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Parent and Adolescent Interest in Receiving Adolescent Health Communication Information From Primary Care Clinicians

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A B S T R A C T

Purpose: Patient-centered health care recognizes that adolescents and parents are stakeholders in adolescent health. We investigate adolescent and parent interest in receiving information about health topics and parent-teen communication from clinicians.

Methods: Ninety-one parent-adolescent dyads in one practice completed individual interviews. Items assessed levels of interest in receiving health and health communication information from the adolescent's doctor about 18 topics, including routine, mental health, sexual health, substance use, and injury prevention issues. Analyses tested differences between parents and adolescents, within-dyad correlations, and associations with adolescent gender and age.

Results: Most parents were female (84%). Adolescents were evenly divided by gender; 36 were aged 12–13 years, 35 were aged 14–15 years, and 20 were aged 16–17 years. Adolescent race reflected the practice population (60% black; 35% white). The vast majority of parents and adolescents reported moderate or high levels of interest in receiving information about all 18 health issues and information to increase parent-teen communication about these topics. Parents' interest in receiving information varied by adolescent age when the expected salience of topics varied by age (e.g., acne, driving safety), whereas adolescents reported similar interest regardless of age. Adolescent gender influenced parent and adolescent interest. Level of interest in receiving information from doctors within adolescent-parent pairs was not significantly correlated for one-half of topics.

Conclusions: Parents and adolescents want health care professionals to help them learn and talk about a wide range of adolescent health topics. Feasible primary care interventions that effectively improve parent-teen health communication, and specific adolescent health outcomes are needed.

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IMPLICATIONS AND CONTRIBUTION

This study shows that adolescents and parents want health care professionals to help them learn and talk about a wide range of adolescent health topics. Feasible primary care interventions that effectively improve parent-teen health communication and specific adolescent health outcomes are needed.

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The 2009 Institute of Medicine report entitled “Adolescent Health Services: Missing Opportunities” highlighted the need to improve adolescent health and address large gaps between recommended and delivered health care services in adolescent populations [1]. Three of 11 recommendations focused on enhancing the primary health care system serving adolescents.

The US Preventive Services Task Force (USPSTF) currently recommends that adolescents receive the following primary care health services: screening for obesity; screening for depression; interventions to reduce risk of initiation of tobacco use; risk-reduction counseling for adolescents at risk for sexually transmitted infections/human immunodeficiency virus (HIV); routine immunizations; HIV testing; and chlamydia testing among sexually active girls [2]. In each case, interventions can favorably influence adolescent behavior and health outcomes. Unfortunately, despite most adolescents visiting primary care settings on a regular basis for well-care visits [3], many are not receiving these recommended services [3–12].

A patient-centered approach to addressing the gap between recommended and delivered health services recognizes that both adolescents and parents are stakeholders in adolescent health [13]. Within this context, it becomes critical to understand both adolescent and parent perceptions of important health information and how better communication between adolescents, clinicians, and parents can improve adolescent health and health care [14,15]. Our specific aims were to investigate which health issues adolescents and parents want to learn about from primary care clinicians; levels of interest in receiving information from clinicians to facilitate parent-teen health communication; areas of congruence and incongruence between adolescents and parents; and variation as a function of adolescent sex, age, race, and ethnicity. We also assessed adolescents' and parents' preferred modes of receiving information from clinicians.

Methods

Overview

Individual interviews were completed by 91 parent-adolescent dyads. The study was approved by the institutional review board at The Children's Hospital of Philadelphia.

Study site

Interviews were conducted at one primary care pediatric practice in Philadelphia, Pennsylvania. This practice includes 3,206 enrolled patients who are aged 12–17 years. Of these patients, 50% are female, 52% are African-American, 40% are white, and most are privately insured (85% private; 13% Medicaid).

Sample and recruitment

Purposeful sampling was conducted to assure diverse participants. Recruitment was stratified by age to assure we had roughly equal representation of adolescents in middle school (ages 12–13 years), early high school (14–15 years), and late high school (16–17 years) as well as their parents. In addition, purposeful sampling was conducted to assure roughly equal numbers of male and female adolescents in each age group. An eligible parent was defined as a primary caregiver of the target adolescent. An eligible adolescent included a male or female aged 12–17 years. Only parent and adolescent pairs were eligible, which we refer to as a dyad.

Study staff mailed all 3,206 parents of patients aged 12–17 years a letter describing the study objectives in vague terms to avoid biasing enrollment and responses. Parents called the study staff to learn more about the study and to enroll, if

interested. The study team also called parents from a daily list of all eligible patients who had a well-child visit scheduled to describe the study and to enroll interested parents. Approximately one-quarter (24 [26.1%]) of dyads enrolled on the same day as the adolescent participant's well-child visit and 68 (73.9%) were recruited through the study phone line.

Interviews

The study team interviewed nine parents and nine adolescents to pilot the interview guide, ensuring the final guide was clear and well organized; these dyads were not included in the main study. For the main study, after obtaining written parental consent and minor assent, research assistants spent 20–30 minutes conducting individual interviews separately with each parent and adolescent in a private clinic room. Dyads who completed interviews received \$30.00.

Measures

We focused on measuring participants' level of interest in receiving information about adolescent health topics. During pilot interviews, adolescents and parents were asked: What health issues do you think are going to be important for you [or child's name] over the next 12 months? The most common participant responses, along with health topics addressed by USPSTF recommendations for adolescent primary care health services [2], were used to create the list of 18 health topics used for our main study measures (Table 1).

Main study interview items focused on having participants rate their level of interest in receiving health information from a doctor about each health topic. Parents were asked about their level of interest in receiving "information from your child's doctor in the next few months about how to talk with your child about..." followed by the list of topics. Similarly, adolescents were asked their level of interest in receiving information from their doctor about the same topics. Then adolescents were told: "Doctors can also give information to your parent(s). This information is supposed to help parents learn how to talk with their teenager about a teen health topic and how to listen better to their teenager... How interested are you in the doctor giving your parent(s) information in the next few months about... (specific topic)." For each health topic, response options ranged from 0 (not at all interested) and 10 (extremely interested).

Interviews also assessed each participant's preferred modes of receiving information from their doctor. Both parents and adolescents were asked the following: "If the doctor could give you information about health topics that were important to you, how would you like them to give it to you?" Participants were allowed to select multiple options and then asked to select the most preferred mode.

Information on the adolescent's age, gender, race, and ethnicity was collected based on self-report and medical records. Information on the adult participant's relationship with the adolescent, age, and gender was collected by self-report.

Analyses

Data are summarized using descriptive frequencies. Data that did not fit assumptions of normal distributions were analyzed using nonparametric methods. The first set of analyses focused on group differences between adolescents and parents. For ease

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