Journal of Pediatric Nursing (2010) **25**, 382–392

Adolescents as Health Agents and Consumers: Results of A Pilot Study of the Health and Health-Related Behaviors of Adolescents Living in a High-Poverty Urban Neighborhood

Robert Atkins PhD, RN*, Myra Bluebond-Langner PhD, Nichole Read BA, Jerri Pittsley BA, Daniel Hart EdD

Rutgers, The State University of New Jersey, NJ

Key words:
Adolescent;
Health seeking;
Dental;
Illness;
Injury;
Qualitative;
High-poverty;
Urban;
Neighborhood;
Community-based participatory research

Although there is a considerable literature on how adolescents make decisions which lead to risky behaviors (e.g., unprotected sex, drug use) and adversely affect the health and well-being of youth, little is known about the routine behaviors youth engage in which influence their health (e.g., having permanent teeth extracted, discontinuing antibiotics prematurely, delaying or going without treatment of subacute illnesses and minor injuries) and concomitantly the factors which influence these behaviors. In an effort to begin to fill this gap, we have undertaken a study of routine health behaviors and the factors which bear on them in adolescents from a high-poverty urban neighborhood. In this article, we present the results of the pilot phase of the study in which we documented the behavior of 10 adolescents from Camden, New Jersey, the fifth poorest city in the United States, and explored with them their perceptions of the decisions they made and the factors that gave rise to them. We found that participants had an insufficient understanding of their health problems and consequences of their health actions, problems in understanding and being understood by health care professionals, and reluctance to involve parents in routine health care decisions. The implications of these findings are discussed in relation to improving the health of vulnerable youth.

THROUGHOUT THE COURSE of their lives, racial and ethnic minorities living in high-poverty urban communities experience poorer health than do their non-Hispanic White counterparts in less distressed communities (Villarruel, 2004). Most of the researchers who have explored the sources of this disparity have focused on the differences between these populations in terms of access to health care resources and health-related behaviors such as engagement in health-compromising behaviors (e.g., unprotected sexual intercourse, drug use) and health-promoting behaviors (e.g., exercise, healthy diet). Although these studies are informative, a fuller understanding of health disparities in high-poverty urban neighborhoods requires exploration of how the structural, socioeconomic, and demographic features of these communities may influence the health and health-related behaviors of the individuals who live in these communities (Ompad, Galaea, Caiaffa, & Vlahov, 2007). In this article, we consider environmental contexts and present findings from a pilot project in which we have begun to explore the health and health-related behaviors of adolescents living in Camden, New Jersey, a low-income urban community just outside of Philadelphia (U.S. Census, 2000).

Two broad factors influencing health disparities are (a) that children living in high-poverty urban neighborhoods do not enjoy the same level of health care access or quality of health care received by their more affluent counterparts and (b) that there are gaps in care for preventive and subacute care (Williams, 2005). As compared with their non-Hispanic White counterparts living in high-poverty environments, minority

* Corresponding author: Robert Atkins, PhD, RN.
E-mail address: robert.atkins@rutgers.edu (R. Atkins).

0882-5963/$ – see front matter © 2010 Elsevier Inc. All rights reserved.
doi:10.1016/j.pedn.2009.07.001

children living in high-poverty environments have more health problems such as obesity and asthma and receive less primary care (Dougherty et al., 2005; Mofidi, Rozier, & King, 2002; Newacheck, Hughes, & Stoddard, 1996). In addition, minority children living in high-poverty urban communities are more likely to experience unintentional injury (Breysse et al., 2004) and more likely to have untreated dental problems (Mitchell et al., 2003; Vargas, Crall, & Schneider, 1998) than their more affluent counterparts.

There is strong evidence to indicate that structural factors in high-poverty urban neighborhoods such as limited access to health facilities (Ellen, Mijanovich, & Dillman, 2001) and environmental stressors (Evans, 2004; Evans & Kantrowitz, 2002) contribute to health disparities. Less is known regarding the health actions of individuals living in these communities and how these health actions contribute to health disparities. This is especially true of adolescents living in high-poverty communities. There is a growing awareness among researchers and practitioners that a better understanding of the health actions of adolescents is necessary to diminish health disparities (Harris, Gordon-Larsen, Chantala, & Udry, 2006; Klein, McNulty, & Flatau, 1998). For example, the importance of tapping the adolescent perspective is supported by a study of adolescent health services conducted by the Institute of Medicine (IOM) entitled, *Adolescent Health Services: Missing Opportunities* (Lawrence, Gootman, & Sim, 2008). As reported in the IOM study, data on the health-related behaviors and health of youth in high-poverty, urban areas "are limited given that many of these adolescents are uninsured and not receiving consistent health services" (p. 97).

Another reason for this gap in knowledge is that existing databases make it extremely difficult to link health actions with health disparities. For example, findings from nationally representative health surveys such as the Youth Risk Behavior Survey (Eaton et al., 2006), National Survey on Adolescent Males (Santelli, Lindberg, Abma, McNeely, & Resnick, 2000), and Monitoring the Future (Johnston, O'Malley, Bachman, & Schulenberg, 2009) cannot be generalized to the population targeted in this study. This is because adolescents living in high-poverty urban neighborhoods are more likely than are their more affluent adolescent counterparts to be categorized as "out of school" and, in turn, more likely to engage in health-risk behaviors (Zweig, Phillips, & Lindberg, 2002). Moreover, most health surveys do not request economic information from adolescent participants; consequently, it is not possible to explore how socioeconomic factors influence health behaviors (Klerman, 1993). Another reason for lack of understanding regarding the range of adolescent health behaviors is that most efforts to investigate the health actions of youth in high-poverty urban neighborhoods have focused on risky health behaviors such as unprotected sexual intercourse and drug use and ignored other behaviors that influence health (Huebner & Howell, 2003; Klein et al., 1998; Vesely et al., 2004). Finally, the perspective of adolescents has often not been elicited in many studies because it was assumed that parents and adults act as "health care brokers" for their children (Brindis, Morreale, & English, 2003; Klein et al., 1998; Korbin & Zahorik, 1985).

The purpose of this study was to elicit the perspectives of adolescents living in a high-poverty urban neighborhood to gain a better understanding of their experiences in promoting, maintaining, and restoring their health. In contrast to most studies of adolescent health, which focus on the risky health behaviors adolescents engage in, we have focused our data collection on health-related behaviors that are not considered risky but diminish the health and well-being of adolescents. These types of health-related behaviors include having permanent teeth extracted, discontinuing antibiotics prematurely, and delaying or going without treatment of subacute illnesses and injuries.

In addition to broadening our understanding of the actions that adolescents take to manage their health, we sought to gather information on how the social environments of neighborhoods influenced the health actions of adolescents. All of the participants resided in high-poverty urban neighborhoods which allowed us to focus on how the socioeconomic and demographic disadvantages of their neighborhoods influenced their health actions. Understanding the neighborhood-level sources of health disparities is important in advancing overall knowledge of health disparities.

Health-Seeking Model

To better understand the consequences of neighborhood residence on the adolescents' experiences in promoting, maintaining, and restoring their health, we adapted a conceptual framework borrowed from the healthcare utilization model of Weller, Ruebush and Klein (1997). In this model (Figure 1), actions to promote, maintain, or

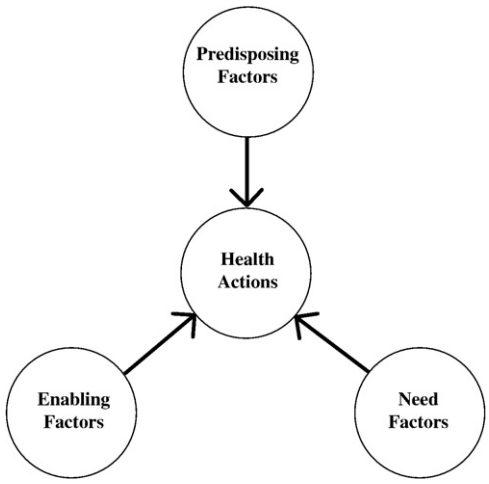

Figure 1 Health care utilization model.