

A community youth health service in Rotorua

– what are the attendance patterns of young people at Rotovegas Youth Health?

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'Young people, unlike adults, are often facing issues on their own for the first time. Seeking help independently is unfamiliar, unknown territory to them.' – Youth Health Access Workshop. Centre for Adolescent Health, Royal Melbourne Children's Hospital. 2004.



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ABSTRACT

Aims

- To share some of Rotorua General Practice Group's experiences in providing a youth health service.
- To assess attendance patterns of young people 15–24 years old at a Rotorua youth health service.
- To review the appropriateness of funding for this service.

Methods

Computerised patient registration data at Rotovegas Youth Health was reviewed and population data was analysed. Geo-coding was applied for these clients. In-

formation available for the Rotorua General Practice Group IPA population was cross-referenced with the youth service data.

Results

Attendance data show that Rotovegas Youth Health sees large numbers of young people, with a predominance of Maori and low socioeconomic groups.

Many young people attending this service are not enrolled with a general practitioner, or are enrolled but choose not to attend general practice for all their health needs.

The results indicate that this service supports engagement of young people into general practice.

Introduction

Youth health has evolved as a specialty in New Zealand over the last 15 or so years as a common pathway from general practice, paediatrics, nursing, sexual health, psychology, social work and youth work. It has followed, and sometimes led, a vigorous international movement heading in the same direction. The clinicians doing this work in New Zealand are a tightly networked multidisciplinary group.

Some important New Zealand government documents elucidate priorities and processes for addressing the health needs of young people.^{1,2,3} Many general practitioners and practice nurses have incorporated skills and philosophies from youth health into their daily work. Some have chosen to spice up their week by working sessions in high schools and community clinics.

There are challenges in being at the pointy end of something new. On

the plus side, youth health clinicians get to work with a diverse range of practitioners and create solutions to problems as they arise. However, it is not uncommon for colleagues to treat the specialty as a threat rather than a benefit and funders sometimes struggle to appropriately value and support the services.

Youth health in Rotorua

In 1995, the Rotorua General Practice Group (RGPG) IPA began pro-

viding GP youth health services that evolved over time in all the local high schools and, more recently, at a community youth health centre. Some of our experience was included in a best practice document, sharing details of successful school health services for adolescents.⁴ Few GP communities in New Zealand have managed to embrace youth health needs in schools and communities in this way.

We have had some advantages working with youth health in Rotorua. The most significant is that we have only one IPA and one PHO. This has greatly simplified the communication and the politics. We also have a relatively cohesive community of GPs that is small enough to learn new skills and implement innovations quickly, but large enough to have an effective workforce.

Rotovegas Youth Health is a free-to-user clinic located in a youth centre in central Rotorua. Rotorua General Practice Group holds the contracts with Lakes District Health Board and Health Rotorua PHO to provide services for 15 to 24-year-olds. It is not an enrolling practice, so does not receive capitation funding. The main reason for not enrolling clients is that this would put the service in direct competition with mainstream general practice, which has never been the aim. Also, Rotovegas lacks the resources to provide complete 24-hour care for its clients.

Rotovegas is staffed with nurses 25 hours/week, doctors 10 hours/week, and a receptionist. Other services on site include a psychologist eight hours/week, family planning (all ages), teenage antenatal clinics, and tattoo removal.

Adverse health indicators for young people are a common concern. In particular, Maori youth and those from low socioeconomic sectors are over-represented in statistics.¹ High-needs young people can be difficult to attract and engage in traditional health services.

Appropriate youth-specific health services are believed to reduce barriers for young people accessing health care. About half of the students in the Youth 2000 survey (males 45.9% and females 50.3%) found difficulties obtaining health care. The barriers were identified as fear, anxiety about privacy, discomfort with the provider, cost, transport, apathy, and not wanting to make a fuss.⁵

One of the key philosophies of Rotovegas Youth Health is that young people can engage with the youth specialty team, learn to interact with health professionals on their own, and be actively encouraged to engage with general practice. Although this is difficult to measure, it highlights the potential for a youth health serv-

ice to assist transition back into general practice.

The capacity to see the young people and give adequate time to each is determined by hours of opening, hence funding. Funders assert that general practice is already funded through capitation to meet the needs of young people. They are not keen to provide additional funding for additional services. However only young people enrolled in general practice benefit from capitation funding and it has been unclear how many young people choose not to use general practice, all or some of the time. In aiming to maintain the financial viability of a service such as Rotovegas, an examination of the relationships between attendances at general

Figure 1. Attendance by ethnicity

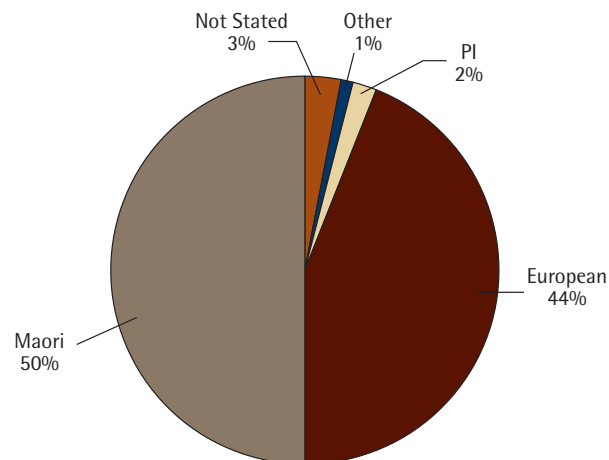
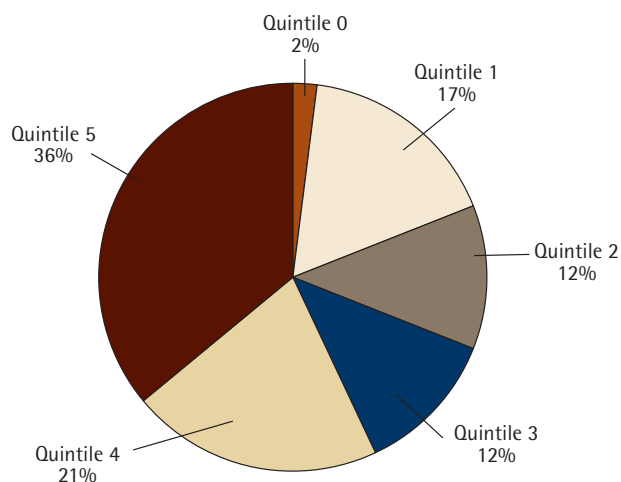


Figure 2. Attendance by quintile



practice and at Rotovegas offers important information to assist in funding decisions.

Results

Attendances at Rotovegas have Maori young people well represented, with 50% of clients being Maori, 2% Pacific Islander and 44% European (Figure 1). Thirty-six per cent of the Health Rotorua PHO population is Maori, 2% Pacific Islander.

By geo-coding from residential address data, 69% of the Rotovegas client group is found to be from more socioeconomically deprived areas, quintiles 3–5 (Figure 2).

Growth in attendances at Rotovegas was steady from the start. However attendances levelled off in 2005 (Figure 3). This was the point at which available funding no longer met the need, and it became necessary to turn clients away.

Two thousand eight hundred and forty-two 15–24-year-old clients have attended Rotovegas in the four and a half years since opening, with 12 825 consultations. This is an average of 4.5 consultations per client.

More clients are seen in the under-20 age group than in the over-20 age group (Figure 4).

Seventy-two per cent of the client group have attended Rotovegas plus another GP in this time; 28% have only attended Rotovegas.

Of all the clients who have attended Rotovegas, 62% attended Rotovegas for their last visit, and 38% attended another GP for their last visit. The average age attending Rotovegas at last visit was 16.9 years. The average age attending another GP at last visit was 18.9 years.

Of those who attended Rotovegas at last visit, 63% are enrolled with another GP, 37% are not.

Discussion

A predominance of socio-economically deprived clients attends Rotovegas Youth Health. This supports the effectiveness of such a service in reducing access barriers for high-needs young people.

Figure 3. Attendance patterns over two years

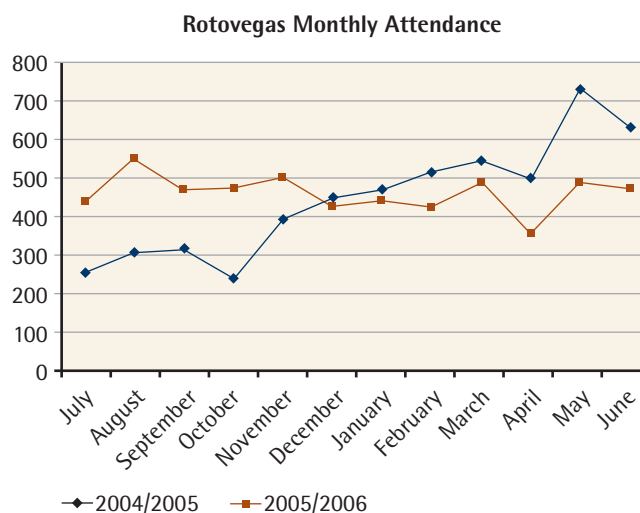
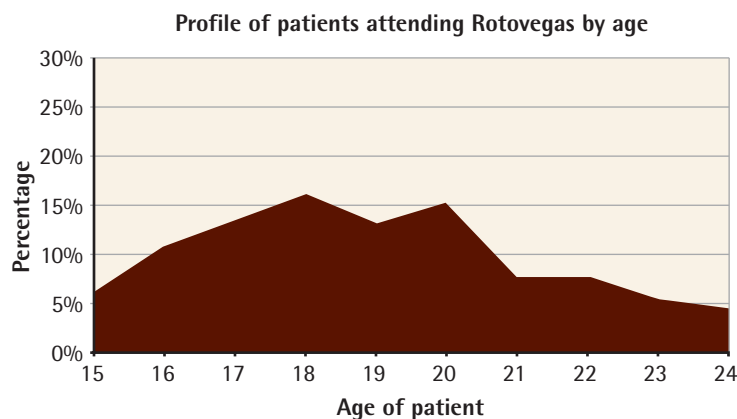


Figure 4. Attendance by age



The discourse around the ages defining 'youth' depends somewhat on who is paying.

The United Nations General Assembly defines 'youth' as those persons falling between the ages of 15 and 24 years inclusive.⁶ This is the same age range prescribed for our service. Most of the clients attending Rotovegas are under 20 years of age. However, some clients between 20 and 24 years of age have not yet achieved the developmental tasks of adolescence.⁷ It is still appropriate to open a service to these young people.

Around three-quarters of those attending the Rotovegas service also attended another GP in the studied time. The remaining one quarter chose to attend only Rotovegas. For this group, the availability of the

youth health service may have made the difference between seeking health care or not. A third of young people seen at Rotovegas are not enrolled with a general practice service.

Of all the clients who have attended Rotovegas, a third went to another GP for their latest visit. The average age of those last attending another GP is two years older than the average age of those last attending Rotovegas. This could support the assertion that young people learn to engage with general practice through their experiences at Rotovegas.

There are implications for funding in the fact that 29% of those attending Rotovegas are not enrolled in general practice. This population is not represented in capitation funding. A calculation applying the capi-

tation formula to this group, plus the relevant Health Promotion and Services to Improve Access funds, would result in a significant sum. It could be enough to improve the capacity of the service to fit the presenting need. However this is not money that should be transferred out of general practice, but separate money that should travel with this unenrolled proportion of the population.

Conclusions

Rotovegas Youth Health meets many of the needs of young people in Rotorua, as indicated by these attendance patterns, and for some young people it may be their only source of primary health care.

The presence of this service probably does assist in engaging young people back with general practice.

Limited funding to this service limits its ability to meet the needs of its clients. General practice capitation as it exists does not fund the health care of a significant proportion of the youth population and other funding mechanisms need to be explored.

Competing interests

None declared.

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