So Much More Than an Office Visit --
Promoting Adolescent Wellness

Richard E. Kreipe, MD, FAAP, FSAM
Professor of Pediatrics
University of Rochester School of Medicine
Director, Rochester LEAH Interdisciplinary Training
President, Society for Adolescent Medicine

National Conference of State Legislatures
Human Services and Welfare Committee
and
Women's Legislative Network
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Preview

- Adolescent health materials on NCSL website
- Costs of treatment—Cost savings of prevention
- Adolescent health care: challenges/opportunities
  - Ideal
  - Reality
- Solutions to improve adolescent well visits
Adolescent Health, Safety and Well-Being

Adolescence is a time of significant growth and development for young people. It is also a period of dramatic change. As young people navigate the challenges adolescence presents, they face new pressures from peers, make decisions about sexual activity, engage in new and dangerous activities like driving, and develop new needs for mental health care services and substance abuse prevention and treatment. Policymakers, parents, and others are often reminded that, while teenagers might look like small adults, they need safe environments and caring adults to guide them through experiences they are facing for the first time.

The national Healthy People 2010 initiative lists 21 "critical health objectives" for adolescents and young adults. These objectives provide a national picture of the health status of adolescents and give policymakers, health care providers, parents and other stakeholders' broad goals. For example, Healthy People 2010 aims to reduce deaths caused by motor vehicle crashes, reduce homicides, reduce the suicide rate, reduce pregnancies, and reduce tobacco use among adolescents.

State policymakers are often forced to view young people in silos, addressing their needs for health care and other services through specific bills or budget lines. Rarely do they have the opportunity to look at young people holistically and address their developmental needs comprehensively. Cross-cutting approaches to adolescent issues allow legislators to focus on young people's needs from a variety of angles. For example, states can address the leading cause of death for teens and young adults--motor vehicle crashes--through education, licensing requirements, and transportation safety requirements; states can address juvenile offenders' needs for mental health services through better coordination between the mental health and juvenile justice systems. Some states have created children's cabinets or special committees to address the need for a more comprehensive and coordinated approach to the health and safety needs of adolescents.
21 Critical Health Objectives for adolescents and young adults in national *Healthy People 2010*.

National picture of youth health status for policy makers, health care providers, parents and others.

**Examples:**
- Decrease alcohol/drug related motor vehicle deaths
- Decrease weapon carrying in school
- Increase % with mental illness receiving treatment
- Decrease % who have *Chlamydia* infections
- Decrease % who are overweight or obese

[www.ncsl.org/programs/health/adolhealthmain.htm](http://www.ncsl.org/programs/health/adolhealthmain.htm)
“Beyond ensuring a healthy future for these teens, states have an interest in reducing these staggering statistics about the state of teen health in the United States:

- 75 of every 1,000 females ages 15 to 19 give birth each year, which cost the U.S. over $9.1 billion in 2004
- More than 19 million new cases of sexually transmitted diseases each year, over ½ are in people ages 15 to 24
- 11% of children and adolescents are overweight or obese”

www.ncsl.org/programs/health/adolllaws.htm
$236 million (56%) state and local costs

$1,621 per teen birth overall; if ≤17 y.o. = $6,094/birth

Most costs are related to children of teen mothers
  – $204 million child welfare
  – $203 million for incarceration
  – $186 million public health care
  – $117 million in lost tax revenues

Decrease in teen births 1991-2004 saved NYS taxpayers $484 million in 2004 alone
“Over 8 million young people 18 and younger have no health insurance, and this number gets bigger as adolescents age

Over 3 million young adults age 18 to 21 have been diagnosed with a serious mental health condition

70% of juvenile offenders have a mental illness”
“State policymakers often forced to view young people in ‘silos’, addressing their needs for health care and other services through specific bills or budget lines

Adolescents need to be viewed holistically, developmentally and comprehensively

Cross-cutting approaches to adolescent issues allow legislators to focus on young people's needs from a variety of angles”

www.ncsl.org/programs/health/adolhealthmain.htm
Adolescence: unique developmental stage posing both risks to health and opportunities to develop healthy habits for the future

- **STIs**: 1 in 4 females 14 to 19 years old is infected with at least one STI (1 in 6 with HPV), in some populations, more than half have an STI¹
  - Education about STI's, healthy relationships, vaccines
- **Obesity**: 17% of adolescents 12 to 19 years old (24% of black females) are overweight²
  - Education about meal planning, healthy eating habits and life-long physical activity


www.ncsl.org/programs/health/adolllaws.htm
NCSL Website: Adolescent Health

- States are addressing...
  - *Motor vehicle crashes* through education, graduated licensing and transportation safety requirements
  - Juvenile offenders' needs for *mental health services* through better coordination between the mental health and juvenile justice systems.
  - A comprehensive and coordinated approach to the health and safety needs of adolescents through *children's cabinets* or special committees

www.ncsl.org/programs/health/adolhealthmain.htm
Recent News/Updates

- **Health Insurance Coverage for Young Adults**
  NCSL LegisBrief, June/July 2008

- **Drinking While Young**
  NCSL State Legislatures Magazine article discusses teen drinking, June 2008

- **Health Insurance Coverage of Young Adults: Issues and Broader Considerations**
  Urban Institute, June 2008

- **Teenage Trouble**
  NCSL State Legislatures Magazine article is on teen sexually transmitted disease rates, May 2008

- **Distracted While Driving**
  NCSL State Legislatures Magazine article on teen driving, May 2008

- **Adults or Kids?**
  NCSL State Legislatures Magazine article on the state debate on the best response to teenagers who commit crimes, April 2008

- **State Policies to Support Adolescents**
  NCSL LegisBrief on the teen brain within state systems

- **Health Care Access & Utilization: Adolescents & Young Adults**
  National Adolescent Health Information Center, Fact Sheet 2008

- **One in Four Uninsured Eligible for Public Insurance But Not Enrolled, Says New NIHCM Report**
  Understanding the Uninsured: Tailoring Policy Solutions for Different Subpopulations
  National Institute for Health Care Management (NIHCM), April 2008

- **Adolescent Brain Development and Risky Behavior in Young People**
  Resources from NCSL’s 2007 Annual Meeting

- **Teen Pregnancy Update** (February 2007)
  NCSL Legisbrief on declining pregnancy rates and the economic benefit

- **Improving the Health of Adolescents & Young Adults: A Guide for States and Communities**
  This guide was developed by the Division of Adolescent and School Health, the National Center for Chronic Disease Prevention and Health Promotion, the Centers for Disease Control and Prevention, and the Office of Adolescent Health, Maternal and Child Health Bureau, Health Resources and Services Administration, 2004.
Adolescent Health Supervision Visits: Ideal

- American Academy of Pediatrics’ Bright Futures Guidelines: Annual Visits 11-21 years old
- History
  - Measurements
  - Screening
  - Developmental/Behavioral assessment
  - Physical examination
  - Procedures
  - Anticipatory guidance

## Recommendations for Preventive Pediatric Health Care

### Bright Futures/American Academy of Pediatrics

Each child and family, therefore, these Recommendations for Preventive Pediatric Health Care are designed for the care of children who are receiving competent parenting, have no manifestations of any important health problems, and are growing and developing in satisfactory fashion. Additional visits may become necessary if circumstances suggest variations from normal.

These guidelines represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The AAP continues to emphasize the great importance of continuity of care in comprehensive health supervision and the need to avoid fragmentation of care.

### Developmental, Psychological, and Chronic Disease Issues for Children and Adolescents

**Early Childhood**

<table>
<thead>
<tr>
<th>AGE</th>
<th>INFANCY</th>
<th>EARLY CHILDHOOD</th>
<th>MIDDLE CHILDHOOD</th>
<th>ADOLESCENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HISTORY</strong></td>
<td>Initial Interval</td>
<td>☑</td>
<td>☑</td>
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<tr>
<td><strong>MEASUREMENTS</strong></td>
<td>Length/Height and Weight</td>
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<tr>
<td></td>
<td>Head Circumference</td>
<td>☑</td>
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<td></td>
<td>Weight for Length</td>
<td>☑</td>
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<tr>
<td></td>
<td>Body Mass Index</td>
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<td></td>
<td>Blood Pressure</td>
<td>☑</td>
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<tr>
<td><strong>SENSORY SCREENING</strong></td>
<td>Vision</td>
<td>☑</td>
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<td></td>
<td>Hearing</td>
<td>☑</td>
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<tr>
<td><strong>DEVELOPMENTAL/BEHAVIORAL ASSESSMENT</strong></td>
<td>Developmental Surveillance</td>
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<tr>
<td></td>
<td>Psychosocial/Behavioral Assessment</td>
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<td></td>
<td>Alcohol and Drug Use Assessment</td>
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<tr>
<td><strong>PHYSICAL EXAMINATION</strong></td>
<td>Immunization</td>
<td>☑</td>
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<tr>
<td></td>
<td>Newborn Metabolic/Hemoglobin Screening</td>
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<td></td>
<td>Hemoglobin or Hemoglobin</td>
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<tr>
<td></td>
<td>Lead Screening</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
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<tr>
<td></td>
<td>Tuberculosis Test</td>
<td>☑</td>
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<tr>
<td></td>
<td>Diphteria/Pneumococcal Screening</td>
<td>☑</td>
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<td></td>
<td>Cervical Dysplasia Screening</td>
<td>☑</td>
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<tr>
<td><strong>ORAL HEALTH</strong></td>
<td>Anticipatory Guidance</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
</tbody>
</table>

### KEY

- ☑: to be performed
- ☑: risk assessment to be performed, with appropriate action to follow, if positive
- ☑: range during which a service may be provided, with the symbol indicating the preferred age

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**Note:** These Recommendations do not include a medical or dental examination for children with developmental disabilities. The AAP recommends that children with developmental disabilities be evaluated by a multidisciplinary team of professionals to identify and address health issues and to develop an individualized care plan.

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**References:**

Health Supervision Visits 11-14 year old

- Observation of Parent-Youth Interaction
- Surveillance of Development
  - Physical, cognitive, emotional, social, and moral competencies
  - Behaviors that contribute to a healthy lifestyle
  - Caring, supportive relationship with family, other adults, and peers
  - Positive engagement with community
  - Self-confidence, hopefulness, well-being, and resiliency when confronted with life stressors
  - Increasingly responsible and independent decision making

Health Supervision Visits 11-14 year old (cont)

- Physical Exam: BP, BMI
  - Inspect for acne, acanthosis nigricans, atypical nevi, tattoos or piercings, signs of abuse or self-inflicted injury. Examine back.
  - **Females:** Assess SMR; signs of STIs. Perform pelvic exam, if warranted.
  - **Males:** Observe for gynecomastia. Assess SMR, signs of STIs. Examine testicles for hydrocele, hernias, varicocele, masses.

Health Supervision Visits 11-14 year old (cont)

- **Screening**
  - Universal: Vision (once in early adolescence)
  - Selective: Vision (when universal not performed)
    - Hearing
    - Anemia
    - Tuberculosis
    - Dyslipidemia
    - STIs, Pregnancy, Cervical Dysplasia
    - Alcohol or Drug Use

- **Immunizations**
  - CDC: [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)
  - AAP: [www.aapredbook.org](http://www.aapredbook.org)

Guidelines for Adolescent Preventive Services (GAPS)

Parent Questionnaire

- Adolescent Health History
- Family History
- Parental Concerns
  - Greatest Challenge for teen?
  - What makes you most proud of your teen?
  - Is there something on your mind that you would like to talk about today?


Guidelines for Adolescent Preventive Services Parent/Guardian Questionnaire

Confidential (Your answers will not be given out.)

Date ____________________________

Adolescent’s name ____________________________ Adolescent’s birthday ____________________________ Age _______________

Parent/Guardian name ____________________________ Relationship to adolescent ____________________________

Your phone number: Home ____________________________ Work ____________________________

Adolescent Health History

1. Is your adolescent allergic to any medications?
   □ Yes  □ No If yes, what medications?

2. Please provide the following information about medicines your adolescent is taking:
   Name of medicine ____________________________ Reason taken ____________________________ How long taken ____________________________

3. Has your adolescent ever been hospitalized overnight?
   □ Yes  □ No If yes, give the age at time of hospitalization and describe the problem.
   Age _______________ Problem ____________________________

4. Has your adolescent ever had any serious injuries?
   □ Yes  □ No If yes, please explain.

5. Have there been any changes in your adolescent’s health during the past 12 months?
   □ Yes  □ No If yes, please explain.

6. Please check (□) whether your adolescent ever had any of the following health problems:
   If yes, at what age did the problem start:

   ADHD/learning disability □ □ □ □ □ □ □ □ Headaches/migraines □ □ □ □ □ □ □ □
   Allergies/hayfever □ □ □ □ □ □ □ □ Low iron in blood (anemia) □ □ □ □ □ □ □ □
   Asthma □ □ □ □ □ □ □ □ Pneumonia □ □ □ □ □ □ □ □
   Bacterial or viral infections □ □ □ □ □ □ □ □ Rheumatic fever or heart disease □ □ □ □ □ □ □ □
   Blood disorders/bleeding disorders □ □ □ □ □ □ □ □ Scoliosis (curved spine) □ □ □ □ □ □ □ □
   Cancer □ □ □ □ □ □ □ □ Seizures/epilepsy □ □ □ □ □ □ □ □
   Chicken pox □ □ □ □ □ □ □ □ Severe acne □ □ □ □ □ □ □ □
   Depression □ □ □ □ □ □ □ □ Sickle cell anemia □ □ □ □ □ □ □ □
   Diabetes □ □ □ □ □ □ □ □ Stomach problems □ □ □ □ □ □ □ □
   Eating disorder □ □ □ □ □ □ □ □ Tuberculosis (TB)/lung disease □ □ □ □ □ □ □ □
   Emotional disorder □ □ □ □ □ □ □ □ Other: □ □ □ □ □ □ □ □
   Hepatitis (liver disease) □ □ □ □ □ □ □ □

7. Does this office or clinic have an up-to-date record of your adolescent’s immunizations (record of “shots”)?
   □ Yes  □ No  □ Not sure
### Younger Adolescent Questionnaire

- **Medical History**
- **Family Information**
- **Specific Health Issues**
- **Health Profile**
  - Eating/Weight/Body
  - School
  - Friends and Family
  - Weapons/Violence/Safety
  - Tobacco/Alcohol/Drugs
  - Development/Relationships
  - Emotions
  - Self

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<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Why did you come to the clinic/office today?</td>
<td></td>
</tr>
<tr>
<td>Are you allergic to any medicines?</td>
<td>No, Yes, name of medicine(s): Not Sure</td>
</tr>
<tr>
<td>Do you have any health problems?</td>
<td>No, Yes, problem(s): Not Sure</td>
</tr>
<tr>
<td>Are you taking any medicine now?</td>
<td>No, Yes, name of medicine(s): Not Sure</td>
</tr>
<tr>
<td>Have you been to the dentist in the last year?</td>
<td>No, Yes, Not Sure</td>
</tr>
<tr>
<td>Have you stayed overnight in a hospital in the last year?</td>
<td>No, Yes, Not Sure</td>
</tr>
<tr>
<td>Have you ever had any of the problems below?</td>
<td>Allergies or hay fever, Asthma, Seizures, Cancer, Diabetes</td>
</tr>
</tbody>
</table>

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Guidelines for Adolescent Preventive Services (GAPS)

Middle/Older Adolescent Questionnaire

- Medical History
- Specific Health Issues
- Health Profile
  - Eating/Weight
  - School
  - Friends and Family
  - Weapons/Violence/Safety
  - Tobacco/Alcohol/Drugs
  - Development
  - Emotions
  - Self

Guidelines for Adolescent Preventive Services (GAPS)
Middle/Older Adolescent Questionnaire

Emotions
50. Have you had fun during the past two weeks? ☐ No ☐ Yes

51. During the past few weeks, have you often felt sad or down or as though you have nothing to look forward to? ☐ Yes ☐ No

52. Have you ever seriously thought about killing yourself, made a plan or actually tried to kill yourself? ☐ Yes ☐ No

53. Have you ever been physically, sexually, or emotionally abused? ☐ Yes ☐ No ☐ Not sure

54. When you get angry, do you do violent things? ☐ Yes ☐ No

55. Would you like to get counseling about something you have on your mind? ☐ Yes ☐ No ☐ Not sure

Special Circumstances
56. In the past year, have you been around someone with tuberculosis (TB)? ☐ Yes ☐ No ☐ Not sure

57. In the past year, have you stayed overnight in a homeless shelter, jail, or detention center? ☐ Yes ☐ No

58. Have you ever lived in foster care or a group home? ☐ Yes ☐ No

Self
59. What four words best describe you? __________________________________________________________

60. If you could change one thing about your life or yourself, what would it be? _______________________________________________________

61. What do you want to talk about today? _______________________________________________________

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## Strength-based Approach to Primary Care

Duncan, et al. *Inspiring Healthy Adolescent Choices: A Rationale for and Guide to Strength Promotion in Primary Care.* JAH 2007;41:525

<table>
<thead>
<tr>
<th>Date of Screening: ______________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Nutrition</td>
</tr>
<tr>
<td>☐ Physical Activity</td>
</tr>
<tr>
<td>☐ Substance Abuse</td>
</tr>
<tr>
<td>☐ Sexual Activity/Development</td>
</tr>
<tr>
<td>☐ Safety</td>
</tr>
<tr>
<td>☐ Emotional Health/Suicide</td>
</tr>
</tbody>
</table>

Check Indicates a Preventive Screening
# Adolescent Immunization Schedule

**Recommended Immunization Schedule for Adolescents Ages 10–25 Years**

Note: These recommendations must be read with the footnotes below.

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Age</th>
<th>10–12 yrs</th>
<th>13–18 yrs</th>
<th>19–25 yrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tetanus, Diphtheria, Pertussia*</td>
<td>Tdap</td>
<td>Tdap</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Human Papillomavirus*</td>
<td>HPV</td>
<td>HPV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meningococcal³</td>
<td>MCV4</td>
<td>MCV4</td>
<td>MCV4</td>
<td>MCV4</td>
</tr>
<tr>
<td>Pneumococcal⁴</td>
<td>PPV</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influenza⁵</td>
<td>Influenza (Yearly)</td>
<td>Influenza (Yearly)</td>
<td>Influenza (Yearly)</td>
<td>Influenza (Yearly)</td>
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<tr>
<td>Hepatitis A⁶</td>
<td>HepA Series</td>
<td>HepA Series</td>
<td>HepA Series</td>
<td>HepA Series</td>
</tr>
<tr>
<td>Hepatitis B⁷</td>
<td>HepB Series</td>
<td>HepB Series</td>
<td>HepB Series</td>
<td>HepB Series</td>
</tr>
<tr>
<td>Inactivated Poliovirus⁹</td>
<td>IPV</td>
<td>IPV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles, Mumps, Rubella⁹</td>
<td>MMR</td>
<td>MMR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella³⁰</td>
<td>Varicella</td>
<td>Varicella</td>
<td>Varicella</td>
<td>Varicella</td>
</tr>
</tbody>
</table>

*Recommended routinely for all adolescents at the ages indicated.*

*Recommended for adolescents lacking previous vaccination or evidence of prior protection.*

*Recommended for adolescents with specific risk factors.*

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[www.adolescenthealth.org/clinicalcare.htm#Immunization](http://www.adolescenthealth.org/clinicalcare.htm#Immunization)
Adolescent HPV (Cancer Prevention) Immunization Schedule

● Routine HPV for Females 11-12 Y.O.
  – “ACIP recommends routine vaccination of females aged 11--12 years with 3 doses of quadrivalent HPV vaccine.”
  – “The vaccination series can be started as young as age 9 years.”

● Catch-Up Vaccination of Females 13-26 Y.O.
  – “Recommended for females aged 13--26 years who have not been previously vaccinated or who have not completed the full series. Ideally, vaccine should be administered before potential exposure to HPV through sexual contact; however, females who might have already been exposed to HPV should be vaccinated.”

www.cdc.gov/mmwr/preview/mmwrhtml/rr5602a1.htm?s_cid=rr5602a1_e
Primary Care: Reality

- Access to care
  - Health Insurance
  - Other issues, especially for Adolescents w/SHCN
- Utilization of care
- Quality of care
  - Confidentiality and private time with physician
- Reimbursement for adolescent health care
  - Time required
  - Insurance
Past-Year Health Insurance by Federal Poverty Level (FPL), Ages 12-24 in 2005

- Below 100% FPL: 77.3% Ages 12-17, 59.6% Ages 18-24
- 100-199% FPL: 77.0% Ages 12-17, 54.2% Ages 18-24
- At or Above 200% FPL: 92.6% Ages 12-17, 73.2% Ages 18-24

Nat’l Adolescent Health Information Center. (2008). Fact Sheet on Health Care Access & Utilization: Adolescents & Young Adults. UCSF.

- Didn’t get needed Mental Health Care: 36.2%
- Problems Getting Needed Specialty Care: 17.0%
- Didn’t Get Needed Medical Care: 1.9%
- Didn’t Get Prescription Medicines: 1.5%
Health Care Access Problems among Adolescents with Special Health Care Needs, Ages 12-17, 2005-2006

- Problems Getting Referral for Needed Specialty Care: 22.2%
- Unmet Need for Health Care Services: 18.1%
- No Personal Doctor/Nurse: 6.7%
- No usual Source of Care: 6.3%

Nat’l Adolescent Health Information Center. (2008). Fact Sheet on Health Care Access & Utilization: Adolescents & Young Adults. UCSF.
Past-Year Provider Visit by Race/Ethnicity and Age, Ages 12-24 in 2005

88.8% 78.9% 85.5% 66.9% 75.4% 56.6%

White-NH  Black-NH  Hispanic

Nat’l Adolescent Health Information Center. (2008). Fact Sheet on Health Care Access & Utilization: Adolescents & Young Adults. UCSF.
Adolescent Health Visit Utilization

- 1994-2003 National Ambulatory Medical Care Survey and National Hospital Ambulatory Medical Care Survey (n = 63,529)
  - Pediatrician visits most likely ≤14 years of age
  - 9% of all adolescent visits were for preventive care
  - Early adolescents (11-14 years old) had 3 times more preventive visits than late adolescents

- Adolescent vaccinations should be delivered during early or middle adolescence

Adolescent Health Care Utilization

- Monroe County, NY interview of 14-19 year olds (n=259)
  - 92% rated their health as excellent or good
  - 90% had visited a health care provider within the year
- Potential sources of confidential care
  - 5% identified private physician
  - 64% identified Planned Parenthood
- Parents as resource to talk to
  - 9% would talk to parents about alcohol or drug use
  - 6% about suspected pregnancy
  - 5% about birth control
  - 1% about STDs

Parents Play an Important Influence on Adolescent Behavior

- Connectedness between parents and adolescents
- Behavior control
- Provide and protect
- Respect individuality
- Modeling

Helping Parents Improve Adolescent Health

New reports show the importance of parents and raise questions about how programs address desired parental behaviors.

Parents play a critical role in promoting adolescent health and development. An analysis of data from six cross-national studies, representing 53 different countries, found that parent-child relationships affect the likelihood of early sexual initiation, substance use, and depression among adolescents.1

While a growing number of programs for adolescents are working with parents, a recent review of these programs raises several questions. For example, in what specific ways do parents influence adolescent behavior and healthy development? And what kinds of interventions with parents are most effective in addressing these issues?

The World Health Organization (WHO), with funding from the U.S. Agency for International Development, reviewed the research and programs relating to parents and adolescent health during a two-year project, working with Johns Hopkins Bloomberg School of Public Health and others. In October 2005 WHO hosted an expert consultation to discuss

Research Identifies Key Roles

The literature review focused on three parental roles that had been the subject of cross-cultural studies: 1) connectedness between parents and adolescents, 2) behavior control, and 3) provision of needed resources. Most of the more than 100 studies identified had originated in developed countries, but a number of them had gathered data in developing countries. Participants in the WHO consultation identified two additional roles that influence adolescent health: respect for individuality and modeling appropriate behavior.
Adolescent Health Visits Quality of Care

- 1997 Commonwealth Fund Survey: 6,728 in-school (grades 5-12) adolescent boys and girls
  - What was discussed with provider...
    - Healthy dietary habits (49%); Weight (43%); Exercise (41%)
  - What adolescents wanted to discuss...
    - Drugs (65%); Smoking (59%); Healthy dietary habits (57%)
    - ⅓ had not discussed any desired topic with their provider
  - 71% of the sample reported ≥1 of 8 potential health risks
    - Of these, only 37% had spoken to their doctor about any of these risks
    - Discussing any health risk was more likely if adolescents
      - Obtain health care information from a doctor
      - Spoke privately with their provider

Reimbursement for Adolescent Health Care

- Cross-sectional survey of a convenience sample of private practices in CA, GA, MI, NY, TX
  - Mean insurance reimbursements range: 80 to 123% of average sales price
  - Net yield (reimbursement-cost) $3 to $24
    - HPV $16; Meningococcal $9; Losses of $1 to $6/dose in up to 13% of practices
- “These data should help inform the continuing discussions by immunization policy-makers and other stakeholders to address vaccine financing concerns.”

Freed et al. Variation in Provider Vaccine Purchase Prices and Payer Reimbursement. Pediatrics 2008;122;1325-1331
A New Formula for Child Health:

Doctors + Communities = Healthy Kids

An collection of Asset-Based stories, inspiration and tangible tips for community—physician partnerships

Deborah Marois, MS
Elizabeth Sterba, MS
John Kretzmann, PhD
Richard Pan, MD, MPH
What's Health Got To Do With It?

Figure 1: Youth Problem Reduction as a subset of Youth Goals

- Civic Engagement
- Physical Health
- Educational Attainment
- Core Supports & Opportunities
  - Delinquency & Violence
  - Dropouts & Illiteracy
  - Isolation, Depression & Suicide
  - Sexual Activity & Substance Use
  - Unemployment
  - Vocational Readiness & Success

Improving the Health of Adolescents & Young Adults: A Guide for States and Communities

CDC/MCHB/NAHIC, 2004

http://nahic.ucsf.edu/index.php/companion/index

Healthy People 2010
Blueprint for the 21 Critical Health Objectives for Youth
Improving Public Health Through Youth Development

November 2006

www.health.state.ny.us/community/youth/development/journal_supplement.htm
Problem-free is not fully-prepared.

Shift the focus away from helping individual children and youth “beat the odds” toward a full-fledged commitment to change those odds.

Thinking differently is hard, acting differently is harder, acting together is harder still.

Strategy of risk reduction and promotion of protective factors holds the greatest promise.
Solutions to Improve Adolescent Wellness

- Cross-cutting approaches to youth, not problems, with collaborative prevention efforts among stakeholders
- Modify regulations re: explanation of benefits, payment for confidential visits, and other barriers to adolescent visits
- Link reimbursement with quality of care measures, e.g.
  - Following ACIP guidelines (while realigning payments)
  - Using standardized forms, such as GAPS, to inform visit
  - Providing confidential care, with private time with physician
  - Supporting additional training for pediatricians, family physicians and others related to unique needs of adolescents, especially with respect to mental health issues
  - Reimbursing for extra time and expertise needed for visits, especially board-certified adolescent medicine physicians
Thank You!

Discussion after Kari Sapsis’ presentation

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