

# Potential Cross Cutting Health Care Strategies

NC Institute of Medicine  
Adolescent Health Task Force  
April 3, 2009

## Background for H1

- Health insurance consistently linked to access to health care and better health outcomes, and many adolescents lose health insurance at age 18.

## Age and Insurance in NC 2005-06

Age (Yrs)	Thousands of Uninsured	Percent of All Uninsured	Percent of This Group Uninsured
0-17	298	19.6	13.4
18-24	238	15.7	31.2
25-34	342	22.5	27.4
35-44	274	18.0	20.7
45-54	215	14.2	18.5
55-64	151	10.0	14.1
Total	1,518	100	19.5

[NC Institute Of Medicine Data Snapshot 2007-1]

### Email from 22 year old female.....

"Hi Dr. Ford,

This is KW, I wanted to let you know that I am not able to make an appointment to see you at this because I dont have any health insurance at this time. Since I haven't been able get an appointment I don't have any pills left of the Amitriptyline 10mg. Since i've been out of the medicine my migranes have come back. if possible, you could call me in a perscription to walgreens. Im not sure how long you can put in for refills but if you can, can u please do so please. I am going out of town on Friday and I was hoping that you would be able put in a perscription for me if possible. the number is 919-XXX-XXXX.

thank you,

KW"

## Recommendation H1: Health Insurance

- NC GA should mandate all public and private insurers offer dependent health insurance coverage to unmarried children up to age 25 regardless of student or work status.



### Bright Futures Guidelines Priorities and Screening Tables



## Background for H2

- Desire to create a culture of annual well-child care for adolescents ages 11-21 during which high-quality evidence-based services are delivered, such as:
  - Adolescent immunizations
  - Identification of risk for adult CV disease and management
  - Identification of risk for problem substance use and management
  - Identification of risk for STDs/HIV/pregnancy and management
  - Identification of depression and management

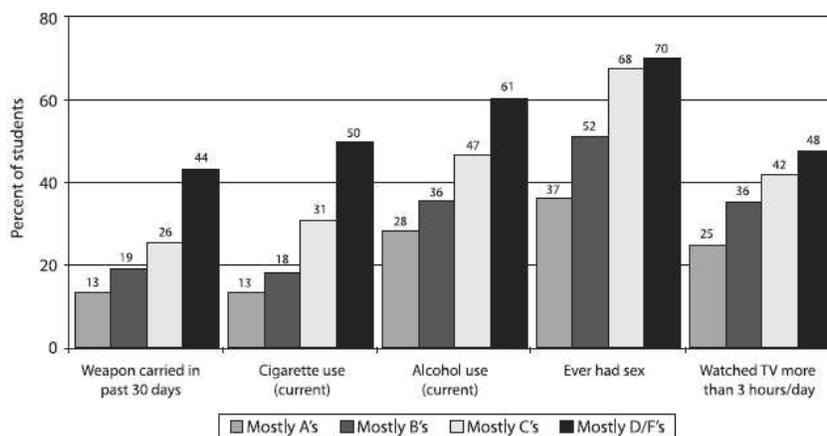
## Recommendation H2: Annual Well-Visits

- 1) EPSDT Adolescent Health Checks
  - a) Support adoption/implementation of new DMA/DPH Adolescent Health Check screening guidelines
  - b) Develop strategy to support implementation with TA and tools
    - DMA/CCNC?
    - Broader demonstration projects (see H6)?
  - c) Review/update every 5 years
- 2) Private insurers cover high-quality annual well child visits for ages 11-21

## Background for H3

- We need a mechanism to objectively assess the % of adolescents who receive *high-quality* annual well visits, to provide a clearer picture of geographic areas where there is a mismatch between need and use of healthcare services.
- We need a mechanism to assess school health policies and programs

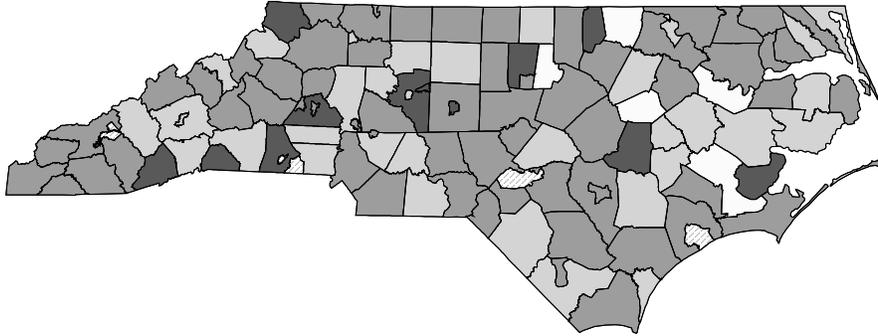
**Figure 1.**  
**Percentage of North Carolina High School Students Engaging in Selected Health Risk Behaviors, Stratified by Level of Academic Achievement**



Source: 2007 North Carolina High School Youth Risk Behavior Survey  
 Produced by: North Carolina State University Center for Urban Planning and Community Service

Source: Reeve RH, SM Langer, AS Bernholc. Running the Numbers. *NC Med J.* Nov/Dec 2008; 69(6): 511:512.

## Four Year Cohort Graduation Rate by LEA, 2006-2007



**Four-Year Cohort Graduation Rate by LEA, 2006-2007**

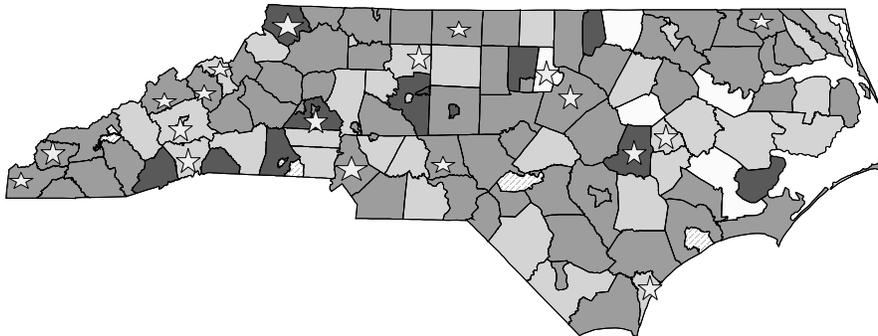
- 59.9% and below
- 60% to 69.9%
- 70% to 79.9%
- 80% and above
- Data not available

Source: Department of Public Instruction, LEA and Cohort Graduation Rate. Data as of July 2008.



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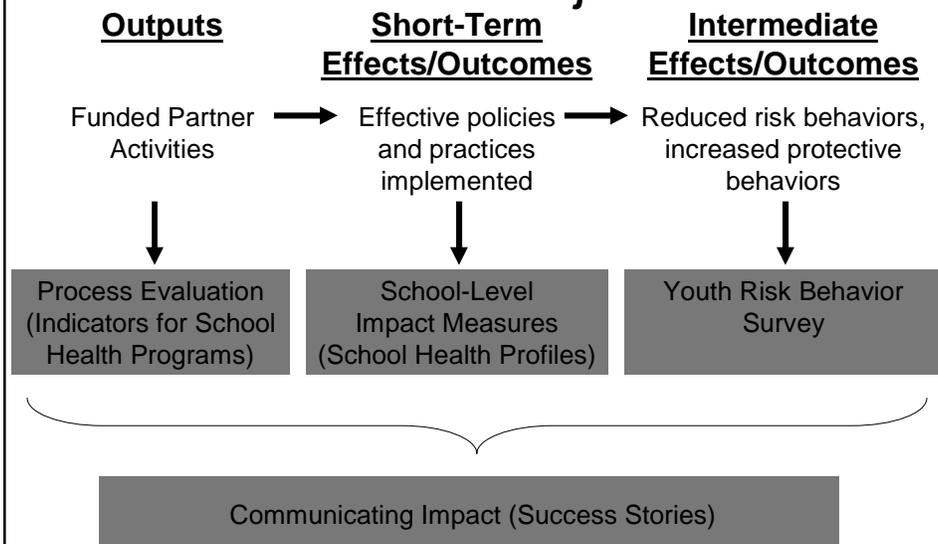


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# Profiles Survey

- The School Health Profiles (Profiles) is a system of surveys assessing school health policies and programs in states and large urban school districts.
- Profiles monitors the current status of:
  - School health education requirements and content;
  - physical education requirements;
  - health services;
  - nutrition-related policies and practices;
  - family and community involvement in school health programs;
  - school health policies on HIV and AIDS prevention, tobacco-use prevention, violence prevention, and physical activity; and
  - professional preparation and staff development for lead health education teachers.

## Documenting Impact of DASH Funded Projects



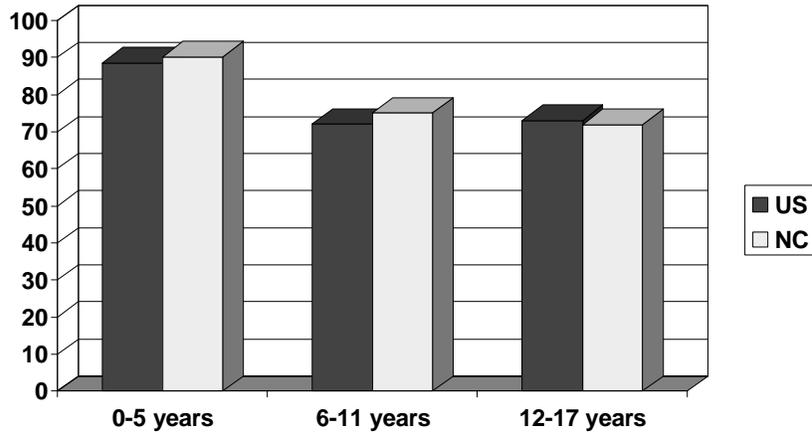
## Recommendation H3: YRBSS and Profiles Surveys

- Require school participation if selected by CDC
- Require student participation unless parents sign opt-out form
- NC GA should support over sampling in (6<sup>th</sup>?) and 9<sup>th</sup> grades to provide LEA-level data
- Include measures assessing
  - Use of healthcare in past year
  - Quality of healthcare (Young Adult HealthCare Survey)

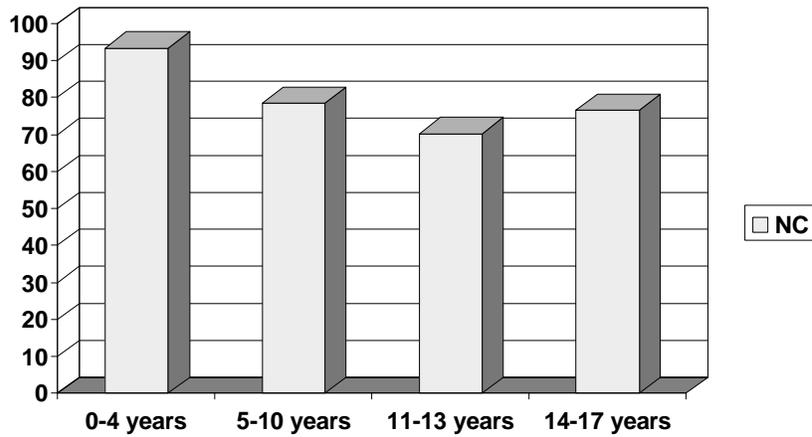
## Background for H4

- The culture of annual well adolescent visits is new, and existing data suggests many not getting these services

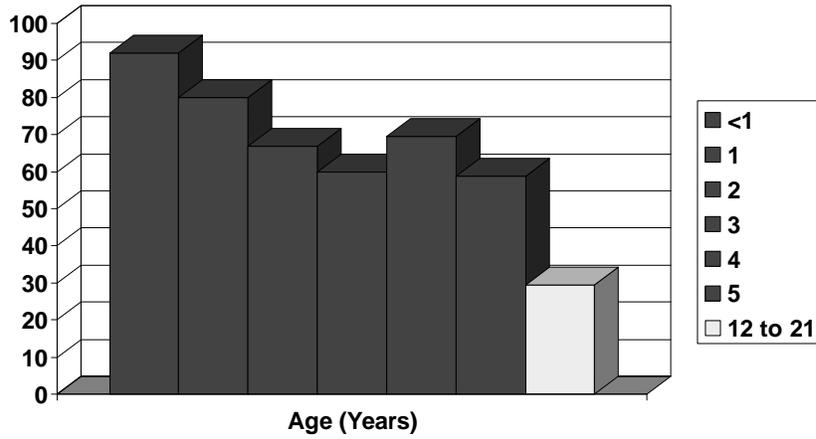
% of Children with Preventive Medical Care Visits  
in Past 12 months –  
National Survey of Children's Health (2003-04)



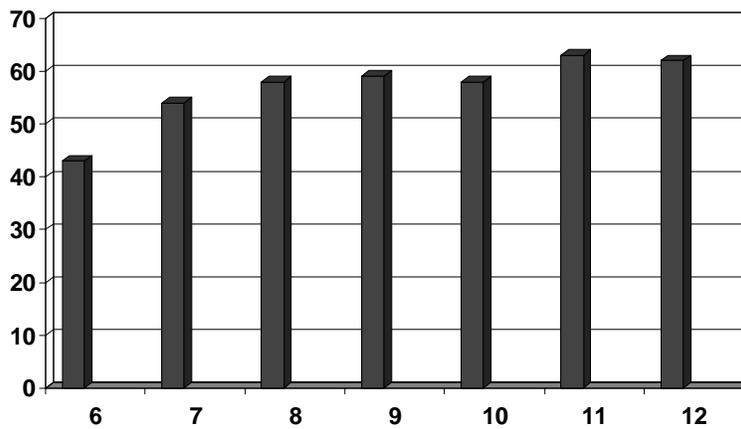
% of Children with Preventive Medical Care Visits in Past 12 months –  
NC Statewide CHAMP Survey 2007



### % of Medicaid-Enrolled Children in NC Receiving Preventive Health Care by Age (2006-07)



### 2007 NC YRBSS



#### Recommendation H4: School Entry Requirements for Health Assessments

- NC GA should require all students entering (6<sup>th</sup> vs. 9<sup>th</sup> ?) grade receive a health assessment within previous year
  - DPH should design a Health Assessment form/template in accordance with Adolescent Health Check
  - Data should be collected using an existing online data collection system (e.g. Immunization Registry)

#### Background for H5

- We need a safety-net system that addresses the healthcare needs of adolescents who are not connected with a medical home, or who are connected to a medical home that can not/chooses not to meet the comprehensive healthcare needs of this age group.

## Recommendation H5: SBHCs

- NC GA should increase support for SBHCs
- NC GA should support achievement of recommended state-wide ratio of 1 school nurse per 750 middle and high school students
- NC GA should continue to support pilot and evaluation of Child and Family Support Teams (CFST), and provide ongoing support if shown to improve outcomes

## Background for H6

- This was discussed in earlier Task Force meeting and has been carried forward.

## H6: Multi-Component Interventions

- NC GA should provide support for five years to fund 4 demonstration projects for multi-level interventions involving families, schools, communities and healthcare settings (which may include SBHCs) to increase % who receive annual high quality well adolescent healthcare, and improve adolescent health and education outcomes

