Prevention vs. Need: Youth Perception of Anticipatory Guidance in Oregon SBHCs

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Objectives
1. Understand the degree to which SBHC staff are discussing anticipatory guidance topics with youth ages 12-19
2. Assess youth perception of need for SBHC discussions on anticipatory guidance topics
3. Identify other factors significantly associated with anticipatory guidance topic discussions and perception of whether needs were met

Methods
Survey Design & Implementation
The Oregon SBHC State Program Office requires that all certified SBHCs conduct annual surveys with youth ages 12 or 19 to assess their satisfaction with the quality of services received and overall satisfaction during the SBHC visits. Of the 65 certified SBHCs in 2013-14, six were excluded from the survey requirement due to low utilization for the target age group. Depending on utilization numbers from the prior school year, each of the remaining 59 SBHCs was required to administer between 30 and 110 completed surveys based on the number of required surveys. Eighty-seven percent of SBHCs (n=53) used an iPad to administer the surveys; 13% (n=6) used traditional paper surveys. A pilot evaluation conducted in 2012 revealed no significant difference between surveys administered on iPad and paper (40% of data collected). 46 SBHCs had submitted 1,025 surveys (data collection continues through June 30, 2014).

The survey utilizes a simple random sampling design; sites are instructed to either fill in a paper/paper survey form or use a random selection tool (i.e., a coin flip) to determine whether an eligible student is able to complete the survey. SBHC staff are asked to approach youth at the conclusion of their SBHC visit and avoid involving the same student to participate more than once.

Survey Content
The survey covers a wide range of topics including:
- Demographics
- Physical and mental health status
- 12-month utilization of the SBHC
- Overall comfort and satisfaction with SBHC
- Availability of alternate source of care
- Estimated absenteeism overall and for health-related reasons

The focus of this analysis is on the youth experience of anticipatory guidance on a wide variety of topics. Delivery of prevention messages has been a survey topic for several years, but the issue of youth perception of need was newly added in 2013-14.

Youth were asked (a) whether they received anticipatory guidance, and (b) their level of need on twelve important preventive health topics:
- Tobacco
- Healthy eating (breakfast, milk, fruits, veggies)
- Drug use
- Alcohol
- Sexual health
- Safety/injury prevention
- Healthy weight
- Exercise/sports, walking, dancing
- Healthy relationships
- Your school performance and grades
- Personal values
- Mental health

For each of the topic areas, the available answer choices were:
- Yes, and I got what I needed
- Yes, but I didn’t get what I needed
- No, I didn’t need it
- No, I don’t need to talk about that
- I don’t need to talk about that

Results
We conducted bivariate analyses between anticipatory guidance topic delivery and each of the following survey variables:
- Sex
- Urban SBHC location
- Age
- # of visits to SBHC
- SBHC as usual source of care
- Physical and mental health status
- Utilization of ER/urgent care in past 12 months
- Urinary physical or mental health need

Multivariate logistic regression was then run for those variables with a statistically significant bivariate association (see odds ratios in Table 1). As expected, increasing utilization of the SBHC and identifying the SBHC as the usual source of care were strongly related to receiving prevention messages in most topic areas.

Table 1: Logistic Regression Odds Ratios Related to Prevention Topic Discussions

<table>
<thead>
<tr>
<th>Topic Area</th>
<th>Odds Ratio (95% CI)</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco</td>
<td>1.02 (0.97-1.07)</td>
<td>0.27</td>
</tr>
<tr>
<td>Healthy eating</td>
<td>1.07 (0.99-1.14)</td>
<td>0.08</td>
</tr>
<tr>
<td>Drug use</td>
<td>1.00 (0.97-1.04)</td>
<td>0.95</td>
</tr>
<tr>
<td>Alcohol</td>
<td>1.02 (0.97-1.07)</td>
<td>0.47</td>
</tr>
<tr>
<td>Sexual health</td>
<td>1.03 (0.99-1.07)</td>
<td>0.15</td>
</tr>
<tr>
<td>Safety/injury prevention</td>
<td>1.00 (0.97-1.03)</td>
<td>0.64</td>
</tr>
<tr>
<td>Healthy weight</td>
<td>1.00 (0.97-1.04)</td>
<td>0.83</td>
</tr>
<tr>
<td>Exercise/sports, walking, dancing</td>
<td>1.01 (0.97-1.05)</td>
<td>0.55</td>
</tr>
<tr>
<td>Healthy relationships</td>
<td>1.04 (0.99-1.09)</td>
<td>0.08</td>
</tr>
<tr>
<td>School performance and grades</td>
<td>1.02 (1.00-1.04)</td>
<td>0.04</td>
</tr>
<tr>
<td>Personal values</td>
<td>1.00 (0.97-1.04)</td>
<td>0.64</td>
</tr>
<tr>
<td>Mental health</td>
<td>1.00 (0.97-1.03)</td>
<td>0.27</td>
</tr>
</tbody>
</table>

Conclusions and Next Steps
This is the first time that we have examined the relationship between the delivery of prevention health messaging and youth perception of the need for such messaging. SBHCs are uniquely positioned to offer such anticipatory guidance to adolescents due to their focus on youth-friendly services, confidentiality and convenient access. Delivering such messages is a key component of a comprehensive adolescent well visit as outlined in the American Academy of Pediatrics’ ‘Bright Futures’. In addition, Oregon SBHCs are required to offer the comprehensive well visit to any established patient (three or more visits per year) and report on this as a Key Performance Measure to the State Program Office. One factor we did not examine was the relationship between an SBHC rate of adolescent well visits and the percent of youth receiving anticipatory guidance at that SBHC.

One of the most interesting findings was related to differences reported by urban SBHC youth versus those at rural sites. Indeed, the urban youth were more likely to report needing guidance on a variety of topics that their need was met once guidance was delivered through different potential explanations. One could be related to different needs of the client populations; another could be the effectiveness and availability of risk assessment tools being used in the SBHCs yet a third unexamined factor could be related to staffing mix/capacity at the sites and whether the effort by urban a site in a way that could help them facilitate these reports.

The differences in care could similarly be attributable to several different factors. First, there are known differences in male and female prevalence of risk factors that would support these results. For example, males tend to have higher rates of drug use than females, which would explain why males were more likely than females to report having a discussion with SBHC staff regarding drug use. Second, we know that male youth report a very strong unmet need in healthy relationships so could signal a missed opportunity for SBHC staff to pursue this topic with male adolescents.

Important next steps include examining ways to get provider feedback to a similar set of questions, adjusting the survey design to help ensure tighter fidelity, and looking at another year of data for replicable results. We will also share these findings both at the state level and with individual sites to help them improve awareness of student feedback on their practices regarding anticipatory guidance delivery.

Limitations
This analysis has several limitations that should be noted. First, this data only reflects the youth perspective. It lacks any information from the clinical side that would illuminate motivations behind the decision to provide or not provide guidance. Second, we know anticipatory guidance is not always delivered as per survey administration protocol varies. For example, how closely SBHC staff are delivering the prevention message to a student’s own input is left to the discretion of the provider. Third, we know that the decision to provide or not provide guidance is influenced by perceived values of the individual provider. For example, providers who prioritize the delivery of anticipatory guidance on a variety of topics may be more likely to deliver guidance on these topics despite youth perception.

Key Findings
- Youths reporting poorer physical and/or mental health status were more likely to receive anticipatory guidance on any topic area than those with better self-reported physical or mental health.
- Among urban SBHCs, youth were more likely than those in rural SBHCs to report receiving guidance in the areas of sexual health (OR = 1.02 [0.94-1.10], p<0.05), healthy weight (OR = 1.03 [1.00-1.07], p<0.05), and oral health (OR = 1.03 [1.00-1.07], p<0.05).
- Among rural youth who received anticipatory guidance, males were significantly more likely than females to report that their need was addressed in the areas of healthy eating (OR = 1.03 [0.96-1.10], p<0.05), sexual health (OR = 1.02 [1.00-1.04], p<0.05), physical and mental health (OR = 1.02 [1.00-1.04], p<0.05), and oral health (OR = 1.02 [1.00-1.04], p<0.05).
- Among urban youth who received anticipatory guidance, males were significantly more likely than females to report that their need was addressed in the areas of healthy eating (OR = 1.03 [1.00-1.06], p<0.05), sexual health (OR = 1.02 [1.00-1.04], p<0.05), and oral health (OR = 1.02 [1.00-1.04], p<0.05).
- Adolescents who received anticipatory guidance were significantly more likely than those in rural SBHCs to report that their need was met in the areas of sexual health (OR = 1.02 [1.00-1.04], p<0.05), healthy weight (OR = 1.02 [1.00-1.04], p<0.05), and physical and mental health (OR = 1.02 [1.00-1.04], p<0.05).
- Among youth who received anticipatory guidance, males were significantly less likely than females to report that their need was addressed in the areas of healthy eating (OR = 0.99 [0.95-1.04], p<0.05), sexual health (OR = 0.99 [0.95-1.04], p<0.05), and oral health (OR = 0.98 [0.95-1.01], p<0.05).

References
1. Based on the validated 2012 YHDS (Youth Health Development Survey) survey conducted in Colorado and New Mexico SBHCs, http://www.colorado.gov/gov/State/Health/ColoradoHealthyTeens/results/Pag es/Results2013.aspx
3. Adolescent & School Health Program - Public Health Division - Oregon Health Authority

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