Title

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insecurity and other social problems is critical for adolescent and young adult comprehensive healthcare.

Sources of Support: Leadership Education in Adolescent Health Training grant #T71MC00009; Maternal and Child Health Bureau, Health Resources and Services Administration.

92.

MEASURING UP TO THE COMMON CORE: WHAT IS KNOWN ABOUT THE DELIVERY OF PRIMARY CARE SERVICES IN SCHOOL-BASED HEALTH CENTERS (SBHCS)

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Purpose: In the Affordable Care Act (ACA), school-based health centers (SBHCs) are nationally recognized as organizations that contribute to adolescent health and well-being. Despite ACA funding appropriation and the continued growth of SBHCs nationwide, limited research has explicitly assessed the capacity of SBHCs to deliver primary care, the foundation of comprehensive health care within the ACA. In particular, to what extent SBHCs can deliver the four core characteristics of primary care – access, comprehensiveness, coordination, and continuity – has been largely unexplored. Through a comprehensive literature review, we aim to better understand the role of SBHCs in primary care delivery for adolescents.

Methods: We searched MEDLINE, Cochrane Central and reference lists from January 1970 to April 2014 for articles involving the provision of primary care health services within an on-site school-based health center, as defined as being within the school or on school grounds. We considered primary care delivery in SBHCs with respect to the four core characteristics of primary care: access, comprehensiveness, coordination, and continuity. We assessed the methodological quality of each of the included research studies using a standardized abstraction form that included study quality grading criteria from the U.S. Task Force on Community Preventive Services.

Results: From a total of 301 potentially relevant studies, we identified nine studies of fair to good quality that reported on access to health services, comprehensiveness of care, and continuity of care in SBHCs. None of these studies reported on coordination of care. Good quality evidence suggests that adolescents receiving care from SBHCs receive comprehensive and continuous care. Less consistent evidence exists that SBHC users experience increased access to health care, especially primary care services, compared to non-SBHC users.

Conclusions: Few good quality studies have investigated SBHC performance in delivering the core attributes of primary care. Further more rigorous studies exploring the access and coordination of care for SBHC users are warranted to more fully examine the potential of SBHCs for improving primary care delivery.

Sources of Support: This project was supported by the UCSF Primary Care Research Fellowship, funded by NRSA T32HP19025.

93.

PARENT AND ADOLESCENT PERSPECTIVES OF FACILITATORS AND BARRIERS TO ADOLESCENT PREVENTIVE CARE VISITS

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Purpose: Annual preventive care visits are an important opportunity to provide evidence-based care. Clarifying the unique role of adolescents, and parents of adolescents, in predicting preventive care visits can lead to focused interventions. The objective of this study was to determine unique barriers to annual adolescent preventive care visits from the perspectives of adolescents and parents of adolescents.

Methods: A nationally representative cohort study of adolescents between the ages 13 and 17 years, and parents of adolescents between the same age range, were recruited into an online survey to clarify issues and barriers in promoting adolescent health and wellness. The primary outcome was self-report of a preventive care visit in the last 12 months. Data on parent and adolescent demographics, family health discussions, importance of physical and emotional activities to health, and preventive care barriers were gathered separately for both adolescents and parents.

Results: The samples consisted of 500 adolescents and 504 parents. The majority of parents and adolescents reported receiving a primary care visit within the previous 12 months (parents = 78.7%; adolescents = 66.9%) with parents reporting a higher visit rate than adolescents. Adolescent participants were more likely than parents (parents = 0.69; adolescents = 1.42) to identify barriers to preventive care. Predictors of preventive care for both parents and adolescents included parental graduate education (parent Adjusted Odds Ratio (aOR) 2.74, 95% Confidence Interval (CI) = 1.06-7.16; adolescent aOR 2.58, CI= 1.23-5.46), the belief that an appointment with a physician is only needed when a child is sick (parent aOR 0.21, 95% CI=0.08-0.61; adolescent 0.29, CI=0.17-0.51) and family cannot afford cost of care (parent aOR 0.34, 95% CI=0.15-0.81; adolescent aOR 0.50, CI=0.26-0.97). Unique barriers to preventive care from the perspective of parents only included their child seeing a specialist medical provider (aOR 0.26, CI= 0.08-0.88) and the view that their child does not need a checkup (aOR 0.12, CI=95% 0.05-0.34). Unique predictors of preventive care from the perspective of adolescents only included the view that parents never schedule preventive care visits (aOR 0.31, 95% CI= 0.17-0.58), the report of health discussions with their parents (aOR 1.57, 95% CI= 1.26-1.98) and seeing a specialist medical provider (aOR 3.72, 95% CI= 1.21-11.47).

Conclusions: The Patient Protection and Affordable Care Act has the potential to mitigate some of the barriers to preventive care identified by parents and adolescents, such as the cost of care. It is clear from the results of the current study, however, that other barriers to care, such as the general lack of understanding about the importance of preventive care, should also be addressed.

Sources of Support: Agency for Healthcare and Quality R01HS022681; HRSA/MCHB (T71MC00008)

94.

ADOLESCENT MORTALITY PATTERN IN TERTIARY LEVEL TEACHING HOSPITAL IN NORTH INDIA

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Purpose: Mortality pattern of hospitalized adolescents in developing countries has not been studied well so far. A better understanding of the adolescent mortality pattern could contribute to a more effective approach in saving these lives.