask your health care provider all the questions you have, even if they may be embarrassing or difficult to ask?	
Never (1)	2
Not Usually (2)	1
Sometimes (3)	6
Most of the time (4)	9
All of the time (5)	8
Does your health care provider talk to you using words that you can understand?	
Never (1)	2
Not Usually (2)	1
Sometimes (3)	2
Most of the time (4)	4
All of the time (5)	17
Do you get to help make decisions about your health with your health care provider and your parents?	
Never (1)	2
Not Usually (2)	3
Sometimes (3)	4
Most of the time (4)	7
All of the time (5)	10
Are you honest about your alcohol and/or drug use when your health care provider asks?	
Never (1)	0
Not Usually (2)	1
Sometimes (3)	3
Most of the time (4)	2
All of the time (5)	20
Are you honest about your sexual activity when your health care provider asks?	
Never (1)	1
Not Usually (2)	0
Sometimes (3)	2
Most of the time (4)	2
All of the time (5)	20
If you ask your health care provider not to discuss something with your parents, do they respect that decision?	
Never (1)	0
Not Usually (2)	1
Sometimes (3)	4
Most of the time (4)	9
All of the time (5)	12

What kind of information do you want to know more about when you visit your health care provider? Check all that apply	
Nutrition	9
Body Image Information	9
How to improve self-esteem	4
Information about how to manage my chronic illness	2
College information	9
Sexual health information (birth control, sexually transmitted infections)	9
Information about drugs and alcohol	4
Cigarette smoking information	4
Stress management information	4
Information about depression or other mood disorders	3
Other (please list)	
What ways of delivering information is most helpful for you? Check all that apply	
By talking to me	19
By having someone else talk to me, such as a counselor	5
In the form of a paper or booklet	9
Websites or Apps	5
When you are not at the health clinic, where do you get most of your health information?	
Friends	9
Parents	18
Internet	9
Teachers/school	8
Please write any of your other health needs below:	
No answer	25
Answered	1

Figure 1

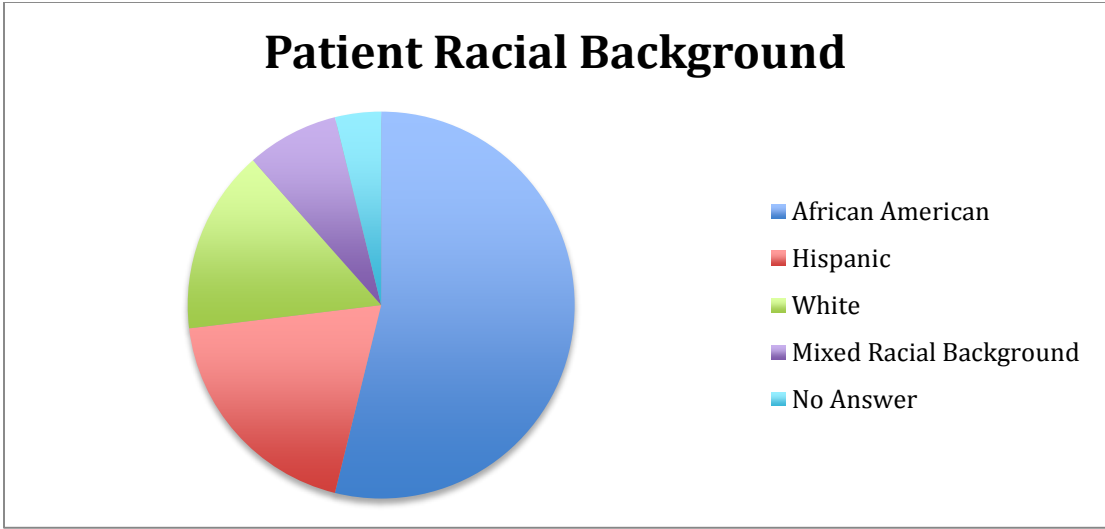


Figure 2

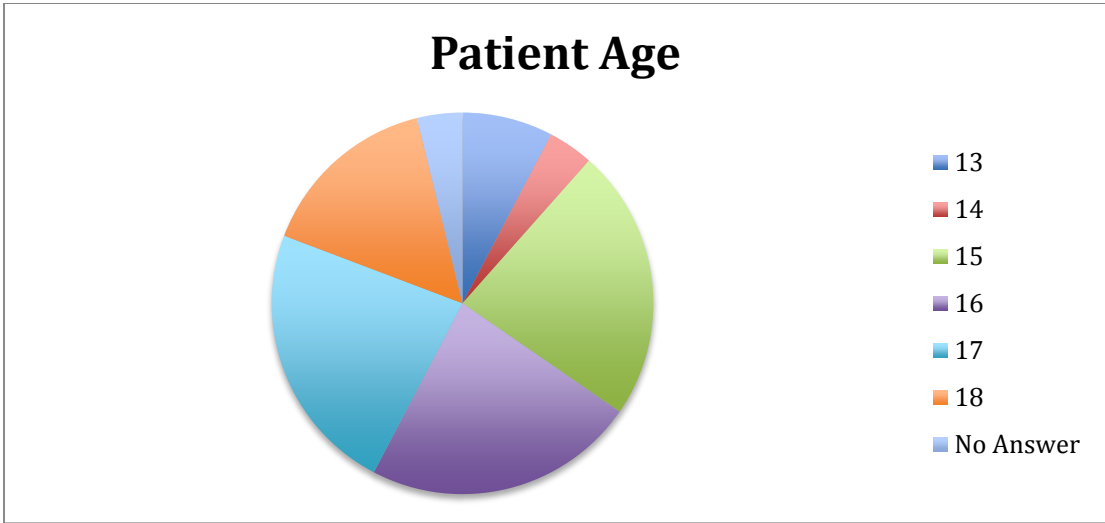


Figure 3

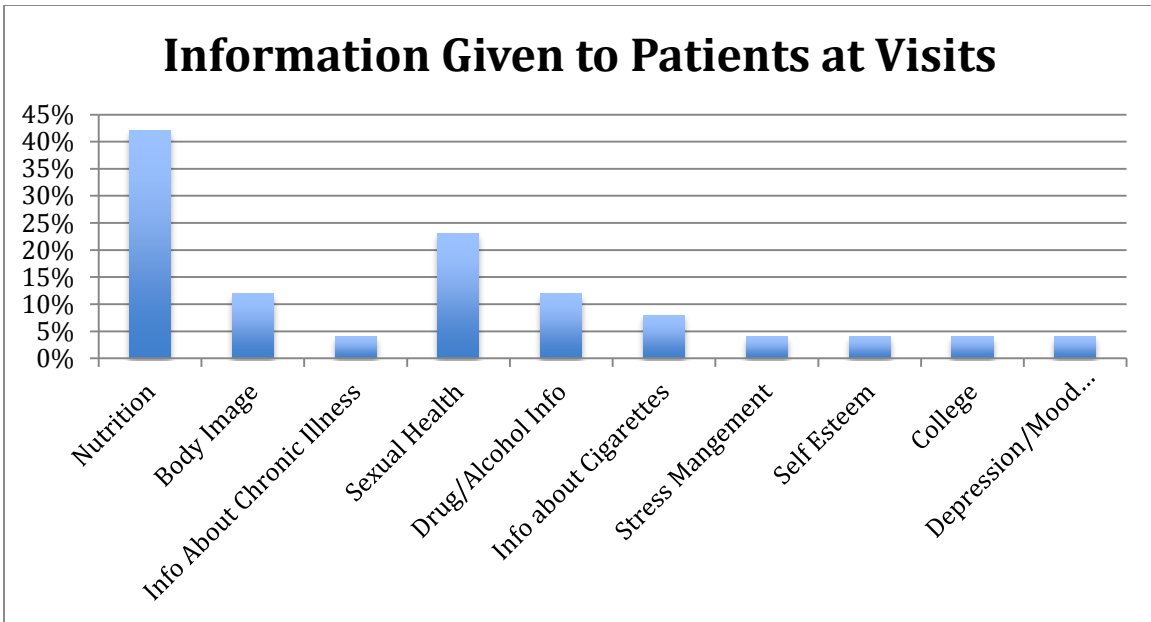


Figure 4

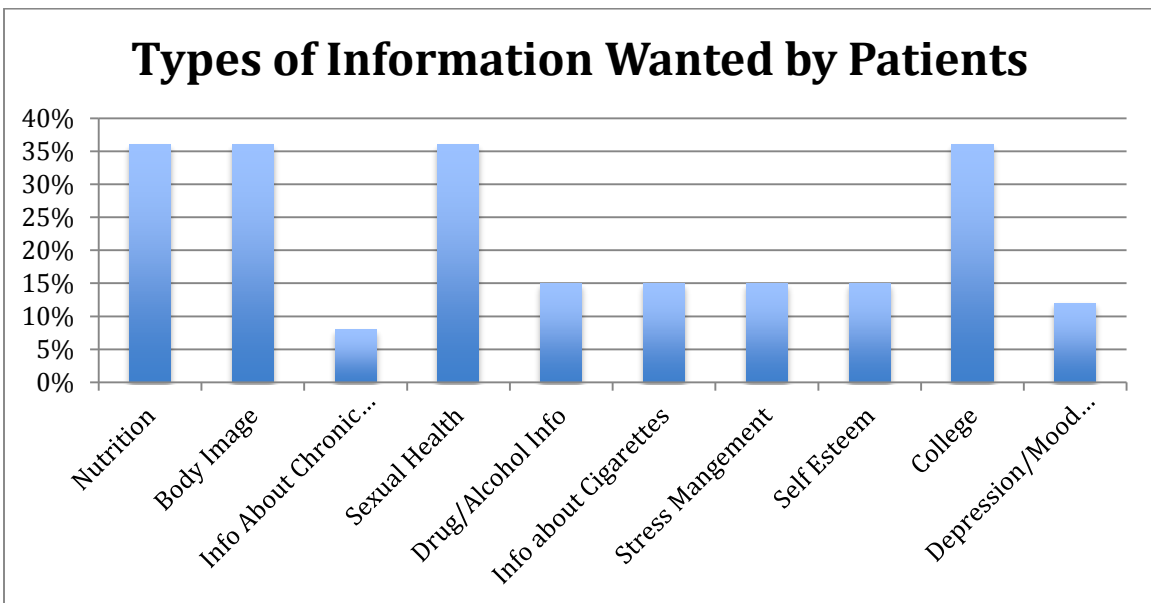


Figure 5

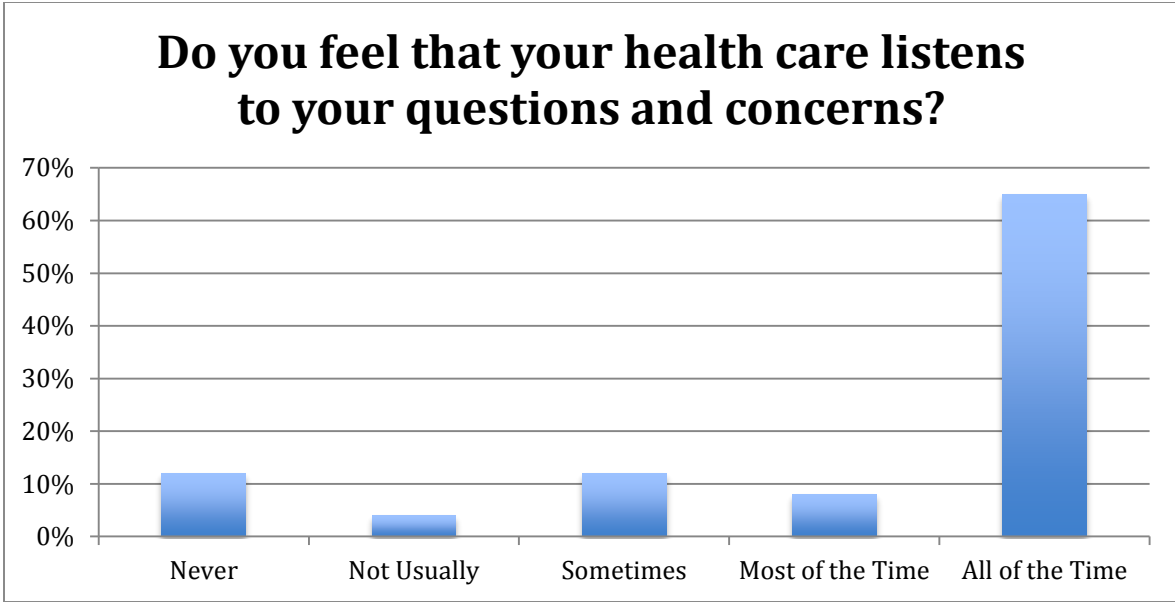


Figure 6

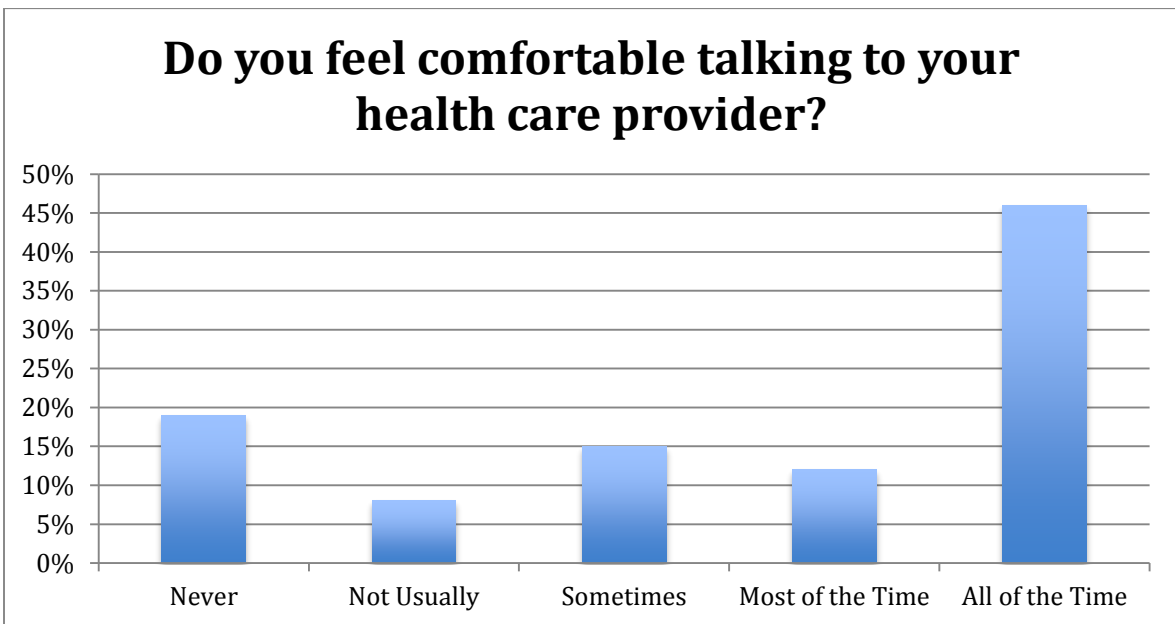


Figure 7

Appendix B: Patient Needs Assessment Survey

Matthew Walker Comprehensive Health Clinic Needs Assessment: Patients ages 13-18

1. What is your age? _____

2. What is your race/ethnicity?

- African American
- Hispanic
- Caucasian
- Asian
- Mixed Racial Background

3. What is your gender?

- Male
- Female

4. What is your sexual orientation?

- Straight
- Gay
- Lesbian
- Bisexual
- Asexual

5. How long have you been coming to Matthew Walker Comprehensive Health Center (MWCHC)?

- Less than 1 year
- 1 year to 5 years
- Over 5 years

6. Do you have any chronic illnesses? (for example: diabetes, high blood pressure, sickle cell anemia, etc)

- YES If yes, please list on the line below NO

7. What kind of information do you receive when you visit your health care provider at MWCHC? Check all that apply

- Nutrition information
- Body image information
- How to improve self-esteem

This is an anonymous survey, please do not write your name on the survey

- Information about how to manage my chronic illness
- College information
- Sexual health information (birth control, sexually transmitted infections)
- Information about drugs and alcohol
- Cigarette smoking information
- Stress management information
- Information about depression or other mood disorders
- Other (please list_____)

8. How does your health care provider give you this information? Check all that apply

- By talking to me
- By having someone else talk to me, such as a counselor
- In the form of a paper or booklet
- Websites or Apps

For the next set of questions, please circle the number
that best describes your answer

1	2	3	4	5
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9. When you visit MWCHC, do you feel comfortable talking to your health care provider?

1 2 3 4 5

10. Does your health care provider spend enough time with you?

1 2 3 4 5

11. Do you feel that your health care provider listens to your questions and concerns?

1 2 3 4 5

12. Do you ask your health care provider all the questions you have, even if they may be embarrassing or difficult to ask?

1 2 3 4 5

13. Does your health care provider talk to you using words that you can understand?

1 2 3 4 5

14. Do you get to help make decisions about your health with your health care provider and your parents?

1 2 3 4 5

15. Are you honest about your alcohol and/or drug use when your health care provider asks?

1 2 3 4 5

16. Are you honest about your sexual activity when your health care provider asks?

1 2 3 4 5

17. If you ask your health care provider not to discuss something with your parents, do they respect that decision?

1 2 3 4 5

18. What kind of information do you want to know more about when you visit your health care provider? Check all that apply

- Nutrition information
- Body image information
- How to improve self-esteem
- Information about how to manage my chronic illness
- College information
- Sexual health information (birth control, sexually transmitted infections)
- Information about drugs and alcohol
- Cigarette smoking information
- Stress management information
- Information about depression or other mood disorders
- Other (please list _____)

19. What ways of delivering information is most helpful for you? Check all that apply

- Talking to me
- By having someone else talk to me, such as a counselor
- In the form of a paper or booklet

Websites or Apps

20. When you are not at the health clinic, where do you get most of your health information?

- Friends
- Parents
- Internet
- Teachers/School

21. Please write any of your other health needs below:
