Adolescent Preventive Health Care: What Do Parents Want?

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Objective To understand parental opinions about which topics should be discussed during adolescent preventive health visits and how best to incorporate adolescent confidentiality into these visits.

Study design Cross-sectional, web-based survey of a national sample of 1025 parents of adolescents.

Results Response rate was 71%. From a list of 18 possible topics, the 3 most frequently selected as being "very important for the doctor to discuss during adolescent well child examinations" were "diet/nutrition" (75%), "exercise/sports" (67%), and "physical changes of puberty" (60%). There was variability in topic popularity by parents' race/ethnicity and gender and by adolescents' age, health status, and gender. Most parents (66%) believed it was "very/somewhat" important for adolescents to have private time with the doctor during these visits, yet a substantial proportion of parents (46%) preferred that the doctor disclose to them the confidential information obtained during these private encounters.

Conclusions Parents find numerous topics important for discussion during well adolescent health care visits suggesting that parents might value a broad range of preventive care services for adolescents. However, some parents appear conflicted about incorporating adolescent confidentiality into prevention-focused visits. *(J Pediatr 2009;155:689-94)*.

Adolescence is a time of increased risk-taking behavior and tremendous emotional and physical changes that can affect long-term health trajectories. Because of this, adolescents have a great need for preventive care services such as anticipatory guidance, behavioral risk screening, and counseling. Unfortunately, adolescents have historically been the least likely childhood age group to participate in prevention-focused visits, with some studies demonstrating as few as 34% of adolescents having had a "well-child" examination in the previous year.[1] There is great interest in finding ways to maximize the provision of preventive care services to this population.

Since 2005, the Advisory Committee on Immunization Practices (ACIP) has issued 3 new vaccine recommendations targeted specifically to adolescents.[2] Previous research indicates that compliance with these recommendations would require adolescents to have increased contact with medical services. For example, a study by Rand et al[3] demonstrated that 72% of 11- to 21-year-old females would need 3 additional visits to a health care provider to receive the human papillomavirus vaccine in the recommended time frame if provided during well visits; 41% of girls this age would require 3 additional visits if any visit type were considered an opportunity for vaccination. The increased frequency of visits, driven by vaccination, represents an important opportunity to enhance the delivery of other adolescent preventive care services more broadly.

With some notable exceptions, adolescents cannot legally receive health care services without parental consent.[4] Thus, for expansion of adolescent preventive care services to be successful, parental "buy-in" will be critical. Little is known about parental views on current adolescent preventive care services or about their preferences for how these services might be delivered in the future. Furthermore, previous research suggests that many parents have concerns about increasing adolescent autonomy with regard to health information (ie, adolescent confidentiality), but that these concerns may be modifiable through education.[5,6] For optimizing preventive care service delivery to adolescents, it is important to understand how parents view adolescent confidentiality in the setting of well child care.

To address these knowledge deficits, we designed a study that assessed opinions about these issues among a national sample of parents of adolescents. A goal of the study was to understand the relative importance of topic areas parents want their adolescent's physician to focus on during well visits and to determine whether there is variability in these preferences on the basis of parental or adolescent characteristics. In addition, we also sought to understand parental views about adolescent confidentiality and how confidential information obtained from adolescents during preventive care visits should be managed.

Methods

A cross-sectional, web-based survey was conducted in July and August 2007. All study activities were approved by the University of Michigan Institutional Review Board.

ACIP	Advisory Committee on Immunization Practices

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Study participants were recruited by use of the KnowledgePanel from Knowledge Networks (Menlo Park, California), a survey research firm. The KnowledgePanel is comprised of U.S. adults ≥18 years recruited via a random digit dialing method of listed and unlisted numbers. Panel members consent to participate in periodic Web-based surveys and are provided Internet access and hardware, if necessary. Census-based probability sampling weights are provided by Knowledge Networks to derive nationally representative estimates from the data. Only 1 adult per household may participate in the panel, chosen at the household's discretion. When generating the panel, individuals of racial/ethnic minorities are oversampled to ensure adequate representation of these groups.

A random sample of 2906 KnowledgePanel members were invited to participate in a 28-item survey that assessed views on a variety of health care issues. To allow for adequate statistical power in assessing parental views on childhood and adolescent health issues, parents of children ages 0 to 17 years were oversampled. The analysis focused on a subset of questions about adolescent health issues that were asked specifically to 1025 "parents of adolescents" (children ages 9 to 17 years).

Adolescents were defined in the survey as children between the ages of 9 to 17 years. The lower limit of this age range was chosen to be consistent with human papillomavirus vaccine licensure specifications.[7] Parents were informed that "during routine doctor visits for adolescents, doctors will often 'screen' for various problems and/or try to bring up issues adolescents often find important." After this, parents were provided with a list of 18 different potential topics of discussion that were derived from the 2002 Bright Futures guidelines for adolescents[8] and asked to indicate which they believed were "very important for the doctor to address during routine check ups for adolescents." Parents could select as many topics as they wished.

Parental opinions on adolescent confidentiality were assessed with 2 questions. We first queried parents about their views on the importance of having adolescents spend time alone with the doctor with the question, "How important do you think it is to have your adolescent spend time alone with his/her doctor during routine check-ups, to have a one-on-one discussion?" and a 4-point Likert response scale (1 = Very important; 4 = Not at all important). Parents were then provided with a brief description of minor consent laws and exceptions to these laws, and asked to choose 1 of 4 possible responses describing their preference for how doctors should communicate with parents about confidential information obtained during adolescent medical encounters (**Table I** for question wording and response choices; available at www.jpeds.com).

Information on parents' age, education level, self-reported race/ethnicity, household income, marital status, and whether the parent had a regular health care provider was collected with fixed-response questions. Parent-reported demographic information about the oldest adolescent in the family included age, gender, type of health insurance, and whether the adolescent had a regular health care provider. Parent-reported emotional and physical health status of the adolescent was assessed using 5-point Likert scales (1 = Poor; 5 = Excellent) and parents could also indicate whether their adolescent had 1 or more chronic medical conditions listed in the survey. The survey instrument is available on request.

Statistical Analysis

For each variable, the distribution of responses was described with univariate frequencies. Bivariate associations between outcomes of interest and parent/adolescent demographic characteristics were analyzed by use of the Pearson χ^2 tests. All analyses incorporated probability sampling weights and were performed with STATA 8 statistical software (Stata Corporation, College Station, Texas). A 2-tailed alpha level of ≤ 0.05 was considered evidence of statistical significance.

Results

Of the 2906 panel members invited to the survey, 2060 completed the study for an overall response rate of 71%. Sample demographics of the 1025 parents of 9- to 17-year-old children (ie, "parents of adolescents") are provided in **Table II**. No data were available for nonrespondents.

Parental preferences for discussion topics "very important for the doctor to address during routine check ups for adolescents," are shown in the **Figure**. Only the topics of "religion/faith" and "bullying" were selected as being very important for discussion by less than 25% of the parent sample. Nineteen percent of parents believed that at least 13 of the 18 topics were very important to discuss, whereas only 3% of parents did not believe any of the topics were very important for the doctor to discuss.

There were statistically significant differences in the perceived importance of topics based on gender (**Figure**) and age (**Table III**) of the adolescent under consideration. Further stratification of the age analysis by adolescent's gender did not change these associations (data not shown).

The presence of a chronic medical condition also was associated with certain discussion topics. Parents of adolescents with chronic behavioral/mental problems (ie, "autism," "learning disability," or "behavioral health problem [eg, attention deficit hyperactivity disorder]") were significantly more likely than parents of adolescents without these problems to want discussions on depression/suicide (68% vs 47%), obesity (62% vs 47%), pregnancy prevention (54% vs 39%), school performance (38% vs 24%), abstinence (51% vs 32%), and violence (42% vs 25%). Parents of adolescents with chronic respiratory problems (ie, "chronic lung disease" or "asthma") were significantly more likely to want discussions on obesity compared with parents of adolescents without these conditions (63% vs 48%). There were no associations between having chronic respiratory problems and other discussion topics. The remaining adolescent characteristics assessed, including parent-reported overall mental and physical health, adolescent health insurance type, other chronic medical conditions, and whether the adolescent had a regular health care provider, showed no significant associations with any of the topics presented.