

Listening to Parents' Perspectives on Adolescent Health

Parents and families are invested in the health and well-being of their adolescent children. When adolescents are healthy and stay on track in their lives, these investments pay off, not just for adolescents and their families, but for the state of North Carolina – both today and in the future. Adolescents with support at home, and in their schools, communities, and health care settings, are better positioned to enter adulthood and succeed.

As part of the North Carolina Metamorphosis Project, we were interested in listening to the voices of parents who are doing the complex work of raising adolescents. A total of 1305 parents from across the state with children between 11 and 17 years of age participated in the 2008 North Carolina Child Health Assessment and Monitoring Program (N.C. CHAMP) survey, and their voices are summarized here. Fifty-two percent of parents answered questions about a son, and 48 percent answered questions about a daughter. Parents were asked about their perspectives on issues related to adolescent health and health care, and also about their own desires to learn more about adolescent health issues.

This snapshot summarizes survey results. Parents are a critically important resource for promoting sound adolescent development, and these results suggest that they are seeking greater engagement and information to support their adolescents. Whether



working to strengthen parents' connections with their own children or developing effective family and community partnerships with health care providers and policymakers, working with parents to increase investments in adolescents can bring big returns for North Carolina.

Parents' Perceptions of Adolescent Health Status

Parents offer a particular perspective on the health of their adolescents – one that can differ at times from the perspectives of adolescents themselves. It is important to know and understand parents' perspectives, because evidence indicates that the role parents play during this period of development is critical. Parents have a strong influence on the decisions their teens make, and parental example can help lead teens to better health.ⁱ

Fifty-five percent of parents of adolescents between 11 and 17 years of age report that their own adolescent is in excellent health. However, parents' responses indicate that one-third of adolescents between ages 11 and 17 years are already overweight or obese. Helping adolescents develop healthy weight management strategies is one example of how parents and families can influence adolescent health. Below are parental perceptions related to healthy patterns of eating and physical activity.

- Approximately a quarter of parents report that, on a typical day, their adolescents consume three or more servings of fruit, and three or more servings of vegetables.
- 70 percent of parents report that their adolescents consume reduced-fat milk.
- 57 percent of parents report that their adolescents spend two or more hours watching television.
- 41 percent of parents report that their adolescents participate in physical activity that is led, taught, or coached five or more days a week.
- 60 percent of parents of adolescents ages 11-17 report that in a typical week, members of their households eat a main meal that was prepared at home five or more times.



Health Care

The ability to receive regular, preventive health care and the opportunity to develop relationships with health care providers have been linked to positive health outcomes. The clear majority of parents of adolescents ages 11-17 report that their adolescents have a regular health care provider (84 percent), go to a physician's office when they are sick (88 percent), and have had health insurance over the previous 12 months (88 percent). In regards to routine annual health care:

- 92 percent of parents think teens should have a regular check-up at least once a year.
- 94 percent of parents report it is important to have a check-up before middle school.
- 95 percent of parents report it is important to have a check-up before high school.

As adolescents become adults, they need to develop skills to manage their own health and independently access the health care system. In the table below, parents report on issues related to this important transition.

	AGE OF ADOLESCENT IN YEARS		
	11-13	14-15	16-17
Parents who report a health care professional has talked to them about teen's health needs as he/she becomes an adult	18%	21%	24%
Parents who report a health care professional has ever talked to them about encouraging teens to take increasing responsibility for their own health care needs	59%	64%	58%
Parents who report that at last visit to see regular health care professional, their teen spent at least some time privately with the health care professional	31%	57%	71%*
Parents who report someone has talked to them about obtaining or keeping health insurance for their teen as he/she becomes an adult	13%	15%	22%*
Parents who report that they think child health insurance programs should be available after age 18	67%	79%	82%*

Note: * indicates that differences among the three groups in the indicated rows reach statistical significance and are unlikely to have occurred by chance.

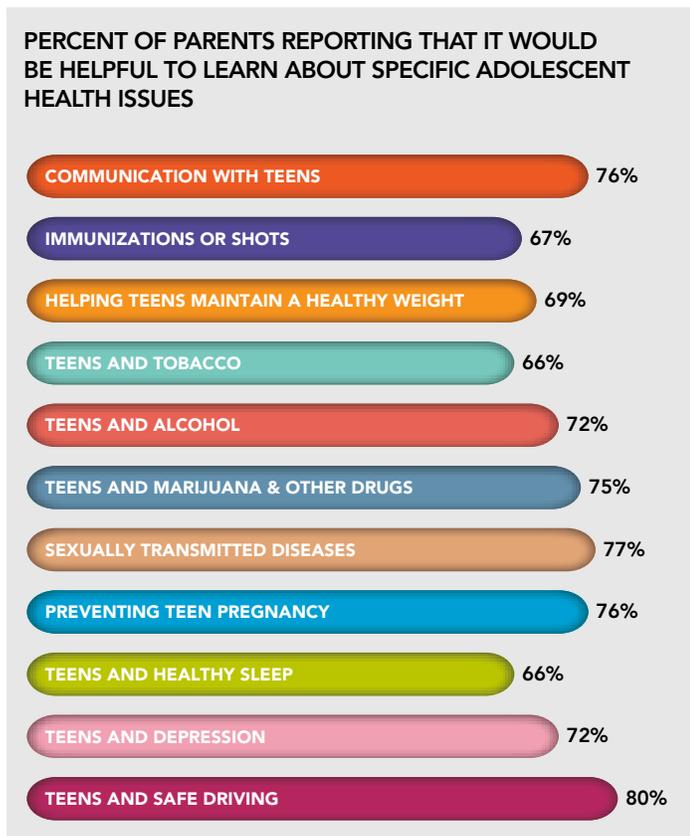
Parents' Educational Needs

It is crucial that parents have the tools and opportunities to shape teens' home environments and family experiences which, in turn, heavily influence teens' decisions and lifestyles. Despite what many parents think, adolescents' decisions about risky behaviors are heavily influenced by their parents, and many concrete actions by parents can help protect teens and positively influence teen decision-making.ⁱⁱ

Parents of adolescents ages 11-17 both need and report wanting information about adolescent health.

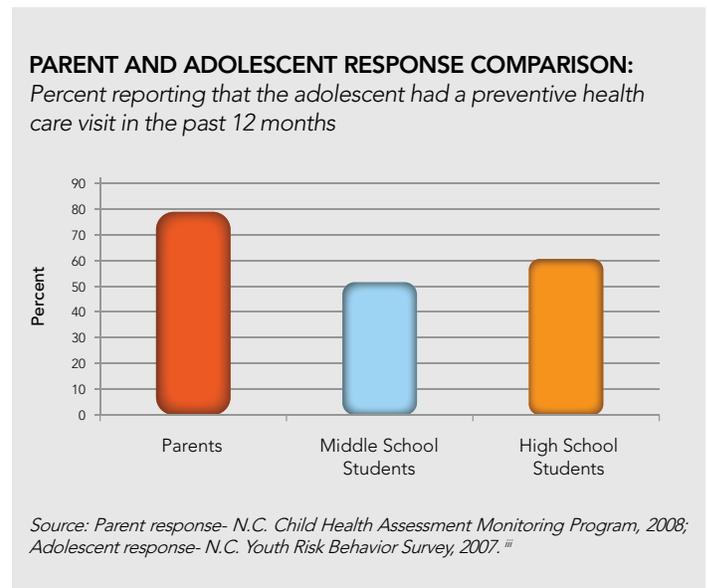
- Although 91 percent of parents had heard of the HPV vaccine, only 65 percent had heard of the vaccine to prevent meningitis.
- Although 85 percent of parents had heard of chlamydia, only 45 percent had ever heard that girls who have had sex should be tested for chlamydia once a year.
- 72 percent of parents reported that they would like to learn more about teen health issues.

The majority of parents interested in learning more reported that it would be very helpful to learn about a wide range of adolescent health issues, as shown in the figure below.



Limitations of Parent Surveys

It is important to remember that this survey was designed to hear the perspectives of parents. The perspectives of adolescents may be quite different. For example, as shown below, parents and adolescents give different responses when asked similar questions about use of health care.



Differences in reports of parents and adolescents have been noted related to other adolescent behaviors.^{iv} The reasons for these differences may be related to differences in how parents and adolescents "hear" questions, variations in how questions are worded, or perceptions of "reality." Both parent and adolescent perspectives are important, and this must be kept in mind when developing policies, programs and services to improve the well-being of adolescents.

Summary

Some widespread beliefs about adolescent health are challenged when we listen to the voices of parents of adolescents between 11 and 17 years of age across North Carolina. The common belief is that adolescents are generally healthy, but only 55 percent of parents report that their own adolescent is in excellent health. It appears that little attention has been focused on helping parents prepare their adolescents to become increasingly responsible for their own health and health care as they approach adulthood. Finally, the vast majority of parents report that it would be very helpful to learn more about a broad range of adolescent health topics.

These findings highlight the need to engage and support parents and families to enhance the health and well-being of adolescents. This is a critical role that North Carolina advocates, practitioners, and policymakers are called upon to play.

Data Sources

Listening to Parents' Perspectives on Adolescent Health was conducted as part of the North Carolina Child Health Assessment and Monitoring Program (N.C. CHAMP) which is described in detail at: <http://www.schs.state.nc.us/SCHS/champ/>. Results shared in this publication are from the 2008 survey. N.C. CHAMP operates through the State Center for Health Statistics (SCHS) Survey Center and is a follow-up survey of the North Carolina Behavioral Risk Factor Surveillance System (N.C. BRFSS) in households with children. The methodology is modeled after the BRFSS, which has been used and evaluated by the national Centers for Disease Control and Prevention and participating states since 1984. The BRFSS is a federally supported annual survey that assesses health characteristics of adults age 18 and older and that utilizes a random-digit-dial (RDD) computer-assisted-telephone-interviewing (CATI) system. Eligible children for the N.C. CHAMP survey are drawn each month from the N.C. BRFSS telephone survey of adults. All adult respondents with children living in their households are invited to participate in the N.C. CHAMP survey. One child in each household is randomly selected through a computerized randomization procedure, and the adult most knowledgeable about the health of the selected child is interviewed in a follow-up survey. N.C. CHAMP surveys are conducted annually in both English and Spanish. N.C. CHAMP data are weighted to reflect the North Carolina state census (available at: www.census.gov/popest/estimates). The use of weighted data adjusts the results of the sample to better represent the entire population of North Carolina.

Acknowledgements

This publication was produced by Action for Children North Carolina in consultation with Dr. Carol Ford, who is an Adolescent Medicine physician and researcher at the University of North Carolina at Chapel Hill and Director of the N.C. Multidisciplinary Adolescent Research Consortium and Coalition for Health (NC MARCH). Data were collected as part of the N.C. Child Health Assessment Monitoring Program (N.C. CHAMP) (<http://www.schs.state.nc.us/SCHS/champ/>) and Donna Miles, PhD, facilitated access to these data. Major funding is provided by The Duke Endowment through a grant to the University of North Carolina at Chapel Hill and leaders of NC MARCH. Action for Children thanks them for their support and acknowledges that the findings and conclusions do not necessarily reflect the opinions of advisors or financial supporters. This report is an activity of the North Carolina Metamorphosis Project. For more information about this initiative, please visit: www.med.unc.edu/ncmp.

Endnotes

- i. The National Center on Addiction and Substance Abuse. "National Survey of American Attitudes on Substance Abuse XIV: Teens and Parents." August 2009. Available online at: http://www.casacolumbia.org/templates/Publications_Reports.aspx.
- ii. Action for Children North Carolina. "Sex, Drugs and Rock N'Roll: What Teens Do, What Parents Assume and What Parents Can Do." December 2006. Available online at: www.ncchild.org.
- iii. Data on the perspectives of adolescents came from the North Carolina Youth Risk Behavior Survey (YRBS). Results shared in this publication are from the 2007 survey with North Carolina middle school and high school students. The YRBS helps assess behaviors in youth that impact their health now and in the future. Topics include violence, personal safety, physical activity, nutrition, mental health, tobacco, drugs and alcohol, protective factors and sexual behavior (for high school students only). For more detailed information, please visit: <http://www.nchealthyschools.org/data/yrbs/>.
- iv. Action for Children North Carolina. "Sex, Drugs and Rock N'Roll: What Teens Do, What Parents Assume and What Parents Can Do." December 2006. Available online at: www.ncchild.org.



THE DUKE ENDOWMENT