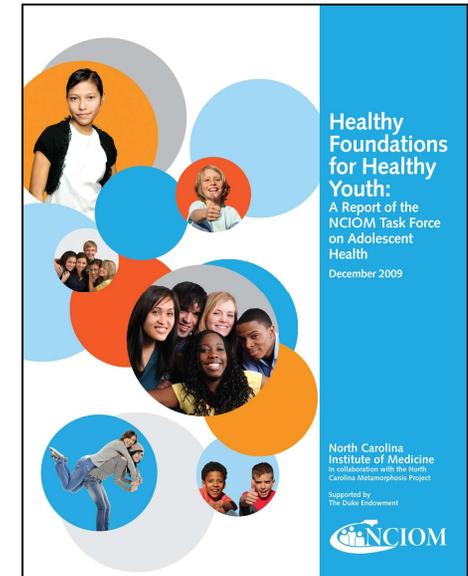




Healthy Foundations for Healthy Youth: A Report of the NCIOM Task Force on Adolescent Health

Pam Silberman, JD, DrPH
North Carolina Institute of Medicine
President & CEO
December 15, 2009



● ● ● | Overview

- Background on Task Force work
- Task Force findings and priority recommendations
- Acknowledgements



● ● ● | Overview

- **Background on Task Force work**
 - A Word about the NCIOM
 - Why Focus on Adolescents
 - Charge to the Task Force
- Task Force findings and priority recommendations
- Acknowledgements



● ● ● | **NC Institute of Medicine**

- Quasi-state agency chartered in 1983 by the NC General Assembly to:
 - Be concerned with the health of the people of North Carolina
 - Monitor and study health matters
 - Respond authoritatively when found advisable
 - 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





NCIOM Task Force on Adolescent Health

- Part of a larger initiative, known as the North Carolina Metamorphosis Project (NCMP), aimed at improving the health of adolescents between 10 and 20 years of age
- Collaborative effort with the North Carolina Multidisciplinary Adolescent Research Consortium and Coalition for Health (NC-MARCH), Division of Public Health (DPH), School of Medicine and Gillings School of Global Public Health at the University of North Carolina at Chapel Hill, and Action for Children North Carolina
- Funded by The Duke Endowment





NCIOM Task Force on Adolescent Health

- Chaired by:
 - Carol Ford, MD, Director, Adolescent Medicine, Program Director, NCMP and NC MARCH, Associate Professor, School of Medicine and Gillings School of Global Public Health, UNC-CH
 - J. Steven Cline, DDS, MPH, Deputy State Health Director
 - Howard Lee, Executive Director, North Carolina Education Cabinet
- Included 38 additional members





Why Focus on Adolescents?

- Nearly one-sixth (16%) of North Carolina population—1.4 million residents—are between the ages of 10 and 20.
- Adolescents are in a period of great transition, moving from childhood to young adults.
 - Period of profound physical, cognitive, emotional and social development and change.





Why Focus on Adolescents?

- Many of the behaviors and health habits that affect lifelong health are established during adolescence.
- Adolescents are generally healthy, but:
 - Disability and death rates double between leaving elementary school and entering the workforce.
 - Increase in death and disability is due primarily to greater risk taking behaviors.



Adolescence is a Time of Risk Taking Behaviors

- Vast majority (~60%) of high school students have low-risk profiles at any specific point in time:
 - May be sexually active but few other risk behaviors
- Approximately 30% engage in multiple risk behaviors at moderate to high levels.
- Minority (8-12%) are in the highest risk profile.
 - Typically engaged in a multiple of risk factors including alcohol, tobacco, and drug use, fighting, sexual activity, and/or suicidal ideation.



Task Force Charge



Task Force was charged with developing a 10-year plan to improve the health and well-being of North Carolina's adolescents. The Task Force:

- 1) Examined the most serious health and safety issues facing adolescents and young adults in North Carolina.
- 2) Reviewed evidence-based and promising interventions to improve adolescent and young adult health.
- 3) Recommended strategies to address the high-priority health needs of adolescents and young adults.

1) Health and Safety Issues Facing Adolescents

- Task Force focused on six areas:
 - Unintentional injuries
 - Substance use and abuse
 - Mental health
 - Violence
 - Sexual health
 - Prevention of chronic diseases
- Also looked at cross-cutting issues, including:
 - Leadership
 - Clinical care
 - Schools





2) Identify Evidence-Based Strategies

- Evidence-based strategies have been subject to rigorous evaluation and shown to produce positive outcomes.
 - To be effective, evidence-based programs need to be implemented with fidelity and supported through training and technical assistance.
- The Task Force examined the work of other national organizations who reviewed the evidence of program effectiveness and determined the strength of the evidence.
 - Examples: US Preventive Services Task Force, US Task Force on Community Preventive Services, Blueprints for Violence Prevention, US Dept. of Education, American Academy of Pediatrics



- ● ● | **3) Recommended Strategies based on Socioecological Model**

- The Task Force recognized that health outcomes are often influenced by personal behaviors and choices.
- However, people do not act in a vacuum. Their actions are influenced by:



- Interpersonal relationships, clinical care, community and environment, and public policies.

● ● ● | Overview

- Background on Task Force work
- **Task Force findings and priority recommendations**
 - Task Force made 32 recommendations
 - 10 priority recommendations
- Acknowledgements





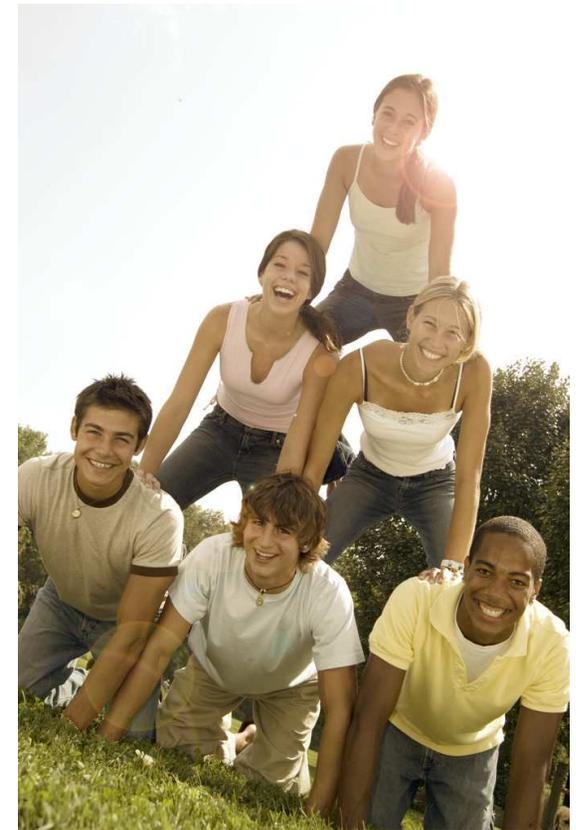
Cross-Cutting: Leadership, Quality of Programs/Services

- With limited resources, it is critical that we invest wisely in programs and policies that have been shown to work.
 - *Priority recommendation:* Public and private funders should fund evidence-based programs that meet the needs of the population being served.



Cross-Cutting: Clinical Care

- All adolescents need access to high-quality preventive services, screenings, anticipatory guidance, and routine health services.
 - Almost one-fifth (18%) of children have a chronic illness or a special health need that requires more extensive health services.
- Only about half of North Carolina adolescents have a regular medical home where they receive routine screenings, and many youth ages 18-24 lack health insurance coverage.





Cross-Cutting: Clinical Care (cont'd)

- Depending on the school, different health resources may be available such as: school nurses, child and family support teams, and school-based or school-linked health centers
 - *Priority recommendation:* The North Carolina General Assembly should increase funding for school-based health services in middle and high schools.



Cross-Cutting: Education Strategies

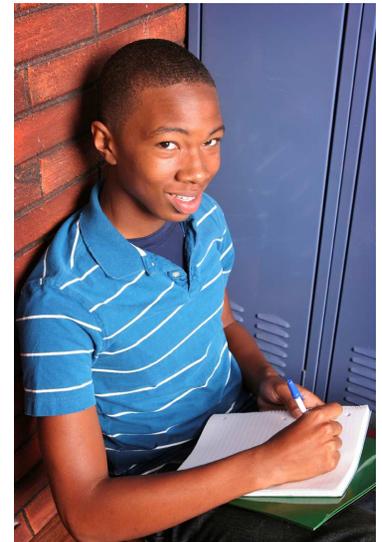
- Education and health outcomes are closely connected:
 - Students who are unhealthy miss more days of school and are less able to take advantage of learning opportunities.
 - The number of years of education is strongly correlated to positive health outcomes across a person's lifespan.
- NC Healthy School Partnership promotes health and learning within public schools through a coordinated school health approach.





Cross-Cutting: Education Strategies (cont'd)

- *Priority recommendation:* The North Carolina General Assembly should fund a local healthy schools coordinator in each local education agency to support implementation of the coordinated school health approach.
- *Priority recommendation:* NC State Board of Education and NC Department of Public Instruction should expand efforts to increase the high school graduation rates.





Unintentional Injuries

- Unintentional injuries are the leading cause of death in North Carolina for youth ages 10-20.
 - Motor vehicle crashes are the most common form of unintentional injuries and death.
 - Many other injuries occur as the result of participation in athletic programs.
 - Many of these injuries are preventable.
- *Priority recommendation:* The DOT should work to improve the comprehensive training program for young drivers. Pilot programs to improve driver education should be developed, implemented, evaluated, and, if shown to be successful, expanded.





Substance Use and Mental Health Disorders

- Adolescence is when many behavioral health problems emerge.
 - Approximately 7% of youth ages 12-17 and almost 20% of young adults ages 18-25 report alcohol or drug abuse or dependence.
 - Approximately 10-12% of youth ages 9-17 suffer from severe emotional distress, and 17-18% of young adults ages 18-25 report serious psychological distress.
- Local Management Entities (LMEs) treat only about 7% of the adolescents estimated to need substance abuse services and less than half of the adolescents who need mental health services.



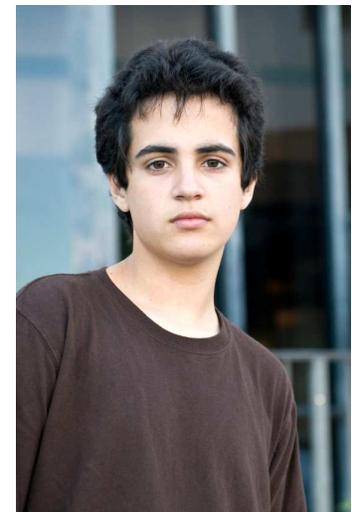
Substance Abuse and Mental Health Prevention and Treatment

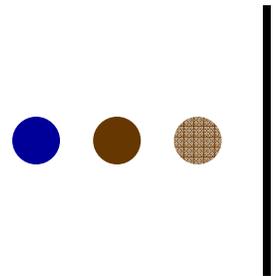
- *Priority recommendation:* The Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMHDDSAS) should ensure that treatment services are available to adolescents throughout the state.



● ● ● | Violence

- Many adolescents witness, are victims, or are perpetrators of youth violence
 - Many North Carolina middle and high school youth report fighting and carrying a weapon
 - Nationally, 21% of youth (ages 10-13) and 35% of youth (ages 14-17) have witnessed family violence.
 - Youth who are exposed to family violence are more likely to exhibit violent behavior and encounter the criminal justice system.



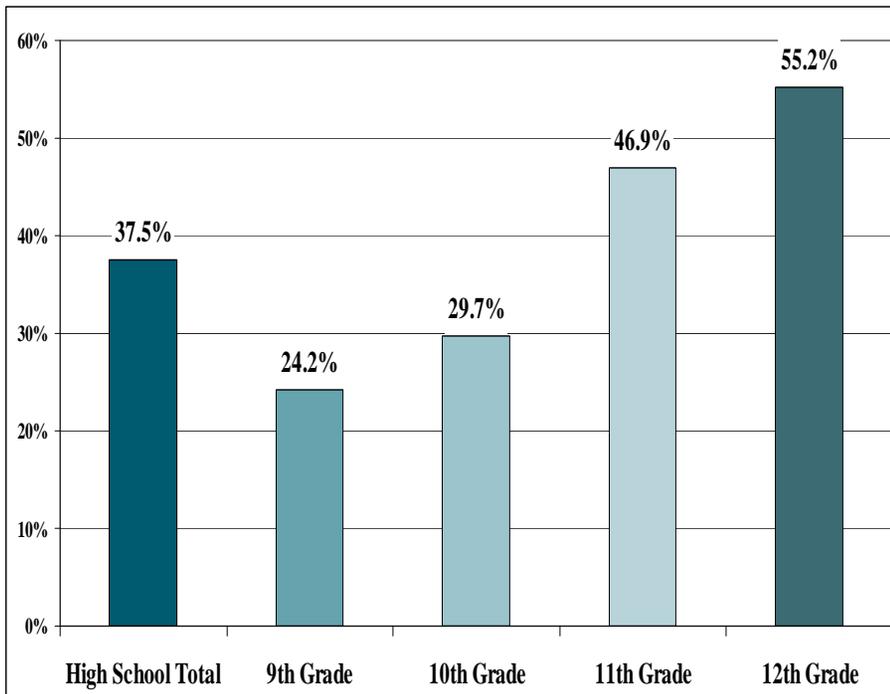


Violence (cont'd)

- There are successful evidence-based programs to prevent and combat youth violence in schools and in the community.
 - *Priority recommendation:* The Department of Juvenile Justice and Delinquency Prevention should encourage local Juvenile Crime Prevention Councils to fund evidence-based prevention and treatment programs.



Sexual Health



- More than one in three high school students are sexually active
- Nearly half of all new STDs occur in youth between the ages of 15-24
- North Carolina's teen pregnancy rate is above the national average



Sexual Health (cont'd)

- *Priority recommendation:* The North Carolina General Assembly should provide additional funding to support teen pregnancy prevention and STD prevention programs and social marketing campaigns





Preventing Adult Chronic Disease

- Task Force focused on prevention of adult cardiovascular diseases
- Preventable risk factors include tobacco use, high blood pressure, high cholesterol and diabetes
 - In 2007, 31% of young adults (ages 18-24) report being current smokers, 22% were obese, and 6% were told they have high blood pressure
 - Many of these risk factors also contribute to other chronic diseases
 - Many of these risk factors emerge during adolescence





Preventing Adult Chronic Disease (cont'd)

- *Priority recommendation:* The North Carolina General Assembly should raise taxes on tobacco products to the national average, increase funding to support a comprehensive tobacco control program, and mandate that all worksites and public places are smoke free.
- *Priority recommendation:* North Carolina funders should fund pilot programs to deliver healthy meals in middle and high schools.

● ● ● | **Implementing Evidence-Based Strategies Will Improve Population Health**

- North Carolina has seen a steep decline in youth smoking since implementing a multifaceted, evidence-based campaign:
 - Examples: TRU social marketing campaign aimed at youth, 100% tobacco free schools and hospitals, NC Quitline, increased tobacco taxes
 - The dramatic decline in youth smoking rates is due to a concerted effort of multiple partners at the state and local level, although more work is still needed



We Can All Help Improve Adolescent Health

- Families, schools, communities, health care providers, and policy makers all make important contributions that affect adolescent health and well-being.
- Effective youth-development approaches aimed at helping youth develop the skills and attributes they need to be productive adults can help reduce youth engagement in risky behaviors.
- *Healthy Foundations for Healthy Youth* includes evidence-based strategies, that, if followed, will lead to improved adolescent health and well-being in North Carolina.



● ● ● | Overview

- Background on Task Force work
- Task Force findings and priority recommendations
- **Acknowledgements**





Thanks to the NCIOM Task Force on Adolescent Health, Steering Committee, and Expert Consultants

- *Co-chairs:* Carol Ford, Steven Cline, Howard Lee
- *Task Force Members:* Sen. Stan Bingham, Barbara Bowsher, Donna Breitenstein, Jane Brown, Rep. Angela Bryant, Mimi Chapman, Rep. Linda Coleman, Paula Hudson Collins, Tania Connaughton-Espino, Tamera Coyne-Beasley, Rep. Bob England, Rep. Susan Fisher, Patti Forest, Jennifer Garrett, Laura Gerald, Nelle Gregory, Lloyd Hackley, Deborah Horton, Michelle Hughes, Dan Krowchuk, Peter Leone, Bronwyn Lucas, Sharon Mangan, Steve North, Connie Parker, Kay Phillips, Marcus Plescia, Sen. William Purcell, Kristin Rager, Joel Rosch, Kevin Ryan, Adam Searing, Steve Shore, Don Stedman, Carol Tant, Tom Vitaglione, Rep. Douglas Yongue, Irene Zipper
- *Steering Committee Members and Expert Consultants:* Matt Avery, Steven Cline, Tamera Coyne-Beasley, Amy Davenport, Carol Ford, Michael Foster, Lewis Margolis, Jim Martin, Michael Sanderson, Alexandra Sirota, Ilene Speizer, Tara Strigo, Carol Tyson, Andrea Weathers, Tom Vitaglione





Special Thanks to the NCIOM/ *NCMJ* Staff and Leadership

NCIOM

- **Mark Holmes**
Vice President
- **Kimberly M. Alexander-Bratcher**
Project Director
- **Thalia S. Fuller**
Administrative Assistant
- **Jennifer Hastings**
Project Director, Director
of Communications

- **Adrienne R. Parker**
Director of Operations
- **Berkeley Yorkery**
Project Director

NCMJ

- **Thomas C. Ricketts III**
Editor-in-Chief
- **John W. Williams, Jr.**
Scientific Editor

- **Christine Nielsen**
Managing Editor
- **Phyllis Blackwell**
Assistant Managing
Editor

Interns

- **Heidi Carter**
- **Lindsey Haynes**
- **David Jones**
- **Catherine Liao**





Special Thanks to Our Collaborating Partners



THE UNIVERSITY
of NORTH CAROLINA
at CHAPEL HILL



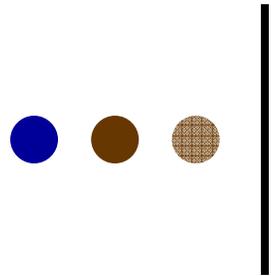


Special Thanks to The Duke Endowment

THE DUKE ENDOWMENT

Any opinion, finding, conclusion or recommendations expressed in Healthy Foundations for Healthy Youth: Report of the NCIOM Task Force on Adolescent Health are those of the author(s) and do not necessarily reflect the view and policies of The Duke Endowment.



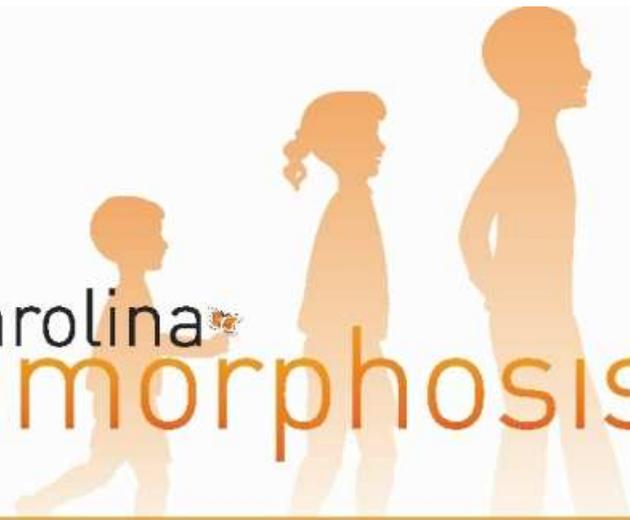


For More Information

- Websites: www.nciom.org
www.ncmedicaljournal.com
www.nchealthcarehelp.org
- Key contacts:
 - Pam Silberman, JD, DrPH, President & CEO, NCIOM
919-401-6599 ext. 23 or pam_silberman@nciom.org
 - Mark Holmes, PhD, Vice President, NCIOM
919-401-6599 ext. 24 or mark_holmes@nciom.org
 - Berkeley Yorkery, MPP, Project Director, NCIOM
919-401-6599 ext. 30 or berkeley_yorkery@nciom.org



For More Information



North Carolina
metamorphosis
project

healthy adolescents. healthy futures.

<http://www.med.unc.edu/ncmp>

