

# How Are Primary Care Clinicians Addressing Teen Risky Driving?



## Vermont Child Health Improvement Program (VCHIP)

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## RESULTS

### PCC Characteristics

- PCCs had been in practice a median of 20 years.
- 8 providers were from an urban county and 11 providers were from rural counties as determined by the US Census.
- 61% of PCCs see teen patients for health supervision annually, 33% see them every other year (one PCC did not answer)

### Approaches Used with Teens & Parents

- All PCCs rated teen driving as a high or moderate priority for counseling. They counsel teens more often than parents (see figure 1)
- When teen driving is discussed by PCCs, topics and approaches with teen and parents are similar (see figure 2).
- Most PCCs discuss teen driving safety individually with teen patients; only 4 PCCs use a written screening tool to discuss this topic.
- Only 3 PCCs use any written handouts for counseling; almost all felt they would use written handouts if they were available.

Figure 1: Frequency PCCs discuss driving safety with teens and parents

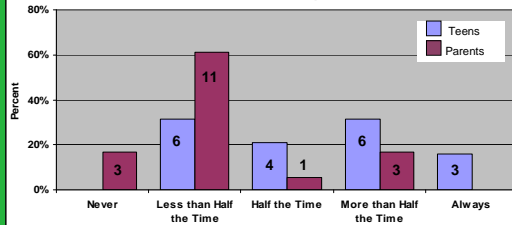


Figure 2: Safety topics covered by PCCs when they do talk to teens and parents

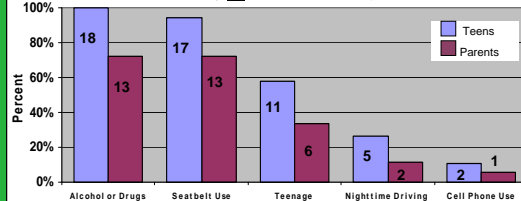
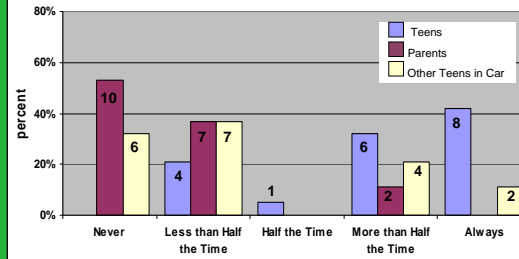


Figure 3: Frequency PCCs discuss with teens: personal seatbelt use, other teen seatbelt use, and parent's seatbelt use



### Frequency of Discussing Graduated Drivers Licensing

- 12 of 19 PCCs said they discuss VT's Graduated Driver's License (GDL) with teen and 6 of these 12 do so at least half of the time.
- 10 of 19 PCCs discuss GDL with parents at visits and 6 of these 10 do so at least half of the time.

### Challenges and Barriers PCCs Face in Addressing Driving Safety

- Time – 74%
- Other Priorities – 53%
- Lack of Printed Materials – 16%
- Effectiveness Unclear – 16%
- (Also, some PCCs noted that parents are not always present at visits)

### Effectiveness

- Only 1 PCC perceived his counseling as very effective.
- Remaining respondents who discussed their effectiveness felt it was somewhat effective (38%) or somewhat ineffective (56%).

### Other Approaches?

- One PCC discussed his work in the community, including:
  - School-based health centers
  - Work with local rescue services
  - Work with SADD chapters
  - Community workshop presentations



### Summary

- Most of these PCCs discuss driving safety with teen patients at least half the time.
- These PCCs tend to discuss seatbelt use and drug and alcohol dangers. Many other risk areas that impact teen safe driving are not often addressed by PCCs, such as distractions, nighttime driving, and cell phone use.
- These PCCs discuss teen safe driving much less often with parents than with teens.
- All of these PCCs believe that teen safe driving is a moderate to high importance topic
- About half of the PCCs perceive their counseling around teen safe driving to be ineffective.
- PCCs encounter challenges discussing teen safe driving with teen patients in health supervision visits.
- Discussing teen safe driving with parents is impacted by the lack of availability of parents at visits.

### Implications

- There is room to improve PCC communication with **parents** about teen safe driving to promote parental understanding of:
  - \* The full range of risk factors
  - \* The provisions of the Vermont Graduated Drivers Licensing Law
- PCCs may be better equipped to improve counseling if they have access to up-to-date written materials to support these efforts
- Further research is needed to determine the most effective office- and community-based interventions by PCCs to impact teen risky driving behaviors

### Next Steps

- Compile/develop resources that address youth-identified risky driving behaviors for PCCs to share with teens and parents
- Provide technical support for two PCC practices in a pilot to implement office systems changes for improving screening, counseling, and referral for teen risky driving behaviors

**"The most dangerous thing [you] will do is to get in a car with another teen driver." quote from local PCC to teens**

### Abstract

#### Background

Motor vehicle crashes are the leading cause of teen death in the U.S. Understanding how primary care clinicians (PCCs) address teen driving could lead to improved anticipatory guidance or other interventions. This study assesses: 1) the current approaches of a cohort of PCCs, with teens and parents, regarding driving safety; and 2) PCCs' perceptions regarding the importance of barriers to, and effectiveness of their counseling.

#### Methods

Telephone interviews, with one PCC from each of 19 high-volume practices in Vermont; interviews were taped and transcribed, data were coded and analyzed thematically.

#### Results

Respondents were 14 pediatric and 5 family medicine PCCs. All regard teen risky driving as a high (12/19) or moderate (7/19) priority. While 13 of 19 said they discuss driving safety with teens at least half the time, only 4 of 19 discuss it with parents this often. Four screen with written questions; only 3 use printed handout material. When they do counsel teens, all 19 PCCs cover alcohol use, and 18 of 19 discuss seatbelt use. Topics covered less often include driving with teen passengers (11/19), friends' seatbelt use (6/19), nighttime driving (5/19), and cell phone use (2/19). Six said they discuss graduated driver licensing with both teens and parents at least half the time. Two try to give strong messages to teens: ("the most dangerous thing [you] will do is to get in a car with another teen driver") or to parents ("driving is a privilege [you can restrict], not a right"). Major perceived barriers to counseling include lack of time and competing priorities. Of 16 PCCs who rated their counseling's effectiveness, only 5 rate it "somewhat" and only 2 "very" effective. One respondent addresses teen driving risks through outside community presentations.

#### Conclusion

These PCCs counsel on teen driving inconsistently, despite rating this topic as a priority. Counseling is often limited to alcohol use and seatbelt use, and discussion with parents is infrequent. Competing priorities and lack of time are challenges. Many PCCs doubt the effectiveness of their counseling.

### Background

- Motor vehicle (MV) crashes are the leading cause of death for teens in the US and Vermont:
- Injury prevention is a fundamental goal of primary medical care; **yet**
- Little is known about whether or how primary care clinicians (PCCs) discuss driving risks with teens or their parents in health supervision

### Objectives

- Describe the frequency, nature, and content of PCC screening and counseling of teens and parents about driving safety and risks in health supervision

#### ➢ Learn about:

- Barriers and Challenges PCCs cite
- How PCCs regard their effectiveness
- Resources & tools PCCs would find helpful to improve anticipatory guidance

### Methods

- Practices targeted for recruiting PCC interviewees were identified from a listing of the largest Vermont practices serving Medicaid-covered youth
- One PCC from each of 19 of these practices was recruited
- A semi-structured telephone interview was conducted by a VCHIP physician researcher with each PCC to gather information on current anticipatory guidance regarding teen driving
- Written records and transcriptions of interviews were coded and analyzed thematically

**"Driving is a privilege, not a right" quote from local PCC to parents**