Barriers and Facilitators to Conducting Adolescent Health Risk Assessments in Primary Care

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Background

- Most mortality and morbidity results from preventable risk factors. Unhealthy behaviors that begin in adolescence can contribute to adult chronic disease, negatively impacting health and health care costs.
- Clinical guidelines recommend annual preventive health visits that include health risk assessments (HRAs) to identify health risks and provide counseling and referrals. Despite the role HRAs and preventive services can play in adolescent health, the delivery of such services does not meet recommended clinical guidelines. This study used qualitative research methods to explore barriers and facilitators to the administration of adolescent health risk assessments in primary care to increase their implementation, quality and effectiveness.

Methods

Nine semi-structured focus groups were conducted with healthcare providers and staff from September 2011 to February 2012. All focus groups were moderated by researchers trained in qualitative methods, and were audio-recorded and transcribed verbatim. Inductive content analysis was assisted with qualitative analysis software (Atlas.ti) to uncover themes surrounding current and general barriers and facilitators to adolescent HRAs, counseling and referral. A purposive sample of diverse primary care settings, as well as participants representing a variety of clinic personnel, were recruited to provide a broad view of the challenges to conducting adolescent HRAs.

Results

Barriers

- Literacy and Language
  - User friendly
  - Non-English speakers
- Confidentiality and Communication
  - Privacy/boundary concerns
  - Adequate time to discuss private and sensitive issues
- Time Constraints
  - Five minute patient (uncomfortable, no history/referral with provider)
- Health Issues
  - History of mental health issues to identify suicide risk
- Access
  - HIPAA restrictions
  - Payment for services
- Clinical Setting
  - Shared room or other setting (private)
- Staffing
  - Small size or number of providers
- Culture
  - Lack of culturally appropriate resources (e.g., transport, availability, educational materials)
- Environment
  - School-based clinic
- Staffing
  - Staff who are experienced in adolescent health
- Contextualized questions that guide administration or non-injurious behavior
- Community
  - Clinical guidelines recommend adolescents have annual preventive health visits
- Financing
  - Billing system to recoup costs
- Scheduling
  - Limited appointment times for adolescent patients
- Environment
  - Inability to obtain appointment times or new patients
- Lack of Resources
  - Nutrition
  - Health education, especially in rural communities
- Administration
  - Adjustment specific
- Staffing
  - Staff turnover rate over the calendar year (behavioral specialists)

Facilitators

- Literacy and Language
  - Non-English speakers
- Confidentiality and Communication
  - Open, honest, trusting patient relationship
- Health Issues
  - Being comfortable discussing sensitive topics with teens
- Access
  - Resolves concerns or asks for more discussion
- Clinical Setting
  - Shared space or other setting (open)
- Staffing
  - Staff who are experienced in adolescent health
- Time Constraints
  - Five minute patients
- Community
  - Text-based or e-mail
- Financing
  - Resourceful and flexible recouping costs associated with the time spent conducting HRAs
- Scheduling
  - Minimal wait time (three times between visits may reduce opportunities to intervene in time)
- Communication and Technology
  - Use of IT
- Administration
  - Treatment is confidential
- Language and Culture
  - Culturally competent
- Information Technology
  - Electronic health records

Conclusions

- Barriers and facilitators to conducting adolescent health risk assessments are multifaceted and multidimensional.
- The use of HRAs in primary care can be expanded and enhanced by addressing barriers and the means to facilitate HRAs improvement, implementation and application.
- Qualitative research with healthcare providers and staff can inform researchers as to how best to encourage effective intervention methods in community-based clinical settings.

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