

**NC Institute of Medicine
Task Force on Adolescent Health
May 20, 2008
NC Hospital Association**

Meeting Summary

ATTENDEES

Task Force/Steering Committee/Science and Data Committee Members: Donna Breitenstein, Steve Cline, Tamera Coyne-Beasley, Amy Davenport, Rep. Susan Fisher, Carol Ford, Patti Forest, Laura Gerald, Nelle Gregory, Michelle Hughes, Dan Krowchuk, Peter Leone, Sharon Mangan, Lew Margolis, Jim Martin, Steve North, Connie Parker, Marcus Plescia, Kristin Rager, Michael Sanderson, Adam Searing, Alexandra Sirota, Ilene Speizer, Carol Tant, Carol Tyson, Tom Vitaglione, Irene Zipper

Interested Persons: Ruth Petersen

NC IOM Staff: Mark Holmes, David Jones, Christine Nielsen, Daniel Shive, Pam Silberman, and Berkeley Yorkery

WELCOME AND INTRODUCTIONS

Pam Silberman, JD, DrPH

President & CEO, North Carolina Institute of Medicine

Dr. Silberman thanked everyone for coming and expressed appreciation to Dr. Ford for her leadership and dedication as the impetus behind the Task Force on Adolescent Health. She thanked the NC Division of Public Health, NC MARCH, and Action for Children NC for being partners in the larger More Between 10 and 20 Adolescent Health Initiative that the Task Force on Adolescent Health is a part of, and The Duke Endowment for providing funding for the More Between 10 and 20 project. She noted that this Task Force will focus on the unique health needs of children and young adults ages 10 to 20.

J. Steven Cline, DDS, MPH, Co-chair

Deputy State Health Director

Dr. Cline expressed thanks to Task Force members for coming together to explore the key issues affecting the health of adolescents and young adults. He pointed out that the health behaviors of adolescents heavily influence their health behaviors throughout their lives. He talked about how the long-term health of the state depends on being able to influence adolescents and young adults to engage in healthy behaviors and hopes that this Task Force will make meaningful recommendations that will positively impact the health of North Carolinians now and in the future.

Carol Ford, MD, Co-chair

Program Director, NC MARCH

Associate Professor, UNC School of Medicine and School of Public Health

Dr. Ford thanked Task Force members and others involved in the project. She expressed her delight that we have this Task Force and said Task Force members were chosen because of their leadership and dedication to issues affecting adolescents. She shared how she got in to adolescent medicine and her deeply held belief that if health related decision-making and behaviors can be improved during adolescence then an individual's health trajectory for life can be changed.

Dr. Ford talked about how the idea for the More Between 10 and 20 Adolescent Health Initiative and the Task Force on Adolescent Health grew out of her work as the Director of NC MARCH (Multi-site Adolescent Research Consortium for Health), a group of providers across the state working to improve medical care for adolescents. The More Between 10 and 20 Adolescent Health Initiative, funded by The Duke Endowment, has four main components:

- NC IOM Task Force on Adolescent Health;
- Adolescent Health Report Card;
- Parent Survey and Report; and
- Adolescent Health Summit.

The first three components will be completed by early fall 2009 with the summit functioning as the culmination of these components and the kickoff for implementing the recommendations of the Task Force report.

Dr. Ford also mentioned that the Honorable Howard Lee (who was unable to attend the meeting) is very excited to co-chair the Task Force and that he will be very engaged in the process.

TASK FORCE MEMBER INTRODUCTIONS

NC IOM TASK FORCE PROCESS

Pam Silberman, JD, DrPH

CEO & President, North Carolina Institute of Medicine

The North Carolina Institute of Medicine (NC IOM) is a quasi-state agency chartered in 1983 by the North Carolina General Assembly to be concerned with the health of the people of North Carolina; to monitor and study health matters; to respond authoritatively when found advisable; and to respond to requests from outside sources for analysis and advice when this will aid in forming a basis for health policy decisions (NCGS §90-470). The NC IOM studies issues at the request of the NC General Assembly, state agencies, health professional organizations, and the NC IOM Board. The NC IOM often works in partnership with other organizations to study health issues.

The NC IOM membership includes representatives from government; the health professions; business and industry; the hospital, nursing facility, and insurance industries; the voluntary sector; faith communities; and the public at large. Members are appointed by the Governor for 5-year terms. The NC IOM is governed by a 27 member board.

The NC IOM typically creates broad-based Task Forces to study health issues facing the state. Task Forces generally consist of between 30-60 people and are guided by co-chairs who run the meetings. Task Force members typically include representatives of state and local policy makers and agency officials, health professionals, insurers, business and community leaders, consumers, and other interested individuals. Task Forces generally run from 9-18 months. Approximately the

first two-thirds of meetings are for fact-finding to identify the problem and identify potential solutions. The last third of meetings are to discuss and refine recommendations and review draft copies of the report. All Task Force meetings are open to the public.

The work of the Adolescent Health Task Force will be guided by a smaller Steering Committee consisting of people with expertise or knowledge of the issue and the Science and Data Committee consisting of people with expertise around data and adolescent health research. The Steering Committee and Science and Data Committee help shape the agenda and identify potential speakers. Presentations to the Task Force may include research summaries and/or statistics, descriptions of programs, challenges or barriers to best practices, and national developments.

The charge to this Task Force is to:

- Examine the most serious health and safety issues facing adolescents and young adults in North Carolina;
- Review data, evidence-based programs and practices, and existing services in NC in key health areas;
- Develop a comprehensive approach to adolescent health that includes strategies to address the high priority needs of adolescents and young adults; and;
- Prioritize strategies to improve adolescent health using evidence-based or promising interventions.

Task Force staff write the first draft of the report. Task Force, Steering Committee and Science and Data Committee members are encouraged to comment on written materials and recommendations throughout the process. The Task Force report is circulated several times before being finalized. Task Force members may be asked to prioritize recommendations. Task Force members will take a final vote on the recommendations and report. NC IOM Board members review the report before it is finalized. Reports are distributed widely to a variety of stakeholders and interested persons. Typically, the NC IOM reviews the progress made on Task Force recommendations 18-24 months after the release of a report.

ADOLESCENCE: AN OVERVIEW

Dan Krowchuk, MD

Chief

General Pediatrics and Adolescent Medicine

Wake Forest University School of Medicine

Adolescence is a period of marked physical and psychosocial change. Adolescence is typically considered to take place during the second decade of life, but considerable variation exists in the onset and duration of adolescence. Adolescence is a period marked by physical development, social and emotional maturation and cognitive development.

Physical maturation during adolescence has two components, physical growth and sexual development. Social and emotional development during this time is marked by separating emotionally from parents, developing a sense of personal identity and self image, identifying with a peer group, and exploring romantic relationships. Cognitive development includes an increased ability to think abstractly, greater impulse control, improved ability to assess risk vs.

reward, and improved use of working memory (the information in memory available for working on a problem).

Recent work in the field of cognitive development has shown that adolescent brains are undergoing tremendous changes. In early adolescence gray matter, the tissue that helps information processing increases dramatically and then begins to decrease as the brain matures. While gray matter is decreasing, white matter, the tissue that connects different areas of the brain and helps increase efficiency, is increasing. Thus during adolescence there is a transition from a time of increased potential for learning and to one of increased efficiency. In early adolescence there is a tremendous potential for learning new things that slowly decreases as the connections in the brain become more and more efficient and specialized. Additionally, dopaminergic neurons, those that are important for focusing attention during decision-making, develop and increase during adolescence. These neurons develop last in the prefrontal cortex, the area of the brain responsible for complex thought processes. These changes, and the timing of them, help explain adolescents' involvement in risky behaviors. This research illustrates the some of the biological reasons behind why adolescents need supportive parents, adults, and institutions that provide guidance and help them learn appropriate skills and adult behaviors. When considering strategies for health promotion it is important to remember the developmental abilities of adolescents (i.e., strategies should be "developmentally appropriate").

There are many opportunities for promoting health among adolescents because many entities impact adolescent health, including policy makers at the federal, state, local levels, funding agencies, schools, service providers, and governmental, professional and other organizations. The Centers for Disease Control and Prevention (CDC) Healthy People 2010 Guidelines and the 21 Critical Health Objectives for Youth and Young Adults priority areas (mortality, unintentional injury, violence, mental health and substance abuse, reproductive health, and prevention of chronic disease during adulthood) provides a good starting point for identifying and addressing the most critical health issues affecting adolescents and youth adults.

Comments and Discussion

Q: What age would you call early, middle and late adolescent?

A: This varies by individual, but typically 11-14, 15-17, and 18-21

Q: Where do health and staying in school intersect?

A: At basic level, potential health problems have an impact on schools. Any chronic illness may delay the separation from parents and affect self identity; with respect to school, a child's ability to be successful may decrease due the attendance problems and other issues brought on by chronic illness.

CDC has begun looking at school dropout as a public health issue. Important to provide services where kids are and recognize there is an educational impact on health.

The Gates Foundation reports that 40% of children dropout because they felt they had fallen behind, and many times this is due to a health issue. (The Gates Foundation report is available online at: <http://www.gatesfoundation.org/nr/downloads/ed/TheSilentEpidemic3-06FINAL.pdf>.)

In NC almost a third of 9th graders will not graduate with their peers.

Q: Where are our school health clinics and where are they missing?

A (from Task Force member): There are now 54 centers, three community and the rest school-based, in 22 different counties, spread throughout the state. Centers are able to discover problems such as vision, ear issues, etc, and are able to fix these problems and make kids more successful, b/c these are some of the reasons that many of the ones of these kids that had fallen behind had.

The Task Force needs to think about community interventions as well as school-based interventions because many of these teenagers will be out of school by 20.

OVERVIEW OF KEY ISSUES IN ADOLESCENT HEALTH

Carol Ford, MD, Co-chair

Program Director, NC MARCH

Associate Professor, UNC School of Medicine and School of Public Health

Twenty percent of North Carolinians, almost 2 million, are 10 - 24 years-old. This population is racially and ethnically diverse, with approximately 63% white, non-Hispanic, 27% black, non-Hispanic, 7% Hispanic, and 3% American-Indian, non-Hispanic or Asian, non-Hispanic.

The vast majority of these adolescents and young adults are healthy, although approximately 18% have some sort of special health care need (i.e., allergies, asthma, ADD/ADHD, depression, mental retardation, autism). While most of these young people are healthy, many of them engage in health behaviors that place them at risk for serious health problems (i.e., substance use, sexual activity). Additionally, all adolescents are developing patterns of behaviors that influence life-long trajectories of health. For example, behaviors such as tobacco use, physical activity and nutrition that are initiated during adolescence influence adult cardiovascular disease and cancer risk.

Overview of Framework for the Adolescent Health Task Force Work

The work of the Task Force will focus on CDC-identified 21 Critical Health Objectives for adolescents and young adults crossing six areas:

- Unintentional injury
- Prevention of chronic illness during adulthood
- Substance abuse
- Mental health
- Reproductive health
- Violence

The factors that influence adolescent health will be reviewed within the context of positive youth development by looking at both the risk and protective factors influencing health behaviors and thus health outcomes. Additionally, evidence-based/promising programs and practices will be considering using an ecological model that looks at personal behavior, clinical care, community and environment and public policies as the major influences on health outcomes.

The Task Force will look at evidence-based/promising programs and practices in each of the six critical health areas. Task Force staff and the Science and Data Committee will review the work of the CDC, US Preventive Services Task Force, Child Trends, America's Youth and others who have already completed comprehensive scientific reviews of evidence-based/promising programs and practices to help identify strategies for the Task Force to consider. For each topic covered, the Task Force will review these strategies to create a portfolio of comprehensive evidence-based strategies to improve adolescent health in NC over the next decade.

Comments and Discussion

Throughout the discussion, the definition of the age group we are looking at changes. Need to be clear about what age range we are looking at and when that range changes.

We could look at this as preparing adolescents for young adulthood.

The focus of this Task Force is 10-20 but the range may change when discussing particular topics due to the availability of data as well as how the law views youth of different ages. Additionally, we may need to look into young adulthood for the impact that we are making now and have the potential to make.

In terms of recommendations, sometimes they may look into adulthood.

NEXT STEPS: ADOLESCENT HEALTH TASK FORCE FUTURE MEETINGS

Mark Holmes, PhD

Vice President

NC Institute of Medicine

The Task Force will generally meet once a month (or once every other month). The overall goal of the Task Force on Adolescent Health is to increase awareness of the unmet health and healthcare needs of North Carolinians ages 10-20 and to develop a detailed strategy to address the high-priority health needs of these adolescents and young adults. To do this, the Task Force will examine evidence-based strategies that have been shown to make a positive impact on adolescent health in the following arenas: personal behaviors, community and environment, clinical care, and public and health policy

In the next six meetings, the Task Force will take a detailed look at each of the six areas identified by the CDC's 21 Critical Health Objectives. The structure for each meeting will include a description of the problem in North Carolina (including health disparities); what more can be done (based on review of evidence-based strategies in four arenas); and programs, policies, and practices already in place in North Carolina.

The tentative meeting schedule is as follows:

- July 11 – Unintentional Injuries
- September 5 – Chronic Illness
- October 10 – Substance Use and Abuse
- November 14 – Mental Health
- January 9, 2009 – Sexual Activity
- February 6 – Violence
- March 6 – Cross-cutting Strategies
- May 8 – Review Recommendations
- June 5 – Review Recommendations
- July 17 – Review Final Report

Task Force members will examine and recommend specific evidence-based strategies for each of the six topics. At the end of the Task Force process, the members will prioritize strategies. Top strategies will be incorporated into final report.

GENERAL DISCUSSION

Topics People Would Like the Task Force to Touch On

- Rural health: rural adolescents are often neglected. There are distinct differences between urban and rural adolescents.

- Engagement of young people (the Steering Committee has been working on figuring out how to do this)
 - Maybe we could hear from adolescents occasionally
 - Might need to include a foster care youth
 - Educational outcomes: thinking about high school graduation, risk of those out of school, those teens working, those not going on to college
 - How do we incorporate these differences in our work?
 - Are we aware of the impact that this could have on special education populations?
 - Ensuring we include recommendations for both in and out-of-school youth

In the final report, we can recognize the importance of certain indicators without providing recommendations on how to solve. For example, the report could say that keeping kids in school is integral to improving their long-term health without having to offer recommendations for how to do this.

- Youth with disabilities as distinct from special health care needs
- Youth in the military
- Children in foster care/adoption system and their needs (NC LINKS- youth aging out of foster care)