



Improving the Health of Adolescents & Young Adults: A Guide for States and Communities **EXECUTIVE SUMMARY**



Improving the Health of Adolescents & Young Adults: A Guide for States and Communities

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Introduction

Adolescence is a unique period in the life cycle that presents special challenges and opportunities to the individual. During the transition from childhood to adulthood, adolescents and young adults experience pivotal biological, cognitive, emotional, and social changes. In addition, they establish patterns of behaviors and make lifestyle choices that affect both their current and future health. By creating safe and nurturing environments for today's youth—environments that focus on young people's assets and minimize chances for engaging in health risk behaviors—we can help ensure that tomorrow's adults will be healthy and productive.

This document is the executive summary of the *Healthy People 2010* companion publication, *Improving the Health of Adolescents & Young Adults: A Guide for States and Communities*. The purpose of the companion publication is to help guide state and local agencies and organizations through public health processes that address important adolescent health and safety issues. These issues have been captured by 21 specific *Healthy People 2010* objectives, referred to as the 21 Critical Health Objectives for adolescents and young adults aged 10 to 24 years. The publication presents several approaches for achieving these 21 objectives, including community coalition-building; assessing needs and assets; priority-setting; and program planning, implementation, and evaluation. The book is divided into three sections: (1) building national efforts to improve adolescent health, (2) building state and local efforts to improve adolescent health, and (3) resources. This executive summary provides a brief synopsis of each of the eight chapters within the publication's three sections as well as a table of the national baseline data and 2010 target markers for the 21 Critical Health Objectives.

Section 1. Building National Efforts to Improve Adolescent Health

Chapter 1. The National Initiative to Improve Adolescent Health by the Year 2010

Healthy People 2010 is a comprehensive set of national disease prevention and health promotion objectives designed to measure the nation's progress over time. Serving as a blueprint for improving the health of all Americans, *Healthy People 2010* has two overarching goals: (1) to increase quality and years of healthy life and (2) to eliminate health disparities. In addition, *Healthy People 2010* is an important element of the new prevention initiative, *Steps to a Healthier US*, which is also implemented by the U.S. Department of Health and Human Services (DHHS).

The national *Healthy People 2010* initiative presents a special opportunity to promote the health and well-being of adolescents and young adults. Of the 467 *Healthy People 2010* objectives, 107 are directly relevant to this population. As part of the *Healthy People 2010* process, experts from multiple fields and representing an array of private sector organizations and federal agencies were convened to select key objectives that corresponded to the most serious health problems among young people aged 10 to 24 years. The efforts to select the Critical Health Objectives—of which 21 were identified—led to the creation of the National Initiative to Improve Adolescent Health by the Year 2010 (referred to as “The National Initiative” or NIAH 2010). The goal of the National Initiative is to foster cooperation among different partners, including states, for attaining all 21 Critical Health Objectives for both adolescents and young adults.

The National Initiative is co-facilitated by the Centers for Disease Control and Prevention's (CDC's) National Center for Chronic Disease Prevention and Health



Promotion, Division of Adolescent and School Health (DASH), and the Health Resources and Services Administration's (HRSA's) Maternal and Child Health Bureau (MCHB), Office of Adolescent Health (OAH). Among the key partners of the National Initiative are the State Adolescent Health Coordinators and their formal network, a national network of public health professionals working in or with state maternal and child health or family health programs, and the MCHB's Leadership Education in Adolescent Health (LEAH) program, which supports seven academic medical centers to provide advanced interdisciplinary training for adolescent health professionals. National professional membership associations and other university-based grantees, such as the National Adolescent Health Information Center at the University of California, San Francisco and the Konopka Institute at the University of Minnesota, are also instrumental players in the National Initiative. Numerous federal agencies and organizations based in the private sector serve in an advisory capacity for the National Initiative (see box).

| NIIAH 2010 Advisory Committee | |
|---|--|
| Agency for Healthcare Research and Quality | National Conference of State Legislatures |
| American Academy of Pediatrics | National Institute of Child Health and Human Development |
| American Medical Association | Office of the Assistant Secretary for Planning and Evaluation, DHHS |
| Association of Maternal and Child Health Programs | Office of Disease Prevention and Health Promotion, DHHS |
| Association of State and Territorial Health Officials | Office on Minority Health, DHHS |
| Centers for Disease Control and Prevention/National Center for Chronic Disease Prevention and Health Promotion/Division of Adolescent and School Health | Office on Women's Health, DHHS |
| Centers for Disease Control and Prevention/National Center for Health Statistics | Society for Adolescent Medicine |
| Child Trends, Inc. | State Adolescent Health Coordinators Network |
| Health Resources and Services Administration/Maternal and Child Health Bureau/Office of Adolescent Health | Substance Abuse and Mental Health Services Administration |
| Institute for Youth Development | U.S. Department of Education/Office of Safe and Drug-Free Schools |
| National Academies/Institute of Medicine | United Nations Children's Fund |
| National Association of County and City Health Officials | University of California, San Francisco, National Adolescent Health Information Center |
| | University of Minnesota, Konopka Institute |
| | University of Vermont |
| | William T. Grant Foundation |
| | World Health Organization |

Chapter 2. Health Status of Adolescents and Young Adults

The 21 Critical Health Objectives represent the most serious health and safety issues facing adolescents and young adults: mortality, unintentional injury, violence, substance use and mental health, reproductive health, and the prevention of chronic disease during adulthood. The table, which includes national baseline data and 2010 markers for all of the 21 Critical Health Objectives, provides an overview of the health status of adolescents and young adults. Although the data on health status are organized by individual objective, the National Initiative is based on a comprehensive approach which recog-

nizes that seemingly isolated adolescent problems are influenced by common antecedent factors—both those that protect and those that can jeopardize health and safety.

Table 1

| 21 Critical Health Objectives for Adolescents and Young Adults | | | |
|--|--|-------------------------|------------------|
| Obj. # | Objective | Baseline (year) | 2010 Target |
| 16-03. (a,b,c) | <u>Reduce deaths of adolescents and young adults.</u> | | |
| | 10- to 14-year-olds | 21.5 per 100,000 (1998) | 16.8 per 100,000 |
| | 15- to 19-year-olds | 69.5 per 100,000 (1998) | 39.8 per 100,000 |
| | 20- to 24-year-olds | 92.7 per 100,000 (1998) | 49.0 per 100,000 |
| Unintentional Injury | | | |
| 15-15. (a) | <u>Reduce deaths caused by motor vehicle crashes.</u> 15- to 24-year-olds | 25.6 per 100,000 (1999) | [1] |
| 26-01. (a) | <u>Reduce deaths and injuries caused by alcohol- and drug-related motor vehicle crashes.</u> 15- to 24-year-olds | 13.5 per 100,000 (1998) | [1] |
| 15-19. | Increase use of safety belts. 9 th -12 th grade students | 84% (1999) | 92% |
| 26-06. | Reduce the proportion of adolescents who report that they rode, during the previous 30 days, with a driver who had been drinking alcohol. 9 th -12 th grade students | 33% (1999) | 30% |
| Violence | | | |
| 18-01. | <u>Reduce the suicide rate.</u> | | |
| | 10- to 14-year-olds | 1.2 per 100,000 (1999) | [1] |
| | 15- to 19-year-olds | 8.0 per 100,000 (1999) | [1] |
| 18-02. | Reduce the rate of suicide attempts by adolescents that required medical attention. 9 th -12 th grade students | 2.6% (1999) | 1.0% |
| 15-32. | <u>Reduce homicides.</u> | | |
| | 10- to 14-year-olds | 1.2 per 100,000 (1999) | [1] |
| | 15- to 19-year-olds | 10.4 per 100,000 (1999) | [1] |
| 15-38. | Reduce physical fighting among adolescents. 9 th -12 th grade students | 36% (1999) | 32% |
| 15-39. | Reduce weapon carrying by adolescents on school property. 9 th -12 th grade students | 6.9% (1999) | 4.9% |
| Substance Use and Mental Health | | | |
| 26-11. (d) | Reduce the proportion of persons engaging in binge drinking of alcoholic beverages. 12- to 17-year-olds | 7.7% (1998) | 2.0% |



| Obj. # | Objective | Baseline (year) | 2010 Target |
|----------------------------|---|-----------------------------|--------------|
| 26-10. (b) | Reduce past-month use of illicit substances (marijuana). 12- to 17-year-olds | 8.3% (1998) | 0.7% |
| 06-02. | Reduce the proportion of children and adolescents with disabilities who are reported to be sad, unhappy, or depressed. 4- to 17-year-olds | [2] | [2] |
| 18-07. | (Developmental) Increase the proportion of children with mental health problems who receive treatment. | [3] | [3] |
| Reproductive Health | | | |
| <u>09-07.</u> | <u>Reduce pregnancies among adolescent females.</u> 15- to 17-year-olds | 68 per 1,000 females (1996) | 43 per 1,000 |
| <u>13-05.</u> | (Developmental) <u>Reduce the number of new HIV diagnoses among adolescents and adults.</u> 13- to 24-year-olds | 16,479 (1998) [4] | [3] |
| <u>25-01.</u> (a,b,c) | <u>Reduce the proportion of adolescents and young adults with <i>Chlamydia trachomatis</i> infections.</u> 15- to 24-year-olds | | |
| | Females attending family planning clinics | 5.0% (1997) | 3.0% |
| | Females attending sexually transmitted disease clinics | 12.2% (1997) | 3.0% |
| | Males attending sexually transmitted disease clinics | 15.7% (1997) | 3.0% |
| 25-11. | Increase the proportion of adolescents who abstain from sexual intercourse or use condoms if currently sexually active. 9 th -12 th grade students | 85% (1999) | 95% |
| Chronic Diseases | | | |
| 27-02. (a) | Reduce tobacco use by adolescents. 9 th -12 th grade students | 40% (1999) | 21% |
| <u>19-03.</u> (b) | <u>Reduce the proportion of children and adolescents who are overweight or obese.</u> 12- to 19-year-olds | 11% (1988-94) | 5% |
| 22-07. | Increase the proportion of adolescents who engage in vigorous physical activity that promotes cardiorespiratory fitness 3 or more days per week for 20 or more minutes per occasion. 9 th -12 th grade students | 65% (1999) | 85% |

Note: Critical health outcomes are underlined, and behaviors that substantially contribute to important health outcomes are in normal font.

- [1] 2010 target not provided for adolescent/young adult age group.
- [2] Baseline and target inclusive of age groups outside of adolescent/young adult age parameters.
- [3] Developmental objective – baseline and 2010 target to be provided by 2004.
- [4] Proposed baseline is shown but has not yet been approved by the *Healthy People 2010* Steering Committee.

Source: U.S. Department of Health and Human Services. *Healthy People 2010*. Volumes 1 and 2. Washington, DC: U.S. Government Printing Office, November 2000. This information can also be accessed at <http://wonder.cdc.gov/data2010/>.

Chapter 3. Improving Adolescent Health

The publication *Improving the Health of Adolescents & Young Adults: A Guide for States and Communities* defines adolescent health broadly. The traditional focus on categorical health problems and antecedent problematic behaviors is complemented by concepts of healthy adolescent development and health-promoting environments. These two concepts together provide a proactive foundation for promoting the health and safety of adolescents and young adults. Using the National Initiative's framework to address adolescent health issues requires developing new approaches, working with a variety of partners, and conceptualizing adolescent health from an action-oriented perspective. Societal institutions (key examples are listed in the box) play a significant role in determining adolescent health and could collectively exert a remarkable impact on the behavior and health outcomes of young people. Because many societal factors contribute to adolescent health, safety, and well-being, health promotion and prevention strategies should not be implemented in isolation; a collaborative effort across multiple societal institutions is necessary. Coordination and cooperation across systems can strengthen efforts to address categorical health issues. Such joint efforts can also help to promote a more comprehensive approach for addressing adolescent health—an approach that views adolescents as whole persons who need a variety of opportunities for healthy development as well as a network of supports. By working across systems and health issues in a coordinated effort, individuals and institutions can together bring about significant positive changes. It is through this joint effort that improved health status of adolescents and young adults, as measured by the 21 Critical Health Objectives, can be achieved.

Societal Institutions That Influence Adolescent Health

Parents and families
 Schools
 Health care providers
 Community agencies that serve youth
 Faith-based organizations
 Media
 Postsecondary institutions
 Employers
 Government agencies

Section 2. Building State and Local Efforts to Improve Adolescent Health

Chapter 4. Using Data to Shape Your Adolescent Health Program

A variety of official data sources exist at both the national and state levels for measuring progress on the 21 Critical Health Objectives and for operationalizing the concepts of healthy environments and youth development. The available data serve several purposes for policy makers and creators of adolescent health programs. The data are essential for creating a local adolescent health profile that incorporates the 21 Critical Health Objectives as well as measures of youth development and the environmental context—measures that have a strong influence on the health issues addressed by the 21 Critical Objectives. Using this initial adolescent health profile, community leaders can achieve a better understanding of which Critical Health Objectives warrant further at-



tion and can identify available state and community data sources for measuring these objectives. In addition, the data play a critical role in ensuring accountability and providing benchmarks by which states and communities can measure their own progress in improving adolescent health.

Chapter 5. Getting Started

After communities undertaking an adolescent health initiative develop an adolescent health profile, the next program planning steps they need to take include building a coalition and assessing the community's needs and assets. Addressing adolescent health from multiple levels and perspectives is essential and should be reflected in all stages of program development. The four interacting levels of influence on adolescents and young people that should be addressed include: (1) individual/family, (2) school/peers, (3) community, and (4) policy/society. Reaching the 21 Critical Health Objectives for adolescents and young adults requires motivation, drive, commitment, and the mobilization of diverse stakeholders and resources at all four of these levels of influence. Coalitions of stakeholders interested in adolescent health present valuable opportunities both to share the resources possessed by various people and groups, and to learn from the experiences of other groups and organizations. Through effective collaboration, stakeholders also decrease the likelihood of duplicating or omitting services, of using resources inefficiently, and of failing to coordinate programs and services. Effective collaboration also increases the likelihood that member organizations will work purposefully and concurrently at the four primary levels of influence on youth. This chapter provides guidance on the composition of the coalition, creation of mission statements and goals, and ways to assess how the group is functioning.

In order to guide future efforts for improving the health of adolescents and young adults, the coalition will need to conduct an assessment of its community's or state's needs and assets. Conducting a needs-and-assets assessment is the process of gathering and analyzing information to better understand the context surrounding specific health issues. This process examines the social, environmental, and political factors that contribute to the health issues prevalent among a defined population or in a geographic area. The assessment forms the basis for program planning, monitoring, and evaluation. It yields specific information about the health status and resources in a community or state—information that can help communities or states use resources effectively. The assessment also helps to engage communities or states in defining their own health agendas and in shaping solutions. This chapter provides guidance on how to assess a community's needs and assets and how to use this information to mobilize the community and create an effective action plan for the adolescent and young adult health initiative.

Chapter 6. Taking Action

The needs-and-assets assessment yields information about many aspects of a community's or state's set of adolescent health issues. It can suggest possible solutions or strategies in addition to clarifying potential challenges to responding to the four levels of influence (individual/family, school/peers, community, and policy/society). Most communities have limited resources and cannot address every risk and protective factor; nonetheless, it is important that the assessment be as comprehensive as possible. In some cases, findings from the needs-and-assets assessment point to a clear strategy from which a detailed program plan can be developed. More often, however, coalitions will need to identify priority issues and determine the most feasible strategies to pursue. This chapter offers guidance in prioritizing focus areas and in designing and implementing interventions. Prioritization processes, such as force field analysis, provide a logical and structured framework for defining how to reach the selected Critical Health Objec-

tives. This chapter also provides guidance to coalitions that are experiencing difficulty in reaching consensus. The process of conducting a needs-and-assets assessment can also provide entry to other logistical issues, such as involving other groups and institutions in order to meet the Critical Health Objectives. After deciding which issues merit priority attention, the coalition's next task is to determine the most logical and effective interventions for addressing its goals and objectives. The interventions should be appropriate for the population. The coalition needs to be as specific as possible about the content, level of exposure, resources needed, and length of intervention that it believes is necessary for accomplishing its goals.

Chapter 7. Sustaining the Intervention

The ability to sustain an intervention requires a multi-faceted approach that involves strategic communication, information dissemination, and resource development. This chapter discusses several communication strategies and methods for information dissemination. It provides techniques for identifying the target audience, developing clear and appropriate messages, and initiating and maintaining media relationships. Ensuring that an intervention is sustainable requires funding support. Consequently, this chapter also offers guidance in resource development, fundraising, and creating a budget. To assure that interventions are effective, they must be monitored and evaluated. Thus, this chapter guides the reader through assessing a program's readiness for evaluation, and determining the appropriate scope of evaluation, which can include the following: assessing the program, how the program works, its process, and its outcomes and/or impact.

Section 3. Resources to Improve Adolescent Health

Chapter 8. Federal Resources

A variety of additional resources can provide guidance for efforts to improve the health of adolescents and young adults. This chapter includes a list and description of available federal resources, which include documents, organizations, and Web sites for assisting in developing interventions for the 21 Critical Health Objectives. This set of *Healthy People 2010* objectives can be divided into seven topic areas: general adolescent health, unintentional injury, violence, substance use, mental health, reproductive health, and prevention of adult chronic disease. Discussion of each topic is organized by the following nine headings:

- Background/General
- Partnerships and Coalition Building
- Needs-and-Assets Assessment, Planning, and Using Data
- Programs and Interventions
- Management and Media Relations
- Evaluation
- Funding
- Policy
- Other



Conclusion

The 21 Critical Health Objectives for adolescents and young adults, which were identified as part of the *Healthy People 2010* consensus process, provide a framework that unifies the efforts of stakeholders for collectively addressing the health of our nation's young people. These objectives can serve as guideposts for helping communities establish priorities and measure progress toward the goal of improving the health and well-being of adolescents and young adults. The National Initiative to Improve Adolescent Health by the Year 2010 has put forth new approaches to adolescent health that form the foundation of *Improving the Health of Adolescents & Young Adults: A Guide for States and Communities*. These approaches depart from the traditional focus on preventing negative behavior and outcomes among individual adolescents. Instead, these approaches emphasize focusing on young people's assets; promoting healthy development; and adopting noncategorical, ecological strategies that address multi-level influences on adolescent health, such as family, school/peers, community, larger society and culture, and policy. These approaches require new strategies and engagement of a variety of partners. *Improving the Health of Adolescents & Young Adults: A Guide for States and Communities* supports efforts to test and promote these new approaches by providing helpful worksheets, strategies, and additional resources for guiding the development of programs and interventions that address adolescent health issues. For the full document, please visit <http://www.cdc.gov/healthyouth/nationalinitiative/guide.htm>.