



Improving Adolescent Health

An Analysis and Synthesis of Health Policy Recommendations

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Division of Adolescent Medicine, Department of Pediatrics
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School of Medicine
University of California, San Francisco

Report Summary

U.S. Department of Health & Human Services
Public Health Service



Health Resources & Services Administration
Maternal & Child Health Bureau
Office of Adolescent Health

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National Adolescent Health Information Center

The National Adolescent Health Information Center of the University of California, San Francisco was established in October, 1993. The Center is based within the Division of Adolescent Medicine, Department of Pediatrics and the Institute for Health Policy Studies. The Center's goal is to promote linkages among key sectors of the health care system that affect the health of adolescents.

The activities of the Center include: 1) increasing the availability of information related to the health of adolescents through a coordinated strategy that links collection, analysis and dissemination of Maternal and Child Health-related and other national activities; 2) improving the capacity of State Title V agencies to plan, deliver and improve access and coordination of comprehensive primary care for adolescents; 3) conducting short term and long term studies to synthesize research findings, identify health trends, compare policy approaches and analyze current and proposed legislation affecting adolescents; and 4) developing strategies to increase the public's awareness of the health needs for special populations.

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PROLOGUE

Over the past decade, the health status of adolescents and young adults has been the subject of growing concern among policy makers, researchers, clinicians and advocates interested in youth issues and adolescent health. Poor health outcomes caused by health-damaging behaviors, compounded by inadequate use of available health resources, have led to a number of national efforts to study the special health, social, economic, and legal needs of adolescents. An unprecedented range and number of books examining the health and well-being of America's youth, as well as a host of federal, state, and foundation reports, have proffered a multitude of recommendations aimed at rectifying a broad spectrum of problems.

Although field research and new policy and programmatic initiatives have documented the many problems adolescents face in our increasingly complex and diversified society, we continue to lack a clear federal policy mandate that sets forth funding and policy priorities, and that could provide guidance for how we approach the needs of our diverse adolescent populations. The complexity of those needs, and the ambivalence expressed by our society concerning the role of adolescents, have made it difficult to establish a focused agenda for youth-related issues. Other societal demands competing for attention add another layer of difficulty to achieving a coherent agenda for action.

The policy analysis embodied in *Improving Adolescent Health: An Analysis and Synthesis of Health Policy Recommendations* was compiled by the National Adolescent Health Information Center to highlight areas where a common agenda can be developed, and to help clarify the steps that will be critical to improving the health of America's

adolescents. This document is intended to provide a framework for considering the many valuable policy recommendations that have been made in 36 major studies, reports, and books produced during the past decade. Promising future directions for developing policy action, establishing priorities, and mobilizing the private and public sectors are suggested as well. A major premise of this report is that, by bringing together the collective wisdom represented by the policy recommendations synthesized here, needless duplication of effort can be spared from going over already well-trodden ground. Instead, these recommendations, which represent a significant level of professional concurrence, can be tested to see if they produce a significant improvement in the health status of adolescents. In short, it is time to use these recommendations for the development and evaluation of the next generation of programmatic and policy efforts.

Improving Adolescent Health presents an overview of six priority policy goals that emerged from a synthesis of the recommendations that were culled from the 36 source documents that were reviewed for this report. These priority areas range from improving access to care, to improving collaborative relationships among our health, education, social services and justice sectors. Underlying all six of these major policy goals is an important fundamental postulate: if adolescents are to find a meaningful role in society, then society must accept the responsibility for helping them to do so. Support for issues related to adolescent health must come not just from our health and education sectors, but from throughout society.

This policy review has been compiled at a time when our conception of adolescence has begun to shift. We have moved from defining adolescence as a

period of turbulence and stress to viewing the adolescent years as a time when opportunities to develop positive lifetime behaviors and skills can be maximized. In this sense, we are indeed at a crossroads: societal factors are increasingly seen as playing a larger role in influencing adolescent development and behavior, a result of which has been that greater policy attention is now being placed on adult involvement in, and responsibility for, adolescent well-being. A renewed national commitment to the needs of our youth has been reflected in recent calls for the recruitment of mentors and volunteers to develop meaningful and sustained relationships with children and youth. Efforts are being promoted that aim to provide young people with safe places to learn and grow, help them to develop marketable skills through effective education, and create opportunities for youth to give back to their communities. Further efforts to lower the high prevalence of teenage childbearing, to prevent or reduce the use of tobacco, alcohol, and other substances, and to prevent neighborhood and community violence are also being mounted.

At the same time, major welfare and health care reforms are well under way, changing many traditional health and social programs. State and local governments are taking on new roles and responsibilities as the federal government steps back from its long-standing leadership role in social programs that seek to address a variety of pressing societal problems. This shift away from federal guidance and support is happening at a time when dramatic increases in the number and diversity of adolescents living in this country add a significant extra urgency to the challenge of meeting increasingly complex needs. The increasing pace of this devolution of responsibilities from the federal government to our states and counties is a source of concern to

many experts, who fear that this trend will result in a dilution of leadership and an unequal fragmentation of standards. Many adolescent health advocates are concerned that without some form of centralized guidance, inequities in eligibility requirements, benefits, resources, and service availability will be the inevitable result of a loss of standardization. Standards and service availability are likely to vary widely, not just from state to state, but within states, and even within counties. To avoid extreme variance, some kind of balance or partnership must be struck between a centralized role for establishing nationwide standards, and the responsiveness to local needs that can be achieved through shared federal, state and local community leadership and responsibility.

To advance a truly effective, proactive youth agenda, it is imperative to carefully consider a course of action that will produce the most favorable and possible results. In the absence of a national policy for children and youth, a multifaceted but comprehensive and coordinated approach that ties together efforts at the community, local, state, and national levels will be needed to resolve the complex issues that face both the adolescent population and our entire society. Our policy agenda must ally the health, education, job training, business, justice, and social service sectors to serve the needs of adolescents, families and communities. Public policies must support these integrated, coordinated approaches, and professionals and advocates concerned with youth issues need to play a crucial role to ensure that we achieve this goal. This policy synthesis provides a framework to move forward the process of improving the health and well-being of America's adolescent population.

Report Overview

A growing concern regarding the health status of adolescents and young adults has led to a number of national efforts to study the special health, social, economic and legal needs of adolescents. As a result, multiple federal, state and foundation reports and books have been written, promoting over 1,000 recommendations and strategies aimed at improving the health and well-being of America's youth. Table 1 lists the names, sources, and the year of publication for these documents.

In spite of these groundbreaking efforts, it appears that relatively little follow-through has occurred in response to the recommendations, and no clear policy mandate has been developed that establishes priorities to guide change. Furthermore, the complexity of the social, economic, legal and health problems facing youth, the ambivalence concerning their role in society, and other competing societal demands have made it even more difficult to make significant inroads in establishing a shared agenda aimed at improving the health and well-being of youth.

This analysis identifies consensus areas where policy recommendations have been made. It also delineates critical barriers to implementation, identifies areas that have been omitted or have only emerged more recently and highlights strategies that may aid in developing programs that reflect policy priorities. Six primary policy goals emerge as part of this policy framework:

- 1 improving access to health care for adolescents;
- 2 improving adolescent environments;
- 3 increasing the role of schools in improving adolescent health;
- 4 promoting positive adolescent health;
- 5 improving adolescent transition to adulthood; and
- 6 improving collaborative relationships.

Clear goals and priorities, in the form of a national comprehensive Adolescent Health Policy, need to be established. While this will help mobilize both the public and private sector to improve adolescent health, a number of barriers exist in creating such a consensus.

First, as a society, we appear to be ambivalent about adolescents and the role that government should play in their lives. There is a strong preference for families to take the lead in guiding the development of the next generation of adults; however, parents are often not equipped with the knowledge and skills they need to raise their adolescents, nor the support systems that would help them through this developmental transition.

Second, the major biological and psychological changes occurring through adolescence often test adults' limits and comfort, resulting in a negative societal response. Third, many of the health, social and educational supports require long-term investment, rather than brief episodic responses. Fourth, there is significant controversy surrounding health compromising behaviors initiated during adolescence, especially early sexual behavior and tobacco, alcohol and drug use, preventing consensus on some of the major health issues facing adolescents.

In some areas of adolescent health policy, recent efforts, such as campaigns aimed at reducing drinking and driving, and the use of condoms, have had promising results. This success is due in part to widespread consensus throughout society about the acceptability of these approaches to improving health outcomes, sound fiscal backing for these efforts and a uniform policy approach which have created new norms. However, actions to address most adolescent health issues have not met with similar conditions. The lack of clear consensus in some of the complex areas has continued to limit previous and current efforts to implement recommended policy changes. It is important to note that while consensus is vital in establishing policy directions, the ability to translate these policies into funding decisions, systemic changes and protocols is also essential for creating actual change.

With this in mind, the reviewed recommendations seldom provide clear guidance to make change. Few provide communities with direction for selecting the strategies most suited to their needs. Many groups need technical assistance and consultation to move forward. Further, the recommendations rarely propose how to build the level of community consensus

necessary to advocate for change, nor assist with developing adequate understanding of the steps needed for planning and implementation. Providing concrete models and potential strategies for operationalization, financing, and long-term sustainability may help assure that future efforts in defining recommendations will have a greater likelihood of successful implementation.

Finally, many important changes have occurred in the environment since most of the recommendations were made. These include managed care, system-wide collaborations, realization that evaluations have not consistently tracked outcomes, demographic shifts which are affecting available resources, the movement of government decision-making from the federal to the state and local levels, and the rapid expansion of technology that increases the importance of training and other educational opportunities for adolescents. These issues need to be addressed with a national Adolescent Health Policy. The following is a synopsis of the six policy goals highlighted in the policy synthesis, with their rationale and a summary of their major recommendations.

Table 1

National Policy Reports on the Health of Adolescents

YEAR	POLICY REPORT	ORGANIZATION
1987	Health Futures of Youth: Conference Proceedings, special issue of Journal of Adolescent Health Care	Maternal & Child Health Bureau, Society for Adolescent Medicine, University of Minnesota (conference sponsors)
1987	Risking the Future, Adolescent Sexuality, Pregnancy and Childbearing	National Research Council, Panel on Adolescent Child Bearing and Pregnancy
1988	Alcohol Use and Abuse: A Pediatric Concern	American Academy of Pediatrics, Committee on Adolescence
1988	America 2000: An Education Strategy	U.S. Department of Education
1988	The Forgotten Half: Pathways to Success for America's Youth and Young Families	William T. Grant Foundation, Commission on Work, Family and Citizenship
1988	School-Based Health Clinics	Society for Adolescent Medicine
1989	Confidentiality in Adolescent Health Care	American Academy of Pediatrics
1989	Turning Points: Preparing American Youth for the 21st Century	Carnegie Corporation of New York, Carnegie Council on Adolescent Development
1990	Code Blue: Uniting for Healthier Youth	National Commission on the Role of the School and Community in Improving Adolescent Health, National Association of State Boards of Education, American Medical Association
1990	Contraception and Adolescents	American Academy of Pediatrics, Committee on Adolescence
1990	Latino Youths at the Crossroads	Children's Defense Fund
1991	Adolescents at Risk: Medical and Social Perspectives	Cornell University Medical College Conference on Health Policy

Table 1 (cont' d)

National Policy Reports on the Health of Adolescents

YEAR	POLICY REPORT	ORGANIZATION
1991	Healthy Children 2000: National Health Promotion and Disease Prevention Objectives Related to Mothers, Infants, Children, Adolescents and Youth	U.S. Department of Health and Human Services
1991	Report to the Congress and the Nation on Adolescent Health, Volumes I-III	U.S. Congress, Office of Technology Assessment
1991	Reproductive Health Care for Adolescents	Society for Adolescent Medicine
1992	Access to Health Care for Adolescents	Society for Adolescent Medicine
1992	Beyond Rhetoric: A New American Agenda for Children and Families	National Commission on Children
1992	Corporal Punishment in Schools	Society for Adolescent Medicine
1992	Firearms and Adolescents	American Academy of Pediatrics, Committee on Adolescence
1992	Health and Health Needs of Homeless and Runaway Youth,	Society for Adolescent Medicine
1992	A Matter of Time: Risk and Opportunities in the Non-School Hours	Carnegie Corporation of New York, Carnegie Council on Adolescent Development
1992	National Action Plan for Comprehensive School Health Education	American Cancer Society (in collaboration with 40 national organizations)
1993	Confidential Health Services for Adolescents	American Medical Association, Council on Scientific Affairs
1993	Health Promotion for Older Children and Adolescents	National Institute on Nursing Research, Priority Expert Panel on Health Promotion
1993	Healthy People 2000: National Health Promotion and Disease Prevention Objectives, Progress Review on Adolescents/Young Adults	U.S. Department of Health and Human Services

Table 1 (cont'd)

National Policy Reports on the Health of Adolescents

YEAR	POLICY REPORT	ORGANIZATION
1993	Losing Generations: Adolescents in High-Risk Settings	National Research Council, Panel on High-Risk Youth
1993	Position Paper on Adolescent Health	Association of Maternal and Child Health Programs
1993	State-of-the-Art Conference Adolescent Health Promotion: Proceedings	American Medical Association
1993	Transition from Child-Centered to Adult Health Care Systems for Adolescents with Chronic Conditions	Society for Adolescent Medicine
1994	HIV Infection and AIDS in Adolescents	Society for Adolescent Medicine
1994	Principles to Link By: Integrating Education, Health and Human Services for Children, Youth and Families. Proceedings from an AAP Consensus Building Conference on Integrated Services	American Academy of Pediatrics
1994	Report of the AAP Task Force on Minority Children's Access to Pediatric Care	American Academy of Pediatrics
1994	Starting Points: Meeting the Needs of Young Children	Carnegie Corporation of New York, Carnegie Task Force on Meeting the Needs of Young Children
1995	The Best Intentions: Unintended Pregnancy and the Well-Being of Children and Families	Institute of Medicine, Division of Health Promotion and Disease Prevention, Committee on Unintended Pregnancy
1995	Great Transitions: Preparing Adolescents for a New Century	Carnegie Corporation of New York, Carnegie Council on Adolescent Development
1996	Healthy Youth 2000: A Mid-Decade Review, from Healthy People 2000-National Health Objectives	American Medical Association, Department of Adolescent Health

POLICY GOAL ONE

Improve Access to Health Care for Adolescents

Improving access to health care was the single most identified policy objective throughout the more than 1,000 recommendations and strategies reviewed for this report. While adolescents are at increased risk for many health-related conditions, they face considerable barriers to accessing health care at all levels of the health care system. Limited access has been most frequently associated with financial barriers, as well as with the organization of the delivery system, types of services currently available, legal restrictions, and adolescents' own perceptions of restricted health care access.

Recommendations highlight system-wide approaches and specifically tailored strategies, including outreach strategies to link vulnerable adolescent populations with developmentally appropriate and comprehensive care that encompasses a user-friendly, nonjudgmental and confidential philosophy. The task of increasing service availability, through such efforts as expanding service locations, and of integrating outreach services, is challenging at a time when the health care system is undergoing major reforms.

One challenge involves understanding the service utilization patterns of adolescents and determining the effectiveness of proposed integrated strategies. As many adolescent health problems are related to underlying social, psychological and economic factors, questions are raised about the types of health-related services most needed and how the health care system can better coordinate its services with other large systems involved in the lives of adolescents. Involvement from

major institutions, such as the family, the religious community, the private sector, and the judicial system must be increased to complement what is provided within the health and educational institutions that serve adolescents. Coordination and continuity of care are particularly important for special populations of adolescents whose health care needs often encompass not only physical health, but mental health and substance abuse treatment.

Many of the recommendations highlight the need to provide care that is inter-disciplinary, collaborative, comprehensive and community-based. Enabling adolescents to legally access care and ensuring its confidentiality is also seen as critical. While the documented lack of access to care has generated considerable policy attention, far less emphasis has been placed on examining the content of services that adolescents receive. Additionally, adolescents need to be more fully engaged in planning and shaping the types of services available to assure that services are responsive to their needs.

Recommendation 1.

Assure the delivery of high quality services

Improve training in adolescent health.

Training of health providers is recommended for specific health issues, such as consent and confidentiality, coercive sex, sexually transmitted diseases (STDs) diagnoses and treatments, sexual orientation, cultural beliefs, immunizations, provision of foster care, health promotion and education,

counseling techniques, and management of victims of violence. Recruitment, training and incentives for racially and ethnically diverse professionals working with adolescents were all discussed as methods to increase access.

Improve the workforce distribution for providing adolescent-related services.

Recommendations include changing reimbursement procedures to expand the pool of health providers and recruiting additional providers; bringing providers to geographically underserved areas through the National Health Service Corps; and developing standard practice guidelines and quality assurance measures for basic adolescent health care through periodicity schedules and a manual of care that addresses the health needs of migrant adolescents and their families.

Enhance coordination and support for adolescent health services.

Recommendations are generally system-wide at local, state and federal levels. These include establishment of school and neighborhood health centers; increased technical assistance from the federal Maternal and Child Health Bureau and state level Title V Maternal and Child Health programs; new ways to link Medicaid-eligible youth with primary care providers; expansion of funding; "decategorization" of overlapping government-funded programs; and establishment of Integrated School Health Services Councils to oversee the provision of multidisciplinary services.

Recommendation 2.

Provide access to comprehensive health services

Ensure appropriate services are readily available.

Adolescents need comprehensive, developmentally-appropriate services. Adolescents with specific health issues may benefit from comprehensive services tailored to their needs. Examples include adolescents who are pregnant and parenting; considered "at-risk"; members of ethnic, racial, sexual orientation minority groups; homeless; poor; incarcerated; rural; or adolescents having special needs. There is general consensus that access remain or become available to quality reproductive services, including pregnancy testing, contraceptive care, prenatal care, and abortion services. These services should also be provided without financial or legal restrictions.

Implement strategies to overcome adolescents' barriers to access.

Adolescents face a variety of perceived barriers to care. One major strategy for overcoming adolescents' concerns regarding accessing care is through intensive outreach efforts. Establishing targeted outreach for adolescent health services includes: 1) prioritizing the provision of outreach services; 2) integrating outreach strategies with overall program objectives; 3) funding outreach services; and 4) developing follow-up strategies to assure continuity of services and compliance with required medical regimens. The most frequently named groups needing special attention were homeless, runaway and pregnant adolescents. Latino, Asian, American Indian, incarcerated, and HIV-positive adolescents were also mentioned as requiring special outreach focus.

Recommendation 3.

Improve financial access to comprehensive health services

Improve existing health coverage.

Recommendations include improving existing health insurance coverage for adolescents, expanding Medicaid eligibility and improving the types of services covered. Some improvements could include enrolling larger numbers of adolescents in health insurance plans, facilitating reimbursement for health and psychosocial services, and providing reimbursement for case management, school-based health services, and treatment of behavioral problems. The passage of the State Child Health Insurance Program (part of the 1997 Budget Reconciliation Act) provides an important opportunity for adolescents to gain the health coverage they have often been denied in the past.

Expand coverage for adolescents beyond existing parameters.

Recommendations include universal health coverage plans, child-specific benefits plans, and coverage for clinical preventive services for adolescents, including psychosocial and counseling services, mental health and substance abuse treatment, dental services, nutrition services and reproductive health care. Use of co-payments as a way to discourage use and control costs was seen as an additional barrier to access care.

Recommendation 4.

Assure the legal right to health care and confidentiality

Improve legal access to health services for adolescents.

Recommendations call for new legislation mandating an expansion of Medicaid eligibility for adolescents, requiring employers' coverage of dependents' health and prenatal care, and adopting a Child's Bill of Rights that would protect adolescents. Providers should also receive consistent information about laws affecting adolescents' access to health care.

Assure legal protection of confidential care.

Two primary routes to assure this access are recommended. First, legislative approaches are recommended for assuring confidentiality of care to adolescents seeking sensitive services, including policies about parental consent and notification, and mechanisms that would allow adolescents to establish independent access to confidential care. Secondly, expansion of the roles of health care providers at multiple levels, including at the individual patient care, practice, policy and medical association levels, are also recommended.

Recommendation 5.

Provide adolescent-focused and adolescent-acceptable health services

Provide services that focus on adolescents' needs.

Making health care delivery more personal and engaging for adolescents and providing them with services that meet their needs are widely supported goals. The recommendations center on designating responsibility for adolescent health at the local, state, provider and family levels, to assure that adolescent-focused services are appropriate and flexible, and that they serve the best interests of adolescents and their families, rather than suiting administrative convenience.

Involve adolescents directly in the planning and delivery of health services.

Recommendations provide a variety of methods to involve adolescents in the design and delivery of services, ranging from mandated participation, use of focus groups, and providing health professionals with opportunities to collaborate with adolescents.

POLICY GOAL TWO

Improve Adolescent Environments

The role of environments in affecting adolescent health has emerged as one of the most frequently discussed policy areas. Environment refers to the formal and informal settings and institutions where adolescents spend most of their time or which significantly impact on their lives; key examples include the family, school, religious organizations, neighborhoods, and community settings. Economic trends and discrimination are also important environmental influences. These contextual factors are increasingly associated with positive and negative effects on adolescents' environments and their resultant behavior.

Despite recognition that settings affect behavior, most policy efforts have focused on improving adolescent health and well-being through changing individual behavior without emphasizing the social context of their lives. There is broad consensus among different policy groups that two strategies are needed: one that targets the settings of family, school, and neighborhood, and another that emphasizes comprehensive approaches to assure broad environmental changes.

Families, and the environments they create for adolescents, are seen as a critical force in shaping the experiences of adolescents. At the same time, as a result of economic and social developments, the American family has undergone major transitions which often result in symptoms of inadequate parenting. Many recommendations are geared to providing economic and social support to parents to enable them to enhance their abilities to parent their adolescents. Others recognize

that the lack of support for families has often resulted in social institutions becoming surrogate families. Additional mentoring and afterschool programs will be needed to help adolescents. Many of these strategies can further reinforce the efforts of families.

There is also recognition that a number of institutions will need to work together to improve the life environments of adolescents, and that there is a need to greatly reduce environmental hazards, such as access to firearms, alcohol and tobacco, and unsafe driving conditions, which contribute to the mortality and morbidity patterns evident in adolescents.

Recommendation 1.

Strengthen, support and preserve families

Adopt a broad-based commitment to families with adolescents.

Recommendations reflect the need to strengthen societal commitments to families and, in turn, families' commitments to adolescents. Many of the family environments are in trouble themselves, due to economic changes. Many recommendations aim at supporting families so that they can be more involved with their children, from early infancy throughout adolescence.

Establish policies to strengthen and support families.

There is consensus that parents' time commitment to adolescents must increase and that family supports must be widely available, so that families can spend more

time together, receive intensive services and benefit from broad-based efforts to address their multiple needs. Workplace policy changes in flexibility, such as family leave, are essential so that time commitment does not compete with financial commitment. Family support through family preservation, family therapy, mental health counseling services and case management is deemed critical.

Recommendation 2.

Improve the social and economic conditions of families

Develop income support policies for families.

Family income is considered to be the most pervasive and important aspect in determining the environment of the adolescent and in defining opportunities, as well as limitations. The revision of income support programs and tax reforms is consistently recommended, including the Earned Income Tax and Child Care Credits. Non-custodial parent support, especially in teenage families, is another key area, as previous welfare policies appear to have discouraged establishing paternity.

Increase opportunities for self-sufficiency

Recommendations focus on low income families and the need to financially support employment options that promote the successful transition from welfare programs. Employer incentives for establishing additional community employment opportunities are seen as a potentially useful strategy. Developing fatherhood programs that combine training with other non-cash contributions, such as child care, were encouraged as legitimate ways of meeting parental obligations.

Recommendation 3.

Improve community environments and resources

Strengthen the role of community institutions in the lives of adolescents.

Recommendations center on increasing the availability of community sites to provide adolescent activities and on strategies to increase community-based planning, collaboration and responsibility for adolescents.

Expand the resources and capacity of communities to conduct planning, implementation and evaluation activities.

Recommendations include making needs assessments an ongoing part of assessment processes, tailoring needs assessments to individual communities, focusing on community strengths, and establishing specific objectives to be addressed by these assessments and evaluations.

Recommendation 4.

Encourage understanding and prevent discrimination

Implement specific anti-discrimination measures and practices.

Few of the national recommendations aim to eliminate or ameliorate the effect of discrimination on adolescents. However, a number of strategies are proposed, including addressing the inequities in school funding, the enforcement of state and federal legislation guaranteeing civil rights, increasing the use of role models for disabled adolescents, using hiring incentives, supporting independent living programs, and supporting community programs that can decrease gender stereotypes.

Educate and train health professionals and others to be responsive to the needs of diverse adolescents.

The importance of training for both health providers and others working with adolescents, including cultural competency training, is consistently recommended by several groups. Awareness of the social, cultural and ethnic diversity of adolescents is critical for the delivery of quality health care and other services. Experiential learning as part of formal education and training efforts tailored to the needs of local populations are also necessary. Training in order to increase sensitivity to adolescents, especially those representing special populations, should be integrated into the curricula of students in the health sciences and other professional schools.

Develop and enforce restrictions to improve environmental conditions and reduce hazards.

Restricting gun ownership and access to alcohol and tobacco, as well as assuring that adolescents adopt social norms that prevent driving while under the influence of alcohol, are key recommendations.

Recommendation 5.

Reduce exposure to unhealthy conditions and behaviors including violence

Develop interventions that target environmental conditions and hazards.

Limiting access to firearms, reducing access to the means of suicide and homicide, and developing community-based violence prevention programs are strategies that reflect the greatest consensus. Other strategies address reducing parental drug use, increasing levels of adult supervision to reduce the risk of drug use among adolescents, improving the physical appearance of the community, appointing youth to local task forces and crime prevention programs, and incorporating law-related curricula in schools.

POLICY GOAL THREE

Increase the Role of Schools in Improving Adolescent Health

These recommendations reflect a consensus that a broad-based expansion of school and health services may provide a critical link between adolescents and needed services. There is a strong consensus that a successful educational experience is an important strategy for improving adolescent health and well-being, and that educational institutions have a vital role to play in this endeavor.

Recommendation 1.

Promote educational policies that encourage success for all students

Implement policies and practices that support adolescents' achievements.

Changing staffing patterns so that educators have additional time to develop closer relationships with students, to work with troubled youth, to form teacher-student teams, and to work as supervisors is recommended to address a structural block to deeper teacher involvement with students.

Other recommendations include developing middle school transition programs, creating smaller "school within school" programs, hiring guidance counselors sensitive to cultural and social issues, and strengthening work study options. In addition, educators are encouraged to develop and use curricula that teach diverse, useful skills that enable students to be successful both during school and after graduation (including constructive communication training, parenting education, critical thinking skills).

Recommendations call for a re-evaluation of school practices that create barriers to learning and making changes to assure resource equity across school districts. School practices such as tracking, corporal punishment, retention policies, use of less qualified teachers in areas with students with higher needs, and implementing school choice need to be reviewed.

Implement policies that focus on staff training and development.

Recommendations fall into two categories. The first addresses training teachers to be effective, sensitive and responsive when working with diverse youth, and providing training in the specific areas of health promotion, adolescent sexuality, working with families, and cultural sensitivity. The second addresses the need to increase the health-focused training of professionals by increasing the role of state adolescent health coordinators, health educators and school nurses.

Recommendation 2.

Link schools with families and with communities

Strongly encourage parental and family involvement in the schools.

The importance of building on the overlapping roles of parents and schools is emphasized in these recommendations. Strategies include engaging parents through creating mutual school and parental responsibilities, giving parents a meaningful role in school governance and curriculum development and supporting learning in the home. They also stress the importance of providing services to parents and the community, such as literacy programs, volunteer opportunities and sponsored community events. Providing special services for teen parents is also highlighted.

Encourage community involvement with schools.

Several recommendations focus on linking schools with community organizations, including social service agencies, private and public sector providers, religious organizations, local government, interested individuals and the business community. Other recommendations focus on linkages between the schools and the youth themselves, providing mentoring and community service opportunities.

Recommendation 3.

Develop comprehensive educational policies that include health

Implement policies that link health and educational goals.

Prioritizing health issues within educational planning, primarily through efforts sponsored by state and local school boards, regional planners and individual educators, is the most important strategy proposed for implementing this recommendation. Many recommendations concern the development of comprehensive, health-based curricula, that include such topics as nutrition, physical activity and fitness, driver education, oral health, alcohol and drug use prevention, health promotion, injury prevention, STD/HIV prevention, avoidance of risky behaviors, and non-violent conflict resolution.

Recommendation 4.

Establish school-based health clinics (SBCs) and school-linked health centers (SLHCs)

Develop a rationale for the delivery of health services in school sites.

Many of these recommendations were made when SBCs and SLHCs were undergoing a rapid phase of growth, and addressed the start-up phase of what are now over 800 school-based clinics and several hundred school-linked services. The underlying theme of linking schools to outside agencies in a community-based planning process is highlighted as a successful strategy that facilitates access to needed services.

POLICY GOAL FOUR

Promote Positive Adolescent Health

Recommendations promoting positive social norms focus on increasing opportunities for youth that help to assure the development of healthy behaviors and life-long skills, and developing programs directed at both prevention and health promotion. Important societal attitudinal shifts are needed to encourage adolescents to choose healthy lifestyles. Additional efforts are also required that emphasize positive aspects of adolescence, and the necessity of assuring a skills-based approach to assure the adoption of positive health behaviors.

Increasingly, adolescent behavior, both positive and negative, is seen as being shaped by external influences, such as school transitions and family stability. Thus, a shift is needed from a narrow focus on individual behavior to one in which both the individual and his or her environment are seen as playing an interactive role in the development of lifelong skills and in the adoption of health promoting behaviors.

The view of adolescence has shifted from a period dominated by turbulence to one in which opportunities to develop lifelong behaviors and skills can be maximized. As a result of this shift, positive aspects of adolescent health and behavior have gained greater attention in program development and policy efforts, although changing behaviors which are perceived to be negative or risky continue to receive much focus. Since contextual factors are seen as playing a large role in influencing adolescent development and behavior, the need for increased adult involvement in supporting adolescents and increased

adult responsibility for adolescent well-being has gained greater policy attention. Helping adolescents find a meaningful role is redefined as a societal responsibility. Therefore, it is important to create support for adolescent health issues beyond the traditional health and educational sectors into the broader society.

Recognition that risk-taking is a normative part of adolescent development has increased the need to develop strategies which encourage exploratory behaviors and the development of additional life skills and goals through constructive outlets and opportunities. Adolescence offers a unique opportunity to develop or enhance resiliency and independent thinking skills. It is essential to provide adolescents with opportunities and the motivation to select positive behaviors and the skills necessary to incorporate these behaviors into their lifestyle.

Recommendation 1.

Create adolescent-positive societal norms and commitment to health issues

Mobilize all sectors of society in supporting adolescent health promotion.

Consensus exists regarding both the need to develop a strong advocacy base on behalf of adolescents and the notion that adolescents are misperceived in terms of their ability to choose health-enhancing lifestyles and to access health-related services. While the roles of health professionals, educators and the private sector, (including the business community), are seen as vital, media, the entertainment

industry, public officials, the religious community, other community members and adolescents themselves also have roles to play. Enhancing support for adolescents is reflected in three arenas: 1) giving them priority in policy and programmatic efforts; 2) raising public consciousness about adolescent issues, including correction of misconceptions; and 3) advocating to change business practices in areas that can negatively influence adolescents, such as the entertainment industry and marketing practices.

Create a supportive environment for promoting adolescent health.

Changing business practices that are perceived as harmful to adolescents is strongly recommended. These recommendations include regulating both program content and amount of advertising in television, preventing distribution of harmful materials by the record industry, reducing the amount of advertising by tobacco, alcohol and other harmful substances, and increasing the portrayals of responsible sexuality and contraception. Highlighting the potential of health education and prevention programs to prevent or ameliorate adolescent health problems is necessary. Disseminating information to policy makers on the cost-effectiveness of such programs is seen as a proactive step to encourage the additional funding of such programs.

Recommendation 2.

Create opportunities for adolescents to engage in healthy behaviors

Maximize opportunities for adolescents to engage in healthy behaviors.

Providing adolescents with positive behavioral choices and access to education and skill training to meet developmental needs are two means of promoting positive behaviors. These need to be reinforced throughout every major sector intersecting with adolescents, including education, media, families, and the broader society. Providing accurate and accessible information to help adolescents make appropriate and health promoting decisions, especially related to sexual behavior, mental health problems, or substance abuse is also seen as important. Adolescents also need to be active partners in helping to determine the content of their health care.

Education and skill training for adolescents focus on 1) developing broad-based life skills, including assertiveness and decision-making training; 2) developing skills to resist peer pressure or abusive situations; 3) self-esteem training; and 4) special life skills education, counseling, and employment training. Those most in need of life skills training are perceived to be out-of-school youth, adolescents who are sexually active or considering early sexual activity, and adolescents at risk for sexual exploitation.

Recommendation 3.

Promote adolescent health

Enhance the visibility to adolescent health issues and positive aspects of adolescents.

Adolescence is an important period in which health promoting behaviors can be adopted which will positively affect adult health. Recognition of this opportunity focused many recommendations on early intervention for mental health problems, sexuality, HIV/AIDS prevention, and violence prevention. Involving the media to reinforce these messages is seen by many as an important adjunct, although no group specifies how such messages would be marketed or funded.

Make commitments to adolescents and adolescent health issues.

Critical aspects in planning and conducting health promotion and disease prevention programs rely on multiple level interventions that use a variety of strategies, such as changes in social policy, media messages and marketing campaigns. Adolescents must be treated as individuals and as part of the broader context of their families and other institutional settings. Health promotion and prevention services need to include the following components: affordability, convenience, and cultural competence. Adolescents also need skills to incorporate health promoting changes in their lives, as well as in their environments. People who interact with adolescents should be enlisted to support them. Adolescents should have increased contact and involvement with people of all ages.

POLICY GOAL FIVE

Improve Adolescent Transition to Adulthood

Adolescents need to learn about the expectations that society holds for adults and have opportunities to practice taking adult roles. These experiences, in turn, are thought to be crucial in encouraging their positive transitions from adolescence to adulthood. Currently, adolescents have few opportunities to interact in meaningful ways with adults or with societal institutions in a non-punitive context. Adolescents also need to form meaningful connections to the institutions with which they will interact as adults.

The lack of these experiences contributes to an increasingly disengaged adolescent population. There is consensus for the need to expand adolescents' opportunities to engage in meaningful ways in the adult world and to explore their community roles and working options. These opportunities should flow naturally within the settings they encounter daily.

Increasing understanding of the broader economic forces which contribute to high unemployment rates among adolescents and young adults will require an expansion of efforts to link adolescents both in and out-of-school to community employment opportunities. In addition to employment skills, many adolescents require other skills that will enable them to live and prosper independently as they transition to adulthood.

Recommendation 1.

Enhance life options

Provide adolescents with meaningful pathways to educational opportunities.

A social contract, with the promise of real rewards for positive behaviors, must exist for adolescents. If employment and other opportunities are made more readily available, adolescents also need to commit themselves to hard work and perseverance in both their intellectual pursuits and personal goals. Establishing social relationships with adults, learning cooperative skills, and gaining respect for diversity are also beneficial to adolescents' future interactions as adults. There is consensus that adolescents, particularly ethnic and minority youth, need to be encouraged to pursue academic goals.

Recommendation 2.

Create community involvement and service opportunities

Actively engage adolescents in their everyday settings.

There is widespread concern that adolescents are increasingly disengaged from the community institutions that surround them and that this disengagement is harmful to healthy development. Schools, which provide the most accessible institutional bridge, should promote community participation by identifying appropriate opportunities for adolescents to engage in community service. Because few communities have the resources to

provide sufficient programs, expanding the network of community service programs will require both government and private sector support. Adolescents need support in developing successful community programs and establishing a youth agenda. Mentoring programs were specifically identified as a means of assuring that every adolescent has at least one genuinely supportive adult in their lives.

Recommendation 3.

Create employment opportunities

Establish meaningful employment opportunities for adolescents while they are still in school.

Important shifts in the labor market and the national economy have reduced the availability of jobs for semi- or unskilled workers, and have also resulted in an increased number of part-time positions that often do not provide adequate income or insurance benefits. Increased understanding of the broader economic forces which contribute to high unemployment rates among adolescents and young adults has led to a recommended expansion of efforts to link adolescents both in and out-of-school to community employment opportunities where they can gain transferable employment skills. Schools are the institution most often targeted for transition programs, although community-based programs for out-of-school youth are also described.

There is clear consensus that a variety of school-to-work programs need to be implemented in schools and in community workplaces. Such programs should be comprised of educational and vocational training, as well as apprenticeships, with most available programs based on

successful vocational training models. These programs should be incorporated into the academic curriculum. Addressing career and employment issues early in adolescents' academic studies helps to assure that youth are given ample opportunity to imagine themselves in a variety of potential employment positions, before they have narrowed their choices. Many of these efforts require partnerships between government at all levels and business and community alliances.

Recommendation 4.

Facilitate independent living

Support adolescents in their efforts to establish independent living skills.

An increasing number of parents are unable to care for adolescents because of their own economic hardship, drug and alcohol dependence and other factors. "Independent living" in this context refers primarily to establishing settings outside the family or the foster care system which may be transitional. For example, the foster care system needs to provide alternatives to the existing array of services. Providing opportunities for independent living requires both systems changes and programs targeted at individual behavior. Services also need to be improved for adolescent parents, enabling adolescent and young adult fathers to gain employment so that they can contribute to their children's and/or family's economic support, as well as providing more general support for adolescent parents, including parenting education and counseling, housing, and child care.

POLICY GOAL SIX

Improve Collaborative Relationships

The themes of coordination and collaboration across different levels of government, communities, and the private sector are interwoven throughout many recommendations. The recommendations acknowledge that there are a number of ways to operationalize such concepts. First, efforts that focus on improving the functioning of the current system are needed. Examples include more effective information sharing and service coordination. Second, new systems need to be designed that facilitate the establishment of collaborative policies across several sectors concerned with adolescent health.

Recommendation 1.

Improve government-level collaboration

Assure an active role of the federal government in establishing collaborative models.

Increasing the federal government's role in improving adolescent health is a common theme. Since many of the recommendations were made, an Office of Adolescent Health was established within the Maternal and Child Health Bureau of the Health Resources and Services Administration in 1995. Inter-agency efforts were also recommended. Collaboration among federal, state and local governments was also stressed, reflecting the need for higher levels of government to support local initiatives and to increase consistency across policies and programs.

Assure an active partnership between the state and federal government.

All state-level recommendations focus on developing coordinating mechanisms to provide oversight, monitor progress and make recommendations for adolescent-related services, programs and policies. The importance of state government and community level partnerships for decision-making and priority setting is also stressed.

Recommendation 2.

Improve public-private collaboration

Establish formal links between government and private sector

A number of recommendations identify the important role of private funding sources in initiating more collaborative and flexible programs, which strengthen and stabilize the funding base for youth development organizations. The importance of building local or nationally-level partnerships and networks of private sector organizations is also stressed.

Recommendation 3.

Improve community-level collaboration

Expand inter-agency efforts aimed at increasing improved service coordination.

These recommendations reflect the general consensus that a participatory approach is essential for collaboration among all community members. The three primary goals are to develop local

advisory groups or community councils, to facilitate the development of collaborative efforts by various institutions in the community, and to develop community or neighborhood initiatives directed at specific problems affecting youth.

Recommendation 4.

Improve inter- and intra-professional level collaboration

Expand staff training to assure improved service collaboration.

Trained professionals, including health care providers, educators, business leaders, government employees, and other stakeholders, need to have the flexibility within their work schedules to pursue collaborative relationships. They also need further assurance that their collaborative efforts will have a direct impact on service delivery.

Cross-Cutting Themes and Next Steps

Drawing together the main points and areas of consensus across the recommendations helps to determine what additional steps are necessary to improve the health of adolescents. We need to consider how our country's political will expedites or impedes our planning efforts, determine ways that available resources can be maximized, and establish an approach for priority setting that can improve the health of adolescents. In previous efforts, few proposals outlined specific steps needed to implement the proposed recommendations. While each community represents a unique entity, the steps required for planning and implementation can be used across a wide variety of sites.

Relatively little guidance is provided to help communities assess which strategies best fit their own community environment, resources, and commitment to the issue. Implementation is also hindered by lack of access to information on model programs, and lack of systemic training and technical assistance. Six cross-cutting themes emerge that draw together these main points; they are described below.

Cross-Cutting Theme 1.

A systemic approach to prioritizing the health and well-being of adolescents is needed on a national level.

A clear set of goals and priorities needs to be established to help mobilize both the public and private sectors to improve adolescent health. A number of barriers exist to creating consensus. First, our society is ambivalent about adolescents and the roles government should

play in their lives. There is a strong preference for families to take the lead in guiding the next generation of adults; however, parents are often not equipped with the knowledge and skills needed to raise adolescents.

Second, the major biological and psychological changes occurring throughout adolescence often test adults' limits and comfort, resulting in negative societal response. Yet, these developmental changes are predictable, sequential, and normative.

Third, many of the health, social and educational supports require long-term investment, rather than brief episodic and categorical responses. Thus, policy makers' funding timelines and desire for simple solutions often interfere with the types of necessary strategies. Combined with the lack of knowledge regarding successful models of interventions that either prevent or ameliorate adolescent health problems, such lack of commitment to long-term investment contributes to a sense that little can be done.

Cross-Cutting Theme 2.

System coordination to reduce fragmentation and maximize existing resources at the local, state and federal levels is necessary.

The degree of fragmentation faced by adolescents, their families and the network of service providers is highlighted in many reports. Creating effective linkages is often suggested as a means to reduce this problem, with increasing system coordination through inter-agency collaboration as the most viable

approach. Few substantive strategies are described for overcoming existing barriers. Since most of these recommendations were made, collaborations have emerged, including those bringing together schools and health care providers. However, little information exists to document their effectiveness.

Cross-Cutting Theme 3.

Effective use of resources through blending of existing funding mechanisms, joint collaborative efforts to help maximize existing funding, and the development of additional, sustainable funding to meet major gaps in the field of adolescent health is recommended.

Few recommendations focus on the issues of program sustainability and fiscal accountability. While the number of adolescents is increasing and their health and social needs continue to grow, it is particularly difficult to meet service gaps. The harnessing of multiple funding streams to pay for health services has often contributed to the fragmentation of service provision and the creation of a complicated maze for adolescents to navigate. In response, recommendations call for integration of services and blending of different funding streams to reduce administrative costs. Again, evaluation of such recommendations is lacking, and thus its impact cannot be assumed.

Cross-Cutting Theme 4.

A greater programmatic focus on primary prevention and early intervention, which is substantiated and shaped by rigorous research, is needed.

Many recommendations concern adolescents whose problems reflect complex behavioral, social and economic conditions. While much importance is ascribed to treatment (as opposed to preventive services), few recommendations address how to pay for both types of services, assure continuity of care, and ensure that greater numbers of adolescents in need of services will have access to the array of needed care. Again, evaluation is lacking, especially of the effects of primary prevention efforts. Current evaluations of clinical preventive services will likely help to illuminate the contributions of the provision of preventive services to adolescents. This information will be critical in determining which services should be included as part of benefit packages. As the health care system shifts to managed care and the concern regarding health care expenditures increases, advocates for a comprehensive array of services will need additional research findings to support the inclusion of preventive services.

Cross-Cutting Theme 5.

Increase the role of families and other meaningful adults who play a critical role in the lives of young people, and who should be supported in their efforts to help adolescents successfully make the transition through and beyond adolescence.

One of the most critical themes woven throughout the recommendations concerns the importance of families in anchoring the lives of adolescents and in creating the initial environment in which they receive emotional, social, and economic support. The proposed recommendations recognize that many families face a number of economic, social and environmental stresses that place them in jeopardy of being able to fulfill their expected roles to adequately parent their children.

Workplace changes are proposed, including providing parents with increased flexibility in their work day so that they may be more readily available to their children after school and during school vacations. Many of these recommended changes are inconsistent with the dramatic changes in the roles of American women as workers, or traditional expectations related to the roles of fathers. There are neither mechanisms nor policy options described for helping to change societal standards for appropriate parenting. This is in part due to the traditional approach to the family wherein government involvement or intervention would be considered stepping over the boundaries of the privacy and responsibilities of the family. This has resulted in most recommendations focusing on treating the symptoms of inadequate parenting through intensive support programs, rather than prevention.

Cross-Cutting Theme 6.

A systemic approach to build a national policy on adolescents is needed.

A review of the 1,000 recommendations and strategies confirms that a comprehensive Adolescent Health Policy has not been implicitly articulated. Such a framework may not even be feasible to establish on a national level, where a formal, comprehensive public policy for health does not exist. It appears that there is too little consensus or commitment to build such a policy; the country has too little experience developing comprehensive policy for any number of important areas. Generally, policies are developed in response to a problem, and if the problem is perceived as serious enough, funding is devoted to it. Far fewer efforts are directed at primary prevention.

Many of the funding efforts to date have treated the health problems of adolescents in a fragmented manner, with limited recognition of all the interwoven causes and effects. Few previous efforts have addressed income distribution and access to resources, poor educational experiences, and limited job and other life opportunities. Often, previous prevention efforts focused merely on providing information and education, sometimes resulting in adolescents receiving fragmented and disconnected messages from different stakeholders in their lives.

As adolescent health has been reconceptualized over the past decade, making it broader in scope, the necessity of including physical and mental health has been recognized, as well as the social and cultural context of young peoples lives. As a result, society's approach to improving adolescent health will require

the involvement of multiple sectors and not merely health professionals. At the same time, there has been a shift from approaching adolescent health from a single dimension to a recognition that complex problems often require multiple strategies that are tailored to specific subgroups of adolescents who may need different levels of intervention. Such interventions will require an expansion and enhancement of efforts that incorporate knowledge, access, skill development and motivation of adolescents.

New Trends

The recommendations reviewed need to be considered in light of significant changes in the social, political and economic environments that have developed since most of the recommendations were proposed. Important trends include the following areas, which are likely to have a significant effect on the implementation of any of the proposed recommendations.

- Managed care will continue to grow throughout the country, affecting the sources of health care available for adolescents. Health care providers working in the context of managed care organizations may likely have more constraints placed on their time, thus, they will be less able to pursue the types of collaborative relationships and partnerships that are increasingly being recognized as being needed. Managed care organizations have the potential opportunity, however, of playing a leadership role in this arena as the potential cost-effectiveness of investing in adolescent health becomes increasingly apparent.

- Communities will need to develop mechanisms for individually designed services that are simultaneously comprehensive, intense, and of tailored length. In order to meet the health, social, and educational needs of individual adolescents and their families, a variety of “wrap-around” services are needed. For example, case management, tutoring, and mentoring programs reflect services that are able to fill in existing gaps. Developing comprehensive interventions for adolescents often requires multiple components. However, categorical funding streams, with their own unique eligibility requirements, have often prevented communities from developing the types of interventions that are clearly needed. Flexible and accountable financing mechanisms that support such tailored interventions for adolescents and their families need to be established.

- An increasing shift in political and fiscal decision-making from the federal to the state, county and local levels is occurring. For example, such shifts are underway in the areas of welfare reform and child health insurance. As a result, there will be concerns about inconsistencies and lack of standards across the country, as well as the effects on local resources, which will be drawn upon in greater proportion. A stronger focus on establishing local control and increasing community involvement will likely emerge.

- Strong demographic shifts will affect available resources. An important demographic change will be the significant increase in the number of adolescents living in this country, particularly adolescents representing diverse ethnic and racial groups. However, adolescents will continue to represent a smaller percentage of the overall population with the increased life expectancy and aging of the “baby boomers”.
- Significant technological changes will make training and other educational opportunities for all adolescents even more important. Without increasing access to technology for all sectors of the adolescent population, there will be an increasing socio-economic schism between groups of adolescents resulting from the technological advantages available only for certain groups.

New efforts will need to consider the increasingly complex social problems affecting youth, while simultaneously responding to a growing cynical sense that relatively little can be done about the issues facing adolescents. Ensuring the healthy growth and development of adolescents requires the commitment of the full range of institutions that interact with and have a profound effect on youth. The strengths of adolescents, families, and communities, as well as their shortcomings, must be acknowledged. We must find ways to build on strengths to develop viable, often grassroots, solutions to perceived problems. Our policy agenda must ally the health, education, job training, business and social service sectors with adolescents, families and communities. Our public policies must support these integrated, coordinated approaches.

References

- American Academy of Pediatrics, Committee on Adolescence. (cited as Beach, R.K., Boulter, S., Felice, M.E., Gotlieb, E.M. et al.). (1992). Firearms and adolescents. *Pediatrics*, 89: 784-786.
- American Academy of Pediatrics, Committee on Adolescence. (cited as Sanders, J.M., Brookman, R.R., Brown, R.C., Greene, J.W., et al.). (1987). Alcohol use and abuse - A pediatric concern. *Pediatrics*, 79: 450-452.
- American Academy of Pediatrics, Committee on Adolescence. (cited as Schonberg, S.K., Beach, R.K., Brookman, R.R., Felice, M.E., et al.). (1990). Contraception and Adolescents. *Pediatrics*, 86:134-138.
- American Academy of Pediatrics. (1989). Confidentiality in adolescent health care. *AAP News*, April: 104. Washington, DC.
- American Academy of Pediatrics. (1994a). Principles to link by - integrating education, health and human services for children, youth, and families: Systems that are community-based and school-based. Final Report. Washington, DC: American Academy of Pediatrics.
- American Academy of Pediatrics. (Johnson, R. L. Ed.). (1994b). Report of the AAP task force on minority children's access to pediatric care. Elk Grove, IL: American Academy of Pediatrics.
- American Cancer Society. (1992). National Action Plan for Comprehensive School Health Education. Atlanta, GA: American Cancer Society.
- American Medical Association. (Elster, A., Panzarine, S. & Holt, K. Eds.). (1993). American Medical Association State-of-the-Art Conference on Adolescent Health Promotion: Proceedings. Arlington, VA: National Center for Education in Maternal and Child Health.
- American Medical Association, Council on Scientific Affairs. (1993). Confidential health services for adolescents. Chicago, IL. *Journal of the American Medical Association*, 269: 1420-1424.
- American Medical Association, Department of Adolescent Health. (cited as Fleming, M.). (1996). Healthy youth 2000: A mid-decade review. From Healthy People 2000- National health objectives. Chicago, IL: American Medical Association.
- Association of Maternal and Child Health Programs. (1993). Position Paper on Adolescent Health. Washington, DC: Association of Maternal and Child Health Programs.
- Bearinger, L.H. & McAnarney, E.R. (Eds.). (1988). Integrated community health delivery programs for youth: Study group report. In *Health Futures of Youth* [Special issue]. *Journal of Adolescent Health Care*, 9: 36S-40S.

Blum, R. & Smith, M. (Eds.). (1988). Training of health professionals in adolescent health: Study group report. In Health Futures of Youth [Special issue]. *Journal of Adolescent Health Care*, 9: 46S-50S.

Carnegie Council on Adolescent Development, Task Force on Education of Young Adolescents. (1989). *Turning points: Preparing American youth for the twenty-first century: The report of the Task Force on Education of Young Adolescents*. New York: Carnegie Corporation of New York.

Carnegie Council on Adolescent Development, Task Force on Youth Development of Community Programs. (1992). *A matter of time: Risk and opportunity in the non-school hours*. New York: Carnegie Corporation of New York.

Carnegie Council on Adolescent Development. (1995). *Great transitions: Preparing adolescents for a new century. Concluding report of the Carnegie Council on Adolescent Development*. New York: Carnegie Corporation of New York.

Carnegie Task Force on Meeting the Needs of Young Children. (1994). *Starting points: Meeting the needs of our youngest children; the report of the Carnegie Task Force on Meeting the Needs of Young Children*. New York: Carnegie Corporation of New York.

Children's Defense Fund. (1990). *Latino youth at a crossroads*. Washington, DC: Children's Defense Fund.

Cornell University Medical College Conference on Health Policy. (Rogers, D.E. & Ginsberg, E., Eds.). (1991). *Adolescents at risk: Medical and social perspectives*. Cornell University Medical College Conference on Health Policy. Boulder, CO: Westview Press.

Institute of Medicine, Division of Health Promotion and Disease Prevention, Committee on Unintended Pregnancy. (Brown, S.S. & Eisenberg, L., Eds.). (1995). *The best intentions: Unintended pregnancy and the well-being of children and families*. Washington, DC: National Academy Press.

Irwin C.E., Jr. (Ed.). (1987) *Adolescent Social Behavior & Health: New Directions for Child Development*, No. 37. San Francisco: Jossey-Bass.

Irwin, C.E. Jr. & Vaughan, E. (Eds.). (1988). Psychosocial context of adolescent development: Study group report. In Health Futures of Youth [Special issue]. *Journal of Adolescent Health Care*, 9: 11S-19S.

Jack, M.S., Lear, J.G., & Klerman, L. (Eds.). (1988). Organization of adolescent health services: Study group report. In Health Futures of Youth [Special issue]. *Journal of Adolescent Health Care*, 9: 33S-35S.

National Commission on Children. (1991). *Beyond rhetoric: A new American agenda for children and families: Final report of the National Commission on Children*. Washington, DC: National Commission on Children.

National Commission on the Role of the School and the Community in Improving Adolescent Health. (1990). Code blue: Uniting for healthier youth. Arlington, VA: National Association of State Boards of Education and the American Medical Association.

National Institute of Nursing Research, Priority Expert Panel on Health Promotion. (1993). Health promotion for older children and adolescents: A report of the NINR priority expert panel on health promotion. (NIH Publication No, 93-2420) Bethesda, MD: U.S. Dept. of Health and Human Services, U.S. Public Health Service, National Institutes of Health.

National Research Council, Panel on Adolescent Child Bearing and Pregnancy. (1987). Risking the future: Adolescent sexuality, pregnancy, and childbearing. Washington, DC: National Academy Press.

National Research Council, Panel on High-Risk Youth. (1993). Losing generations: Adolescents in high-risk settings. Washington, DC: National Academy Press.

Orr, D.P. & Hodgman C. (Eds.). (1988). Hormonal aspects of normal and abnormal behavior in adolescents: Study group report. In Health Futures of Youth [Special issue]. Journal of Adolescent Health Care, 9: 20S-26S.

Parcel, G.S., Muraskin, L.D., & Endert, C.M. (Eds.). (1988). Community education: Study group report. In Health Futures of Youth [Special issue]. Journal of Adolescent Health Care, 9: 41S-45S.

Resnick, M.D. & Hibbard, R. (Eds.). (1988). Chronic physical and social conditions of youth: Study group report. In Health Futures of Youth [Special issue]. Journal of Adolescent Health Care, 9: 27S-32S.

Society for Adolescent Medicine. (cited as Anglin, T.M.). (1988). School-based health clinics - A position paper of the Society for Adolescent Medicine. Journal of Adolescent Health Care, 9: 526-529.

Society for Adolescent Medicine. (cited as Emans, S.J., Brown R.T., Davis, A. & Felice, M.). (1991). Reproductive health care for adolescents - A position paper of the Society for Adolescent Medicine. Journal of Adolescent Health, 12: 649-661.

Society for Adolescent Medicine. (cited as Farrow, J.A., Deisher, R.W., Brown, R. & Kulig, J.W.). (1992a). Health and health needs of homeless and runaway youth - A position paper of the Society for Adolescent Medicine. Journal of Adolescent Health, 13: 717-726.

Society for Adolescent Medicine. (cited as Greydanus, D.E., Pratt, H.D., Greydanus, S.E. & Hofmann, A.D.). (1992b). Corporal punishment in schools - A position paper of the Society for Adolescent Medicine. Journal of Adolescent Health, 13: 240-246.

Society for Adolescent Medicine. (cited as Klein, J.D., Slap, G.B., Elster, A.B. & Schonberg, S.K.). (1992c). Access to health care for adolescents - A position paper of the Society for Adolescent Medicine. Journal of Adolescent Health, 13: 162-170.

Society for Adolescent Medicine. (cited as Blum, R.W., Garell, D., Hodgman, C.H. & Jorissen, T.W.). (1993). Transition from child-centered to adult health-care systems for adolescents with chronic conditions - A position paper of the Society for Adolescent Medicine. *Journal of Adolescent Health*, 14: 570-576.

Society for Adolescent Medicine. (cited as D'Angelo, L.J., Brown, R., English, A. Hein, K. et al.). (1994). HIV infection and AIDS in adolescents - A position paper of the Society for Adolescent Medicine. *Journal of Adolescent Health*,15: 427-434.

U.S. Congress, Office of Technology Assessment. (1991a). Adolescent health - Volume I: Summary and policy options. (OTA-H-468). Washington, DC: U.S. Government Printing Office.

U.S. Congress, Office of Technology Assessment. (1991b). Adolescent health - Volume III: Background and the effectiveness of selected prevention and treatment services. (OTA-H-466). Washington, DC: U.S. Government Printing Office.

U.S. Congress, Office of Technology Assessment. (1991c). Adolescent health - Volume II: Crosscutting issues in the delivery of health and related services. (DHHS Publication No. OTA-H-467). Washington, DC: U.S. Government Printing Office.

U.S. Department of Education. (1988). *America 2000: An education strategy*. Washington, DC: U.S. Department of Education. [out of print; revised 1992 version distributed to government depository libraries in microfiche].

U.S. Department of Health and Human Services, Public Health Service. (1991). *Healthy People 2000: National health promotion and disease prevention, progress review on adolescent/young adults*. Washington, DC: U.S. Government Printing Office.

U.S. Department of Health and Human Services. (1991). *Healthy Children 2000: National health promotion and disease prevention objectives related to mothers, infants, children, adolescents, and youth*. (DHHS Publication No. HRSA-M-CH 91-2). Washington, DC: U.S. Department of Health and Human Services, Public Health Service, Health Resources and Services Administration, Maternal and Child Health Bureau.

William T. Grant Foundation, Commission on Work, Family, and Citizenship. (1988). *The forgotten half: Pathways to success for America's youth and young families*. Washington DC: W.T. Grant Foundation.

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