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Measuring Unmet Needs for Anticipatory Guidance Among Adolescents at School-Based Health Centers

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A B S T R A C T

Purpose: Our previously validated Youth Engagement with Health Services survey measures adolescent health care quality. The survey response format allows adolescents to indicate whether their needs for anticipatory guidance were met. Here, we describe the unmet needs for anticipatory guidance reported by adolescents and identify adolescent characteristics related to unmet needs for guidance.
Methods: We administered the survey in 2013–2014 to 540 adolescents who used school-based health centers in Colorado and New Mexico. A participant was considered to have unmet needs for anticipatory guidance if they indicated that guidance was needed on a given topic but not received or guidance was received that did not meet their needs. We calculated proportions of students with unmet needs for guidance and examined associations between unmet needs for guidance and participant characteristics using the chi-square test and logistic regression.
Results: Among participants, 47.4% reported at least one unmet need for guidance from a health care provider in the past year. Topics with the highest proportions of adolescents reporting unmet needs included healthy diet (19.5%), stress (18.0%), and body image (17.0%). In logistic regression modeling, adolescents at risk for depression and those with minority or immigrant status had increased unmet needs for guidance. Adolescents reporting receipt of patient-centered care were less likely to report unmet needs for guidance.
Conclusions: The Youth Engagement with Health Services survey provides needs-based measurement of anticipatory guidance received that may support targeted improvements in the delivery of adolescent preventive counseling. Interventions to improve patient-centered care and preventive counseling for vulnerable youth populations may be warranted.

IMPLICATIONS AND CONTRIBUTION

This article presents continued research developing a survey instrument that measures the quality of adolescent health care. This survey provides a needs-based measurement of anticipatory guidance received by adolescents. Findings document the unmet needs for anticipatory guidance reported by adolescents and identify adolescent characteristics related to unmet needs for guidance.

The impact of physician screening and counseling on adolescent health behaviors has been well documented; clinician-provided counseling can both reduce risky behaviors and promote healthy behaviors [1]. Behaviors initiated in adolescence can have serious health implications long into adulthood. Appropriate counseling can impact many adolescent health behaviors, including tobacco use, alcohol use, substance

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use, seat belt and bicycle helmet use, sexual behaviors, violence-related behaviors, healthy eating and exercise, and oral health care [1–4]. The American Academy of Pediatrics (AAP), American Medical Association, American Academy of Family Physicians, Society for Adolescent Health and Medicine, and Maternal and Child Health Bureau all recommend periodic screening and counseling for adolescents [5–8]. The AAP Bright Futures: Guidelines for Health Supervision has identified priority anticipatory guidance topics for discussions during adolescent health care visits [5].

However, in the United States, the actual provision of anticipatory guidance to adolescents is noted to be quite low. Many adolescents do not receive preventive care visits in a typical year [9]. Even when they do, they often do not receive the full recommended package of preventive services at visits including anticipatory guidance on priority health topics [10,11]. Many reasons explain this lack of preventive counseling. Many adolescents do not have opportunities for confidential or private care with their providers and are reluctant to discuss certain topics with parents or guardians present [12]. Providers, for their part, may be reluctant to discuss sensitive adolescent health topics with their patients or may feel ill-equipped to do so [13–16]. Many providers are simply short on time [17,18] and may have to contend with their own sense of competing priorities for their time or what they believe adolescents are interested in talking about. In addition, pediatric clinics are often more suited to younger patients and may not be conducive to adolescent health care visits.

National efforts to improve the quality of health care and reduce health care costs are ongoing and embrace the importance of patient-centered care, that is, care that meets the needs of patients [19–21]. Nevertheless, efforts to measure and improve the quality of adolescent health care rarely use adolescents' own reports of their experiences with health care [22–24]. Evaluations of the quality of adolescent health care tend to rely on clinical records or parental or clinician report, and not on reports from the adolescent patients themselves, with few exceptions [21,25,26].

We developed the Youth Engagement with Health Services (YEHS!) survey to measure adolescent health care quality [25]. The adolescent survey includes measures of risk behaviors and health care experiences including health care utilization, receipt of anticipatory guidance, and receipt of patient-centered care. Unlike previous instruments that simply measure whether adolescents have received guidance on a given topic, our survey response format goes further and allows adolescents to indicate whether their needs for guidance on a particular topic were met. The purposes of this study are twofold: (1) to describe the levels of unmet needs for anticipatory guidance reported by adolescents using this newly developed needs-based response format and (2) to identify adolescent characteristics associated with unmet needs for guidance from health care providers.

Methods

Ethical review

This study protocol was approved by the Human Research Protections Office of the University of New Mexico Health Sciences Center and the Cincinnati Children's Hospital Medical Center.

Instruments and measures

The survey instrument used in this study was created for use in school-based health centers (SBHCs) as part of a federally funded quality improvement project. The initial survey development and validation, described elsewhere [25], included a review of existing literature on adolescent health care, subject-matter expert opinion, and focus groups with youth to assess face and content validity. The questionnaire format for measuring receipt of anticipatory guidance was cognitively tested with 28 adolescents aged 14–18 years in New Mexico.

Survey items measuring youth report on anticipatory guidance received from health care providers were adapted from the AAP Bright Futures priority topics for adolescent health [5]. We organized the anticipatory guidance questions around four topical areas that were the focus of the quality improvement initiative: physical growth and development, social and academic competence, emotional well-being, and sexual health risk reduction. Each domain included four to five specific anticipatory guidance topics. For each anticipatory guidance topic, youths were asked, "In the last 12 months, did a doctor or other health care provider talk with you about (the topic, e.g., 'healthy eating or diet')?" This question applied to care received anywhere in the prior 12 months. Youths were asked to choose from among the following four responses: "Yes, and I got what I needed," "Yes, but I did NOT get what I needed," "No, but I needed to talk about that," or "No, I did not need to talk about that." Those responding "Yes, but I did NOT get what I needed" or "No, but I needed to talk about that" were considered to have an unmet need for anticipatory guidance on that topic.

Health risk behavior information from the youth participants included the question, "Have you ever had sex (including oral sex)?"and a question about depression risk from the Youth Risk Behavior Survey [27] from the Centers for Disease Control and Prevention: "During the last 12 months, did you ever feel so sad or hopeless almost every day for 2 weeks or more in a row that you stopped doing some usual activities?" For each of these questions, possible responses were "yes" or "no." An additional question from the Youth Risk Behavior Survey asked about grades, "During the last 12 months, how would you describe your grades in school?" Response options included: "Mostly A's," "Mostly B's," "Mostly C's," "Mostly D's," "Mostly F's," "None of these grades," and "Not sure." Those indicating "Mostly D's" or "Mostly F's" were considered to be at risk for school failure.

Demographic questions included questions about age, gender, race and Hispanic ethnicity, sexual orientation, and birth in the United States. We also included a four-item Family Affluence Scale, previously validated and described elsewhere [28] as an adolescent measure of socioeconomic status. To measure patient-centered care, we included five items from the Patient-Centered Care Scale (also known as the Experiences of Care Scale), developed for the Consumer Assessment of Healthcare Providers and Systems survey and previously described elsewhere [29]. These five items include a common stem: "In the last 12 months, how often did doctors or other health care providers listen carefully to you?"; "…how often did you have a hard time speaking with or understanding your doctor or other health care provider because you spoke different languages?"; "… how often did doctors or other health care providers explain things in a way that you could understand?"; "…how often did doctors or other health care providers show respect for what you had to say?"; and "…how often did doctors or other health care