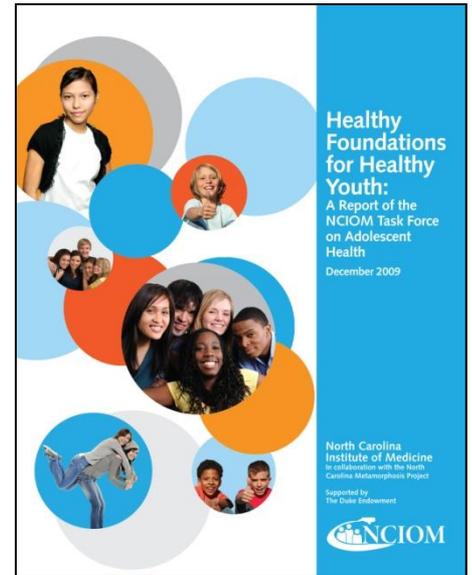


Update on *Healthy Foundations for Healthy Youth: A Report of the NCIOM Task Force on Adolescent Health*

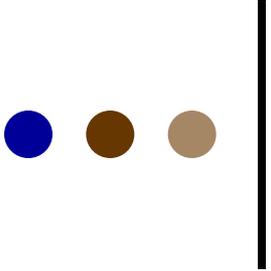


Berkeley Yorkery
North Carolina Institute of Medicine
November 27, 2012

Overview

- Background on Task Force work
- Update on Recommendations





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

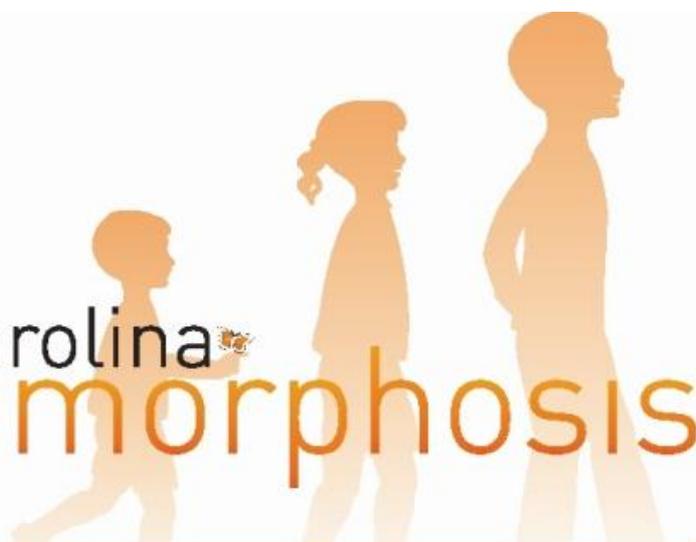


NCIOM Task Force on Adolescent Health

- Chaired by:
 - Carol Ford, MD, Former 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, Former Deputy State Health Director, Assistant Secretary for Health Information Technology
 - Howard Lee, Former Executive Director, North Carolina Education Cabinet
- Included 38 additional members



Our Collaborating Partners



North Carolina
metamorphosis
project

healthy adolescents. healthy futures.



NC Multi-disciplinary Adolescent Research Consortium & Coalition for Health

NC MARCH



THE UNIVERSITY
of NORTH CAROLINA
at CHAPEL HILL

 **NCIOM** **Funded By**

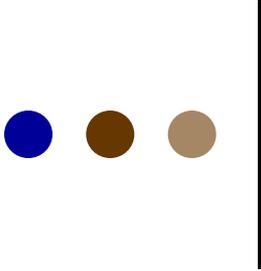


THE DUKE ENDOWMENT

Why Focus on Adolescents?

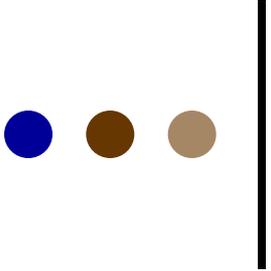
- 15% of North Carolina population (~1.5 million residents) are between the ages of 10 and 20.
- Adolescents are in a period of great transition, moving from childhood to young adults.
 - Period of profound physical, cognitive, emotional and social development and change.





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.



Task Force Charge



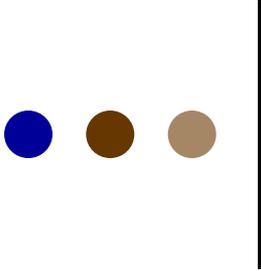
The Task Force was charged with developing a 10-year plan to improve the health and well-being of North Carolina's adolescents. The Task Force:

- 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.

● ● ● | Recommendations

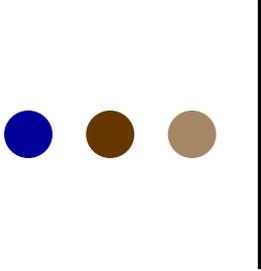
- Task Force developed 32 recommendations
- 10 were selected as priority recommendations





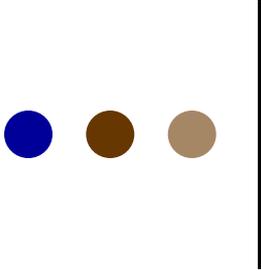
Public Policy: Leadership, Quality of Programs/Services

- With limited resources, it is critical that we invest wisely in programs and policies that have been shown to work.
- **Recommendation 3.1:** Establish an Adolescent Health Resource Center within the Division of Public Health (DPH)
 - PARTIALLY IMPLEMENTED
 - DPH has two new positions that focus on supporting adolescent health



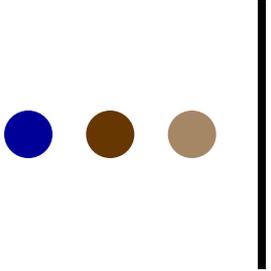
Public Policy: Leadership, Quality of Programs/Services

- Recommendation 3.2 (Priority): Public and private funders should fund evidence-based programs that meet the needs of the population being served.
 - PARTIALLY IMPLEMENTED
 - Many evidence-based initiatives targeting adolescents across the state
 - Through a public-private partnership with the Governor's Crime Commission, The Duke Endowment, and Kate B. Reynolds Charitable Trust, the North Carolina Division of Juvenile Justice and DMHDDSAS are implementing Reclaiming Futures, an evidence-based model for system reform to improve outcomes for youth with drug and alcohol problems



Clinical Care

- Only about half of North Carolina adolescents have a regular medical home where they receive routine screenings; many receive services in school-based settings
- **Recommendation 4.1:** Cover and improve annual high-quality well-visits for adolescents up to age 20
 - PARTIALLY IMPLEMENTED
 - The Health Check Billing Guide recommends an annual visit for all children and youth (2009)
 - The Division of Medical Assistance provides reimbursement for some services that enhance the potential quality of adolescent preventive visits
 - The proposed policy defining the components of an Adolescent Health Check Screening Assessment has not received final approval



Clinical Care

- Recommendation 4.2: Expand Health Coverage to More People
 - FULLY IMPLEMENTED
 - The federal Affordable Care and Patient Protection Act expands health coverage to more adolescents
 - Effective September 2010, young adults up to age 26 can be covered under their parents insurance
 - Establishes sliding scale subsidies for families with incomes between 100-400% of federal poverty guidelines
 - Requires more outreach and administrative simplification
 - North Carolina has been working to improve outreach and simplify enrollment

Clinical Care

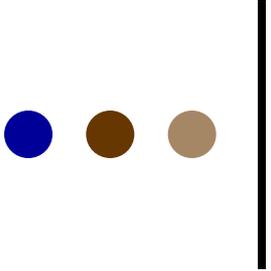
- Recommendation 4.3 (Priority): The North Carolina General Assembly should increase funding for school-based health services in middle and high schools.
 - PARTIALLY IMPLEMENTED
 - The Affordable Care Act included funding for school-based health services
 - North Carolina school-based and school-linked health centers have received \$3 million
 - State funding has decreased for school-based health centers and school nurses



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.



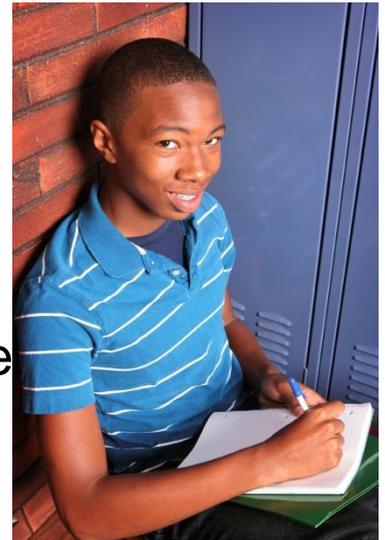


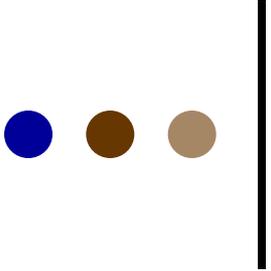
Cross-Cutting: Education Strategies

- Recommendation 5.1 (Priority): NC State Board of Education and NC Department of Public Instruction (DPI) should expand efforts to increase the high school graduation rates.
 - FULLY IMPLEMENTED
 - Graduation rate has increased from 70.3% in 2008 to 80.2% in 2012
 - State and federal funding to improve school outcomes
 - System wide implementation of an evidence-based initiative to improve behavior and safety as well as prevent dropout

Cross-Cutting: Education Strategies

- Recommendation 5.2 (Priority): Enhance North Carolina Healthy School Partnership
 - PARTIALLY IMPLEMENTED
 - DPI created a state-level School Health Advisory Council (SHAC) to support the local SHACs and ensure focus on coordinated school health at the state level
 - The School Health Matrix Team within the Division of Public Health meets regularly to address school health issues





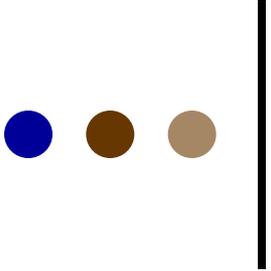
Cross-Cutting: Education Strategies

- Recommendation 5.3: Actively support the Youth Risk Behavior Survey and School Health Profiles Survey
 - FULLY IMPLEMENTED
 - New strategy for encouraging schools to participate in the YRBS and/or Profiles Surveys which increased participation.
- Recommendation 5.4: Revise the Healthful Living Standard Course of Study Contract
 - PARTIALLY IMPLEMENTED
 - The Healthy Schools Section provides local education agencies with evidence-based curricula and resources to use when they select curricula. Also provide trainings on some evidence-based curricula

Unintentional Injuries

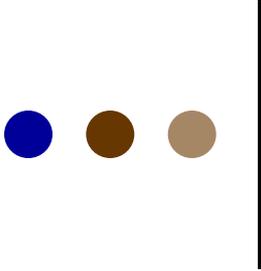
- Unintentional injuries are the leading cause of death in North Carolina for youth ages 10-20.
 - Motor vehicle crashes are the most common form of unintentional injuries and death.
 - Many other injuries occur as the result of participation in athletic programs.
 - Many of these injuries are preventable.
- Priority recommendation in this area has not been implemented





Unintentional Injuries

- **Recommendation 6.2:** Strengthen driving while intoxicated (DWI) prevention efforts
 - PARTIALLY IMPLEMENTED
 - The North Carolina General Assembly increased the Drivers License Restoration Fee as recommended. Funds from fee are used to support the Forensics Tests for Alcohol Branch
- **Recommendation 6.3:** Fund Injury Prevention Educators
 - PARTIALLY IMPLEMENTED
 - The North Carolina General Assembly directed \$200,000 from the UNC General Fund be allocated to fund injury prevention educators to disseminate evidence-based injury prevention programs and policies for youth sports



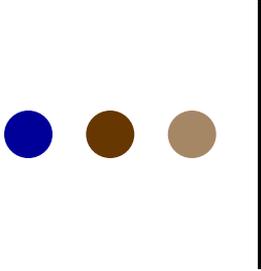
Substance Use and Mental Health Disorders

- 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.
- The Priority Recommendation is this area has not been implemented

Substance Abuse and Mental Health Prevention and Treatment

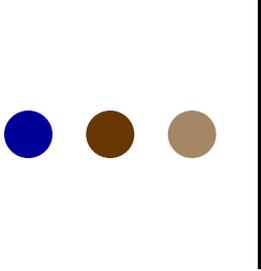


- Recommendation 7.2: Support the North Carolina Youth Suicide Prevention Plan
 - FULLY IMPLEMENTED
 - The North Carolina Youth Suicide Prevention Task Force has done work to promote all six priority goals of the plan
 - The North Carolina School Health Training Center has helped train 1,800 teachers and other school staff on suicide awareness, prevention, and intervention using evidence-based training programs

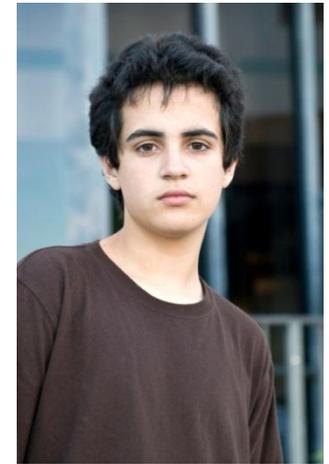


Substance Abuse and Mental Health Prevention and Treatment

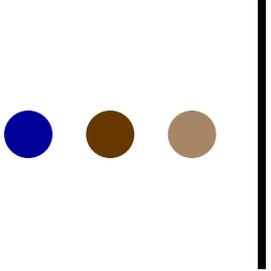
- Recommendation 7.6: Integrate behavioral health into health care settings
 - PARTIALLY IMPLEMENTED
 - DMA now reimburses Medicaid providers for evidence-based psychosocial/behavioral and alcohol/drug use assessments
 - Community Care of North Carolina has a Behavioral Health Integration Initiative which is increasing access to integrated care
 - The Center for Excellence for Integrated Care provides training, technical assistance, and some funding to support integrated primary care and mental health and substance abuse providers



Violence

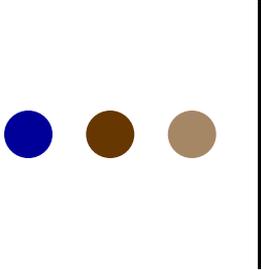


- Many adolescents witness, are victims of, or are perpetrators of youth violence
- There are successful evidence-based programs to prevent and combat youth violence in schools and in the community.
- **Recommendation 8.1:** Enhance injury surveillance evaluation
 - PARTIALLY IMPLEMENTED
 - The Division of Juvenile Justice collects gang activity data from schools in the annual census of School Resource Officer programs



Violence

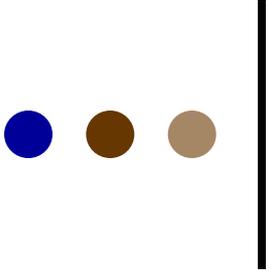
- **Recommendation 8.2 (Priority):** Support evidence-based prevention programs in the community.
 - PARTIALLY IMPLEMENTED
 - In 2011 the Division of Juvenile Justice redirected funds into evidence-based programs
 - The Department of Public Instruction provides free online training for teachers to improve student behavior management
 - New North Carolina Academic Center for Excellence in Youth Violence working with rural communities to combat youth violence



Sexual Health

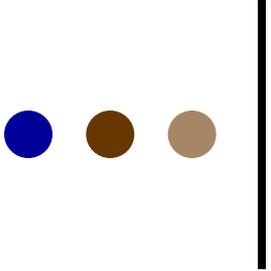


- More than one in three high school students are sexually active
- Nearly half of all new STDs occur in youth between the ages of 15-24
- **Recommendation 9.1:** Increase immunization rates for vaccine-preventable diseases
 - FULLY IMPLEMENTED
 - The Immunization Branch works health practices, parents and adolescents to increase immunization rates
 - The Affordable Care Act includes coverage for all ACIP-recommended vaccines, which includes the HPV vaccine for adolescent males and females
 - North Carolina's teen immunization rates have improved significantly over the past three years



Sexual Health

- Recommendation 9.2: Ensure comprehensive sexuality education for more young people
 - PARTIALLY IMPLEMENTED
 - The Healthy Youth Act of 2009 requires comprehensive reproductive health and safety education; DPI received \$1.5 million in Title V funds to support implementation of comprehensive sex education
 - The NC School Health Training Center
 - Reviews of evidence-based and promising curricula that schools can use
 - Provide lesson plans
 - Professional development for more than 800 teachers and school administrators



Sexual Health

- Recommendation 9.3 (Priority): Expand teen pregnancy and STD prevention programs and social marketing campaigns
 - PARTIALLY IMPLEMENTED
 - The North Carolina Department of Health and Human Services received \$1.5 million in ACA funding to support teen pregnancy and STD prevention programs

Preventing Adult Chronic Disease

- Preventable risk factors include tobacco use, high blood pressure, high cholesterol and diabetes
 - Many of these risk factors also contribute to other chronic diseases
 - Many of these risk factors emerge during adolescence



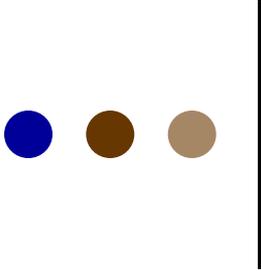
Preventing Adult Chronic Disease

- Recommendation 10.2 (Priority):

Improve school nutrition in middle and high schools

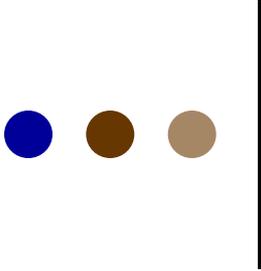
- PARTIALLY IMPLEMENTED
- A few schools are piloting programs to increase access to healthy foods
- Youth Empowered solutions has trained youth to advocate for better school nutrition
- Through Healthful Living curricula, students learning to make better decisions about what they eat





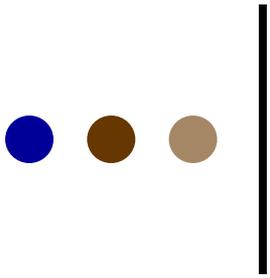
Preventing Adult Chronic Disease

- **Recommendation 10.3:** Establish joint-use agreements for school and community recreational facilities
 - FULLY IMPLEMENTED
 - The Department of Public Instruction worked with the Division of Public Health to provide guidance and support for developing joint use agreements
- **Recommendation 10.4:** Fund demonstration projects promoting physical activity, nutrition, and healthy weight
 - FULLY IMPLEMENTED
 - The Division of Public Health uses funding from the CDC to support community-based interventions that encourage, promote, and facilitate physical activity and healthy eating.

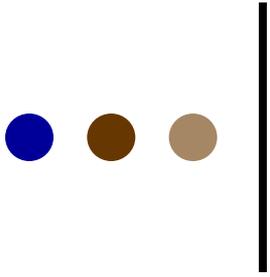


Preventing Adult Chronic Disease

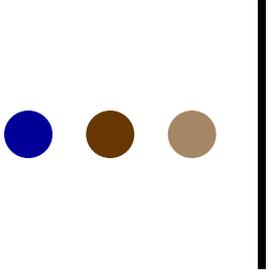
- **Recommendation 10.5:** Expand the CCNC Childhood Obesity Prevention Initiative
 - FULLY IMPLEMENTED
 - North Carolina was awarded \$9.3 million (over 5 years) for a CHIPRA quality demonstration grant. This funding has, in part, supported the expansion of CCNC's Childhood Obesity Prevention Initiative
 - Collecting BMI data
 - Disseminating tools to help providers with obesity assessment, prevention, and treatment
 - Learning collaboratives focused on improving obesity prevention



- Total Recommendations: 32
 - *Fully Implemented: 9 (28%)*
 - *Partially Implemented: 14 (44%)*
 - *Not Implemented: 9 (28%)*



What Next?



For More Information

The 2012 Update to Healthy Foundations for Healthy Youth: A Report of the NCIOM Task Force on Adolescent Health is available online at www.nciom.org

Additional Information

Berkeley Yorkery byorkery@nciom.org

