# Los Angeles County Health Department Youth Clinics

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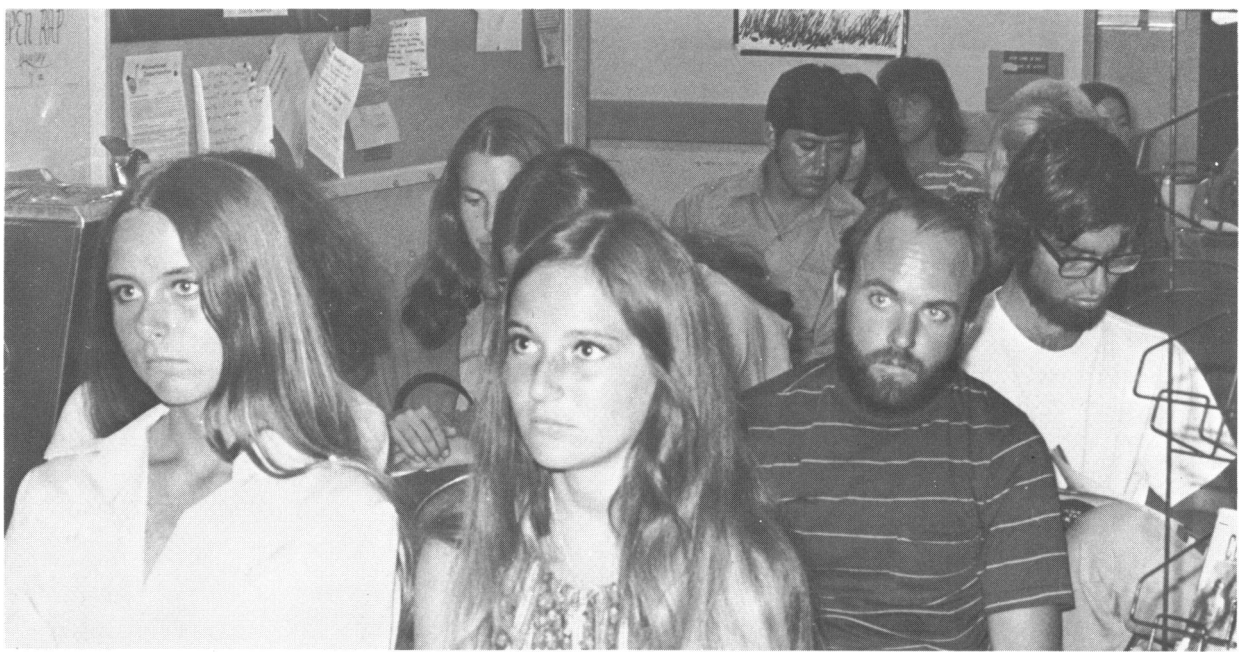

*Patients waiting at Los Angeles youth clinic*

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One response to the spread of the psychedelic subculture has been the founding of youth clinics to treat the "lost children" whose major problems are venereal disease, obstetrical and gynecologic disorders, pregnancy, contraception, and misuse or abuse of drugs. The Los Angeles Free Clinic was opened in 1968 and immediately became popular with the youthful community in the West Hollywood Health District.

Young people came to the clinic for several reasons.

1. The informal, nonjudgmental treatment of youth by young physicians, nurses, and allied personnel who related well to the 12- to 26-year-olds. Here no one said any patient was too young for birth control information.

2. The free clinic's consumer orientation and operation by volunteers.

3. A bright, unconventional decor that "turns youth on."

4. Anonymity. Patients are identified only by number or volunteered information.

5. Flexible personnel practices.

### Inception of Youth Clinics

As a result of the success of the free clinic, the Los Angeles County Board of Supervisors suggested that the county health department also serve young people. In part, the pressure to establish county facilities for young people came from middle-class communities when parents became aware that venereal disease and illegitimacy were not confined to ghettos. Indeed, the West Hollywood area (which included Beverly Hills) had the highest incidence of venereal disease in the county, and venereal disease in Los Angeles County had reached epidemic proportions.

To cope with the high incidence of illegitimacy and venereal disease, the health department fostered a program designed to meet the special needs of adolescents and young adults. The middle classes were willing to support the program from general tax revenues because their sons and daughters were involved.

Youth clinics were authorized in seven localities: West Hollywood, Venice, Northeast Los Angeles, Van Nuys, Hawaiian Gardens, Santa Fe Springs, and Inglewood (Imperial Heights). The first clinic—West Hollywood—opened in January 1969. Although each clinic serves a different socioeconomic group, the health problems are the same. The staff of the free clinic helped set up the county clinics in return for free medical supplies.

### Operation of Clinics

Staff at the county youth clinics are all paid whereas the free clinic is staffed entirely by volunteers. Each county clinic has two physicians, two nurses, a social worker, a microbiologist, a nutritionist, a clerk, and two nonprofessional workers who are trained to assume duties ranging from assisting the receptionist to chaperoning physicians with female patients. Most of the physicians are young residents in pediatrics, internal medicine, or gynecology and obstetrics. Approximately 5 percent of the physicians are engaged in private practice and 5 percent are moonlighting health department physicians. Each clinic also recruits volunteers. The present coordinator of the county youth clinics and two community workers previously worked in the free clinic, and they provided valuable consultation.

Clinic hours are flexible because they are dependent on available manpower. Five clinics are open Monday through Friday during the late afternoon and evening; one clinic is open 3 days a week and another 2. Hours are usually 6–10 p.m.

The settings are similar to the free clinic, with youth-oriented health education posters intermingled with special youth exchange bulletin boards, stereo music from a large console, soft, comforta-

*Public health nurse raps with patients*

*Social worker (right) counsels patient*

ble chairs, and other decorations that create a lively atmosphere and make the median 15-minute waiting period endurable. These clinics do not infringe on the private practice of medicine because they serve a segment of the population who want no contact with private practitioners for the following, among other, reasons. The young people usually lack money, they want to prevent their parents from learning of their problems, and they have an aversion to the usual judgmental attitude of a private physician who often lacks sympathy.

All patients are self-referred except for the approximately 2 percent who come for family planning and immunization and those patients with venereal disease who find the evening hours more convenient. While a large proportion of young people in Van Nuys and Santa Fe Springs still live at home and probably would have access to a private physician, they prefer the health department clinic. Table 1 shows the patients' characteristics and table 2 lists their illnesses.

Los Angeles' youth clinics provide almost comprehensive care. Physical examinations include complete blood count and differential, urinalysis, serologic studies, tests of liver function as well as for venereal disease and pregnancy, and other procedures which seem warranted. X-ray facilities are not yet available. Patients with serious problems are referred to hospitals. The health department, in accordance with the new State Laws AB 656 and AB 334, may—without parental consent or the knowledge of the parent—treat any 12-year-old with a reportable communicable disease.

Clinic care includes information sessions about birth control and abortions. The health department may give contraceptive devices to any emancipated youth 15 years old without parental consent. (An emancipated youth lives outside his parents' home.)

If a girl of 12 or older is pregnant or thinks she is, she is considered an emancipated minor and can receive pregnancy tests without counseling and care without parental consent. The Clergy Counseling Service for Problem Pregnancies—a group of professional workers who give advice and refer women who want an abortion—is active weekly. This service is invaluable because most of the pregnancies among youth clinic patients are unwanted.

## Drug Problems

Although they were not observed in a 30-day survey of the West Hollywood and Venice clinics, approximately 10 percent of the conditions observed at the seven clinics are drug related. Drugs as used in this paper mean marijuana, narcotics, LSD, and methamphetamine.

Patterns of drug usage vary widely among adolescents and young adults. The majority of clinic patients experiment with one or more drugs in doses small enough to permit them to work. However, most users have severed their other ties with society before their first contact with drugs.

Although many clinic patients admit that they take drugs regularly, few will say that they have a drug problem. The communal life and shared needles in the youth culture often make differential diagnosis between serum and infectious hepatitis difficult.

*Community worker assists in workup of patient seeking birth control advice*

*Public health nurse and educator confer about referrals for problem pregnancy patients*

Patients usually do not come to the youth clinics for help in eliminating their need for drugs—a significant difference between persons cared for by the free clinic and those cared for by the county youth clinics. One factor in this difference is the location of the county clinics in civic complexes adjacent to police and sheriff stations. Occasionally, if a patient wants to withdraw from drugs or has had a bad trip, he may see a psychiatric social worker at the clinic.

In 1970 the Los Angeles County Health Department started a drug abuse program with an annual operating budget of more than $1 million. This program was an outgrowth of similar pressures that led to establishing the youth clinics.

Drug clinics in West Hollywood and Venice run simultaneously in the same centers with youth clinics, and referral patterns have been integrated. The other three drug clinics are centrally located in Pacoima, El Monte, and Southeast to service the remaining youth clinic population and older persons.

Patients in the West Hollywood drug clinic often use the same waiting area as the youth clinic patients. A survey of drug patients at the West Hollywood youth clinic disclosed that more than 80 percent use alcohol at least once weekly. Twenty-one percent of the 300 randomly selected patients given a questionnaire indicated that they used marijuana every weekend, and 28 percent reported that they use it every day. Eighty percent of the weekend marijuana users reported getting high on Friday, Saturday, and Sunday. In contrast, only 20 percent of the respondents reported that they used amphetamines every day. A formal report on this survey is being prepared.

### Coping With Psychiatric Problems

Immediate problems are dealt with through an interdisciplinary approach involving some psychiatrists who regularly serve as clinicians at youth clinics, a graduate psychiatric social worker, and, in the West Hollywood clinic, a clinical psychologist assigned by the Los Angeles County Mental Health Department as a consultant. Several clinics undertake group counseling and in some cases individual counseling. With only one social worker per clinic it is impossible to meet the counseling needs of all patients, but a small group of private professional and nonprofessional volunteers helps fill the gap.

The patient's need is sought immediately by the receptionist who does not ask a lot of questions

but may simply say, "I'm Pat. What brought you?" Severe psychiatric problems are rare, and each clinic has worked out appropriate referral patterns. Community workers are trained to handle both physical and psychological intake and to recognize the patient's concept of his problem.

### Followup

About 90 percent of all patients are followed up. Few patients refuse to give an address or telephone number, and the staff often receive letters and phone calls from patients who have moved. Confidentiality is observed, and the privacy of the patient is guarded adamantly.

Nothing in health department envelopes is sent to patients. When telephoning a patient, staff members do not identify themselves as from the department if someone other than the patient answers the phone.

### Comparison With Other Jurisdictions

We compared the aggregate median experience of the seven Los Angeles youth clinics with data from a survey of the health authorities in the 30 largest U.S. (1970 census) and 10 largest Canadian metropolitan areas. Of the 27 U.S. and eight Canadian respondents, 21 U.S. and four Canadian officials expressed both a need for and an interest in separate youth clinic programs in their health departments.

Six other U.S. respondents reported having similar programs (table 3). Four of these programs were Children and Youth Projects which provided care only for persons under 19 years of age. These clinics are more likely to treat acne, allergy, and obesity. One clinic was designed primarily for school dropouts; another was restricted to pregnant girls of school age. The following list contrasts the Los Angeles experience with that of the other six U.S. cities.

| *Criteria* | *Median findings in— 6 other cities* | *Los Angeles* |
|---|---|---|
| Clinics | 1 | 7 |
| Median age (years) | 13 | 19 |
| Ratio of males to females | 1.0 | .6 |
| Racial distribution | Predominantly white | All races |
| New patient visits (percent) | 25.0 | 62.0 |
| Patients per day | 25 | 40 |
| Visits per year | 2,000 | 50,000 |
| Paid personnel | 4 | 8 |
| Length of medical visit (minutes) | 25 | 10 |
| Visits involving use of dangerous drugs | 5.0 | 10.0 |
| Immediate laboratory tests | Yes | Yes |
| Hospital resident physician on medical staff | No | Yes |
| Psychiatric and psychological services | No | Yes |
| Both nutritionist and dental hygienist | Yes | No |
| X-ray diagnoses | Yes | No |
| Parents involved in therapeutic situation | No | No |

**Table 1. Percentage distribution of patients' characteristics for 7 Los Angeles County youth clinics**

| Characteristics | West Hollywood [1] | Venice [2] | Northeast [3] | Hawaiian Gardens [2] | Van Nuys [2] | Santa Fe Springs [2] | Inglewood [3] |
|---|---|---|---|---|---|---|---|
| Sex: | | | | | | | |
| Male | 34 | 44 | 50 | 33 | 20 | 31 | 39 |
| Female | 66 | 56 | 50 | 67 | 80 | 69 | 61 |
| Age group: | | | | | | | |
| Under 16 | 10 | 6 | 8 | 12 | 4 | 9 | 10 |
| 16-18 | 18 | 14 | 12 | 12 | 10 | 11 | 9 |
| 19-21 | 34 | 35 | 31 | 33 | 32 | 36 | 37 |
| 22-25 | 30 | 28 | 27 | 26 | 27 | 27 | 27 |
| 26 and over | 8 | 17 | 22 | 17 | 27 | 27 | 27 |
| Ethnic group: | | | | | | | |
| Black | 4 | 4 | 8 | 4 | 4 | 6 | 52 |
| Mexican-American | 2 | 6 | 80 | 17 | 2 | 16 | 21 |
| Oriental | 1 | 1 | 4 | 3 | 1 | 2 | 4 |
| White | 93 | 89 | 8 | 76 | 93 | 76 | 23 |
| New patients | 66 | 62 | 57 | 63 | 64 | 58 | 61 |
| Return patients | 34 | 38 | 43 | 37 | 36 | 42 | 39 |
| Percent living outside health district | 25 | 18 | 6 | 13 | 17 | 18 | 39 |

[1] High socioeconomic area. [2] Middle socioeconomic area. [3] Low socioeconomic area.

**Table 2. Percentage distribution of medical problems treated by West Hollywood and Venice youth clinics**

| Type of disease | West Hollywood (N=642)[1] | Venice (N=682)[2] |
|---|---|---|
| Skin | 5 | 9 |
| Eye | 2 | 5 |
| Respiratory | 7 | 9 |
| Gastroenteritis | 5 | 1 |
| Hepatitis | 2 | 5 |
| Obstetrical | 20 | 33 |
| Venereal | 25 | 18 |
| In males | 18 | 13 |
| In females | 7 | 5 |
| Genitourinary | 30 | 17 |
| Urinary tract infections | 20 | 8 |
| In males | 5 | 0 |
| In females | 15 | 8 |
| Gynecologic | 10 | 9 |
| First aid | 3 | 2 |
| Other noninfectious | 1 | 1 |

[1] July 1–Aug. 1, 1969.
[2] June 15–July 12, 1970.

Apparently official health agencies in the largest metropolitan areas prefer hospitals and free clinics to treat the medical problems of youth (table 3). However, nine surveyed health departments lacking a youth clinic program requested more information about the project in Los Angeles County.

Nineteen U.S. and two Canadian respondents admitted the need for youth clinics in their areas, but said their health authorities had taken no official action to provide them. The two dominant reasons the Americans gave for this disparity between admitted need and official action were the possibility of interference with local private practitioners and budgetary shortages. In Canada, budgetary shortages were the main reason.

Of the five American respondents denying both a need for and an interest in such programs, three stated that their agencies had more pressing needs. One also admitted lack of knowledge about such programs. In Canada only two respondents were unaccepting of a need for youth clinics.

Possible reasons for adopting or rejecting a youth clinic program might include the incidence of venereal disease, the numbers of alienated young, the magnitude of sexual promiscuity and unwanted pregnancies, and the existence of laws

*Public health nurse Richard Johnson and staff members*

governing the distribution of contraceptives and the treatment of emancipated minors. Future planners might well consider whether social conditions in their communities warrant establishing separate health facilities for youth.

Because of the vital functions youth clinics perform in Los Angeles, several evaluative studies are in progress with the University of California School of Public Health at Los Angeles and the Los Angeles County Public Health Foundation. There is additional pressure for new clinics. Several studies involving the drug patterns of youth are also in progress. However, these studies are never permitted to interfere with the good communication and the establishment of trust between staff and patients. This communication and mutual trust are largely responsible for the clinics' success.

**Table 3. Number of surveyed U.S. and Canadian metropolitan areas having various types of youth health facilities**

| Type of facilities | States United | Canada | Median population (in millions) |
|---|---|---|---|
| Health department only | 7 | 0 | 2.1 |
| Free clinics only | 5 | 2 | 1.2 |
| Hospital outpatient only | 7 | 3 | 1.3 |
| Combinations of above | 5 | 2 | 1.5 |
| None of the above | 3 | 1 | .78 |
| Total | 27 | 8 | 1.3 |