

## AAP Adolescent Health Partnership Project Chapter Assessment Summary

During February 2008, the AAP Adolescent Health Partnership Project surveyed the AAP Chapter leaders (Presidents, Vice Presidents and Executive Directors) regarding their chapter's interest and involvement in adolescent health activities, as well as barriers to participation and strategies to support further chapter involvement in adolescent health activities. These Chapter leaders were all asked to complete the assessment on Survey Monkey, as they have experience using Internet-based questionnaire administration programs. In addition, the leaders were asked to forward this request to a young physician leader within their chapter, as well as the chapter adolescent committee chair or the chair of the committee most involved in adolescent health activities. Multiple responses from the chapters were encouraged, to allow for a broader range of perspectives. No reminders were sent and a deadline for responding to the questionnaire was provided.

A total of 72 responses were received, representing 39 chapters, including responses from a variety of chapter level leaders. Presidents were the most likely to complete the survey, followed by the chair or co-chair for the chapter level adolescent health committee. Other respondents included Chapter Vice-Presidents, Chapter Executive Directors, past Board members/Presidents, and a number of other chapter members. Three members of the chapter level young physician groups are represented in the responses. Five of the respondents hold more than one title.

<b>Leaders who Responded to AAP Chapter Assessment</b>		
<b>Title</b>	<b>Number</b>	<b>Percent</b>
President	19	26%
Vice President	9	13%
Chapter Committee Chair	14	19%
Past Board Member/President	5	7%
Secretary	3	4%
Chapter Exec. Director	6	8%
Young Physician member	3	4%
Other Chapter level Title	4	6%
Chapter member	7	10%
No response provided	2	3%
<b>TOTAL</b>	<b>72</b>	<b>100%</b>

Half of the participants responded that there is a committee within their chapter that addresses adolescent health issues. Names for these committees vary slightly but the majority included "adolescent," "adolescence," or "youth" in the name. School health was another committee name mentioned that included adolescents within its focus. A few of the committee names focused on health issues that often affect the adolescent population, such as substance use, sports medicine, injury and violence prevention, and immunizations.

The majority of the chapters have either ongoing or highly active adolescent health activities or committees (37.8% and 29.7% respectively.) Only 8% of the respondents considered their chapter committee to be inactive, although 24% thought that the activities were irregular in occurrence. The responses were filtered by those that provided information about innovative projects, as well as those who responded that their chapter had an adolescent health committee. Both of these subgroups described a higher activity level for the chapter committee than the total respondents. Those respondents that described an innovative adolescent health project denoted that 47% were extremely active in adolescent health, while 33.3% were described as "extremely active" by those respondents with chapter adolescent committees.

The majority of the respondents agreed that adolescent health is important to their chapter. Just over 45% of respondents considered adolescent health as “very important” and an additional 42% considered it “important.” This question was posed in so that the respondent was to assume that barriers were not an issue. Adolescent health was predominately considered to be equally important within their chapter compared to other topics of concern (according to 63% of the respondents.) The following reasons were some of the responses provided as to why adolescent health was important within their chapter:

- Adolescent issues (health and well being) are vital to all pediatricians (3 responses)
- Many issues related to adolescent that are not being dealt with such as alcohol, substance abuse, suicides, violence, pregnancy, STDs (4 responses)
- Obesity, lack of physical fitness, safety/violence issues, mental health and oral health are big issues in our chapter (2 responses)
- Importance of chronic health conditions, risk avoidance and treatment are major issues/needs
- Relationship of the AAP strategic plan and adolescent population
- Adolescents tend to fall through the cracks with policy issues and in patient care.
- Psychological well being of our adolescent population (teens whose parents are in the military) is critically important
- Underserved population – possibilities for healthy impact
- Diversity of the chapter; we are dealing with inner city and suburban adolescents
- Care for large number of adolescents; increasing number of adolescents
- Adolescents are our future – all pediatricians deal with this age group
- Transition issues
- Increasing collaboration with Departments of Education and Public Health
- Older pediatricians may not be trained in this area
- Ride on coattails of a couple active adolescent doctors, but no formal committee
- Adolescent health had not intentionally been excluded from chapter activities; many activities have been categorical topics related to adolescent health. What is missing is an explicit, comprehensive focus on adolescent health.

However, the respondents did describe a number of barriers related to working on adolescent health issues.

- Funding/financial/reimbursement issues (12 respondents)
- Time (9 respondents)
- Lack of personnel (6 respondents)
- No member/chapter champion (6 respondents)
- Other conflicting issues/competition (6 respondents)
- Lack of training (5 respondents)
- Low chapter involvement (3 respondents)
- Support from local government
- Wide geographic area
- Other legislative duties

- Vaccine waiver legislation
- Communication problems
- Lack of member interest

The chapter leaders were asked to respond to 31 adolescent health topics or issues and note which issues were of most interest to their chapter members. The topics that received the greatest number of responses are:

1. Mental health (56 responses)
2. Nutrition/physical activity/obesity (55 responses)
3. Access to care (51 responses)
4. Illicit substance use (44 responses)
5. Suicide (44 responses)
6. Contraception/pregnancy prevention (42 responses)
7. Eating Disorders (40 responses)
8. Health care financing (40 responses)
9. Immunizations (40 responses)
10. Tobacco use (40 responses)
11. Health disparities/equity (39 responses)
12. Alcohol use (39 responses)

In addition, the chapter leaders designated those topics that they would want to provide more information to their chapter members. The top-ranking adolescent topics/issues are:

1. Mental health (37 responses)
2. Nutrition/physical activity/obesity (30 responses)
3. Access to care (21 responses)
4. Health care financing (18 responses)
5. Health disparities/equity (13 responses)
6. Eating disorders (12 responses)
7. Illicit substance use (12 responses)
8. Positive youth development (12 responses)
9. School health (12 responses)
10. Violence – gang activity, weapon carrying and physical fighting (11 responses)
11. Contraception/pregnancy prevention (10 responses)
12. Immunizations (10 responses)

The respondents were polled on their interest in receiving additional adolescent health information via eight (8) different activities/communication methods. The activities for disseminating adolescent health information which received the highest interest level from the respondents were:

1. Professional-oriented fact sheets on adolescent health topics (85.8% combined total for “interested” or “very interested”)
2. Web-based compilation of resources on adolescent health topics (84.1%)
3. Access to AAP speakers’ bureau on adolescent health topics (74.6%)
4. Access to national resources on promising adolescent health projects (74.2%)
5. More educational seminars on adolescent health at chapter meetings (70.4%)

6. More educational seminars on adolescent health topics at national meetings (69.8%)
7. Electronic learning opportunities on adolescent health issues (68.7%)
8. Stock educational articles for placement in chapter newsletters (59%)

The survey also collected information from the respondents about any new, exciting, exemplary or innovative adolescent health projects being conducted by a committee or members of their chapters. Based on the responses, 30 project descriptions were collected. The staff for the AAP Adolescent Health Partnership project will collect additional information about those projects and disseminate them through various avenues including the interactive map on the AAP adolescent health Web pages ([www.aap.org/adolescenthealth/](http://www.aap.org/adolescenthealth/)).

When the responses were filtered based on those that were aware of an adolescent health project, the percentage responding from a chapter that has an adolescent health committee rose to 81% (up from 49%). Additionally the percentage that responded that the activity in their chapter was “extremely active” also increased, as well as the percentage that viewed adolescent health as “very important” and either equally or more important compared to other issues. The top 12 issues were very similar, with health disparities/equity, positive youth development, chronic diseases and transition to adulthood being issues that rose higher in this sub-group of respondents (health care financing and alcohol use were ranked lower). They also differed in how they preferred to receive additional adolescent health resources.

	<b>Chapters with Adolescent Committee</b>	<b>Chapter with adolescent project</b>	<b>Total Chapter respondents</b>
<b>Has a Chapter Committee</b>	100%	83%	50%
<b>Extremely Active in Adolescent Health</b>	33.30%	53%	29.70%
<b>Aware of Adolescent Project</b>	52%	100%	29.50%
<b>Adolescent Health is Very Important</b>	57%	72%	45%
<b>Adolescent Health is Equally Important</b>	72%	72%	63%

The responses also were filtered based on those who responded from chapters that had an adolescent health committee. Similar to the respondents who are aware of an adolescent health project in their chapter, these participants responded more frequently that their chapter was extremely active in adolescent health issue and that adolescent health was a “very important” health issue. Nearly 72% thought that adolescent health was equally important to other issues in this subset of respondents. The top 12 issues for those with chapter adolescent committees were very similar to the total respondents, as were the topics that they would want more information provided to their chapter members. This set of respondents differed slightly in the order of the preferred methods for receiving adolescent health information from the full set of respondents. The top three preferred methods were web-based resources, more educational seminars at national meetings, and professional-oriented fact sheets on adolescent health topics.

The AAP Adolescent Health Partnership Project interacts with the National Initiative to Improve Adolescent Health (NIIAH), a broad-based national initiative of federal grantees that are working on adolescent health activities. The NIIAH has collated the top 21 critical health

indicators from Healthy People 2010 to guide its efforts. The assessment asked the respondents how familiar they are with the NIAH. Over half of the respondents replied that they were not at all familiar (36.9%) or somewhat familiar (33.8%).

	<b>Chapters with Adolescent Committee</b>	<b>Chapter with adolescent project</b>	<b>Total Chapter respondents</b>
<b>Somewhat familiar with NIAH</b>	34%	50%	33.80%
<b>Familiar with NIAH</b>	25%	11%	18.50%
<b>Very Familiar with NIAH</b>	22%	28%	10.80%

Finally, the questionnaire provided the respondents with an opportunity to offer ideas on how the AAP Adolescent Health Partnership Project could support chapter-level efforts that improve pediatricians' care for adolescent patients. Some of the comments provided included:

- Organizational development support, both financial and advisory
- Disseminate ideas, share innovation, encourage involvement
- More information at state and local meetings
- Regular updates/more communication with the chapter (3 responses)
- Let us know what resources you have (2 responses)
- Get out pertinent information on the initiatives the AAP is backing and starting
- Offer grants/awards specific to adolescent issues (4 responses)
- Help support an adolescent committee in the chapter/leadership training (3)
- Save chapters from “reinventing the wheel” (stress user –friendliness, simplicity, and consideration of time and cost in all efforts)
- TA/clearinghouse of resources and tools (5 responses)
- Web resources and links (5 responses)
- Practice management/evidence based strategies (3 responses)
- Assist in building momentum with the chapter
- Reimbursement issues (6 responses)
- Increase availability of computer-based screens
- Organize speakers for chapter meetings (6 responses)

For more information about this chapter assessment or the AAP Adolescent Health Partnership Project, contact Charlotte O. Zia, MPH, CHES, Program Manager, at 800-433-9016, ext 7870 or [czia@aap.org](mailto:czia@aap.org).