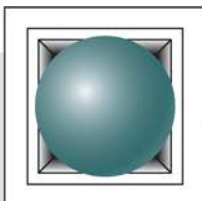


## UNDER ONE ROOF: PRIMARY CARE MODELS THAT WORK FOR ADOLESCENTS

America's adolescents face serious, unaddressed health risks with lifelong consequences. However, adolescents, and particularly racial and ethnic minority adolescents, too often slip through the cracks of our health care delivery system. This issue brief profiles three adolescent health programs in different settings -- Mount Sinai Adolescent Health Center in New York City (a hospital-based model), Wake Teen Medical Services in Raleigh, NC (an office-based model), and Erie Teen Health Center in Chicago (a community health center model) -- that offer comprehensive, interdisciplinary physical, behavioral, and reproductive health care to teen patients. These exemplary programs tailor their services to adolescents' unique needs through multidisciplinary staffing, team-based approaches, staff sensitivity, teen-friendly environments, and a focus on positive youth development.

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**THE NATIONAL ALLIANCE  
TO ADVANCE ADOLESCENT HEALTH**

**E**ach day, the teen patients walking through the doors of the Mount Sinai Adolescent Health Center, Wake Teen Medical Services, and the Erie Teen Health Center are greeted by a wholly new kind of patient experience. These sites are conveniently located, the waiting rooms are inviting, and the staff are specially trained to help adolescents feel at-ease. Providers take the time to listen to their patients, to understand the complex issues affecting their health and well-being, and to support them in risk reduction and health care management. A multidisciplinary staff of providers helps teens to access the health services they need on-site, often during the same visit. A female teen receiving routine treatment for her asthma could meet with a nutritionist to evolve a plan for addressing her weight problem, a male teen coming in for a sports physical could meet with a psychotherapist to address unexplained feelings of anger and sadness, and a female teen seeking contraceptives could meet with a health educator after her examination to work on positive decision making and strategies to quit smoking. These services are not just co-located; providers work collaboratively to manage their patients' care efficiently and effectively. The individualized nature of the care teen patients receive encourages them to invest in their own health and to build a healthy foundation for adulthood.

Despite the high quality care they furnish, these programs all confront significant financing challenges. Their patients are primarily low-income and either publicly insured or uninsured. Medicaid and SCHIP are not structured to appropriately support integrated primary care services for adolescents. Rates are insufficient to fully cover the time and resources required and not all services are reimbursed. To compensate for these payment shortfalls and finance the care of the uninsured, these programs have had to creatively pursue public grants and private philanthropy. Not surprisingly, it is often assumed that an enhanced model of primary care is financially unrealistic.

These concerns are real. For comprehensive, interdisciplinary adolescent health care to become the norm rather than the exception, significant changes will be required regarding public policy and funding. Nonetheless, with vision and persistence, such programs can and do work. Among the strengths of this primary care model is its flexibility, allowing successful adaptation to a variety of health care settings. This report will introduce three wide-ranging programs that are thriving in very different settings -- a hospital, an office-based practice, and a community health center.

## A Collaborative Model of Teen Health Care

Each of these programs delivers health care to adolescents. But they do more than simply offer teens basic primary care and a few targeted services, such as a discussion group on safe sex or an occasional speaker on alcohol and drug use. Instead, each of these clinics offers a comprehensive, interdisciplinary model of physical, behavioral, and reproductive health care that is explicitly designed to welcome adolescents and respond to their particular needs. Still little known, these innovative, free-standing programs are among several across the country that reach beyond traditional concepts of adolescent health to provide care to the "whole" teen, focusing on their strengths and assets.

Most providers are familiar with teen health care via the model of an adolescent medicine department or, alternatively, a school-based health center. While many medical practices and schools offer an important source of care to teens, few are able to provide the combined level of comprehensiveness, coordination, and sensitivity to adolescent needs offered by this innovative model. Its distinctive features include:



- **All-inclusiveness:** The programs offer a wide range of services, including health education, risk-reduction counseling, and care management as well as primary and preventive care, reproductive care, and mental health and substance abuse treatment. All of these services are provided under one roof, and many can be accessed in a single visit.
- **A team approach to care:** Services are not merely co-located, but also carefully integrated to ensure coordinated, holistic care for each patient. Staff members, including doctors, nurse practitioners, mental health professionals, and health educators, meet frequently to collaborate on patient needs and progress. Parents, especially of younger teens, are encouraged to become involved as well.
- **An efficient division of responsibility:** Care is delivered by the most appropriate providers, using their expertise most efficiently and optimizing the physicians' time. With resources allocated to meet individual needs, the quality of care adolescents receive is improved. Patients are seldom lost to follow-up and referral.
- **Staff sensitivity:** The clinics are staffed by providers who enjoy and care about youth, know how to connect with them, and are willing to serve as their advocates. Special training and

education are provided to help staff better understand adolescent development and effectively engage teens.

- **A "teen-friendly" environment:** This model is designed to meet the needs and preferences of youth, offering comfortable, attractive office environments, easily accessible hours and locations, and assurance of confidentiality. Because the programs are free-standing, they provide teens with a congenial and private "comfort zone" in which to receive health care, education, and support. To ensure relevance, the programs solicit input from adolescents on current services and emerging needs.
- **A positive youth development focus:** The model actively promotes adolescent growth and development by providing teens with skills, information, and support for making healthy decisions, avoiding high-risk behaviors, and becoming savvy consumers of health care. At every step in the continuum of care, staff make an effort to engage patients as full partners in their own health care.

## Why Do We Need a New Model of Adolescent Care?

Teens face serious, unaddressed health risks with lifelong consequences. Numerous published reports document that more than 70% of adolescent morbidity and mortality is associated with such behaviors as unsafe sexual behavior, violence, substance use, tobacco use, poor nutritional habits, inadequate physical activity, and injuries.<sup>1</sup>

In addition to these behavioral risks, up to a quarter of teens suffer physical health problems such as asthma, obesity, or severe headaches.<sup>2</sup> Rates of sexually transmitted infections (STIs) and unintended pregnancies among teens remain high. Further, approximately one in five adolescents copes with major depression, attention deficit hyperactivity disorder, or another mental health or addictive disorder.<sup>3</sup> Five percent of adolescents struggle with a behavioral or physical health condition that results in disability.<sup>4</sup> Together, these conditions create lasting health and social problems for individuals, families, and communities, as well as cost hundreds of billions of dollars in increased health care, unemployment, law enforcement, and social services.

Despite adolescents' high risk for serious health problems, they tend to slip through the cracks of the health care delivery system. Minority teens are particularly unlikely to receive adequate care. Compared to White adolescents, twice as many Black teens and five times as many Hispanic teens are in poor or fair health, yet they are significantly less likely to receive health services. A report by the Surgeon General indicates that 80% of adolescents who require a mental health evaluation do not receive one and that Hispanics, followed by Blacks, are least likely to receive mental health treatment. Compared to White teens, a substantially higher proportion of Black and Hispanic adolescents do not have a personal doctor or nurse, and are more likely to have gone a year or more without a visit to a health care provider.

The adolescent health care gap has multiple sources. Up to one in six teenagers is without health insurance, with Black and Hispanic teens particularly unlikely to be covered. Few adolescents can afford to pay for health care out-of-pocket. Lack of confidentiality may further discourage adolescents from seeking health services, especially those related to sexual activity, such as birth control, pregnancy testing, and STI screening and treatment. Inaccessibility is also a barrier: many medical office hours and locations are inconvenient for teens with tightly packed school and job schedules and no access to car transportation.

Further, relatively few providers know how to engage teens on the issues that matter to them. Many practitioners also perceive that teens don't want to talk about their concerns. Yet, a national study shows that teens involved in high-risk behaviors do want to talk about their lives, but rarely have the opportunity to do so with their health care providers.<sup>5</sup> Time is short, providers are stretched thin, and the concerns that many teens struggle with -- issues of sexuality, drug use, violence, and family or school difficulties -- can take time and patience to uncover.

Most health care providers and policymakers recognize that adolescents' health needs are not well addressed through existing primary care arrangements. Yet, they hesitate to consider new approaches. Up to now, little information has been available about innovative practices that might better serve the needs of adolescents, especially those of high-risk, low-income teens.

## **A Hospital-Based Clinic: Mount Sinai Adolescent Health Center**

This busy East Harlem outpatient clinic is run by Mount Sinai Medical Center, but, unlike most hospital-based pediatric or adolescent medicine departments, it operates entirely outside hospital walls. The Mount Sinai Adolescent Health Center (MSAHC) is a free-standing clinic designed exclusively to meet adolescents' health needs in a teen-friendly, accessible environment. Operating out of a five-story building running most of the length of a city block, the clinic is located near public transportation. For maximum flexibility, the clinic offers evening and Saturday hours and accommodates walk-in appointments, and even offers a young men's clinic once a week.

The Mount Sinai Adolescent Health Center was established in 1968 by Dr. Joan Morgenthau, a Mount Sinai pediatrician who recognized that adolescents needed the privacy and comfort of their own health care space, outside the intimidating façade of a hospital. The first primary health care program in New York specifically designed for teens, Mount Sinai AHC's mission is to

provide adolescents with inclusive, integrated health services, in the process helping them develop into capable young people who can advocate effectively for their own health. "We don't just treat symptoms," says Angela Diaz, M.D., director of the Center. "We treat people to help them realize their full potential." In support of this goal, prevention, education, and opportunities for self-development are integrated into every aspect of the program.

The largest adolescent health clinic in the country, Mount Sinai AHC serves more than 10,000 teens per year, both at its East Harlem site and at two school-based health centers in other Manhattan neighborhoods. The program provides care to adolescents and young adults ages 12 through 22, with more than two-thirds between the ages of 15 and 19. Most patients are Hispanic (49%) or Black (43%). Nearly all are low-income; two-thirds are uninsured. Among the 33% of patients who have some type of insurance, almost three quarters are covered by Medicaid, SCHIP, Family Health Plus (for adults), or the Medicaid Family Planning waiver. MSAHC offers onsite enrollment for public insurance; however, all patients receive care, regardless of their insurance status or ability to pay.

### ***Offering Comprehensive, Integrated Care***

An adolescent who walks into Mount Sinai AHC for the first time receives much more than a routine medical checkup. Physical, emotional, behavioral, and reproductive issues are fully integrated into the visit and viewed as essential components of primary care. All services are confidential. At the initial visit a teen sees an adolescent medicine specialist, who from that point serves as his or her primary care physician. As a part of a comprehensive physical exam, a patient receives reproductive health screening and counseling, a mental health assessment and counseling as needed, appropriate tests and immunizations, risk-reduction counseling, and health education. On average, this first visit lasts an hour and a half, and a major focus is facilitating engagement. Through the use of open-ended questions in an adolescent-friendly and developmentally appropriate manner, a dialogue begins. Skilled interviewing replaces traditional screening checklists or written surveys, and the teenager becomes a partner in his or her care.

During the initial appointment, and also during follow-up visits, a patient may see a variety of providers, depending on his or her specific needs. MSAHC staff include six adolescent medicine specialists, an ob/gyn, 20 clinical social workers, three health educators, two child psychologists, a child and adolescent psychiatrist, a dietician, nurse practitioners, physician's assistants, and ambulatory care technicians.

These diverse providers are not merely located at a single site. They operate as a consciously collaborative team, with the aim of providing each patient with a coordinated, highly individualized care program. Through both weekly interdisciplinary team meetings and frequent informal communications, staff members develop, review, and refine patient care plans. "What is exciting about the team approach is that each of us sees the patient through a different lens, based on our particular area of expertise," says Anne Nucci, M.D., Mount Sinai AHC's medical director. "This gives us a broader view of the patient which, in turn, allows us to better identify the services he or she really needs."

### ***Snapshot: Mental Health Services***

Mount Sinai AHC is noted for its integration of comprehensive mental health services into primary care. Offering New York City's largest center for adolescent mental health, MSAHC provides testing and diagnostic services; individual, group and family psychotherapy; and substance abuse counseling. The center also provides a wide range of ongoing peer support groups, including groups for youth with HIV/AIDS, adolescents with eating disorders, children of alcoholics and drug abusers, and teen parents.

The population Mount Sinai AHC serves suffers a notably high rate of psychological trauma. Twenty-three percent of female patients report a history of sexual abuse, incest, or sexual assault, while 78% of patients have witnessed significant violent events within their families or communities. MSAHC makes a concerted effort to reach out to these teens and their families. A team of psychiatrists, psychologists, and social workers provides counseling services to survivors of sexual assault and abuse, crime victims, witnesses to violence, and others who have experienced significant trauma and loss. At the center, the staff provide individual, family, and group therapy; in the community, they offer training and education for New York City-area agencies and schools.

### ***Engaging Adolescents in Their Care***

Any provider who has ever worked with adolescents knows that to involve teens in their own care, offering quality programs and professional expertise are not enough. To engage teens, it is vital that they feel comfortable, respected, and understood by the health care providers they see. At MSAHC, this is accomplished in part by the presence of staff that reflects the diversity of patients' backgrounds. Nearly a third of the staff is Hispanic, while 23% are Black and 5% are Asian. Many staff members are bilingual, multilingual, and bicultural, and several self-identify as gay or lesbian.

Moreover, the program makes a conscious effort to engage adolescents in ways that make them feel comfortable and safe. The capacity to create a protected environment is particularly vital for reaching this population, in view of their high rates of trauma. In addition to assuring patients that their visits and issues can remain confidential, providers make an effort to communicate in a nonjudgmental manner and to allow teens to open up at their own pace. In-service programs are regularly held to help staff better understand youth development and to increase their sensitivity in working with an adolescent population.

This process of engagement also includes involving teens as partners in furthering Mount Sinai AHC's mission. A peer education program called SPEEK (Sinai Peers Encouraging Empowerment through Knowledge) prepares teens through an intensive training program to engage youth in the community and facilitate workshops on preventing HIV/AIDS, sexually transmitted infections, and pregnancy. Meanwhile, a Youth Advisory Board meets regularly with staff to advise them on the relevance of their services and educational materials and to identify unmet needs. Both of these programs help youth to develop numerous strengths, including knowledge of health issues, organizational abilities, public speaking skills, and the sense of self worth that derives from making a positive difference to others.

This youth development orientation permeates all MSAHC services. Health education and skill-building are a core part of both primary care and the wide range of specialty health programs available to teens. Whether patients make use of MSAHC programs on weight management and fitness, pregnancy prevention, eating disorders, HIV/AIDS, or teen parenting, they learn how to make healthy decisions, to value themselves, and to become informed, effective health care consumers. Their development is also supported through mentoring, tutoring, legal advocacy, and GED support programs.

### ***Program Effectiveness***

MSAHC's emphasis on developing personal strengths is reflected in program outcomes. A survey of reproductive health outcomes in New York City found that Black and Hispanic teens receiving reproductive health services through MSAHC have lower rates of pregnancy compared to White adolescents overall. This decrease translates to roughly 750 averted pregnancies in New York City each year. Similarly, following a MSAHC screening and treatment program to combat high rates of Chlamydia, rates of infection decreased from 28% to 7% among Black female patients, and from 24% to 4% among Hispanic patients.



Other patient gains have been observed by staff. "We see many adolescents making real leaps in health literacy," says Dr. Nucci. "When they first come in, some of our patients don't even know how to get a prescription filled." With ongoing support and education from the MSAHC program, staff watches them grow in confidence and consumer know-how. "Over time, we observe as these same teens pick up their cell phone and find a provider, ask the right questions, get what they need. We watch them beginning to take charge of their own health care."

## **An Office-Based Practice: Wake Teen Medical Services**

When adolescents walk into Wake Teen Medical Services in Raleigh, North Carolina, they enter an environment created expressly for them. In the sunlit, lavender-hued waiting room of this medical practice, tables are piled high with youth-oriented magazines, from *Rolling Stone* to *Us* to *Seventeen*. Colorful posters encouraging healthy decision-making adorn one wall, while another features a large, exuberantly-painted mural. Near the front desk, a bulletin board posts information about community activities for youth, from health fairs to tutoring programs to teen volunteer opportunities.

Wake Teen was founded in 1977 by a local pediatrician who recognized that many adolescents, particularly minority adolescents, had no medical home where they felt comfortable and "seen" for who they were. Many felt ill at ease in offices geared toward small children, yet intimidated by medical practices targeted at adults. Consequently, many area teens simply failed to access health services. Enlisting the support of Wake Medical Center, the pediatrician founded Wake Teen Medical Services on the grounds of the medical center. A few years later, the clinic moved to its own free-standing site.

Today, Wake Teen serves approximately 1,600 adolescents per year, ranging in age from 10 through 23. About a third of the practice's patients are 15 through 17 and another third are 18 through 21. The vast majority, almost three-quarters, are Black. Most have some kind of insurance: 53% are covered by Medicaid, 6% by SCHIP, and 22% by private insurance. However, 19% of patients have no coverage at all. As a private practice striving to meet the needs of teens with limited financial resources, fees are charged on a sliding scale, starting at \$18 per visit.

### ***Taking the Time***

Wake Teen is dedicated to providing a full spectrum of physical, reproductive, and mental health services to adolescents in an environment that welcomes and responds sensitively to young people. The bottom line: youth are given both the time and staff they need to address their multiple, often interrelated issues.

Not uncommonly, an initial visit can last up to two hours, encompassing not only a complete physical exam by a physician or nurse practitioner, but also reproductive health screening and counseling, a mental health and psychosocial assessment, risk reduction counseling on behavioral issues, a weight and nutrition assessment, and, as needed, an initial mental health counseling session. To provide this range of services, Wake Teen is staffed by two pediatricians, a nurse practitioner, a health educator, a clinical social worker, and, on a part-time basis, a nutritionist and a child and adolescent psychiatrist.

### ***Integration of Care***

While most patients come into the office seeking care for medical conditions -- an STI, a pregnancy, or a chronic disease such as asthma -- staff find that the presenting problem often masks complex underlying issues. Many patients are also coping with challenges not traditionally considered "medical," such as school failure, learning disabilities, the loss of a loved one, or family difficulties that are seriously affecting their overall health and emotional well-being.

Wake Teen's holistic approach to care not only treats the teen as a whole person with interrelated health and wellness needs, but recognizes the importance of engaging parents in their teen's health care. Staff encourage parent involvement to the fullest extent possible, without compromising teens' needs for confidential services. In fact, the majority of patients come to the office either with a parent or with parental knowledge of their visit.

Because of the range of emotional concerns and conditions that affect adolescents, Wake Teen makes mental health services an integral part of primary care. Psychotherapy is offered for a host of issues, including eating disorders, ADHD, depression, anger problems, post-traumatic stress syndrome, and family conflicts. Family counseling is also available. To assure coordination of care for each patient, Wake holds biweekly treatment meetings for all clinical providers, in which practitioners create multifaceted treatment plans for new patients and review the progress and needs of existing patients.

### ***Promoting Youth Development***

Wake Teen believes that adolescents are fully capable of creating healthy lives for themselves, given the tools and support to do so. "Adolescence is a critical stage when people decide to either move in the direction of risky behaviors -- or toward health," says Joyce Wood, Wake Teen's executive director. "We try to use this window of opportunity to empower teens to move toward healthy, productive lives." To this end, the practice places a high priority on building young people's strengths and skills through both onsite interventions and community opportunities.

On-site, risk reduction counseling is provided to all patients on such topics as stress management, safe sex, staying in school, quitting smoking, pregnancy prevention, weight management, and avoiding drugs, and is reinforced through follow-up visits, as needed. In addition, counseling and education are offered to those managing specific medical conditions, such as diabetes, asthma, and HIV/AIDS. Depending on the situation and a teen's particular needs, this risk reduction counseling and chronic care management may be provided by the physician or nurse practitioner during a primary care visit, the social worker in the context of mental health counseling, or the nutritionist or health educator during periodic counseling sessions.

In the community, Wake's health educator makes presentations on adolescent health topics and decision-making skills at schools, summer camps, and group homes. She also speaks frequently to groups of parents and grandparents, as well as to professionals who work with teens, educating them about adolescent development and discussing ways they can support teens in becoming healthy, self-confident young adults.

### ***Snapshot: Peer Educators***

Perhaps the most exciting component of Wake's commitment to youth development is its active peer education program. Known as the R.E.A.L. (Realistic Education About Life) Teen Council, this 15-member, all-teen group makes presentations to after-school programs and in community settings on a variety of health topics, including drug and alcohol avoidance, pregnancy and STI prevention, general well-being, and life skills. As part of the program, R.E.A.L. council members receive training in public presentation skills as well as on the specific health issues they address. The group also advises the Wake Teen board of directors on services teens need and how Wake Teen might best deliver them, as well as offering feedback on the effectiveness of existing programs.

In support of youth development, the R.E.A.L. program works on two fronts. First, R.E.A.L. volunteers reach their peers in settings that few adults have access to -- school lunchrooms, sports fields, parties, and concerts -- thereby extending the reach of health education and skill-building to many more teens in the community. At the same time, R.E.A.L. council members themselves gain confidence and competence through their public speaking and advisory roles, as well as directly experiencing the rewards of service. For some, becoming media savvy has been a fringe benefit: R.E.A.L has been featured in a local television documentary on sex education.

### ***Program Effectiveness***

Wake Teen consistently exceeds North Carolina's Medicaid preventive care and risk assessment goals. In addition, Wake's patient satisfaction survey results show patients feel significantly supported by the amount of time that staff devote to their care, as well as by the responsive environment of the center. Ms. Wood believes that this foundation of respectful caring gives teens a safe base from which they can make other gains. "When we see a patient who's had several STIs beginning to practice safe sex, or when a teen in therapy realizes that if he quits exploding in anger, he will get something he wants, such as the ability to stay in school instead of getting expelled -- we're watching teens empowering themselves," she says. Witnessing this kind of patient progress, Wood adds, is enormously validating to staff. "It's why we come to work," she says.

## **A Community Health Center: Erie Teen Health Center**

Located on Chicago's ethnically diverse North Side, the Erie Teen Health Center is a free-standing clinic focusing exclusively on adolescent care. The center is one of seven sites of the Erie Family Health Center, a federally qualified health center system. Like Mount Sinai AHC and Wake Teen Medical Services, Erie Teen Health Center's mission is both simple and challenging: to provide comprehensive, integrated, teen-sensitive care, focusing on helping adolescents to develop the strengths and skills that will allow them to become effective stewards of their own health.

The Erie Teen Health Center was founded in 1984 by two medical providers who recognized adolescents' need for a health care site that respected their privacy. A nurse-midwife and a pediatrician who worked at an Erie Family Health Center site observed that adolescents were reluctant to come in for care, primarily because of confidentiality issues. Mobilizing support within

the community, the two providers led the effort to establish a separate, free-standing community health center for adolescents.

The Erie Teen Health Center serves approximately 2,200 patients per year, along with more than 500 babies and young children of patients. Patients are adolescents and young adults ages 12 through 24, more than three-quarters of whom are between the ages of 18 and 21. Because Erie's population includes large numbers of pregnant girls and teen mothers, the clinic also provides the full spectrum of prenatal, delivery, and postnatal services, as well as pediatric services for the infants and young children of patients.

Approximately 70% of patients are Hispanic, and most are low-income with 55% covered by "All Kids," Illinois' combined Medicaid/SCHIP program. The remainder are uninsured but able to receive free care. While adolescents commonly come to the center seeking reproductive health care, many struggle with other health and mental health problems, including overweight and obesity, depression, partner violence, and a variety of problems at home and in school.

### ***Meeting Patients on their Own Terms***

As soon as patients and their families walk through the door of the Erie Teen Health Center, they are greeted in a way that lets them know they're understood -- literally. While most patients are English-speaking, parents who speak only Spanish often accompany younger teens. To facilitate communication, all support staff are bilingual. Additionally, two of the six health care providers are native Spanish speakers, while other clinical staff can communicate comfortably in both languages.

Moreover, support staff are trained in basic principles of adolescent development and in how to interact with teen patients to put them at ease. Many support staff are former patients who are not much older than the teens accessing services and who understand, first-hand, the apprehensiveness and uncertainty that can attend a young person's initial forays into the health care system.

Unlike most community health centers, which typically have no special services for adolescents except perhaps a monthly or bimonthly "teen night," Erie Teen Health Center offers a comprehensive set of services geared exclusively to the unique needs of adolescents. An initial, preventive visit includes a physical exam, a medical and psychosocial history, reproductive health screening and counseling, a mental health assessment and counseling, a weight and nutrition

assessment, and risk-reduction counseling that may include discussion of violence, guns, and gang activity as well as safe sex practices and avoidance of mood-altering substances.

The clinical team providing these services includes two pediatricians, a family nurse practitioner, a pediatric nurse practitioner, a nurse-midwife, and two clinical social workers, most of whom work on a part-time basis. Because part-time schedules make it difficult for everyone to gather in one place at one time, providers meet frequently, but informally, to collaborate on patient planning and care. According to Michelle Shubitowski, Director of Clinic Operations for the health center, "We talk about patients' needs from different points of view and get a tremendous amount of interdisciplinary work done that way."

When Erie's staff of professionals are not able to meet a teen's particular health care needs, its patients benefit from the Center's connection to the larger Erie Family Health Center system and to the local community mental health center. Erie's pediatricians, for example, often prescribe and manage psychotropic medication, but adolescent patients with severe mental illnesses or serious substance abuse problems are referred to psychiatrists and substance abuse counselors, while continuing therapy with Erie's social workers. As they do for all their teen patients, Erie's staff assure that specialty and primary care are coordinated.

### ***Establishing Trust***

The ability to serve adolescents well starts with the ability to communicate effectively with them. In their one-on-one interactions with patients, clinical staff take care to engage teens in a respectful, non-judgmental way that allows sensitive -- and sometimes hidden -- issues to emerge. To accomplish this, providers generally start with "soft" questions, perhaps eliciting what activities a teen enjoys and what some of his or her goals might be. More sensitive topics, such as sexual activity and other high-risk behaviors, are broached only after initial trust and comfort have been established. "We let our patients lead the way," says Ms. Shubitowski.

A teen's willingness to open up about his or her concerns is also facilitated by the clinic's commitment to confidentiality. When patients first arrive in the waiting room, they are asked no questions about their condition. Instead, they are given a form to fill out to let the receptionist know what complaint(s) brought them to the office. Staff routinely ask patients whether parents or others they live with know that the teen is seeking health services and whether staff can call at home or send mailings. If not, automatic mailings are turned off and calls are made to the teen's cell phone number, where possible. For adolescents who are insured under their parents' private

insurance plans, the Center does not bill insurance for services that the teen is not comfortable with parents knowing about.

While respecting their teen patients' needs for confidential services, Erie staff recognize the vital importance of engaging parents in their teens' health care, particularly for younger teens. Providers routinely assess the level of communication between parents and teens around health issues, especially sensitive reproductive health care topics, and when appropriate encourage their adolescent patients to improve that communication. Adolescents are supported in talking with their parents about their health issues and encouraged to ask their parents to visit the office with them.

### ***Snapshot: The Centering Pregnancy Program***

Erie Teen Health Center has recently initiated the Centering Pregnancy Program, a nationally recognized group model of prenatal care. Pregnant patients at the clinic voluntarily join with other girls with similar due dates to receive prenatal care, education, and therapy. Facilitated by Erie's nurse midwife, the 10-session program encourages patients to become knowledgeable about their bodies and to participate actively in self-care by charting their weight, taking their own blood pressure, and eating healthfully.

At the start of the program, each patient is examined by the physician. Subsequent prenatal care is completed within the group, although the teens have time at each session to consult with a nurse midwife to share any sensitive problems or concerns. Group sessions include listening to babies' heartbeats and checking for uterine growth, as well as discussions of nutrition, exercise and relaxation, childbirth preparation, pregnancy problems, infant care and feeding, postpartum issues, communication and self-esteem, sexuality, abuse issues, and parenting. At the end of each session, each participant completes a self-assessment sheet that serves as a stimulus for subsequent group discussions. This innovative group model facilitates building trust among members, helps girls to become invested in each other, and builds a supportive community that often endures far beyond delivery.

According to Ms. Shubitowski, patients who choose to participate in the Centering Program tend to be more prepared for delivery than those who opt for individual prenatal care. "Centering Program graduates are more likely to be well-informed on options for care and medication during the labor process and to be more emotionally prepared for labor and delivery," she explains.

### ***Program Effectiveness***

Perhaps the best measure of the Erie Teen Health Center's success in serving adolescents is the feedback their patients offer about their experiences. Teen patients are encouraged to complete satisfaction surveys: 96% report that they are satisfied with their treatment, and 98% report that they would recommend Erie to others.

In addition, Erie Teen Health Center has gathered data on several elements of its reproductive health services. The data show that 93% of Erie's adolescent patients have used a birth control method over the past 12 months without becoming pregnant. Of that group, 77% are on a highly effective method such as the birth control pill, an increase of 7% over the last year. For clients with STIs, 86% of patients are reached and treated by the Center within 14 days of testing, which exceeds the state goal of 73%. In the realm of health promotion, fully 100% of patients receive education on the prevention of HIV and STIs. Erie is in the process of developing an evaluation tool to measure the success of the Centering Program.

In many cases, however, measures of improvement go beyond statistics on averted pregnancies and disease prevention. Staying in school, for example, may be just as robust a measure of health as numbers of immunizations received. "We have a very high school dropout rate in our area," says Ms. Shubitowski. "So when a teen comes in here, we spend a lot of time encouraging them to identify and go after healthy goals. Later, when you see that teen graduate from high school and then talk about wanting to go to college, it's very exciting. Possibly, nobody else in their family has ever been to college. Possibly, nobody else is encouraging them to do this. From our perspective, pursuing this kind of goal is a real sign of strength and health."

### **Adolescent Health Centers: The Promise and the Financing Challenge**

Each of these adolescent health care arrangements illustrates the model for delivering successful comprehensive, interdisciplinary primary care services in a teen-friendly setting. Mount Sinai AHC, Wake Teen Medical Services, and Erie Teen Health Center take a holistic approach to adolescent care, furnishing mental health and substance abuse counseling, reproductive care, health education, and youth development services as an integral part of primary care. These models engage adolescents as partners, offer support and opportunities for gaining decision-making skills, emphasize strengths and assets, build constructive connections with parents, and link with schools and other community organizations.



Because they serve our nation's neediest adolescents, all three programs have a significant portion of patients who are uninsured. As a private practice, Wake Teen has no entitlement to public funds to subsidize care for the uninsured. Mount Sinai AHC has access to uncompensated care funds, but these funds come two or three years after service is delivered and account for only 12% of the AHC budget, whereas two-thirds of its patients are uninsured. Erie Teen Health Center is perhaps best positioned to receive support for the care of uninsured teens because of its federal 330 grant funding. However, even this funding is not sufficient: 45% of Erie's teen patients are uninsured, while the Bureau of Primary Health Care expects 330 grant funding to represent just 20% of a health center's budget.

As a result, all three programs are unable to operate without aggressively pursuing additional funding support. The Mount Sinai AHC receives Title X family planning funds and numerous state and city grants for young men's health services, alcohol and substance abuse prevention, HIV/AIDS prevention and treatment, and other purposes. More recently, it has initiated a successful campaign to secure support from private foundations and individual donors. Wake Teen Medical Services receives grant funding from private foundations, the local United Way, and individual community donors. While Erie Teen Health Center benefits from a particularly generous allocation of 330 grant funding through the Erie Family Health Center system, it also receives Title X funding and relies on a grant from the Illinois Department of Public Health to provide case management services.

Replicability depends not only on ensuring full enrollment of financially eligible adolescents into Medicaid and SCHIP, but on improving states' benefit and reimbursement problems to better align with adolescents' needs for behavioral and reproductive health care. Many suggestions for achieving this are discussed in our earlier issue brief, *Preliminary Thoughts on Restructuring Medicaid to Promote Adolescent Health*. With few exceptions, all of the services furnished to adolescents by the Mount Sinai AHC, Wake Teen Medical Services, and Erie Teen Health Center are potentially reimbursable under Medicaid and SCHIP as well.

The impact of providing such services is potentially enormous. Adolescent health care -- or the lack of it -- affects much more than the futures of individuals. When teens have inadequate access to health care, they remain at risk for poor physical health, mental health problems, and behavioral deficits that can quickly worsen and multiply, reaping costly health, social, and economic consequences for families, neighborhoods, and communities. By contrast, thoughtfully and comprehensively addressing adolescent health needs, while simultaneously supporting teens in making positive, life-sustaining choices can measurably enhance the health, vitality, and stability of our society as a whole.

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## Endnotes

- 1 Kipke MD (ed). *Risks and Opportunities: Synthesis of Studies on Adolescence*. Washington, DC: National Academy Press, 1999.
- 2 Brindis, C. *Under Construction: A Brief Profile of What We Know About Today's Adolescents*. San Francisco, CA: Policy Information and Analysis Center for Middle Childhood and Adolescence and The National Adolescent Health and Information Center, University of California, San Francisco, 1998.
- 3 US Department of Health and Human Services. *Mental Health: A Report of the Surgeon General*. Rockville, MD: Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999.
- 4 Child and Adolescent Health Measurement Initiative. Data tabulations from the National Survey of Children's Health. Available at the Data Resource Center on Child and Adolescent Health: [www.nschdata.org](http://www.nschdata.org). Accessed January 2007.
- 5 Klein, J Wilson, K. Delivering quality care: adolescents' discussion of health with their provider. *Journal of Adolescent Health*. 2002; 30: 190-195.

The National Alliance to Advance Adolescent Health provides education, research, policy analysis, and technical assistance to achieve fundamental improvements in the way that adolescent health care is structured and delivered in the United States. Its mission is to enhance the physical and emotional well-being of adolescents, especially those who are low-income and minority, by improving the health care delivery model for adolescents and achieving the infrastructure changes needed to support it. The National Alliance seeks to promote comprehensive, interdisciplinary models of physical, mental, behavioral, and reproductive health care that incorporate a youth development philosophy and operate in collaboration with schools and other community-based programs. It also seeks to ensure that all adolescents have health insurance coverage for the services they require.

For more information about our work and available publications, contact Corinne Dreskin at The National Alliance to Advance Adolescent Health: [cdreskin@TheNationalAlliance.org](mailto:cdreskin@TheNationalAlliance.org). Also visit our website: [www.TheNationalAlliance.org](http://www.TheNationalAlliance.org).

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