

# Investing <sup>IN</sup> *Adolescent* Health

*A Social Imperative  
for California's Future*



## *Executive Summary*

A Strategic Plan *BY THE*

**California Adolescent  
Health Collaborative**

# Investing <sup>IN</sup> *Adolescent* Health

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*A Social Imperative for California's Future*

## Executive Summary

PREPARED BY:

Serena Clayton, Ph.D.

Claire Brindis, Dr.P.H.

Jill Hamor, M.P.H.

Hannah Raiden-Wright, M.S.W./M.P.H.

Claire Fong, B.S.

National Adolescent Health Information Center

Division of Adolescent Medicine,

Department of Pediatrics and Institute for Health Policy Studies,

School of Medicine, University of California, San Francisco

# Acknowledgements

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# California Adolescent Health Collaborative

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## *Participants in the Strategic Planning Process*

Colette Auerswald, MD  
Division of Adolescent Medicine,  
University of California, San Francisco

Steve Barrow  
Results Strategies and Advocacy Institute

Robert Bates, MD, MPH  
Maternal and Child Health Branch,  
California Department of Health Services

Victoria Berends  
California Project LEAN,  
Public Health Institute

Lea Ann Bernick, MHA  
Valencia Health Services, University of  
California, San Francisco

Jennifer Bing, MPA  
Health Initiatives for Youth

Lydia Bourne, RN, MA  
California School Nurses Organization

Anand Chabra, MD, MPH  
San Mateo County Health Services Agency

Gilberto Chavez, MD, MPH  
Maternal and Child Health Branch,  
California Department of Health Services

Charlene Clemens, MPA  
Family Service Agency of San Francisco

Joel Cohen  
California Research Bureau

Larry Cohen, MSW  
Children's Safety Network

Jeanne Finberg, JD  
Bay Area Legal Aid

MaeRetha Franklin, MBA, CPHQ  
Office of Women's Health, California  
Department of Health Services

Nancy Gelbard, MS, RD  
School Health Connections, California  
Department of Health Services

David Ginsburg, MPH  
Office of Family Planning, California  
Department of Health Services

Sandi Goldstein, MPH  
Alameda County Health Care Services Agency

Eldyne Gray  
Planned Parenthood, Los Angeles

Shanna Holland  
California Center for Childhood Injury  
Prevention, San Diego State University

Taj James  
Coleman Advocates for Children and Youth

Sharon L. Kalemkarian, JD  
Project Heartbeat, San Diego County Bar  
Association

Beth Kiernan, MPH  
University of California, San Diego Medical  
Center



Kathy Kneer  
Planned Parenthood Affiliates of California

David Lawrence  
California Center for Childhood Injury  
Prevention, San Diego State University

Leslie S. Linton  
Pre-Teen Health Project, San Diego State  
University

Jo Ann Madigan  
American College of Obstetricians and  
Gynecologists, District IX

Barbara Marquez, MPH  
Office of Community Challenge Grants,  
California Department of Health Services

Lynn McKibbin, PHN  
California Conference of Local Directors  
of Maternal, Child and Adolescent Health

Milton Morris, MPP  
Prevention Institute

James Muldavin  
California Center for Civic Participation  
and Youth Development

Charlotte Maxwell Newhart  
American College of Obstetricians and  
Gynecologists, District IX

Amanda Purcell, MPH  
California Project LEAN, Public Health  
Institute

Lani Schiff-Ross, LCSW  
San Joaquin County Public Health  
Services

Susan Rabinovitz, RN, MPH  
Division of Adolescent Medicine,  
Childrens Hospital Los Angeles

Jessica Reich  
Children Now

Caroline Roberts, MPH, RD  
School Health Connections, California  
Department of Education

Peggy Russo, MPH  
Peggy K. Russo and Associates

Don Saylor, MPA  
Board of Education, Davis Joint Unified School  
District

Margie Fites Seigle  
California Family Health Council, Inc.

Janet Shalwitz, MD  
San Francisco Department of Public Health

Ronda Simpson-Brown  
Cal-SAFE Program, California Department  
of Education

Terrence Smith, MD, MPH  
Maternal and Child Health Branch, California  
Department of Health Services

Robert Sparks, MD  
California Medical Association Foundation

Steven R. Sproger, LCSW, PhD  
Children's Medical Services Branch, California  
Department of Health Services

Don Taylor, MA  
Maternal and Child Health Branch, California  
Department of Health Services

Thelma King Thiel  
Hepatitis Foundation International

Janet N. Treat, PHN, MN  
Office of Family Planning, California  
Department of Health Services

Carol Turk-Henry, RN, BS  
Fresno Human Services System,  
Department of Community Health

Scott Vivona, MPA  
Maternal and Child Health Branch, California  
Department of Health Services

Amos White  
Political Consultant

Gayle Wilson, LCSW  
Center for Youth Policy and Advocacy

Joan Meis Wilson  
Healthy Community Forum

Tina Zenzola  
California Center for Childhood Injury  
Prevention, San Diego State University

# Understanding Adolescent Health: Issues & Approaches

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The health and well-being of California teens has a major impact on the overall social and economic health of our state. Today's teens are tomorrow's workforce, parents, and leaders, and their future is shaped by the opportunities we create for them today. Most parents make significant personal investments in their children's future. Yet as a society, we are not making the investments necessary to ensure the health and well-being of all of our youth.

*Investing in Adolescent Health: A Social Imperative for California's Future* provides a picture of the health and well-being of California's youth. It presents recommendations and strategies to move policy development at the state and local levels in three major directions:

- **Making youth a policy priority.**
- **Creating supports and opportunities for all youth.**
- **Improving services and service systems.**

*Investing in Adolescent Health* is a product of the California Adolescent Health Collaborative (AHC), a public-private partnership formed in 1996. With representatives from over 40 organizations and agencies, the AHC is working to mobilize forces across the state to improve adolescent health and well-being.

## WHY IS ADOLESCENT HEALTH A CRITICAL ISSUE IN CALIFORNIA?

### **Adolescent health problems result in great personal, social, and monetary costs.**

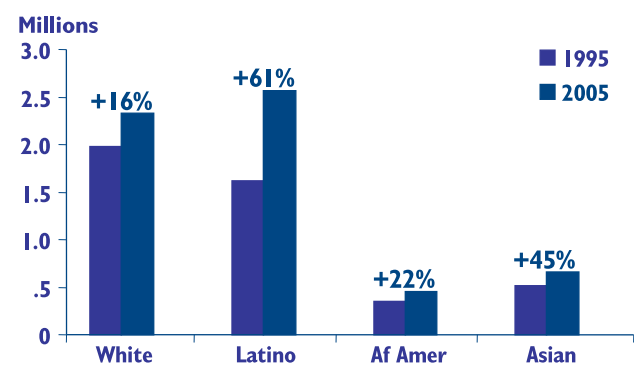
Adolescents are particularly prone to risk-taking and experimentation as they learn to manage new capabilities and greater freedom. These behaviors are often a normal part of establishing independence, but they can also lead to negative and potentially serious health consequences. Every year in California, approximately:

- 500 teens are killed in motor vehicle crashes.
- 170 teens commit suicide.
- 28,000 hospitalizations occur for mental health disorders among youth ages 10 to 19.
- 3,200 young people ages 13 to 20 are hospitalized due to assault.
- 59,000 teens become parents.
- 8.7 billion dollars are spent treating adults for tobacco-related illnesses caused by a habit that began in adolescence.

## California's adolescent population is growing, especially in communities where needs are greatest.

It is estimated that between 1995 and 2005, the number of youth ages 10 to 19 in California will grow from 4.4 to 6.0 million—a 34% increase. By contrast, this age group will grow by only 13% nationally. California's adolescent population, already among the most ethnically diverse in the nation, will become even more diverse. While the number of white youth will grow by 16%, the number of African American youth will grow by 22%, Asian youth by 45%, and Latino youth by 61% (Figure 1). The Native American youth population will grow by only 2%. Because the sheer number of adolescents in the state is increasing, and because this increase is greater among groups that often have poorer health outcomes and less access to health care, we can anticipate growing demands on the service system.

**FIGURE 1**  
**Growth in California's Adolescent Population, 10-19 between 1995-2005**



Source: California Department of Finance,  
*Race/Ethnic Population with Age and Sex Detail, 1970-2040*

## Adolescents benefit from supportive environments.

A growing body of research suggests that a wide range of adolescent health problems could be avoided by ensuring that all youth have support, connections, and opportunities in their communities. Adolescents are less likely to engage in risk behaviors if they:

- have a sense of physical, emotional, and economic security;
- have connections with adults and peers, in particular, a strong relationship with a caring adult;
- are able to make a contribution to the community and have input into decision-making;
- believe that others have high expectations of them; and
- have opportunities for participation in engaging and challenging activities that build skills and competencies.



## Adolescence offers an opportunity for prevention.

Many of the health and social problems we pay for as a society can be averted during adolescence.

- Sixteen percent of California AIDS cases occur among young adults, ages 20 to 29. Given the average 10 to 12 year latency period between HIV infection and the onset of symptoms, it is likely that many of these individuals were infected as teens.
- The teenage years are a critical time for the initiation of tobacco use. Ninety percent of current adult smokers started smoking during adolescence, and new evidence suggests that teens become addicted to nicotine more quickly than adults.
- Poor diet and physical inactivity are second only to tobacco as preventable causes of death among adults. These lifestyle habits are often formed in adolescence.
- More than half of all school-age children have untreated tooth decay, which is easily and inexpensively preventable.



## We can make a difference.

Risk behaviors such as substance use, early and unprotected sex, and drinking and driving, are not an inevitable part of adolescence. In fact, the leading causes of death among adolescents are preventable. The success of public initiatives in several areas illustrates the type of results we can expect to achieve with further public investment in effective prevention and intervention strategies.

- Motor vehicle safety is improving: motor vehicle deaths are lower than the national average and use of seat belts is higher.
- Teen birth rates fell by 28% from 1991 to 1998 and are now only slightly higher than national rates.
- Juvenile homicide arrests declined from 696 in 1991 to 308 in 1998.
- There has been a steady decline in the percentage of dropouts from California's public high schools across all ethnic groups.

Throughout the state, there is a significant amount of work taking place to improve the health and well-being of adolescents. This work includes broad initiatives, policy advocacy, service programs, as well as informal and personal efforts. In developing a comprehensive adolescent health strategic plan, it was important to identify common themes that bridged these different efforts. With the recognition that many adolescent health issues are rooted in a common set of social, environmental, and systemic factors, it becomes clear that addressing these factors will lead to positive outcomes in all domains of adolescent health. These core recommendations are designed to provide families, communities, service systems and teens with a strong foundation for improving adolescent health.

# Moving Forward: Eight Core Recommendations for Improving Adolescent Health

## **RECOMMENDATION 1:**

### **Build strong public support for investment in youth.**

1. **Establish an Office of Youth at the state level** that would work within and across departments to establish youth as a policy priority and increase public visibility of youth issues.
2. **Educate policymakers about youth** by providing them with information, encouraging legislators and agency heads to meet with youth, and conducting regular polling of youth.
3. **Increase public understanding of and support for teens** by working at the community level (for example through faith-based organizations, businesses, and organizations of older adults) to bridge the gap between youth and older generations; and educating community members about the needs of youth, the contributions they can make to the community, and ways that communities can better support teens.
4. **Use the media to promote balanced images of youth** by implementing a statewide media campaign, presenting images of family/community that include adolescents, raising the media's awareness of their role in creating negative images of youth, encouraging media outlets to form youth advisory councils, and creating media awards and/or report cards for coverage of youth issues.



## **RECOMMENDATION 2:**

### **Involve youth in the policy process.**

1. **Provide youth with the skills needed to influence policy** by training youth in leadership, policy advocacy, and media; and sharing the podium with qualified youth speakers.
2. **Create opportunities for youth to shape policy** by including youth in hearings, boards and commissions at the state and local levels; engaging youth in asset mapping projects in their communities to identify community resources and needs from a youth perspective; and requiring and funding grantees to involve youth in program planning for state and foundation initiatives.



### **RECOMMENDATION 3:**

#### **Ensure access to comprehensive, youth-friendly health services.**

- 1. Create public programs that attract qualified providers and facilitate the provision of comprehensive, quality services** by adopting national professional guidelines as the standard for adolescent care, developing tools for providers to establish effective services and programs for adolescents, increasing the racial/ethnic diversity of adolescent health providers, and increasing offerings in adolescent health within continuing medical education programs.
- 2. Ensure an adequate supply of services and providers** by establishing parity between mental and physical (including dental) health services, increasing the availability of inpatient services for youth who have a combination of medical and mental health disorders, providing adequate capitation rates to cover preventive services, simplifying billing methods for providers in public programs, and ensuring funding for school-based health centers.
- 3. Make health care easy and comfortable for all teens to access** by publicizing health care options available to youth through outreach and education; promoting point-of-service eligibility and on-site self-enrollment in public programs; eliminating co-payments and premiums for all youth; establishing minor consent for non-emergency, primary medical care; creating health and social services that are welcoming, comfortable, easy for teens to use, and protect the rights of minors; and identifying health plan providers who specialize in serving teens.
- 4. Involve adolescents in the planning and delivery of health services** by promoting: adolescent advisory councils, needs assessments, focus groups with teen clients, peer provider programs, funding for youth involvement in program planning, and “report cards” that capture youth evaluations of service providing agencies.



### **RECOMMENDATION 4:**

#### **Coordinate service delivery systems for adolescents.**

- 1. Create connections between services and service systems** by expanding the use of strategies for care coordination such as case management, “one-stop shopping,” family resource centers, and medical homes; developing local referral guides for issues/problems common in adolescence; and promoting a culture of collaboration among service providers.
- 2. Improve coordination among administrative structures** by enabling departments/agencies to waive regulations to improve coordination of youth-serving programs and systems, identifying opportunities for intra- and inter-departmental coordination, strengthening communication between public agencies and private funders, assisting local agencies in developing accounting procedures that enable them to blend funding, and creating administrative and fiscal incentives for local demonstration projects.
- 3. Fund and support a system of local adolescent health coordinators** to promote best practices and coordinated approaches to adolescent health.

### **RECOMMENDATION 5:**

#### **Build stable families that can support teens.**

1. **Help families achieve social and economic stability** by establishing a state earned-income tax credit, a permanent source of housing assistance, services that assist families in coping with stressors (e.g., violence, substance abuse, caring for children with special health care needs), and services that increase family economic security such as adult education, job training and placement, and affordable childcare.
2. **Support families in raising teens** by promoting family resource centers, creating incentives for employers to adopt family friendly policies, and providing education and support to parents of adolescents.

### **RECOMMENDATION 6:**

#### **Create communities that offer youth positive life options.**

1. **Expand community opportunities for teens** by promoting activities for youth during non-school hours, community service and service learning, internships for youth within city and county departments, incentives for employers to employ school-age youth; and encouraging foundations to make one-time grants to establish community youth centers.
2. **Create positive social connections for youth** by expanding mentoring programs, developing peer-to-peer mentoring, and fostering mutual understanding between teens and other community sectors.
3. **Create community conditions that promote safe, healthy choices** by facilitating community asset mapping and planning, building social networks, creating channels for information dissemination, decreasing youth access to firearms and alcohol, and increasing transportation safety and opportunities for healthy eating and physical activity.



4. **Improve the ability of adults in the community to work with and support teens** by providing professionals, parents, and other adults with information, training, and referral protocols to help them identify and handle issues that affect adolescent health and development; and creating a “Youth Work” major within the University of California and California State University systems.

## **RECOMMENDATION 7:**

### **Design schools to promote health and development.**

1. **Provide schools with the human and financial resources they need to address the needs of youth** by increasing funding for credentialed school nurses, social workers, counselors, credentialed health educators, physical education specialists, school-based health centers, and arts and recreation programs; and lengthening the school day.
2. **Improve school health education** by making health education a high school graduation requirement, promoting health education in every grade based on sequential standards and curricula, increasing teacher training in health, improving dissemination of research-based health curricula, and improving health education programs for teens with learning or developmental disabilities.
3. **Increase the connection between schools and community** by promoting the use of school facilities for youth and community activities during non-school hours, and increasing parent and community involvement in schools.
4. **Create safe schools and support healthy choices** by developing comprehensive school safety plans; creating school climates that support racial, cultural, and other forms of diversity; and increasing opportunities and support for healthy eating and physical activity within schools.



## **RECOMMENDATION 8:**

### **Use data to support responsive programs and policy.**

1. **Increase standardization of data collected by state departments** by providing resources to departments to identify the most useful outcome indicators and data gaps, developing a core set of standardized indicators to be collected across departments, and consolidating evaluation for state-funded programs.
2. **Improve the utility of data for programs in policy development** by exploring opportunities for individual-level data sharing without violating confidentiality, creating a “child and adolescent health report card,” providing technical assistance to counties and communities on using data to inform changes in service delivery and health policy, and assessing the impact of youth development interventions on health outcomes and risk behaviors.





## TARGETING OUR EFFORTS: STRATEGIES IN SEVEN OUTCOME AREAS

Although the core recommendations cut across many health issues, it is clear that in some areas, more focused effort may be needed to see marked improvements in health outcomes. The full report presents background information, strategies, and resources in seven targeted areas:

- Injury Prevention
- Mental Health and Suicide
- Nutrition and Physical Activity
- Alcohol, Tobacco, and Other Drugs
- Teen Pregnancy and Sexually Transmitted Infections
- Oral Health
- Environmental and Occupational Health

## CONCLUSION

The tremendous social, economic, and demographic changes that lie ahead place our state at an important crossroads. The challenge is to ensure that all of California's teens have the support they need for healthy development and a smooth transition to adulthood. Meeting this challenge will require significant improvements in infrastructure, service systems, and community-level support systems. Continuing past policies and categorical approaches that far too often ignore the multidimensional needs and assets of youth is unlikely to produce significant changes. However, if we combine forces, and begin to seriously address the social, cultural and economic factors that shape adolescent health, there is tremendous potential to improve the health of our teens and our society.



## How to Obtain this Report

This report can be downloaded from the National Adolescent Health Information Center website: <http://youth.ucsf.edu/nahic>. All raw data for the figures in this document are available on the Web.

Additional copies of the report may also be requested via mail, telephone, fax, or email from:

National Adolescent Health Information Center

University of California, San Francisco

3333 California Street, Suite 245 Box 1236, San Francisco, CA 94143-1236

Telephone: 415-502-4856

Fax: 415-502-4858

E-Mail: [nahic@itsa.ucsf.edu](mailto:nahic@itsa.ucsf.edu)

## 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's goal is to promote linkages among key sectors of the health-care system that affect the health of adolescents.

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 of special populations. The National Adolescent Health Information Center is supported primarily by a grant from the Maternal and Child Health Bureau, 4H06MC0002, Health Resources and Services Administration, Public Health Service, U.S. Department of Health and Human Services.

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