Risky Things That Adolescents Do.
Sex, Smoking and Snapchat oh my!
(OK, so we're not talking about
Snapchat)

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8/13/2017

You've always
had the power
my dear,
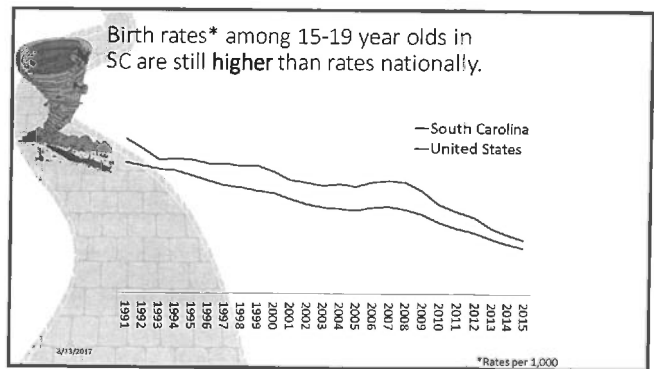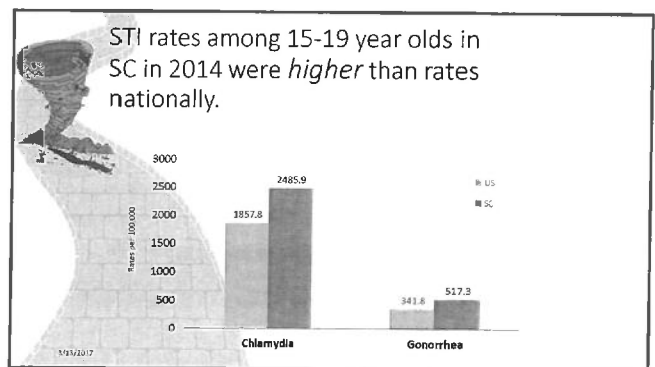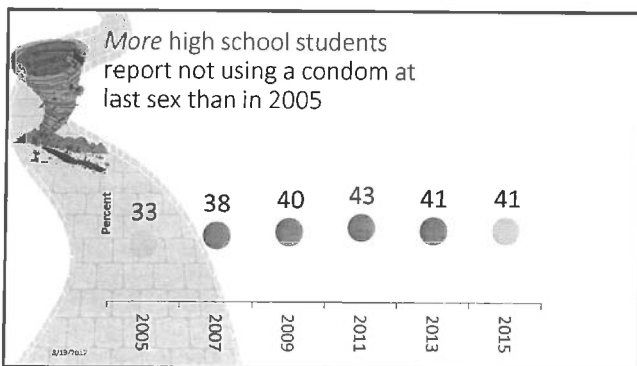you just had to
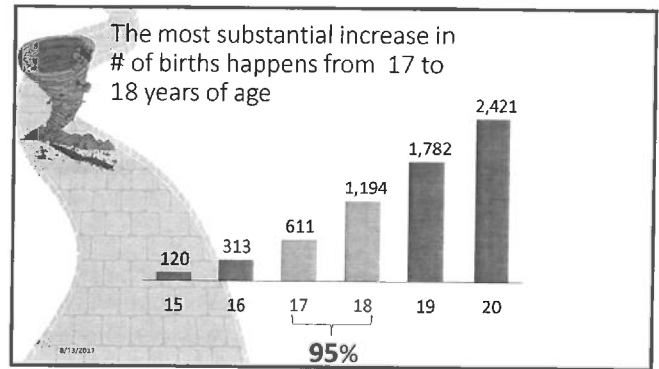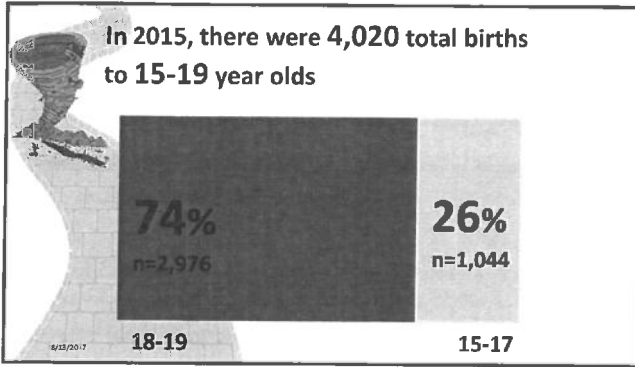learn it
for yourself.

-The Wizard of Oz-

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In 2015...

BIRTH RATE

26.1
Per 1,000 teen girls
ages 15-19

4,020
births to teens 15-19 years old in
South Carolina

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Birth rates* among 15-19 year olds in
SC are still **higher** than rates nationally.

—South Carolina
—United States

1991 1992 1993 1994 1995 1996 1997 1998 1999 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015

*Rates per 1,000

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In 2015, there were 4,020 total births to 15-19 year olds

74% n=2,976 — 18-19

26% n=1,044 — 15-17

The most substantial increase in # of births happens from 17 to 18 years of age

15	16	17	18	19	20
120	313	611	1,194	1,782	2,421

95%

More high school students report not using a condom at last sex than in 2005

2005	2007	2009	2011	2013	2015
33	38	40	43	41	41

Percent

STI rates among 15-19 year olds in SC in 2014 were *higher* than rates nationally.

Chlamydia: US 1857.8, SC 2485.9
Gonorrhea: US 341.8, SC 517.3

WHAT PEDIATRICIANS CAN DO

Recommendations from the
American Academy of Pediatrics

American Academy
of Pediatrics

Sexual Health and Pregnancy Prevention QI projects

- The Problem- Sexually active teens are at risk for STIs and pregnancy
- The Solution-
- PDSA Cycles aimed at improved screening and treatment for STIs
- PDSA Cycles aimed at improved education and access for contraception

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SCREENING

- regularly update adolescent patients' sexual histories
- provide a confidential and nonjudgmental setting in which to provide patient-centered counseling around contraception, STI screening, and risk reduction

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STI Screening

Decide how you will screen- all teens vs sexually active teens etc.

Maintain Confidentiality- Contact the teen with results

Have referral resources available for teens who choose not to be screened in your office.

CONFIDENTIALITY and CONSENT

In SC minors can consent to contraceptive care, including IUDs and Implants and are protected under HIPPA from disclosure to parents or guardians.
- Minors age 16 and older can consent to any non-surgical care.
- Minors of any age can consent to any non-surgical care if it is deemed necessary by the physician.
- Communicate confidentiality policies to adolescents and their parents

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Contraceptive Method Access

- Access to full range of contraceptive methods including IUDs and Implants (or referral process)
- Encourage consistent and correct use of condoms every time

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COMPREHENSIVE SEXUALITY EDUCATION

- Supplemental resource to school based sex-ed
- Longitudinal relationships with pediatricians build a trusted environment for ongoing conversation and medically accurate sexual health information.

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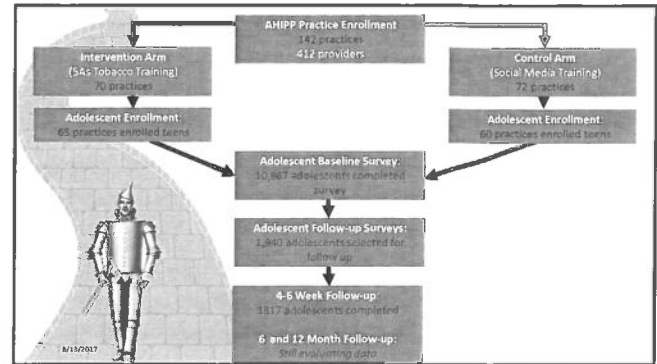## Teens and Smoking- Yes, Pediatricians Can Make a Difference

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Methods

AHIPP
Adolescent Health
in Pediatric Practice

- Adolescent Health in Pediatric Practice (AHIPP)

- National RCT to assess the impact of primary care provider counseling interventions on adolescent smoking cessation

- AAP Pediatric Research in Office Settings (PROS) practice-based research network

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5As Intervention

Ask
Advise
Assess
Assist
Arrange

- **Tobacco Screening:** Ask & Advise (intended for all youth)

- **Brief Counseling:** Assess, Assist, Arrange follow-up (intended for smokers only)

- Adapted to appeal to youth:
  - Link advice about quitting to youth's athletic/artistic performance
  - Focus on short-term benefits of quitting
  - Schedule quit dates to avoid stressful times

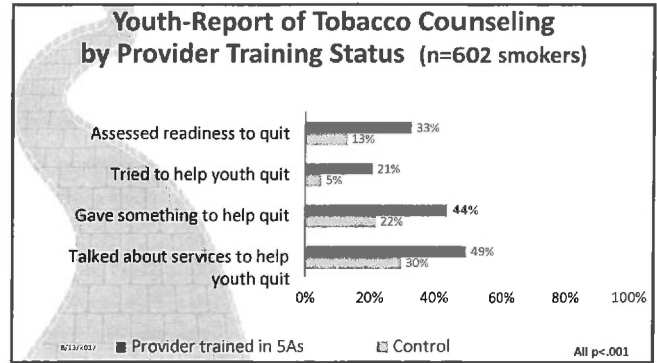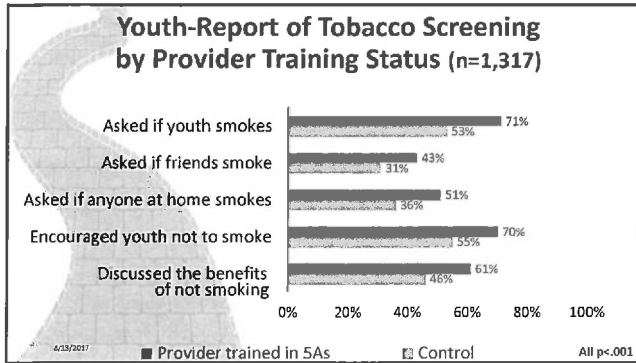- Paired with adjunct cessation materials, referral to quit resources

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Youth Demographics (n=1,317)

Age	Mean: 16 years (SD=2.0)	
Gender	60%	Female
Ethnicity	12%	Hispanic
Race	66%	White, non-Hispanic
	12%	African American, non-Hispanic
	12%	Other
Smoking Status	46%	Current smoker (>puff in last 30 days)

There were no differences in youth demographics by study arm.

Youth-Report of Tobacco Screening by Provider Training Status (n=1,317)

Youth-Report of Tobacco Counseling by Provider Training Status (n=602 smokers)

Factors Associated with Youth Receipt of Screening

Multivariable logistic regression* (n=1,317)	aOR	95% CI
Provider training in the 5As Intervention	2.20	1.71-2.83
Youth identifies as a smoker	1.89	1.46-2.45
Provider talked with youth privately, one-on-one	1.82	1.39-2.37
Provider discussed confidentiality with youth	1.76	1.13-2.74

*Model adjusted for youth demographics
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Factors Associated with Smokers' Receipt of Counseling

Multivariable logistic regression* (n=602)	aOR	95% CI
Provider discussed confidentiality with youth	4.50	2.03-9.97
Provider training in the 5As Intervention	2.08	1.47-2.95
Provider talked with youth privately, one-on-one	1.72	1.15-2.60

*Model adjusted for youth demographics
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Discussion: Tobacco Screening

Youth seen by a provider trained in the 5As:

- Were more than twice as likely to be screened for tobacco

- Were more likely to report that their provider...
  - Asked if they smoked
  - Asked if their friends smoked
  - Asked if anyone at home smoked
  - Encouraged them to avoid/quit smoking
  - Discussed the benefits of not smoking

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Discussion: Tobacco Brief Counseling

Young smokers seen by a provider trained in the 5As

- Were more than twice as likely to be counseled about tobacco

- Were more likely to report that their provider...
  - Assessed whether they were interested in quitting
  - Gave them something to help them quit
  - Told them about services to help them quit

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AHIPP Conclusions

- Pediatric providers can be trained to deliver a guidelines-based tobacco screening and brief counseling intervention to adolescents in clinical practice.

Training in the 5As increases providers' ability to identify young tobacco users and provide resources and services to help them quit.
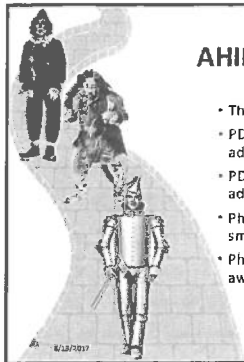
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AHIPP as a QI Project

- Background:
  - Successful implementation of preventive services requires systematic screening (*Bright Futures*)
  - AAP, other organizations recommend many screening tools and anticipatory guidance measures
  - These measures are not used consistently in primary care

The Problem:
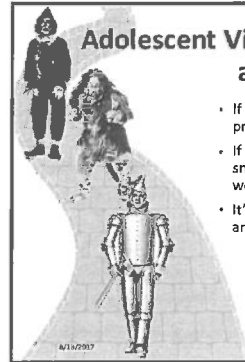 - Lack of systematic screening in primary care can prevent children from receiving necessary preventive service

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AHIPP as a QI Project

- The Solution:
- PDSA Cycles aimed at increasing screening rates for adolescent smoking
- PDSA Cycles aimed at increasing physician counseling for adolescent smoking
- Physcian training in brief MI and the 5As approach for smoking counseling and cessation.
- Physician and practice staff education to improve awareness of local resources for smoking cessation

Adolescent Visits- It's all about Screening and Counseling

- If we don't screen for sexual activity, we can't prevent pregnancy and STIs and we can't treat STIs.
- If we don't screen for smoking and for exposure to smokers, we can't counsel and educate our patients and we can't help them to quit.
- It's all about screening and counseling. Without this, we are starting with 2 strikes against us.