Youth Health Services at a Resort

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IN THE FAST-GROWING BEACH RESORT of Ocean City, Md., a youth health services program was developed in 1974 to help meet the need for medical services during the tourist season. Administered by a public health nurse from the staff of the Worcester County (Md.) Health Department, the program was aimed primarily at providing health care for young workers at the resort and assisting them in obtaining medical services when necessary. It also offered limited first aid to the public and training in food-handling procedures for employees of food-service establishments.

The Ocean City youth health services program was an outgrowth of a youth health center set up at the resort in 1971 by the Drug Abuse Administration of the Maryland Department of Health and Mental Hygiene. The center initially emphasized crisis intervention and drug counseling, but gradually, as the demands of the young people changed, the drug counseling component decreased and the health care component increased. In 1974, representatives of the Ocean City Health Services Corp., a nonprofit organization that had administered the center in 1973, and the new health officer for Worcester County met to discuss expansion of the facility's services. Consideration of expected health problems balanced against limitations of staff and money guided the development of the new program's objectives.

The importance of dealing with a seasonal or temporary influx of population has been recognized, and health programs have been established, in other areas of the country. In Tennessee, a health care program was initiated in 1971 in the Tennessee Valley Authority's Land Between the Lakes (*1*). That program, like the Ocean City project, used nurses to provide health care. During the 1972 political conventions in Miami, the Dade County Department of Public Health was responsible for a special, temporary health care program for nondelegates (*2*). In that project, health care was provided by teams of physicians, nurses, and allied health workers.

Health Problems

An acute shortage of medical services in Ocean City during the summer tourist season has been well documented (*3a*). The 1970 census showed a winter population of 1,493 for Ocean City; however, in the summer the population can easily increase to a weekday average of 50,000 to 70,000 and to a holiday weekend peak of 150,000. In 1974 only three physicians practiced year round in the resort. These physicians employed additional physicians in the summer whenever possible, the number varing during the season but probably averaging no more than five at any one time.

For most tourists, the shortage of physicians is not as serious a problem as it might seem. They can return to their homes for care or travel the 30 miles to the nearest hospital, or they can afford to pay the high resort price for medical care. Two groups of people at the

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resort, however, are greatly disadvantaged by the shortage of medical services: the year-round residents, who have difficulty seeing their regular physicians during the summer, and the summer employees, who are at an even greater disadvantage because they are not identified as regular patients of any particular physician. An estimated 50 percent—that is, some 6,000—of the summer work force are college or high school students (*3b*), who typically lack both experience in obtaining medical care and funds to pay for it.

Another problem recognized in Ocean City was the influx of untrained food handlers as the popularity of the resort has grown. Provision of training in safe methods of food handling was seen as way of reducing the risk of a foodborne disease outbreak.

Facilities and Staff

The Ocean City youth health services program began operation in 1974 on Memorial Day and continued through Labor Day. Services were provided at three locations: two first-aid stations and the main health center. The first-aid stations were housed in small travel trailers, which were located along the resort's boardwalk. Each trailer was staffed by a registered nurse and was open daily from 10 am to 5 pm, the same hours that the lifeguards were on duty and the hours of peak beach usage. The first-aid stations were not opened on rainy days. Our main facility was the Caroline Street Health Center, which was staffed by both registered nurses and counselors and was open daily from 10 am to 2 am. This health center was in the older, downtown section of Ocean City, where many of the less expensive rooms were located and where most of the summer workers lived.

In addition to the nurses and counselors at the first-aid stations and the main center, the program staff consisted of the nurse-administrator, a food training instructor (who was also a graduate nurse), and a local physician who served under contract as medical consultant and referral physician. The organizational structure of the program, including its relation to the Worcester County Health Department, is shown in the chart.

Of the four counselors, all had had previous experience in drug and emotional counseling, and three had worked at the center in previous years. One of these three had recently earned a master's degree in social work and was a valuable resource person.

Seven nursing positions were budgeted for the program and all were eventually filled, but we had some difficulty in finding registered nurses who were willing to accept a 3-month position. The sixth position was not filled until the middle of June, and the seventh, not until July. Only two of the nurses had worked in the center previously. The other nurses had had a variety of hospital experience, and one had recently been trained as a nurse practitioner. The public health nurse who directed the program was the only regular health department employee assigned full time to the program.

Health Services

The Ocean City program provided three main types of service: health care, counseling, and training in food-handling techniques.

Health care. A basic assumption made in planning the health care aspects of the program was that many health problems could be handled by nurses, with a physician available for consultation by telephone or for referral when medical care was indicated. Persons experiencing a true emergency generally were sent by ambulance to a physician or the nearest hospital, 30 miles away. Occasionally, an ambulance patient was referred to the center by a local physician when he had determined that observation by a nurse, not hospitalization, was indicated.

Nursing care practice followed the Manual of Nursing and Special Procedures provided by the State health department and used routinely by public health nurses (*4*). The broad categories of nursing services included screening for illness (triage), first aid, health teaching, pregnancy testing and counseling, and teaching of contraception methods.

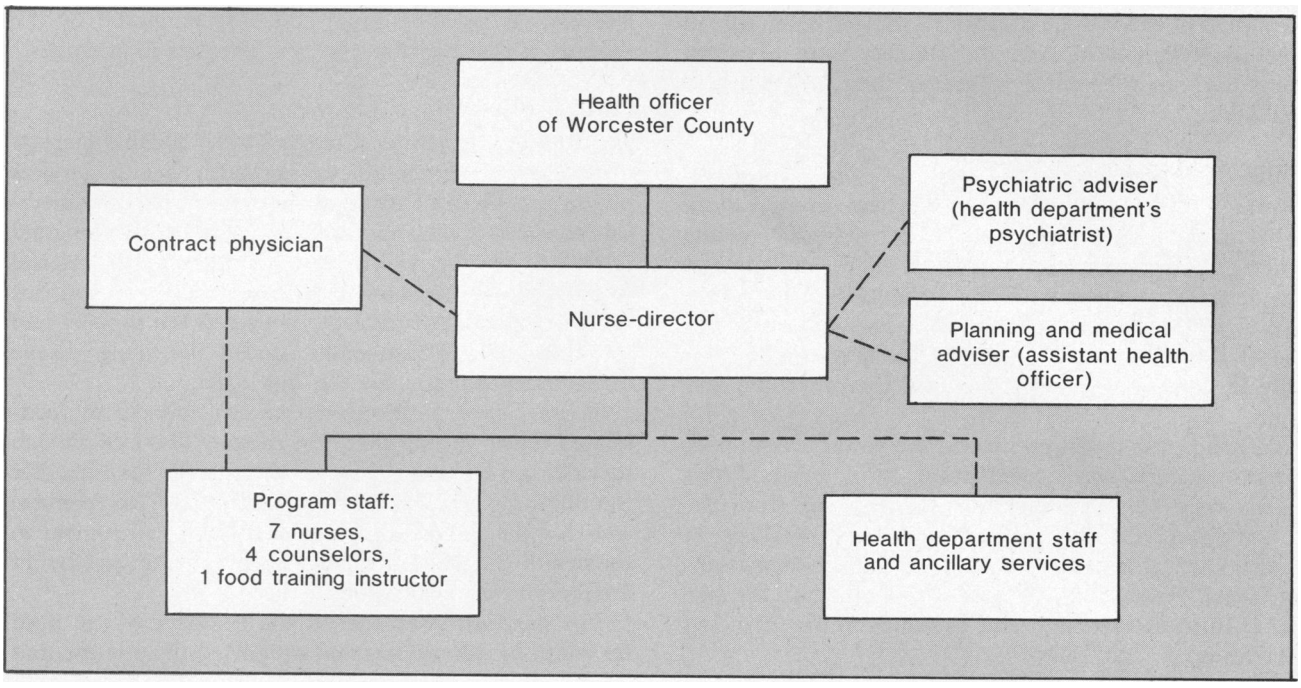
The conditions seen at the first-aid trailers were usually minor and required only first aid. The most commonly seen were lacerations, sunburn, sprains, bruises, and splinters. Occasionally, a patient was advised to seek medical care and told where the care could be obtained.

Illnesses or conditions seen by the nurses at the Caroline Street Health Center tended to be more serious and were more varied than those seen in the first-aid stations. To the extent possible, when the patient's complaint was an illness, the nurse evaluated its severity and gave direct care. Preliminary laboratory tests that would aid in diagnosis were made whenever possible before the patient was referred to the contract physician. We tried not to overrefer patients because of the heavy office load of this physician. At the same time, we wanted to make sure that all patients requiring medical attention were advised to obtain it.

Many patients presented an opportunity for health teaching. One example was an elderly couple, in town for the season, who came into the center regularly for a blood pressure check. A nurse learned that the gentleman was taking his blood pressure medication irregularly, depending on his symptoms, and was completely ignoring medical orders. The nurse scheduled the couple's return visits to coincide with her shift and instituted a basic educational program. By the end of the summer the man had consulted his physician and was following medical advice more closely.

The venereal disease program was of major importance because of the sexual freedom fostered by the lack of supervision and restraints in the resort environment. When a venereal disease was suspected, nurses were responsible for interviewing for symptoms and contacts and taking appropriate laboratory tests. Patients need-

Organizational structure of the Ocean City youth health services program, 1974



ing treatment for venereal disease were referred to the contract physician as frequently as possible. Contacts without symptoms and patients who seemed unlikely to follow through with the referral were treated by the nurses with Minocin.

For venereal disease patients and others who indicated they were sexually active, contraception was encouraged. During the patient's first visit, when motivation was high, foam and condoms were offered free of charge and their use was explained. Patients who requested birth control pills or IUDs had to be referred to a health department family planning clinic in a town 7 miles from Ocean City. Problems arose, however, when the Ocean City referrals overloaded this clinic, upsetting the routine and inconveniencing the year-round patients by increasing waiting time. Lack of public transportation to the town also caused difficulty for the referred patients.

Pregnancy testing was also done at the health center. Although it was not our policy to encourage any particular action, abortion was presented as an option, and information was given about facilities when it was requested. It was our philosophy to be neutral and nonjudgmental but, at the same time, to encourage a thoughtful decision.

Counseling. Plans for the program called for counselors to provide the necessary psychological and social support for young people experiencing drug, alcohol, or emotional crises. Care was expected to be temporary and supportive rather than therapeutic. An important function of the counselors was to assist patients in obtaining appropriate services when continued care or followup was indicated. Counselors had information about mental health resources and drug and alcohol clinics around the State as well as in the Ocean City area.

When a patient was experiencing a drug or alcohol crisis, nurses were responsible for monitoring vital signs and determining whether medical care or counseling and "talking down" was indicated. Thus, a nurse and a counselor worked as a team with these patients. This team approach was also used sometimes with patients suffering an emotional crisis. For example, a teenager was brought to the health center by a couple who had seen him wandering aimlessly on the beach. On questioning him, we learned he had been driving two friends to Ocean City early that morning when an accident occurred in which the two friends were killed. The boy was in need of both physical and emotional care. A nurse examined him and advised a complete medical examination. Then a counselor spent several hours with the young man, taking him for medical care, providing emotional support, and helping him contact his family. The boy was able to leave the center on his own later in the day.

Training in food handling. Except for those given at one restaurant for its employees at the management's request, the food-training sessions were held at the main health center in order to familiarize the trainees with

the center's program and facilities. The training sessions, which were conducted by a graduate nurse, consisted of several films and a lecture. The need for early treatment of contagious diseases to prevent their spread was also emphasized, and the trainees were urged to come back to the center whenever they had a health problem.

Program Results

During the 12 weeks the program was in operation, 1,484 patients were given care. There were 900 revisits among these patients for a total of 2,384 staff-patient contacts. Forty percent of the patients resided within five blocks of the health center. We had expected high use of the main health center in the late evening, but only 13 percent of all visits occurred between 9 pm and 2 am.

Although our target group was the young Ocean City worker, no one was turned away. As a result of this policy, only 40 percent of our clients came from the target group. Of the patients who were working in Ocean City, at least half had jobs in food-service establishments. Patients of all ages were seen, but the age group 16 to 24 predominated, as shown in the following tabulation:

Age group (years)	*Number*	*Percent*
12 or under	163	11
13–15	119	08
16–18	371	25
19–20	282	19
21–24	282	19
25–34	134	09
35 and over	89	06
Unknown	44	03
Total	1,484	100

The health problems that were seen could be divided into four main categories. The number and proportion of visits in each of these categories were as follows:

Category	*Number*	*Percent*
Minor illness or injury such as upper respiratory infections, trauma, and sunburn	1,764	74
Sex-related problems, including venereal disease, pregnancy, and contraception	477	20
Anxiety or emotional problems, including problems of living, depression, and immaturity	95	04
Drug or alcohol problems, including overdose and "bad trips"	48	02
Total	2,384	100

The health characteristics of the Ocean City youth were very similar to those seen in other clinics serving young populations (*5,6*).

The food-service training program was our only disappointment. We had hoped to reach at least half of the 198 establishments serving food in Ocean City in 1974. By the end of the summer, only 14 establishments had employees who had participated in the program. Of 485 persons given training, 200 were employed by the restaurant that had the program given on its premises.

Conclusion

In 1974 the Worcester County (Md.) Health Department successfully conducted a youth health services program in Ocean City to supplement community medical resources. Using nurses and counselors, the program provided primary health care, counseling, and referral to medical care to youth resort workers and to tourists. As one of its main functions, it offered the support and assistance that is frequently needed by young people living independently for the first time.

Ocean City experienced no known episodes of food-related illness during the 1974 season. The lack of such episodes can be attributed somewhat to the food-handler training program and to the availability of free medical care for the young workers, in addition, of course, to the health department's active program of inspection of food-service establishments.

The program strengthened the evidence of the need for youth health services and supported the premise that nurses could successfully care for patients with a large variety of problems. Objectives set for the following season were to provide some physician services at the center, to improve collection of data on patients, and to increase participation in the food-handler training program.

The experience in Ocean City also demonstrated that health departments in areas with a large temporary increase in population can easily develop a program or expand an existing program to provide supplemental health care to the community. The success of such a program depends on setting attainable goals, defining the target group, and using available health professionals to extend medical services.

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