

Youth-Friendly Clinic *Makeover* Project

PILOT RESULTS

2014



COLORADO
Department of Public
Health & Environment

Youth-Friendly Clinic Makeover Project

SATISFIED YOUTH

Youth reported being satisfied with clinical services at the start of the project.

However, staff at both clinics still hoped to improve:

- Referrals.
- Skills related to serving youth.
- The overall care that they provide to youth.

A Youth-Friendly Lens

“Youth-friendly” refers (but is not limited) to reducing barriers for young people accessing clinical services, making services and information culturally competent, confidential and accurate, and engaging young people in identifying how to best meet their needs. Research has shown that youth still face significant challenges related to accessing health care, including not knowing their rights, facing stereotypes and disapproval, confidentiality and cost.¹ This underscores the need to continue to improve clinical services for youth.

Project Goals

The Colorado Department of Public Health and Environment (CDPHE) partnered with two Title X Family Planning Clinics to increase the number of youth up to age 25 accessing services and improve their overall experience receiving sexual health services and information, as well as help clinic staff better understand the unique needs and wishes of their patients.

BEFORE MAKEOVER



AFTER MAKEOVER



Photos courtesy of
Pueblo City-County Health Department

¹Alford, Sue. *Best Practices for Youth Friendly Clinical Services*. Advocates for Youth, 2009. <http://www.advocatesforyouth.org/publications/publications-a-z/1347--best-practices-for-youth-friendly-clinical-services>

Process

Each clinic was given \$5,000 over a period of 6 months to implement the makeover. Clinics completed self-assessments on their youth-friendliness, as well as staff surveys on youth-friendliness, attitudes, approaches and activities. The clinics developed makeover strategies based on youth input and best practices for improving youth-friendliness. Makeover strategies included staff training, space changes, local youth involvement, and the creation of marketing and educational materials. Support was provided to clinics in the form of monthly check-in calls, formal trainings and customized technical assistance.

This report summarizes lessons learned and tips for either implementing a makeover at your clinic or supporting clinics in the process.

Lessons Learned

Monthly check-in calls with each clinic

- **What worked:** Clinics organizing the makeover project as a discrete effort enabled it to be seen as a priority.
- **What didn't work:** It was difficult for providers to interrupt their patient schedule to participate in check-in calls. Additionally, an hour for check-in calls is too long.
- **Next time:** Staff can develop a template and process for check-ins and project updates via email.

Trainings

- **What worked:** Utilizing an already established meeting time (e.g. a retreat) for the entire staff to attend trainings, such as the adolescent development training, created efficiencies for staff and increased participation. A free Motivational Interviewing (MI) training was effective in increasing the capacity of clinic staff.
- **What didn't work:** CDPHE's online webinar training schedule was not fully utilized by either clinic. Additionally, the webinar format did not allow for meaningful dialogue or peer learning.
- **Next time:** Staff can create a formalized structure for webinars and discussion so that the group can watch and discuss the webinars together.

Technical assistance from CDPHE

- **What worked:** A CDPHE Youth Advisor led the project and was able to give the youth perspective throughout implementation. This advisor, along with other staff, were readily available to help and easy to contact.
- **What didn't work:** Not enough time was spent at the start of the project discussing what resources were available to clinics.
- **Next time:** CDPHE staff can help make connections between clinics and provide customized resources for improving youth-friendliness.

YOUTH FRIENDLINESS

Youth were asked to report on various key aspects of **youth-friendliness**, including:

- Exam rooms being private.
- Clinic staff being friendly and non-judgemental.
- Feeling respected.
- Having time to talk about their concerns and questions.

Ninety-eight percent responded yes to each of these questions.

SEXUAL HEALTH INFORMATION

Youth were asked about the topics covered during their visit and whether they got what they needed. **One hundred percent** of the youth either **got what they needed** or did not need to talk about sexually transmitted infections (STIs).

Necessary information discussed during visit

TOPIC	YES	NO
Birth control	94%	6%
Healthy relationships	82%	18%
Substance abuse	88%	12%

However, **6% reported the provider did not cover** the topic of **birth control** even though the youth needed to talk about it.

Eighteen percent of youth reported **needing to talk about how to have a healthy relationship** when the topic wasn't covered during their visit while **12% needed to talk about substance abuse** (drugs and alcohol) when the topic wasn't covered.

Money and time

- The tight deadline for spending money made obtaining materials by the deadline difficult.
- Adequate funding with a high return on investment (satisfied patients).
- Itemized budgets and more specific financial tracking would have been administratively helpful.
- A timeline of at least a year would be ideal for this type of project as it would allow more time to plan and implement strategies.
- It was great that trainings were at no expense to the clinic site.

Other barriers

- Clinics may serve kids and families too so youth-friendly sexual health material throughout the exam rooms is not always appropriate.
- There are a lot of policy barriers related to making changes within large clinical settings.

Unanticipated Benefits

- The project provided a unique opportunity for clinic staff to engage in professional development. It also provided an opportunity for a clinic staff member to assume a leadership role within the clinic.
- The project provided an opportunity for clinics to partner more with the School-Based Health Centers in the area in order to reach more youth.
- Clinic staff reported positive cultural shifts in staff attitudes and positive changes in clinic flow.
- The project helped secure additional funding for updating and redecorating another clinic room at one site.
- Clinic staff presented the project at the 2014 Colorado Public Health in the Rockies conference.

- The in-person trainings were well-received by providers.
- Participation in the project increased staff morale by helping the team feel ownership in the organization, while the autonomy to choose specific strategies brought staff together.
- Due to success of the project, students from a local university are developing a marketing campaign and video for one of the clinics to advertise their services to more youth.

Evaluation

Both clinics surveyed youth patients at the start of the project and after the space changes and staff trainings were complete. Surveys were not matched pre/post tests but an open-ended question was added to the post test to see if youth noticed any changes since their last visit.

Feedback on the evaluation process

- Youth surveys are difficult to collect during a busy patient visit and clinics need a more systematic way of distributing and collecting patient surveys.
- Youth already had high satisfaction with many of the items on the evaluation survey, which made it difficult to discern any change pre- and post-makeover.
- When implementing a targeted intervention within a large clinic, it may be difficult to see and measure impact across the entire agency.
- With the increase of Long Acting Reversible Contraception (LARC) and changes in insurance guidelines, patients aren't coming back as often. This makes patient retention a difficult indicator to measure.

Feedback on how to more effectively measure success of makeovers moving forward

- In order to assess changes in provider characteristics, which is one aspect of youth-friendliness, clinics can conduct pre/post surveys for staff to see changes such as in provider beliefs and/or knowledge.
- In order to assess facility characteristics, another aspect of youth-friendliness, clinics can conduct focus groups of young people before and after the makeover (using the same youth).
- In order to assess program design characteristics, clinics can ask youth what the differences are between their clinic and other clinics youth have experienced.
- Clinics can measure how youth heard about the clinic to see if marketing is youth-friendly and effective and to see if word-of-mouth referrals are coming from other youth who are satisfied with the clinic.

WORDS OF WISDOM

- Get the entire clinical team involved.
- Address provider beliefs and practices during trainings.
- Make it a requirement to include young people in developing and implementing strategies at the clinic level.
- Establish a point of contact at the clinic who is leading the efforts and leading the team.
- Prior to the project, make sure that the clinic is allowed to conduct physical changes to the space as part of the makeover (e.g., painting, posters, room changes).

