

Taking a new approach to adolescent health in Kentucky

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When Hatim Omar, MD, came to Lexington in 1998, he knew he faced a tough assignment. Omar’s job was to create UK HealthCare’s Adolescent Medicine program, a tough task given that Kentucky teens were worse off than those almost anywhere else in the country. High rates of obesity, suicide, pregnancy and drug use plagued the Commonwealth’s adolescent population.



Hatim Omar, MD

But instead of seeing the statistics as an insurmountable challenge, Omar saw an opportunity.

“My outlook from the start was, we can change the state,” said Omar, now chief of the Division of Adolescent Medicine. “I knew it wouldn’t take much to change Kentucky if we did things the right way.”

The right way meant tackling adolescent health through direct patient care, governmental advocacy and community outreach. The three-pronged approach has worked. The Adolescent Care Clinic that Omar created now sees more than

10,000 patients each year. In the 17 years since he started the program, adolescent health outcomes have improved in many counties, according to Omar. For example, Adolescent Medicine began a clinic located at Lincoln County High School in 2007. As a result, suicide attempts of young people, 10-24 years of age, have decreased from 83 to 49 (per 100,000), a 40 percent drop (see chart on page 27). Suicide attempt hospitalization rates for the whole of Kentucky remained relatively the same.

Patient care is primary

The main thrust of UK’s Adolescent Medicine program is direct patient care. Omar, along with Elizabeth Johnson, LCSW, leads a multidisciplinary team of health care providers that aims to make the clinic a one-stop shop for adolescent health. The team consists of seven physicians, nurse practitioners, a physician assistant, seven mental health providers, three social workers, a nutritionist, and 10 nursing and clerical staff.

One way the clinic serves the needs of teens is by working with the demands of their schedule. Appointments are available until 9 p.m. Monday through Thursday, which helps prevent students from missing school and parents from missing work.

Instead of scheduling an initial appointment with a primary care provider and follow-ups with subspecialists, Adolescent Care Clinic patients schedule one appointment at which all of their symptoms are addressed. Each patient is screened for a variety of health concerns and given information about many topics, including nutrition, exercise, depression, sexual health and drug use.

“Say you have a 15-year-old girl with acne, menstruation concerns, and she’s overweight and upset,” Omar said. “Normally, she’d go to her primary care doctor, then she’d see a dermatologist, a gynecologist, a psychologist and a psychiatrist. She misses five days of school, her parents miss five days of work, and each health care provider is treating one symptom. In one visit, we can do what all the others do. We treat the

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Medical students, residents and students from nursing and social work all rotate in adolescent medicine to become better future providers in caring for teens.

disease, not the symptom.”

Adolescent Medicine has also become a valuable resource for referring physicians. Diagnosing teenagers can be a difficult challenge for many primary care providers. Too often, symptoms that bring an

adolescent to the doctor – such as fatigue or headaches – might be signs of a more significant underlying problem. Omar’s team is trained to figure out what those problems are and how best to treat them.

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Positive change through government advocacy

Away from the clinic, Omar and his team have worked with governmental agencies to help improve adolescent health in Kentucky. Through collaboration with legislators, the Kentucky Department for Public Health, the Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities and the Commission for Children with Special Health Care Needs, progress has been made in areas such as suicide prevention and pregnancy prevention, according to Omar.

“It’s not always easy working with city and state governments, but over the years I think we’ve managed to accomplish a lot,” Omar said. “We’ve worked together to figure out what can be done for the youth in Kentucky. It’s a matter of finding out who will listen to our cause and then working with these people to help them better understand what we are doing.”

Community involvement is key

In addition to working with governmental agencies, Omar has made it a priority to bring health information resources directly to communities. He and his team travel to Kentucky schools, giving parents, students, teachers and counselors information that can help them identify health issues before they become

major concerns. The Adolescent Medicine team also attends community events and hosts health boot camps for parents at the beginning of the school year.

Providing these preventive interventions, Omar said, is as important as treating teens in the clinic.

“My approach is to prepare people for prevention and not wait until something happens,” he said. “Take teen suicide for example. We need to teach parents to notice when there is something wrong with their kid or if their child is acting different. That way we can address issues before an adolescent gets to the point of attempting suicide.”

Perhaps the Adolescent Medicine team’s biggest accomplishment is the trust it has built with teenagers across the state. From fitting patients into a tight clinic schedule whenever they need to be seen, to answering emails in the middle of the night, Omar believes the key to seeing real change in adolescent health is simply being there for those who need help most.

“Teenagers feel like we are here for them all the time,” Omar said. “I get hundreds of emails a day from teens because this is their lifeline. Someone emailed me last night and said, ‘I know it’s 2 a.m. and you’re sleeping, but I know you care and just writing this email has made a difference.’” **OC**

