Overview of Key Issues in Adolescent Health

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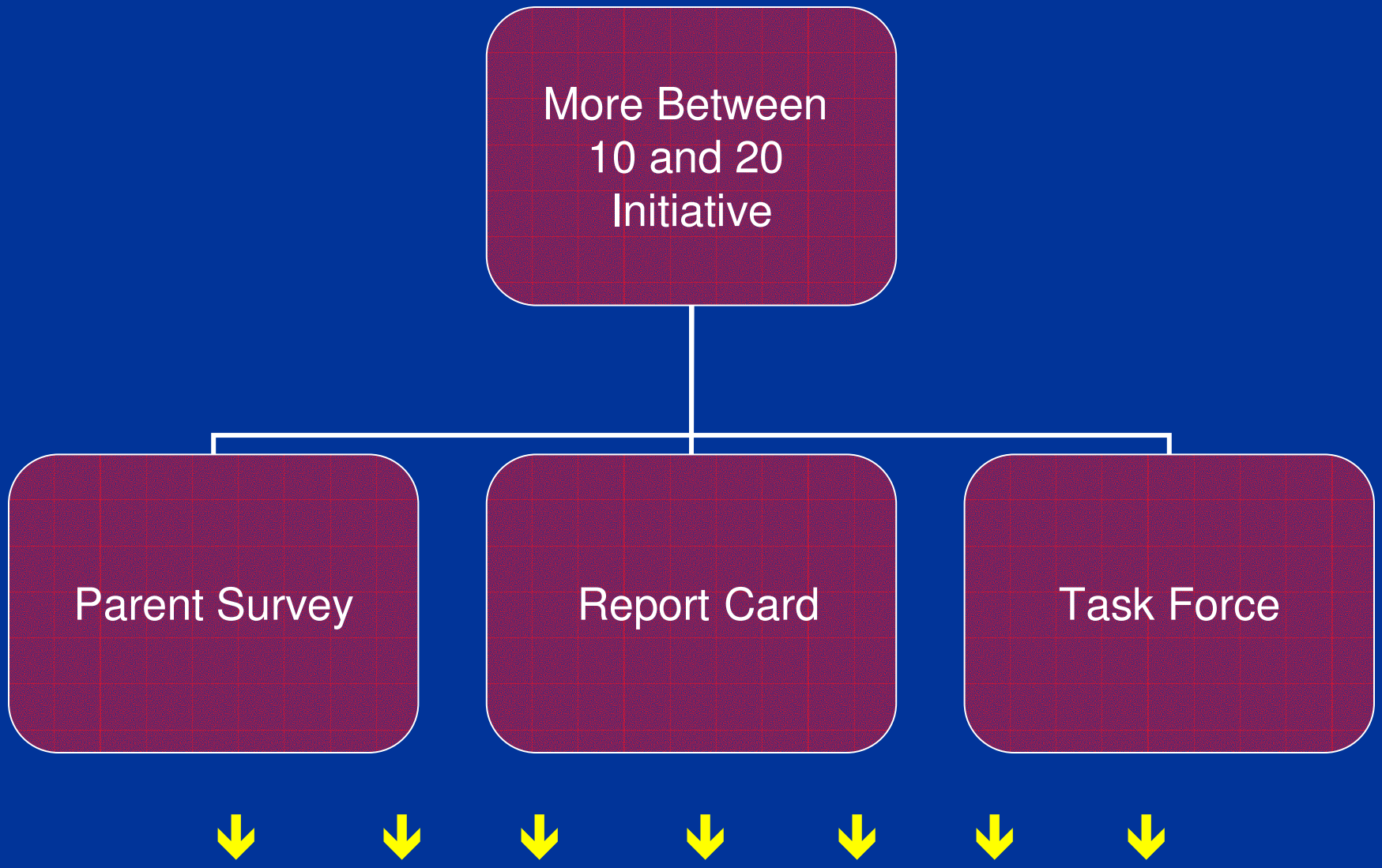
Objectives

1. Review Task Force work within context of “More Between 10 and 20” Initiative
2. Provide brief overview of adolescent and young adult health data
3. Review general framework for Adolescent Health Task Force work

Objective #1

Review of Task Force work within context of “More Between 10 and 20” Initiative



NC Adolescent Health Summit Fall 2009

Parent Survey

- 30 questions on 2008 CHAMP
- Content:
  - Adolescent Health Assessment
  - Immunization
  - Injury
  - Parent Education Needs
  - Transition
- Involved:
  - NC DHHS (CHAMP staff)
  - Project Science/Data Group
  - NC Action for Children
- Data collection Jan-Dec 2008, available spring 2009
- Final “Parent Survey Summary” summer 2009

NC Adolescent & Young Adult Health Report Card

- NC health and education data
- Ages 10-25
- Involved:
  - NC DHHS
  - NC Action for Children
  - Project Science/Data Group
- Data sources being reviewed now
- Final “Report Card” summer 2009

Adolescent Health Task Force

- NC Institute of Medicine
- NC IOM Task Force model
- Activities:
  - Review data
  - Review evidence
  - Place data/evidence within the context of NC
- Produce evidence-based recommendations
- Task Force Report by summer 2009

NC Adolescent Health Summit

- Fall 2009
- State-wide summit in central location
- Dissemination of project products
- Initiate implementation work
  - Bring Task Force and other leaders with power and influence together to begin implementation work

Objective #2

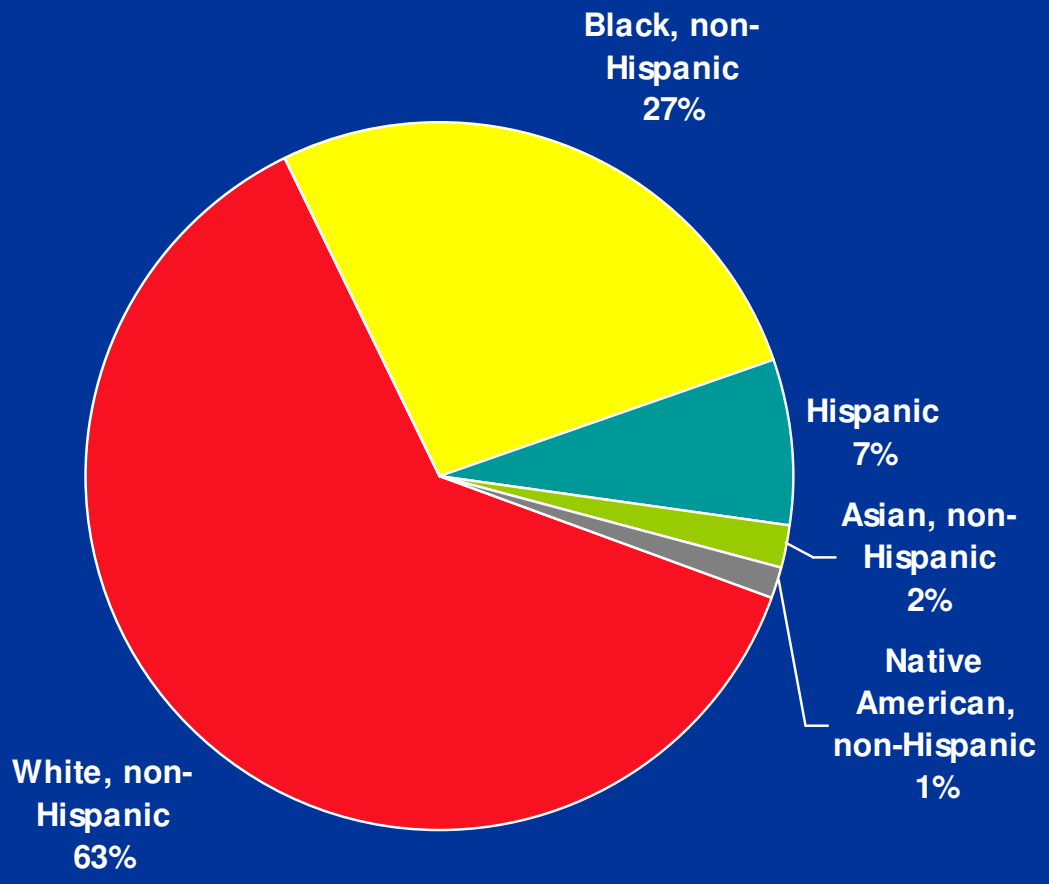
Provide brief overview of adolescent and young adult health data

NC Adolescent Population Description 2006

- 20% of North Carolinians are 10 - 24 years
- Total number almost 2 million (1,794,161)
- Age distribution:
  - 33% ages 10-14
  - 21% ages 15-17
  - 27% ages 18-21
  - 19% ages 22-24

NC Adolescent Population Description 2006

- Race/ethnicity (ages 10-17)



Health Status
Point # 1

Most adolescents are healthy.

Health Status Point # 2

Some adolescents have chronic health conditions or disability.

National Survey of Children with Special Health Care Needs (CSHCN Survey)

- National study conducted 2001 and 2005-06
- Sponsored by Maternal & Child Health Bureau
- Survey of parents of CSHCN through age 17, who are defined as "having a chronic physical, developmental, behavioral, or emotional condition <u>and</u> who also require health and related services of a type or amount beyond that required by children generally"
- State-level data is available

CSHCN National Survey 2006

Of parents reporting that their child has one or more special health care need(s), the percent who report conditions from a 16-item list

Condition	%	Condition	%
Allergies	53	Seizures	4
Asthma	39	Blood	2
ADD/ADHD	30	Cerebral Palsy	2
Depression/Anxiety	21	Diabetes	2
Headaches	15	Down's Syndrome	1
Mental Retardation	11	Muscular Dystrophy	< 1
Autism	5	Cystic Fibrosis	< 1
Joint problem	4	None Selected	9

Percent of Children with Special Health Care Needs by Age (CSHCN 2006 Survey)

	NC %	National %
0-5 years	10.1	8.8
6-11 years	17.7	16.0
12-17 years	18.4	16.8

Health Status
Point # 3

Many adolescents participate in behaviors that place them at risk for serious health problems.

Top Causes of Death in NC Ages 15-24 (2006)

1	Motor vehicle injury	377
2	Other unintentional injury	169
3	Homicide	167
4	Suicide	143

US Mortality Rates per 100,000 (2003)

	12-17 years	18-24 years
Overall	35.9	94.4
MVA	12.8	29.3
Homicide	3.5	16.1
Suicide	3.5	11.5

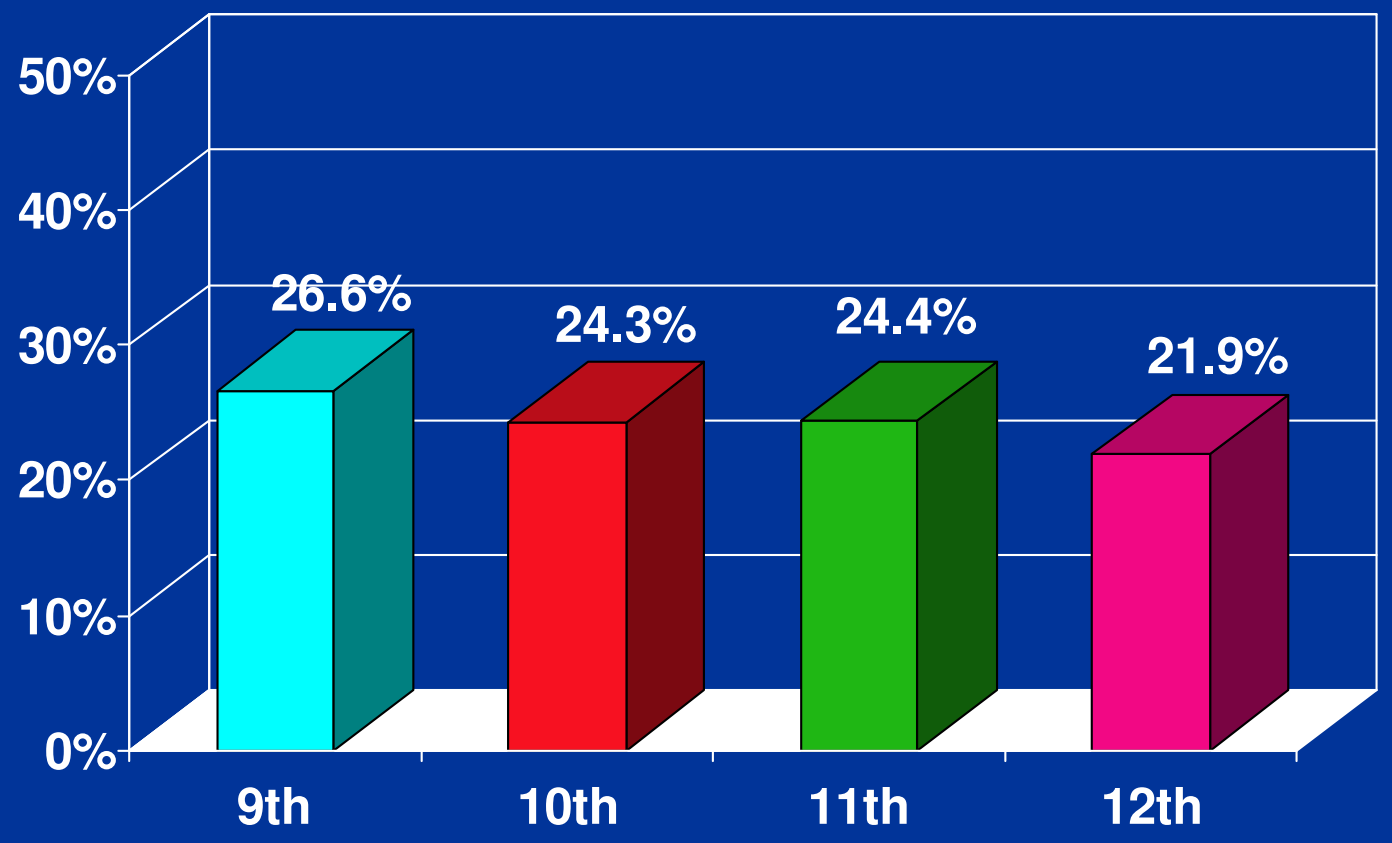
[Park, et al. Journal of Adolescent Health. 2006]

2003 US Substance Use (%)

	12-17 years	18-24 years
Binge drinking	10.7	41.9
Heavy alcohol use	2.6	14.9
Illicit drug use	11.2	20.3
Dependence/abuse	8.9	21.0

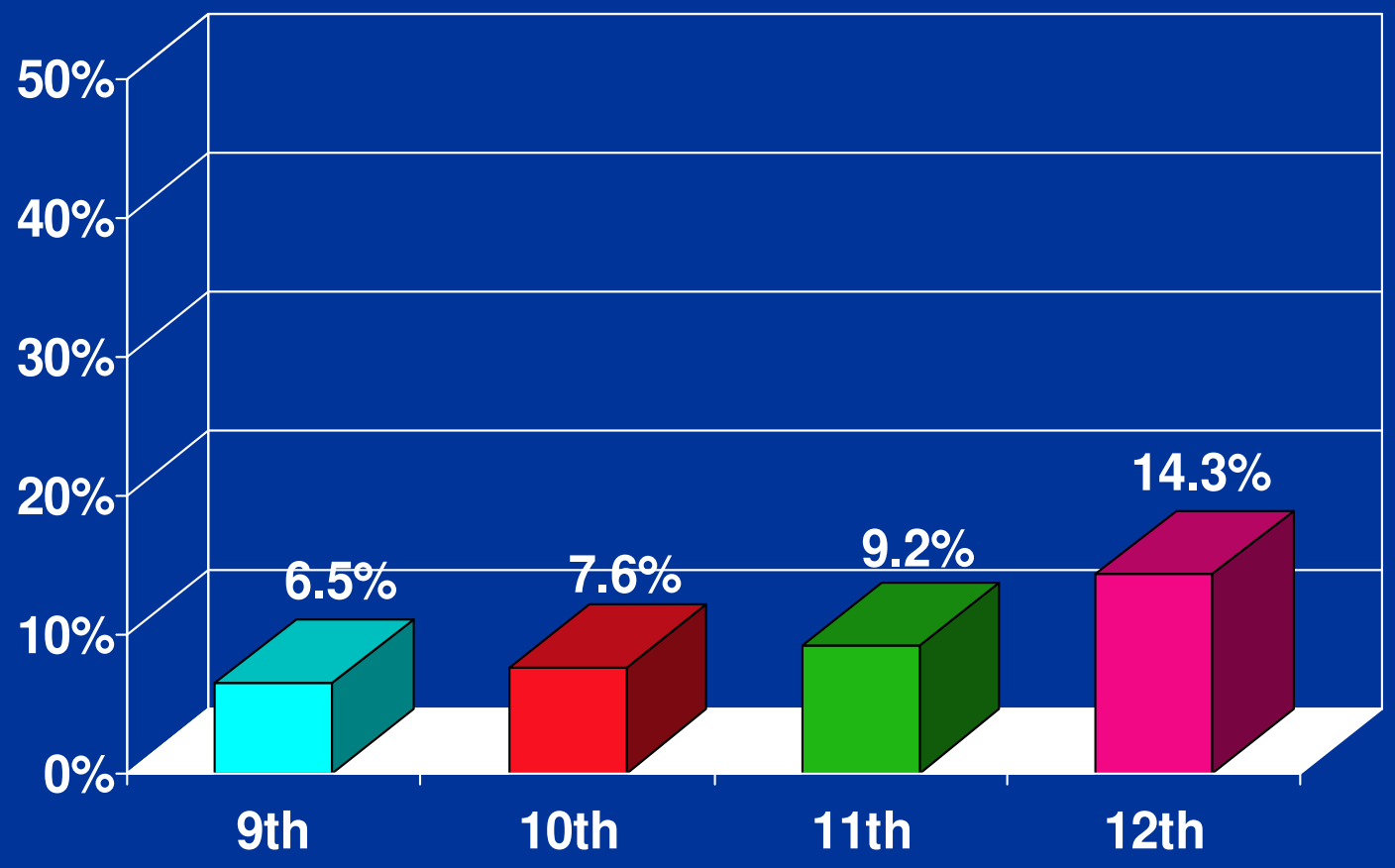
[Park, et al. Journal of Adolescent Health. 2006]

Percent of NC students who rode one or more times in a car or other vehicle driven by someone who had been drinking alcohol in the previous 30 days, by grade



(2007 Youth Risk Behavior Surveillance Survey)

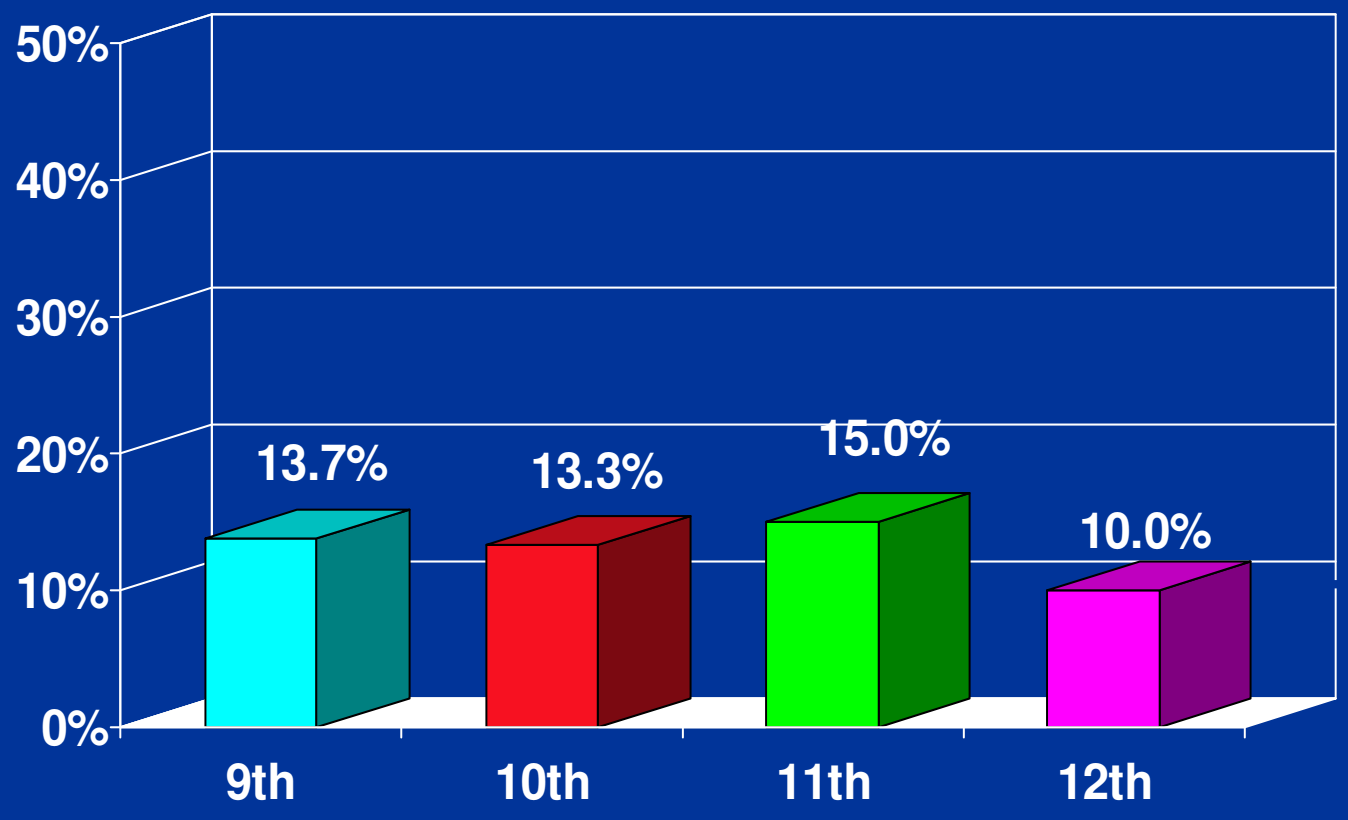
Percent of NC students who drove after drinking alcohol in the previous 30 days, by grade



(2007 Youth Risk Behavior Surveillance Survey)

Mental Health Influences Adolescent Behaviors

Percent of NC students who reported that they attempted suicide one or more times in the previous 12 months, by grade



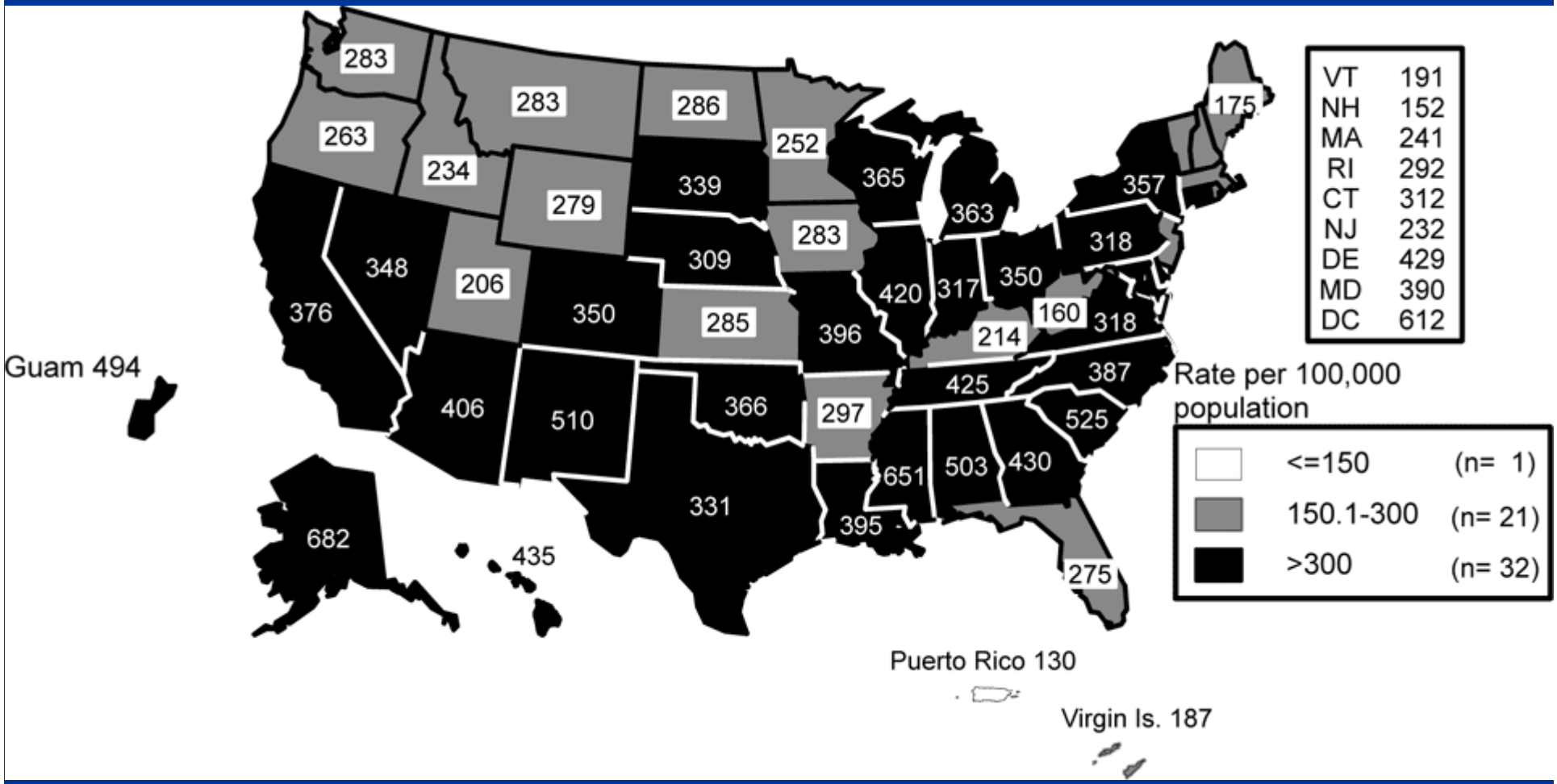
(2007 Youth Risk Behavior Surveillance Survey)

2003 US Mental Health Indicators

	18-24 years
Serious mental illness = diagnosable mental, behavioral or emotional disorder that met DSMIV criteria for a disorder and results in functional impairment that substantially interfered with or limited 1 or more major life activities	13.7 %

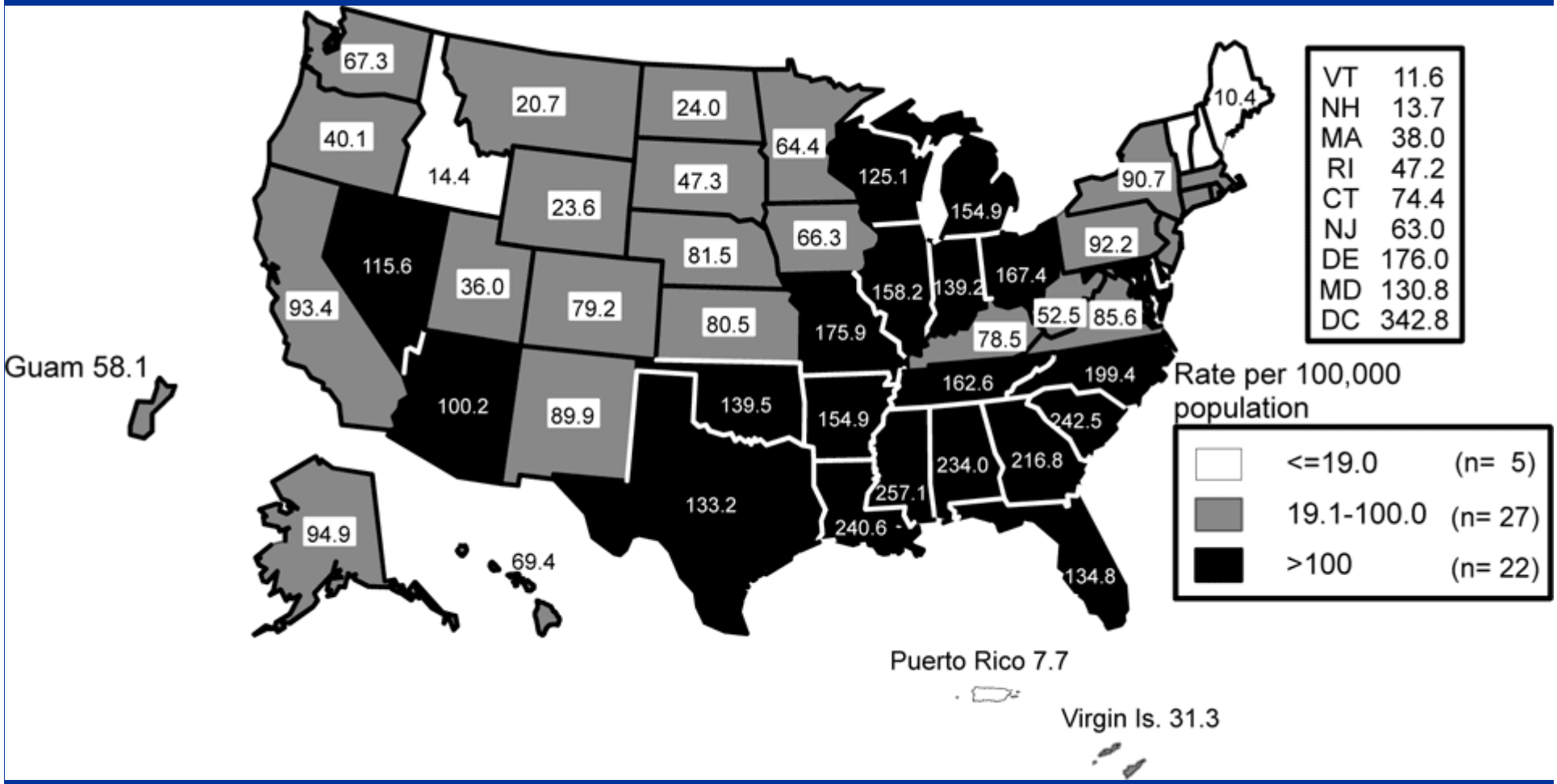
[NSCUH 2003 Report; Park, et al. Journal of Adolescent Health. 2006]

Chlamydia Rates by State 2006



(Centers for Disease Control and Prevention)

Gonorrhea Rates by States 2006



(Centers for Disease Control and Prevention)

Top 10 AIDS Case Rate per 100,000 Population, All Ages (2006)

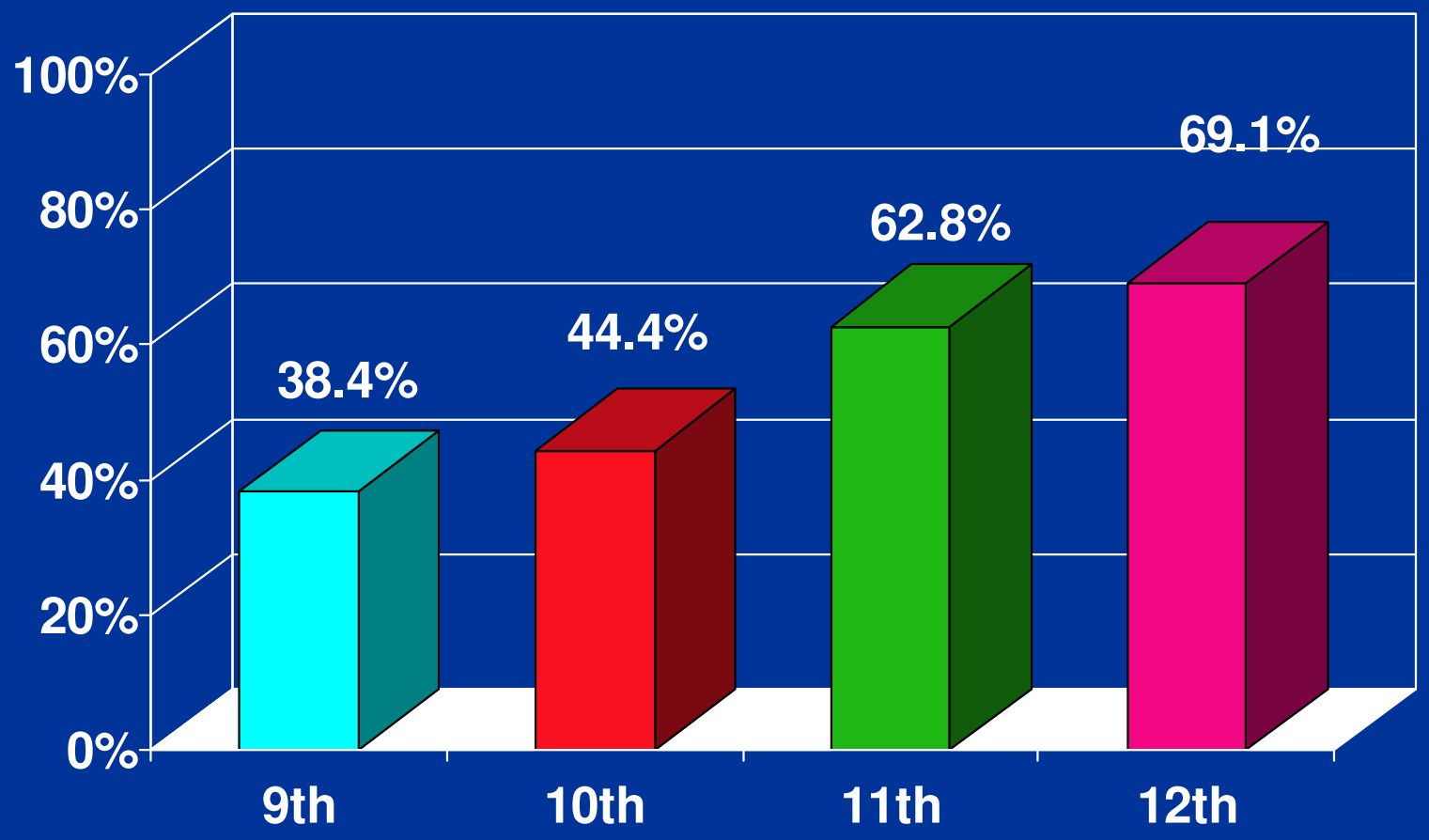
District of Columbia	146.7
Maryland	29.0
New York	28.5
Florida	27.3
Louisiana	19.2
Georgia	17.1
South Carolina	16.3
Pennsylvania	15.2
North Carolina	13.9
Delaware	13.6

Kaiser State Health Facts

STDs & HIV and Young People

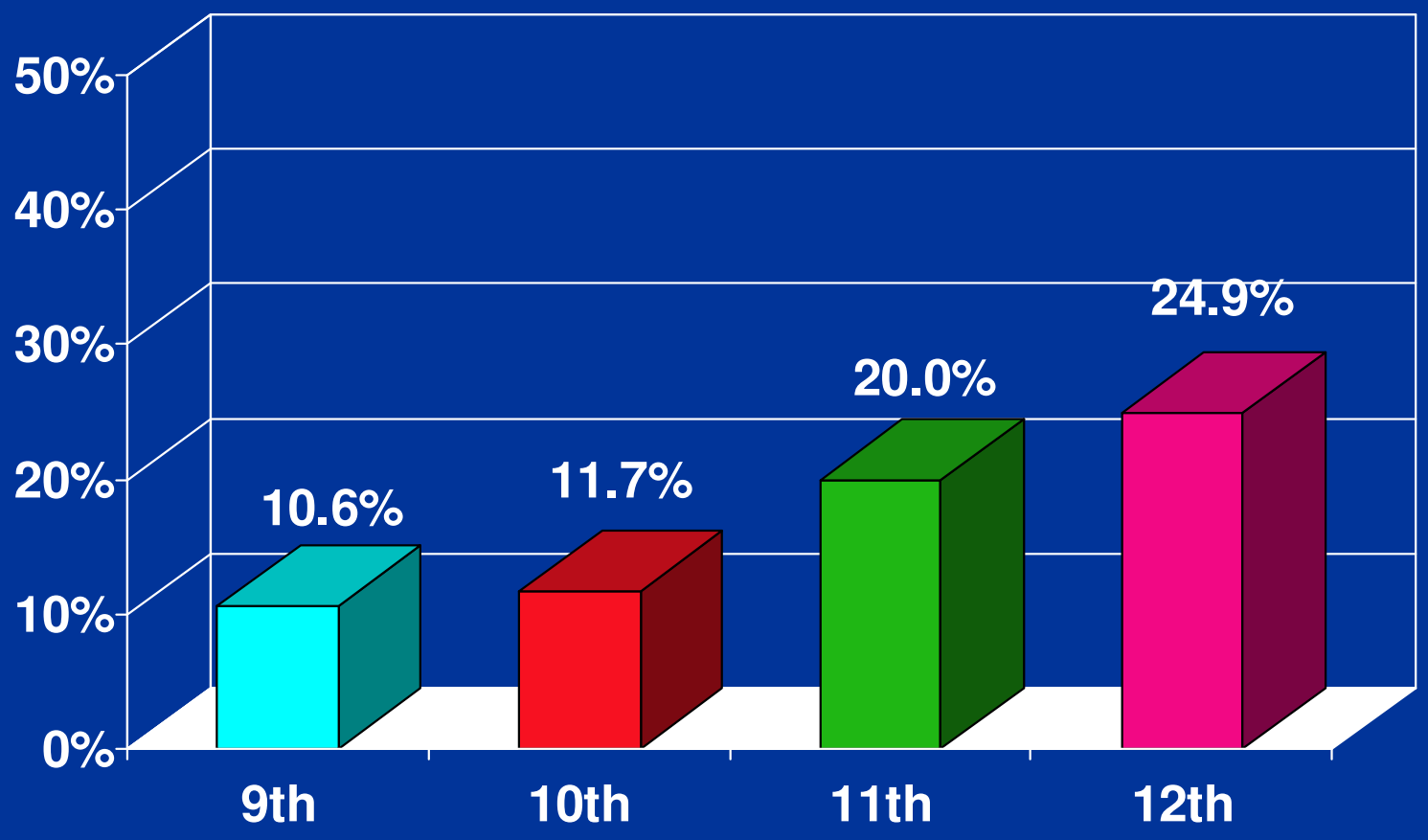
- Highest rates of chlamydia and gonorrhea are consistently reported among 15-19 or 20-24 year old young people in US and in NC
- Many HIV infections result from sexual behaviors of adolescents and young adults

Percent of NC students who ever had sexual intercourse, by grade



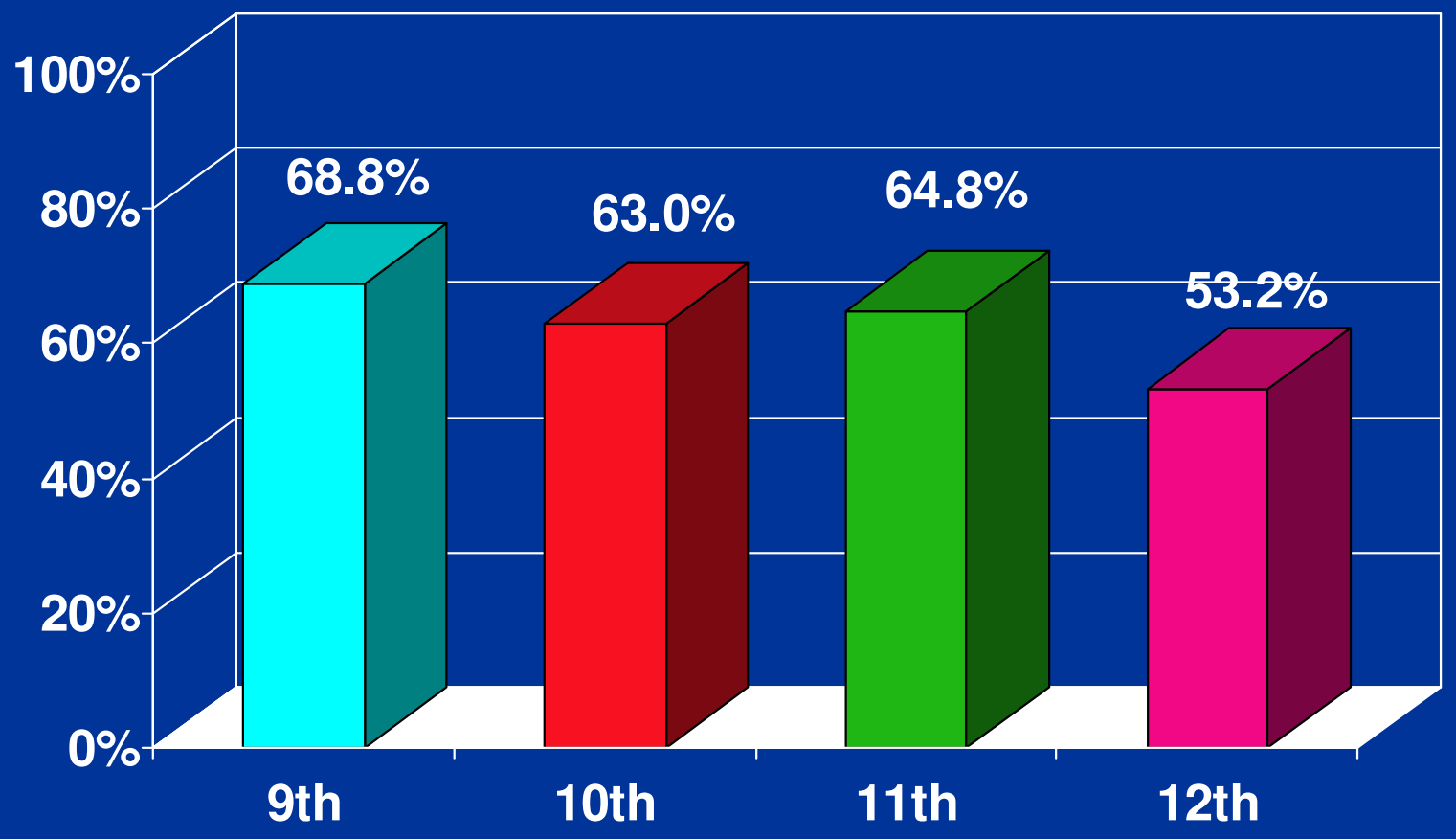
(2007 Youth Risk Behavior Surveillance Survey)

Percent of NC students who had sexual intercourse with four or more people, by grade



(2007 Youth Risk Behavior Surveillance Survey)

Of NC students who had sexual intercourse in the previous 3 months, percent who used condoms at last sex, by grade



(2007 Youth Risk Behavior Surveillance Survey)

Health Status
Point # 4

All adolescents are developing patterns of behaviors that influence life-long trajectories of health.

Behaviors Initiated During Adolescence

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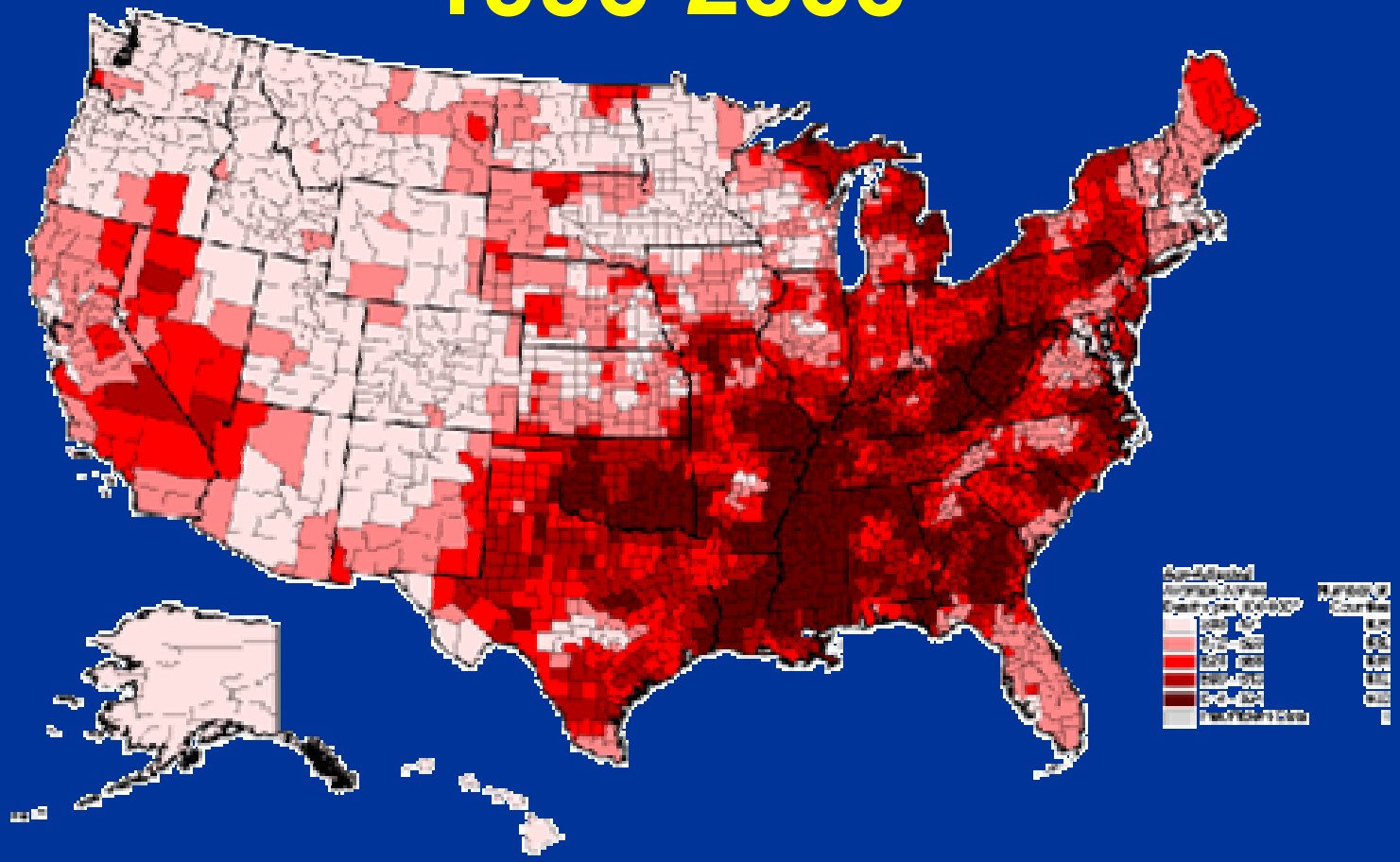
Adult

Cardiovascular Disease

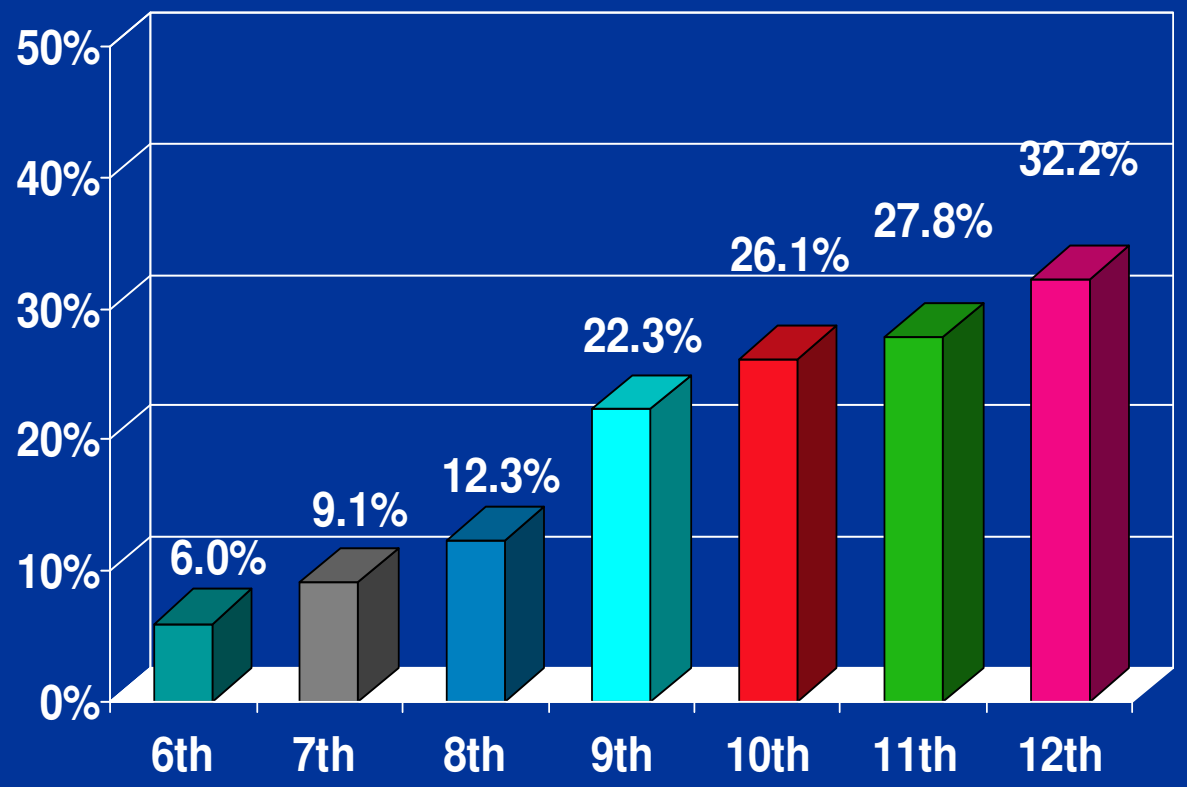
Cancer

Heart Disease Death Rates- Adults Ages 35 Years and Older, 1996-2000



(Centers for Disease Control and Prevention)

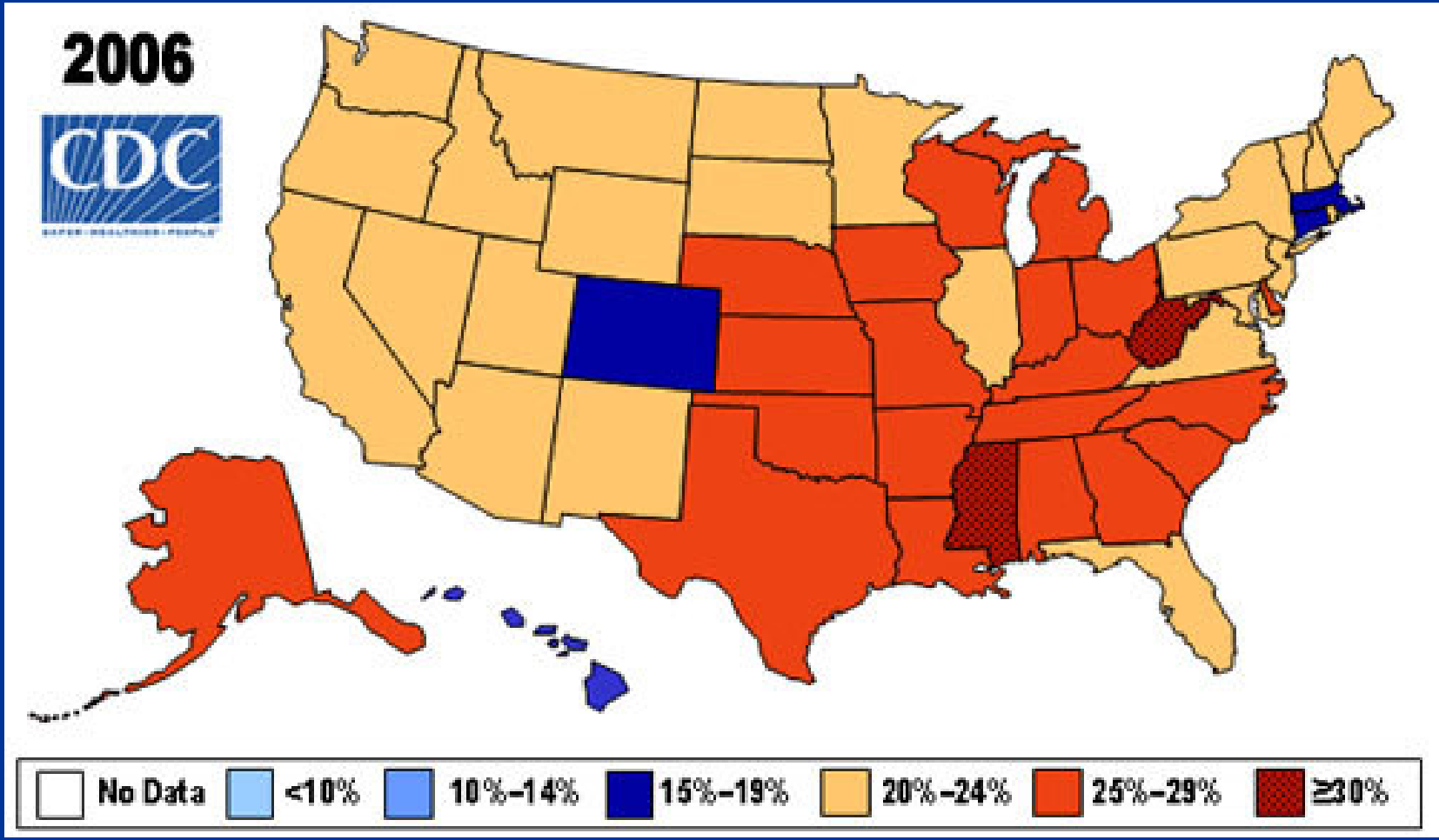
Percent of NC students who report any tobacco* use on 1 or more of the past 30 days, by grade



*any tobacco use includes: cigarettes, cigars, smokeless tobacco, pipes and bidis.

(2007 North Carolina Youth Tobacco Survey)

Obesity Prevalence In the United States, 2006



Objective #3

Review general framework for Adolescent Health Task Force work

General Framework

- Health indicators based on Healthy People 2010 goals for ages 10-24 (and 2020 as available)
- Areas covered by 21 “Critical Objectives”
  - Mortality
  - Unintentional injury
  - Violence
  - Substance use and mental health
  - Reproductive health
  - Chronic diseases (including overweight/obesity and physical activity)

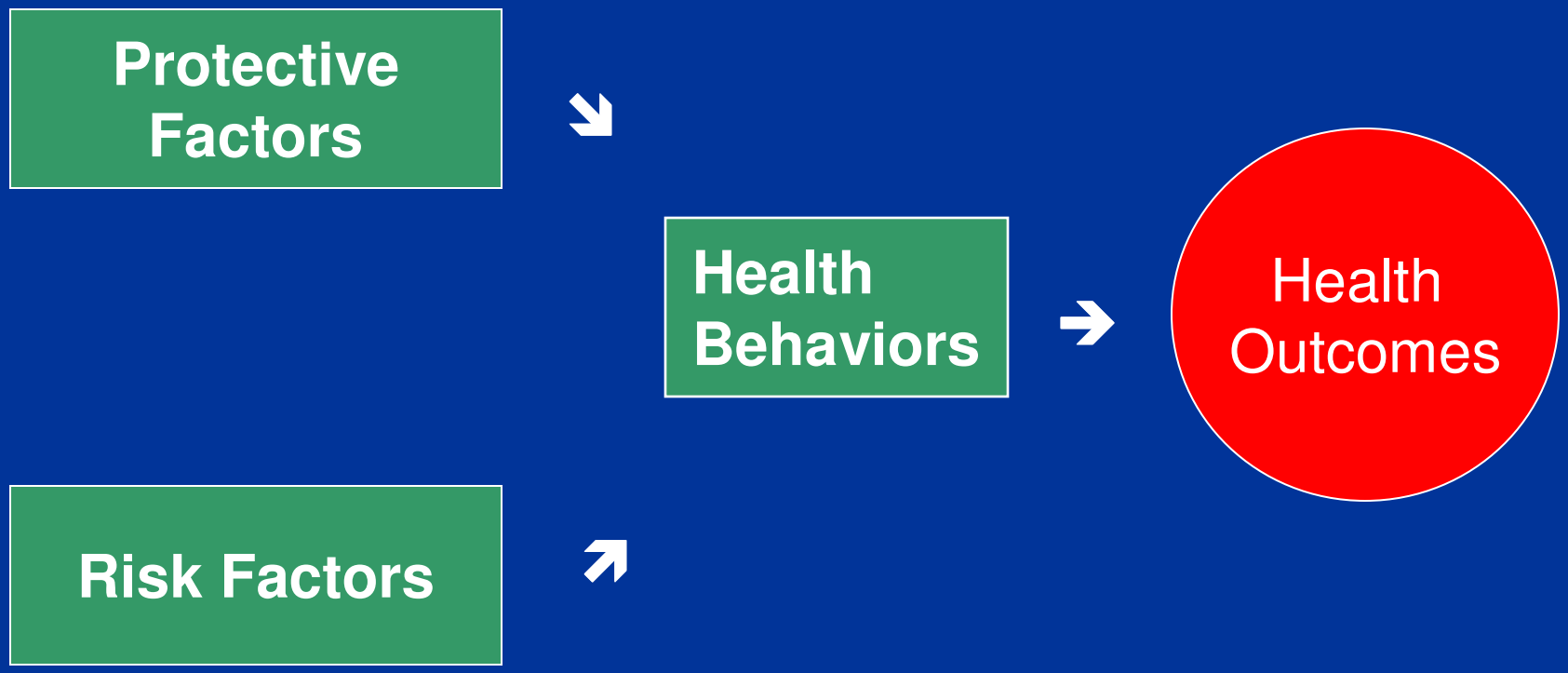
General Framework

- Task Force will divide the topics over 6 days as follows:
  - Unintentional injury
  - Violence
  - Substance use
  - Mental health
  - Reproductive health
  - Chronic disease

General Framework

- We will review the factors that influence adolescent health within the context of
  - Positive youth development
  - Ecological models

Positive Youth Development



Ecological Model for Factors Influencing Health Outcomes

Source: Modified from Robert Wood Johnson Foundation. “Overcoming Obstacles to Health: Report from the Robert Wood Johnson Foundation to the Commission to Build a Healthier America.” February 2008.

Importance of Education

- The relationship between health and education is bi-directional:

Health ↔ Education

- This Task Force is focused on health within the context of this relationship

Recognition of Health Disparity

- Many possible areas of disparity
  - Gender
  - Race/Ethnicity
  - Immigrant status
  - SES
  - Education
  - Rural vs. urban
  - YSHCN
  - Others

Importance of Research

- Good research and evaluation can help to assure that actions lead to expected results
- Many organizations and groups have been reviewing and summarizing science to guide choices in programs and practices
  - CDC
  - USPTF
  - Child Trends
  - America's Youth
  - Others

Typical Summary Recommendations

1. Strong research shows it works
2. Strong research shows it does not work
3. We are not sure if it works
   - Mixed results of research
   - Not enough research

General Approach to Produce Evidence-Based Task Force Recommendations

- Connect members of the science/data review group with state experts in each respective topic area
- Have them work together to identify potential recommendations for the Task Force to consider

Task Force To Discuss & Produce A Portfolio Of Evidence-based Recommendations That:

- Includes attention to:
  - Primary prevention, secondary prevention, diagnosis and treatment
  - Short term and long term health improvements
  - Potential value of multiple levels/sites of intervention (e.g. policy, school, parents, health care settings)
- Identifies cross-cutting and /or synergistic strategies that have the potential to address multiple adolescent health issues
- Creates a comprehensive evidence-based strategy to improve adolescent health in NC over the next decade

Thank you