

Factors that Influence Adolescent Reporting of Counseling by Physicians on Risky Behavior

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Survey Methods

- Random-digit dial telephone interviews were conducted of residents of low-income neighborhoods in four boroughs of New York City.
- Screened out households
 - ✓ above 250% FPL
 - ✓ with no children
 - ✓ only privately insured children
- Sample includes
 - ✓ Uninsured but eligible (<250% FPL)
 - ✓ Publicly insured
- Focal child randomly selected by computer

Survey Methods

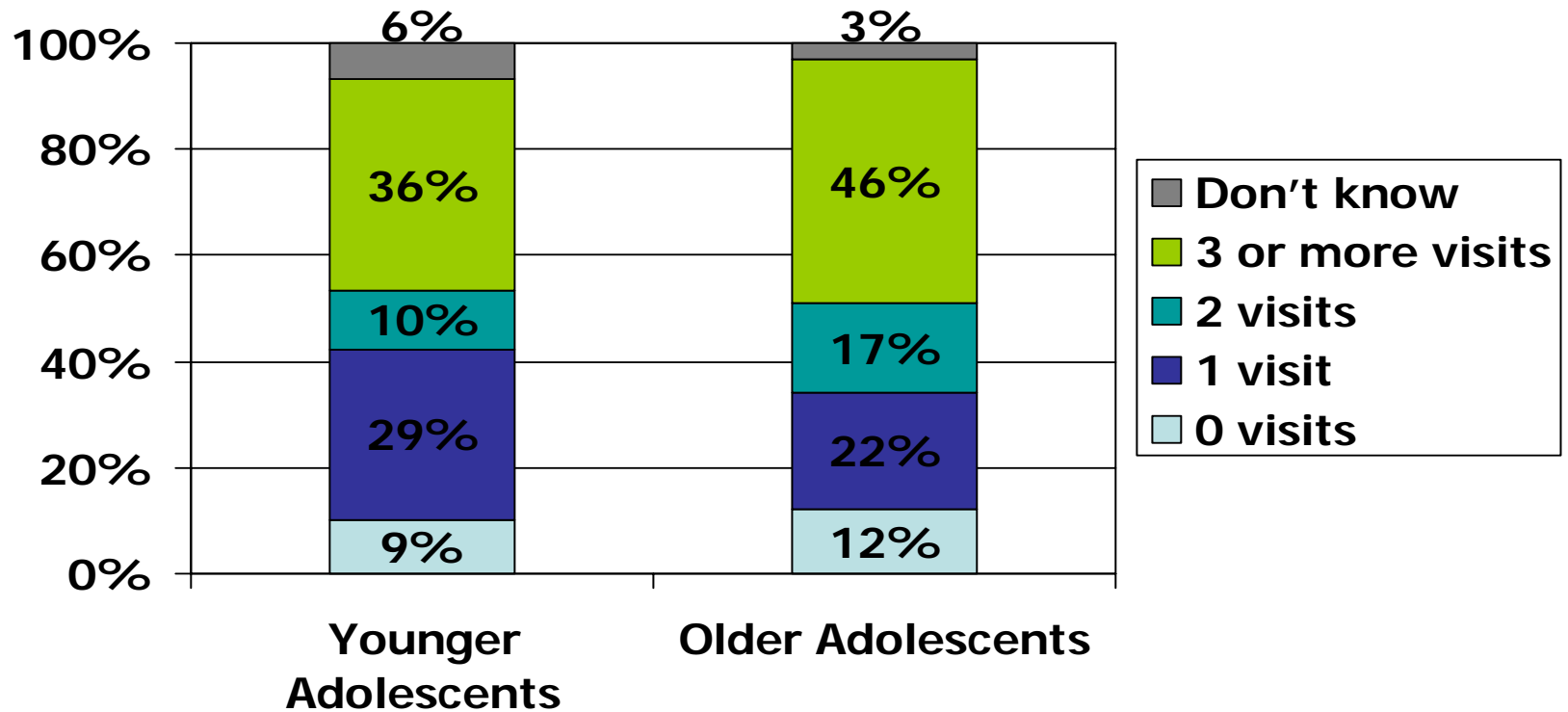
For Adolescents (12-18 years)

- Permission requested from parent to interview adolescent
- Adolescent contacted and answered questions:
 - risky behaviors (smoking, alcohol use, etc)
 - Feeling sad and down
 - Whether doctors talked to them about these behaviors and feelings, and weight/exercise
 - Whether they had a private and confidential visit
- Modeled on questions from YACHS

Analyses

- Data were summarized descriptively
- Analyses performed to determine factors associated with doctor talking with adolescent about issues

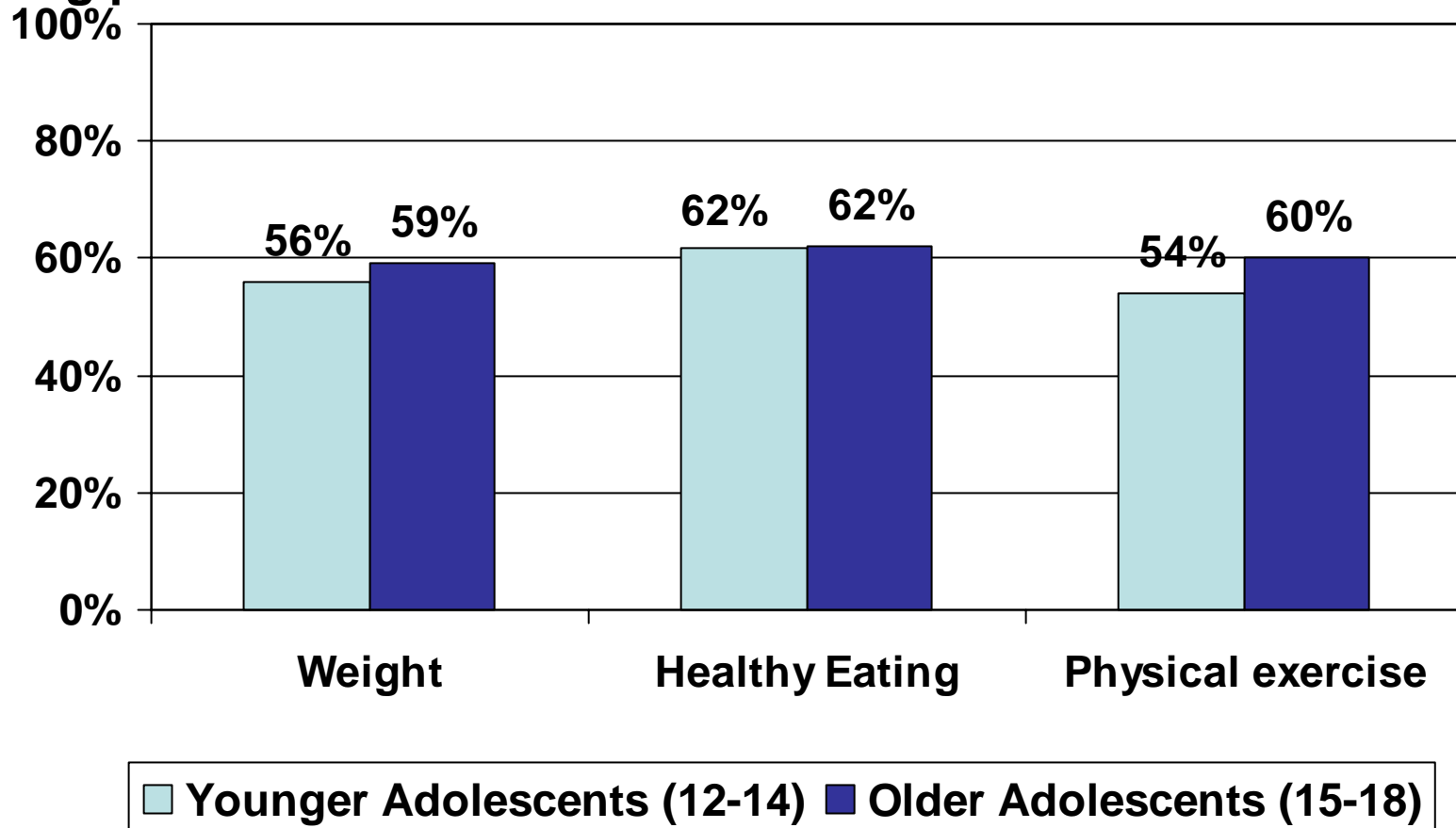
Most adolescents had at least one physician visit within the past 12 months



Doctors Talking with Adolescents

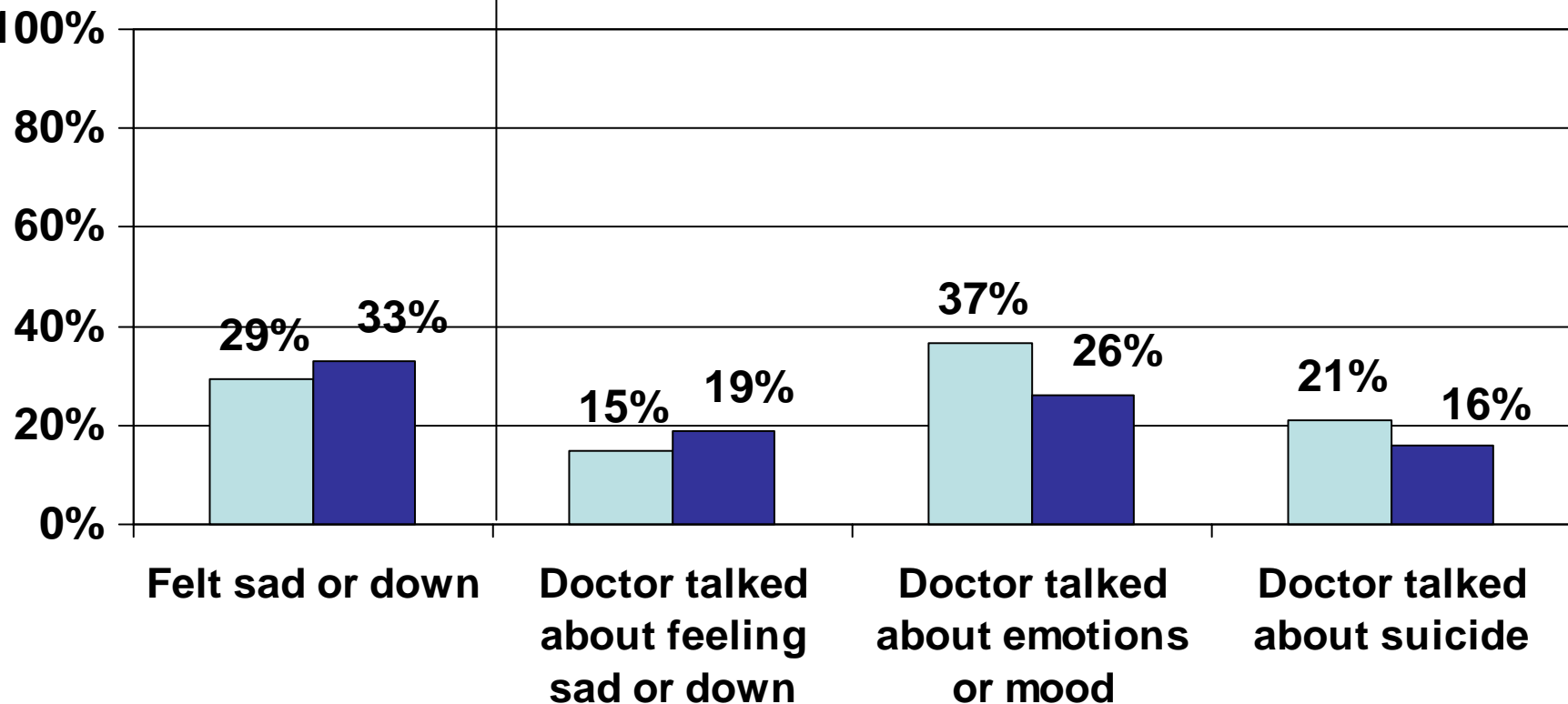
Between 50%-60% of adolescents report that doctors had spoken to them about weight, healthy eating, or physical exercise

During past 12 months doctor talked about:



Fewer than one-third of adolescents said that doctors had talked to them about their emotions

During past 12 months:

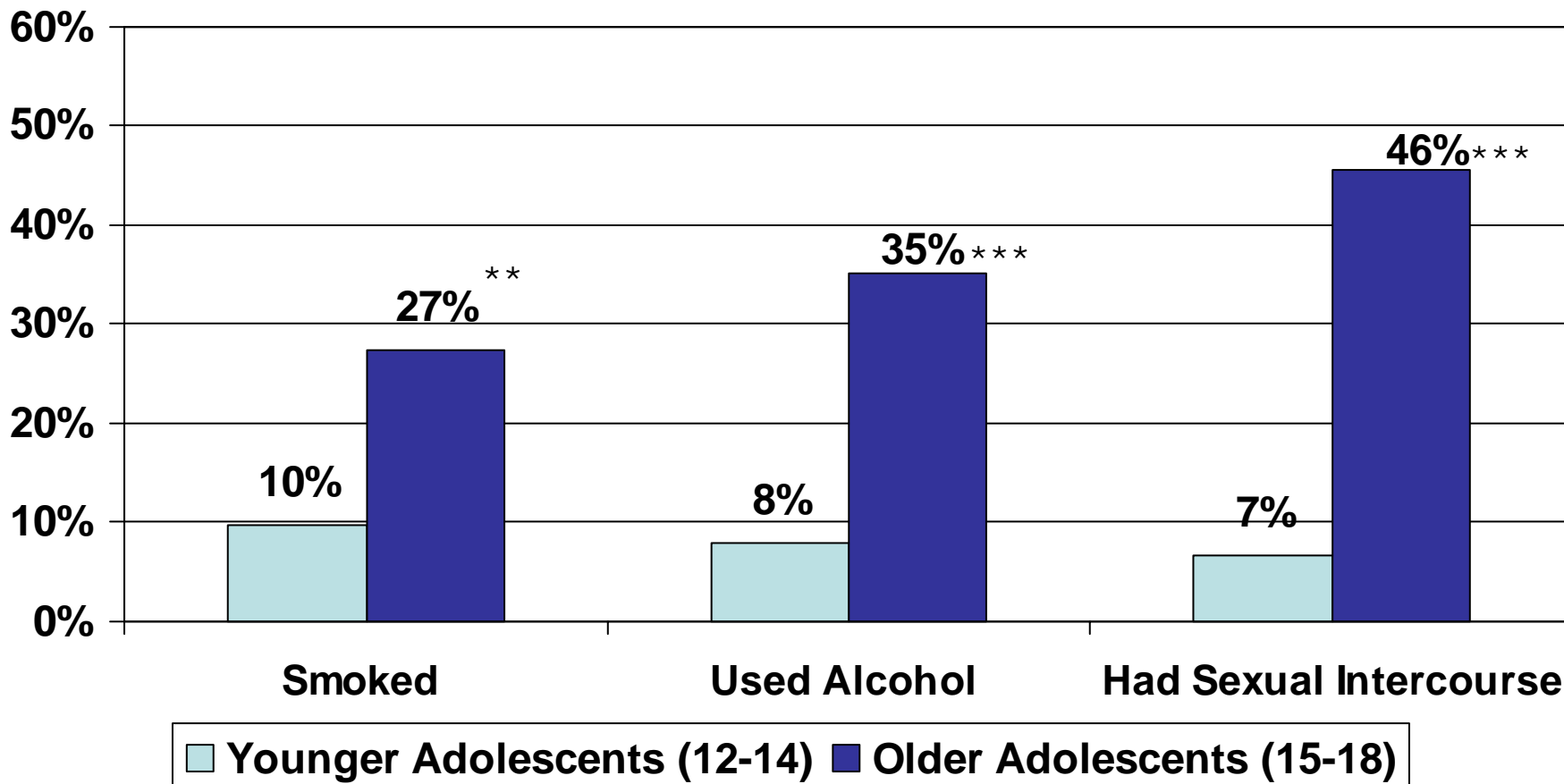


Younger Adolescents (12-14)

Older Adolescents (15-18)

Over one-quarter of older adolescents have ever smoked, over one-third have ever used alcohol, and almost half have had sexual intercourse

Have you ever:

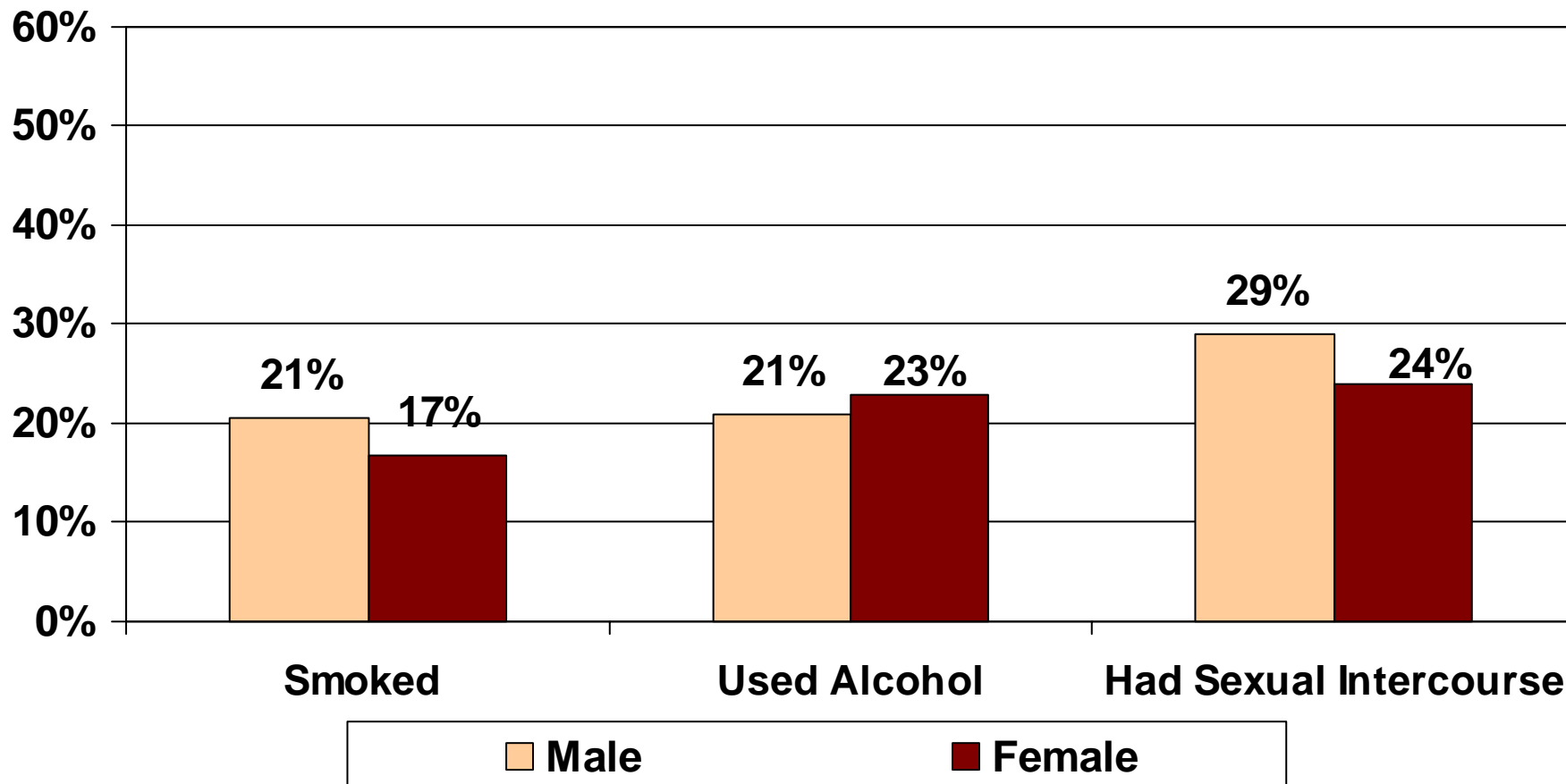


* $p < .05$; ** $p < .01$; *** $p < .001$

Source: Survey of low-income adolescents, 2002-2003

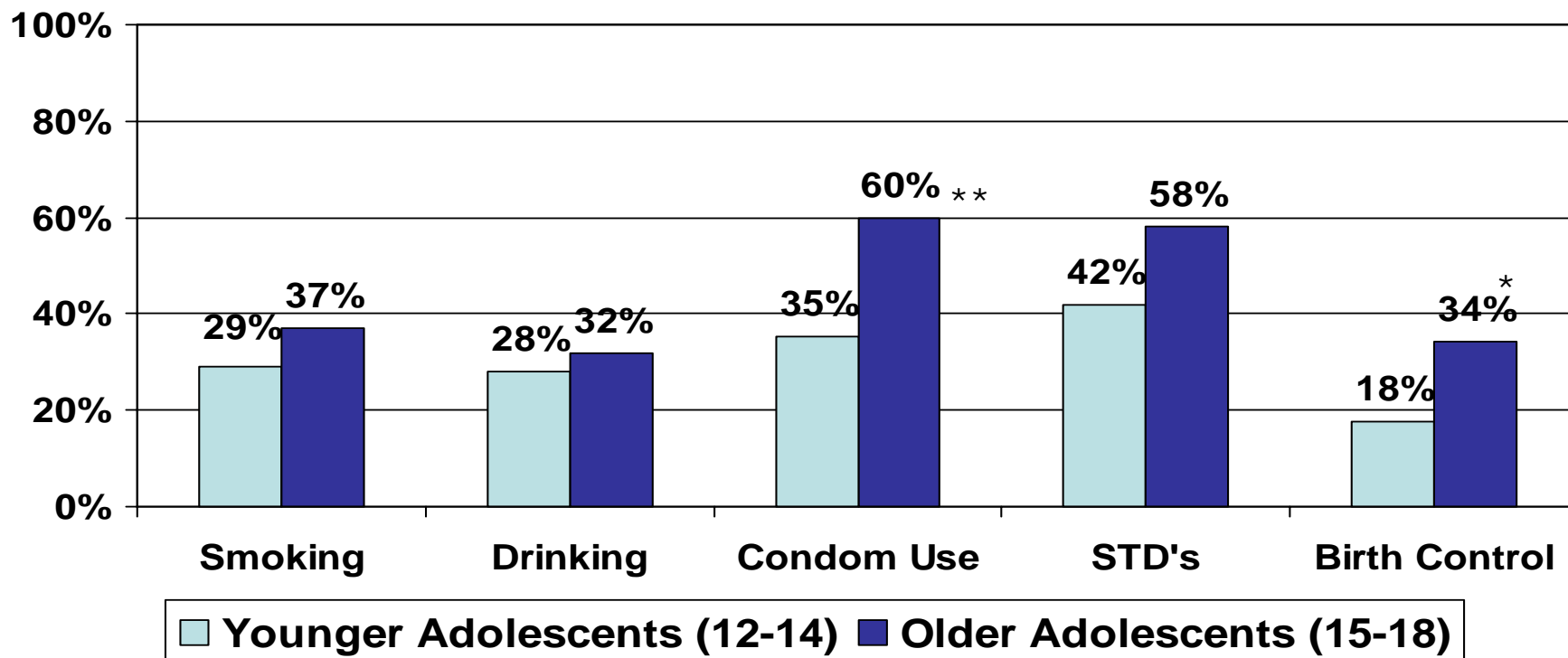
Males and females were equally likely to have smoked, used alcohol, or had sexual intercourse

Have you ever:



Given high rate of risky behavior doctors are not speaking enough about smoking, drinking, condom use, STD's, or general birth control

During past 12 months doctor talked about:

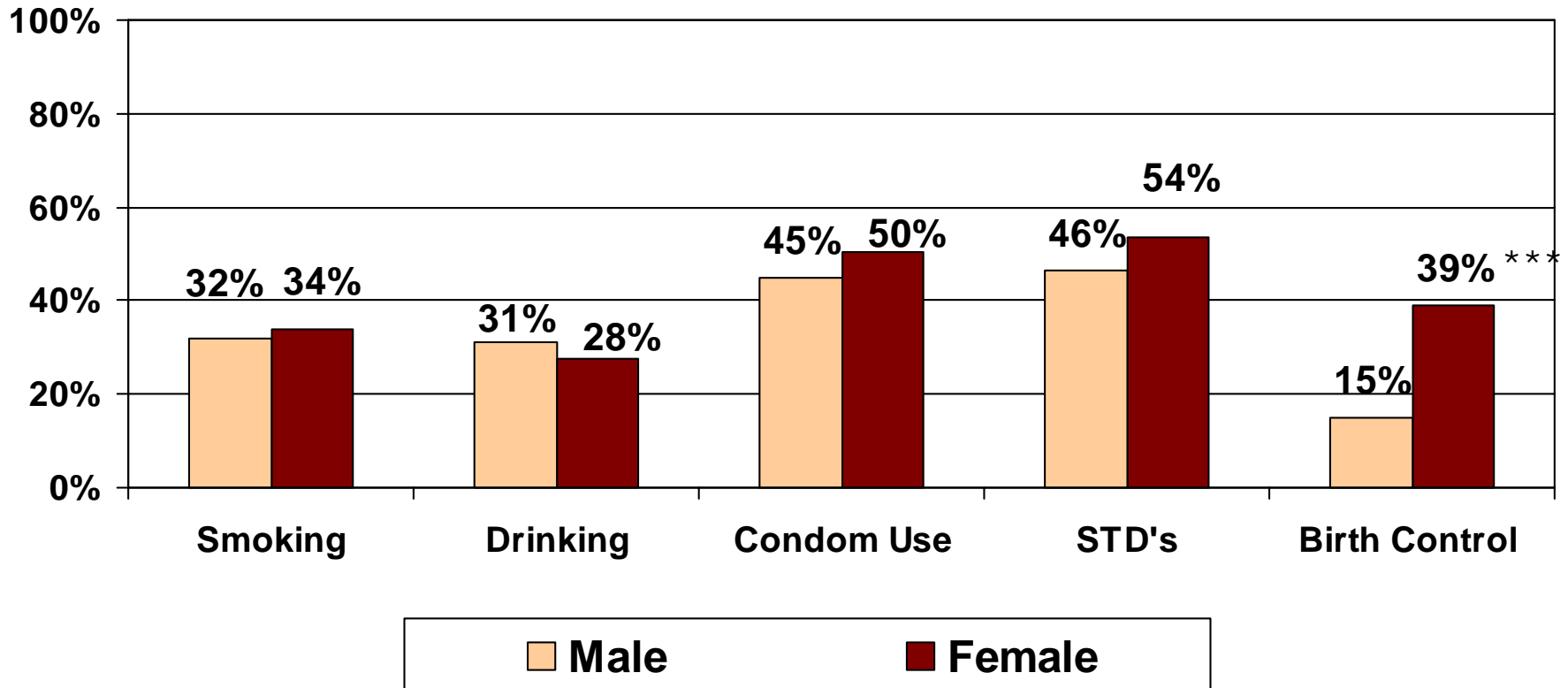


* p<.05; ** p<.01; *** p<.001

Source: Survey of low-income adolescents, 2002-2003

Females were almost three times as likely to have discussed birth control with their physician

During past 12 months doctor talked about:

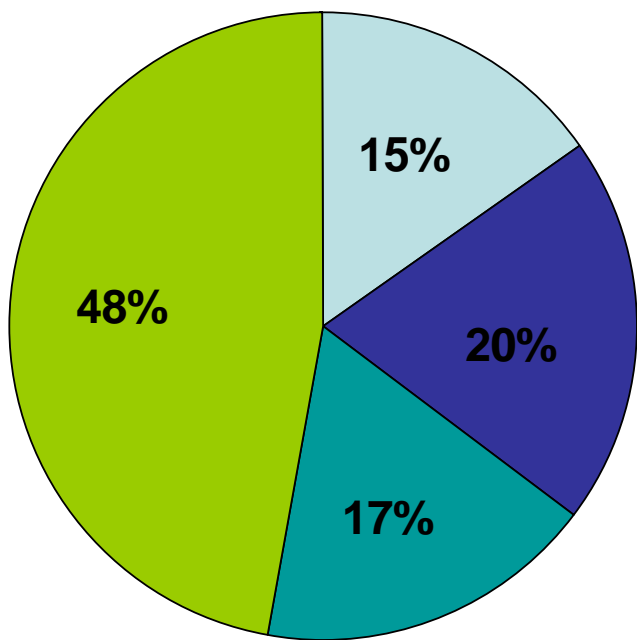


* p<.05; ** p<.01; *** p<.001

Source: Survey of low-income adolescents, 2002-2003

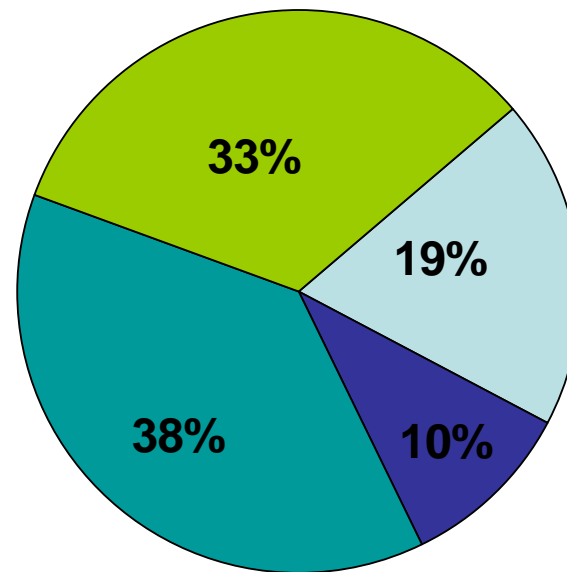
Adolescents report having little opportunity for privacy with physicians

Younger Adolescents (12-14)



- Private
- Confidential

Older Adolescents (15-18)

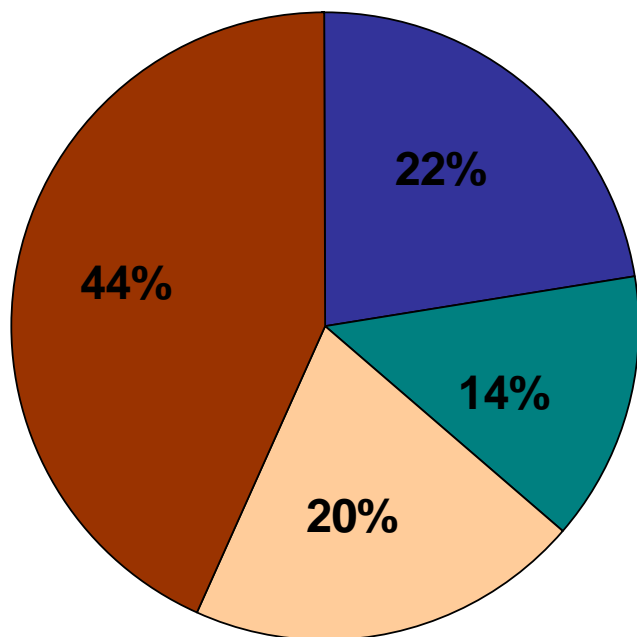


- Private and Confidential
- Neither Private nor Confidential

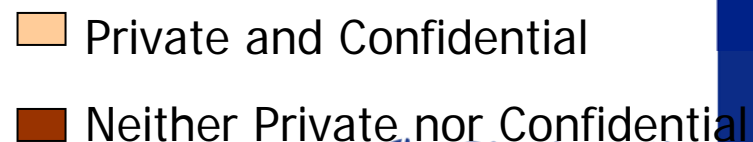
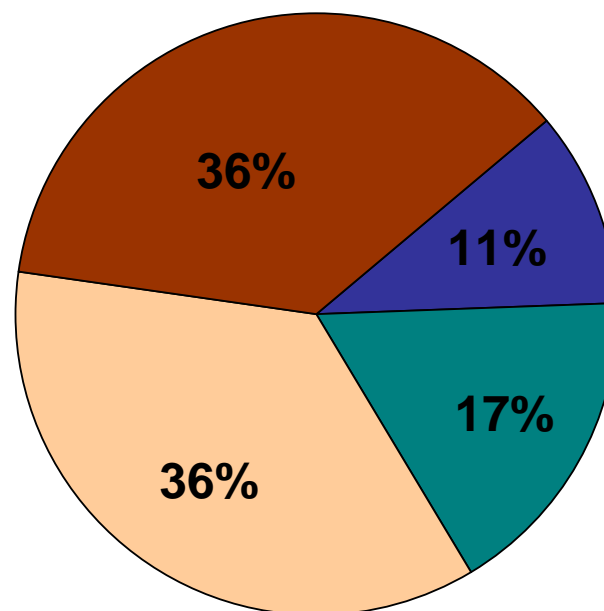
Source: Survey of low-income adolescents, 2002-2003

Fewer Males than Females had Visits that were both Private Confidential

Male



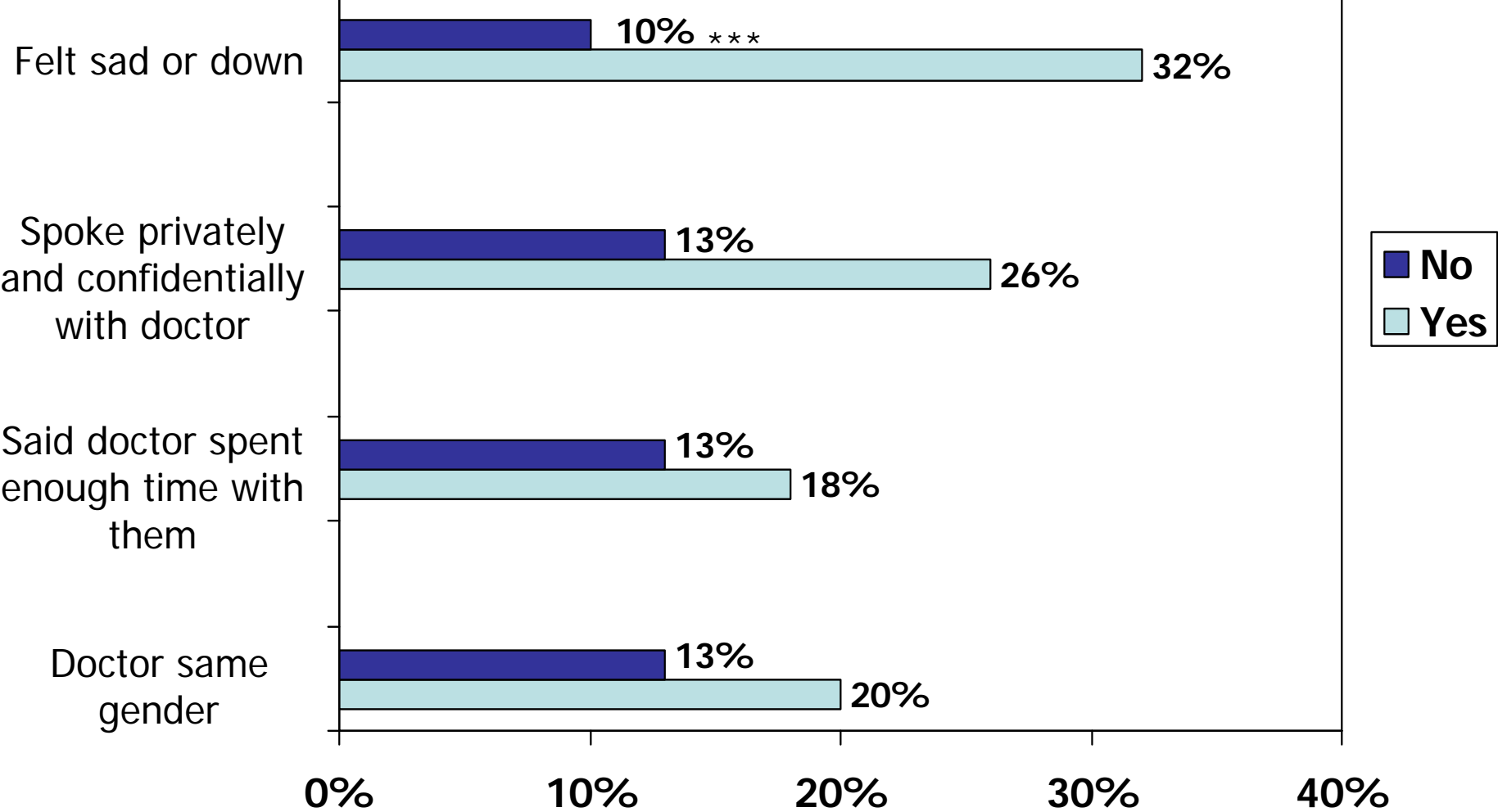
Female



Factors that Influence Communication between Physicians and Adolescents

For feeling sad or down, having the risk factor is most important

Physician talked to adolescent about feeling sad or down

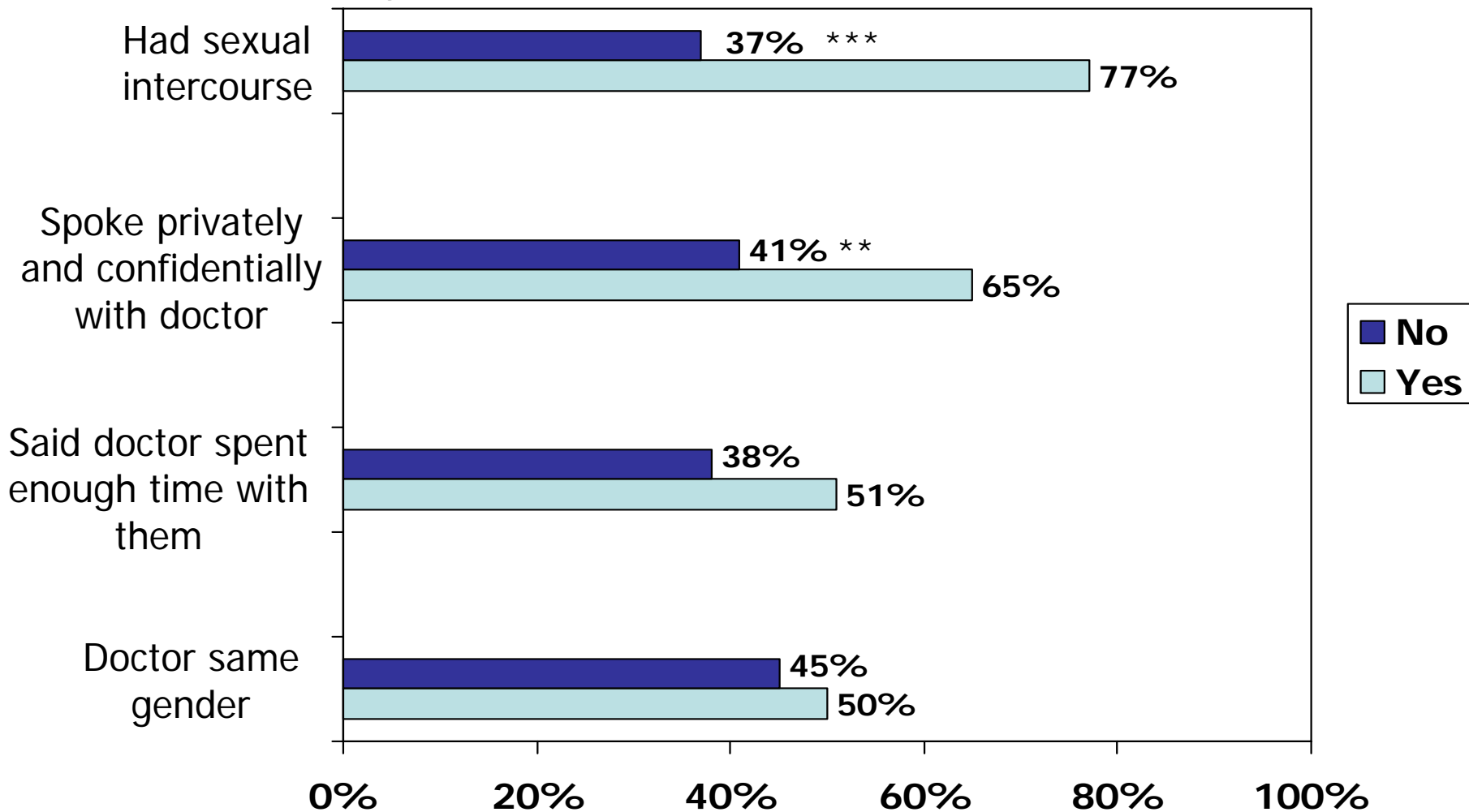


* p<.05; ** p<.01; *** p<.001

Source: Survey of low-income adolescents, 2002-2003

For condom use, having the risk factor and speaking privately and confidentially are both important

Physician talked to adolescent about condom use

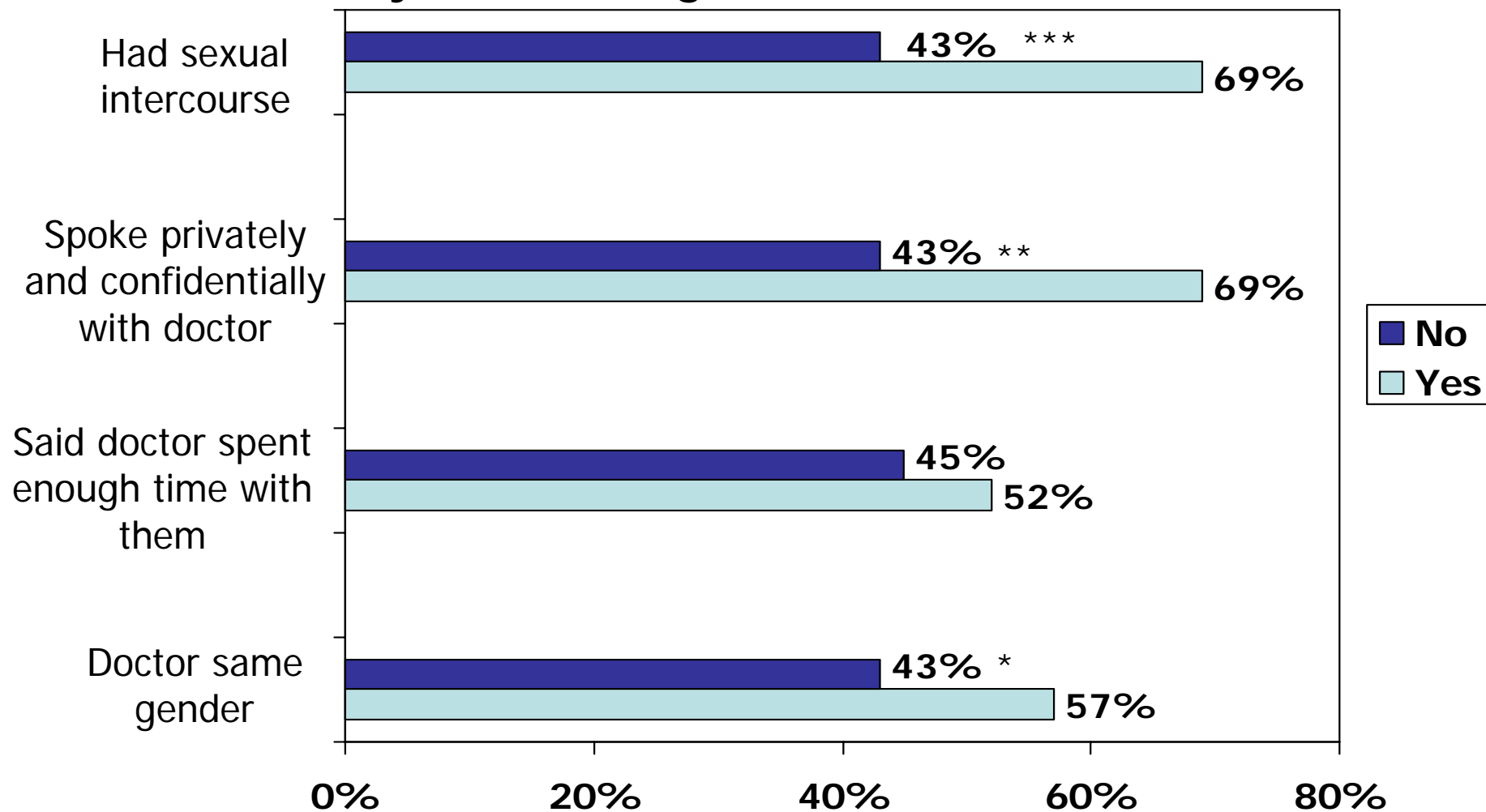


* p<.05; ** p<.01; *** p<.001

Source: Survey of low-income adolescents, 2002-2003

For STD's, having the risk factor and speaking privately and confidentially are both important

Physician talking to adolescent about STD's



* p<.05; ** p<.01; *** p<.001

Source: Survey of low-income adolescents, 2002-2003

Limitations

- Telephone survey – accumulated response rate
- Relies on self-report
- Only applies to low-income adolescents in low-income areas

Recommendations

- Need broad-scale interventions aimed at:
 - enhancing provider expertise in screening and counseling
 - improving the likelihood that adolescents have private and confidential screening
 - developing and implementing monitoring systems to ensure provision of high quality preventive services
- Interventions require cooperative efforts by the state, counties, insurance plans, and provider groups