

Enhancing Communication Among Adolescents and Health Care Providers: Evolution and Evaluation of Youth-Driven Initiative Addressing Barriers

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ABSTRACT

Background: Significant interpersonal barriers impede the delivery of quality adolescent health care. While a complex issue, public health and health care entities continue to seek ways to work with the populations they serve to better address such challenges.

Methods: The PATCH Teen Educator Program, an initiative of the Providers and Teens Communicating for Health (PATCH) Program, promotes open, honest, and medically accurate conversations between health care professionals and adolescents via youth-led workshops for both clinicians and adolescents.

Results: Across 6 program sites, workshop participants noted positive changes towards enhancing patient-clinician communication. Youth facilitators also reported notable changes related to workforce and youth development after their 9-month commitment to the program.

Discussion: These results showcase promising effects of the youth-driven initiative on enhancing local adolescent patient-clinician communication, as well as effects on engaged youth.

The PATCH Teen Educator Program, an initiative of the Providers and Teens Communicating for Health (PATCH) Program, promotes open, honest, and medically accurate conversations between local health care professionals and adolescents by bringing youth voices to the forefront of adolescent health care conversations. Teen educators are hired and trained to facilitate 2 complementary workshops: the 90-minute PATCH for Providers workshop helps clinicians understand the concerns, fears, and preferences of youth in health care settings and provides suggestions on ways to more effectively communicate and build relationships with teens; the 60-minute PATCH for Teens work-

shop empowers young people to begin managing their own health care and equips them with the knowledge and skills needed to navigate and advocate for youth-friendly services. Teen educators also meet twice a month for ongoing training and enrichment. This report highlights the evolution of this Wisconsin-based initiative and showcases its collective effect in 6 US communities.

BACKGROUND

Effective patient-clinician communication is critical in delivering quality health care.^{1,2} Yet research continues to show significant interpersonal barriers between adolescents and health care professionals, many of which emanate from trust, respect, and overall uncertainty in approaching such interactions.^{3,4} While complex in nature, public health and health care entities continue to seek ways to work with the populations they serve to better address such challenges.

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BACKGROUND

In 2010, the Wisconsin Alliance for Women's Health launched a replication pilot project of a New York City peer education program to improve adolescent-provider sexual and reproductive health conversations in Dane County, Wisconsin.⁵ With a \$10,000 start-up grant, youth were hired to facilitate 2 scripted workshops – one for health care professionals and one for peers.

After the inaugural pilot, a 2-year grant was awarded to conduct a rigorous evaluation of the intervention, in partnership with an academic affiliate. Workshop participants indicated significant improvements in knowledge, self-efficacy, and behavioral inten-

tions to provide and seek quality sexual health care.⁶ Additionally, clinicians self-reported behavior change 3 months post-workshop.

In 2014, workshop content and delivery strategies underwent an overhaul. The revised workshops aimed to provide foundational information and tactics to enhance overall adolescent patient-clinician communication and relationships.¹⁻¹⁰ Program replication efforts also began in 2014 when a health insurance plan awarded funds to pilot the intervention in rural Wisconsin. An additional investment from an academic endowment fund broadened replication into an urban Wisconsin community a year later. These 2 projects examined the factors necessary for full-scale program replication (eg, time, cost, and adaptations needed based on different populations and settings). The first non-Wisconsin PATCH Site launched in 2017.

PATCH Sites

PATCH sites are communities that have dedicated their own resources towards implementing the PATCH Teen Educator Program. New sites hear about the program through various mediums (eg, conferences and word-of-mouth) and request a PATCH Teen Educator Program Planning Guide. This document contains foundational information about the intervention's theory, model, and impact and helps initiate conversations related to fit and feasibility within the community. Interested parties sign a memorandum of agreement and participate in a multiday, in-person site training – allowing sites to formally meet PATCH program staff, gain a comprehensive understanding of the PATCH Teen Educator Program, and develop a foundation for ongoing collaboration with PATCH's community of practice.

Teen Educators

PATCH sites recruit and hire youth (ages 14–18) through a competitive hiring process that includes completing an application and interview. To ensure integration of youth voices from populations most affected by health disparities, consideration is given to characteristics such as ability status, ethnicity, gender identity, health condition(s), pregnancy or parenting status, and ZIP code. Selected youth commit to a 9-month contract, participating in an initial 20- to 24-hour training followed by bimonthly enrichment meetings. Continual engagement promotes team bonding and provides a space to build or expand upon teen knowledge, confidence, and skills. Teen educators also are responsible for facilitating PATCH workshops and empowered to advocate for change within the health care system and their community.

Workshops

Facilitated by teen educators, the PATCH for Providers and PATCH for Teens: Peer-to-Peer workshops seek to improve participant knowledge, confidence, and intended behavior. While a standardized script is used for fidelity, teen educators are encouraged and trained to add their own perspectives and experiences. Each workshop highlights 3 key principles:

1. Teens need and deserve a good relationship with their health care providers.
2. Teens have legal health care rights.
3. Teens have a personal responsibility to learn to manage their own health care.

Workshop activities include self-reflection, group discussions, skits, and other scenario-based learning modalities. PATCH sites promote and facilitate workshops based on community needs and overall programmatic goals. The majority of the workshops are either hosted by the PATCH site, by an organization in the community, or part of a larger event (eg, a professional conference).

METHODS

Between August 2018 and December 2019, 6 US communities implemented the PATCH Teen Educator Program: 3 located in Wisconsin, plus 1 each in Indiana, New York, and Oklahoma. Together, sites hired 71 teen educators and facilitated 28 PATCH for Providers workshops and 26 PATCH for Teens workshops.

Programmatic evaluations were developed by PATCH staff and provided to sites in both paper- and web-based (ie, Google Form) versions. Teen educators were asked to complete a post-program survey to assess self-reported developmental experiences associated with PATCH, and workshop participants were asked to complete an immediate post-workshop evaluation to measure perceived change as a result of participating in the workshop. In most cases, sites administered paper evaluations – transferring responses verbatim to a corresponding web version for streamlined data collection and analysis among sites. With Google Drive sharing properties, PATCH staff exported and merged site-specific data to assess the collective impact of the initiative.

RESULTS

Teen Educators

Of the 71 teen educators trained, 52 completed the post-program survey. The majority self-identified as 16 years old or older (15 years or younger, 15.4%; 16 years, 28.8%; 17 years, 21.2%; 18 years or older, 34.6%); White or Caucasian (52%) followed by Black or African American (28.8%); and female (63.5%), male (28.8%) and transgender (7.7%). Overall, 92.3% indicated their involvement in PATCH had been a positive turning point in their life. Most significant changes were related to life skills, cultural competency, and sense of self (Table 1). Less notable changes were related to academic success and community involvement. The following exemplifies the impact reported by teen educators: “It’s so nice to be in an environment where I can be myself and not feel judged. It is also a productive environment where I’m learning a lot, so I like that too.”

Workshop Participants: Providers

Over 500 participants (N = 526) turned in the post-workshop evaluation, yielding a 65.7% response rate. The majority of respon-

dents self-identified as White or Caucasian (80%), female (78.6%), and/or having less than 5 years in the field (41.2%). Some of the largest reported changes (139% to 217% increase, Table 2) included understanding teen preferences and concerns in health care settings; understanding how to best communicate with teens about their health; confidence in being able to provide care that addresses the needs, preferences, and concerns of teens; and confidence in being able to educate, engage, and empower teens to be active participants in their health care. Further, 88.2% indicated they will likely change the way they interact with and care for teens, while 91.7% indicated they would utilize the knowledge and resources they gained from the workshop. The following is an example of participants' key takeaways: "Through this workshop, I realized the importance of treating teenagers like any adult patient with rights to dignity and respect, to equitable health care services, confidentiality and privacy, and decision-making regarding their health." Workshop ratings averaged 4.5 out of 5.

Workshop Participants: Teens

Three-hundred participants turned in the post-workshop evaluation, yielding a 66.7% response rate. The majority of respondents self-identified as 15–17 years old (14 years or younger, 18.2%; 15 years, 28.3%; 16 years, 19.7%, 17 years, 23.0%; 18 years or older, 10.8%); White or Caucasian (51%) followed by Asian or Asian American (18%); and female (62.6%), male (29.4%), and transgender (7.9%). The following exemplifies comments made by participants: "You were extremely helpful and answered a lot of questions I have always had." "It's nice having teens present to other teens because it feels more casual and relatable." See Table 3 for a summary of self-reported changes. Workshop ratings averaged 4.2 out of 5.

DISCUSSION

The PATCH Teen Educator Program helps communities authentically engage youth in addressing barriers impeding adolescent patient-clinician communication. By attending a 1-time, 60- to

90-minute workshop led by trained youth, both clinician and teen audiences reported significant changes in knowledge, confidence, and intended behavior changes. Youth leading those workshops indicated more noteworthy effects of the program in supporting positive growth and skills for adulthood. Yet, key limitations include the sole use of self-reported data and the lack of demographic diversity in clinician participants.

Table 1. Abridged Summary of Self-Reported Post-Program Impacts From PATCH Teen Educators, Reported in Percentages

Because of my involvement in PATCH, ...	Yes, Definitely	Quite a Bit	A Little Bit	Not at All	No Opinion
I am a trusted resource to my peers	67.3	21.2	7.7	3.8	0.0
I learned I had a lot in common with people from different backgrounds	67.3	19.2	9.6	1.9	1.9
I am more of a leader	61.5	25.0	9.6	1.9	1.9
I work better with others on a team	59.6	26.9	9.6	3.8	0.0
I am more comfortable speaking in public	59.6	23.1	15.4	0.0	1.9
I learned I can do things I didn't think I could do before	63.5	19.2	11.5	5.8	0.0
I think more about my future	69.2	17.3	9.6	1.9	1.9
I am more willing to advocate for myself	65.4	19.2	11.5	1.9	1.9
I try harder in school	30.8	32.7	11.5	13.5	11.5
I spend more time volunteering or helping others in my community	34.6	36.5	19.2	7.7	1.9
I feel confident in my ability to manage my own health care	57.7	28.8	13.5	0.0	0.0
I have (or will advocate for) a better relationship with my health care provider	67.3	23.1	9.6	0.0	0.0
I plan to always have time alone with my health care provider – even if someone comes with me to the appointment	71.2	21.2	5.8	1.9	0.0
I plan to have a well-visit/check up with my health care provider every year	80.8	15.4	1.9	0.0	1.9

Table 2. PATCH for Providers Workshop Participants' Self-Reported Outcomes

% of Participants Who Self-Assessed "High" or "Very High" Prior to and After the Workshop ^a			
	Prior	After	P value ^b
Knowledge			
My understanding of teen preferences and concerns in health care settings	29.9	94.9	<0.0001
My understanding of how to best communicate with teens about their health	29.8	94.5	<0.0001
Confidence			
My confidence in being able to provide care that addresses the needs, preferences, and concerns of teens	33.5	88.4	<0.0001
My confidence in being able to have open and honest conversations with teens about more personal or "sensitive" topics	44.4	89.5	<0.0001
My confidence in being able to discuss, establish, and protect a teen's right to confidentiality	42.1	89.9	<0.0001
My confidence in being able to educate, engage, and empower teens to be active participants in their health care	37.0	88.5	<0.0001
My confidence in being able to build more trusting relationships with my teen patients	45.5	91.7	<0.0001
Intended behavior			
The likelihood that I will utilize the knowledge and resources I gained from this workshop		91.7	95% CI 89.3 – 94.0
The likelihood that I will change the way I interact with and care for teens because of this workshop		88.2	85.5 – 90.9

^aParticipants were administered a retrospective pre-post self-assessment at workshop completion.

^bMcNemar's tests were used to assess retrospective pre to post scores at an alpha level of 0.01.

Table 3. PATCH for Teens: Peer-to-Peer Workshop Participant's Self-Reported Outcomes, Reported in Percentages

Knowledge: Because of PATCH, I now know....	Yes	Kind Of	No	Already Knew
Why it is important to be open and honest with health care providers	69.0	5.1	0.7	25.2
The type of relationship I have with my health care provider matters	69.6	8.1	0.3	22.0
Teens have legal health care rights	78.0	8.8	0.3	12.9
I have a personal responsibility to be involved in my health care	71.3	12.5	1.0	15.2
Learning to manage my health care is an important part of becoming an adult	71.0	8.9	0.3	19.8
Confidence: Because of PATCH, I am confident in my ability to...	More	Same	Less	Not Sure
Talk openly and honestly with health care providers	46.3	46.6	2.4	4.8
Advocate (speak up) for myself in health care settings	52.4	41.2	1.4	5.1
Be involved in my own health care	58.0	35.8	1.4	4.8
Get the health care I need and deserve	53.6	41.2	1.4	3.8
Intended Behaviors: Because of PATCH, I plan to...	Yes	Not Sure	No	
Talk to my parents, guardians, or trusted adults about health care	65.3	28.2	6.5	
Be more involved in my own health care	85.9	10.3	3.8	
Learn more about how I can manage my own health care	84.9	10.3	4.8	
See a health care provider regularly	77.0	18.2	4.8	
Talk openly and honestly with health care providers	81.8	13.4	4.8	
Build better relationships with my health care providers	84.2	11.3	4.5	
Advocate (speak up) for my health care rights	86.9	10.7	2.4	
Overall Experience: The PATCH workshop was...	Yes	Kind Of	No	
Interesting	70.4	26.0	3.6	
Useful	87.1	11.8	1.1	
Easy to understand	82.2	17.4	0.4	
Fun	53.8	38.5	7.6	
I liked learning from other teens	80.0	18.8	1.2	
I learned a lot from PATCH	54.9	42.4	2.7	

This initiative has evolved and been replicated in various parts of the nation. Sites have varied in geography (rural and urban), organizational structure (government and nonprofit), capacity, and overall reach. With support from PATCH staff, communities have adapted the program to their specific needs and priorities (eg, hiring and training systems-involved youth as teen educators or simply integrating programming into existing public health initiatives). Health care and public health entities continually express interest in the PATCH Teen Educator Program, as it seemingly provides a creative and youth-driven approach to addressing other public health priorities (eg, health care transition and trauma-informed care). There is interest in additional evaluation of the community-wide and long-term effects of replicating, scaling-up, and adapting the intervention.

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