Reproductive Health Needs Assessment of Asian and Pacific Islander Adolescents in Multnomah County

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Date: March 4th, 2022

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Abstract

Sexual and reproductive health (RH) are defined by The World Health Organization (WHO) as, "physical, emotional, mental, and social well-being in relation to sexuality", and is an integral part of a person's overall wellness (WHO, 2006). In Multnomah County, the Student Health Services located in high schools aim to meet and improve adolescents' RH; however, Student Health Services had low RH services and resource utilization from Asian and Pacific Islander (API) adolescents, despite increasing API population in Multnomah County school districts. In efforts to increase RH service utilization by API adolescents, Multnomah County Health Department completed an online needs assessment survey of APIs in the community. Qualitative analysis with the goal of theme saturation was used to evaluate responses. Even though there was a low response rate, the needs assessment revealed three main themes: Distress surrounding healthcare provider experience, desire for increased reproductive health education, and desire for resources and access to reproductive health. A literature review focused on adolescent and API RH validated these findings and provided direction for a potential intervention. Based off the needs assessment results and literature review, this project focused on improving API adolescent healthcare experiences through the development of a culturally competent, trauma informed, RH history tool. Further work could include further validating the needs assessment results with a larger sample size, or focusing intervention efforts to address RH education and resource awareness.

Introduction

Problem Description

The Asian and Pacific Islander (API) population has been steadily growing in Multnomah County, now representing 9% of the Portland population; yet, at the Multnomah Student Health Services, reproductive health (RH) care resources are underutilized by API adolescents and there is general low engagement with API adolescents when compared to other ethnicities (Oregon Health Authority, 2018; Multnomah County Reproductive Health Data, 2019). Currently there is no known explanation for this. Possible explanations include lack of knowledge of available resources, services not meeting API adolescent's needs, or cultural differences and racial disparities (The Collation of Community of Color, 2012). It is the desire of Multnomah Student Health Services to understand the RH needs of the API adolescent community in Multnomah County and increase engagement with this community.

Available Knowledge

Adolescent Asian and Pacific Islanders in Multnomah County

Asian and/or Pacific Islanders are often grouped together within the literature and demographic data despite representing many diverse cultures, languages, religions, and customs (Tan et. al., 2016). Multnomah County recognizes that these broad categories do not properly reflect the diversity of cultures and experiences within each group, which may cause a disservice to these people by masking important differences within the groups. The literature search was completed attempting to examine individual cultures and regions whenever possible; however, much of the literature search had to be completed treating the API community as a singular ethnicity due to the difficulty of extrapolating new demographic information from existing data.

The Collation of Communities of Color and Curry-Stevens' report, "The Asian and Pacific Islander Community in Multnomah County: An Unsettling Profile" (2012), provides valuable insight regarding the health status of the API community in Multnomah County. The report demonstrated that APIs residing in Multnomah County are considered worse off than their API counterparts nationally. APIs in Multnomah County are less likely to graduate high school, more likely to live below the poverty level, have worse health outcomes, and are more likely to work in the service industry compared to their white counterparts. This is in stark contrast to their national counterparts who experience higher levels of education, finical stability, increased healthcare, and overall, less disease burden (The Collation of Community of Color, 2012). It is unknown why APIs in Multnomah County experience these increased disparities, and may be tied to why there is little engagement with API adolescents at the student health centers.

Additionally, the Oregon Public Health Division biennial Oregon Health Teens survey demonstrates similar racial disparity trends for API adolescents as The Collation of Community of Color report found. The Oregon Public Health Division completes a biennial Oregon Healthy Teens survey of 8th and 11th graders to assess trends, track progress of interventions, and identify emerging public health concerns. Looking specifically at API adolescents in 2019, adolescents that identify as API face discrimination similar to other groups of color with almost 13% of API adolescents in 8th grade and again in 11th grade reported they have experienced "Bullying about their race or ethnicity origin" (Oregon Health Authority, 2020). Additionally, API 8th graders are equally sexually active as their peers, but are less likely to use highly effective or moderately effective methods of birth control when compared to 8th grade non-Hispanic Whites, Black/African American, and American Insidiousness or American Native peers (Oregon Health Authority, 2019a). Interestingly, API 11th graders reported being less sexually active than almost

all their peers and use similar birth control methods (Oregon Health Authority, 2019a). There are questions concerning the validity of this survey due to adolescents' possible concerns of confidentiality and pressure on API teens to uphold the "model minority" stereotype (Bi et. al., 2019). Oregon Health Authority, 2020; Oregon Health Authority, 2019a, Tan et. al. 2016). Furthermore, there is speculation that healthcare providers have unfounded assumptions that all API adolescents are not at risk for teen pregnancy, sexually transmitted infections (STIs), or other RH concerns (Bi et. al., 2019, Tan et. al., 2016). This assumption can hurt API adolescents as evidenced by Pacific Islanders adolescents in Multnomah County having a higher risk for teen pregnancy compared to their Asian and non-Hispanic White counterparts (Multnomah County Health Department, 2015).

Adolescent Reproductive Health Education in Oregon and Nationally

Sexual health and reproductive health are defined by The World Health Organization (WHO) as "physical, emotional, mental, and social well-being in relation to sexuality" (WHO, 2006). Reproductive health is an integral part of overall wellness, which if addressed early can result in tremendous economic and social benefits for the individual and their communities, yet RH often overlooked or ignored (Patton, et. al., 2016; WHO, 2006). The resounding theme in the literature is that adolescents are generally guarded when seeking RH education and services, desiring confidential and trusted resources, and express concerns that their sexual health education is lacking. Adolescents are less likely to seek RH services and voluntarily discuss RH concerns and/or questions compared to adults, and are more likely to turn to the internet or peers for information (HCP) (Helmer et. al., 2015). This is especially true amongst API adolescents, which literature finds that API adolescents are the least likely ethnicity to engage in effective discussions or RH education with their parents, often solely rely RH education through schools

(Bi et. al., 2019; Zhao et. al., 2017). Research also shows that adolescent minorities including, API adolescents continue to face health inequities related to RH (Patton et. al., 2016)

National surveys support adolescents generally report their current traditional sexual health education and curriculum is inadequate (Brayboy et. al., 2018; Helmer et al., 2015.). Current reproductive education for adolescents mainly addresses the physical aspect of sexual health. Curriculums often focus solely on negative aspects of RH, such as STIs and unintended pregnancy, forgoing the emotional, mental, and social aspects of sexual health. (Helmer et al., 2015). Research also supported several years of declining formal birth control and STD education in addition to, useful and effective sexual relationship communication skills. (Lindberg et. al., 2016). Qualitative research studies show that adolescents are seeking a less heterosexual centered education including information about safe sexual practices, consent, communication with partners, and pleasure (Bailey et al., 2015; Lameiras-Fernández et. al., 2021).

Within Oregon K-12 public education, "Oregon's Human Sexuality Education" law has enabled Oregon to one of the most comprehensive sex-education curriculums in the country (Oregon Health Authority, 2018). The law requires that adolescents are provided information beyond anatomy including healthy relationships, consent, communication, pregnancy, STI prevention, and available resources; however, multiple community members have voiced that this curriculum is not being followed in all schools (Oregon Health Authority, 2018). COVID-19 constraints have also decreased sexual educational availability and funding, to the point where many adolescents are currently receiving minimal to no sexual health education (Lindberg et. al., 2020).

Rational

When examining sexual and reproductive health from the public health perspective, the Critical Caring Theory Model for public health nursing practice, developed by Adlein RalkRafael, can be applied. Based off Watson's Caring Theory, Florence Nightingale's writings, and feminist critical theories, the Critical Caring Theory embraces community as a change agent to address social power that influences health inequities (Dickson & Lobo, 2017). The theory promotes a nursing practice that views each individual from a family level, community level, and larger population level, with emphasis on health promotion and prevention through nursing engagement in the community and creation of supporting and caring sustainable environments (Dickson & Lobo, 2017). Critical Caring Theory can be used to enact comprehensive sexual health education by embracing the nurses' unique position of knowledge and established trust in the community.

Specific Aims

The primary purpose of this project is to improve engagement and utilization of reproductive health services by the API adolescent community at Multnomah County Student Health Centers, by utilizing a needs assessment and identifying improvements for API reproductive health.

Methods

Context

This project is being completed in collaboration with Multnomah County Health Department and Student Health Centers. Team members will include: the Deputy Nurse Practitioner Director, the Medical Director's Office Program Specialist, the Student Health Centers Program Coordinator, and the DNP student.

Asian and Pacific Islanders adolescents were identified as the target population based on demographic data of reproductive health services at the Student Health Centers and a previous listening session with API adolescents. The data highlights low utilization and engagement with the API adolescent community compared to other demographics (Multnomah County, 2019). Additionally, the analysis of the listening session completed by the Multnomah County Health Department in 2019 showed that API adolescents feel "invisible," "unnoticed," and as if they don't matter within Multnomah County (2019).

Intervention

A three-phase project was utilized to assess API adolescent reproductive health care needs and design an intervention to address their most pressing needs. Phase I was a needs assessment of persons in the API community. Phase II was the analysis of the needs assessment and creation of intervention to address the reproductive health care deficit within the Multnomah County Student Health Centers. Phase III is the implementation of the intervention.

Phase I was originally designed to be compromised of two to three in-depth listening sessions with API adolescent and young adults identifying reproductive health needs. The project team attempted recruitment for two months through key stake holders within the API community, specifically with SHC who collaborated with a previous listening session with API adolescents. Information provided in recruitment included reasons for completing this needs assessment, how the information will be used, and incentives for participation.

These listening sessions were created based on current listening session literature and expert opinion. The goal was to have six to ten participants per listening session group with sessions running from 60 minutes to 90 minutes (Office of Population Affairs & Department of

Health and Human Resources, 2019). The study planned to obtain verbal consent at the start of the listening session paired with implied consent by participating in the listening. Within the consent, the study outlined that this all information would be kept confidential and that confidentially is expected of all participants and confidentially will be maintained unless there become concerns for abuse, suicidal ideation or homicidal ideation. No specific identifiers will be collected; however, an anonymous survey at the beginning would be used to obtain demographic data.

Unfortunately, there were not enough participants to complete even one listening session due to COVID restrains and current lack of interest within the community. Due to this barrier, the needs assessment was shifted to an online survey. All the same questions were provided in the online format (Appendix C). A formal consent that reflected the same ideas of confidentiality was added to the start of the survey, since an informal verbal and implied consent could not be obtained (Appendix C).

Phase II was comprised of analyzing the needs assessment survey and subsequent identification of an intervention to address the reproductive health care deficit within the Multnomah County Student Health Centers. Qualitative analysis was used to identify themes from the online surveys with the goal of theme saturation. From the major identified themes, one theme was chosen to address with an intervention.

Phase III was the creation and implementation of a reproductive health intervention. Based on the needs assessment analysis, it was decided that currently the most beneficial action would be the creation of a tip sheet to assist providers in completing an API culturally competent reproductive health history.

Study of the Intervention

Analysis

Data immersive qualitative analysis was used to measure the data obtained from the online needs assessment survey. The goal of the qualitative analysis was to reach theme saturation. Unfortunately, with a small sample size (n=9), theme saturation was not fully achieved. To increase internal validity, two people individually completed qualitative analysis of responses.

Ethical Considerations

The project proposal was submitted to OHSU's IRB for review and to Multnomah County's Project Review Team (PRT) and was deemed to not be research. Despite not being research, other ethical considerations include maintaining confidentiality of all participants and the emotional response adolescents may have in reaction to the listening sessions. To address this, a consent was created outlining the extent of confidentiality and the project teams' legal obligations. See "Further Work" section for more details.

Results

The online needs assessment had nine responses. Most respondents were young adults (Appendix C, Chart 1). No adolescents responded to the survey despite targeted recruitment. There was equal distribution of Asian and Pacific Islander respondents (Appendix C, Chart 2). Unsurprisingly, most participants reported using school as their main source of reproductive health information, with no participant reported using parents for RH information (Appendix C, Chart 3). Not all open answered questions were answered by all participants. Due to this and small sample size, qualitative analysis did not result in theme saturation; however, three main

themes appeared that may have reached saturation with more responses: Distress surrounding healthcare provider experience, desire for increased RH education, and concerns with access to RH.

Themes

Distress Surrounding Healthcare Provider Experience

The most common theme throughout all responses was concern about the actual healthcare visit and experience. Participants shared concerns and experiences about not being respected in the health care setting with nearly all participant mentioning feeling shame after discussing RH with an HCP. Most participants also cite perceiving their provider did not understand and/or recognize that they come from more traditional cultures where RH is not openly discussed, resulting in false assumptions about sexual identity, sexual orientation, or sexual activates (or lack of sexual activities). Several participants directly stated they often withhold RH information due to this and seek other sources for information and care.

Desire for Increased Reproductive Health Education

The second most common theme was a strong desire for increased RH education. Participants asked for more comprehensive education including RH from a non-heterosexual perspective and safe sex practices with multiple partners. Additionally, two respondents cited a desire for continuing education beyond high school.

Resources and Access to Reproductive Health

The final theme surrounded RH resources and access. Concerns were raised whether RH is available to everyone in Multnomah County and about the cost related to RH, with some citing

that their insurance covers very little RH. Additionally, about half the respondents stated they had little knowledge of where to go and what type of provider they needed for RH.

Intervention

Phase III was the intervention to create an HCP tip sheet and tool (Appendix D) for having culturally competent sexual/reproductive health discussions with API adolescents and patients in general. A literature search was completed to aid in the development of the tool. There is currently little research that specifically looks at best practice for taking culturally component sexual/reproductive health histories for API adolescents; however, there is low to moderate quality evidence of approaches for taking a sexual/reproductive health histories of API patients, and moderate quality evidence for taking a sexual/reproductive health history of adolescents.

The literature agrees that all sexual/reproductive health histories should be trauma information, no matter who the patient is. The provider should obtain permission before asking questions about RH, assure confidentiality every time and the limits of the providers' confidentially (ie: suicidal or homicidal thoughts and actions), utilize open ended questions, and use a nonjudgmental tone and body language (Bi et. al., 2019; Tan et. al., 2016). Specifically for API patients, it is the responsibility of the providers to become familiar with their API patient's specific cultures and customs from leaders in that community in order to tailor their assessment and avoid making false assumptions. Providers should avoid relying on patients for this education, but are encouraged inquire about the patient's cultural wants and needs (Bi et. al., 2019). Additionally, the literature highlighted that the stereotype of the "model minority" is harmful for API patients, with adolescents bearing the brunt of missed healthcare opportunities and screenings, as evidenced by, decreased screening in API adolescent for risk of unintended

pregnancy and STIs (Bi et. al., 2019; Tan et. al., 2016; Zhao et. al., 2017). Finally, the literature search demonstrated that both APIs and adolescents are less likely to voluntarily raise RH concerns and questions, and it is the responsibility of the provider to bring up RH (Tan et. al., 2016; Zhao et. al., 2017).

This second literature search further validates the results from our limited needs assessment and enables the creation of a work aid tool. Based on this literature search, a tool that includes examples of word phrasings is being created for Multnomah County HCPs. Future projects could consider addressing the other themes found through this needs assessment, or revisiting a more comprehensive needs assessment.

Discussion

Summary

Despite setbacks due to a global pandemic, the project gained valuable insight into improving RH of the API community in Multnomah County. Through qualitative analysis, three major themes were identified. The most prevalent theme is that API persons are warry about seeking RH, due to the actual healthcare experience, fear of shame and their healthcare provider not properly understanding their point of view related to their race/ethnicity. The other main themes were lack of RH education and the desire for increased RH access facilitated by financial assistance and additional RH services locations.

Interpretation

The three themes identified were further assessed for feasibility of intervention that could be completed in a timely manner. Based on our qualitative analysis of the needs assessment, the project team interpreted that the best intervention is to improve API adolescent reproductive

healthcare experience. Looking at repeated specific cited examples of HCP creating feelings of shame and judgement, the project team interpreted the best intervention would be related to addressing HCPs reproductive health discussions with API adolescents.

Limitations

As discussed before, the largest limitation was not being able to complete any listening sessions; however, there were many limitations that plagued this project. The first limitation encountered was due to COVID restrictions the listening sessions would have to be completed virtually. Per the literature on listening sessions, virtual sessions are less than ideal due to decreased feelings of confidentiality and personability. Possible participants may have been dissuaded from participating in virtual sessions due to the sensitive nature of the topic. Next, many of the leaders in the API community were interested in our work, but were overwhelmed with supporting their community through COVID and would not be able to participate. Several key stake holders even cited that at a different time or it the future, they would be very interested in participating. This brings us to our next limitation of time frame. Since this project's goal is to fulfill a reproduce health grant and a doctoral student's senior project, there was a very set timeframe that had to be followed. If allowed more time, more participants many have been recruited providing a larger sample size or possibly even a listening session. Our small sample size of nine also prevent generalization to the larger API community in Multnomah, thus preventing any large-scale interventions or system changes.

Conclusions

Reproductive health is an integral part of a person's overall wellbeing; yet, in Multnomah County Student Health Centers, Asian and Pacific Islander adolescents rarely use the

reproductive health resources and have low engagement with RH services offered. The project team completed an online RH needs assessment survey of API in Multnomah County to assess possible barriers causing this disparity. Despite many limitations, the needs assessment highlighted three main themes: APIs are hesitant to seek RH services due to invalidating HCP experiences, they desire increased RH education, and want increased RH access and support. The project team created a tip sheet for HCP in efforts to improve health care experiences related to reproductive health. By addressing the perceived negative healthcare experience, Multnomah County hopes to increase engagement with the API adolescent community. Future work could include validating these findings through a more robust needs assessment or creating interventions for increased RH education and access.

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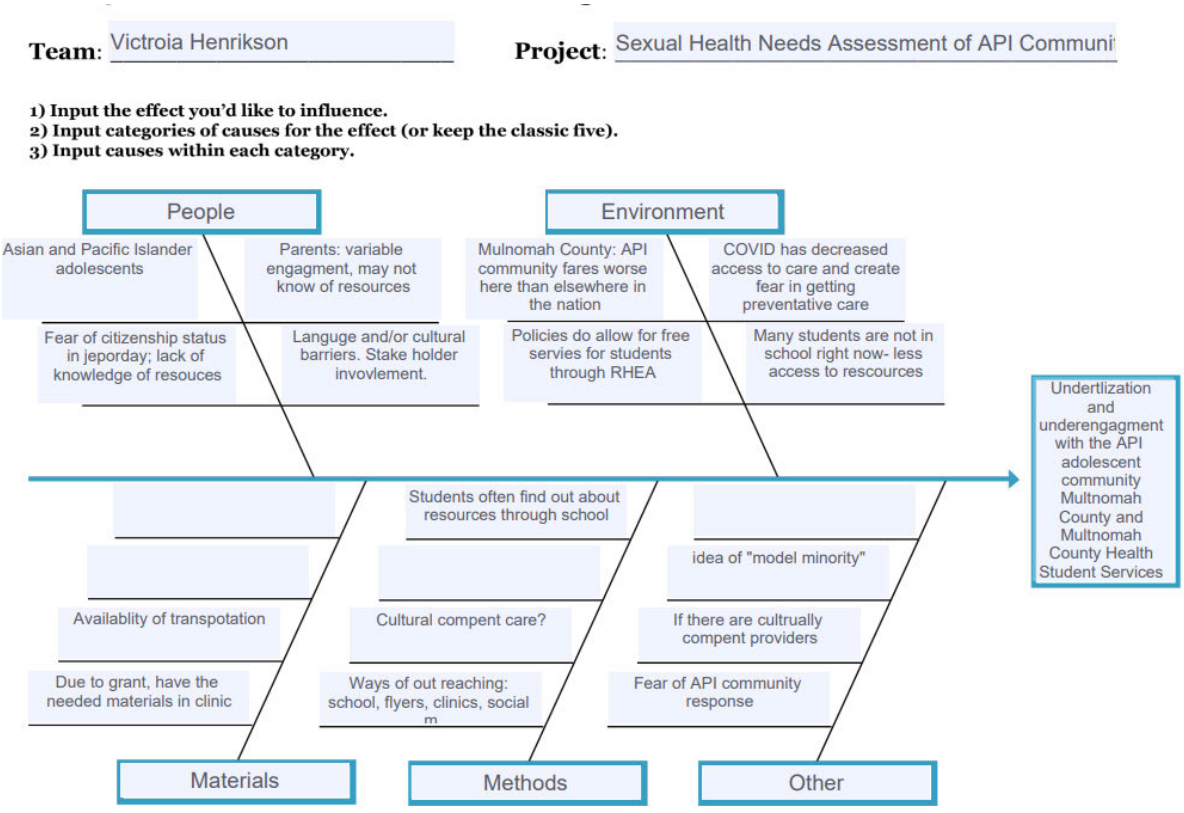
Appendixes

Appendix A: Original Proposed Project Timeline

- By August 2021, Multnomah County Student Health Center will have completed a Literature Review of the current state of API's interaction with Multnomah Health Department, overall health, and previously validated needs assessments for API adolescents.
- By November 2021, two to three listening sessions with API adolescents in Multnomah County will have been completed and analyzed.
- By December 2021, a specific need from the listening session will have been identified and utilized to identify potential interventions.
- By March 2022, final assessment of proposed interventions will be completed and final manuscript of the project will be completed.

Appendix B: Cause and Effect Diagram



Appendix C: Tools

Consent for Online Needs Assessment Survey

Thank you for your interest in Multnomah County's Asian and Pacific Islander reproductive health needs assessment. The goal of this needs assessment is to learn from you how to better provide reproductive health care and services in Oregon. We will use this information to better meet Asian and Pacific Islander reproductive health care needs.

Your participation is voluntary. You will have the option to be entered into a drawing for a $50 gift card at the end of the survey. All of your answers are anonymous. No personal information will be collected or stored. We will ask your age and race for demographic purposes only. There are few risks participating. The main risk is emotional discomfort. You can share as much or as little as you want. Everything will be kept confidential except in cases where there is concerned for abuse, self-harm, or harm to others. By selecting "I consent" you are agreeing to be part of the survey.

If you have any questions or concerns, please email: victoria.henrikson@multco.us.

Needs Assessment Questions

1. What does sexual and reproductive health mean to you? How would you explain it to a friend?

2. How does your personal identity, like your race, age, gender, sexuality, ability/ disability influence your ideas about sexual health?

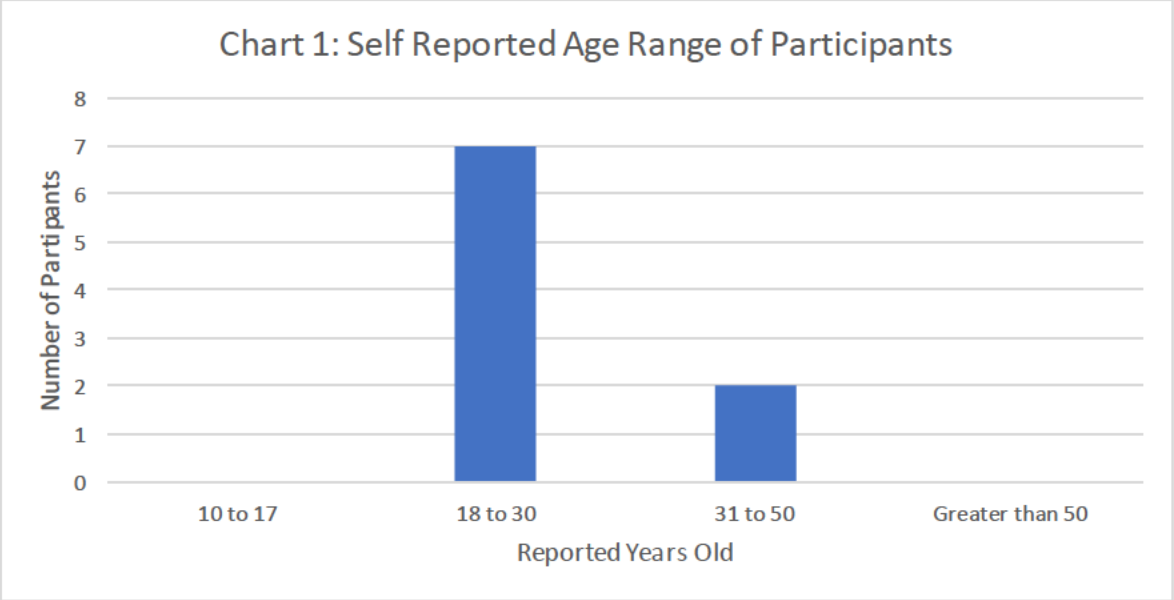
3. Where do you get information about sex and resources for sexual health?

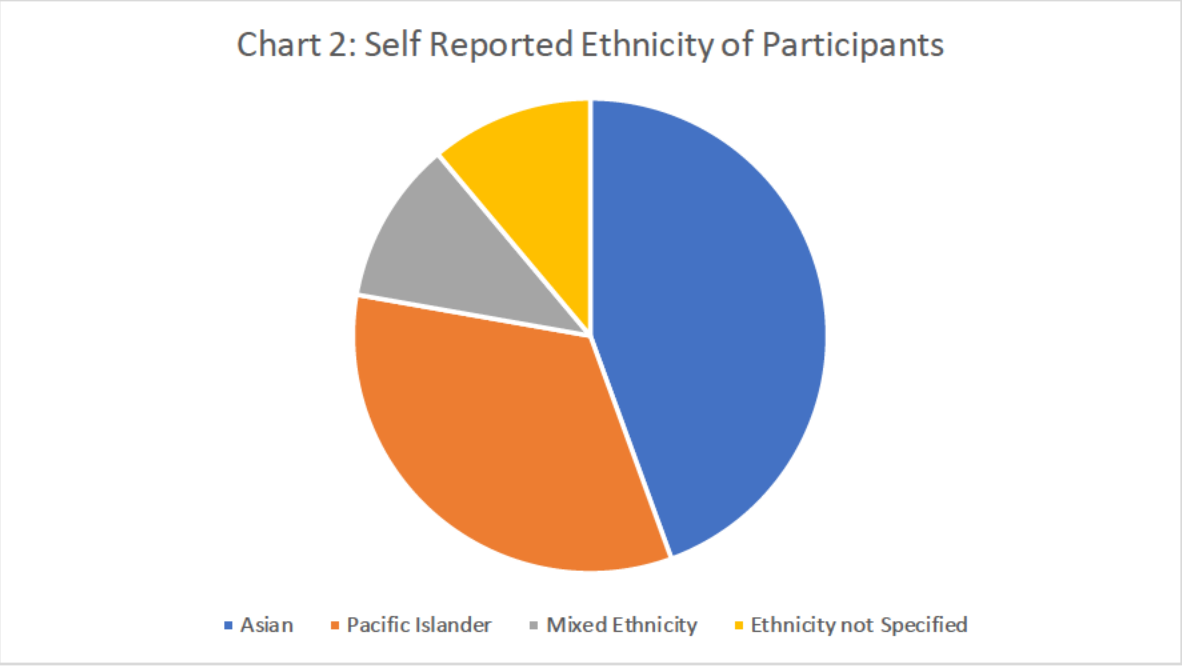
4. What reproductive and/or sexual health recourses are you aware of that are available to you in Multnomah County?

5. What do you wish your care provider knew or understood about you when you are seeking sexual and reproductive health services?

6. If you could change one thing about seeking reproductive care, what would that be?

Results





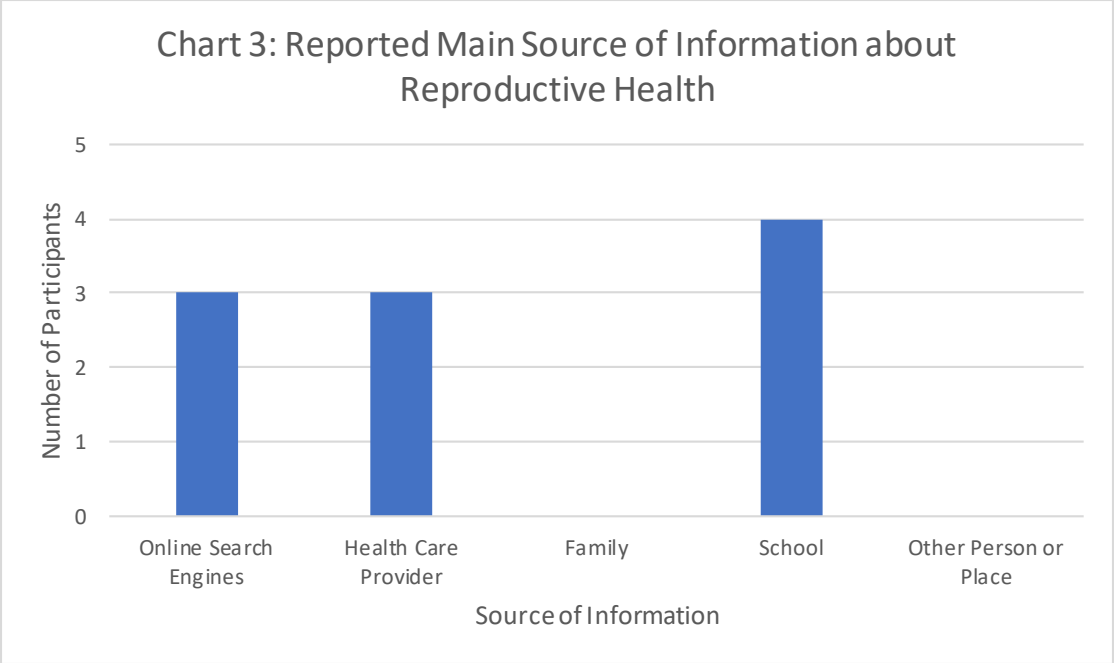
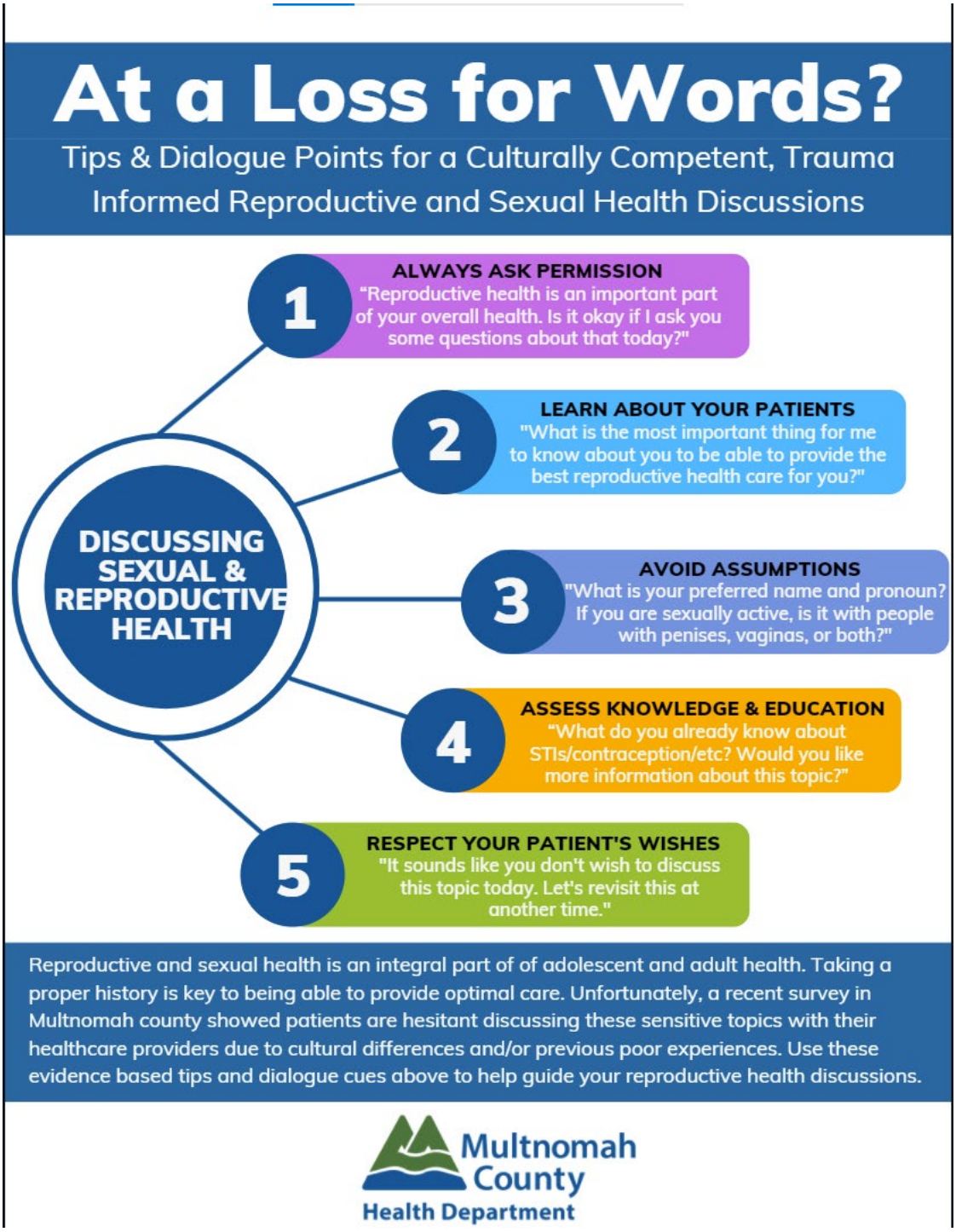
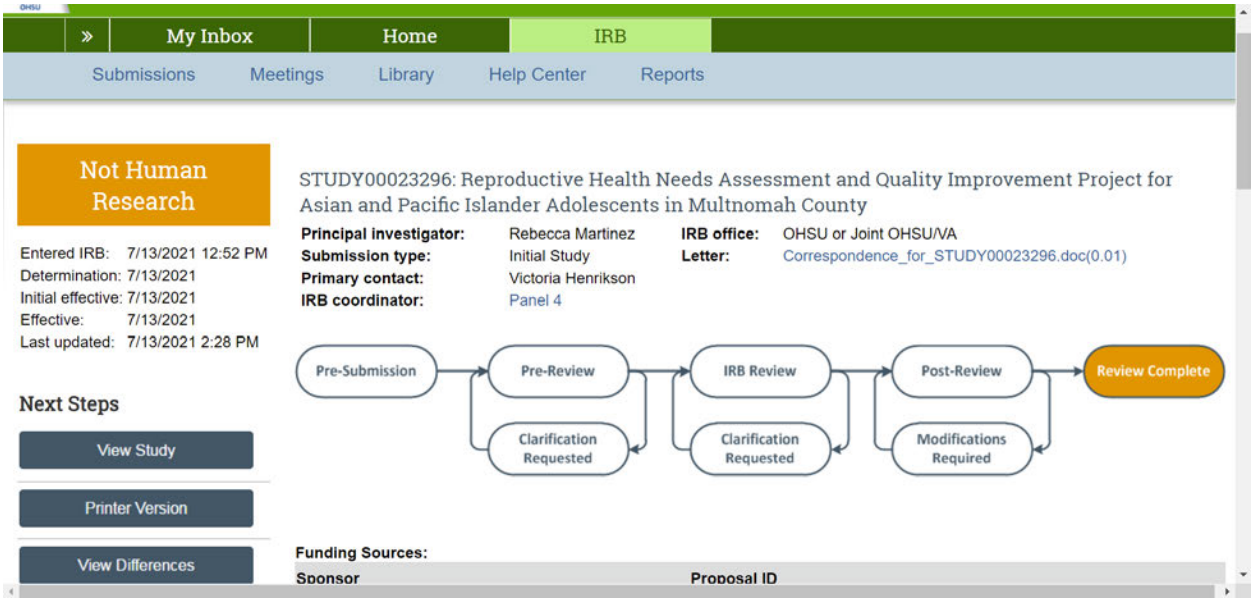


Chart 3: Reported Main Source of Information about Reproductive Health
Number of Participants
5
4
3
2
1
0
Online Search Engines
Health Care Provider
Family
School
Other Person or Place
Source of Information

Appendix D: Intervention Flyer



Appendix E: IRB Determination



Appendix F: Letter of Support from Implementation Site

Letter of Support from Clinical Agency

Date: 6/3/2021

Dear Victoria Henrikson,

This letter confirms that I, *Charlene Maxwell*, allow *Victoria Henrikson* (OHSU Doctor of Nursing Practice Student) access to complete his/her DNP Final Project at our clinical site. The project will take place from approximately *Summer 2021* to *Winter 2022*.

This letter summarizes the core elements of the project proposal, already reviewed by the DNP Project Preceptor and clinical liaison (if applicable):

- **Project Site(s)**:
  - *Multnomah County*
    Gladys McCoy Building
    619 NW 6th Avenue | Portland, OR 97209
  - *Multnomah County Student Health Centers*
    Multiple Sites: Will work mainly remotely
- **Project Plan:**
  - Identified Clinical Problem: Underutilized reproductive health services at Multnomah County Student Health Centers by the Asian and Pacific Islander (API) adolescent community
  - Specific Aims:
    - Increase engagement, interactions, and utilization of reproductive health services by the API adolescent community at Multnomah County Student Health Centers, by utilizing a listening needs assessment and identifying deficient reproductive health resources for the API adolescent community.
  - Timeline:
    - August 2021: Complete a Literature Review of the current state of API's interaction with Multnomah Health Department, overall health, and previously validated needs assessments for API adolescents.
    - November 2021: Complete listening session with API adolescents in Multnomah County and analyze session.
    - December 2021: Identify a specific need from the listening session and identify potential interventions.
    - March 2022: Complete final assessment of proposed intervention(s) and final manuscript of the project.
  - Rationale: The Model of Improvement developed by Associated in Process Improvement, utilizes simple and short Plan-Do-Study-Act cycles to create improvement through small change. PDSA cycles will be utilized to work towards our specific aims. Additionally, the Critical Caring Theory Model for public health will be utilized in this project thought health promotion and prevention by means of nursing engagement in the API community, ideally creating supporting, caring, and sustainable health care environments for API adolescents.
  - Methods/Interventions/Measures:
    - Three-phase project:
      - Phase I: listening session and needs assessment with an API adolescent focus group to identify reproductive health needs
      - Phase II: analysis of the listening session and creation of intervention to address the reproductive health care deficit within the Multnomah County Student Health Centers.
      - Phase III is the implementation of the intervention
  - Data Management:
    - All data will be collected electronically through a preferred collection methodology. Data will be deidentified
  - Site(s) Support: The site will provide previous data on reproductive health services utilized by the API adolescent community, assist in identifying persons who may quality, distribution of needs assessment survey, and retrieval of data from data collection site as necessary.

During the project implementation and evaluation, *Victoria Henrikson* will provide regular updates and communicate any necessary changes to the DNP Project Preceptor.

Our organization looks forward to working with this student to complete their DNP project. If we have any concerns related to this project, we will contact *Victoria Henrikson* and *Charlene Maxwell* (student's DNP Project Chairperson).

Regards,

Charlene Maxwell, DNP	Deputy Medical Director, MCHD Health Centers
DNP Project Preceptor	Job Title
[signature]	7/12/21
Signature	Date Signed