



## Healthy Families Program 2012 Teen Health Care Experience Survey



April 2013  
Managed Risk Medical Insurance Board

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## Managed Risk Medical Insurance Board Healthy Families Program

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*MRMIB provides and promotes access to affordable coverage for comprehensive, high quality, cost-effective health care services to improve the health of Californians.*

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## Executive Summary

### Introduction

Managed Risk Medical Insurance Board (MRMIB) administered the Young Adult Health Care Survey (YAHCS©) in 2011. The survey assesses the degree to which doctors, other health providers and health plans deliver recommended preventive services for teens and young adults aged 14-18. Twenty four health plans also participated in the study. The YAHCS survey instrument, selected for the project was an instrument developed and tested nationally by the Child and Adolescent Health Measurement Initiative (CAHMI). The survey assesses quantity and quality of preventive screening and counseling for risky behaviors, whether counseling and screening was provided in a private and confidential setting, and the teen's experience of the care provided. The 2012 Teen Survey was created to place more emphasis on measurement of teen's health care experience rather than risky behaviors that were addressed in the past YAHCS© surveys.

For the 2012 survey, MRMIB developed the procedures and questionnaire for the Teen Health Care Experience Survey. The survey instrument consists of 24 questions addressing access to health care, confidentiality of health care, experience with health care, and the Health, Safety and Wellness of teens during 2011. Teens were given the option to choose more than one response for some of the questions; therefore some responses can total less than or greater than 100 percent. Four questions from the 2011 YAHCS© survey were included in the 2012 Teen Survey. However, some changes were made to the format of the questions in the teen survey. For example, in YAHCS, teens were asked individually whether their doctor talked to them about various health topics or risky behaviors. In the Teen Survey, they were asked to select from a list of topics.

This change likely impacted the survey results and the ability to accurately trend between YAHCS and the Teen Survey.

This report presents the 2012 Healthy Families Program (HFP) Teen Survey results. A standardized survey procedure and questionnaire were used to survey 18,000 of 204,608 eligible HFP teens by mail and web. The survey was conducted from September through November 2012.

These results are also available on the Managed Risk Medical Insurance Board's (MRMIB) website at [www.mrmib.ca.gov](http://www.mrmib.ca.gov) in the section titled Reports.

### Reading this Report

In the Responses by Question section of the report, results are presented by geographic region and home language groups. Results for 2012 and 2011 are shown in the Trend Data table below:

**Table 1. HFP Teen Survey Trend Data – 2012 vs. 2011**

TEEN Question	Survey Year		
	2012	2011	% Point Change
Q2. Saw a doctor or other health provider within the last year	83%	87%	-4
Q8. Teen was able to speak with doctor or other provider without parents or other people in room	56%	39%	+17
Q9. Doctor or other provider told teen talks were confidential	53%	37%	+16
Q18.1 Talked with doctor or other provider about weight	50%	51%	-1
Q18.2 Talked with doctor or other provider about healthy eating or diet	58%	53%	+5
Q18.3 Talked with doctor or other provider about physical activity or exercise	60%	58%	+2

## Executive Summary

Q18.4 Talked with doctor or other provider about emotions or moods	19%	26%	-7
Q18.5 Talked with doctor or other provider about suicide	7%	10%	-3
Q18.6 Talked with doctor or other provider about alcohol use	13%	12%	+2
Q18.8 Talked with doctor or other provider about drug use	15%	25%	-10
Q18.9 Talked with doctor or other provider about use of steroids without a prescription	5%	16%	-11
Q18.12 Talked with doctor or other provider about sexual orientation	7%	17%	-10
Q18.13 Talked with doctor or other provider about STD's	15%	29%	-14

Due to changes in the questionnaire, no significance testing was performed. The highest improvement was observed in question eight which asked teens if they were able to speak to a doctor alone. More than half of teens indicated that they were able to speak with doctor or other provider without parents or other people in room, an improvement of nearly 17 percent (16.7%). In addition, the majority of the time, Doctors or other providers told teens talks were confidential, an improvement of 16.2 percent.

### Key Findings from 2012 Teen Survey

A total of 6,926 teens responded to the survey and more than three quarters of teens (83%) responded that they had been to see their doctor for medical or mental health care within the last year. Less than a quarter of teens (15%) indicated they went to their community clinic, hospital emergency room, or other location for health care services.

- Spanish and Korean speaking teens were the most likely to have had a doctor's visit in the last six months, 62

percent and 61 percent respectively, compared to only 50 percent of Chinese speaking teens.

- The majority of teens (88%) indicated they always have a parent or guardian help them get health care services.
- More than half (63%) of teens depend on a parent or guardian to provide transportation to see a health care provider and are unable to get themselves there otherwise.
- Nearly all (86%) Korean teens depend on a parent or guardian to provide transportation to see a health care provider and are unable to get themselves there otherwise.
- More than half of teens (53%) indicated their doctor told them about confidentiality.
- Nearly three-quarters (73%) of Korean speakers reported that their doctor did not tell them that what they discussed would be kept confidential. This is significantly higher than all other language groups where about half said their doctor did not talk to them about confidentiality.
- Teens in the Northern region reported having a delay or not receiving services for mental health therapy or counseling care at nearly twice the rate (18%) of the other regions. (This finding is significant and requires further research in order to determine whether there is an access to care issue in this particular region).

**Note:** Teens could choose more than one response for various questions on the 2012 teen survey.

### Conclusion

While Asian language speakers are often grouped together throughout this report there are significant differences in health care experience among Chinese, Korean and Vietnamese speaking teens. For example, Chinese and Korean speakers reported nearly double the rate of English, Spanish, and Other home language speakers with having a problem getting health care, 25 percent and 20 percent respectively.

The Teen Survey helps assist MRMIB by providing insight into the experience and views of subscribers in the Healthy Families Program. This survey information, coupled with other sources of data, helps MRMIB identify areas for program improvement with the participation of health plans.

Although, legislation enacted in 2012 will transition children to the Medi-Cal program in 2013, a final teen survey will be conducted in the summer of 2013 for comparison to the 2012 survey results.

### Results

This report summarizes the results of a survey of teen subscribers of the Healthy Families Program who had been continuously enrolled in the Healthy Families Program for at least six months as of December 31, 2012. The paper surveys were available in the following languages: Chinese, English, Korean, Spanish, and Vietnamese. The web survey was available in English and Spanish.

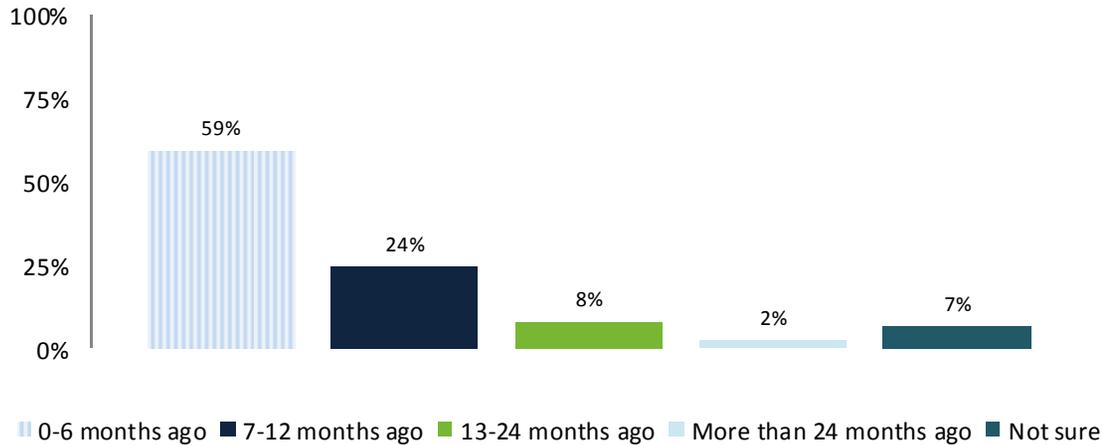
The survey was administered over an eight-week period using a four-wave protocol of mail and web. The four-wave protocol consisted of a pre-notification mailing to the parents of the selected subscriber of an initial survey mailing, and a reminder postcard to all respondents, and a second survey mailing to non-respondents. The survey consists of 24 questions that are grouped into the following four composites:

- Health Care;
- Privacy;
- Your Health Care Experience, and
- Health, Safety and Wellness.

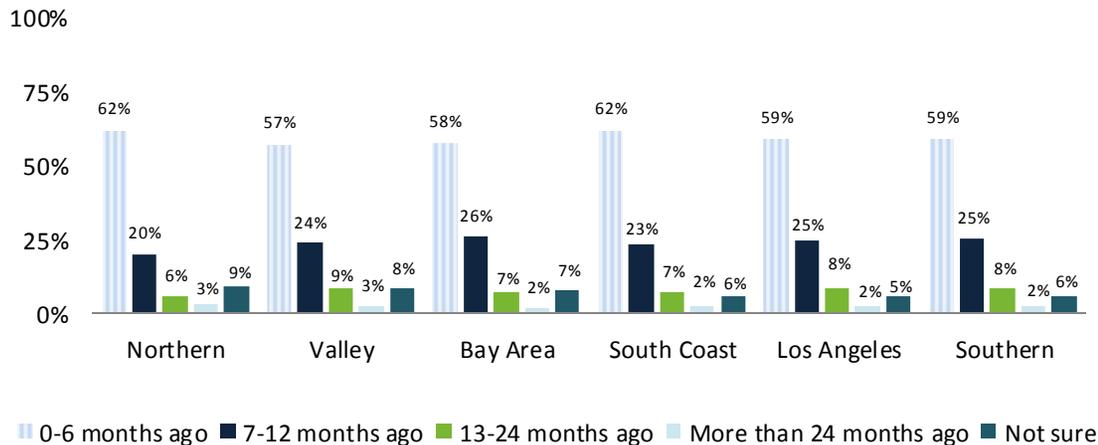
Surveys were considered complete if respondents provided a valid response to at least one survey question. Complete surveys were obtained from 6,926 members and the overall HFP response rate was 40.2 percent.

# Health Care: Last Time Teen Had Routine Care

**Chart 1. Last Time Teen Had Routine Care**



**Chart 2. Last Time Teen Had Routine Care By Region**



Charts 1-3 present information on the last time the teen went to their doctor or health care provider for a regular or routine care visit.

## Why Is This Important?

In order to benefit from preventative screening and counseling services, teens need time with their health care providers – separate from other visits prompted by acute problems. Health care providers have many opportunities to positively impact the health of adolescents. According to a national study, 92 percent of teens reported having one or more visits to a health care provider in the past year. Over two-thirds reported visits when they were sick or injured (69%) and similar portion reported seeing a health care provider in the past year for a check-up or when they were not sick (63%).<sup>1</sup>

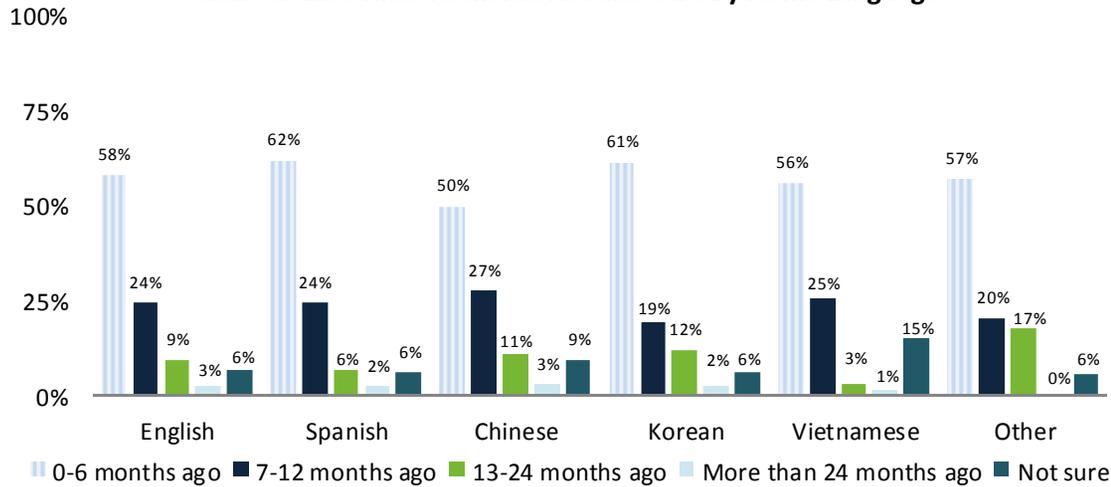
## Key Findings:

- More than three quarters of teens (83%) indicated they went to their doctor or health care provider in the past year with more than half (59%) receiving care in the last six months.

<sup>1</sup> A Portrait of Adolescents in America, The Robert Wood Johnson Foundation, May 2001, <http://cahmi.org/ViewDocument.aspx?DocumentID=88>

## Health Care: Last Time Teen Had Routine Care

Chart 3. Last Time Teen Had Routine Care By Home Language

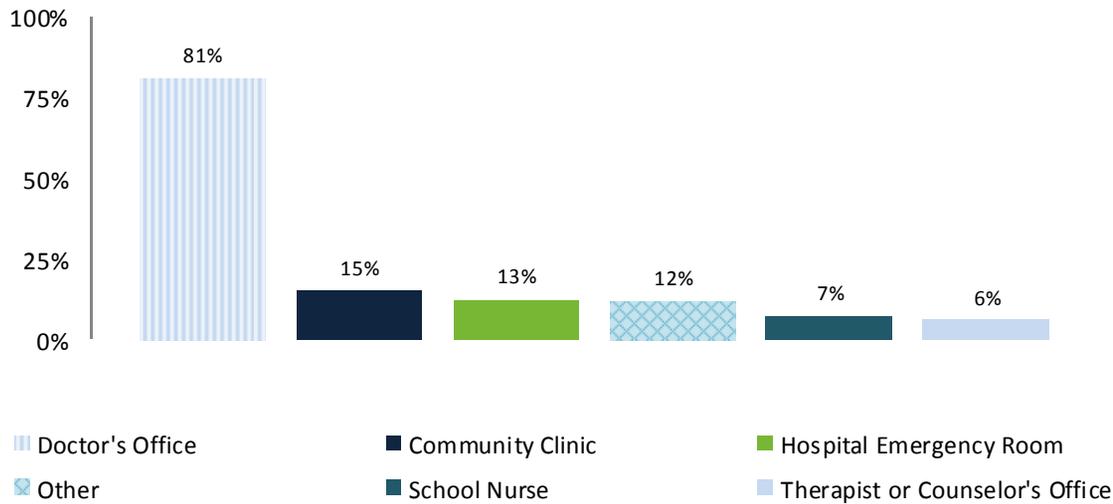


### Key Findings (Continued):

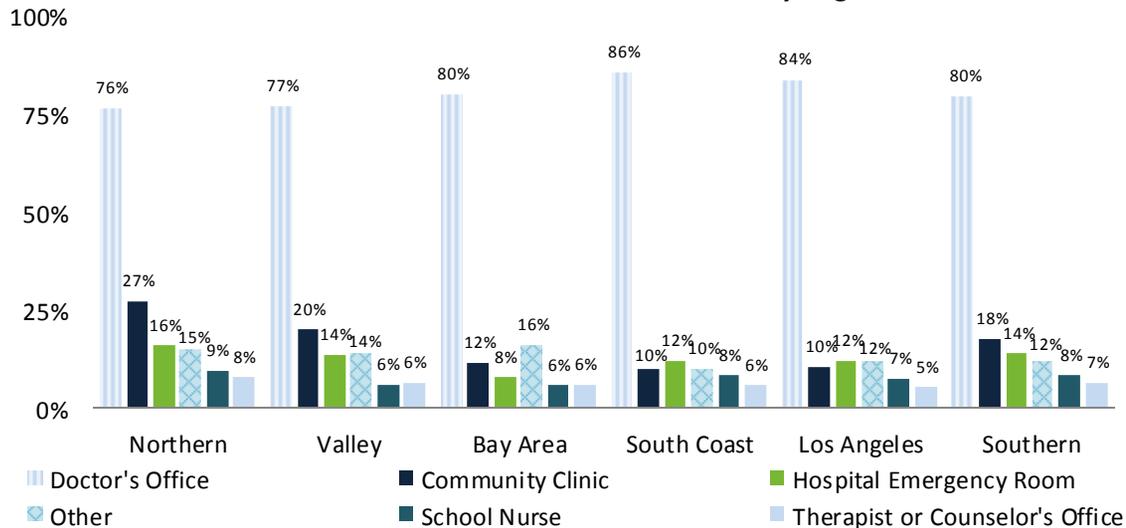
- Teens in the Northern and South Coast regions reported a slightly higher rate (62%) of receiving routine care in the last six months compared to other regions (Chart 2).
- Spanish and Korean speaking teens were the most likely to have had a doctor's visit in the last six months, 62 percent and 61 percent respectively, compared to only 50 percent of Chinese speaking teens.

# Health Care: Where Teens Go For Health Care

**Chart 4. Where Teens Go For Health Care**



**Chart 5. Where Teens Go For Health Care By Region**



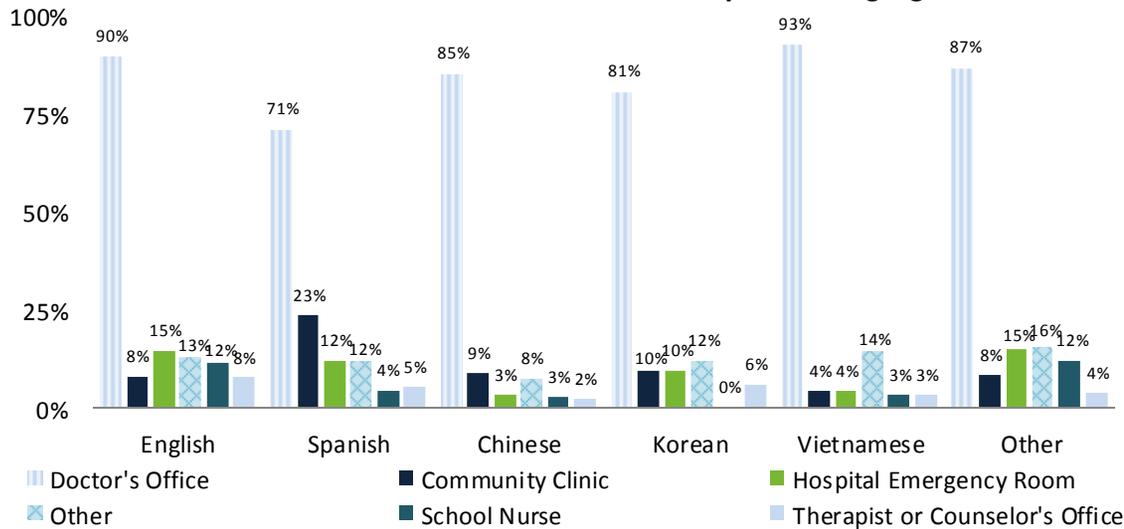
Charts 4-6 present information on where teens have gone for medical or mental health care services. Teens were given the option to choose more than one response for this question; therefore the responses do not total 100 percent.

**Key Findings:**

- The majority of teens (81%) indicated they went to their doctor's office for health care services, while less than a quarter of teens (15%) indicated they went to their community clinic, hospital emergency room, or other location for health care services.
- Less than ten percent of teens indicated they went to their school nurse, therapist or counselor's office for health care services.
- Teens in the South Coast and Los Angeles regions were the most likely to get care at their doctor's office.
- Teens in the Northern and Valley regions reported slightly lower rates of getting care in a doctor's office.
- Teens in the Northern region received care from a community clinic at the highest rate (27%).

## Health Care: Where Teens Go For Health Care

Chart 6. Where Teens Go For Health Care By Home Language

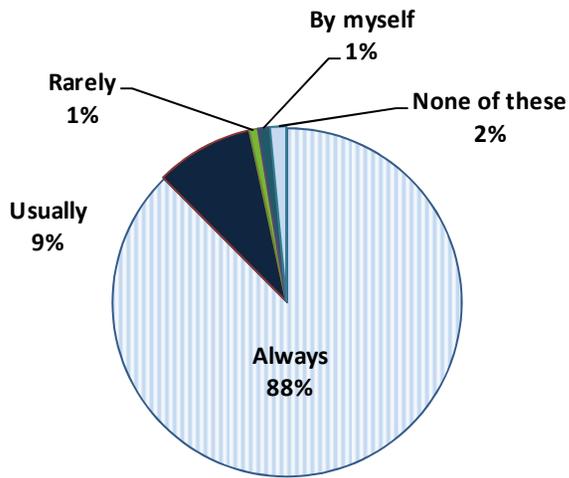


### Key Findings (Continued):

- Nine out of ten English and Vietnamese speaking teens reported that they get health care services through their doctor's office compared to only seven out of ten Spanish speaking teens.
- Almost a quarter of Spanish speaking teens (23%) indicated they went to their community clinic for health care services.
- English speaking teens were the most likely to see a therapist or counselor for health/mental health care services.
- English and other language speaking teens (12%) saw their school nurse more than all the other ethnicities.
- Chinese and Vietnamese teens (7%) had indicated they went less often to their hospital emergency room for health care services than other teens.

# Health Care: How Teens Get Health Care

**Chart 7. How Teens Get Health Care**

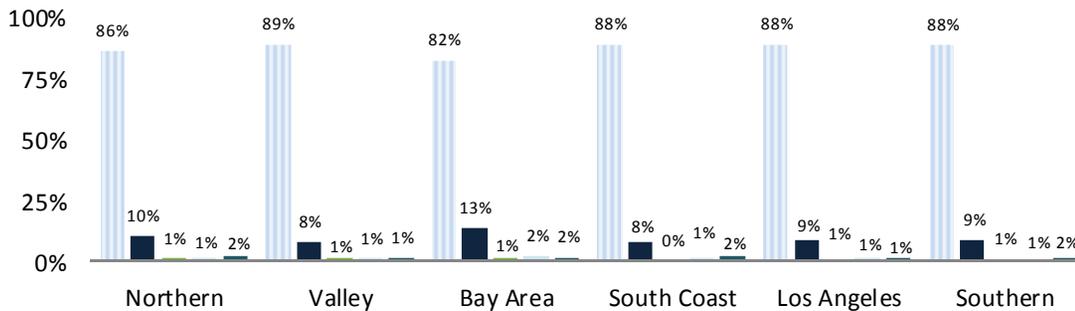


Charts 7-10 present information on how teen gets health care services.

**Key Findings:**

- The majority of teens (88%) indicated they always have a parent or guardian help them get health care services.
- Only two percent of teens indicated they usually get health care services by themselves.

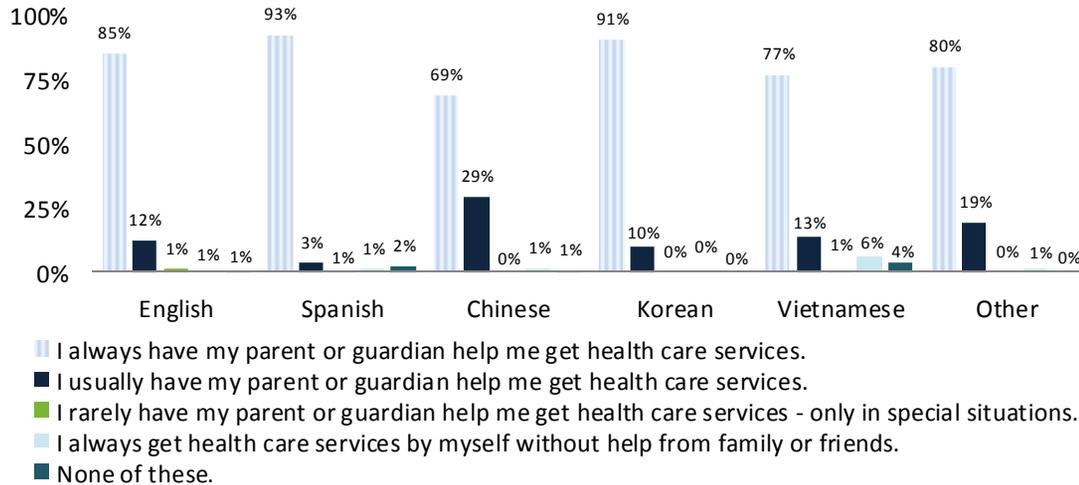
**Chart 8. How Teens Get Health Care By Region**



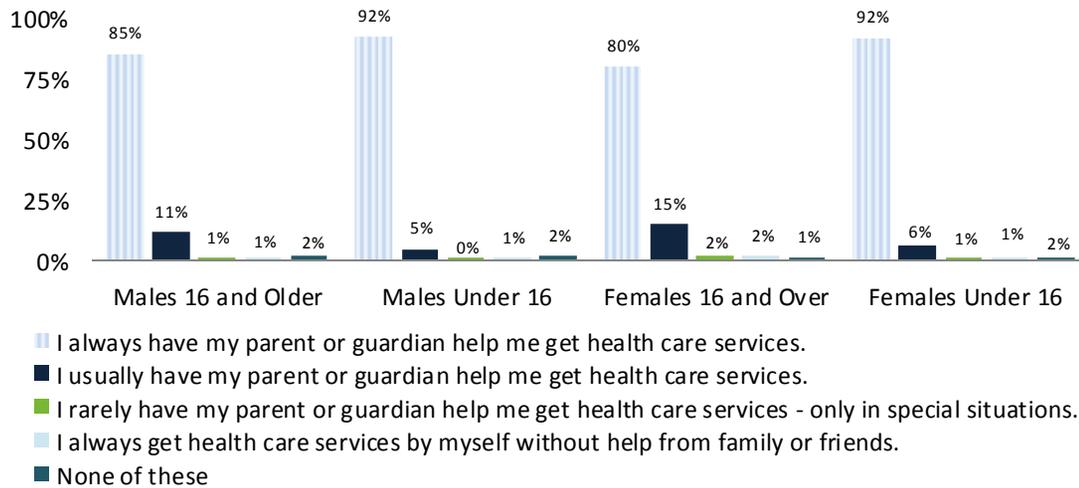
- I always have my parent or guardian help me get health care services.
- I usually have my parent or guardian help me get health care services.
- I rarely have my parent or guardian help me get health care services - only in special situations.
- I always get health care services by myself without help from family or friends.
- None of these.

## Health Care: How Teens Get Health Care

**Chart 9. How Teens Get Health Care By Home Language**



**Chart 10. How Teens Get Health Care By Age**

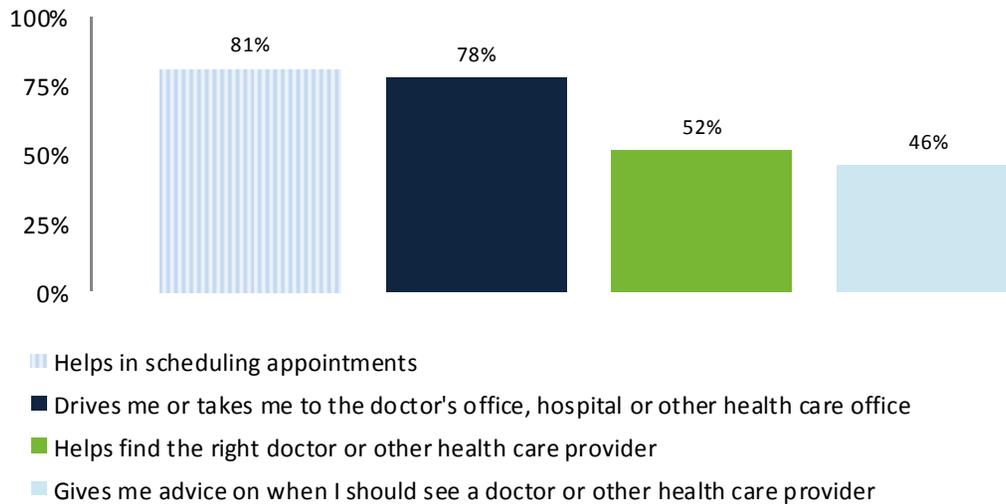


### Key Findings (Continued):

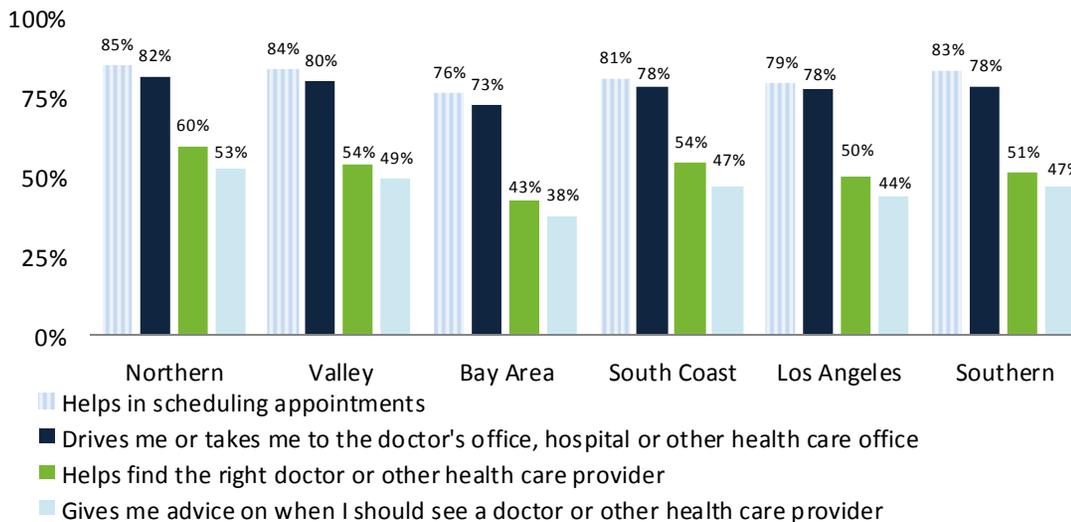
- Spanish speaking teens (93%) were the most likely to have their parents help them get health care services followed by Korean speaking teens.
- Chinese and Vietnamese speaking teens were the least likely to have their parents always help them get care.
- Older teens were the most likely to get care without their parents help, particularly females over the age of 16.

## Health Care: How Parent Helps Teen Get Health Care

**Chart 11. How Parent Helps Teen Get Health Care**



**Chart 12. How Parent Helps Teen Get Health Care By Region**



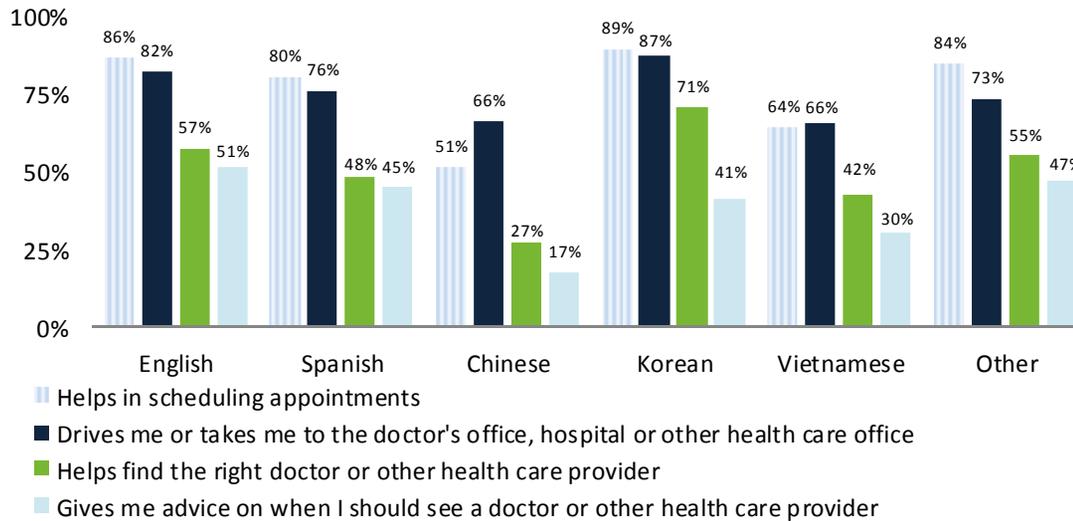
Charts 11-13 present information on how the teen's parent or guardian usually helps them get health care from a doctor or other health care provider. Teens were given the option to choose more than one response for this question; therefore the responses do not total 100 percent.

### Key Findings:

- The majority of teens (81%) indicated a parent or a guardian usually helps them in scheduling appointments.
- More than three quarters of teens (78%) indicated a parent or guardian usually drives or takes them to the doctor's office, hospital or other health care office.
- Half of teens (52%) indicated a parent or guardian usually helps find the right doctor or other health care provider.
- About half of teens (46%) indicated a parent or guardian usually gives them advice on when they should see a doctor or other health care provider.
- Teens in the Bay Area reported the lowest rates of parent's assistance in all areas.

## Health Care: How Parent Helps Teen Get Health Care

**Chart 13. How Parent Helps Teen Get Health Care By Home Language**

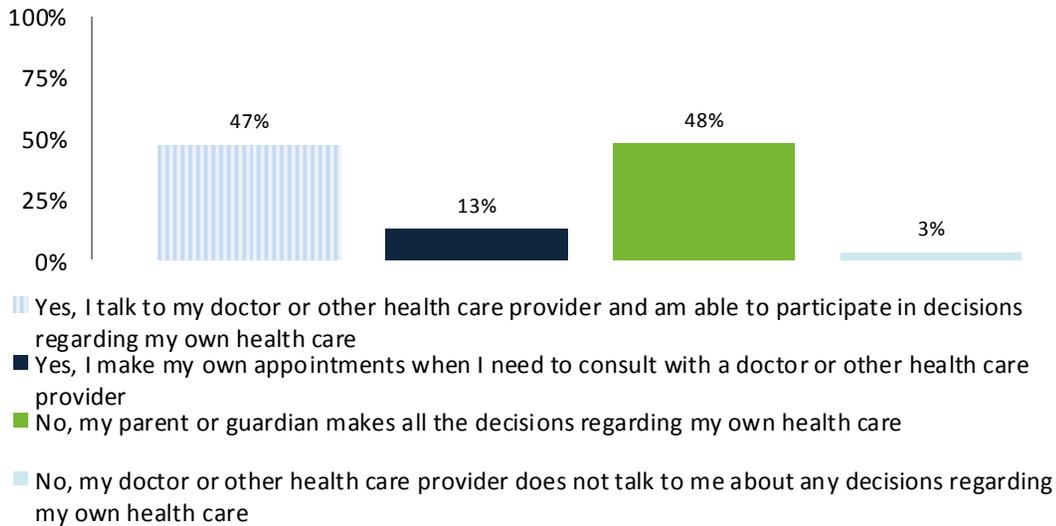


### Key Findings (Continued):

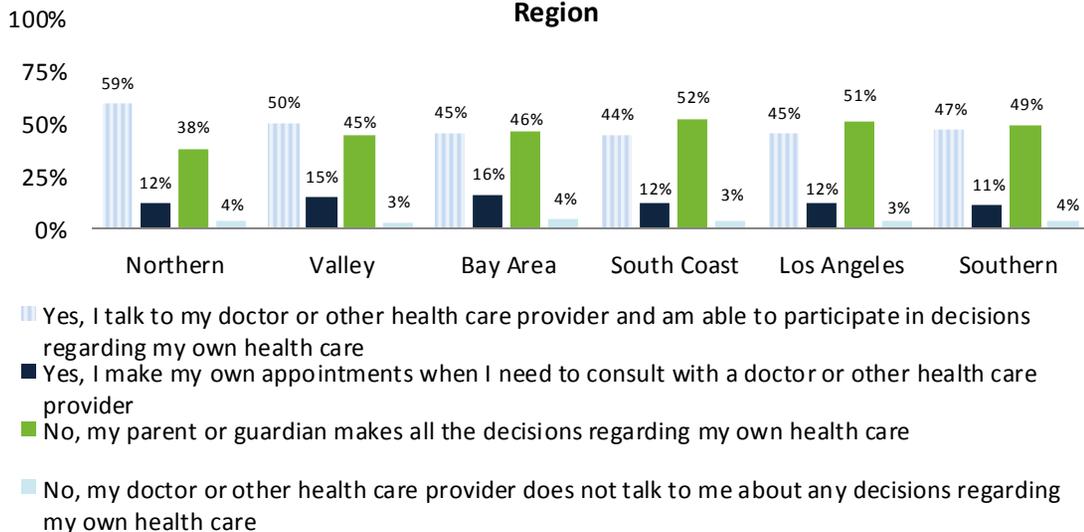
- Korean speaking teens reported the highest level of parental involvement in getting health care while Chinese speakers showed the least involvement.
- Only half of Chinese speaking teens (51%) and six out of ten Vietnamese speaking teens (64%) reported that their parent helped them schedule appointments compared to more than eight out of ten teens who speak English, Spanish, Korean, or other languages.

## Health Care: Teen Is An Active Participant In Health Care Decisions

**Chart 14. Teen Is An Active Participant In Health Care Decisions**



**Chart 15. Teen Is An Active Participant In Health Care Decisions By Region**



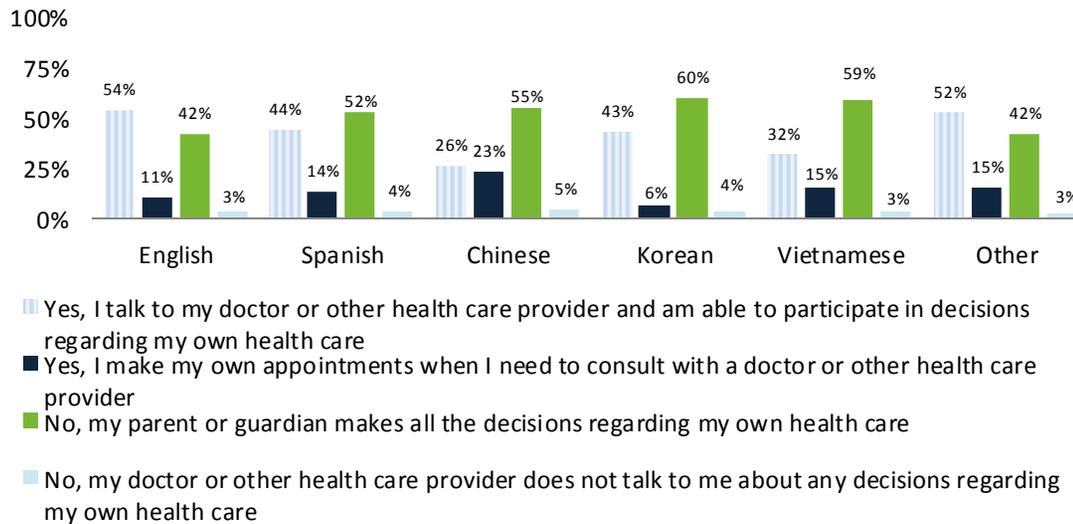
Charts 14-16 present information on whether teens feel they're an active participant in decisions regarding their own health care. Teens were given the option to choose more than one response for this question; therefore the responses do not total 100 percent.

### Key Findings:

- About half of teens (47%) indicated they are an active participant in health care decisions such as talking to their doctor. However, almost half (48%) also indicated their parent or guardian makes all of their health care decisions.
- Teens in the Northern region appear to be more actively involved in their health care decisions compared to teens in other regions.
- Teens in Los Angeles and South Coast regions were the most likely to have their parent make all of their health care decisions, but this still represents a little over half of teens in these regions.

## Health Care: Teen Is An Active Participant In Health Care Decisions

**Chart 16. Teen Is An Active Participant In Health Care Decisions  
By Home Language**

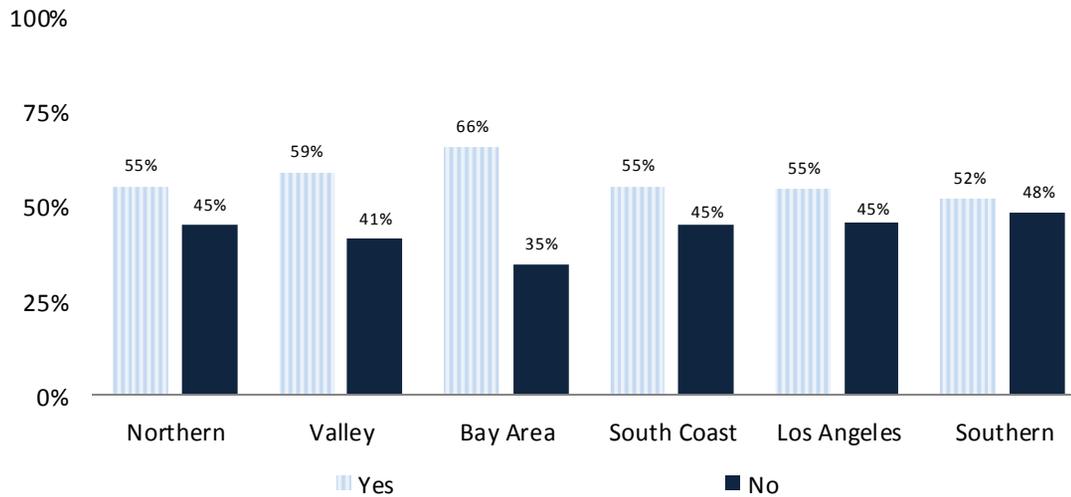


### Key Findings (Continued):

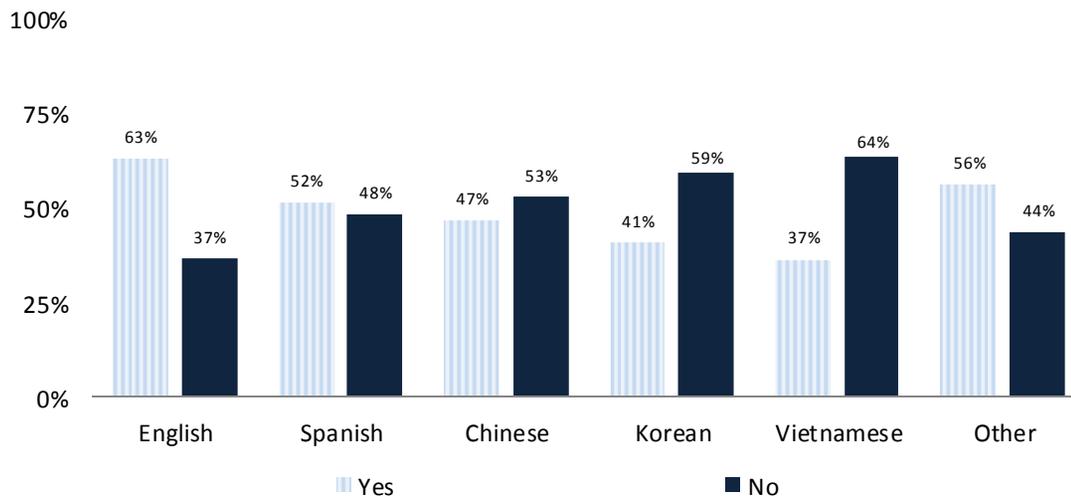
- Asian language speakers were the most likely to have their parent make all of their health care decisions.
- English and Other language speakers actively participate in their health care decisions at twice the rate of Chinese speaking teens.
- Chinese teens (23%) have the highest rate of making their own health care appointments.

## Privacy: Teen Able To Speak To A Doctor Alone

**Chart 17. Teen Able To Speak To A Doctor Alone By Region**



**Chart 18. Teen Able To Speak To A Doctor Alone By Home Language**



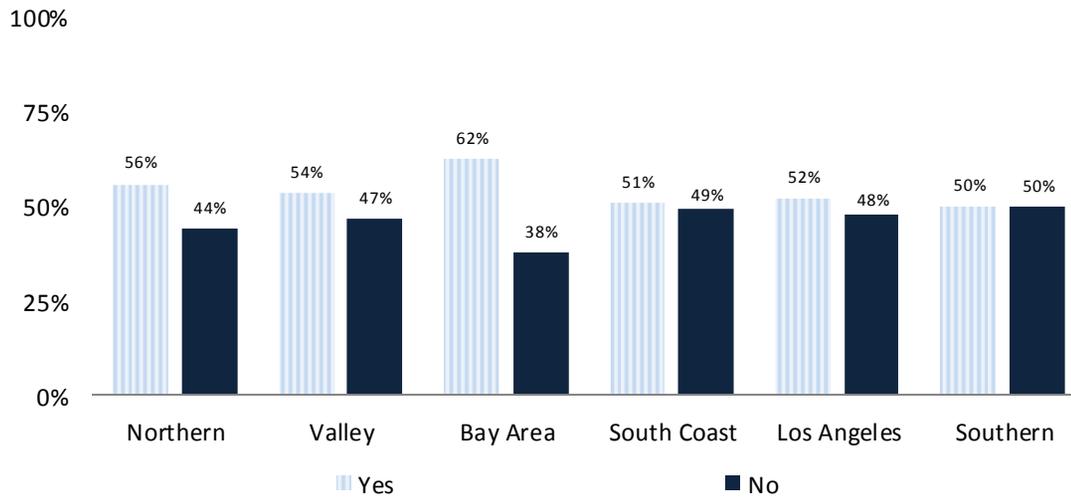
Charts 17-18 present information on whether teens were able to speak to a doctor alone.

### Key Findings:

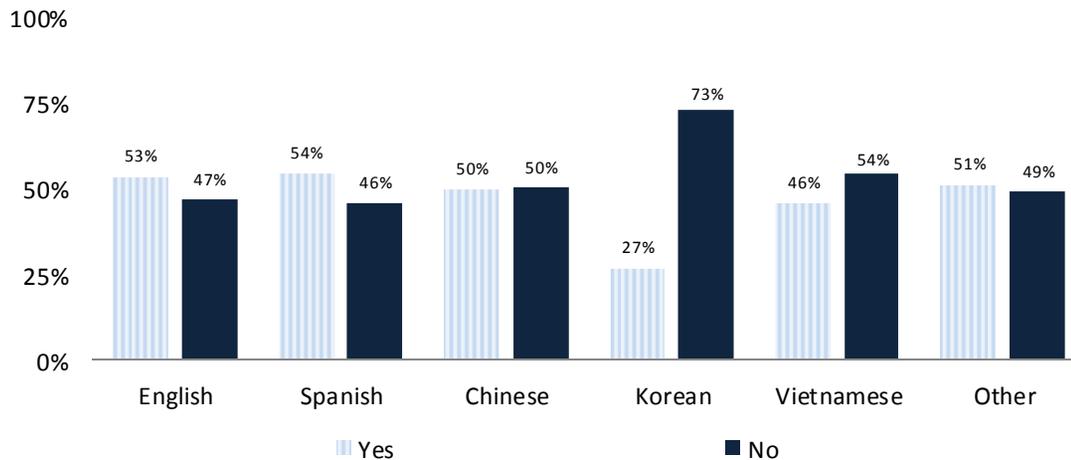
- More than half of teens (56%) indicated they are able to speak to a doctor alone.
- Teens in the Bay Area region (66%) were the most likely to speak to their doctor alone, while teens in the Southern region were the least likely (52%).
- Vietnamese speakers (37%) were able to speak to their doctor alone the least among the various home languages.
- English speakers (63%) were able to speak to their doctor alone the highest among the various home languages.

# Privacy: Doctor Told Teen About Confidentiality

**Chart 19. Doctor Told Teen About Confidentiality By Region**



**Chart 20. Doctor Told Teen About Confidentiality By Home Language**



Charts 19-20 present information on whether the doctor told teens what they talk about would be confidential.

## Why Is this Important?

Concerns about confidentiality may discourage teens from seeking necessary medical care and counseling, and may create barriers to open communication between patient and physician. Protection of confidentiality is needed to appropriately address issues such as depression, suicide, substance abuse, domestic violence, unintended pregnancy and sexual orientation.<sup>2</sup>

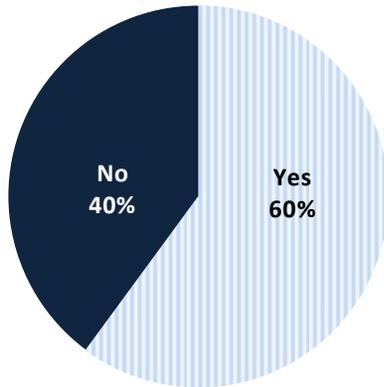
## Key Findings:

- More than half of teens (53%) indicated their doctor told them about confidentiality.
- Teens in the Bay Area region (62%) were the most likely to be told from their doctor about confidentiality among the various regions.
- Nearly three-quarters (73%) of Korean speakers reported that their doctor did not tell them that what they discussed would be kept confidential. This is significantly higher than all other language groups where about half said their doctor did not talk to them about confidentiality.

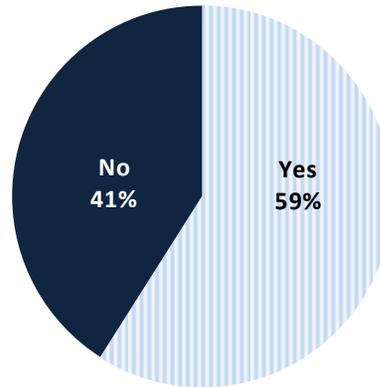
<sup>2</sup> Adolescent HealthCare, Confidentiality, American Academy of Family Physicians, April 2008, <http://www.aafp.org/online/en/home/policy/policies/a/adol2.html>

## Privacy: Teen Aware Of Confidentiality Services

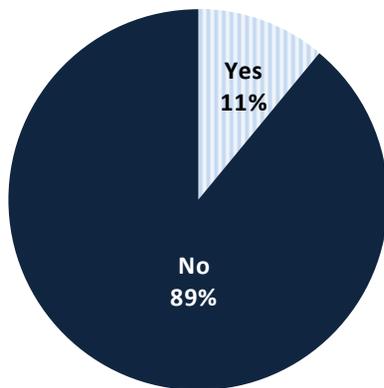
**Chart 21. Teen Aware Of Confidentiality Services**



**Chart 22. Teen Aware Of Confidential Medical Facilities**



**Chart 23. Teen Has Been To A Confidential Medical Facility**



Charts 21-24 present information on whether teens are aware of facilities that provide confidential services, such as Planned Parenthood or a Teen Health Center. Teens were given the option to choose more than one response for this question; therefore the responses do not total 100 percent.

### Why Is this Important?

It is essential that adolescents have access to confidential health care. The issue of confidentiality of care is a significant access barrier to health care. A recent study of girls under age 18 attending family planning clinics found that 47% would no longer attend if their parents had to be notified if they were seeking prescription birth control pills or devices, and another 10% would delay or discontinue sexually transmitted infection (STI) testing and treatment.<sup>3</sup>

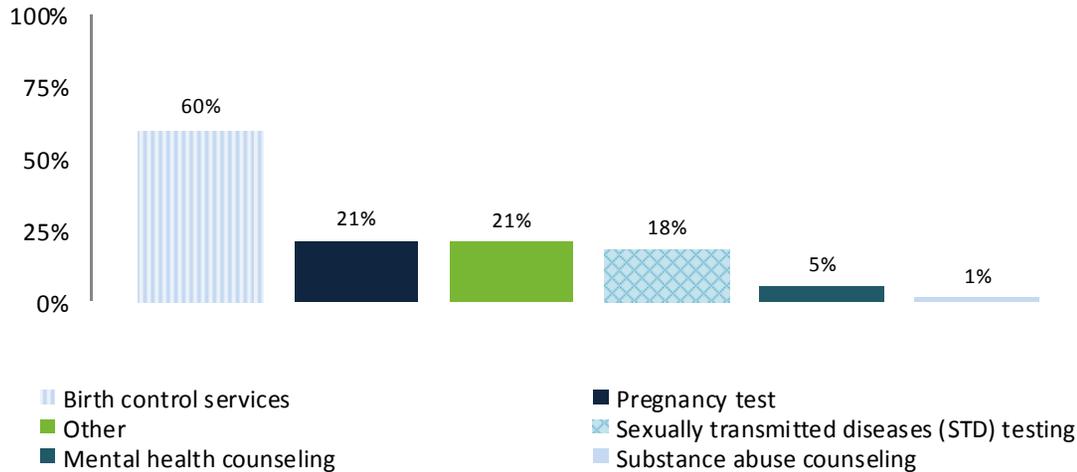
### Key Findings:

- 60 percent of teens reported that they were aware that they can get confidential services for things like birth control, pregnancy, sexually transmitted diseases (STD), etc.

<sup>3</sup> Reddy DM, Fleming R, Swain C. Effect of mandatory parental notification on adolescent girls' use of sexual health care services. JAMA 2002; 288:710-4.

## Privacy: Teen Aware Of Confidentiality Services

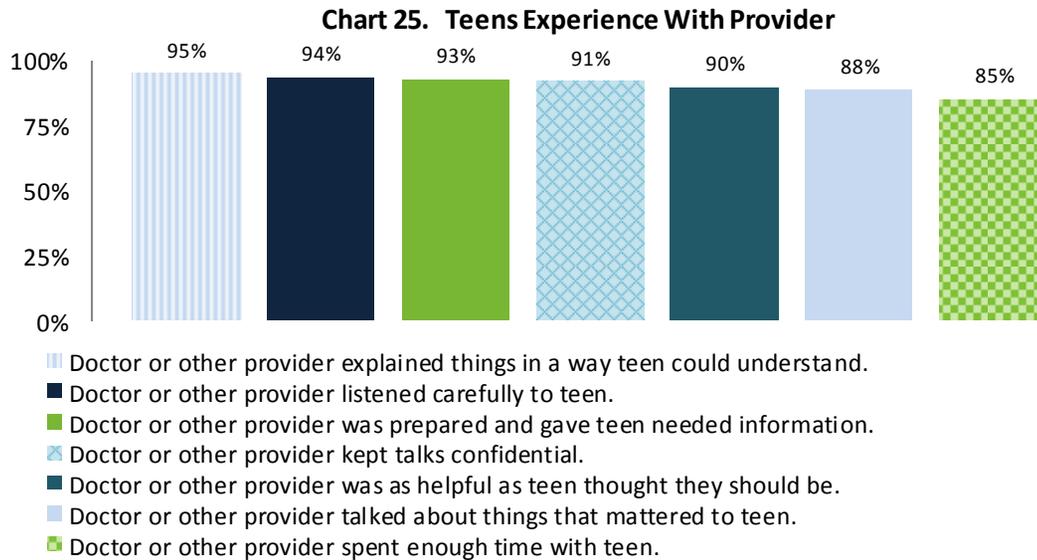
**Chart 24. Reason Teen Visited A Confidential Medical Facility  
(Such As Planned Parenthood Or A Teen Health Center)**



### Key Findings (Continued):

- 59 percent were familiar with places such as Planned Parenthood and Teen Health Centers, where they can get services without their parent knowing about it (Chart 22).
- Only 11 percent of teens indicated they visited a confidential medical facility, such as Planned Parenthood or a Teen Health Center (Chart 23).
- The top reason for visiting a confidential medical facility, such as Planned Parenthood or a Teen Health Center was for Birth Control Services (60%).

## Your Health Care Experience: Teens Experience With Provider



Charts 25-26 present information on teens experience with their doctor or health care provider during the 2012 year.

### Why Is this Important?

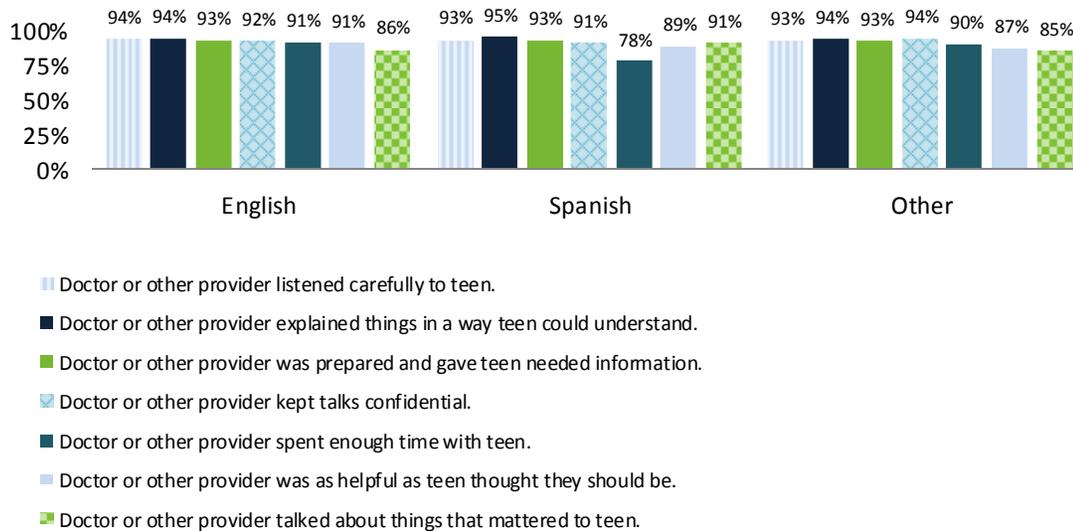
A good relationship with a doctor or other health care provider can make a significant difference in a teen's health. When teens trust their health care providers and feel cared for and listened to, they are more able to explore the difficult issues they face. They also are more likely to welcome and initiate conversations such as discussions about sex, drugs and confusing emotions. According to a National Study, fewer than 22 percent of teens agreed that their health care provider(s) did each of the following:

- Made it easy for them to be open
- Listened carefully
- Made sure they understood any risks to their health
- Made it easy to ask questions
- Made it easy to share feelings
- Gave them a chance to talk
- Made them want to see him/her again<sup>4</sup>

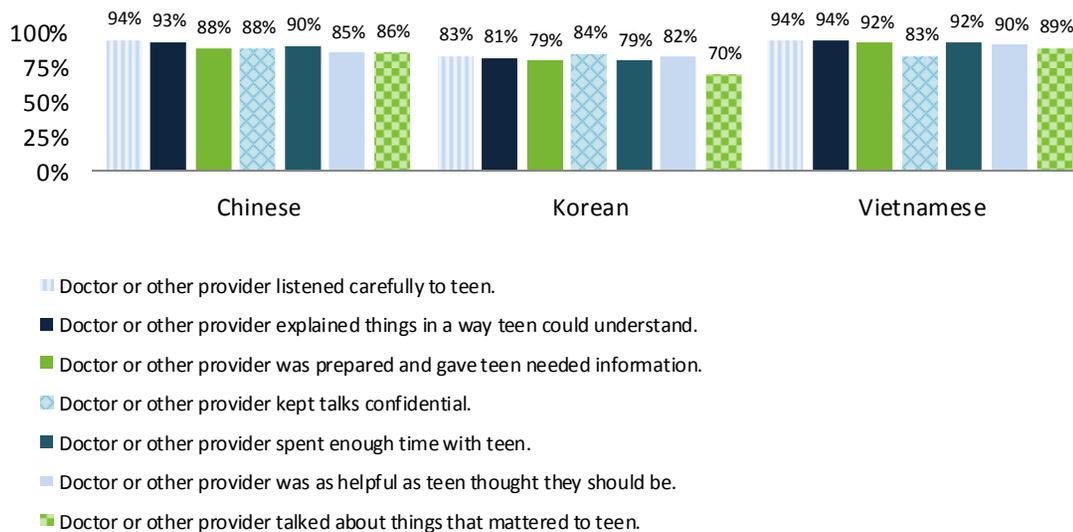
<sup>4</sup> A Portrait of Adolescents in America, The Robert Wood Johnson Foundation, May 2001, <http://cahmi.org/ViewDocument.aspx?DocumentID=88>

# Your Health Care Experience: Teens Experience With Provider

**Chart 26a. Teens Experience With Provider By Home Language**



**Chart 26b. Teens Experience With Provider By Home Language**

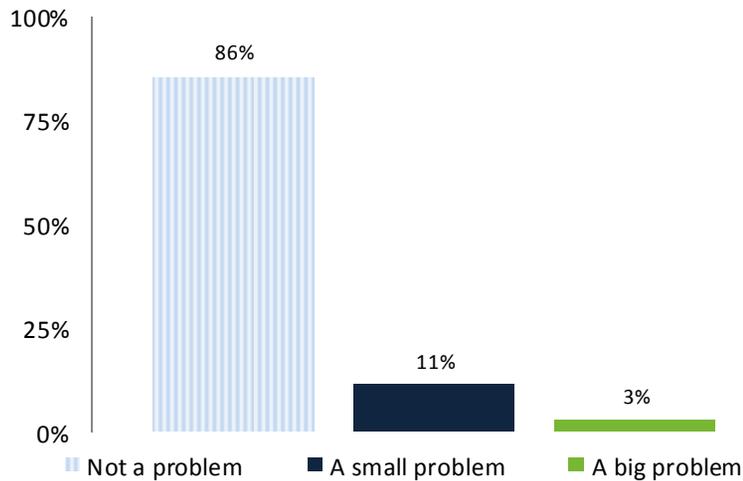


## Key Findings:

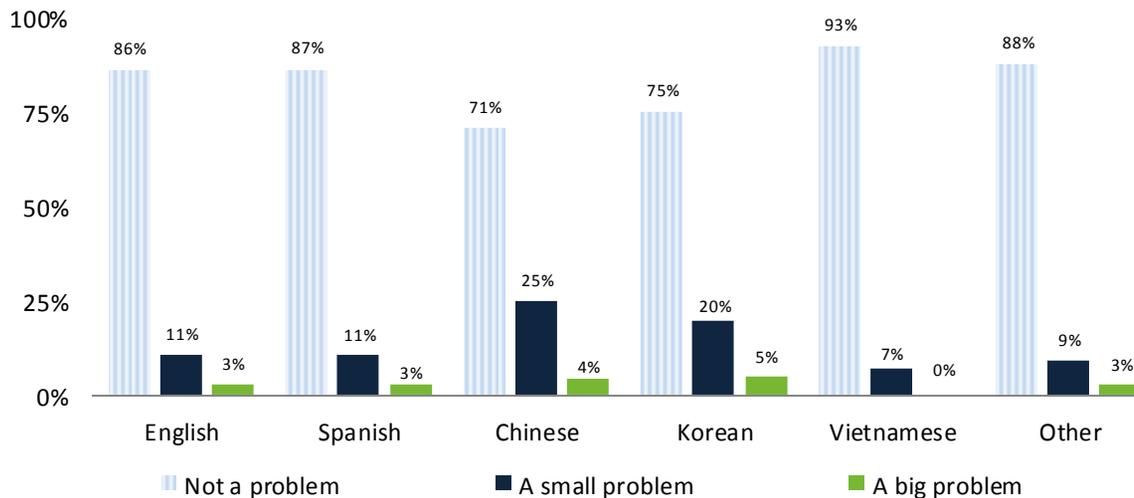
- Teens reported being the most satisfied with their doctor or health care provider when their doctor or health care provider:
  - Explained things in a way teen could understand.
  - Listened carefully to teen.
  - Prepared and gave teen needed information.
  - Kept talks confidential.
- Spanish speaking teens reported the lowest level of satisfaction with the amount of time the doctor spent with them.
- There were no significant differences reported among the various regions.

## Your Health Care Experience: Teen Had a Problem Getting Health Care

**Chart 27. Teen Had A Problem Getting Health Care**



**Chart 28. Teen Had A Problem Getting Health Care By Home Language**



Charts 27-28 present information on whether teens had a problem getting health care.

### Why Is this Important?

According to a National Study, approximately one third of all teens reported a “somewhat” to a “big” problem getting health care services that they or their doctor thought were necessary.<sup>5</sup>

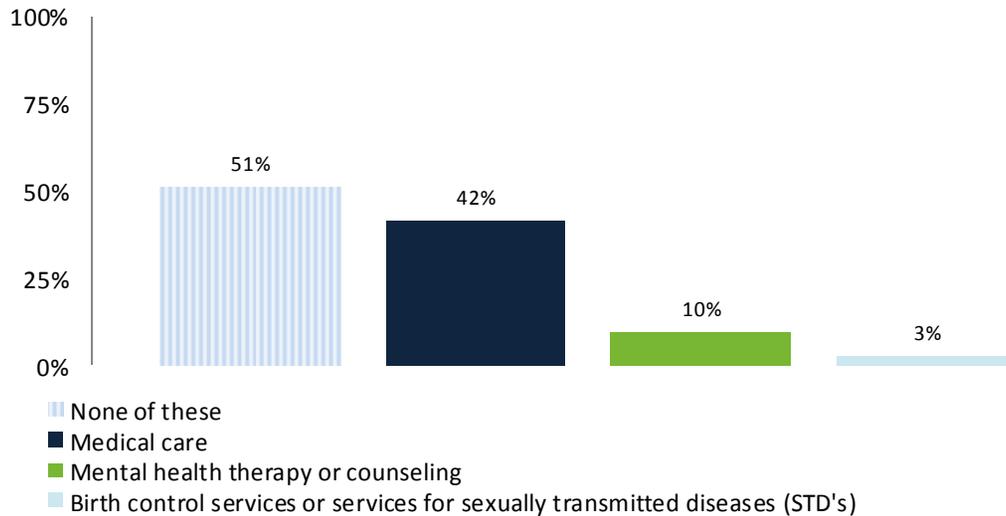
### Key Findings:

- 86 percent of teens reported not having a problem getting health care.
- Vietnamese speakers reported the highest (93%) among the various home languages with not having a problem getting health care.
- Chinese and Korean speakers reported nearly double the rate of English, Spanish, and Other home language speakers with having a problem getting health care, 25 percent and 20 percent respectively.
- There were no significant differences reported among the various regions.

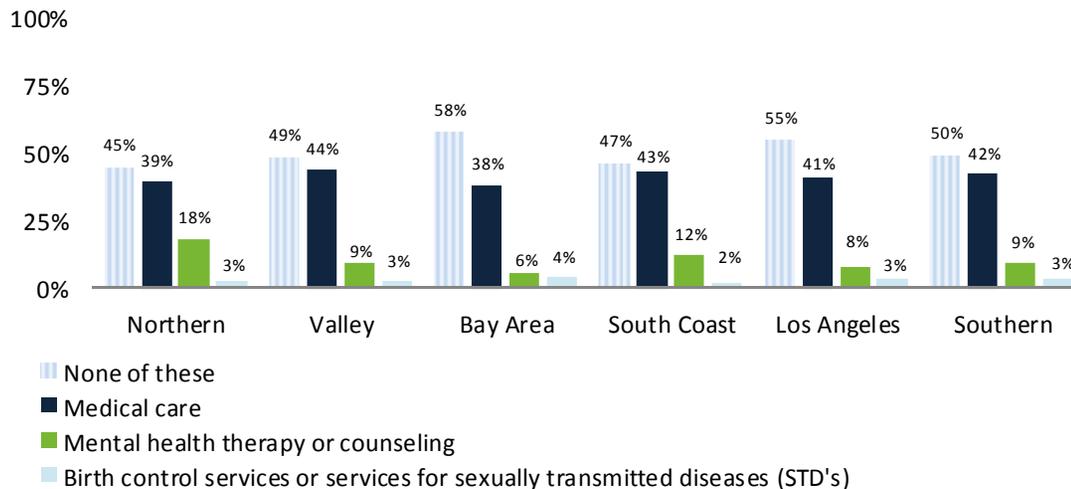
<sup>5</sup> A Portrait of Adolescents in America, The Robert Wood Johnson Foundation, May 2001, <http://cahmi.org/ViewDocument.aspx?DocumentID=88>

## Your Health Care Experience: Type Of Health Care Delayed Or Not Received By Teen

**Chart 29. Type Of Health Care Delayed Or Not Received By Teen**



**Chart 30. Type Of Health Care Delayed Or Not Received By Teen By Region**



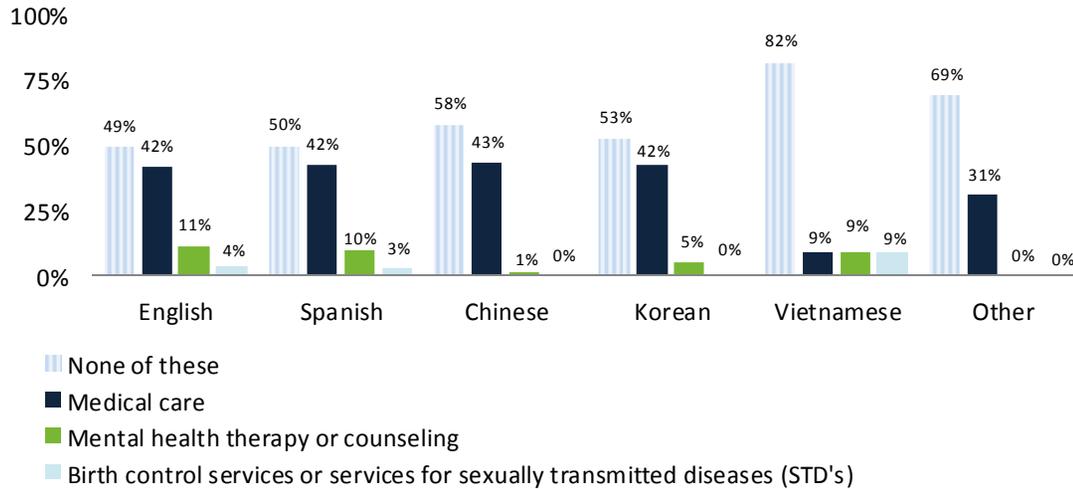
Charts 29-31 present information on whether teens had a problem getting health care. Teens were given the option to choose more than one response for this question; therefore the responses do not total 100 percent.

### Key Findings:

- Nearly half (42%) of teens who responded (375) had a problem getting care reported that it was medical care that they needed.
- Only ten percent of teens who responded (86) reported that they had a problem getting mental health therapy or counseling.
- The Bay Area and Los Angeles regions reported the highest ratings for no delay or problems receiving medical care services, mental health therapy or counseling.
- Teens in the Northern region reported having a delay or not receiving services for mental health therapy or counseling care at nearly twice the rate (18%) of the other regions except for South Coast.
- The Bay Area and Los Angeles regions reported the highest ratings for no delay or problems receiving medical care services, mental health therapy or counseling services, and birth control services or services for sexually transmitted diseases (STD's), 58 percent and 55 percent respectively.

## Your Health Care Experience: Type Of Health Care Delayed Or Not Received By Teen

**Chart 31. Type Of Health Care Delayed Or Not Received By Teen  
By Home Language**

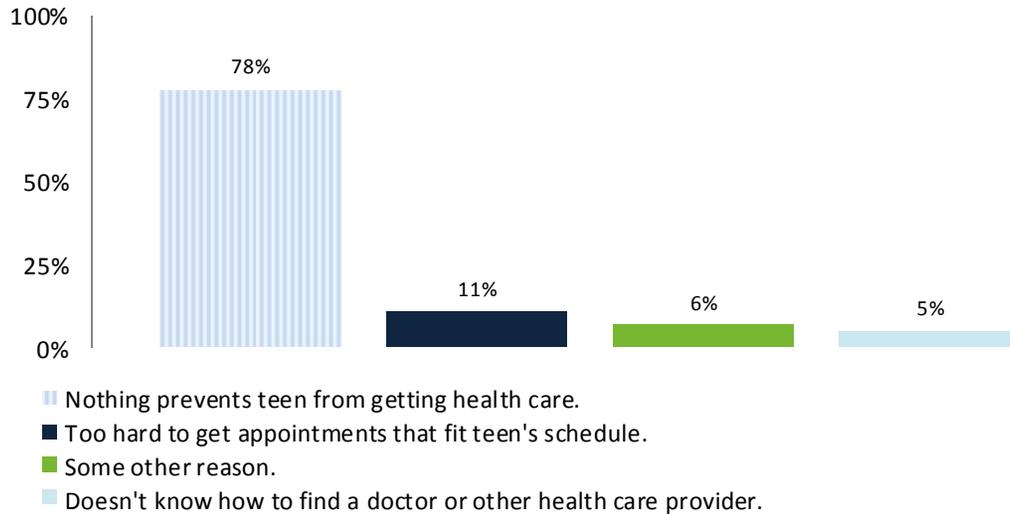


### Key Findings (Continued):

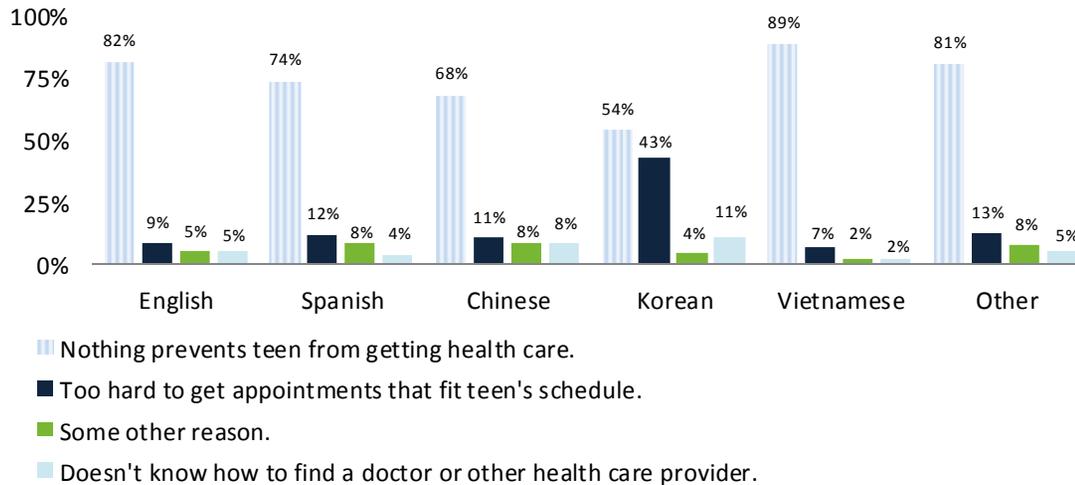
- Vietnamese and other speakers reported the highest ratings for no delay or problems receiving medical care services, mental health therapy or counseling services, and birth control services or services for sexually transmitted diseases (STD's), 82 percent and 69 percent respectively.
- Vietnamese speakers reported the lowest rating (9%) for delay or problem receiving medical care services.
- English, Spanish and Vietnamese speakers reported at nearly twice the rate of Korean speakers for delay or problem receiving mental health therapy or counseling services.
- Vietnamese speakers reported at nearly twice the rate of English and Spanish speakers for delay or problem receiving birth control services or services for sexually transmitted diseases (STD's).

# Your Health Care Experience: What Prevented Teen From Getting Health Care

**Chart 32. What Prevented Teen From Getting Health Care**



**Chart 33. What Prevented Teen From Getting Health Care By Home Language**



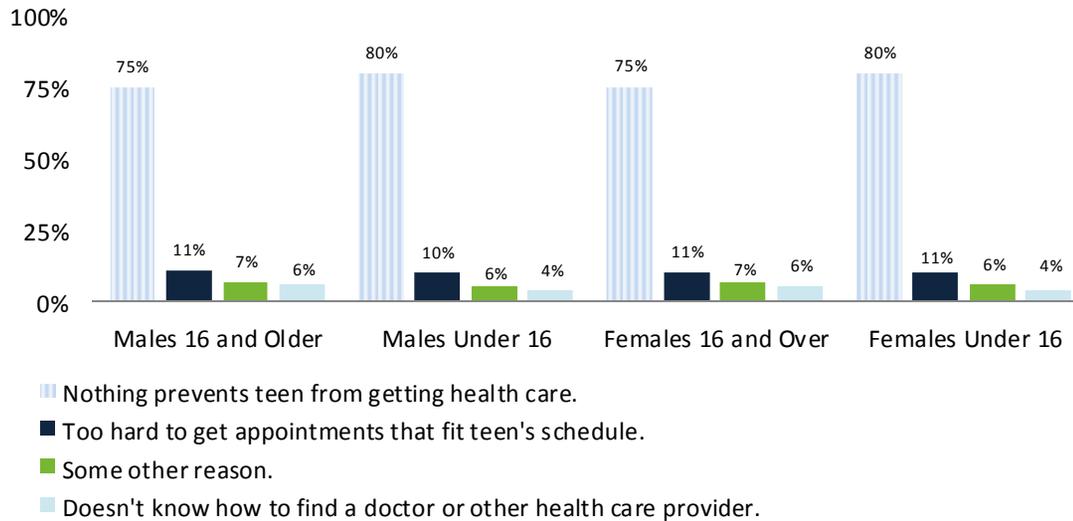
Charts 32-35 present information on what prevented teens from getting health care. Teens were given the option to choose more than one response for this question; therefore the responses do not total 100 percent. Some responses were not reported because they were less than three percent.

**Key Findings:**

- Three-quarters (78%) of teens reported having nothing that prevents them from getting health care.
- Korean speakers reported it being too hard to get appointments that fit their schedule, almost four times (43%) more than English, Spanish, Chinese, Vietnamese, and Other speakers.
- Korean speakers reported not knowing how to find a doctor or other health care provider the most (11%) among the various language groups.

# Your Health Care Experience: What Prevented Teen From Getting Health Care

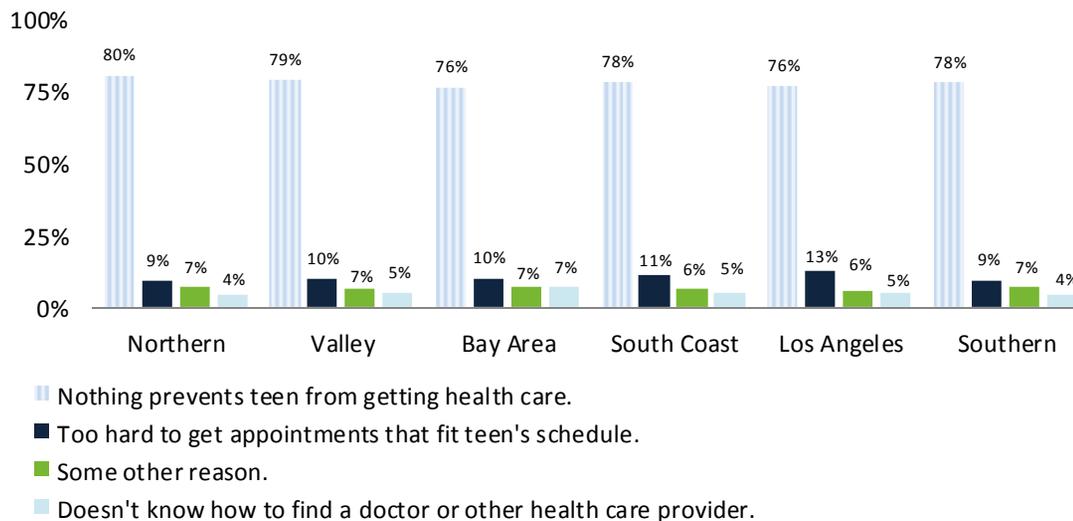
**Chart 34. What Prevented Teen From Getting Health Care By Age**



**Key Findings (Continued):**

- Younger teens were the most likely (80%) to have nothing that prevents them from getting health care (Chart 34).
- There were no significant differences among the various regions.

**Chart 35. What Prevented Teen From Getting Health Care By Region**



**Table 2. Percentage of Teens Who Talked to Their Doctor about Healthy Habits and Risky Behaviors.**

Topic	Percentage
Physical activity or exercise	60%
Healthy eating or diet	58%
Weight	50%
None of these	27%
Teens emotions or moods	19%
Sexual intercourse	17%
Drug use	15%
Sexually Transmitted Diseases (STDs)	15%
Alcohol use	13%
Prevention of pregnancy	13%

Table 2 presents information on the percentage of teens who talked to their doctor about healthy habits and risky behaviors. Teens were given the option to choose more than one response for this question; therefore the responses do not total 100 percent.

### Why Is This Important?

The leading causes of teen mortality are accidents (death from unintentional injury), homicide, and suicide. Additional morbidity is related to drug, tobacco, and alcohol use; risky sexual behaviors; poor nutrition; and inadequate physical activity. One third of adolescents engage in at least one of these high-risk behaviors. Physicians should specifically target these risk factors with preventive counseling, although adolescents may be reluctant to initiate discussions about risky behaviors because of confidentiality concerns. The key to providing relevant and useful preventive counseling for adolescent patients is developing the trust necessary to discuss the specific issues that impact this age group.<sup>6</sup>

### Key Findings:

- Over half of teens reported that their doctor talked to them about issues related to their

<sup>6</sup> Mark B. Stephens, Preventive Health Counseling for Adolescents, *American Family Physician*. 2006 Oct 1; 74 (7):1151-1156.

**Table 2 (Continued). Percentage of Teens Who Talked to Their Doctor about Healthy Habits and Risky Behaviors.**

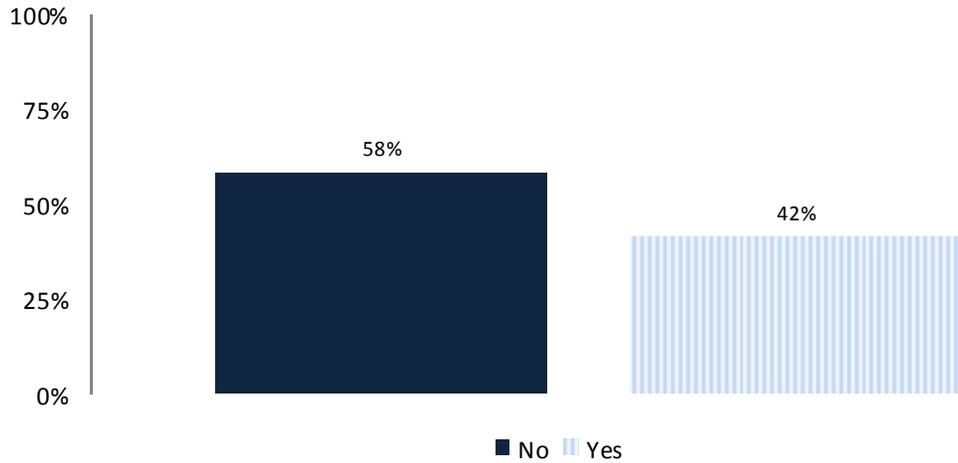
Topic	Percentage
Family abuse of alcohol or drugs	8%
Bullying	8%
Suicide	7%
Sexual orientation	7%
Sexual abuse	7%
Abuse of over-the-counter drugs	6%
Physical abuse	6%
Use of steroids without a prescription	5%
Self-abuse	5%
Use of prescription drugs such as Valium, Oxycontin or Vicodin without a prescription	4%

### Key Findings (Continued):

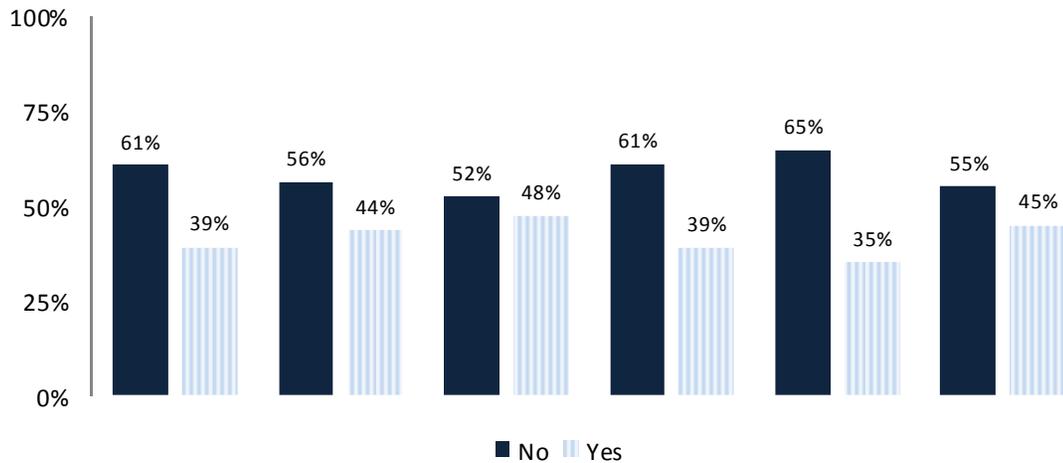
weight, including healthy eating and exercise.

- Six percent of teens felt they needed treatment or counseling for mental health, substance abuse or emotional problems. Doctors were the most likely to talk to teens about emotions or moods (19%) and less likely to talk to teens about more serious mental health issues, such as alcohol and substance use, suicide, bullying, and physical or self-abuse.
- 92 percent of teens reported that they were comfortable with the discussions they had with their doctor and over 75 percent reported that they found the information to be helpful. (Note: This is from questions 19 and 20).

**Chart 36. Gay Or Bisexual Teens That Feel Comfortable Discussing Sexual Behavior With Their Doctor**



**Chart 37. Gay Or Bisexual Teens That Feel Comfortable Discussing Sexual Behavior With Their Doctor By Region**

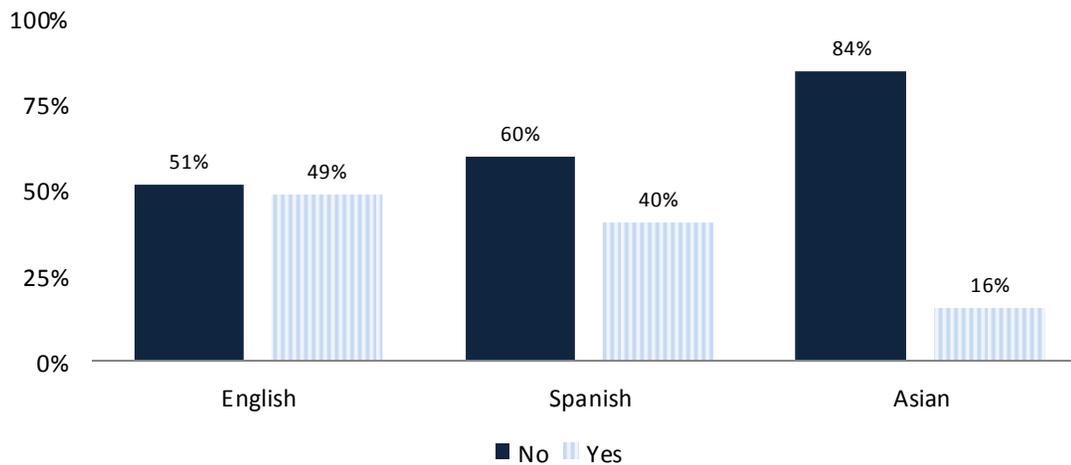


Charts 36-38 present information on whether gay or bisexual teens felt comfortable discussing sexual behavior with their doctor.

**Key Findings:**

- Of the 317 gay or bisexual teens that responded to Question 21, 58 percent said they were not comfortable discussing sexual behavior with their doctor.
- Los Angeles, Northern, and South Coast regions reported being the least comfortable discussing sexual behavior with their doctor.
- Bay Area, Southern, and Valley regions reported being the most comfortable discussing sexual behavior with their doctor, 48 percent, 45 percent and 44 percent respectively.

**Chart 38. Gay Or Bisexual Teens That Feel Comfortable Discussing Sexual Behavior With Their Doctor By Language**



### Key Findings (Continued):

- Asian speakers felt the least comfortable discussing sexual behavior with their doctor, nearly half the rate of English and Spanish speakers.
- Majority of teens (94%) felt they did not need treatment or counseling for any mental health, substance abuse or emotional problem. (Note: This is from question 22).

## Teen Survey Methodology

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MRMIB conducted a survey of teen members of the Healthy Families Program who had been continuously enrolled in the program for at least six months as of December 31, 2012. The paper surveys were available in the following languages English, Spanish, Chinese, Korean and Vietnamese. The web survey was available in English and Spanish.

The survey was administered over an eight-week period using a four-wave protocol of mail and web. The four-wave protocol consisted of a pre-notification mailing to the parents of the selected respondent of an initial survey mailing, and a reminder postcard to all respondents, and a second survey mailing to non-respondents. In the first and second mail respondent packets a login and password was provided to a secure website that the teen could access and complete the survey online. All respondents who returned a questionnaire by mail or completed the survey online received a thank-you letter and a \$5 gift card to Target.

A total of 18,000 of 204,608 eligible HFP teen members were selected to participate in the study. To be eligible, children had to be 14 years or older as of May 31, 2012 and continuously enrolled in the Healthy Families Program for at least six months as of December 31, 2012. Respondents were randomly selected using a sampling scheme provided by the Managed Risk Medical Insurance Board which was designed to accurately represent a portion of the geographic distribution of the Healthy Families population.

Surveys were considered complete if respondents provided a valid response to at least one survey question. Complete surveys were obtained from 6,926 members and the overall HFP response rate was 40.2 percent.

The survey instrument, the Teen Survey, selected for the project is an instrument developed by The Managed Risk Medical Insurance Board (MRMIB). The survey instrument consists of 24 questions addressing areas such as access to health care, confidentiality of health care, experience with health care, and the Health, Safety and Wellness of teens. Teens were given the option to choose more than one response for some of the 24 questions that were asked in the Teen Survey; therefore some responses do not total 100 percent.

## Appendix A: Sample Profile

### Response/Non-Response Comparison

Presented below is a comparison of demographic data of respondents and non-respondents, all of whom were part of the random sample for the 2012 Teen Survey. All demographic data was collected from the sample data.

**Non-Respondents** are members or member proxies who decided not to participate in the study by mail or web. This group includes two types of non-respondents:

- 1) Members who did not return the questionnaire mailed to their household and/or answer questions on the web.
- 2) Members who actively refused by contacting DataStat directly.

The category labeled **Respondents** includes members who completed the questionnaire either by mail or web.

<b>Gender / Age</b>	<b>Non-Respondents</b>	<b>Respondents</b>	<b>% Responding</b>
Male	<b>52.7%</b> (5833)	<b>49.9%</b> (3454)	<b>37.2%</b>
Female	<b>47.3%</b> (5241)	<b>50.1%</b> (3472)	<b>39.8%</b>
13 to 14 Years Old	<b>26.7%</b> (2960)	<b>30.1%</b> (2086)	<b>41.3%</b>
15 to 16 Years Old	<b>36.7%</b> (4060)	<b>39.6%</b> (2742)	<b>40.3%</b>
17 to 18 Years Old	<b>36.6%</b> (4054)	<b>30.3%</b> (2098)	<b>34.1%</b>
<b>Language</b>	<b>Non-Respondents</b>	<b>Respondents</b>	<b>% Responding</b>
English	<b>47.1%</b> (5221)	<b>45.0%</b> (3114)	<b>37.4%</b>
Spanish	<b>47.3%</b> (5243)	<b>46.6%</b> (3229)	<b>38.1%</b>
Cantonese	<b>3.1%</b> (338)	<b>4.7%</b> (324)	<b>48.9%</b>
Korean	<b>0.7%</b> (83)	<b>1.2%</b> (85)	<b>50.6%</b>
Vietnamese	<b>1.7%</b> (189)	<b>2.5%</b> (174)	<b>47.9%</b>

**Response/Non-Response Comparison (Continued)**

<b>Length of Enrollment</b>	<b>Non-Respondents</b>	<b>Respondents</b>	<b>% Responding</b>
6 Months to less than 1 year	<b>17.8%</b> (1968)	<b>13.2%</b> (913)	<b>31.7%</b>
1 Year to less than 2 years	<b>22.6%</b> (2502)	<b>20.0%</b> (1387)	<b>35.7%</b>
2 Years to less than 5 years	<b>36.9%</b> (4082)	<b>37.5%</b> (2598)	<b>38.9%</b>
Greater than 5 years	<b>22.8%</b> (2522)	<b>29.3%</b> (2028)	<b>44.6%</b>

### Teen Sample Profile Demographic Characteristics

<b>Age (years)</b>	HFP Overall	Asian Survey	English Survey	Spanish Survey
MEAN	15.5	15.6	15.5	15.5
13 Years	10.2%	8.9%	11.1%	9.6%
14 Years	19.9%	18.2%	20.2%	19.9%
15 Years	20.8%	22.0%	20.6%	20.7%
16 Years	18.8%	20.2%	18.4%	19.0%
17 Years	18.3%	19.9%	18.7%	17.7%
18 Years	12.0%	10.8%	11.0%	13.2%

<b>Gender</b>	HFP Overall	Asian Survey	English Survey	Spanish Survey
Female	50.1%	48.4%	50.9%	49.7%
Male	49.9%	51.6%	49.1%	50.3%

<b>Ethnicity</b>	HFP Overall	Asian Survey	English Survey	Spanish Survey
African American	1.6%	0.0%	3.5%	0.0%
Asian	11.2%	79.9%	9.9%	0.2%
Hispanic	52.8%	0.2%	29.6%	84.8%
White	9.3%	0.2%	20.4%	0.2%
Other	25.1%	19.7%	36.6%	14.8%