

An Evaluation of Planned Parenthood of Western Washington's Teen Clinic Program

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Background: In the United States, every year approximately 800,000 adolescents become pregnant, 20,000 young people contract HIV, and approximately four million new STIs occur among teens between the ages of 15 and 19 years. In fact, the U.S. has some of the highest rates of adolescent pregnancy, childbearing, abortion, and STI incidence in the developed world. Yet among the U.S. school districts that have a policy to teach sex education, 35% of these districts have a policy to teach abstinence as the only option outside of marriage and to highlight the ineffectiveness of all other methods for preventing pregnancy and STDs. In such areas, clinic-based programming is often the only available source of reproductive health information for adolescents. The Planned Parenthood of Western Washington (PPWW) Teen Clinic program was developed to address the need for teen-focused sexual and reproductive health services and education in Western Washington.

Objective: Since 1998, 11 Planned Parenthood of Western Washington sites have started offering Teen Clinic, and additional sites are considering implementing the program in the future. Because of this rapid expansion of the Teen Clinic program and increased interest from other Planned Parenthood affiliates throughout the country to replicate the PPWW Teen Clinic model, it is imperative to evaluate the program and determine its success or failure at achieving the program objectives. Specifically, this evaluation will assess whether the Teen Clinic program improves teens' contraceptive self-efficacy, their knowledge about STIs and contraception, and their satisfaction with the services they receive.

Methods: The quantitative portion of the evaluation is a post-test only comparison group design. Data was collected via a questionnaire administered at 5 sites (Marysville, Puyallup, Everett, Monroe, and Olympia) to Teen Clinic clients and to a comparison group of adolescent clients who attend the same Planned Parenthood sites during non-program hours. Qualitative data was collected via 5-10 minute interviews with Teen Clinic clients at the 5 sites.

Results and Conclusions: Data collection is expected to be completed by the middle of June, 2006. Data analysis will be completed by August, 2006.

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