

Outreach Scholars Program Project Report
The Girls' Health Data Project
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Project Overview

This project is being developed as part of my work with the UNH Center on Adolescence which I direct. It brings together my personal and scholarly interest in the well being of girls and women with an identified need in the state. Currently there is no source of comprehensive data available to assess the health and well-being of girls and young women in NH, or to look at similarities and differences across ethnic, socioeconomic, or other groups. A meeting the Center convened in December 2004 of approximately 30 key stakeholders in girls' health, including representatives from state agencies, schools, after-school programs, Girl Scouts, community coalitions, the NH Pediatric Association, graduate students from Family Studies, and researchers identified the lack of valid, reliable data to be a gap in our knowledge about how best to support girls and young women. Therefore, the goal of this project is to collect data about the health of girls and young women, aged 12 to 24 years, in New Hampshire, so that we have comprehensive information to help us 1) better understand the needs of all girls in the state, 2) develop effective strategies for supporting girls, including the reduction of obstacles to their seeking assistance, and 3) ensure that care providers have the clearest understanding possible about how best to assist girls and young women.

In a review of research on the health of adolescent girls, Dougherty (1999) pointed out the importance of identifying the efficacy and effectiveness of services that are now, or that could be, provided to girls. She argued that we need to know what works, for whom, and under what conditions, ideally getting information from girls themselves to supplement the existing data that usually comes from parents and care providers. Ascertaining this critical information from the girls themselves will help improve access and delivery of services to female adolescents by providing health practitioners and other youth serving professionals with knowledge they need.

Although the primary reason to improve adolescents' access to care is to enhance their health and well being, it also is fiscally prudent to do so. Nationally, adolescents, especially those without insurance, rely heavily on emergency services for primary care needs, even though half of these visits are for non urgent situations (Ozer et al., 2002). Understanding the reasons female adolescents forgo or delay care can help policy makers develop better systems of care. Ozer and colleagues (2002) note that even limited success in improving youths' risk behaviors would have a significant effect on both teens' health and on health care costs. For example, it is estimated that 75% of the \$1.5 billion in costs for Chlamydia results from complications that could be prevented with early detection and treatment (Brindis, 2002).

This project involves the development and implementation of tools to survey NH girls about health risk factors and behaviors, protective factors, and real and perceived barriers in accessing care. Data also will be collected from primary care providers, mental health professionals, teen clinic staff, and school nurses in regard to their challenges in providing care to adolescent females. Information from surveys completed by girls around the state and from care providers will be compared to determine the degree of congruence regarding barriers to health and critical issues in healthcare for girls. The NH Bureau of Maternal and Child Health and several other youth serving programs will be partners in this project. A report on the entire project will be completed for use in future education, training, and programming, both by me and the Center, as well as by others around the state who might use the data. The knowledge generated through this project will be used to enhance courses I teach in adolescent development and human sexuality and will contribute to the Department of Family Studies' graduate focus on Adolescent Development.

Guiding Theory and Project Methodology

This project will be guided by a theoretical approach that integrates positive youth development and prevention science to focus on both risk and protective factors in multiple domains to acknowledge the importance of social and environmental effects on the health-related decisions of female adolescents (Catalano, Hawkins, Berglund, Pollard, & Arthur, 2002). Data will be collected directly from girls/young women using a variety of methodologies (e.g., focus groups, questionnaires, interviews, computer-assisted self interviews) designed to reach not only those who are routinely involved in school-based surveys such as the YRBS, but to include also those young women generally missing from such research, including out-of-school youth, homeless youth, youth in the justice system, immigrant youth, and those with disabilities.

The first step in the project will be the assessment of existing data on girls in New Hampshire. Next, focus groups will be conducted with girls representing “categories of difference” (e.g., girls with chronic health problems, immigrant girls, girls in the justice system) to identify the important issues on which to focus in surveys and interviews and to guide us in collecting the data. I submitted a proposal to the Vice President for Research and Public Service Discretionary Fund Competition for funding for these first two phases of the project. Using the information from these first phases, the next step in the project will be the development of the survey instruments for both the girls and the care providers. The questionnaires will be piloted, revised as needed, and administered. The survey for girls will be administered to samples from different “populations” of girls around the state. The survey for the care providers will be sent to pediatricians, teen clinic staff, school nurses, and mental health care providers. Both sets of survey data will be coded and analyzed. Follow up interviews with a subsample of the female adolescents who participated in the survey will be conducted for the purpose of elaborating our understanding of the data, answering questions raised by the analyses, and gathering more in depth information about key themes in the data. The interview data for girls will be coded and analyzed and then integrated with the results of the survey data. Information from girls and from care providers will be compared to determine the degree of congruence regarding barriers to health and healthcare for girls.

Consistent with a positive youth development perspective, young women will be included as research partners in each step of the project. We will develop an advisory committee of girls and young women, some of whom will participate as research assistants. We anticipate they will be involved in developing questionnaires and interview protocols. They also will be involved as co-facilitators in the focus groups and some of the older young women will be trained as interviewers.

Project Evaluation

To evaluate the project, I will track the progress of each step in the research process and solicit collaborators recommendations about focus group selection and procedures. I also will have some of the girls who participate in the focus groups review my interpretation of the data as a “validity check.” Information will be collected about the involvement of other collaborators in the project, including the girls and young women involved in the research process as well as their assessment of the usefulness of the results of this study. I also will track the number of publications and presentation generated by the project, as well as how other agencies use the data.

Dissemination of Project Results

Results of the study will be published as a report and will be posted on the UNH Center on Adolescence website. I also will use the data for scholarly presentations and manuscripts.

Study Group Recommendations

After presenting my project in the study group, colleagues made a number of suggestions for enhancing the project that I plan to integrate into this work. Several suggestions focused on how to effectively involve girls and young women as “research partners” including advice to consult with Cooperative Extension on their Youth as Partners curriculum which I will do before beginning the project. In regard to selecting a sample, it was suggested that I use information on the distribution of free

and reduced lunches in the state to stratify the sample. One colleague also offered some “boiler plate” information on diversity in Manchester that might be useful in sample selection and/or proposal preparation. Several interesting suggestions were made about dissemination including writing a methodological paper about the process of doing the study and a more descriptive, narrative paper that would tell the stories of some of the girls and young women involved as participants. Finally, one of the most intriguing ideas suggested was to embed within this project a study investigating change in self efficacy for the young women involved as research partners. I plan to integrate each of these ideas in this project. One suggestion I may not integrate had to do with linking with some of the geographic mapping projects on campus to map barriers to care that might exist in certain areas in the state. Overall, I found the study group approach helpful in providing feedback and intriguing suggestions.

References

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