

Walla Walla County Health Department



Main office located in Walla Walla, WA
Size: 26 employees
Population served: 59,059 (www.census.gov)

Team Members:

Susann Bassham- Health Educator, MPH
Katie Redar- Former Assessment Coordinator and Project Originator
Sara Bru-Tobacco Prevention and Assessment Coordinator, MSW

Quality Improvement Story Board



Butterfly Project

Plan

1. Getting Started

For this Quality Improvement project Walla Walla County Health Department (WWCHD) chose to address the birth risk factor, teenage pregnancy. This was determined after reflecting on the 2006 data indicating that Walla Walla County had the 4th highest teen pregnancy rate in Washington State.

2. Assemble the Team

The team initially consisted of Susann Bassham, Project Lead and Health Educator, and Katie Redar, Assessment Coordinator. Sara Bru then transitioned into Assessment Coordinator for the remainder of the project. Miranda Baerg, Health Educator with Planned Parenthood, completed the team.

AIM STATEMENT & GOALS

Decrease the rate of teenage pregnancies as reported by the Walla Walla County Birth Risk Factor, teenage pregnancy, for sexually active females <20 years by 35% as reported by Birth Certificate Data.

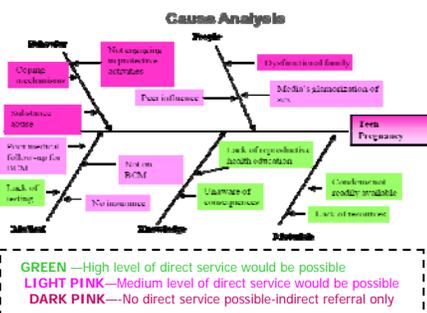
Short term Number of teenage girls not pregnant 6 months after the initial pregnancy test. Increase the number of SAF < 20 years of age who are screened through the pilot.

Medium term – Number of teenage girls not pregnant 12 months after the initial pregnancy test.

Long term – Reduce the incidence of teenage pregnancy by 35%. This will be measured 18 months following the initial pregnancy test.

3. Examine the Current Approach

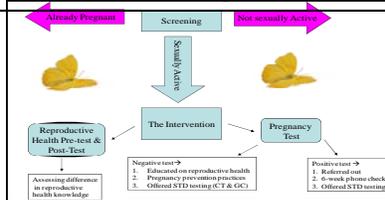
The first step in this Quality Improvement Project was to explore possible causes of teen pregnancy using the fishbone diagram tool. Identified causes were further categorized by color to indicate potential for type of service and amount of impact such services would have.



4. Identify Potential Solutions

By looking at services with a possibility for high levels of direct service (GREEN), a number of possible solutions emerged. Some of these solutions included: connecting teens to resources, increasing positive peer influence, increasing opportunities for testing, increasing knowledge of BCM, and educating teens in consequences of unprotected sex. Out of a discussion of these solutions, an Improvement Theory and a Strategy for Testing the Improvement Theory was developed.

Strategy for Testing the Improvement Theory



5. Develop an Improvement Theory

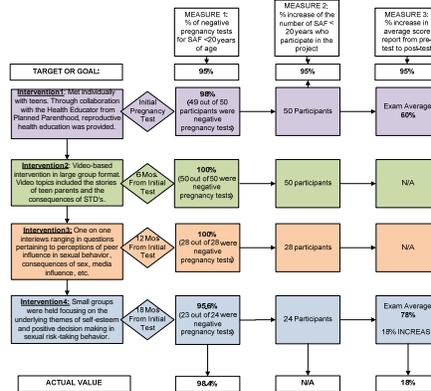
By providing reproductive health education to sexually active females < 20 years of age, WWCHD will reduce the rate of the birth risk factor, teenage pregnancy, by 35% as reported by Birth Certificate Data (2010).

Do

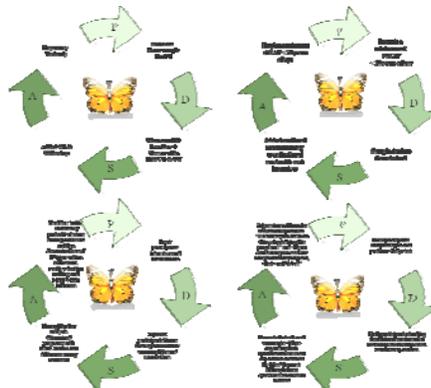
6. Test the Theory

Each participant was interviewed and tested for pregnancy prior to the intervention and was strongly encouraged to participate in an STD screening. There were four interventions over the course of 18 months. Descriptions with measures are as follows:

Interventions & Measures

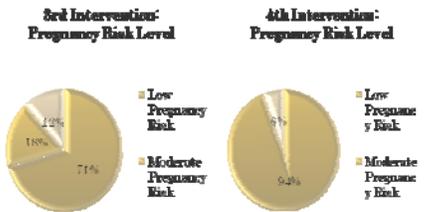
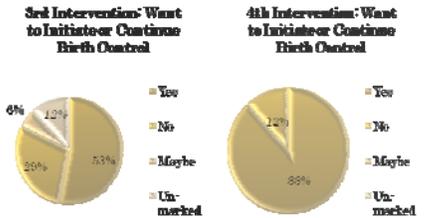


The Quality Improvement Process was ongoing throughout the course of the project in the form of PDSA cycles or "Rapid Cycle Improvements", examples of which are shown below:

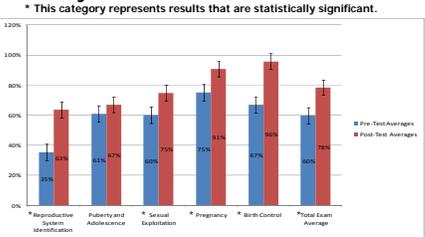


Study

Results for reducing the % of positive pregnancy tests for SAF < 20 years of age



Analysis of Pre-Post Test Scores



Act

8. Standardize the Improvement or Develop New Theory

- Improvements that bear standardization include:
- Provision of reproductive health education to both female and male youth (eg. Boys to Men project through WWCHD)
 - Enhanced collaboration with community/school partners
 - Increased awareness within our community of teen pregnancy cause analysis
 - Development of a model for a comprehensive referral system for the adolescent population
 - Providing all Health Department staff with a clear understanding of mandated reporting legalities in Washington State.

9. Establish Future Plans

Future plans include continued community collaboration to address teen pregnancy rates. Walla Walla County is developing a Community Health Improvement Project (CHIP) which will include improved prevention education. The Butterfly project and findings will be made available to those who wish to replicate it in the future.