

FACCT
Foundation for Accountability



Helping Americans Make
Better Health Care Decisions

**Child and Adolescent Health
Measurement Initiative:
Washington State Healthy Options**

Young Adult Health Care Survey (YAHCS)

2000 Results

Snohomish County

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Introduction

Overview

This report presents the results from the 2000 fielding of the Young Adult Health Care Survey (YAHCS) to Snohomish County's Healthy Options Medicaid clients. The YAHCS is intended to help providers, consumers, purchasers, and policymakers assess the degree to which doctors, other health providers, and health plans deliver recommended preventive services for teens and young adults aged 14 to 18. The YAHCS was one of three surveys piloted in Washington State as part of a national demonstration project through the Child and Adolescent Health Measurement Initiative, spearheaded by FACCT -- The Foundation for Accountability. Washington State Medical Assistance Administration was selected from among several agencies around the nation to participate in this statewide pilot project. The State-wide pilot of all three CAHMI measures included Washington State "Health Options" clients being served by managed care organizations as well as children receiving care through Washington Fee-For-Service and Primary Care Case Management programs.

FACCT, CAHMI, and the YAHCS

FACCT is a not-for-profit organization dedicated to helping Americans make better health care decisions. To achieve this goal, FACCT creates tools that help people understand and use quality information, develops consumer-focused quality measures, advocates public education about health care quality, supports efforts to gather and provide quality information, and encourages health policy to empower and inform consumers.

The Child and Adolescent Health Measurement Initiative (CAHMI) is committed to improving the health of children and adolescents by ensuring that families, purchasers, policymakers and providers have relevant and actionable information about health care quality. The CAHMI, coordinated by FACCT, was established in the Spring of 1998 as a collaboration including the National Committee for Quality Assurance, the American Academy of Pediatrics, Children Now, The Centers for Disease Control and Prevention, The Agency for Healthcare Research and Quality and many other national, state, health agencies and organizations. More than 50 consumer organizations, policymakers, researchers, health care practitioners, health plans, and health care purchasers have participated in the CAHMI since May, 1998.

The YAHCS quality measures were developed by FACCT through the CAHMI's Staying Healthy Task Force. The purpose of this task force is to recommend measures specifically focused on preventive care. The two areas of preventive care identified as most crucial were early childhood development and adolescent preventive care. Because no quality measures focused specifically on preventive care for adolescents could be identified, FACCT developed and tested the YAHCS to fill this need for quality information in this area.

The YAHCS has undergone extensive cognitive testing, readability assessments, and has been translated into Spanish. Prior to the Washington project, the YAHCS was field tested with 4060 teens in six sites located in California, Florida, and New York.¹ In addition, a majority of the YAHCS was fielded to a nationwide online teen sample (N=1240) through a project funded by the Robert

Wood Johnson Foundation.² For additional background information about the YAHCS and for a list of key advisors, please see Appendix A.

Methodology Overview

The Young Adult Health Care Survey was administered in Snohomish County, Washington using standardized mail and telephone administration protocols (for more detail, see Appendix B). All eligible Washington State Medicaid clients in Snohomish County, aged 14 to 18 years old as of 12/31/99, were selected. Adolescents within this age range were eligible to be sampled if they had been continuously enrolled within Medicaid for all of 1999, allowing for a single one-month gap, and if they had useable contact information. At the time of sampling, five managed care organizations were operating in Snohomish County and serving Medicaid clients. Information about the plan to which the adolescent was enrolled was collected at the time of sampling to be used for analytic purposes.

A total of 1,821 adolescents were selected for the YAHCS survey administration. Overall, 1,522 of these teens received the survey through the mail. An additional 299 teens were called to complete the telephone version of the survey. In the three health plans with the largest number of adolescents, random samples of approximately 22% of their YAHCS eligible population were selected to receive the telephone survey instead of the mail survey. If Medicaid records indicated the teen's primary language was Spanish, both the Spanish and English versions of the questionnaire and cover letters were sent.

Response Rates

Overall, 737 completed questionnaires were obtained, yielding a raw response rate of 40.4%. After removing undeliverable questionnaires due to bad addresses or disconnected phones (142), adolescents for whom their parents did not consent to their participation in the survey administration (97), and adolescents who were not currently living at the residence (7), the adjusted response rate for the survey was 46.8%.

Among the five health plans participating in the survey, the adjusted response rates ranged from 42.7% to 54.4%. These rates are comparable to other surveys conducted with adolescents³. Furthermore, it should be noted that the survey vendor who administered the YAHCS noted that the survey timing overlapped with spring vacation schedules, a factor, which most likely resulted in decreased response rates.

Please see Appendix C for more detail on response rates for each health plan and for the study overall.

Demographics of Teen Respondents

Teen Respondent Characteristics: Snohomish County

Items at the end of the YAHCS survey asked the teen about their age (#52), gender (#53), and race (#54). These items are helpful in understanding the population who responded to the survey. Similar to earlier studies¹, females were more likely to respond to the survey (50.6% sampled vs. 58.7% responded). In addition, older teens (aged 16-18) were slightly more likely than younger teens (aged 14-15) to respond (58.4% sampled vs 60.2% responded).

Snohomish County

Total number of respondents	737
Age of Teen	(%)
14-15 years old	41.6
16-18 years old	58.4
Gender of Teen	
Male	41.3
Female	58.7
Race/Ethnicity of Teen	
White	81.4
Black or African American	1.9
Asian	6.0
American Indian or Alaskan Native	1.9
Hispanic or Latino	4.2
Native Hawaiian or Other Pacific Islander	0.7
Other	3.7

Teen Respondent Health Care Characteristics: Snohomish County

Items about health care access and utilization were also included in the YAHCS survey.

Snohomish County

Total number of respondents	737
Have you been to see a doctor or other health provider in the last 12 months? (#1)	(%)
Yes	88.8
No	11.2
Where do you usually go for medical care? (#4)	
Doctors Office or Clinic	70.8
School Nurse	0.3
Community Clinic/Health Center	22.4
Hospital Clinic	2.9
Hospital Emergency Room	0.6
Family Planning Center	0.8
Urgent Care Clinic	0.3
No One Usual Place	1.5
Don't Know	0.4

These findings are similar to other national studies gathering information about teen access to health care. For example, findings from the 1997 National Health Interview Survey found that 82% of adolescents reported having one or more contacts with a physician or other health care professional.⁴

Health Status of Teen Respondent

General Health Status

A general health status item from the Adolescent Child Health and Illness Profile (CHIP-AE[®])⁵ was included in the YAHCS.

This one item about the teen’s self perception of his/her health provides useful information about the overall health status of the teen. This item has been fielded in multiple field trials through the CHIP-AE[®] and in the nationwide online teen survey funded by the Robert Wood Johnson Foundation.

Snohomish County

	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>14-15 Years</i>	<i>16-18 years</i>
Total number of respondents	737	430	303	305	428
How is your health in general? (#47)	(%)	(%)	(%)	(%)	(%)
Excellent	19.2	11.7	30.0	20.7	18.3
Very Good	36.4	37.2	35.6	39.1	34.7
Good	32.6	38.2	23.8	28.9	34.5
Fair	11.0	12.2	9.6	10.9	11.3
Poor	0.8	0.7	1.0	0.3	1.2

As can be seen, there are differences in the responses by age and gender. Statistical adjustment of this item for age and gender according to the prevalence in the sampled population is recommended by Starfield et. al.⁵ in order to improve the generalizability of the health status information.

After adjusting for age and gender, 58.9% of teen Medicaid clients enrolled in Snohomish County rated their health as “excellent” or “very good.” This adjusted proportion is similar to findings from other teen surveys. For example, for the teen online sample, the adjusted proportion of teens who rated their health as “excellent” or “very good” was 61.1%.²

Life Satisfaction

Additional items from the CHIP-AE[®] related to life satisfaction were included in the YAHCS. Overall, the teen was asked whether they completely agree, mostly agree, agree a little, or do not agree with the three statements related to their satisfaction with life:

Snohomish County

	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>14-15 Years</i>	<i>16-18 years</i>
Total number of respondents	737	430	303	305	428
I am full of energy (#48a)	(%)	(%)	(%)	(%)	(%)
Completely agree	23.5	18.9	30.5	29.6	19.2
Mostly agree	46.9	49.4	43.7	43.4	49.6
Agree a little	21.6	25.6	15.6	19.4	23.2
Do not agree	7.9	6.1	10.3	7.6	8.0
I have a lot of good qualities (#48b)	(%)	(%)	(%)	(%)	(%)
Completely agree	42.9	40.9	46.2	39.7	45.6
Mostly agree	43.3	43.7	42.2	45.2	41.8
Agree a little	11.8	13.7	9.2	12.5	11.2
Do not agree	1.9	1.6	2.3	2.6	1.4
I am satisfied with my life and how I live it (#48c)	(%)	(%)	(%)	(%)	(%)
Completely agree	31.0	29.1	33.9	30.3	31.7
Mostly agree	41.9	42.2	41.2	41.4	42.3
Agree a little	18.6	20.5	15.9	20.4	17.4
Do not agree	8.6	8.2	9.0	7.9	8.7

As can be seen, there are differences in the responses by age and gender. Again, statistical adjustment of this item for age and gender according to the prevalence in the sampled population is recommended by Starfield et. al.⁵ in order to improve the generalizability of the health status information.

One way this can be done is by scoring the responses to these three questions into a proportional value where Completely agree = 100, Mostly agree = 100, Agree a little = 0 and Do not agree = 0. A “life satisfaction” measure can be computed as the mean of the three questions and then adjusted by the age and gender of the sampled population.

For all Snohomish County YAHCS respondents, the mean score on the life satisfaction measure was 76.4. After statistically adjusting for age and gender (to make the results more generalizable), the mean score was 76.2. These findings are similar, although somewhat higher, than that reported by the respondents of the teen online survey funded by the Robert Wood Johnson Foundation. The adjusted mean score for the teen online sample was 69.5.²

Days Reported in Pain

An item from the CHIP-AE^{©3} related to the teen's experience with pain was also included in the YAHCS.

Snohomish County

	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>14-15 Years</i>	<i>16-18 years</i>
Total number of respondents	737	430	303	305	428
In the last 4 weeks, how often did you have pains that really bothered you? (#49)	(%)	(%)	(%)	(%)	(%)
No days	32.2	25.9	40.6	31.4	32.9
1 to 3 days	36.8	38.1	35.3	36.3	36.9
4 to 6 days	14.2	17.8	8.9	15.2	13.3
7 to 14 days	11.4	12.4	10.2	11.6	11.4
15 to 28 days	5.4	5.8	5.0	5.6	5.4

Again, because there are differences in the responses by age and gender, a statistical adjustment of this item for age and gender by the prevalence in the sampled population is recommended by Starfield et. al.⁵

When adjusted, 69.7% of teens indicated no days in pain or 1 to 3 days in pain. These findings are similar to those found in previous fielding of the CHIP-AE[©] and in the teen online survey funded by Robert Wood Johnson Foundation where 67.3% of teens indicated no days in pain or 1 to 3 days in pain.²

Days Reported Exercised

An item from the CHIP-AE[®] related to exercise was included in the YAHCS.

Snohomish County

	Total	Female	Male	14-15 Years	16-18 years
Total number of respondents	737	430	303	305	428
In the last 4 weeks, on how many days did you exercise or play sports hard enough to make you breathe hard or make you sweat for 20 minutes or more? (#50)	(%)	(%)	(%)	(%)	(%)
No days	12.1	13.1	10.6	11.1	12.7
1 to 9 days	36.2	41.8	28.4	30.5	40.4
10 to 13 days	13.1	14.3	11.2	17.4	9.9
14 to 20 days	15.3	14.7	16.2	14.8	15.7
21 to 28 days	23.3	16.1	33.7	26.2	21.4

Again, because there are differences in the responses by age and gender, a statistical adjustment of this item for age and gender by the prevalence in the sampled population is recommended by Starfield et. al.⁵

When adjusted, the proportion of teens that noted low exercise behavior (0 or 1-9 days of exercise in the last 4 weeks) was 43.3%. These findings are similar to those found in previous fielding of the CHIP-AE[®] and in the teen online survey funded by the Robert Wood Johnson Foundation. Findings from the Youth Risk Behavior Surveillance Survey (YRBSS) also provide comparative information about Snohomish County teen's exercise behavior. The 1999 YRBSS fielding found that approximately two thirds (64.7%) of students nationwide **had** participated in activities that made them sweat and breathe hard for ≥ 20 minutes and ≥ 3 of the 7 days preceding the survey. Overall, male students were significantly more likely than female students to report vigorous physical activity.⁶

Risky Behaviors or Feelings

Teen Report of Mental Health

Items related to mental health in the 1997 Youth Risk Behavior Surveillance Survey (YRBSS)⁶ by the Center for Disease Control (CDC) were also included. The YRBSS⁶ is fielded every two years in order to track youth behavior trends and collects information on a national and geographic-specific level. Therefore, these items are useful in collecting information about the health of the Snohomish County population and can be compared to the 1997 and 1999 YRBSS⁶ findings found at <http://www.cdc.gov/nccdphp/dash/yrbss>.

Snohomish County

	Total	Female	Male	14-15 Years	16-18 years
Total number of respondents	737	430	303	305	428
During the past 12 months, have you ever felt sad down or as though you had nothing to look forward to? (#14)	(%)	(%)	(%)	(%)	(%)
Yes	56.4	66.0	43.1	55.8	56.7
No	43.6	34.0	56.9	44.2	43.3
In the last 4 weeks, on how many days did a health or emotional problem keep you from doing what you usually do at school or with friends? (#51)	(%)	(%)	(%)	(%)	(%)
No Days	47.1	36.7	61.6	49.5	45.2
1 to 3 days	27.4	31.3	22.2	25.2	29.2
4 to 6 days	13.8	17.1	8.9	13.1	14.1
7 to 14 days	7.4	10.0	3.6	7.9	7.1
15 to 18 days	4.4	4.9	3.6	4.3	4.5

After adjusting for age and gender, 72.7% of teen respondents in the teen online survey noted feeling sad, down, or as though he/she had nothing to look forward to in the last 12 months. Findings from 1999 YRBSS, using a modified version of the question, reported that 28.3 % of the respondents had felt so sad or helpless almost everyday for 2 weeks in a row that they stopped doing some usual activities. There were significant differences observed by sex and gender.⁶

Teen Risky Behavior Profile: Snohomish County

Included in the YAHCS are additional items from the 1997 Youth Risk Behavior Surveillance Survey (YRBSS[®]) related to smoking, drinking, and whether the teen had sexual intercourse:

Question #16: During the past 30 days, on how many days did you smoke cigarettes?

Question #22: During the past 30 days, on how many days did you have least one drink of alcohol?

Question #26: Have you ever had sexual intercourse?

Appendix E shows the topline frequencies for each of these items showing the prevalence of each risky behavior. The following table shows how many teens participate in one or all three of the risk behaviors of smoking, drinking, or sexual intercourse.

Snohomish County

	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>14-15 Years</i>	<i>16-18 years</i>
Total number of respondents	737	430	303	305	428
Percent responding “Yes” or “1 or more days” to:	(%)	(%)	(%)	(%)	(%)
0 out of 3 risky behaviors	51.6	47.2	57.8	71.1	37.6
1 out of 3 risky behaviors	19.4	21.9	16.2	15.7	22.2
2 out of 3 risky behaviors	17.5	17.9	17.2	10.2	22.9
3 out of 3 risky behaviors	11.5	13.0	8.9	3.0	17.3

Information about teen participation in each of the risk behaviors mentioned above can be found in the topline frequencies listed in Appendix E. Again, comparative information for each item can be found YRBSS website: <http://www.cdc.gov/nccdphp/dash/yrbss>.

Risky Behavior Profile: Snohomish County

Additional items in the Youth Risk Behavior Surveillance Survey (YRBSS[®]) were also included focusing on binge drinking and whether sexually active teens use a condom. Findings from the 1999 YRBSS found that 31.5% of students who drink alcohol reported having ≥ 5 drinks of alcohol on ≥ 1 occasion during the 30 days preceding the survey. On the other hand, 58.0% reported that either they or their partner had used a condom during last sexual intercourse.⁶

Snohomish County

	Total	Female	Male	14-15 Years	16-18 years
Total number of respondents	211	131	78	55	154
(Asked of teens who drink alcohol) During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?	(%)	(%)	(%)	(%)	(%)
0 days	46.0	51.1	37.2	60.0	40.9
1 or 2 days	29.4	27.5	33.3	25.5	31.2
3 to 5 days	12.8	13.0	12.8	9.1	14.3
6 to 9 days	8.1	7.6	9.0	3.6	9.7
10 to 19 days	3.8	0.8	7.7	1.8	3.9
20 or more days	0.0	0.0	0.0	0.0	0.0

Snohomish County

	Total	Female	Male	14-15 Years	16-18 years
Total number of respondents	259	165	92	40	217
(Asked of teens who are sexually active) The last time you had sexual intercourse did you or your partner use a condom?	(%)	(%)	(%)	(%)	(%)
Yes	58.7	52.1	70.7	80.0	54.8
No	41.3	47.9	29.3	20.0	45.2

Quality Measures

Please visit the CAHMI web site (www.facct.org/cahmi.html) for more information regarding development and scoring of the YAHCS quality measures.

Quality Measures: Description

Responses from the Young Adult Health Care Survey (YAHCS) are used to create eight quality measures (see Appendix D for a detailed list of the survey items in each quality measure). To allow for fair comparisons in quality measures scores between population sub-groups, quality measure scores are only calculated for teens who 1) Report being 14 to 18 years old during survey administration and 2) Had a visit in the last 12 months. A teen was classified as having a visit in the last 12 months if he/she answered “Yes” to question #1 (“Have you been to see a doctor or other health provider in the last 12 months?”) or if he/she answered that he/she had seen a doctor or other health provider in the last 12 months for regular or routine care for question #2.

Quality Measure	Topics included in PV	Scoring of Quality Measure
1. Counseling and screening to prevent risky behaviors	Discuss/screening for: smoking, drinking, helmet use, drunk driving, chewing tobacco, street drugs, steroid pills, sexual/physical abuse, violence, guns. (Items: 11 a-d, 12 a-c, 13a, 13c, 33)	Average proportion of “yes” answers to each of the 11 “yes/no” survey items. <i>A person must answer at least 5 items in order to receive a quality measure score.</i>
2. Counseling and screening to prevent unwanted pregnancy and STDs	Discuss/screening for: condoms, HIV, birth control, STDs. (Items: 13b, 28, 30)	Average proportion of “yes” answered to each of the 3 items. <i>A person must answer at least 2 items in order to receive a quality measure score.</i>
3. Counseling and screening related to diet, weight, and exercise	Discuss/screening for: weight, healthy diet, exercise. (Items 9a-9c)	Average proportion of “yes” answered to each of the 3 items. <i>A person must answer at least 2 items in order to receive a quality measure score.</i>
4. Counseling and screening related to depression, mental health, and relationships	Discuss/screening for: feeling sad, emotions or moods, suicide and sexual orientation. (Items: 10 a-d, 15)	Average proportion of “yes” answered to each of the 5 items. <i>A person must answer at least 2 items in order to receive a quality measure score.</i>
5. Care provided in a confidential and private setting	Report of having had a private visit (meaning he/she was alone with the doctor or other health provider); Reported that he/she was also informed that his/her visit was confidential. (Items 6,7)	Average proportion answering “yes” to both of the 2 items. <i>A person must answer at least 1 item in order to receive a quality measure score.</i>
6. Helpfulness of counseling provided	Report of helpfulness of counseling on selected topics: cigarettes, alcohol, condoms/HIV, birth control. (Items 18, 21, 25, 29, 31)	Mean score on multi-item scale. Applies only to those reporting “yes” to at least 2 out of 5 related provision of counseling items.
7. Communication and experience of care (Draft Adolescent CAHPS® items)	Reported experience with: helpfulness of office staff, doctor/other providers listens carefully, explains things clearly, respects you, spend enough time, speaks in a language you understand. Adolescent overall assessment of care. (Items 38-43)	Mean score on a multi-item scale. Scale is a composite of two values: (1) Mean score on communication and access items (Weight this mean .80) (2) Proportion rating their care an 8 or higher) (Weight this proportion as .20) <i>A person must answer at least 3 items in order to receive a quality measure score.</i>
8. Health information	Health information that provided safety tips; information about the risks of smoking, drinking of substance abuse; information about the benefits of a healthy lifestyle; and information that provided tips about how to prevent STDs. (Items 34-37)	Average proportion of “yes” answered to each of the 4 items. <i>A person must answer at least 2 items in order to receive a quality measure score.</i>

Quality Measures (0 to 100 Scale) in Snohomish County

Quality Measure	Score (0 to 100 Scale) n=662
1. Counseling and screening to prevent risky behaviors (average proportion)	14.6%
2. Counseling and screening to prevent unwanted pregnancy and STDs (average proportion)	30.6%
3. Counseling and screening related to diet, weight, and exercise (average proportion)	38.1%
4. Counseling and screening related to depression, mental health, and relationships (average proportion)	18.8%
5. Care provided in a confidential and private setting (average proportion)	52.3%
6. Helpfulness of counseling provided (mean)	59.3 (n = 322, SD = 31.9)
7. Communication and experience of care (Draft Adolescent CAHPS® items) (mean)	71.2 (SD = 22.7)
8. Health information (average proportion)	78.1%

Although some of the quality measure scores may seem low, they are not inconsistent with the levels of quality observed in the previous field trials of the YAHCS¹⁻².

Quality Measures (0 to 100 Scale) in Snohomish County: By Health Plan

Quality Measure	AUSH n=205	CHPW n=113	GHC n=111	MLNA n=54	RBS n=179	Significance of Variation Among Health Plans*
1. Counseling and screening to prevent risky behaviors (average proportion)	13.6%	12.3%	18.6%	16.5%	14.0%	F = 1.57 (p = .18)
2. Counseling and screening to prevent unwanted pregnancy and STDs (average proportion)	29.2%	26.5%	36.9%	30.2%	30.8%	F = 1.17 (p = .33)
3. Counseling and screening related to diet, weight, and exercise (average proportion)	37.4%	37.8%	37.3%	35.2%	40.6%	F = .27 (p = .90)
4. Counseling and screening related to depression, mental health, and relationships (average proportion)	18.4%	16.7%	16.7%	19.4%	21.5%	F = .92 (p = .45)
5. Care provided in a confidential and private setting (average proportion)	52.5%	49.1%	55.9%	48.1%	53.1%	F = .52 (p = .73)
6. Helpfulness of counseling provided (mean)	56.9 (n=97)	56.0 (n=52)	65.0 (n=57)	66.7 (n=25)	58.3 (n=91)	F = 1.09 (p = .36)
7. Communication and experience of care (Draft Adolescent CAHPS® items) (mean)	71.2	65.8	72.7	67.4	74.9	F = 3.36 (p = .01)
8. Health information (average proportion)	79.8%	74.0%	79.6%	67.6%	81.1%	F = 3.18 (p = .01)

Health plan abbreviations:

AUSH = Aetna U.S. Healthcare of Washington
 CHPW = Community Health Plan of Washington
 GHC = Group Health Cooperative
 MLNA = Molina Healthcare of Washington, Inc.
 RBS = Regence Blue Shield

* When conducting significance tests, it is important to consider the sample sizes of the groups being compared. Differences that are not statistically significant using sample sizes showing here are likely to be statistically significant if these samples were increased.

Quality Measures (0 to 100 Scale) in Snohomish County: By Age of Teen

Quality Measure	14-15 Years n=281	16-18 Years n=378	Significance of Differences Between Age Groups
1. Counseling and screening to prevent risky behaviors (average proportion)	15.0%	14.2%	t = .47 (p = .64)
2. Counseling and screening to prevent unwanted pregnancy and STDs (average proportion)	24.0%	35.2%	t = 3.84 (p < .001)
3. Counseling and screening related to diet, weight, and exercise (average proportion)	38.9%	37.5%	t = .46 (p = .65)
4. Counseling and screening related to depression, mental health, and relationships (average proportion)	18.3%	19.0%	t = .32 (p = .75)
5. Care provided in a confidential and private setting (average proportion)	42.8%	59.1%	t = 4.95 (p < .001)
6. Helpfulness of counseling provided (mean)	59.4 (n=115)	59.2 (n=205)	t = .04 (p = .97)
7. Communication and experience of care (Draft Adolescent CAHPS® items) (mean)	74.5	68.9	t = 3.18 (p = .002)
8. Health information (average proportion)	78.9%	77.6%	t = .59 (p = .56)

Quality Measures (0 to 100 Scale) in Snohomish County: By Gender of Teen

Quality Measure	Female n=391	Male n=267	Significance of Differences Between Genders
1. Counseling and screening to prevent risky behaviors (average proportion)	14.5%	14.7%	t = .12 (p = .91)
2. Counseling and screening to prevent unwanted pregnancy and STDs (average proportion)	37.2%	20.8%	t = 5.84 (p < .001)
3. Counseling and screening related to diet, weight, and exercise (average proportion)	40.0%	35.8%	t = 1.30 (p = .19)
4. Counseling and screening related to depression, mental health, and relationships (average proportion)	19.5%	17.6%	t = .92 (p = .36)
5. Care provided in a confidential and private setting (average proportion)	54.9%	48.3%	t = 1.99 (p = .047)
6. Helpfulness of counseling provided (mean)	61.4 (n=216)	55.5 (n=104)	t = 1.55 (p = .12)
7. Communication and experience of care (Draft Adolescent CAHPS® items) (mean)	70.1	73.1	t = 1.69 (p = .09)
8. Health information (average proportion)	79.2%	77.3%	t = .85 (p = .40)

Quality Measures (0 to 100 Scale) in Snohomish County: By Age and Gender of Teen

Quality Measure	Female 14-15 Years n=164	Male 14-15 Years n=116	Female 16-18 Years n=227	Male 16-18 Years n=150	Significance of Variation Among Groups*
1. Counseling and screening to prevent risky behaviors (average proportion)	15.8%	14.1%	13.6%	15.2%	F = .41 (p = .84)
2. Counseling and screening to prevent unwanted pregnancy and STDs (average proportion)	28.5%	17.7%	43.5%	22.6%	F = 10.11 (p < .001)
3. Counseling and screening related to diet, weight, and exercise (average proportion)	41.5%	35.6%	38.9%	35.6%	F = .82 (p = .54)
4. Counseling and screening related to depression, mental health, and relationships (average proportion)	19.2%	17.2%	19.6%	18.0%	F = .28 (p = .92)
5. Care provided in a confidential and private setting (average proportion)	44.2%	41.2%	62.7%	53.4%	F = 6.49 (p < .001)
6. Helpfulness of counseling provided (mean)	62.2 (n=73)	54.5 (n=42)	61.0 (n=143)	55.4 (n=61)	F = .70 (p = .62)
7. Communication and experience of care (Draft Adolescent CAHPS® items) (mean)	73.4	76.2	67.6	70.8	F = 2.88 (p = .01)
8. Health information (average proportion)	80.0%	78.2%	78.6%	76.4%	F = 2.47 (p = .03)

* When conducting significance tests, it is important to consider the sample sizes of the groups being compared. Differences that are not statistically significant using sample sizes showing here are likely to be statistically significant if these samples were increased.

Quality Measures (0 to 100 Scale) in Snohomish County: By Race of Teen

Quality Measure	White, Non-Hispanic n=490	Non-White, or Mixed Race n=171	Significance of Differences Between Races*
1. Counseling and screening to prevent risky behaviors (average proportion)	14.0%	16.4%	t = 1.19 (p = .24)
2. Counseling and screening to prevent unwanted pregnancy and STDs (average proportion)	29.8%	32.9%	t = .92 (p = .36)
3. Counseling and screening related to diet, weight, and exercise (average proportion)	37.6%	39.8%	t = .60 (p = .55)
4. Counseling and screening related to depression, mental health, and relationships (average proportion)	18.0%	20.9%	t = 1.30 (p = .19)
5. Care provided in a confidential and private setting (average proportion)	53.0%	50.3%	t = .73 (p = .47)
6. Helpfulness of counseling provided (mean)	57.6 (n=235)	64.2 (n=87)	t = 1.66 (p = .10)
7. Communication and experience of care (Draft Adolescent CAHPS® items) (mean)	71.6	70.1	t = .74 (p = .46)
8. Health information (average proportion)	78.7%	76.9%	t = .73 (p = .47)

* When conducting significance tests, it is important to consider the sample sizes of the groups being compared. Differences that are not statistically significant using sample sizes showing here are likely to be statistically significant if these samples were increased.

Quality Improvement Opportunities

Summary of Highest and Lowest Quality Ratings: Snohomish County

Questionnaire items receiving <u>highest</u> quality of care ratings	Questionnaire items receiving <u>lowest</u> quality of care ratings
Measure 1: Preventive Counseling and Screening on Risky Behaviors (Percentage saying “yes”) (Percentage saying “no”)	
<ul style="list-style-type: none"> • Talk about how and why to quit smoking (yes=26.3%) • Talk about cigarettes or smoking (yes=25.1%) 	<ul style="list-style-type: none"> • Did not talk about guns and others weapons (no=92.7%) • Did not talk about violence prevention (no=91.0%)
Measure 2: Preventive Counseling and Screening on Sexual Activity and STDs (Percentage saying “yes”) (Percentage saying “no”)	
<ul style="list-style-type: none"> • Talk about sexually transmitted diseases or STDs (yes=30.9%) 	<ul style="list-style-type: none"> • Did not talk about condoms (no=73.2%)
Measure 3: Preventive Counseling and Screening on Weight, Healthy Diet, and Exercise (Percentage saying “yes”) (Percentage saying “no”)	
<ul style="list-style-type: none"> • Talk about physical activity or exercise (yes=42.4%) 	<ul style="list-style-type: none"> • Did not talk about weight (no=70.3%)
Measure 4: Preventive Counseling and Screening on Emotional Health and Relationship Issues (Percentage saying “yes”) (Percentage saying “no”)	
<ul style="list-style-type: none"> • Talk about your emotions and moods (yes=30.2%) 	<ul style="list-style-type: none"> • Did not talk about suicide (no=90.6%)
Measure 5: Private/Confidential Visit (Percentage saying “yes”) (Percentage saying “no”)	
<ul style="list-style-type: none"> • Private time– got a chance to speak with a doctor or other health provider privately (yes=55.9%) 	<ul style="list-style-type: none"> • Did not talk about confidentiality– did was not informed that what he/she talked about with the doctor or other health provider was confidential, meaning it would not be shared with anyone else (no=59.6%)

**Questionnaire items receiving
highest quality of care ratings**

**Questionnaire items receiving
Lowest quality of care ratings**

Measure 6: Helpfulness of Counseling

(Percentage saying “Very Helpful”)

(Percentage saying “Not Helpful at All”)

- Teen reported counseling about how and why to use birth control as very helpful (very helpful=40.0%)
- Teen reported counseling about quitting smoking as not very helpful (not at all helpful=32.1%)

Measure 7: Experience of Care

(Percentage indicating **most** regular positive experience)

(Percentage indicating **least** regular positive experience)

- Teen reported that he/she never had a hard time speaking with or understanding a doctor or other health provider because they spoke different languages (never and sometimes=94.3%)
- Teen reported that the doctors or other health providers always showed respect for what he/she had to say (always and usually=82.2%)
- Teen reported that the office staff were never as helpful as they thought they should be (never and sometimes=33.7%)
- Teen reported that the doctors or other health providers never spent enough time with them (never and sometimes=33.1%)

Measure 8: Health Information

(Percentage saying “yes”)

(Percentage saying “no”)

- Saw or read information about the risks of smoking, drinking or other substance abuse (yes=88.0%)
 - Did not see or read information about safety tips for teen (no=36.2%)
-

Teen Knowledge about Where to Receive Confidential Care

A commonly known barrier to teen access of preventive care is a teen's fear that the care he/she receives will not be confidential.⁷ A descriptive item asking the teen whether he/she knows about a place where he/she can receive confidential care was asked in the YAHCS. This item gathers actionable information about teen knowledge about health care resources and provides insight about why teens may not be accessing and receiving appropriate preventive care.

Snohomish County

	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>14-15 Years</i>	<i>16-18 years</i>
Total number of respondents	737	430	303	305	428
Do you know of a place (other than the school nurse) where teenagers can go to see a doctor or other health provider without their parents knowing about it? (#8)	(%)	(%)	(%)	(%)	(%)
Yes	51.3	59.0	38.9	40.3	59.1
No	48.7	41.0	61.1	59.7	40.9

These figures about teen knowledge of confidential care are inconsistent with teen report in previous field trials of the YAHCS¹.

Quality Higher For Teens Who Filled Out A Checklist or Survey about Health

Question #3 on the YAHCS asks the teen whether or not he/she filled out a checklist or health survey the last time the teen visited his/her doctor. Some doctors or other health providers can use a checklist or survey to ask the teen about his/her health behaviors and concerns prior to an office visit in order to facilitate communication and a better understanding of the teen's health care needs.

In Snohomish County and in previous field trials of the YAHCS survey, the use of checklists or surveys about teen health were correlated with higher quality of adolescent preventive care. Specifically, for three of the YAHCS quality measure scores, teens who completed a health checklist during their doctor's visit reported significantly higher quality scores than teens who did not fill out such a checklist.

Quality Measure	Teens who DID fill out a checklist n=170	Teens who DID NOT fill out a checklist n=489	Significance of Differences Between Groups
2. Counseling and screening to prevent unwanted pregnancy and STDs (average proportion)	37.5%	28.1%	t = 2.63 (p = .009)
5. Care provided in a confidential and private setting (average proportion)	61.5%	49.0%	t = 3.39 (p < .001)
6. Helpfulness of counseling provided (mean)	66.7 (n=96)	56.4 (n=223)	t = 2.80 (p = .006)

Teen Reported Problems Accessing Health Care

The YAHCS asked teens to report on his/her problems accessing health care services and if he/she had a serious health problem in the last year that went untreated.

One in three Snohomish teens said they had at least some problems accessing health care.

Snohomish County

	Total	Female	Male	14-15 Years	16-18 years
Total number of respondents	737	430	303	305	428
In the last 12 months, how much of a problem, if any, was it to get the care you or a doctor or other health provider believed necessary? (#44)	(%)	(%)	(%)	(%)	(%)
A big problem	4.9	5.2	4.4	3.3	6.0
Somewhat of a problem	11.1	11.4	10.9	8.7	12.7
A small problem	19.2	17.8	20.4	17.1	20.1
Not a problem	64.9	65.6	64.3	70.9	61.2
In the last 12 months, have you ever had a serious health problem that went untreated? (#45)	(%)	(%)	(%)	(%)	(%)
Yes	9.5	11.4	6.7	6.3	11.7
No	90.5	88.6	93.3	93.7	88.3

These findings are not surprising and are similar to what Ford et al reported in their **JAMA** article titled *Foregone Health Care Among Adolescents*.⁷

Teens Participating in Risky Behaviors More Likely to Receive Counseling/ Screening

Although the purpose of the YAHCS is to assess whether recommended preventive counseling and screening are occurring for all teens, analysis of preventive care for teens who report participation in risky behaviors can provide insight as to whether those teens who most need guidance are receiving appropriate care.

In Snohomish County, teens who participate in risky behaviors appear to receive more counseling and screening than teens who do not participate in risky behaviors. However, it is still important to note that overall performance scores for both groups of teens are low.

Quality Measure	Teens who smoke, drink, alcohol, or have sex (n=357)	Teens who DO NOT smoke, drink alcohol, or have sex (n=380)	Significance of Differences Between Groups
1. Counseling and screening to prevent risky behaviors (average proportion)	16.9%	11.4%	t = 2.79 (p < .001)
2. Counseling and screening to prevent unwanted pregnancy and STDs (average proportion)	43.7%	14.9%	t = 134.10 (p < .001)

This trend of higher observed performance on counseling and screening for teens who already participating in risky behaviors was also observed in previous field trials of the YAHCS.¹

Counseling/Screening for Teens Who Are Sad

More than half of YAHCS respondents (56.4%) reported that at some point in the last year they felt sad or as if they had nothing to look forward to. Of these teens, only one in four talked with their doctor about these depressed feelings.

Although this number may seem low, these findings are not surprising and were observed in previous field trials of the YAHCS survey.¹

Snohomish County

During the past 12 months, have you ever felt sad or down as though you had nothing to look forward to? (#14)		
In the last 12 months, did you and a doctor or other health provider talk about whether you ever felt sad or down or as though you had nothing to look forward to? (#15)	Yes (n=413) %	No (n=319) %
	Yes	24.7
No	75.3	94.7

$\chi^2 = 49.6; p < .001$

References and Appendices

References

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National Guidelines for Adolescent Preventive Care

As was described in the background section of this report, the YAHCS is meant to assess whether recommended preventive counseling and screening are provided to teens. Here are the guidelines from which a consensus set of recommended topics were asked about in the YAHCS:

- ◆ American Medical Association. Guidelines on Adolescent Preventive Services. <http://www.ama-assn.org/ama/pub/category/1980.html>
- ◆ American Academy of Pediatrics. *Guidelines for health supervision III*. Illinois: American Academy of Pediatrics. 1997;3.
- ◆ Green, Morris (Ed.). *Bright Futures: guidelines for health supervision of infants, children and adolescents*. Arlington, VA: National Center for Education in Maternal and Child Health. 1994.

Appendix A: Background on the Young Adult Health Care Survey (YAHCS)

There are many things that health care systems can do to help adolescents stay healthy. National recommendations such as the American Medical Association's Guidelines on Adolescent Preventive Services⁵ and the American Academy of Pediatrics Guidelines for Preventive Counseling call for yearly counseling and screening in a private, confidential health care setting. Health care providers are in a unique position to screen and counsel teens for the risky behaviors that are the primary causes for adolescent morbidity and mortality. Despite the importance of teen preventive care, there are few measures that assess the quality of preventive care provided to young adults. Although there are measures about access, such as the Health Plan Employer Data and Information Set (HEDIS[®]) teen well visit, these measures provide information about how many adolescents have been to the doctor for a well visit, and does not provide information about whether the counseling and/or screening recommended was provided in a private and confidential health care setting. In order to measure whether these key aspects of teen preventive care occur, FACCT developed the Young Adult Health Care measures.

The Young Adult Health Care Survey was developed and tested with support from The David and Lucile Packard Foundation. Additional support was provided by The Commonwealth Fund. The YAHCS was developed by FACCT—The Foundation for Accountability under the auspices of The Child and Adolescent Health Measurement Initiative—a project led by FACCT in collaboration with over 50 organizations representing consumers, providers, policy makers and research organizations.

The Child and Adolescent Health Measurement Initiative was founded in May of 1998. The purpose of the CAHMI is to develop strategies and methods for both measuring and communicating the quality of child and adolescent health care provided by health care system, including health plans and provider groups. Three measurement task forces have focused on developing health plan quality measures in the following consumer-relevant quality categories: (1) Staying Healthy (2) Getting Better and (3) Living with Illness. These task forces also considered how such measures could be used for quality improvement, community-wide assessment and medical group evaluation.

The following individuals have provided substantial and ongoing input regarding the development and testing of the YAHCS sampling strategy, survey items and measures:

Jonathan Klein, MD, MPH, University of Rochester
John Santelli, MD, MPH, CDC—Division of Reproductive Health
Arthur Elster, MD, American Medical Association
Kathryn Coltin, MPH, Harvard Pilgrim Health Care
Elizabeth Ozer, PhD, University of California, San Francisco
Anne Riley, PhD, Johns Hopkins University

In addition, dozens of adolescents contributed to the YAHCS development through their participation in interviews and focus groups. Christina Bethell, PhD, Senior Vice President at FACCT-The Foundation for Accountability, is Director of the CAHMI and principle investigator for the development and testing of the YAHCS. Colleen Peck, MS served as the research associate for the YAHCS. Debbie Levy provided administrative and research assistance.

Appendix B: Summary Methodology

Sampling Methodology

The Young Adult Health Care Survey was administered in Snohomish County, Washington using standardized mail and telephone administration protocols. All eligible Washington State MAA clients in Snohomish County, aged 14 to 18 years old as of 12/31/99, were selected. Adolescents within this age range were eligible to be sampled if they had been continuously enrolled within Washington Medical Assistance Administration for all of 1999, allowing for a single one-month gap, and if they had useable contact information. At the time of sampling, five managed care organizations were operating in Snohomish County and serving Washington State MAA clients. Information about the plan to which the adolescent was enrolled was collected at the time of sampling.

Administration Protocol

Telephone surveys for the YAHCS were conducted between late April and late June. The protocol for conducting the mail survey was as follows:

Activity	Date
Parental consent letter sent to all survey households	April 26
Pre-notification letter sent to all survey participants	May 10
Initial questionnaire sent to all survey participants	May 17
Reminder postcard sent to non-respondents	May 24
Second copy of questionnaire sent to non-respondents	June 5 - 14
End of data collection	June 30

Notes on Significance Testing

Statistics in this report are of two kinds primarily: a) percentages or counts, and b) means. Statistical significance testing of percentages is accomplished using the *chi-square test*. The chi-square test examines tallies within each of the mutually exclusive categories in question and tests whether or not these patterns are likely the result of chance. If the chi-square test indicates that we can be at least 95% certain the patterns observed are not due to simple random variation, then we conclude there is a statistically significant result.

Statistical significance testing of means is accomplished using the *Analysis of Variance* (ANOVA) or, in the case of only two groups, the *t*-test. Similar to the chi-square test, the ANOVA and t-test examine means for each of the groups in question and tests whether or not these patterns are likely the result of chance. If the test indicates that we can be at least 95% certain the patterns observed are not due to simple random variation, then we conclude there is a statistically significant result.

When conducting significance tests, it is important to consider the sample sizes of the groups being compared. The greater the sample size, the better the sample statistic represents the true population value (assuming the sample was selected randomly from that population). Another way to phrase this is that the accuracy of the estimate increases as the sample size increases. This means that differences that are not statistically significant using sample sizes of 20 may turn out to be statistically significant if those samples were increased to 100. The inverse of this also is true: statistically significant differences using large sample sizes may not be significant if the samples were very small. Above all, the reader must evaluate the practical importance of the statistics and of any group differences reported.

Roles of the Organizations

FACCT – The Foundation for Accountability. FACCT spearheaded the development and testing of the YAHCS, under the auspices of the national Child and Adolescent Health Measurement Initiative. FACCT provided the survey materials and analyzed the resulting data. FACCT provided hands-on consultation and technical assistance to Washington Medical Assistance Administration (MAA) and its subcontractors during administration of the YAHCS. FACCT also provided MAA with grant funding to serve as a national pilot site for the YAHCS.

Washington Medical Assistance Administration (MAA). MAA oversaw the statewide study and provided the survey population. MAA played a key role in fostering interest and buy-in among the key stakeholders and the managed care organizations in Washington.

Oregon Medical Peer Review Organization (OMPRO). OMPRO coordinated the survey administration. They hired the survey subcontractor, cleansed and transmitted survey data, and oversaw the survey operations.

Washington State University, Social and Economic Sciences Research Center (SESRC). SESRC was responsible for actual survey administration.

Appendix C: Response Rates

Response Rates

Overall, 737 completed questionnaires were obtained, yielding a raw response rate of 40.4%. After removing undeliverable questionnaires due to bad addresses or disconnected phones (142), adolescents for whom parents did not consent to the survey (97), and adolescents who were not currently living at the residence (7), the adjusted response rate for the survey was 46.8%.

Among the five health plans participating in the survey, adjusted response rates ranged from 42.7% to 54.4%. These rates are comparable to other surveys conducted with adolescents¹. The survey vendor that administered the YAHCS noted that the survey timing overlapped with spring vacation schedules, which could have decreased response rates. The table below provides more detail on response rates across health plans:

Unit of Analysis	Sampled	Parent Denied Consent	Disconnected Phone/Bad Address	Teen Does Live at Residence	Total Removed From Denominator	Adjusted Denominator (N)	Number of Teens Who Responded	Adjusted Response Rate
Total	1821	97	142	7	246	1575	737	46.8%
Total Telephone	299	12	57	3	72	227	129	56.8%
Total Mail	1522	85	85	4	174	1348	608	45.1%
AUSH Plan	624	39	54	2	95	529	226	42.7%
AUSH Telephone	134	1	25	1	27	107	50	46.7%
AUSH Mail	490	38	29	1	68	422	176	41.7%
CHPW Total (Mail Only)	328	13	20	1	34	294	138	46.9%
GHC Total	337	12	30	2	44	293	126	43.0%
GHC Telephone	77	2	15	2	19	58	35	60.3%
GHC Mail	260	10	15	0	25	235	91	38.7%
Molina Total (Mail Only)	136	18	10	1	29	107	55	51.4%
RBS Total	396	15	27	1	43	353	192	54.4%
RBS Telephone	88	9	16	0	25	63	44	69.8%
RBS Mail	308	6	11	1	18	290	148	51.0%

Appendix D: YAHCS Items Scored in Quality Measures

Response Choice Options:

A) *Yes; No*

B) *Not at all helpful, Somewhat helpful, Helpful, Very Helpful, Not Sure*

C) *Never, Sometimes, Usually, Always*

Quality Measure 1: Counseling and Screening to Prevent Risky Behaviors

In the last 12 months did a doctor or other health provider talk with you about.....: (*Response Choice A*)

11a: Using a helmet when riding a bicycle, roller-blading, or skateboarding

11b: Riding in a motor vehicle with driver who had been drinking or using drugs

11c: Violent prevention

11d: Guns and other weapons

12a: Chewing tobacco or snuff

12b: Street drug use

12c: Use of steroid pills or shots without a doctors prescription

13a: Sexual orientation

13c: Sexual or physical abuse

33: The importance of wearing a seat belt

Quality Measure 2: Counseling and Screening to Prevent Unwanted Pregnancy and STDs

In the last 12 months did a doctor or other health provider talk with you about.....: (*Response Choice A*)

13b: Sexually Transmitted Diseases, or STDs (such as gonorrhea or chlamydia)

28: Condoms

30: Birth Control

Quality Measure 3: Counseling and Screening Related to Diet, Weight, and Exercise

In the last 12 months did a doctor or other health provider talk with you about.....: (*Response Choice A*)

9a: Weight

9b: Healthy eating or diet

9c: Physical activity or exercise

Quality Measure 4: Counseling and Screening Related to Depression, Mental Health, and Relationships

In the last 12 months did a doctor or other health provider talk with you about....: (*Response Choice A*)

10a: Your friends

10b: Your school performance or grades

10c: Your emotions or moods

10d: Suicide

15: Whether you ever felt sad or down or as though you had nothing to look forward to

Appendix D continued: YAHCS Items Scored in Quality Measures

<p><u>Response Choice Options:</u> A) Yes; No B) Not at all helpful, Somewhat Helpful, Helpful, Very Helpful, Not Sure C) Never, Sometimes, Usually, Always</p>	
<p><u>Quality Measure 5: Private and Confidential Care</u> (Response Choice A)</p>	
<p>6: In the last 12 months, did you get a chance to speak with a doctor or other health provider privately? (Meaning one on one- without your parents or other people in the room)</p>	<p>7: In the last 12 months, did a doctor or other health provider tell you that what you talked about with them was confidential? (Meaning it would not be shared with anyone else)</p>
<p><u>Quality Measure 6: Helpfulness of Counseling Provided</u> (Response Choice B)</p>	
<p>18: How helpful was this discussion in understanding the risks of cigarettes or smoking to your health? 21: How helpful were your discussion in quitting smoking? 25: How helpful was this discussions in understanding alcohol use and its risk to your health?</p>	<p>29: How helpful was this discussion in understanding how to use condoms to prevent HIV and other STDs? 31: How helpful was this discussion in understanding how and why to use birth control?</p>
<p><u>Quality Measure 7: Communication and Experience of Care (Draft Adolescent CAHPS™ items)</u></p>	
<p>In the last 12 months, how often.....(Response Choice C)</p>	
<p>38: Were office staff at a doctors office or clinic as helpful as you thought they should be? 39: Did doctors or other health providers listen carefully to you? 40: Did you have a hard time speaking with or understanding a doctor or other health provider because you spoke different languages? 41: Did doctors or other health providers explain things in a way that you could understand?</p>	<p>42: Did doctors or other health providers show respect for what you had to say? 43: Did doctors or other health providers spend enough time with you? 46: How would you rate all of your health care?</p>
<p><u>Quality Measure 8: Health Information</u></p>	
<p>In the last 12 months did you see or hear information ...: (Response Choice A)</p>	
<p>34: That provided safety tips for you (Such as bicycle helmet use, seat belt use, violence prevention)? 35: About the risks of smoking, drinking, or other substance abuse?</p>	<p>36: About the benefits of a healthy diet, physical activity, or exercise? 37: That provided tips about how to prevent Sexually Transmitted Diseases (STDs)?</p>