

QUALITY IMPROVEMENT & ACCOUNTABILITY IN ACTION

THE BUTTERFLY PROJECT

Walla Walla County
Health Department

(population 59,059)

TEAM MEMBERS



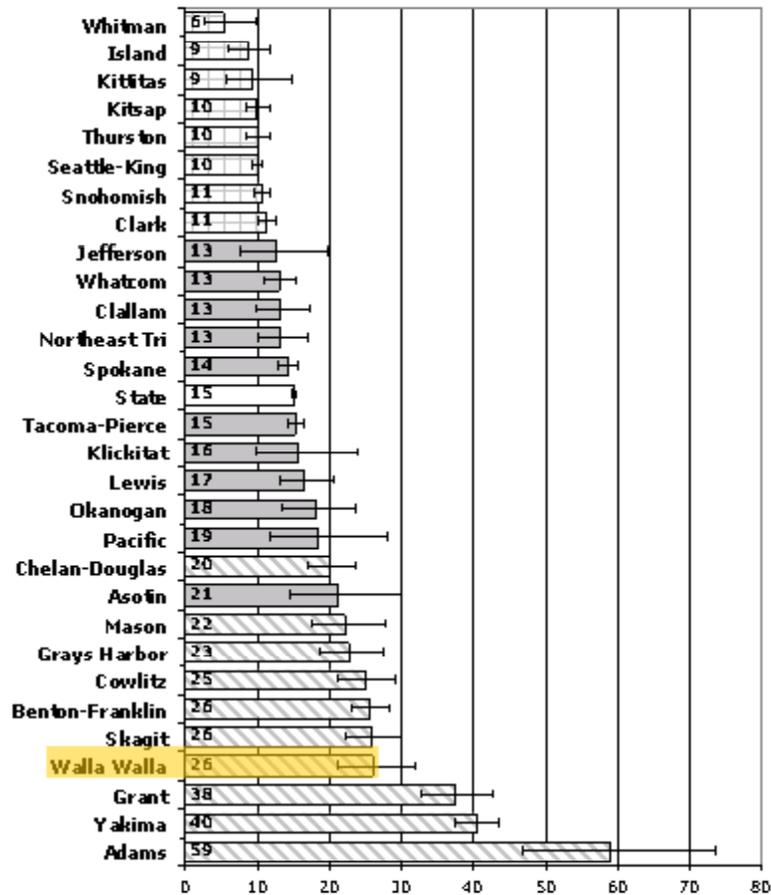
- Susann Bassham - Health Educator and Project Lead
- Katie Redar - Initial Assessment Coordinator
- Sara Bru - Current Assessment Coordinator
- Miranda Baerg - Health Educator with Planned Parenthood

PROJECT DESCRIPTION



- Walla Walla County Health Department (WWCHD) chose to address the birth risk factor - Teenage Pregnancy
- 2006 data indicating that Walla Walla County had the 4th highest teen pregnancy rate in Washington State

WA STATE PUBLIC HEALTH INDICATORS



Category: MATERNAL AND CHILD HEALTH
Indicator: Teen birth rate (2003-2005)

Rate of live born infants per 1,000
women ages 15 to 17

Sources: DOH Birth Certificates (State and
Local Data) CDC, National Vital Statistics
System (National Data).

QI THEORY



By providing reproductive health education to sexually active females less than 20 years of age, WWCHD will *reduce the rate of the birth risk factor - Teenage Pregnancy, by 35% as reported by 2010 Birth Certificate Data*

PROJECT PLAN



- Enroll a cohort of sexually active females between the ages of 14-19 years
- Conduct four separate interventions, each to include pregnancy screening
- Engage in continuous cycles of recruitment, intervention, and measurement

PROJECT PLAN INCENTIVES



- First 50 qualified participants received a free MP3 player with one download (April Lavigne's song *Don't Tell Me*)
- All qualified participants received \$50 cash at each of four intervention appointments
- Ten dollar incentive for a friend referral
- T-shirts
- Incentive bags (including condoms)

MOST SUCCESSFUL METHODS

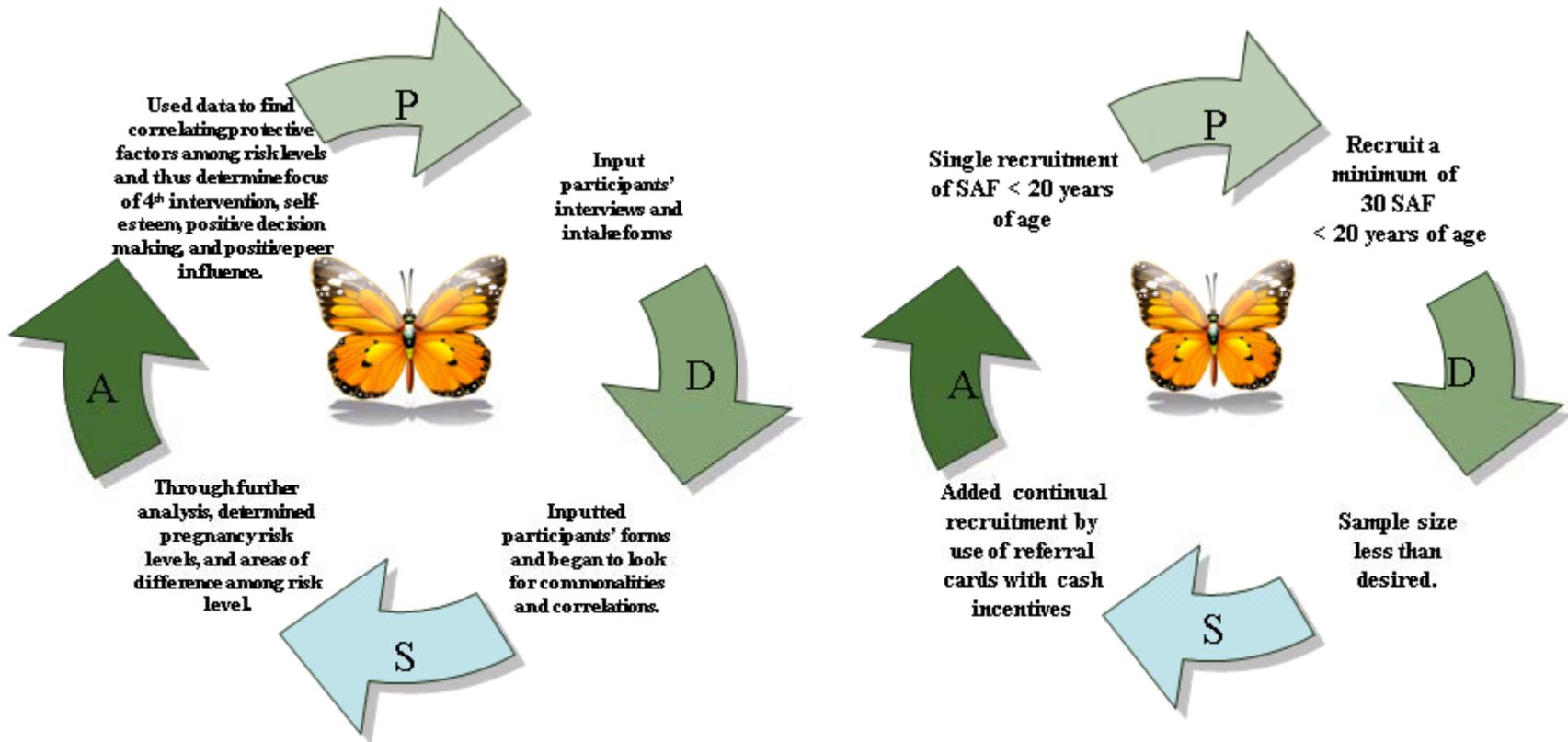


- Plan-Do-Study-Act (PDSA), or Rapid Cycle Improvement
- Utilized in all aspects of project, from recruitment of participants to evaluation of project
- Examples:
 - ▣ Added STD screening
 - ▣ Revised intake screening
 - ▣ Revised incentive opportunities
 - ▣ Expanded thought activity to a Motivational Interviewing

Style Intervention

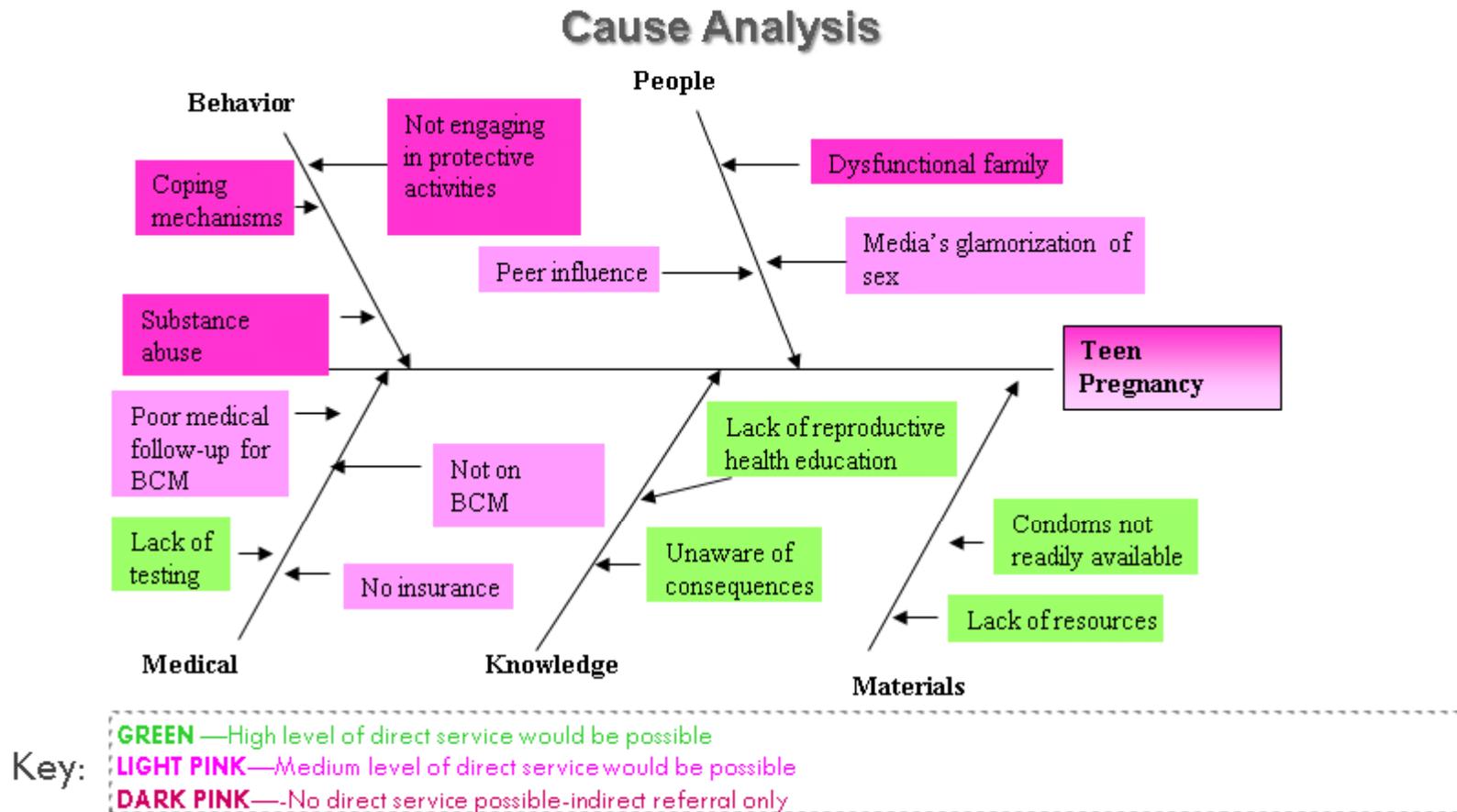
- ▣ Added Qualitative Analysis
- ▣ Added overall feedback questions to the post-test

RAPID CYCLE IMPROVEMENTS



MOST SUCCESSFUL TOOLS

The Fishbone diagram



MOST SUCCESSFUL ACTIONS



- Our most successful action was the Qualitative Analysis of the 3rd intervention data that led to the development of the 4th intervention

MOST SUCCESSFUL ACTIONS



□ 3rd Intervention Data

- From 28 participants
- Motivational interviews with individual participants
- Questions and responses were coded into themes:
 - 3-5 reasons why teenagers don't use protection
 - Current level of birth control use
 - Drug use
 - Father behavior
 - Media influences
 - Pregnancy risk rating
 - Prevention and intervention
 - Top 3 reasons why teenagers have sex

MOST SUCCESSFUL ACTIONS



□ Responses were further coded according to behavioral reason

▣ *3-5 Reasons Why Teenagers Don't Use Protection –*

Examples:

- Indifferent Behavior
- Lack of education
- Long-term partner
- Partner pressure
- Problems with BCM
- Rape
- Want to have a baby

MOST SUCCESSFUL ACTIONS

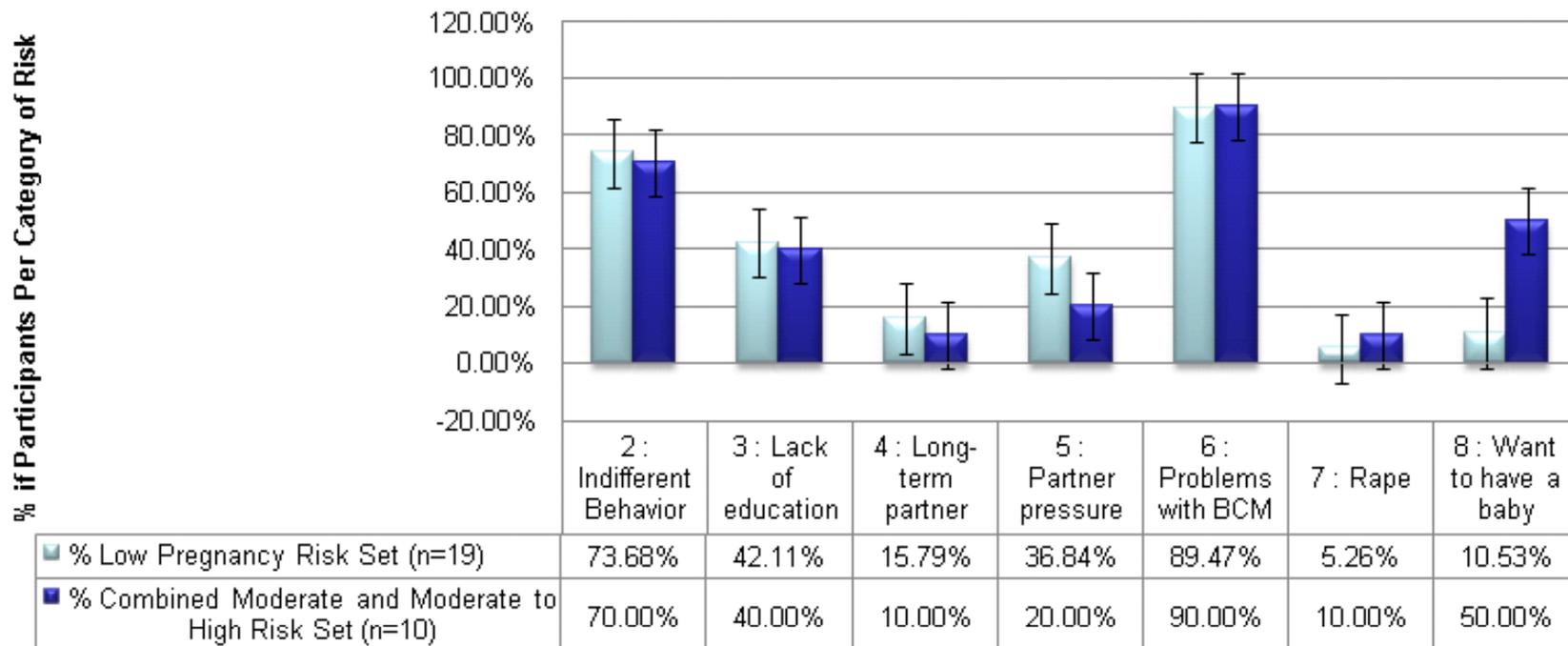


- Participants were separated into Pregnancy Risk groups determined by how often BCM were used
- Their answers were analyzed by Risk Group Category to determine the major areas of discrepancy for the Higher Pregnancy Risk Group

MOST SUCCESSFUL ACTIONS

Example

3-5 Reasons Why Teenagers Don't Use Protection



MOST SUCCESSFUL ACTIONS



- The following discrepancies emerged with more than 19% in the participant between the Low and Moderate/Moderate-High Pregnancy Risk Groups
 - Want to have a baby
 - Current or lifetime drug/alcohol use
 - Belief that media has little to no negative impact on youth
 - Not comfortable or confident with current Birth Control Method (BCM)
 - Negative peer network
 - Negative family environment
 - Delinquent, or sensation-seeking behavior

MOST SUCCESSFUL ACTIONS



- Looking at these and the literature on the subject, we selected correlating risk and protective factors
- Factors were then grouped into areas of intervention and on a scale of 1-3, with 1 being the least direct, and 3 being the most direct (like our earlier Cause and Effect Diagram)

MOST SUCCESSFUL ACTIONS

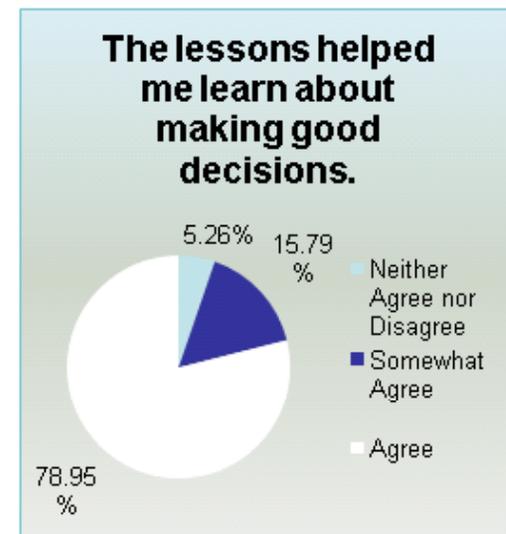
□ Some of these included:

Noted Area of Discrepancy	Problem area for Moderate-High Risk Group	Correlating Risk Factors	Correlating Protective factors	Category	Grouping according to best chance of change (Source #2).
Desire to experiment with behavior	Delinquent, or sensation-seeking behavior	Negative modeling of peers (degrades attitudes of sexual responsibility).	Positive social modeling among peers.	Peer/partner	3
Friends influence positive behavior	Negative peer network	Negative modeling of peers (degrades attitudes of sexual responsibility).	Positive social modeling among peers.	Peer/partner	3
		Peers pro-childbearing attitudes or behavior	Peer use of BCM	Peer/partner	3
Media has little to no negative impact on youth	Belief that media has little to no negative impact on youth.	More permissive attitudes towards premarital sex.	Positive peer norms or support for condom or contraceptive use	Peer/partner	3

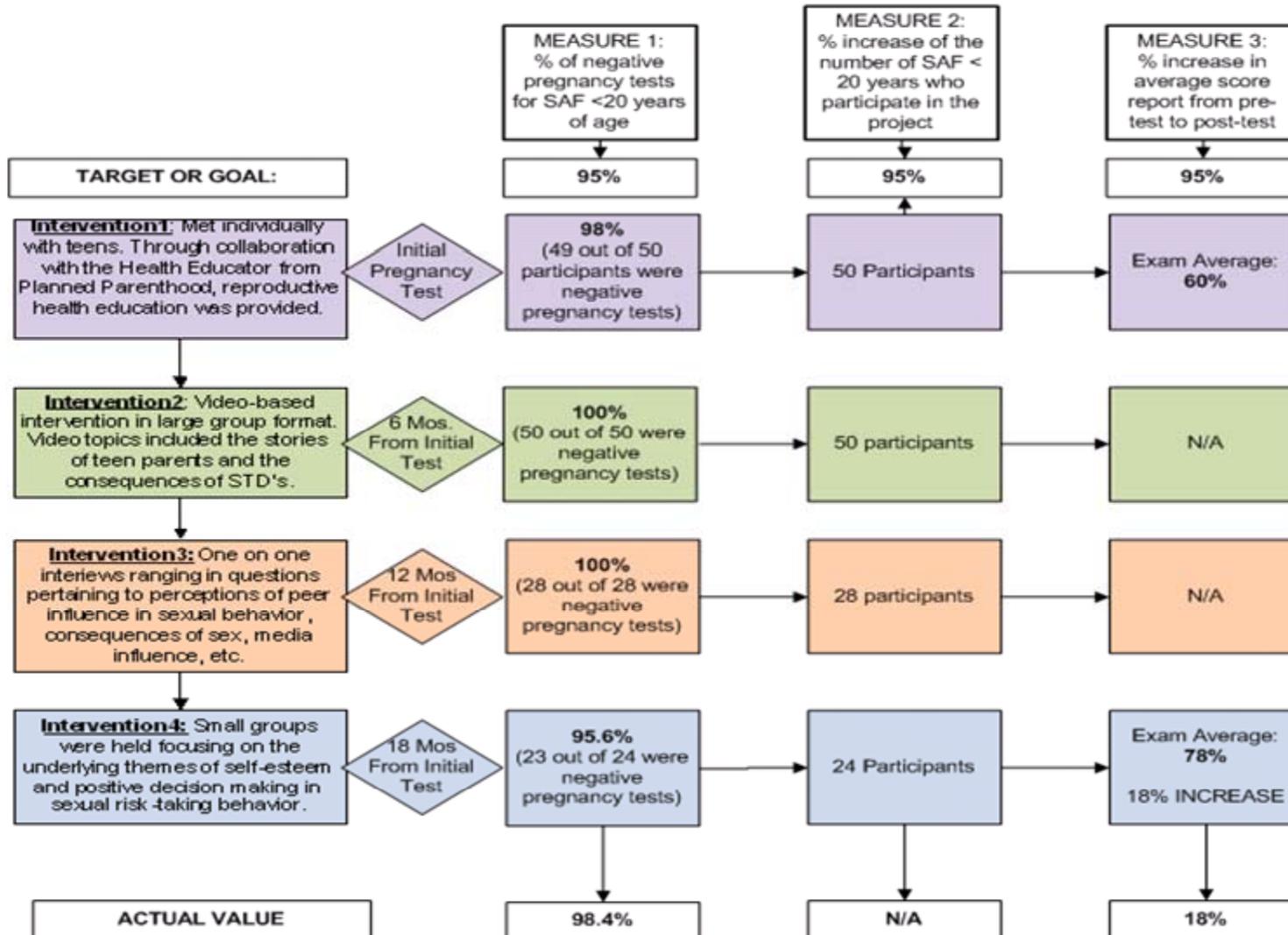
MOST SUCCESSFUL ACTIONS

- This information helped us to develop a 4th intervention that was focused on positive social networking, peer acceptance of BCM in a small group format, and increasing peer use of BCM

4th Intervention Participant Feedback



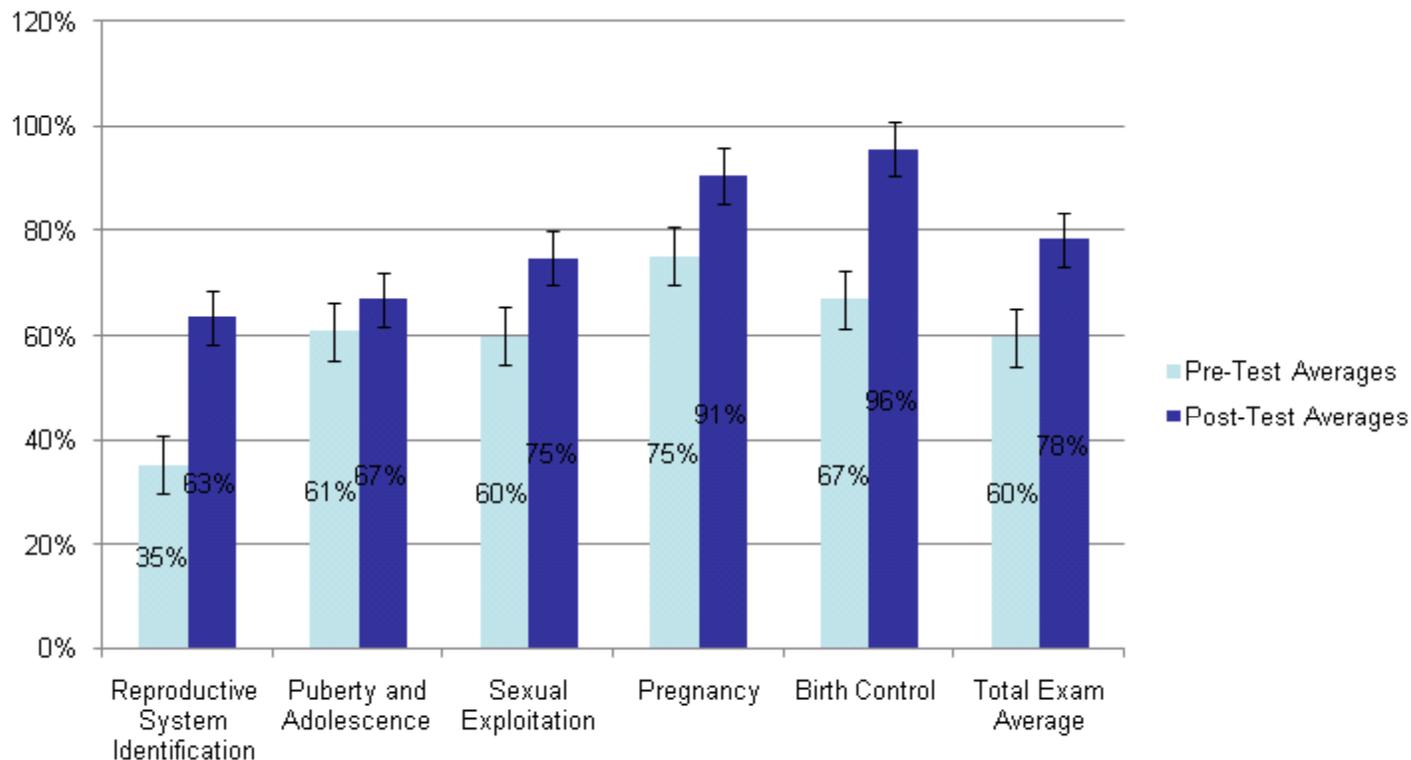
RESULTS



RESULTS

KNOWLEDGE PRE-POST TEST

- Based on the graph below, the most significant improvements were in the areas of knowledge about Pregnancy and Birth Control.



LESSONS LEARNED



WHAT WORKED WELL

- Team Work
- Community Awareness
- Community Partnerships (Planned Parenthood, Lincoln Alternative Health Center (which we supported in their journey to open and serve local students), Grandmothers' Forum)
- PDSA Cycles
- Recruitment Process in first two interventions
- Incentives
- Education to Youth
- Pregnancy Prevention

LESSONS LEARNED



WHAT IMPROVEMENTS CAN BE MADE?

- Increase frequency of participant contact to increase retention
- Develop an age appropriate interactive program for 4th intervention
- Create a social marketing campaign
- Develop a model for a comprehensive referral system

AND THEN THEY FLY...



- 'I loved how you, guys, care. [It] made me learn a lot about myself.'
- '[My favorite thing was] knowing the support behind everything. I enjoyed knowing I had someone I could talk to.'
- 'I want to let you, guys, know I am very thankful for everything you, guys, have taught me and helped me understand.'
- 'I learned a lot from coming to these sessions. Looking back, I think that if I didn't go to these I would've ended up pregnant.'