



Investing in Adolescent and Young Adult Health

Pediatricians, Parents, and Youth Working Together to Improve Lifelong Health



American Academy
of Pediatrics



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Bright Futures™

prevention and health promotion for infants,
children, adolescents, and their families™



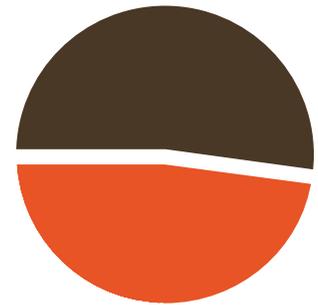
Introduction

The Unique Needs of Adolescents

Adolescence is a critical period of physical and cognitive development and change, during which time key areas of the brain are still developing and maturing. These changes in brain structure, function, and connectivity make adolescence the opportune time to explore one's developing identity, form relationships with peers and adults, and navigate social and societal situations that will challenge the decisions they make. Routine, comprehensive clinical health supervision visits are important in addressing the needs of this unique and vulnerable population to help them navigate through their transition to adulthood. Adolescents comprise about 25% of the US population, which makes investing in them the key to a more promising future.

Climate of Adolescent Health Care

Despite solid evidence demonstrating the benefits of clinical preventive services, most adolescents and young adults in the US do not receive the recommended services needed to support their optimal health. Fewer than half of adolescents (ages 13-18) and even fewer young adults (ages 19-26) have had regular preventive visits. However, when these preventive visits do occur, many young people report that they lack one-on-one confidential discussions with their pediatrician or other clinician. Professional guidelines regarding adolescent preventive care recommend that youth have access to confidential services, an essential component of comprehensive care for this age group.



Less than 50% of adolescents, and even fewer young adults, have regular preventive health care visits.

The Adolescent Health Consortium

In response to these missed opportunities to address the health needs of adolescents and young adults, an adolescent health consortium of national medical societies was created to fulfill a mission to improve the delivery of clinical preventive services to adolescents and young adults provided in a confidential manner and facilitated by one-on-one time during routine visits. The project team was led by subject matter experts from the Adolescent Health Consortium partner organizations: the American Academy of Pediatrics (AAP), the Society for Adolescent Health and Medicine (SAHM), the American Academy of Family Physicians (AAFP), and the American College of Obstetricians and Gynecologists (ACOG). The research was led by researchers at Columbia University and the University of Illinois at Chicago, in collaboration with the partner organizations. The Adolescent Health Consortium was funded by an unrestricted grant from the Merck Foundation to the American Academy of Pediatrics.



The goals of the Adolescent Health Consortium were to:

- Improve the delivery of confidential clinical preventive services for adolescents and young adults, using one-on-one time to facilitate this delivery of care;
- Improve awareness among adolescents, young adults, and parents about the importance and value of preventive health care services for adolescents and young adults; and
- Increase the number of adolescents and young adults who receive appropriate preventive health care services, including confidential services within professional, ethical, and legal guidelines.

A note about wording:

Throughout this report, we use the terms “pediatrician and other clinicians,” which is meant to refer to all health care professionals who provide care for adolescents and young adults. We also use the term “parent,” which is meant to refer to all parents and legal guardians of adolescents and young adults.

What are Clinical Preventive Services for Adolescents and Young Adults, and Why are they Important?

What are clinical preventive services?

Clinical preventive services are medical services that help prevent or identify health problems early, when treatment is most effective. Clinical preventive services include screening, immunizations, and counseling about health behaviors.

Health Supervision Visits (also called “well visits”) provide the opportunity for pediatricians and other clinicians to provide clinical preventive services to adolescents, young adults, and their families. These health visits present important opportunities to encourage healthy behavior through the delivery of recommended screening, education, and counseling to adolescents and young adults.

One-on-one time refers to time during a clinical visit where adolescent and young-adult patients have the opportunity to speak alone with their pediatrician or other clinician about health concerns.

Confidentiality refers to the idea that discussions between an adolescent or young adult patient and their pediatrician or other clinician are kept private, and not shared with the patient’s parents or other third parties without the permission of the patient.

Why is confidential, one-on-one time important?

Adolescents and young adults should have access to confidential, one-on-one discussions with their pediatrician or other clinician during health supervision visits. There are many benefits from adolescent receipt of confidential health care, including:

Fostering health: Ensuring that adolescents and young adults have the opportunity for one-on-one discussions with their pediatrician or other clinician can improve health by providing an opportunity to confidentially discuss health behaviors, risk-taking, and individual wellness concerns.

Encouraging independence: One-on-one discussions are important because they help adolescents learn to play an active role in their own health care. When pediatricians and other clinicians deliver quality confidential care to adolescents and young adults, they help those patients build autonomy and health care responsibility. Pediatricians and other clinicians can help foster independence through these interactions, which will support adolescents and young adults as they transition to becoming adult health care consumers.

Building relationships: One-on-one discussions with a pediatrician or other clinician also help nurture a trusting, open relationship.

Discussing critical health topics: There are many topics that can be discussed during confidential, one-on-one discussions. These topics may include: sexual and reproductive health (including STIs and birth control), drug use, alcohol use, tobacco use, mental health, risk-taking behaviors, and emotional well-being.



Importance of Parental Involvement

Parents play a key role in protecting the health of their adolescent and young adult children. As such, it's important to engage parents in adolescent health care.

Pediatricians and other clinicians should encourage parents and adolescent and young adult patients to talk to each other about the behaviors and factors that impact their physical and mental health.

Pediatricians and other clinicians should recognize parents as a critical partner in fostering adolescent and young adult health and provide appropriate guidance and support to parents in navigating health questions and concerns.

Pediatricians and other clinicians can help support parents in understanding the importance of confidential, one-on-one time by introducing the concept prior to adolescence, so that it is anticipated by parents and youth. In addition, pediatricians and other clinicians can help ensure a smooth transition to one-on-one time by talking with the adolescent and parent together during part of the well-visit so that both parties are involved in relevant discussions.

Bright Futures Guidelines

The American Academy of Pediatrics (AAP) Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 4th Edition, recommend that youth start having confidential, one-on-one time with their pediatrician during early adolescence.

Bright Futures Guidelines, 4th Edition, convened 4 multidisciplinary expert panels for the age stages of infancy, early childhood, middle childhood, and adolescence. Each panel was co-chaired by a pediatrician content expert and a panel member who represented family members or another health profession. The 39 members of the expert panels were individuals who represented a wide range of disciplines and areas of expertise, including mental health experts, nutritionists, oral health practitioners, family medicine professionals, nurse practitioners, family and school representatives, and members of AAP national committees with relevant expertise.

One component of the *Bright Futures Guidelines, 4th Edition*, is the Periodicity Schedule, a tool describing which preventive services and screenings should be delivered at each of 32 well visits from prenatal to 21 years of age. In 2018, it was mandated by law that health insurances offering group or individual health insurance coverage are required to cover the services and screenings listed.

Bright Futures Guidelines, 4th Edition, recommends that adolescent and young adult health supervision visits include discussions related to:

- Physical growth and development
- Social and academic competence
- Emotional well-being
- Risk reduction
- Violence and injury prevention

In order to ensure that the needs and health of the adolescent or young adult patient are met, pediatricians should:

- Protect the patient's confidentiality
- Incorporate recommended screening results into anticipatory guidance conversations
- Support adolescent patients in taking responsibility for their own health care
- Provide a supportive, open, and nurturing environment to foster autonomy

Bright Futures Guidelines, 4th Edition, recommends that pediatricians take a strength-based approach to partnering with adolescents and parents. Pediatricians can work with parents and adolescents to identify their strengths and use shared decision-making and motivational interviewing techniques to develop a plan for positive behavior change.

Key Findings from the Adolescent Health Consortium Research

In order to better understand the current landscape, the Adolescent Health Consortium conducted qualitative and quantitative research with adolescents, young adults, parents, and physicians to gather information about key attitudes, behaviors, and beliefs about clinical preventive services, confidentiality, and one-on-one time provided during visits.

Qualitative Research: A series of 36 focus groups was held with adolescents, young adults, parents, pediatricians, and family physicians to assess knowledge, attitudes and behaviors related to clinical preventive services. The findings from these focus groups were used in the development of a national internet survey, described below.

Quantitative Research: A national internet survey was conducted in 2016 with a nationally-representative sample of 1,918 adolescents and young adults ages 13-26. Data were weighted to represent US households with adolescents and young adults. Survey question domains were based on the current evidence base, the focus groups noted above, and the Fishers’ information-motivation-behavior skills conceptual model. Data were analyzed to identify adolescent, young adult, and parent perceptions and experience with clinical preventive services, confidentiality, and one-on-one time in primary care settings.

Sample Demographics:

Demographic Characteristics of National Internet Survey Sample

| | Young Women (n=939) | Young Men (n=979) |
|--|---------------------|-------------------|
| Age (in years) | | |
| 13-14 | 14% | 14% |
| 15-18 | 28% | 29% |
| 19-22 | 27% | 27% |
| 23-26 | 31% | 30% |
| Race and Ethnicity | | |
| White, non-Hispanic | 54% | 55% |
| Black, non-Hispanic | 16% | 12% |
| Other/Multiple Races, non-Hispanic | 9% | 9% |
| Hispanic | 21% | 23% |
| Sexual Orientation | | |
| Self-identify as straight | 89% | 94% |
| Self-identify as not straight or “do not know” | 11% | 6% |
| Geographic Residence | | |
| Rural | 15% | 13% |
| Urban/Suburban | 85% | 87% |
| Household Income (annual) | | |
| Under \$25,000 | 16% | 17% |
| \$25,000-\$49,999 | 22% | 21% |
| \$50,000-\$74,999 | 17% | 19% |
| \$75,000 and higher | 45% | 43% |

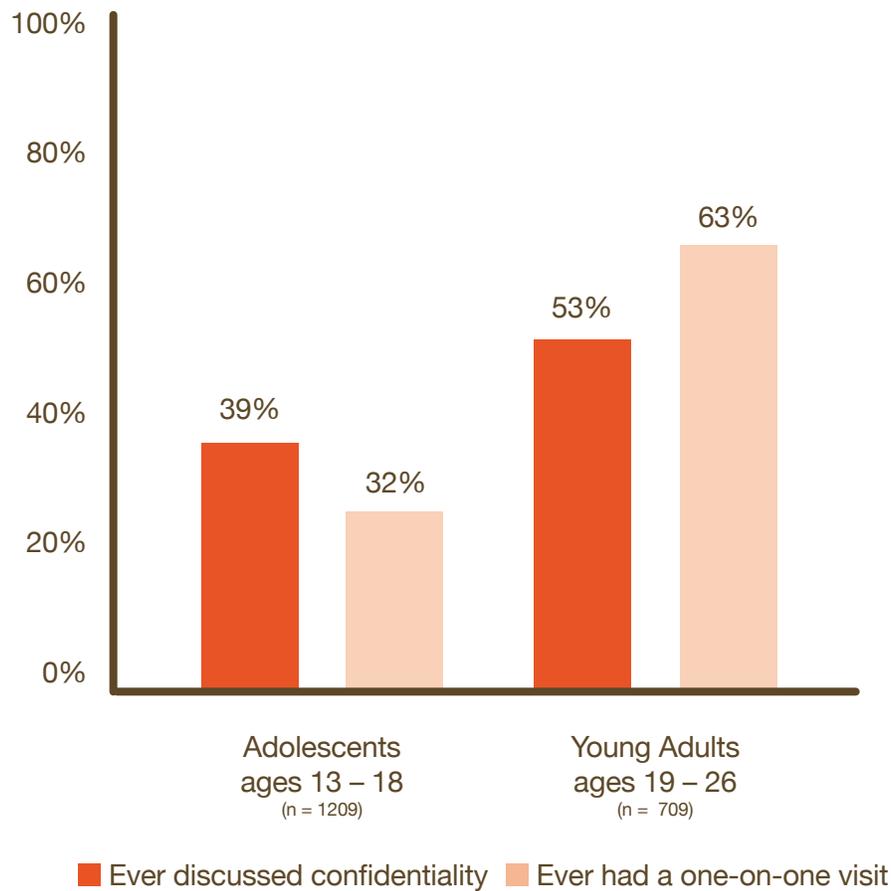
Parent and Adolescent Attitudes About Clinical Preventive Services

Adolescents and their parents agree that it is important for teens to discuss clinical preventive service topics with their pediatrician or other clinician.



The majority of parents (96%) and adolescents (90%) thought clinical preventive services were important for adolescents and their pediatricians or other clinicians to discuss.

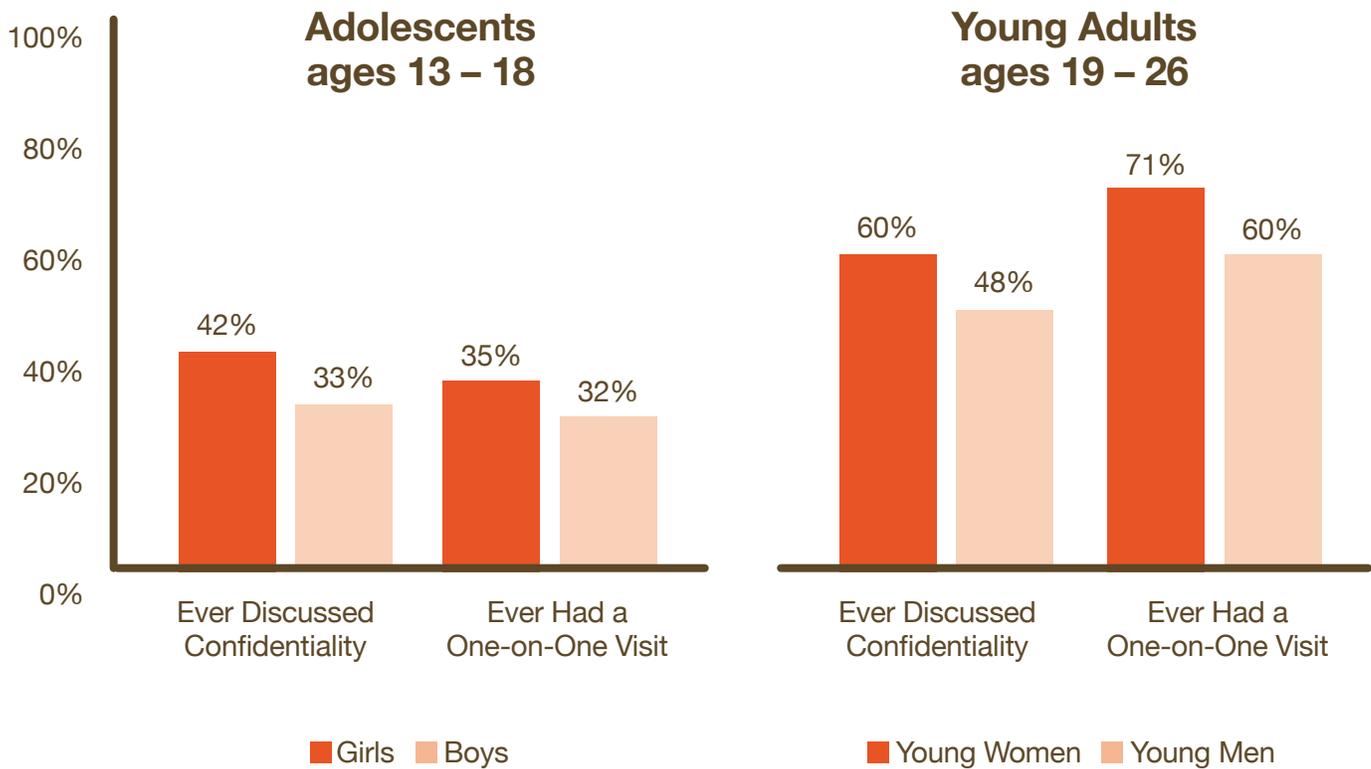
Rates of Confidentiality Discussions and One-on-One Time During Health Supervision Visits



Only one-third of adolescents (32%) and two-thirds of young adults (63%) have ever experienced one-on-one time with a pediatrician or other clinician.

Only 39% of adolescents and 53% of young adults have ever discussed confidentiality with a pediatrician or other clinician.

Gender Differences in Having Confidentiality Discussions and One-on-One Time During Health Supervision Visits



Young women are more likely than young men to report one-on-one time with a pediatrician or other clinician.

Young women are also more likely to report having discussed confidentiality with a pediatrician or other clinician.

Factors that Increase the Likelihood of Youth Having One-on-One Time and Confidentiality Discussions:

older age, race, higher household income, gender of the pediatrician or other clinician, length of relationship with the pediatrician or other clinician, and teen involvement in risk behaviors



Older youth
are more likely to have
one-on-one time and
confidential discussions



**Youth from homes with
higher income** are more likely to
have one-on-one time and
confidential discussions

There are many contributors to whether adolescents and young adults will discuss confidentiality or receive one-on-one time with their pediatrician or other clinician. For example, adolescents and young adults who lived in households that earned less than \$25,000 annually were less likely to receive one-on-one time compared to peers who lived in households that earned more than \$75,000 annually. Additionally, tobacco users were more likely to have discussions about confidentiality or experience one-on-one time compared to peers who did not use tobacco.

Adolescents and Young Adults who Have Experienced One-on-one Time Report:

- More positive attitudes about their pediatrician or other clinician
- More willingness to discuss potentially sensitive topics
- More comfort discussing potentially sensitive topics
- A belief that confidential care should start at a younger age



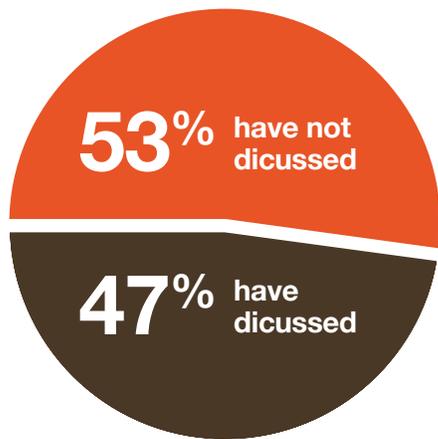
Youth who have had one-on-one time with a pediatrician or other clinician are more comfortable discussing sensitive topics without their parent in the room.

72% of young female and young male patients who have never had one-on-one time are uncomfortable discussing sensitive topics with their pediatrician or other clinician. By contrast, only 28% of young female and young male patients who have experienced one-on-one time share this discomfort.

The Gap Between Youth Desire to Discuss Potentially Sensitive Topics and Actual Conversations

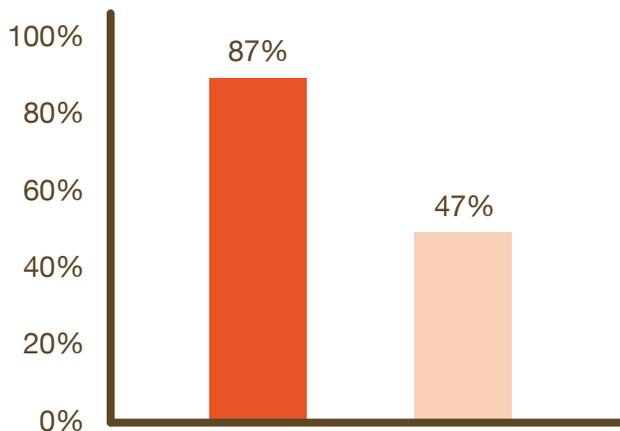
There is a considerable gap between youth desire to discuss potentially sensitive health topics with their pediatrician or other clinician, and actual experience with those discussions.

Adolescents ages 13 – 18



Among youth who report wanting to discuss sexually transmitted infections (STIs) with their pediatrician or other clinician, only 53% have done so

Young Adults ages 19 – 26



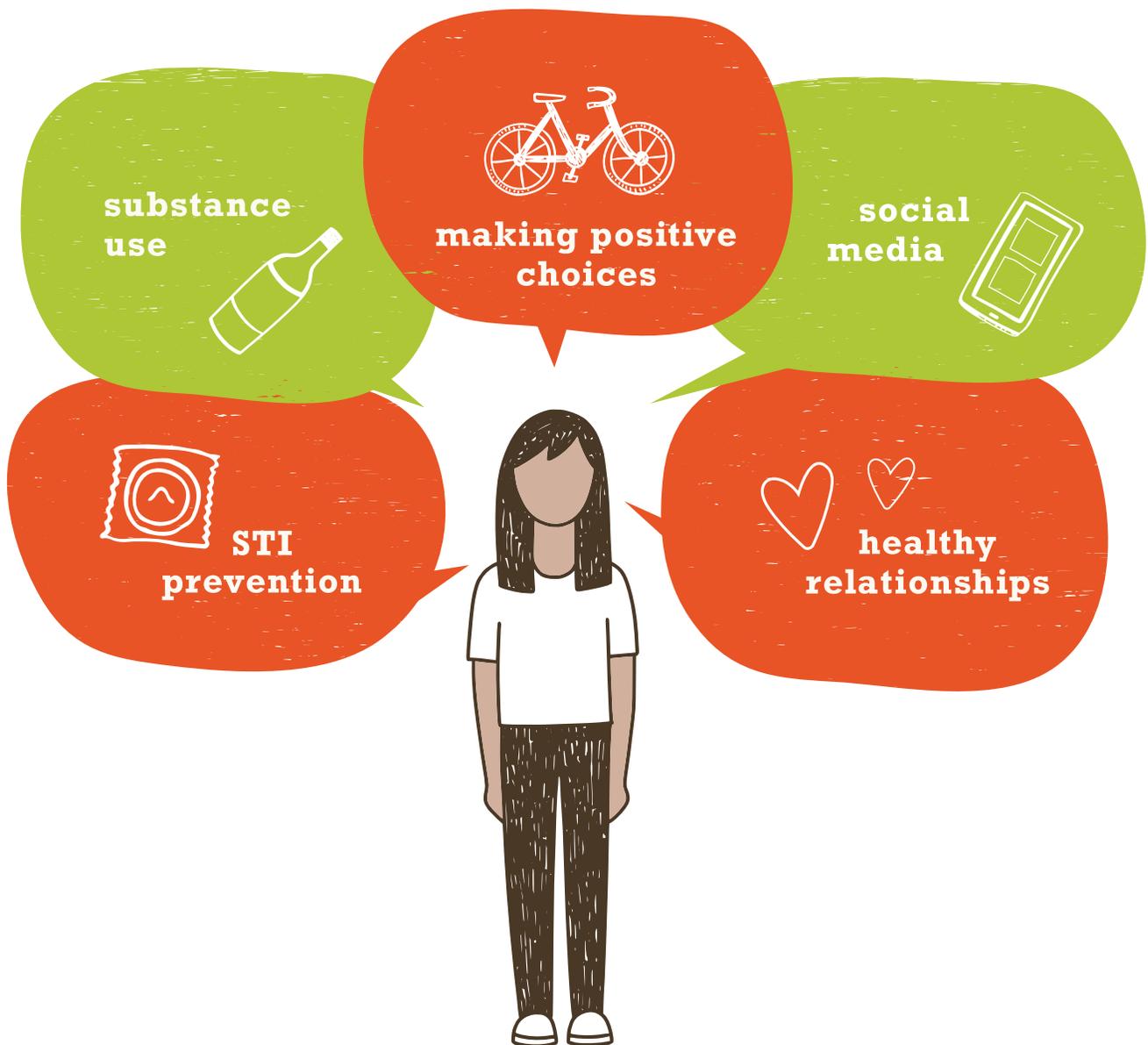
Although 87% of young adults report wanting to discuss mental health with their pediatrician or other clinician, only 47% have done so

- Desire a discussion about mental health
- Have discussed mental health

Factors that Promote Discussions of Potentially Sensitive Topics

Several factors increase the likelihood that an adolescent or young adult will discuss potentially sensitive topics with their pediatrician or other clinician:

- Having had a discussion about confidentiality
- Having had one-on-one time during their visit
- Use of a screening questionnaire or checklist
- Having a longer visit time



Take Action!

Parents and pediatricians share the same goal—to guide and support adolescents and young adults in growing up to be strong, confident, well-informed adults. A big piece of this puzzle centers around health. It is evident through the results of the research conducted that there is more work to do and improvements to be made in promoting the importance of preventive health care services to adolescents, young adults, and parents, and delivering care with the adolescent and young adult at the forefront. The transition from childhood to adolescence, and adolescence to adulthood can be confusing and hard to navigate, so building a strong foundation for success is needed. However, it cannot be done alone. Parents, pediatricians, and adolescents and young adults need to work together to optimize future outcomes for today's young people. Now that we know what's needed, let's work together to build a better future.

Adolescence marks a time of new interests, exploration, decision-making, and independence, but adolescents and young adults need support along the way. Parents, in partnership with pediatricians, can work together to help adolescents, and young adults with this important transition. A team can make a difference that will last a lifetime.

Role of Physician



Build an adolescent-supportive practice environment

In order to best support adolescent and young adult patients, pediatric offices should work to adopt a culture that reflects the unique needs of this population and reduces barriers that may interfere with adolescents and young adults accessing essential health care services.

A practice that adopts this culture is called an *adolescent-supportive practice*.

Some strategies for fostering an adolescent-supportive practice environment include:

- Develop a written office policy about adolescent confidentiality
(**Note:** to help ensure parents, adolescents, and young adults are aware of the policy, consider posting it in a visible location in the office, and/or sending it directly to patients and families via email or mail)
- Ensure that confidential, one-on-one time is a standard part of all adolescent and young adult clinical visits
- Train all clinical and office staff in adolescent confidentiality practices
- Train all clinical and office staff in ways to welcome and speak with adolescent patients
- Offer extended clinical hours in the evenings and on weekends to allow adolescents and young adults to access care after school or work hours
- Display brochures/resources about common adolescent health concerns in the office
- Create a waiting room for teens that has age-appropriate decorations, magazines, and media
- Ensure the office environment is LGBTQ+ inclusive
(**Note:** some strategies for supporting inclusivity include using clinical forms and questionnaires that allow patients to write-in their own gender and allowing for differentiation between the sex assigned to a patient at birth and their affirmed gender)



Provide Adolescent-Supportive Care

In addition to building a supportive environment, it is important that pediatricians and other clinicians also provide adolescent-supportive care during clinical visits.

Providing supportive care during adolescent and young adult visits helps to build a trusting relationship and foster open discussion about health, wellness, and potentially sensitive topics.

Some strategies for providing adolescent-supportive care include:

- Normalize confidential, one-on-one discussions with adolescents and young adults as a part of routine clinical care
- Discuss office privacy and confidentiality practices during every visit, with both the patient and their parent in the room
- Include parents in the non-confidential aspects of adolescent and young adult care
- Focus on the adolescent or young adult as the primary patient
(**Note:** some easy ways to do this are to address questions directly to the teen, and to make eye contact during screening and counseling discussions. Patients 18 years and older must authorize parental involvement.)
- Ask parents to step out of the room for confidential discussions
- Use one-on-one time to discuss important health issues, including potentially sensitive topics
- Screen for the health topics recommended by *Bright Futures Guidelines*, 4th Edition and provide brief counseling and referrals to local resources when appropriate
- Choose language that is LGBTQ+ inclusive, like using the patient's preferred name and pronouns
- Understand your state's laws around confidentiality and age of consent



**It doesn't take
a lot of time to
make a lifetime
of difference.**

**Your body.
Your life.
Your health.**



Role of Adolescents and Young Adults

In order to optimize the care they receive, adolescents and young adults are encouraged to partner with their parents and pediatricians or other clinicians to become more actively involved in managing their own care. An important part of becoming an independent health care consumer is learning to talk directly with their pediatrician, asking questions about their health, and communicating regularly with their parents about the factors that impact their well-being. *Please note:* Parental involvement for young adults ages 18 and older is at the discretion of the patient.

Some strategies to prepare for this include:

- Understand the purpose and benefits of one-on-one time (ask the pediatrician if you are unsure)
- Before the visit, prepare for one-on-one time by thinking about any health questions or concerns
- Talk regularly with parents about factors that may impact their health or well-being
- Work with the pediatrician and parent to ensure confidential one-on-one time occurs during each health supervision visit
- Play an active role in health care choices

**Confidential
care is good
for their
health.**

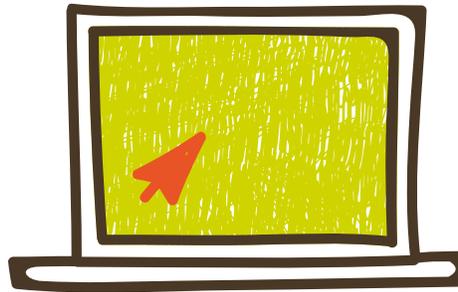


Role of Parent

The transition from childhood to adolescence is complex and requires special guidance for parents, too. As a member of the team supporting the adolescent or young adult patient, parents have a special role to play in the transition process. During preventive health supervision visits, it's important for adolescents to feel comfortable discussing their health care needs in a confidential setting and one-on-one with their pediatrician, and to get the information and resources they need to be healthy and safe. The sooner they start talking about health concerns with their pediatrician or other clinician, the better rapport they will have and the more empowered they will become to take responsibility for their own health.

These tips can help parents navigate and support their adolescent's journey towards independence and responsibility:

- Understand the purpose and benefits of one-on-one time (ask the pediatrician if you are unsure)
- Talk about the benefits of one-on-one time
- Partner with the pediatrician or other clinician to support adolescent-driven conversations about their health care needs
- Encourage confidential, one-on-one time, if not offered
- Have ongoing conversations about potentially sensitive topics, such as substance use and sexually transmitted infections (STI) prevention
- Look for opportunities to leave the exam room



Resources

aap.org/AdolescentHealthConsortium

HealthyChildren.org

BrightFutures.aap.org

Publications from the Adolescent Health Consortium:

Santelli, J., Klein, J., Song, X., Heitel, J., Grilo, S., Wang, M., Yan, H., Kaseeska, K., Gorzkowski, J., Schneider, M., D., & Catalozzi, M. (2019). Discussion of Potentially Sensitive Topics With Young People. *Pediatrics*. 143. e20181403. 10.1542/peds.2018-1403.

Grilo, S., Catalozzi, M., Santelli, J., Yan, H., Song, X., Heitel, J., Kaseeska, K., Gorzkowski, J., Dereix, A., & Klein, J. (2019). Confidentiality Discussions and Private Time With a Health-Care Provider for Youth, United States, 2016. *Journal of Adolescent Health*. 10.1016/j.jadohealth.2018.10.301.

Song, X.; Klein, J., Yan, H., & Catalozzi, M., Wang, X., Heitel, J., Kaseeska, K., Gorzkowski, J., & Santelli, J. (2018). Parent and Adolescent Attitudes Towards Preventive Care and Confidentiality. *Journal of Adolescent Health*. 64. 10.1016/j.jadohealth.2018.08.015.

