What is health promotion?

- Supporting the maintenance of health?
- Preventing illness & injury?
- Screening for infection?
- Eliminating barriers to care?
- Creating a medical home?
- Health education?
Who (What?) are Adolescents?

- Youth between 11 - 25 yrs
  - Specific age range varies by organization
- Period of physical, emotional, social transition
- Generally a healthy period of life
  - Behavior contributes significantly to morbidity and mortality

Health Promotion & Disease Prevention

- Occurs on multiple levels
  - systems-based
  - provider-patient
  - supportive services
Brief History of Adolescent Preventive Services Guidelines

- **1989**: USPSTF releases 1st set of recommended clinical preventive services; subsequently revised according to evidence
- **1992**: AMA with CDC release “Guidelines for Adolescent Preventive Services” (GAPS)
- **1994**: Maternal and Child Health Bureau & Medicaid Bureau of the Health Care Financing Administration introduce Bright Futures
- **1995**: AAP revises Recommendations for Pediatric Preventive Care
- **1996**: AAP releases Guidelines for Health Supervision III
- **2008**: 3rd edition of Bright Futures released; collaboration of AAP, MCH, AMA and others

Other Guidelines and Quality Measures

- **Healthcare Effectiveness Data and Information Set (HEDIS)**
  - tool used to accredit insurance companies, providing a marker of quality
  - includes chlamydia screening for sexually-active adolescent females
- **Early Periodic Screening, Diagnosis, and Treatment Program (EPSDT)**
  - ensures that all publicly-insured children under 21 years have access to a medical “home”
  - Bright Futures has worked with EPSDT to promote consistency across guidelines
What are the current recommendations?

- While GAPS is still in circulation and used, most pediatricians rely on Bright Futures.
- USPSTF is most stringent, but dismisses as “insufficient evidence” important (albeit unproven) screening (i.e., screening for or counseling against substance use).
- Bright Futures most comprehensive, but also potentially most daunting.

Bright Futures

- Annual visits
- Screening/counseling in 5 domains:
  - Social & emotional development
  - Physical development & health habits
  - Relationships & sexuality
  - Family functioning
  - School performance
- Periodic universal screening for vision, dyslipidemia
- Targeted screening for hearing, anemia, TB, *chlamydia and other STIs*
Are Preventive Recommendations Met?

*Not so much.*

- Limited data, often conflicting
  - chart/billing vs. physician recall vs. patient recall
- Only small percentage of adolescent visits are preventive care visits
- At best, <50% adolescents had a preventive care visit within past year
- Adolescents report higher rates for themselves
- Physicians report high levels of counseling, but low levels actually documented

Barriers to Preventive Care for Adolescents

- Access to care
  - medical home
  - transportation
  - financing
- Time
- Confidentiality
- Physician awareness/skill to deliver
Health Promotion and Preventive Care

- Data suggest that health education and counseling (health promotion) occurs at acute as well as at preventive care visits.
- Timely, efficient, and relevant health promotion opportunities may exist beyond the classic health care maintenance visit.

Office-Based Health Promotion

- System: office environment and hours, billing, confidentiality.
- Provider: comfort and skill.
- Content: focus areas.
System Factors

- Adolescent medical home
  - age-appropriate space
- Trained office staff
  - recognizing growing autonomy
- Billing
  - for time spent
- Confidentiality
  - lab results, billing, medical records

Provider Factors

- Continuing Medical Education relevant to adolescent health issues
  - AAP
  - ABP
  - PRCH
  - Others: SAHM, NASPAG, AAFP, etc.
- Identifying community resources for referral
Psychosocial Screening: HEEADSSS

The HEEADSSS Assessment

The HEEADSSS mnemonic is a useful tool to facilitate preventive screening and assess developmental progress in key life areas. It can be printed on a cover sheet or sticker attached to the medical record as part of a preventive screening checklist.

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Duncan & Pirretti, 2009
Screening for Problematic Substance Use: CRAFFT

- **C**: Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs?
- **R**: Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?
- **A**: Do you ever use alcohol/drugs while you are by yourself, ALONE?
- **F**: Do you ever FORGET things you did while using alcohol or drugs?
- **F**: Do your family or FRIENDS ever tell you that you should cut down on your drinking or drug use?
- **T**: Have you gotten into TROUBLE while you were using alcohol or drugs?

Specific Challenges

- **Family Planning Clinics**
  - Immunizations?
- **Pediatric offices**
  - Age-appropriate environment?
  - Respect for changing involvement of parents?
- **Adolescent practices**
  - there are only 550 board-certified AM specialists in the country!
Time and Approach

- Asking and responding to each and every Bright Futures question is time-consuming
- Need to tailor to practice setting and community served
- Shifting from risk to asset-based screening
Vermont Example

- Strength based
- Training
- Documentation

Duncan, et al., 2007 JAH