

# The Teen Health Van: Providing Free Care to Underserved Adolescents

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# 3 Program Missions, 1 of 2

## 1. Clinical Care to Underserved Youth

- Provides free, comprehensive primary health care services to underserved, uninsured, and/or homeless adolescents (preteens, teens, and young adults), ages 10-25 years old, in a mobile clinic setting

- An integrated “Medical Home” model of care:
  - Comprehensive
  - Continuous
  - Affordable
  - Socially and culturally appropriate
  - Adolescent-centered



# 3 Program Missions, 2 of 2

## 2. Training

- Part of core adolescent medicine training for medical students, residents, and fellows at Stanford Children's: they love it

## 3. Research

- A variety of research projects have been conducted – both funded and non-funded; funding remains an ongoing issue

\*projects have included



# Examples of Published Research Projects

- Positive Impact of a Brief Nutrition Intervention on Food Choices by Patients
- Sexual Behaviors, Substance Use, and Mood in a Cohort of Homeless Youth: Comparisons Between Homeless Heterosexual and Sexual Minority Youth
- Emergency Contraception Pill Awareness and Knowledge in Uninsured Adolescents: High Rates of Misconceptions Concerning Indications for Use, Side Effects, and Access
- Designing, Implementing and Assessing a Novel Text-Messaging Intervention for an Adolescent Mobile Health Clinic: A Collaborative Approach



# Budget, 1 of 2

- Almost all funds need to be raised through gifts and grants
- Why do Lucile Packard Children's Hospital Stanford (LPCH-S) & The Children's Health Fund (CHF) make this program a priority for fundraising support?
  - It's the right thing to do
  - Health outcomes are tracked and are significantly better
  - It's a highly visible message: LPCH-S & CHF care for those less fortunate in the community
  - \$ is actually saved in the long-term, due to the program's focus on prevention and early intervention

# Budget, 2 of 2

- Annual funding needs ~\$750,000/year
  - Van is out 2 days/week\*\*
  - LCSW and RD/CFI are full-time, and go to all partner sites on non-Van days on a rotating and as-needed basis, to help with follow up, continuity, and case management.
- Highly cost-effective program: for every \$1- spent, ~\$10- are saved in health care costs, due to focus on prevention and early intervention.
- Program almost entirely gift and grant funded through the Lucile Packard Foundation for Children's Health (LPFCH) and CHF.

\*\*Funding for more days/week is highly needed

# Personnel: Multidisciplinary Team

- Adolescent Medicine M.D. specialist (myself and colleagues)
- Pediatric Nurse Practitioner (NP)(female)
- Social Worker (LCSW)
- Registered Dietitian/Certified Fitness Instructor (RD/CFI)
- Psychiatrist (with trainees) 2x/month to Van, and refers to his office as needed
- Assistant Clinic Manager/Medical Assistant (MA)
- Van driver (registration of patients by MA and Van driver)
- Business Manager
- Administrative assistant (also performs data collection and entry)
- IT services: Electronic Health Record: Epic
- Most providers bilingual Spanish; some bicultural

# Comprehensive & Continuous Health Services Offered

- Acute illness and injury care
- Complete history and physical exams
- Family planning
- Health education and anticipatory guidance
- HIV counseling and testing
- Immunizations
- Mental health counseling and referrals
- Nutrition and fitness counseling
- Pregnancy testing and counseling
- Referrals to collaborating agencies
- Risk reduction counseling
- Sexually transmitted infection testing and counseling
- Specialty referrals
- Substance abuse counseling and referrals
- Urine, blood testing options on site for basic tests; rest to hospital lab

*All medications and supplies are provided at the time of service, including mental health medications*

# Common Patient Issues

Patients usually have multiple untreated issues:

- Medical: asthma, headaches, stomach troubles, vision problems, acne, menstrual disorders, skin infections, STIs
- Mental Health and Psychosocial: substance use (often poly-substance use), depression, anxiety, ADHD, risky sexual behaviors, family/peer relationship problems, poor school performance
- Nutrition/Fitness: obesity, malnutrition, poor nutrition, lack of physical activity

# Partner Service Sites: Collaborative Care Model

Services provided in Santa Clara, San Mateo, and San Francisco Counties:  
clinic hours correspond to site hours

- Tenderloin, San Francisco: Indochinese Housing Development Corporation (also partner with the Tenderloin Unit of the Boys and Girls Club, and the Tenderloin Recreation Center)
- Peninsula Continuation High School (San Bruno)
- East Palo Alto Alternative High School (East Palo Alto)
- Los Altos Comprehensive High School (Los Altos)
- Alta Vista Continuation High School (Mountain View)
- LGBTQ Youth Space (San Jose)
- San Jose Conservation Corps Charter Schools (San Jose)

# Patient Demographics



**40%** of patients served are currently homeless or have been in the past year

3 main groups of patients:

- "Working Poor" families
- Sexual Minority Youth
- "Systems" Youth

**2.5 years**

average length of time in program

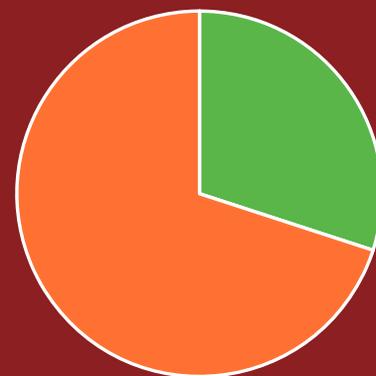


# Patient statistics

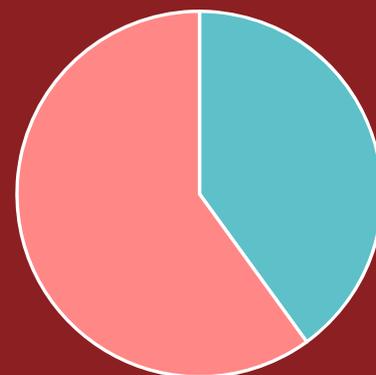
**16,000+** patient visits  
**4,500+** unique patients served

Ethnicity:

1. Latino
2. White
3. African American
4. Asian



**30%** new patients  
**70%** return patients



**40%** male patients  
**60%** female patients

*through December 2016*

# Strengths-Based Approach, 1 of 2

We utilize a Strength-Based approach.

- Many of these adolescents have had difficult and often chaotic lives, and are “rough-around-the-edges.”
- Most of our patients are used to hearing how they’ve messed up, or that they’re losers.
- In contrast to this, we focus on adolescents’ strengths rather than their weaknesses

# Strengths-Based Approach, 2 of 2

- At the initial visit, every patient is asked what his/her strengths are: “What are your strengths?” “What are you best at?” “What do you like most about yourself?”
- Most of the adolescents we work with have never been asked this question.
- All patients respond very positively to this approach. It is a highly engaging way to have patients feel that you care about them.
- And as we get to know patients over time, we continue to explicitly comment on their successes and achievements, however small.
  
- Patient story: “Eyebrows”
  
- Strength builds Strength, Success builds Success

# Think, Act, Grow (TAG) Initiative

- TAG is a relatively new initiative by the Office of Adolescent Health, Department of Health and Human Services, of the federal government:  
<https://www.hhs.gov/ash/oah/tag/index.html>
- TAG is looking at strength-based programs for adolescents that can potentially be rolled out nationally
- The Teen Health Van program is one of the programs chosen by the TAG team to promote nationally, and is the only comprehensive care mobile clinic program chosen
- I presented on the Teen Health Van program at the annual American Public Health Association meeting in Denver October 2016
- TAG has a number of informational webinars on their web site by selected model programs:  
<https://www.hhs.gov/ash/oah/tag/resources/videos/index.html>

# Epic EHR Use in a Mobile Clinic Setting

- Use of Epic has improved quality of care and outcomes
- With Epic's Care Everywhere, we can now access many of our patients' records from other care providers and institutions, which has improved quality of care
- With Epic's robust data-gathering and chart organization, and ability to create and modify templates as needed, we can now track our various outcome measures much easier, e.g.,
  - Immunization rates
  - Decrease in risky sexual behaviors
  - Decrease in tobacco/alcohol/other drug use
  - Screening, evaluation and treatment for mental health issues such as depression using the PSC-Y
  - Psychosocial screening with HEADSSSS/SBIRT incorporated/section on homelessness

# New State-of-the-Art Technology

Donated by Samsung, the new technology is very engaging for patients:

- Mirroring Technology
- Interactive Diagnostic Tools: Dermoscope, Ophthalmoscope, Stethoscope
- Telehealth: Medical and Mental Health

# Maria's Story

- A 16 year old Latina female, "Maria," was referred by a school counselor to the Teen Health Van.
- Maria was uninsured.
- Maria had the following health issues:
  - Feeling sad
  - Diabetes
  - Overweight
  - Regularly smoking cigarettes, binge-drinking alcohol, smoking marijuana

# Maria's Story, *continued*

- Maria received a comprehensive evaluation from the Van health care team
- Concerning her mental health, Maria scored moderate-severe depression on the PSC-Y. The SW had counseling sessions with both Maria and her family, and Maria was also given medication for her depression
- Maria was seen by the NP on a regular basis who counseled her regarding her substance use
- The RD also had sessions with Maria around her diet and diabetes

# Maria's Current Situation

- Maria's depression is significantly improved
- Maria is eating healthier and has lost weight. She saw an endocrinologist at LPCH-S for the diabetes; her diabetes is under much better control
- Maria stopped smoking and has significantly cut down on her drinking and marijuana use
- Maria continues to come to the Van for confidential services

# Thank you!

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