



National Poll on Children's Health

Back Off: Parents Impeding Teens' Healthcare Independence?

Volume 25
Issue 2
December 14, 2015

Report Highlights

Only about 15% of parents report their teen would discuss health problems independently at a routine check-up.

Two-thirds of parents complete health history forms without involving their teen.

Parents' top reason that teens are not involved in discussing health problems is they are not comfortable in that role.

As teenagers transition to adulthood, they should gradually increase responsibility for their own health and healthcare. This includes understanding their family health history, discussing symptoms of health problems with the provider, and asking questions about medications or treatments. Routine check-ups offer an opportunity for teens to practice these skills.

In September 2015, the C.S. Mott Children's Hospital National Poll on Children's Health asked parents of teens age 13-18 to describe their involvement in their teens' healthcare visits.

Parent vs Teen Roles

For a routine check-up, 96% of parents said their teen would go to their usual doctor or clinic; 89% said the parent would also attend the visit. Only 34% of parents said at their teen's most recent healthcare visit, the provider talked privately with the teen, without a parent in the room.

Two-thirds of parents report that they would complete the health history form without involving their teen; parents indicated their primary reason was that they would rather complete the form themselves. Similarly, 70% of parents would make decisions about vaccines without any involvement of their teen; the primary reason was that vaccine decisions are the parent's role.

Over half of parents report that both they and their teen would be involved in discussing physical, emotional, or behavioral problems, and asking questions about health issues. Only about 15% of parents indicated that their teen would discuss physical or emotional problems independently, and only 5% said their teen would ask questions independently. Parents who would discuss health issues without any involvement of their teen reported that their teen would not be comfortable talking about these things.

Contact us

A publication from C.S. Mott Children's Hospital, the University of Michigan Department of Pediatrics and Communicable Diseases, and the University of Michigan Child Health Evaluation and Research (CHEAR) Unit.

Figure 1. Who handles aspects of teens' check-ups?

	Only Parent	Only Teen	Both Parent & Teen
Complete health history form	65%	7%	28%
Make decisions about vaccines	70%	2%	28%
Ask questions about health issues	38%	5%	57%
Discuss emotional or behavioral health problems	30%	14%	56%
Discuss physical health problems	20%	16%	64%

This report presents findings from a nationally representative household survey conducted exclusively by GfK Custom Research, LLC (GfK), for C.S. Mott Children's Hospital via a method used in many published studies. The survey was administered in September 2015 to a randomly selected, stratified group of parents age 18 and older with at least one child age 13-18 (n=1,517). Parents were selected from GfK's web-enabled KnowledgePanel® that closely resembles the U.S. population. The sample was subsequently weighted to reflect population figures from the Census Bureau. The survey completion rate was 40% among panel members contacted to participate. The margin of error is ± 1 to 4 percentage points.

Implications

The teenage years are a time of emerging independence—from taking on more responsibility for schoolwork and household chores, to learning to drive, getting a job, and planning for college. Parents often play an important role in giving teens opportunities to become more independent.

Results of this national poll suggest that parents may not fully appreciate their role in promoting teens' independence in the healthcare setting. From completing health history forms at registration, to describing symptoms of health problems, many parents report that they—not their teen—play a greater role in the healthcare interaction.

Parents' top reason for not having their teen take the lead in talking with the healthcare provider about physical, emotional, or behavioral health problems is that the teen isn't comfortable in that role. However, when parents step in to manage the healthcare interaction, teens do not have the opportunity to develop confidence and comfort in having discussions with the provider, asking questions about their condition or treatment, and taking responsibility for their own health.

In terms of filling out health history forms or other paperwork, parents' top reason for not involving their teen is that they'd rather do it themselves. Though perhaps more efficient for parents, this potentially deprives teens a chance to become accustomed to the usual processes at a health care visit, and to gain important knowledge about their family health history.

Parents can follow several strategies to promote their teens' healthcare independence. Before the appointment, parents can encourage their teen to write down any health problems or questions they have. Upon arrival, the teen can check in at the registration desk and complete any forms, with the parent available as a back-up if questions arise. During the visit, parents can wait to speak, giving space for the teen to describe any problems or questions. The early opportunities to gain skills and confidence, with a parent nearby for guidance, will pave the way for teens to navigate the health care system when they become adults.

Director: Matthew M. Davis, MD, MAPP
Associate Director: Sarah J. Clark, MPH
Manager & Editor: Dianne C. Singer, MPH
Data Analyst: Amilcar Matos-Moreno, MPH
Web Editor: Anna Daly Kauffman, BA
Research Associate: Sara L. Schultz, BA
Website: MottNPCH.org



**Child Health Evaluation
and Research Unit**
University of Michigan

Facebook | Twitter | Google+ |

Findings from the C.S. Mott Children's Hospital National Poll on Children's Health do not represent the opinions of the investigators or the opinions of the University of Michigan. The University of Michigan reserves all rights over this material.