Use of Emergency Room for Non-Emergencies by Pregnant and Parenting Teenagers
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Healthcare – access, affordability, equality, and efficiency – is currently one of the primary social and economic issues affecting the United States. In 2006, the United States led the world in health care expenditure per capita, but ranked 39th in the world for infant mortality and 36th for life expectancy (Murray and Frenk, 2010). For the amount of money we spend annually, we are getting very little in return. The high numbers of emergency room (ER) visits, specifically those that are unnecessary or non-urgent are one of the many facets contributing to rising health care costs. The U.S. Center for Disease Control and Prevention (CDC) reports that there are 123.8 million ER visits annually, approximately 10 million of which are non-urgent cases (2011). It is widely believed that this inappropriate use is due to the increasing cost of standard care visits and a decreasing number of PCPs. One study performed in 2008 showed that issues with PCPs, PCP referral, and perceived advantages to ER care all contributed to parental use of the ER for non-urgent care of their children (Berry et al., 2008).

This summer I collaborated with Amanda Burrage, a Bowdoin alumnus, to work on an ongoing public health project focused on teenager mothers and the healthcare system. The primary goal of the study was to understand the factors that influence pregnant and parenting teenagers to use the emergency room (ER) for non-urgent care instead of going to their primary care physicians (PCPs). Adolescent parents pose a unique population in which to study use of the healthcare system given that they exhibit the mindset and behaviors of adolescents, while also struggling with the responsibilities of adults.

To study this population, Amanda conducted focus groups and individual interviews with pregnant and parenting teenagers who use the ER at varying levels. The sample was drawn from the Teen Living Program (TLP), a residential shelter for pregnant and parenting teenagers in Worcester, MA. My primary role has been to transcribe and analyze the two focus groups that Amanda has conducted thus far. In addition, I have been researching published literature on the lives of young mothers and the healthcare system to provide background and perspective for this project. These two pieces have provided insight into the decision-making process of these young mothers when determining how to care for themselves and their children. In most cases, these women are covered under MassHealth and thus do not have to pay for healthcare services at the ER or at their PCP. Since cost is not a factor, these women seem to favor the continuity of care received at the PCP, but the convenience and immediacy of the ER can outweigh that preference, especially when it involves their children. However, the choice between PCP and ER is also dependent upon the strength of the PCP-patient relationship, the nature of illness, the location of health care services, and the speed of follow-up on behalf of the PCP.

Although the data collection piece is not yet complete, I will continue working on this project throughout the fall. I hope to help Amanda develop an algorithm to aid these young mothers in their decision-making in addition to documenting our findings in a peer-review journal. The results will serve as an important element in my future honors project in which I plan to focus on the barriers preventing young mothers from accessing appropriate healthcare.

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