

The role of policy In improving Adolescent Health: Opportunities and Challenges



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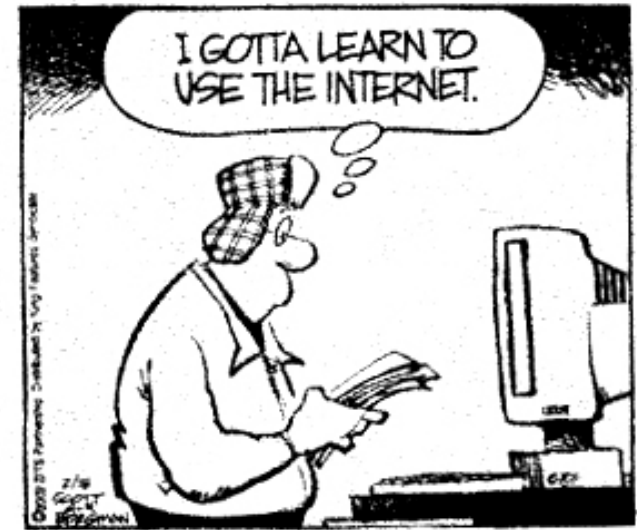
National Adolescent Health Information Center



ZITS Jerry Scott & Jim Borgman



ZITS Jerry Scott & Jim Borgman



In This Presentation...

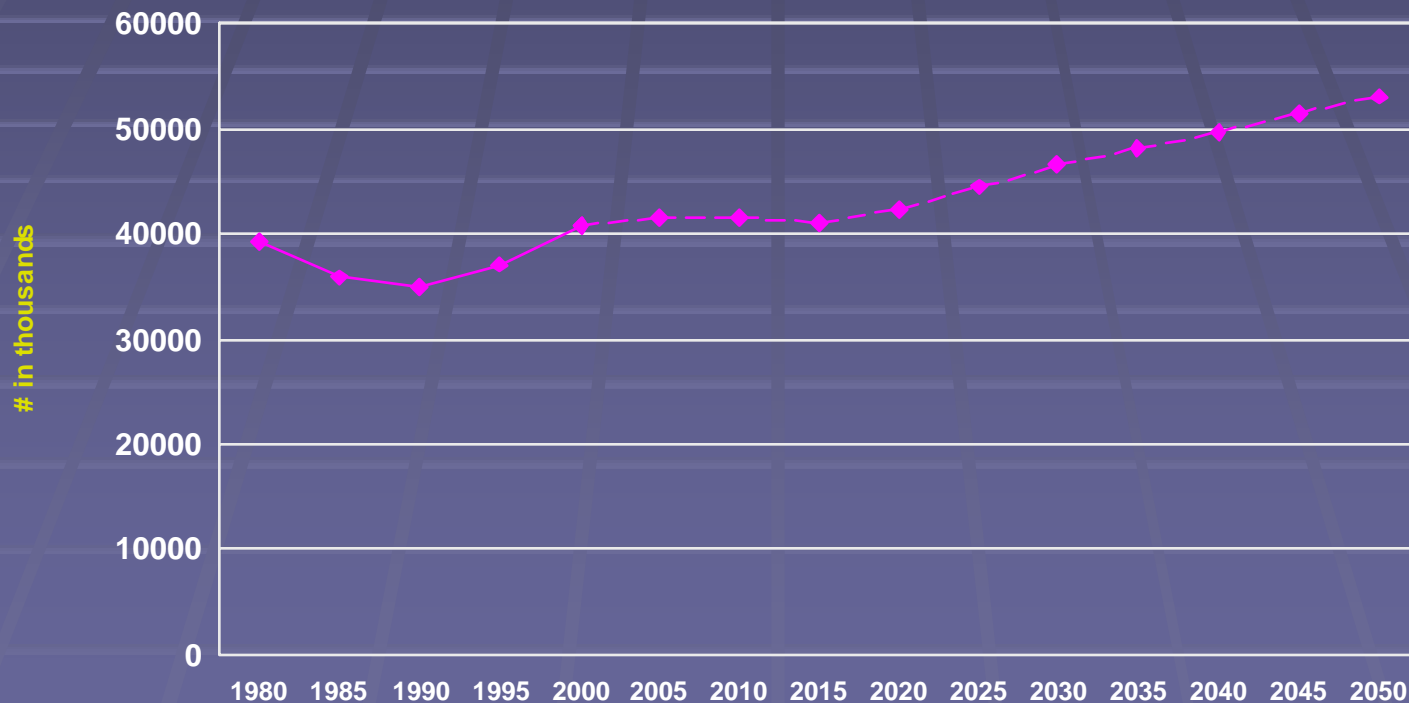
- **Background on Adolescents & Young Adults**
- **National Initiative to Improve Adolescent & Young Adult Health**
- **Example of a Policy Win...**

Why Focus on Adolescents and Young Adults?



Adolescents & Young Adults – *Who are they?*

- Between 1990 and 2020, the number of adolescents ages 10-19 is projected to increase from 35 to 42 million; representing 13% of the total population.

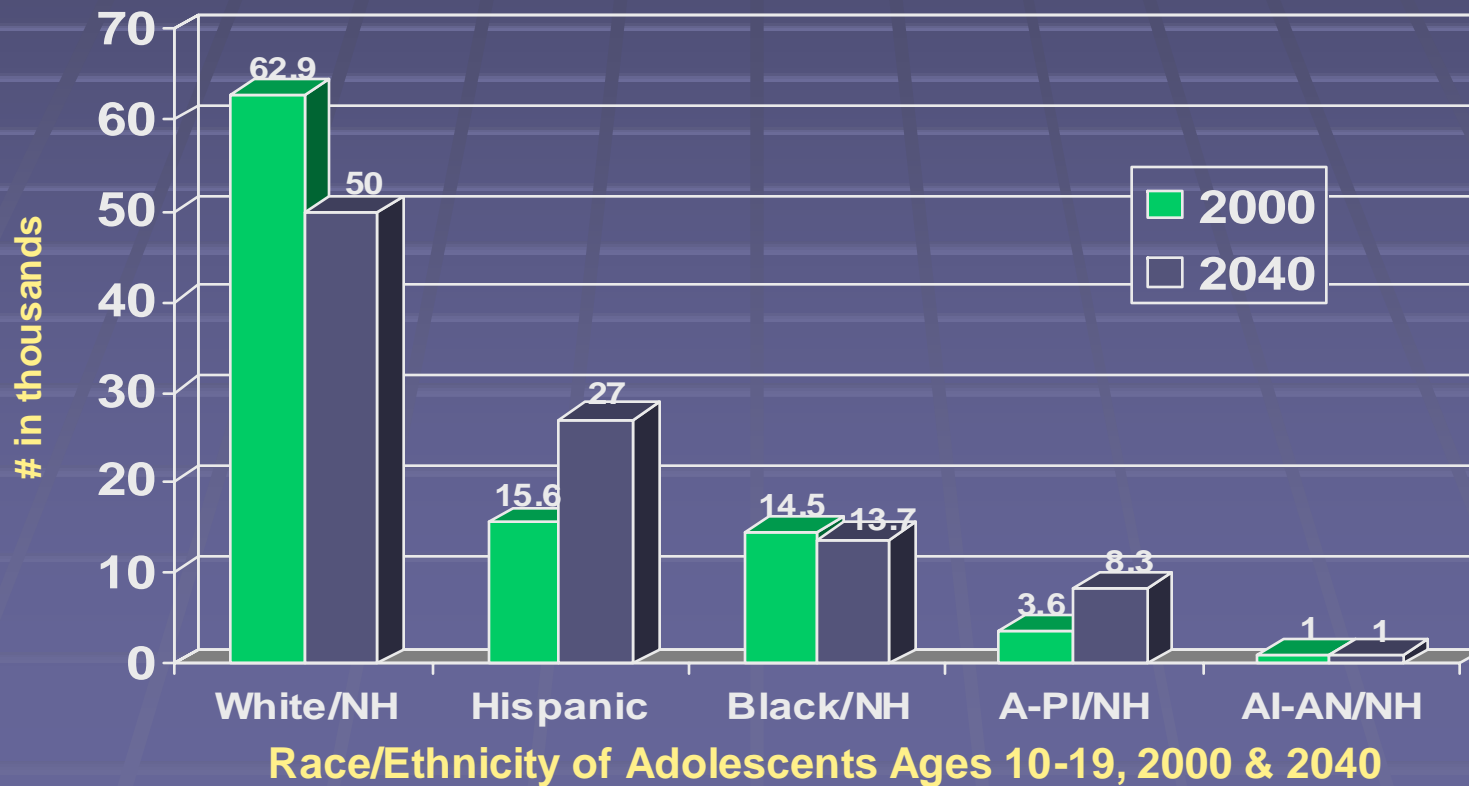


US Population, Ages 10-19, 1980-2050

Sources: U.S. Census Bureau, 2000; U.S. Census Bureau, 2002

Adolescents & Young Adults – *Who are they?*

- The racial/ethnic diversity among adolescents will increase: the number of White, non-Hispanics will decrease by 21% between 2000 and 2040.



Sources: U.S. Census Bureau, 2000; U.S. Census Bureau, 2002

Social & Economic Indicators

- **Among youth under age 18 in 2003:**
 - 23% lived with mothers only (increase from 11% in 1971);
 - 68% lived with both parents (decrease from 85% in 1971);
 - 42% were poor and lived in single-mother families; Hispanic youth (51%);
 - Those raised in single-mother families were about **5x** as likely to be poor.

Note: "poor" is defined as below 100% of the federal poverty level (average poverty threshold was \$18,660 in 2003 for a family of four with two children)

Source: Child Trends Databank; <http://www.childtrendsdatabank.org/>

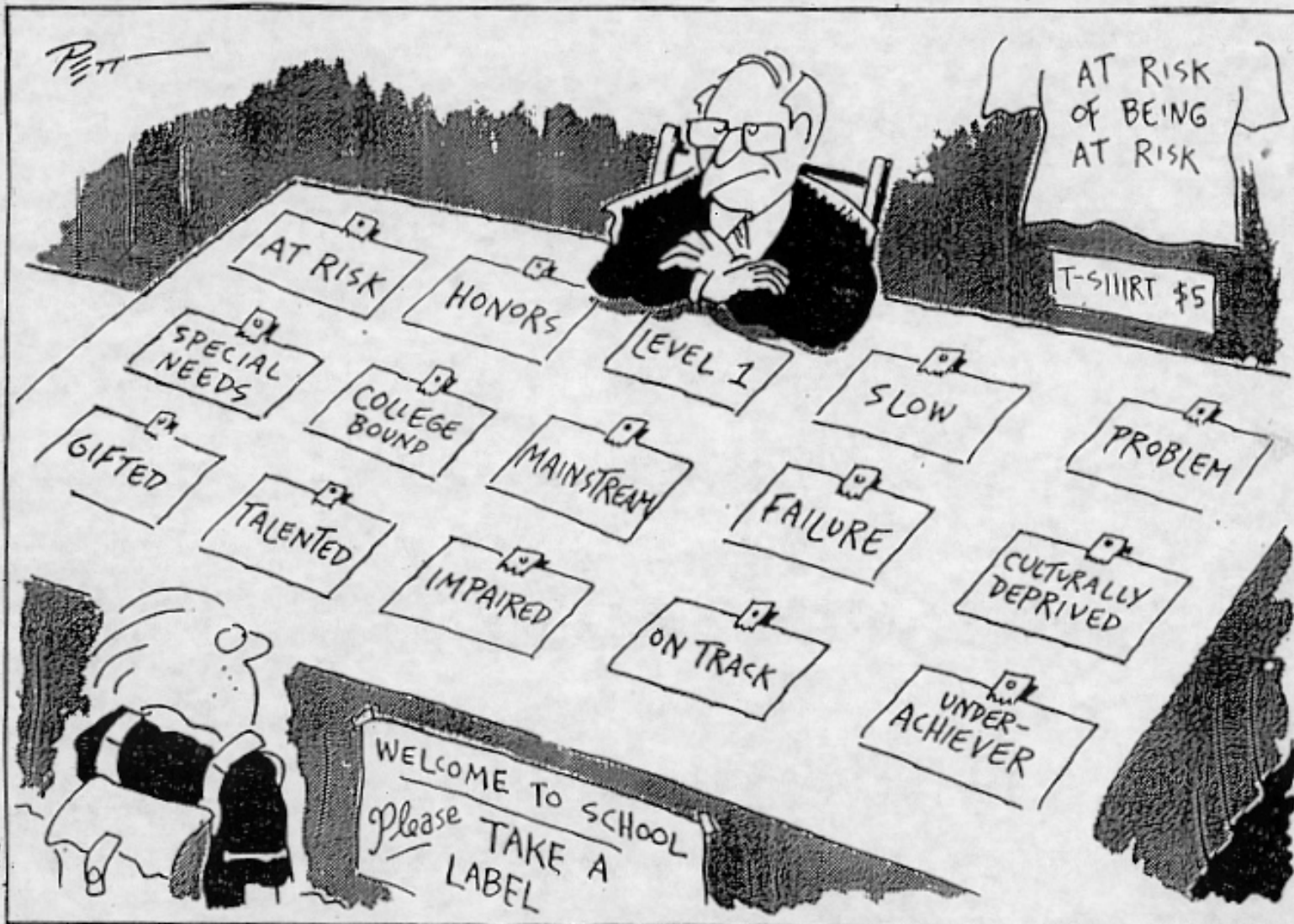
The Role of SES and Context in Accessing Health Services

- Proportion of adolescents lacking health insurance (15%) has not changed much in a decade.
- Poor youth more likely to report poorer health status, less satisfaction with services:
 - longer waiting times,
 - no usual source of care,
 - lower continuity, and
 - more challenges in getting needed medical care.
- Despite expansion of Medicaid and SCHIP, low income teens remain are less likely to access important preventive health care services.

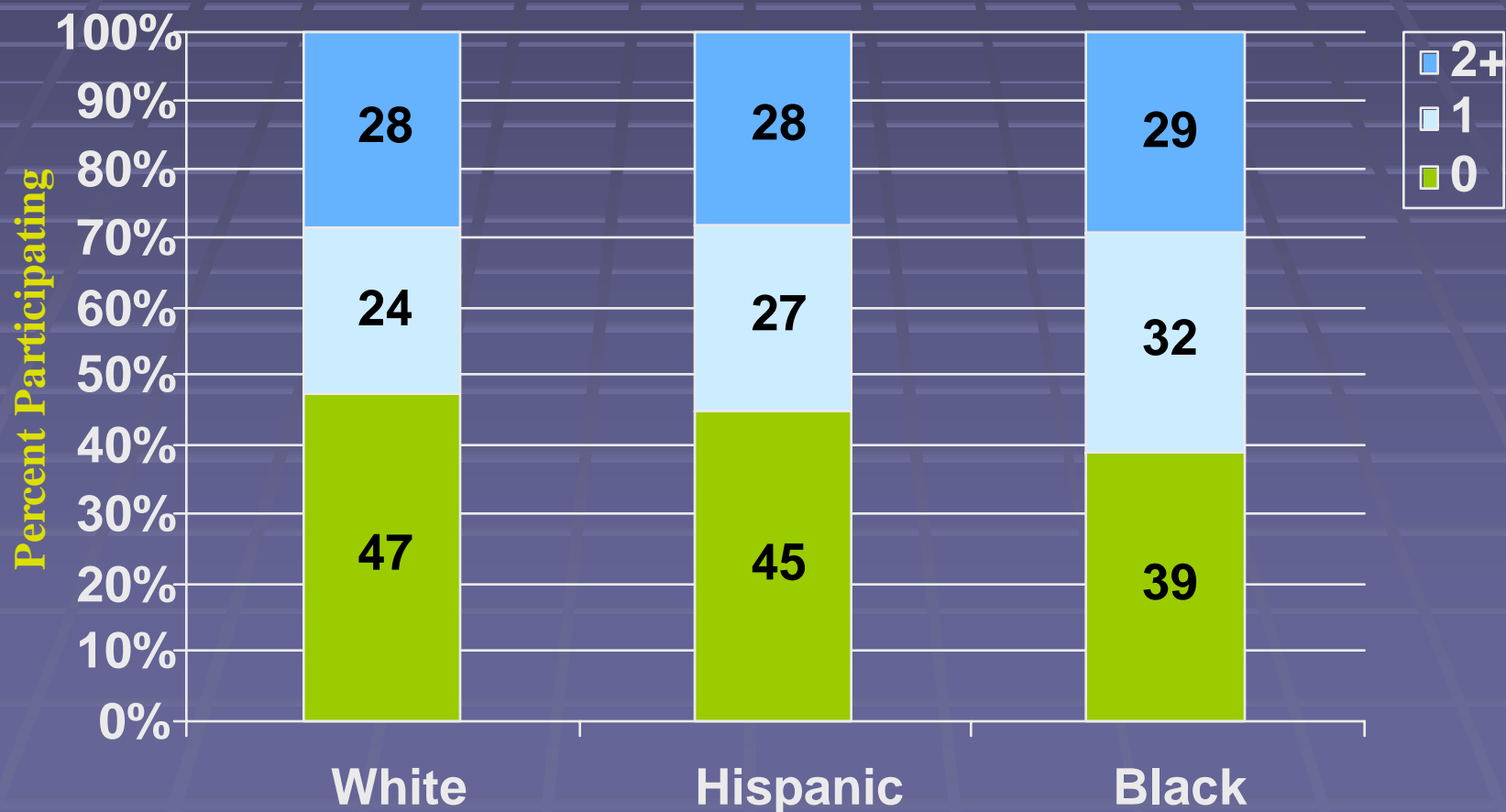
“Let’s Fix These Broken Kids”

Pett Peeves

by Joel Pett



Distribution of the Number of Health Risk Behaviors by Race/Ethnicity, 7th-12th Grade, 1995



Source: Urban Institute, *Teen Risk-Taking*, 2000

Background

Why should we invest in adolescent health?

- **Annually, an estimated \$700 billion is spent on preventable adolescent health problems.**
- **This estimate considers only the direct and long term medical and social costs associated with 6 common health problems:**
 - Adolescent pregnancy
 - Sexually transmitted infections
 - Motor vehicle injuries
 - Alcohol & other drug problems
 - Other unintentional injuries
 - Mental health problems

What have we learned in the field of adolescent health?

- Recognize adolescence as a distinct age period, with life-course implications
- While the period is seen as “healthy”, many health behaviors are the result of psychosocial and risk behaviors
- Importance of early intervention – tobacco, sexual behavior

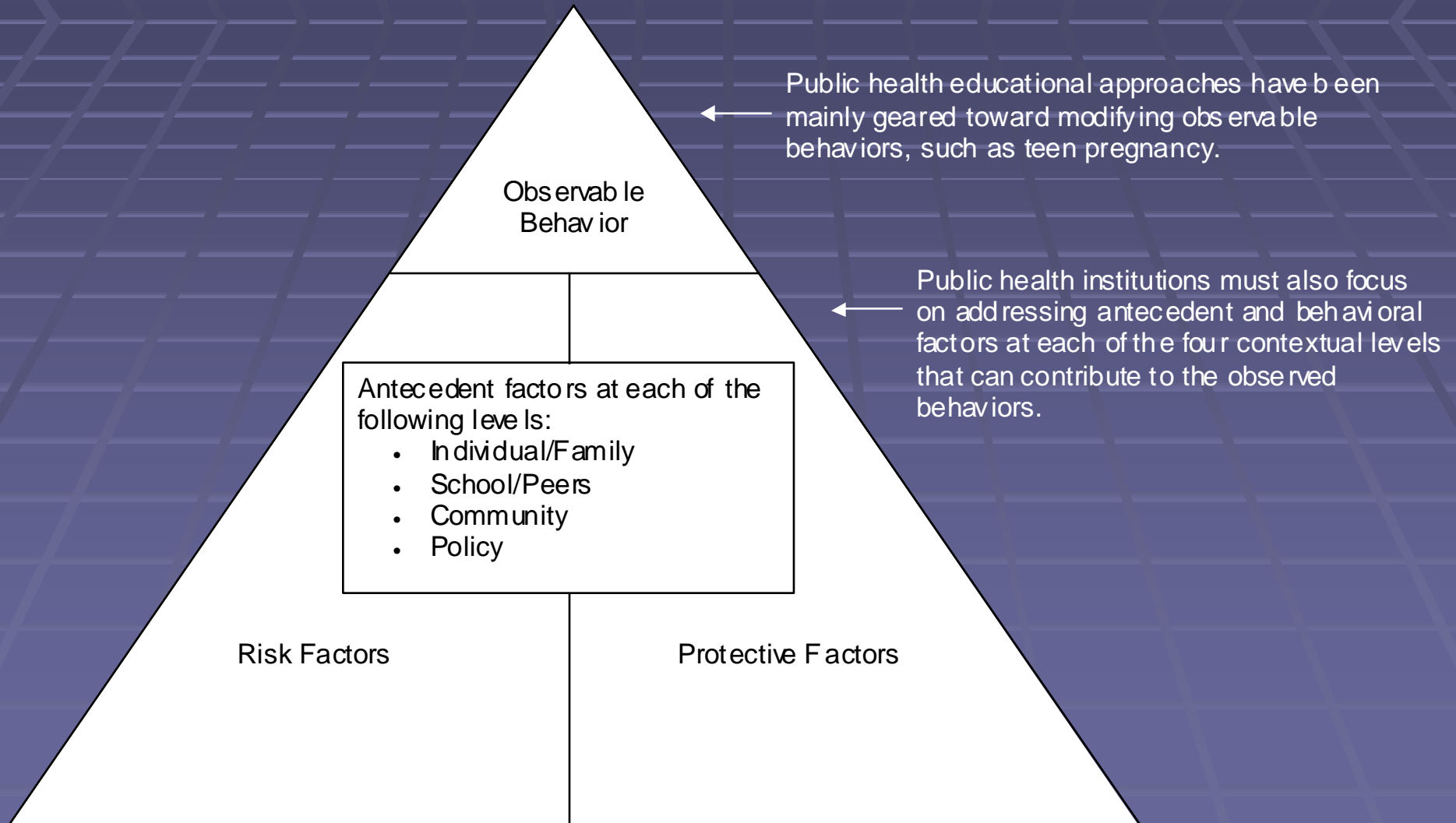
Lessons Learned in Adolescent Health...

- ...defining youth as problems and deficits to youth development approaches and the promotion of healthy development throughout adolescence and young adulthood.
- ...risk taking to envisioning resiliency and protective factors as buffers for young people from involvement in behaviors harmful to themselves or others.

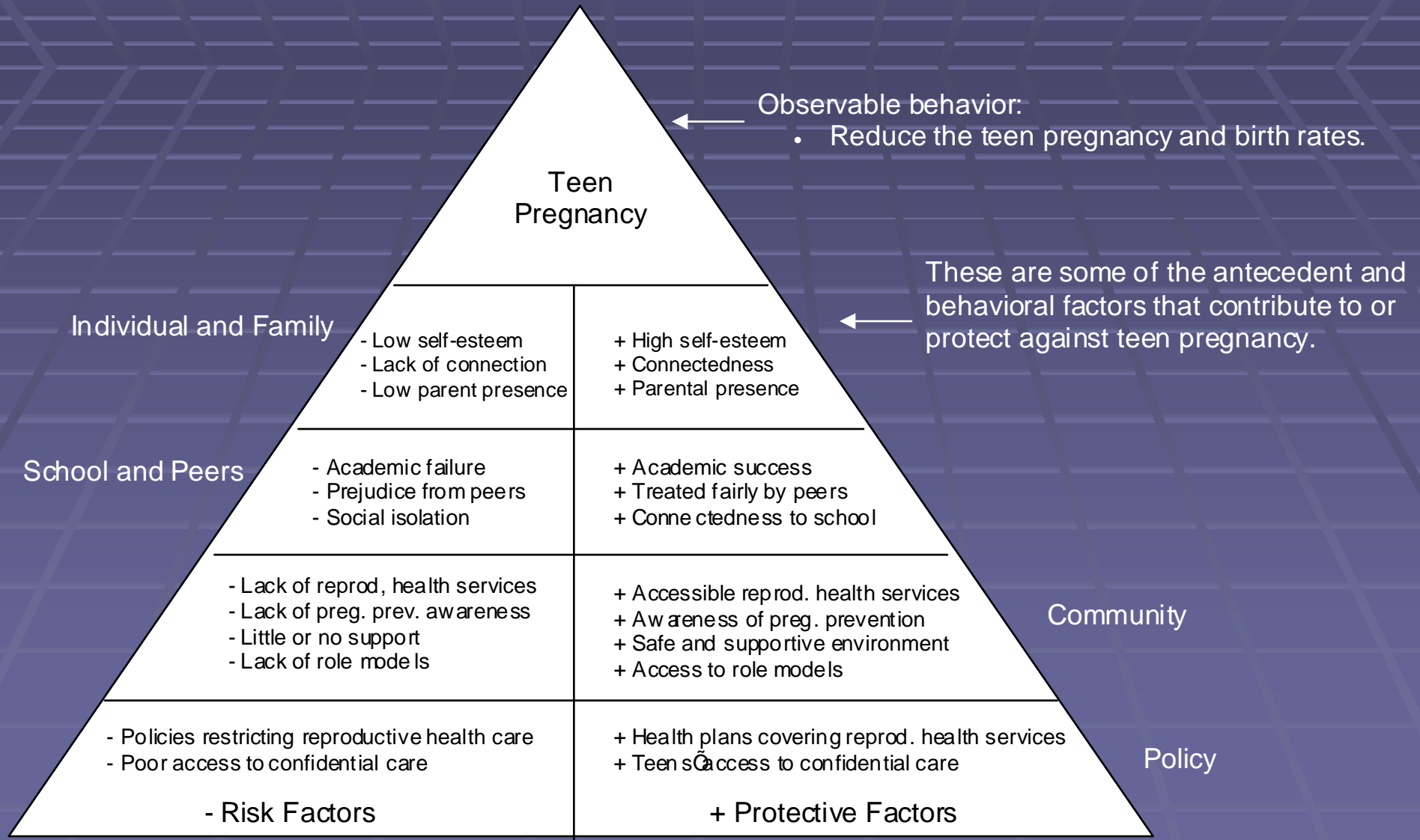
What have we learned in Adolescent Health?

- ...categorical approaches to prevention to envisioning the inter-relationships between health problems and the need to respond with concurrent strategies.
- ...an overemphasis on individual and family behavior to a perspective that recognizes the effects of the context or settings in which adolescents live.

Observable Behaviors: Antecedent Risk and Protective Factors at Four Contextual Levels



Example: Teen Pregnancy and the Antecedent Risk and Protective Factors at Four Contextual Levels



Observable Behaviors: Antecedent Risk and Protective Factors at Four Contextual Levels

An iceberg floating in the ocean. The tip of the iceberg, which is above the water line, represents 'Observable behavior'. The much larger part of the iceberg, which is submerged below the water line, represents 'Antecedent factors at each of the following levels'. The background is a blue sky and ocean.

Observable behavior

Antecedent factors at each of the following levels:

- Individual/Family
- School/Peers
- Community
- Policy

What is the National Initiative to Improve Adolescent & Young Adult Health by the Year 2010?



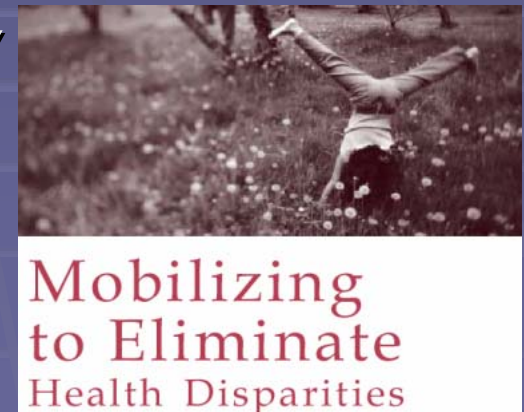
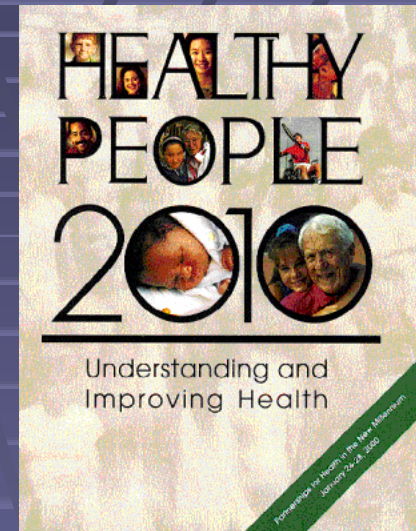
What is the National Initiative?

- A collaborative effort to improve the health, safety, and well-being of adolescents and young adults (ages 10-24).
- Launched in a unique partnership of two federal agencies:
 - Centers for Disease Control and Prevention's Division of Adolescent and School Health (CDC-DASH); and
 - Health Resources and Services Administration's Maternal and Child Health Bureau's Office of Adolescent Health (HRSA-MCHB-OAH).

National Initiative

Grounded in Healthy People 2010

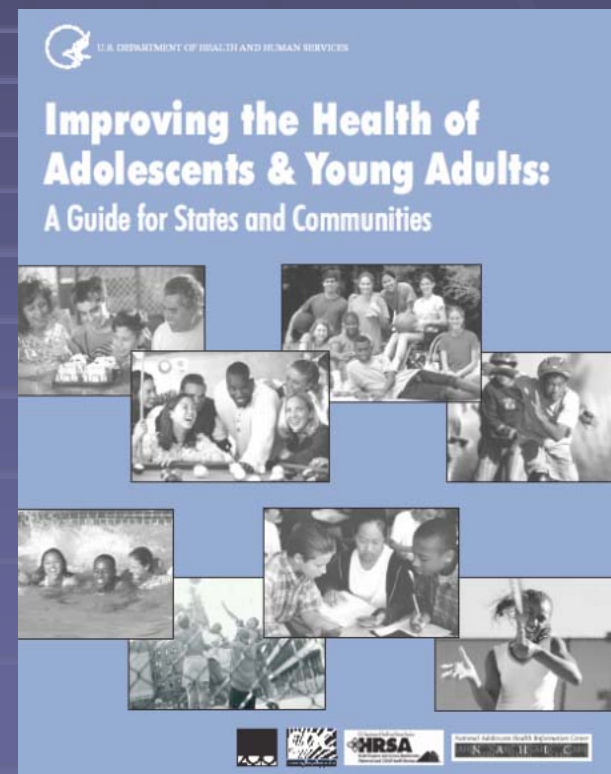
- A comprehensive set of national disease prevention and health promotion objectives that measure the nation's progress over time.
- Two overarching goals of *Healthy People 2010*:
 - Increase quality and years of life;
 - Eliminate health disparities.



www.healthypeople.gov

Improving the Health of Adolescents and Young Adults

- One of the Healthy People 2010 “Companion Documents”
- Also available:
 - Healthy Campus 2010: Making It Happen
 - Healthy People 2010: Reproductive Health
 - Rural Healthy People 2010: A Companion Document for Rural Areas



<http://www.healthypeople.gov/Implementation/compdocs.htm>

Adolescent- and Young Adult-Specific Health Objectives

- The National Initiative aims to achieve the 21 Critical Health Objectives; Selected by a national expert consensus panel.
- 21 objectives were identified as critical for adolescents and young adults from *Healthy People 2010's* 467 objectives.
- Based on two criteria:
 - Objectives are either a critical health outcome or a contributing behavior;
 - State level data are available, or soon will be.

Adolescent- and Young Adult-Specific Health Objectives

- **21 Critical Health Objectives for Adolescent & Young Adult Health:**
 - individual health outcomes (injury, disease & death), as well as related behaviors (e.g., substance abuse, physical activity, safety belt use).
- **21 Objectives fall into six general areas:**
 - Mortality;
 - Unintentional Injury;
 - Violence;
 - Mental Health and Substance Abuse;
 - Reproductive Health;
 - Chronic Disease Prevention.

Goals:

Beyond the 21 Objectives

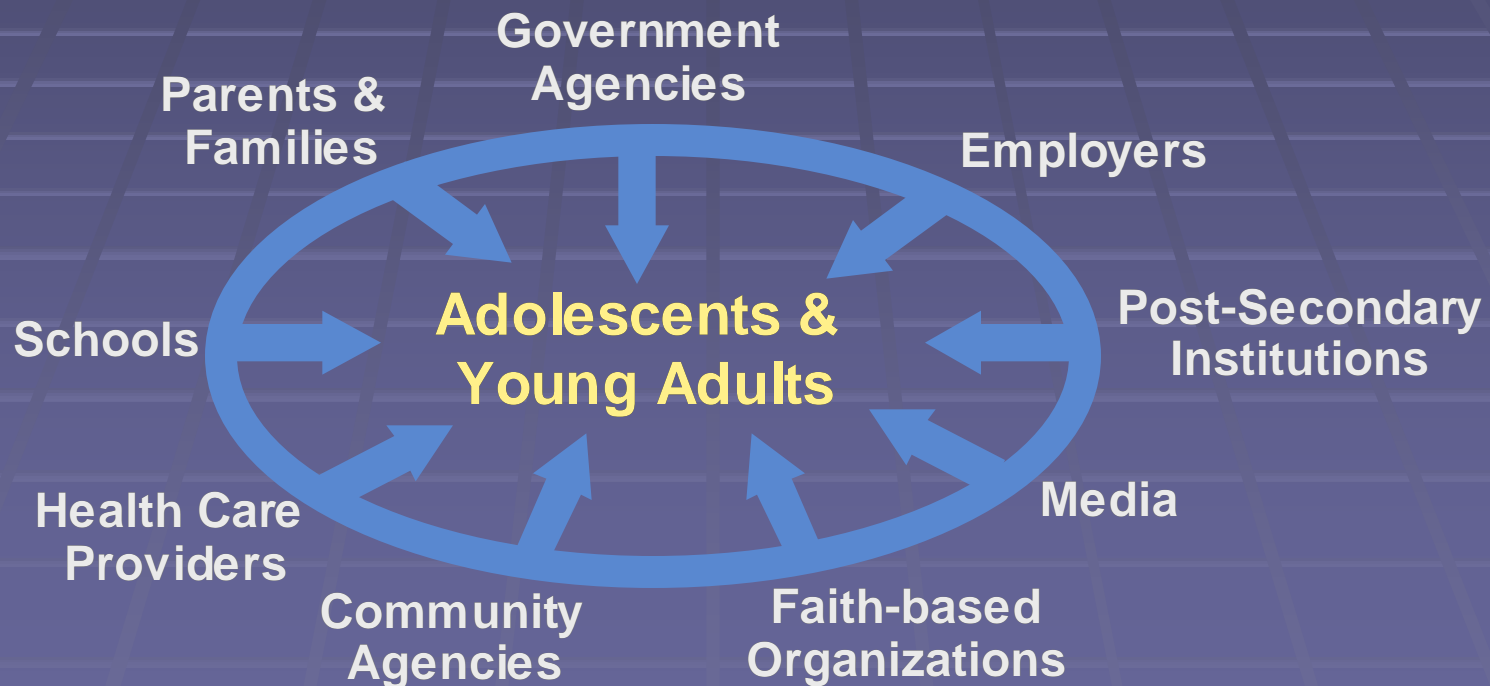
- Reduce disparities among adolescents and young adults.
- Increase adolescents' and young adults' access to quality health care, including:
 - Comprehensive general health;
 - Mental health; and
 - Oral health;
 - Substance abuse prevention and treatment.

Forum for Youth Investment: Ready by 21

- The National Initiative also recognized that adolescents need to do well in order to transition to adulthood successfully:
 - Be economically self-sufficient,
 - Have healthy habits and healthy relationships, and
 - Be civically engaged (e.g., be politically active, volunteer, participate in community events).

How Do We Get There?

Recognize involvement of all societal sectors influencing health:



21 Critical Health Objectives

Unintentional Injury

Mortality

Unintentional Injuries

Violence

Mental Health &
Substance Abuse

Reproductive Health

Chronic Disease
Prevention

- Deaths from motor vehicle crashes
- Deaths and injuries caused by alcohol- and drug-related motor vehicle crashes
- Safety belt use
- Rode with driver who had been drinking

Health Status

Unintentional Injury

- Among 15-24 year-olds, motor vehicle accident mortality has *decreased* in the past two decades, from 41/100,000 in 1981 to 26/100,000 in 2004.
- 90% of high school students reported that they always use seatbelts.
- 33% of fatal crashes among 21-24 year-olds in 2002 involved alcohol.
- 28% of 21-25 year-olds in 2004 reported that they drove under the influence of alcohol or illicit drugs.

Sources: CDC/NCIPC, 2007; YRBSS, 2006; BRFSS, 2004; NHTSA, 2003; NSDUH, 2005

If 12 fully loaded jumbo jets
crashed every year,
something would be done about it.



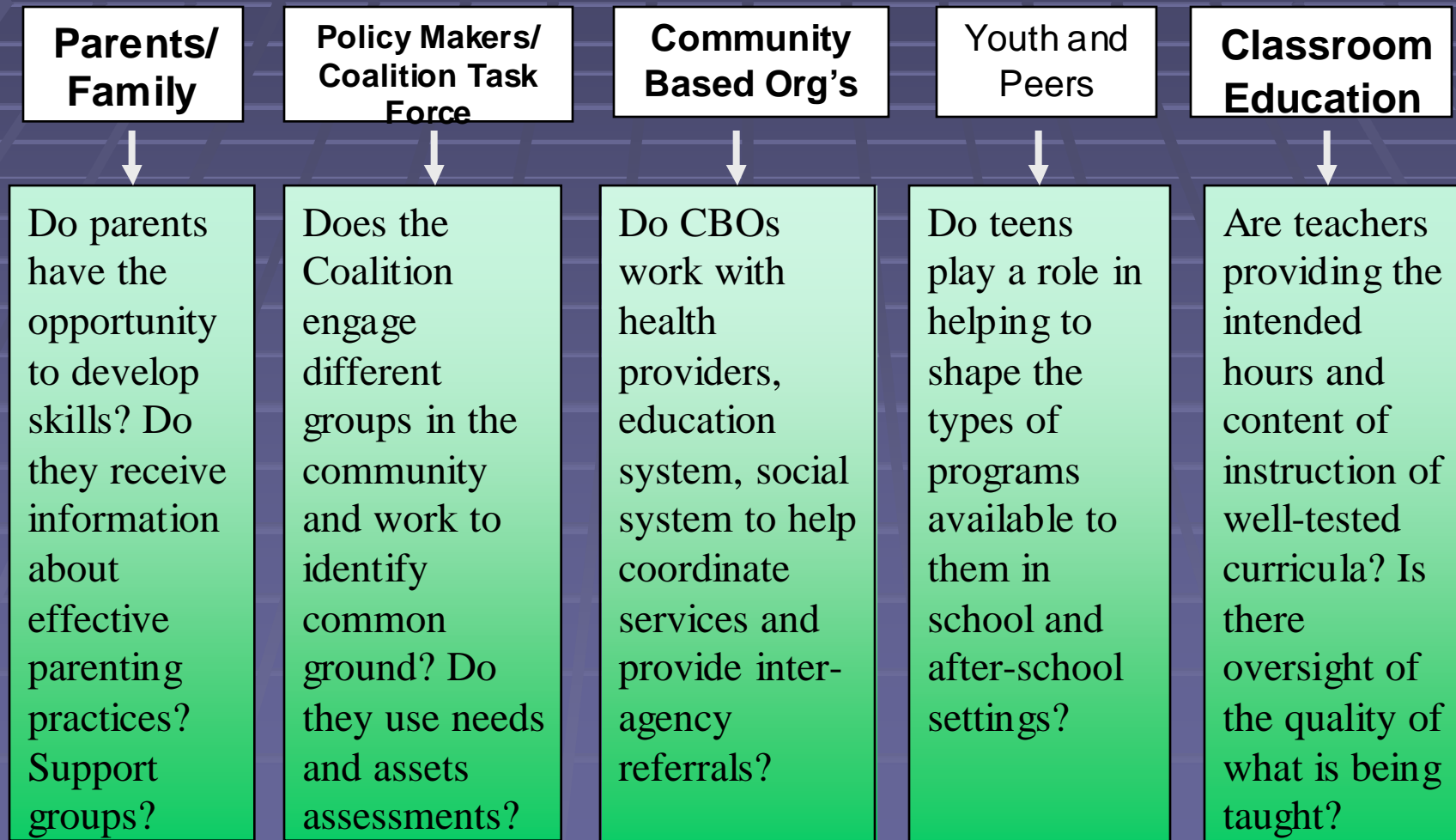
EVERY YEAR, NEARLY 6,000 TEENS DIE IN CAR CRASHES.



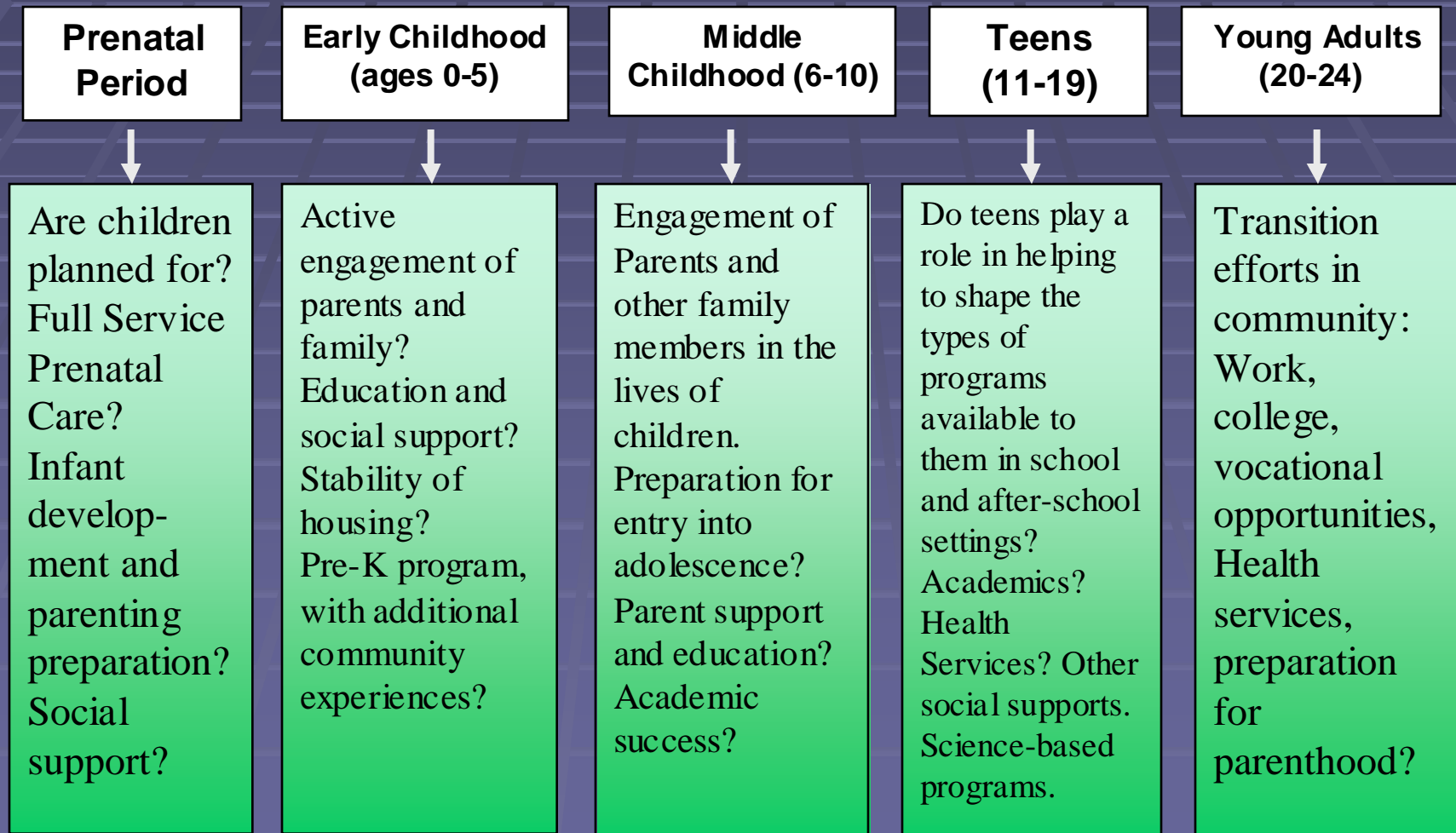
Comprehensive “Single” Issue Policy Framework

- Federal leadership – \$\$ Roads for Age when liquor can be bought
- State and local efforts (Graduated License requirements, injury prevention planning and education; driver’s education)
- Media (Friends don’t let friends drink and drive)
- Stakeholders (health insurance, bar tenders; parents; peers)

Concurrent Health Prevention Strategies



Developmental Health Prevention Strategies



Policy and Research Analyses and Directions Across the Lifespan

- **Recognize special populations and how programs and policies are shaped for each:**
 - Demographically-defined;
 - Legally-defined (incarcerated, foster care, migrant groups);
 - Chronic conditions (physical, emotional);
 - Other populations (unique qualities, such as homeless, pregnant and parenting).

Conclusions

- Policies aimed at reducing behaviors that jeopardize health and safety and improve health outcomes are important—but not enough.
- Policies that foster healthy youth development is integral to improving adolescent and young adult health.
- Policy creating a healthy environment, and not focusing exclusively on merely ‘changing individuals’ is key to assure lifelong health and well-being outcomes.



Tracking Adolescent Health Policy:

AN ANNOTATED LIST

From the National Initiative to Improve Adolescent and Young Adult Health by the Year 2010

Background

Adolescence represents an important time of physical, social, psychological, and cognitive growth. No longer children and not yet adults, adolescents make significant choices about their health and develop attitudes and health behaviors that continue into adulthood. Multiple factors at the individual, family, school, community, and policy level interact to influence the health and well being of this diverse population.

Priority health issues for adolescents have been identified as part of *Healthy People 2010*, the nation's comprehensive set of national disease prevention and health promotion objectives. A national expert panel selected 21 Critical Health Objectives for adolescents and young adults, out of 107 *Healthy People 2010* objectives, that pertain to this age group. These objectives address several areas of adolescent health, including mortality, unintentional injury, violence, substance use and mental health, reproductive health, and chronic diseases.

Many governmental policies focus on the areas addressed by the 21 Critical Health Objectives. These policies range from health education strategies aimed at changing individual behavior, to changes in health-care delivery systems that increase access to care, to structural reforms that shape the environment in which adolescents live.

About this Brief

This brief provides an annotated list of organizations and agencies that monitor trends in state and federal policies related to the 21 Critical Health Objectives. While multiple policymaking venues exist within the U.S. political system, this brief focuses on federal and state legislation, including budget appropriations.

The federal government and states share responsibility for many adolescent health policies. For example, the State Children's Health Insurance Program (SCHIP) is a program that was created at the federal level by Congress to expand health insurance coverage for children and adolescents. While the federal government broadly defines how SCHIP plans should function, SCHIP gives states considerable flexibility in establishing specific income eligibility and benefits programs. This joint federal-state implementation results in tremendous variation among SCHIP programs across states. Over the past decade, the number of programs that are jointly administered by the federal government and states has increased, resulting in greater state-level authority in policy decision making and implementation.¹ Accordingly, this brief provides users with the opportunity to search for policies by state whenever possible.

Several of the policies that are monitored apply broadly to adolescents and other populations. When possible, age distinctions are noted. Each listing includes an organization or agency description, a general website, a brief summary of relevant project areas, and specific web addresses for key publications and databases. Organizations and agencies were included in this brief if they: (1) broadly monitor federal policies and/or policies across all fifty states, and (2) regularly update their site to capture the way in which governmental policy constantly changes and evolves. As a result, this guide allows users to identify trends and changes in public policies as they occur.

This brief is organized according to the main subject areas that encompass the 21 Critical Health Objectives, which are listed in Table 1. Organizations and agencies that track policies that pertain to multiple subject areas are listed first in three sections: general adolescent health, youth development, and access to healthcare. Each of the individual subject areas then follows.

¹Brindis C., Ott M. Adolescents, Health Policy and the American Political Process, *J Adol Health*, 2002; 30:9-16.

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