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Adolescent Health Problems: A Model for Their Solution

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We participated in developing a model for health care delivery to promote preventive health care and health education among adolescents and their families. The project began through interest expressed by nurses and physicians at Henry Ford Hospital and has evolved as a collaborative effort by the hospital staff, the involved school, and the community.

We began this project by surveying the students at a local middle school to determine the scope and nature of their health problems. The problems were legion. Few of the children were enrolled in preventive health care programs, routine immunizations were incomplete, and the children suffered from a variety of stress-related problems including sleep disorders, anxiety attacks, and gastrointestinal disorders.

Experience in health care delivery systems has demonstrated that preventive health care is not widely valued in our society. Most of the health care in this country is aimed at restoration of health; thereby increasing cost and decreasing efficacy. In families with economic problems, health care is demonstrably not a fiscal priority, and preventive health care may not appear at all in the family value system.

Some truisms about adolescents contribute to an understanding of problems in adolescent health care delivery:

1. Adolescents exist in a here-and-now time frame; they neither worry about yesterday nor plan for tomorrow, thereby decreasing the probability of preventive health care.

2. Adolescents believe that they are infallible and therefore are not concerned about disease or illness.

3. Adolescents have major problems with self-image and therefore feelings of self-worth. They tend to vacillate between total narcissism and total self-abnegation. Health care does not seem congruent with either pole.

4. Health care to adolescents is neither a priority nor a pleasant experience. Childhood visits to the physician or dentist may have created associations between health care and pain.

5. Adolescents have access problems in seeking health care. School and social activities both preclude attendance during usual clinic hours.

One attempt to deal with the aforementioned issues and to provide preventive health care for adolescents is a teen health care clinic based in a local urban middle school. As previously

stated, the students at this school suffer from a myriad of health and health-related problems. In addition, the surrounding area is plagued by repeated episodes of violence, significant amounts of which involve children. The program, therefore, is aimed at promoting both physical and emotional well-being.

The purpose of the program may be summarized as follows:

1. To work with the students and their families to build and enhance the students' self-esteem.

2. To establish a clinic to provide health assessment and referrals for the students at the middle school.

3. To provide basic immunizations for students at the middle school.

4. To establish monthly programs in health education for students and their families.

5. To provide screening for selected health problems including sickle cell disease, anemia, and scoliosis.

6. To provide oral/dental examination and referral.

The Teen Health Clinic will be staffed primarily by clinical nurse specialists and will collaborate with existing health care, social, and volunteer organizations in its attempts to fulfill its purpose. A board, consisting of school personnel, students, and community and health care personnel, will meet regularly to plan, implement, and evaluate programs and their delivery. We feel that ownership by the school and community is vital to the success of the program. Too often, well-meaning health care providers attempt to impose programs on the community only to discover that the consumers' needs are not met by the program, and therefore there is lack of participation.

It is too early to provide detailed descriptions of clinic activities. However, the preliminary plan for services includes the following:

1. Routine health screens including immunizations, physical examination, and laboratory screens for anemia, sickle cell testing, and screening for infectious disease (including sexually transmitted diseases).

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2. Referral and follow-up for treatment of disorders/problems discovered through the aforementioned screens.

3. Nutritional screens and teen-focused diet therapy.

4. Dental screens and referral for follow-up care.

5. Educational programs for students and family members on topics of interest to the group including hypertension control, sexuality, communication skills, and health care careers.

6. A "drop-in center" for individual counseling on specific health interests or problems.

7. Work with the students on issues surrounding their self-image and self-esteem, both on group and individual bases.

8. Work with the students on programs of impulse control and conflict resolution, aimed at reducing the incidence of violence for the group.

We have no guarantees that this clinic or others like it can have a positive effect on the health and well-being of its intended clients. Our only certainty is that the current systems have failed to provide for the health care needs of the students in this specific middle school. In a time when all health care providers must become health economists, the investment in preventive health care for children is fiscally sound and socially imperative.