

# **Adolescent Population: Connections of Needs of Services to the Policies in Health Care Systems**

**Research Workshop on Adolescent Health Care Services and Systems  
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# Guiding Questions

1. Given adolescents' health profile, their health care use, and the unique attributes of this developmental stage, what are the implications for the health care system?
2. What attributes would characterize a high-functioning system of adolescent health care?
3. Given these attributes, what are the implications for health care policy?



# Implications of the Overview Data

Impact of Preventable Risk Taking Behavior on Health Status

Gender and Racial/Ethnic Differences

Developmental Differences – early (10-14), middle(15-17), and late adolescence (18-19) and early adulthood (20-24)

Transitions – Middle Childhood to Adolescence; Adolescence to Young Adulthood

## *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

## National Initiative to Improve Adolescent Health Goals

- **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 (CDC, HRSA, NAHIC 2004).

# Data

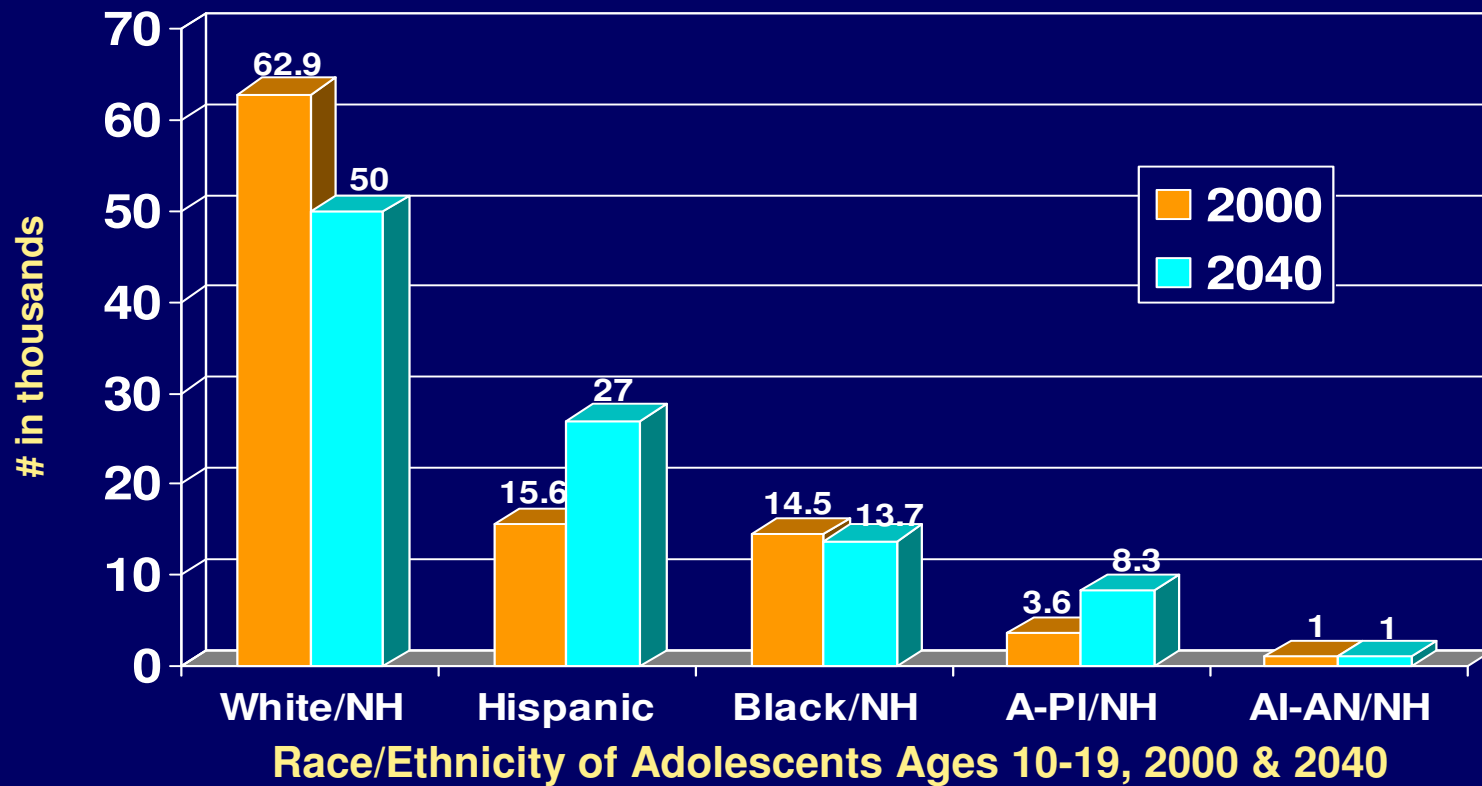
- Clustering of risk-taking behaviors
- Life-course perspective
- Antecedents and trajectories
- Healthcare utilization patterns

## 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).

# 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

# The role of Socio-economic Status in accessing health services

- Poor youth more likely to report poorer health status, less satisfaction with services (e.g., longer waiting times, no usual source of care), lower continuity, and more challenges with getting needed medical care due to cost.
- Despite expansion of Medicaid and SCHIP, teens in low income families remain at a disadvantage in terms of access to care to important preventive health care services (Newacheck, et al 2003).

# **Emerging Trends Impacting Healthcare System**

- **Expanding definition of what constitutes health, to include well-being.**
- **By most traditional markers, healthy indicators.**
- **Most significant threats pertain to risky behavior.**
- **Focus on individual health problems, but increased emphasis on positive development and environmental influences on health.**
- **Many health problems are inter-related and have common etiologies –yet our approaches tend to be narrow in focus.**

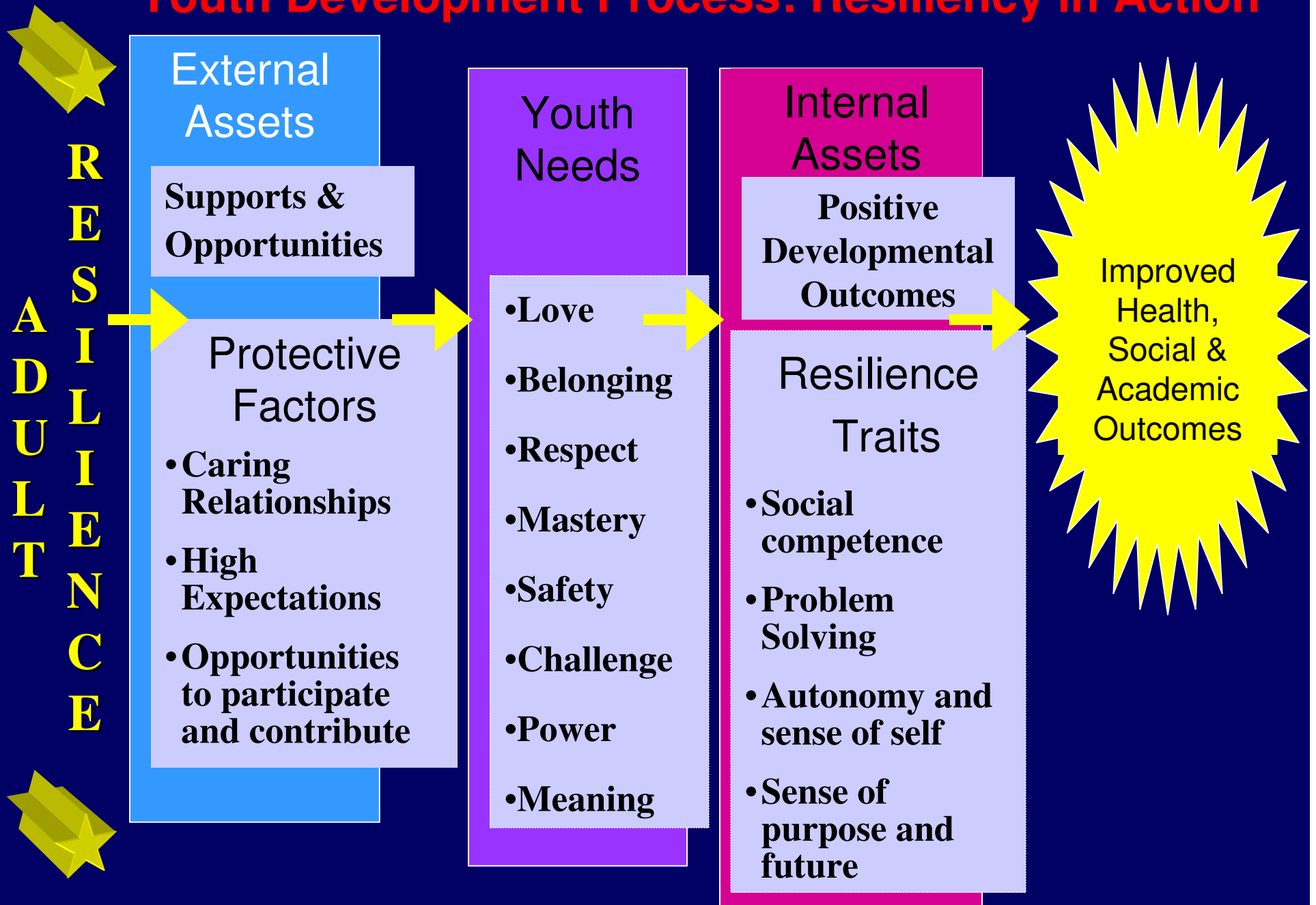
## Underlying Philosophy - A Shift From...

- **...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 one that recognizes the effects of the context or settings in which adolescents live.**

## Underlying Philosophy - A Shift From...

- ...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 key to buffer young people from involvement in behaviors harmful to themselves or others.

# Youth Development Process: Resiliency in Action



# Implications of Data for Healthcare System

- Mismatch and Opportunities in existing system
- Need for Integrated Systems (physical and mental health)
- Multiple entry points, given variability within population
- Developmental Implications
- Role of Confidentiality and Access to Care

# Training Needs

- In studies of physicians in training, most expected to see adolescents in their future practices, yet less than 60% felt skilled in the basics.
- Few clinicians/health care systems have implemented preventive service guidelines (Bright Futures, GAPS).
- Although Pediatrics has taken the lead in addressing training needs in adolescent health, only 25 of 213 accredited general pediatric residency training programs have ACGME approved fellowship programs in Adolescent Medicine.
- Of these 25 programs, only 7 of those currently funded by MCHB include interdisciplinary training. This training is necessary because youth clearly require an interdisciplinary clinical, educational, research and policy approach.

# Training Needs

- Nurses in three different practice settings has concluded that trainees were inadequately prepared to address common health concerns of adolescents.
- School health nursing programs with adolescent experiences report that they still lack in depth content and skills in adolescent health.
- In a survey of nutritionists from practice groups that serve youth, over 2/3 felt they were not prepared to manage conditions of the new morbidity of youth.

## How well does the existing system respond?

- Comprehensive Coordinated Benefits - analysis of major private health insurance in 48 states found inadequate coverage of rehabilitation and mental/behavioral health services, such as treatment for substance abuse (Fox et al 2003).
- Less than 10% of adolescents who abuse or depend on substances received needed treatment (Substance Abuse and Mental Health Services Administration, 2006).
- Coordinated Care – When care is highly specialized, providers frequently do not screen or refer for other health problems. For example, substance abuse centers that serve adolescents do not adequately screen or provide referral for other medical issues (Mark et al, 2006).

## How well does the existing system respond?

- Quality Care – Although professional guidelines for clinical preventive services for adolescents exist, far fewer adolescents are being screened for risk-taking behaviors or health-promoting behaviors (Vermont).
- Research indicates that interventions can successfully increase clinicians' provision of these services and that these services have an impact on behavior.
- We still do not have evidence that these interventions lead to definite changes in health outcomes, yet behavioral changes are the first steps towards improving health outcomes (Ozer et al, 2005).

**Given these attributes..**

What are the implications for  
health care policy?

# Determinants of Health

**ACCESS TO CARE**

**10%**

**GENES**

**20%**

**ENVIRONMENT**

**20%**

**BEHAVIOR**

**50%**

# What is the ideal outcome?

As they leave adolescence..

- Should have the skills to engage in a range of health promoting behaviors and minimize the health-damaging behaviors.
- Need for the health care system to foster healthy transition (Park and Irwin, 2006).

# What is the potential role of the Health Care System in Helping Young People Achieve Health and Well-Being?

- Youth have the capacity to access the health care system:
  - A comprehensive system exists, with necessary specialty care and care coordination;
  - Financing of the system is adequate;
  - Youth have the skills to negotiate the system.
  - Preventable problems are prevented.
  - For youth with chronic conditions, these conditions are managed and transition to adult care is assured (Park and Irwin, 2006).

# What do Teenagers Need?

## What does the Healthcare System Need?

Ten Elements of high quality, comprehensive health care  
(Society for Adolescent Medicine, 2004):

- Health insurance coverage.
- Comprehensive, coordinated Benefits
- Safety Net Providers and Programs
- Quality of Care
- Affordability
- Consent and Confidentiality
- Compensation
- Availability of Trained and Experienced Health Care Providers
- Visibility and Flexibility of Adolescent-oriented Sites and Services
- Coordination

## **What do Teenagers Need?**

### **What does the Healthcare System Need?**

American Academy of Pediatrics (AAP) Policy  
2006 on Scope of Health care benefits from  
birth through 21:

- Health Supervision
- Reproductive Health Services
- Services for Mental Health Problems and Substance use disorders
- Services for children with special health care needs.

# The role of context in adolescent health

**As many preventable adolescent health problems have their origin in environmental and behavioral factors, healthcare system strategies are needed that focus on:**

- Healthy development,
- Social,
- Behavioral, and
- Creation of environments that support healthy choices.

# **Service and Policy Implications...beyond the office walls**

- **Build linkages across schools, youth-serving agencies and diverse community stakeholders**
- **Need to develop youth-friendly programs and policies that address the needs of adolescents and that nurture family and other community supports**

# Future Vision

- **Establish Transition readiness policies – services aimed at helping to assure smooth transitions into adulthood.**
- **Establish incentives for providers so that they can play a role influencing youth development, creating supportive environments to reduce adolescent risk-taking behaviors?**
- **Create integrated, comprehensive models of care, including:**
  - **Mental health screening, assessments, and referrals**
  - **Support for resiliency and interventions directed at reducing or ameliorating risk taking behaviors,**
  - **Focus on developmental skills of adolescents,**
  - **Assurance of confidentiality and “teen friendliness” that increases acceptability of services.**

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



