

BACKGROUND

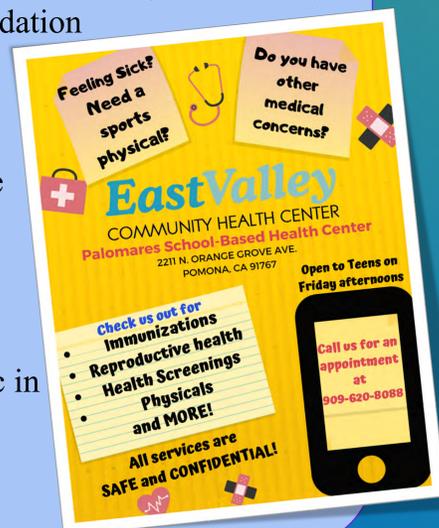
- A significant portion of adolescent health issues are diagnosed clinically by means of direct and open communication.¹
- Community Medicine curricula with an integrated resident-led School Based Clinic (SBC) program have demonstrated improvement in overall reproductive health access and medical resident confidence in adolescent medicine.²

OBJECTIVES

- A Community Medicine curriculum with an integrated SBC program will assist in:**
- improving reproductive health access
 - improving the practice of medical skills in adolescent medicine which will result in strengthening of resident medical knowledge and level of confidence

RATIONALE

- In 2018, at an Emanate Health-based hospital located at West Covina, CA it was found that 88.7% of total births were to Latinas 14-19 years of age.
- To address the need, Emanate Health applied for a grant which was awarded by the AAFP Foundation in 2019.
- The guidelines developed by Healthy People 2020 were utilized to establish a school-based adolescent clinic in Pomona Valley.



METHODS

Goals set out by Healthy People 2020

At least 50% of adolescent females aged 13 to 19 years who received formal contraceptive counseling will opt to use a most effective / moderately effective method

To identify chronic diseases and other psychosocial factors that prevent the adolescent from accessing care

To increase access to medical care for teens

- Each clinic was run by dedicated clinic staff – 1-2 residents during their Community Medicine rotation, a preceptor, a Certified Health Worker, and an assigned medical assistant
- Residents completed online and live educational modules on reproductive health, minor consent services, and youth law.
- Resident knowledge will be followed and measured by ACGME Family Medicine milestones (PC-3, SBP-3, PBL1-3, MK-2, C-1) and qualitative data on a bi-annual basis.

CONCLUSION

- The implementation of the SBC demonstrated efficacy in advancing knowledge of teen reproductive health; elements that can continue providing a teen-friendly and empowerment space for their well-being.



IMPLICATION

- Effective implementation of such SBC programs can serve as a model for other SBC projects to empower adolescent health and their surrounding communities.

RESOURCES

- 1) Keeton V, Soleimanpour S, Brindis CD. School-Based Health Centers in an Era of Health Care Reform: Building on History. 2012; 42: 132–58.
- 2) Adolescent Health Care Maintenance in a Teen-Friendly Clinic. Prim Care Clin Off Pract 2014; 41: 451–64.
- 3) Frieden TR, Jaffe HW, Rasmussen SA, et al. Reduced Disparities in Birth Rates Among Teens Aged 15–19 Years — United States, 2006–2007 and 2013–2014. 2016 <https://www.cdc.gov/mmwr/volumes/65/wr/pdfs/mm6516a1.pdf> (accessed Jan 23, 2019).

RESULTS

Resident component

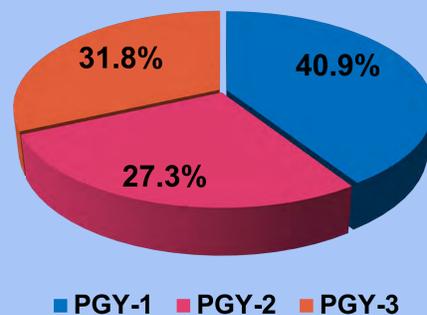


Figure 1. Resident pre-clinic participation survey

- Assessment on basic contraception concepts was administered to the residents (N=22) prior to their participation at the clinic.
- A resident post-clinic participation survey will be provided to residents after their Community Medicine rotation.

Patient/Teen component

Learning point	Pre-visit survey	Post-visit survey	Knowledge
Nexplanon	25%	33.3%	↑
Image of an IUD	58.3%	66.7%	↑
Contraceptive method efficacy	8.3%	55.6%	↑
Oral contraceptives	41.7%	55.6%	↑

Table 1. Patient pre- and post-visit survey

- At each visit, pre- and post- visit surveys were administered (N =32).
- The post visit showed improved knowledge on contraceptive concepts.



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