Improving Adolescent Health Promotion

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Abstract. Adolescent patients often do not seek regular, preventive healthcare visits because they are essentially healthy. This makes it difficult to promote preventive healthcare with this population. New interventions are needed. This project sought to determine if use of a prompting tool improved coverage of health promotion topics with adolescent patients. The design was an intervention study using a pre and post chart review of adolescent patients seen in a rural family practice clinic. The intervention was a health promotion prompting tool, which included six key topic areas: alcohol/drug use; injury/violence; tobacco use; nutrition; physical activity and sexual risk behaviors. The results of this project found that the prompting tool can improve coverage of health promotion and disease prevention topics.

1. Introduction

Adolescence is widely defined as a time in life when the developing individual attains the skills and attributes necessary to become a productive and reproductive adult [1]. Most of the world’s adolescents make it through the milestones of change with few problems. Even those adolescents who have no significant personal problems or acute health-care issues will have stressors and require help, support and guidance while making the transition from childhood to adulthood.

Despite the challenges that adolescents face today, health care providers need to consider this time in adolescents lives as an opportunity to help them make positive changes. Many of the behavioral patterns acquired during adolescence will last a lifetime. These may include gender relations, sexual conduct, use of tobacco, drugs and alcohol, eating habits and conflict resolution and risks. That is why this is an ideal time to intervene and encourage health promotion whenever possible. Fortunately, most adolescents are receptive to new ideas. They are eager to take on the responsibility for making decisions about their lives. Their curiosity and interest are a wonderful opening for mentors to foster personal responsibility for health [2].

2. Methods: Design, Sample, Setting, Intervention, and Data Collection

This project was an intervention study using a pre (2008) and post (2009) chart review of adolescent patients seen in a family practice setting during a designated period of time. The intervention was a new prompting tool that was implemented in a rural health clinic June 2009. The chart review utilized a prompting tool that focused on health promotion and disease prevention topics relevant to adolescence. Adolescents do not seek regular, preventive healthcare visits because they are essentially healthy. New interventions that can increase adolescent health promotion must be identified, such as the prompting tool. It was expected that if the adolescent’s health care provider uses a prompting tool when seeing the adolescent, health promotion topics will be more likely to be discussed.

The sample for this project was a convenience sample of adolescent patients, age 11 to 21, seen in a rural, family practice clinic during June and July of 2008, and June and July of 2009. All adolescent patients were eligible for inclusion in the project regardless of the reason for their visit. The time frame designated was also selected for evaluation because this was a time when a higher than normal number of adolescent patients were seen in the clinic for back to school exams, sports physicals, college physicals, etc.

The prompting tool utilized for this project was an original tool developed by the author, based on the literature review and input from the providers in the primary care clinic where the project was to take place. Information for the tool came from the literature and from input from clinic providers. The tool also included data that was not used for this project, such as: Family history, Personal health history, and Immunizations. The health promotion and disease prevention topics were: Alcohol and Drug use; Injury and Violence; Tobacco use; Nutrition; Physical Activity and Sexual Risk Behaviors. Data was collected to identify how often these topics were covered during the selected visits.
The first step in the project was to select 40 random charts for the pre-prompting tool chart review from adolescent patients seen in the clinic from June 1, 2008 through July 31, 2008 (n=315). Patients were excluded from the project if they did not meet the age criteria (age 11-21 years) or if they had been seen by the author of this project. The sample in the pre-prompting tool chart review had a mean age of 17 years old. 60% (n=24) were female and 40% (n=16) were male.

The next step was to introduce the provider prompting tool to the clinic providers. These in-service sessions took place during the week of May 25 to May 29, 2009. A brief, general orientation was given to the providers using the tool, to nursing staff and to the front office staff. The tools were placed in the chart by either the front office staff that checked the patient into the clinic or by the nursing staff member escorting the patient to the exam room. The prompting tool was color coded purple and placed as the first sheet in the patient chart. After the orientation sessions, the clinic began using the tool on June 1, 2009.

On August 1, 2009, 40 random charts were selected from all adolescent patients seen during the time of June 1 through July 31, 2009 (n=299) for the post-prompting tool chart review. Again, patients were excluded if they did not meet the age criteria, if they had been seen by the author and during this chart review; they were also excluded if the prompting tool was not placed in their chart. The sample in the post-prompting tool chart review also had a mean age of 17 years old. 53% (n=21) were female and 48% (n=21) were male. The final chart review took place August 1 through August 14, 2009. The same chart review/data collection process was used, collecting the same data.

3. Results

Results revealed that there was a significant increase in the coverage of Alcohol and drug use topics (p=.034), Tobacco use topics (p= .014) and Nutrition topics (p= .003) pre and post prompting tool. There was not a significant difference in coverage of Injury and violence (p= 1.00), Physical activity (p= .366) or Sexual risk behaviors (p= 1.00). In evaluating the overall coverage of all topics when using the prompting tool, it was found that there was a significant increase in health promotion discussion by providers with adolescent patients after the initiation of the prompting tool (t score= 0.325, Critical t = 2.015).

4. Conclusions

The prompting tool has shown to be a valuable tool when working with patients of any age. Providers can adapt existing tools or develop their own to meet their individual needs and their patient’s needs. Health care providers need to look for and seize opportunities to reach patients with their specific needs in mind. Patients rely on their health care provider to treat and teach them about their health and prevention of disease. A prompting tool may be helpful and may make the health care provider’s job easier. The results of this project found that a prompting tool can improve selected coverage of health promotion and disease prevention topics in one group of adolescent patients. Ideally this may decrease their risk factors later in life. Since health promotion and disease prevention topics are not being discussed as frequently as is recommended, health care providers need to explore ways to provide more thorough care of adolescent patients.