



Adolescent health brief

Counseling About Skin Cancer Prevention Among Adolescents: What Do Parents Receive From Health Care Providers?



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Article history: Received January 10, 2017; Accepted May 7, 2017

Keywords: Adolescents; Anticipatory guidance; Preventive services; Skin cancer

A B S T R A C T

Purpose: Adolescence is a high-risk period for ultraviolet radiation exposure, a primary cause of skin cancer later in life. We sought to characterize receipt of health care provider-delivered counseling about skin cancer prevention (SCP) among parents of adolescents.

Methods: In 2016, we conducted an online survey with a national sample of parents of adolescents aged 11–17 years ($n = 1,253$). Multivariable logistic regression assessed correlates of receiving counseling from a health care provider about any of the six skin cancer prevention (SCP) topics.

Results: Only half (49%) of parents recalled discussing any SCP topic with their child's provider; the prevalence was highest for sunscreen (39%) and lowest for indoor tanning (3%). Parents had greater odds of receiving counseling if they had a child with more sun-reactive skin (odds ratio [OR] = 1.53); a family history of skin cancer (OR = 1.38); or a higher quality relationship with the provider (OR = 1.47; all $p < .05$).

Conclusions: Greater attention to SCP counseling is needed, especially for exposures such as indoor tanning that remain prevalent among adolescents but are rarely addressed in clinical encounters.

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IMPLICATIONS AND CONTRIBUTION

Guidelines recommend skin cancer prevention counseling for adolescents and their families. Findings from this national study suggest that parents' receipt of counseling is low, even for those with adolescents at increased risk. Greater attention to skin cancer prevention is needed, especially for prevalent and avoidable exposures, such as indoor tanning.

Adolescence is a high-risk period for ultraviolet (UV) radiation exposure, a leading cause of skin cancer [1]. Preventive behaviors such as the use of broad-spectrum sunscreen, wearing protective clothing, seeking shade, and limiting time outdoors during mid-day hours are most effective if initiated early in life [1]. To reduce UV exposure and related increases in lifetime risk of skin cancer, provider-delivered counseling about

skin cancer prevention (SCP) is recommended by professional organizations [2,3].

A growing body of research has examined adolescent preventive clinical services [4,5]. However, few studies have examined SCP counseling, with existing research focusing primarily on studies with health care providers [6,7]. Despite being key decision-makers about their children's health, the experiences of parents are largely absent. Furthermore, data from parents on counseling about the use of indoor tanning devices (e.g., sun lamps and tanning beds)—a common behavior among adolescents that carries serious health consequences [1,8]—is nonexistent. We sought to characterize parental receipt of provider-delivered SCP counseling, including indoor tanning, for their children.

Conflicts of Interest: The authors have no conflicts of interest to disclose.

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Table 1
Sample characteristics and correlates of parental receipt of counseling about skin cancer prevention for adolescents

	n (%)	Received counseling about any skin cancer prevention topic ^a	
		Bivariate	Multivariable
		OR (95% CI)	OR (95% CI)
Received counseling about any skin cancer prevention topic			
No	642 (51)	—	—
Yes	611 (49)	—	—
Child characteristics			
Sex			
Male	657 (52)	Ref	—
Female	596 (48)	1.12 (.89–1.39)	—
Age (years)			
11–12	336 (27)	Ref	—
13–15	518 (41)	1.01 (.77–1.33)	—
16–17	399 (32)	.98 (.73–1.32)	—
Race			
White, non-Hispanic	772 (62)	Ref	—
Black, non-Hispanic	110 (9)	.72 (.48–1.08)	—
Hispanic	264 (21)	1.21 (.91–1.60)	—
Other, non-Hispanic ^b	107 (9)	.75 (.50–1.13)	—
Skin reactivity ^c			
Less sun-reactive skin	955 (76)	Ref	Ref
More sun-reactive skin	298 (24)	1.45 (1.12–1.89) [‡]	1.53 (1.17–2.01) [‡]
Parent characteristics			
Sex			
Male	610 (49)	Ref	—
Female	643 (51)	1.07 (.86–1.34)	—
Educational attainment			
High school degree or less	502 (40)	Ref	Ref
Some college, no degree	328 (26)	1.25 (.95–1.65)	1.31 (.97–1.76)
College degree or more	423 (34)	1.63 (1.25–2.11) [§]	1.47 (1.08–2.00) [‡]
Family history of skin cancer ^d			
No	1,008 (82)	Ref	Ref
Yes	214 (18)	1.5 (1.1–2.0) [‡]	1.38 (1.02–1.88) [‡]
Household characteristics			
Annual income			
<\$35,000	263 (30)	Ref	Ref
\$35,000–\$74,999	352 (28)	.92 (.67–1.27)	.86 (.62–1.21)
≥\$75,000	639 (51)	1.30 (.97–1.73) [*]	1.03 (.74–1.44)
Region of residence in the United States			
Northeast	221 (18)	Ref	Ref
Midwest	206 (24)	.68 (.48–.96) [‡]	.66 (.46–.94) [‡]
South	433 (35)	1.00 (.72–1.38)	.95 (.68–1.34)
West	293 (23)	1.00 (.71–1.42)	1.00 (.69–1.44)
Health care–related characteristics			
Adolescent has health insurance coverage			
No	69 (6)	Ref	—
Yes	1,184 (94)	.99 (.60–1.59)	—
Parent-provider relationship quality ^e			
Low	640 (51)	Ref	Ref
High	613 (49)	1.43 (1.15–1.79) [‡]	1.47 (1.17–1.85) [‡]

* $p < .10$; [†] $p < .05$; [‡] $p < .01$; and [§] $p < .001$.

Percentages may not total 100 due to rounding. Dashes (—) indicate the variable was not included in the multivariable model because it was not associated at $p < .10$ in bivariate analyses.

CI = confidence interval; OR = odds ratio.

^a Topics included using sunscreen; wearing clothing, like hats, to block sun; limiting time outdoors during mid-day hours; seeking shade when outdoors; using indoor tanning devices; and checking skin regularly for unusual changes.

^b Other race includes adolescents whose parents identified them as Asian, American Indian or Alaska Native, Native Hawaiian or Pacific Islander, more than one race, or none of these.

^c Based on parental report of how their adolescent's skin would react if he/she spent 1 hour in the mid-day sun for the first time in the summer (low = mild sunburn followed by moderate tan; no sunburn, followed by deep tan; no burn or tan; high = develops a painful burn and either no tan or a light tan).

^d Excludes 31 respondents who refused to answer this question.

^e Based on mean of four items assessing: overall satisfaction with the adolescent's health care as well as having information needs met, spending enough time, and trust in the adolescent's health care provider ($\alpha = .81$). Low = mean score at or below the median; high = mean score above the median.

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