

**Developmentally Appropriate
Youth-Centered
and
Family-Engaged Care
For Adolescents and Young Adults
A Lifecourse Approach Overview**

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“Adolescence (& Young Adulthood) is a time in life that harbours many risks and dangers, but also one that presents great opportunities for sustained health and well being.”

The Lancet, 2007

Source: Kleinert: The Lancet.

Session Overview

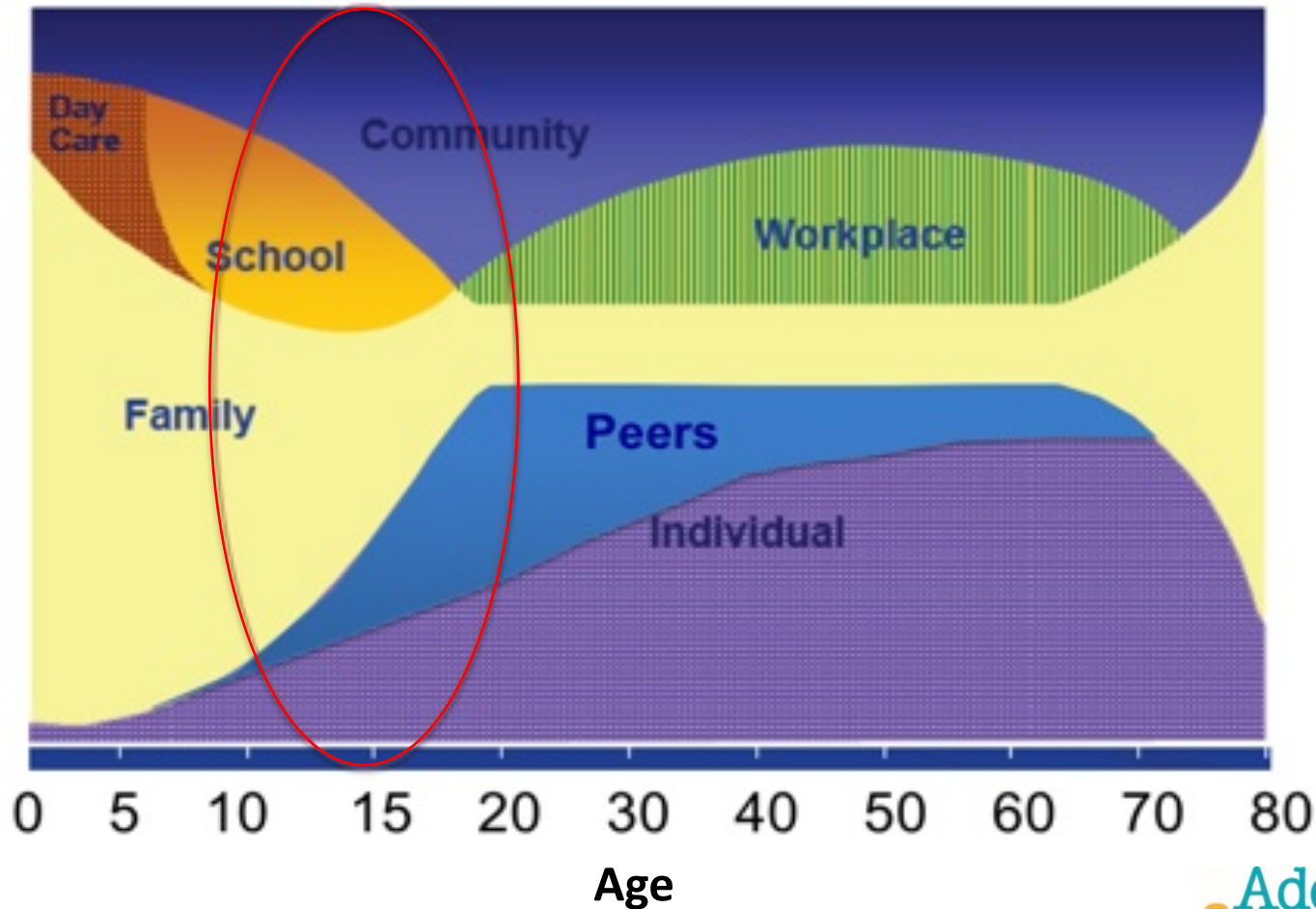


Contexts: A Quick Review

Development: A Quick Review

The Health Care System

Adolescent Contexts Within the Lifespan: A time of major contextual transitions



Source: Viner et al., 2015.

Contexts and Paths in Young Adulthood



A quick look at young adult contexts –

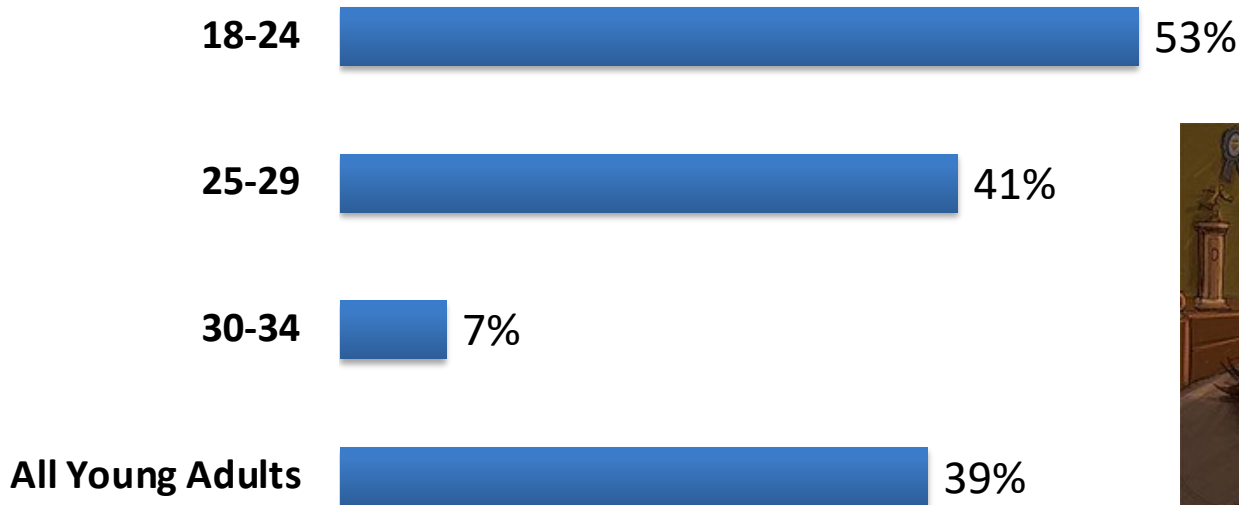
- Two societal trends with implications for outreach & quality of care
 - More young adults living at home:
 - Widespread Smartphone Use
- 3/5 of young adults are ***not*** enrolled in a postsecondary institution



Young Adults Living at Home

Youngest Adults Staying Closest to Home

% young adults saying they live with parents now or moved back in with parents temporarily because of economy

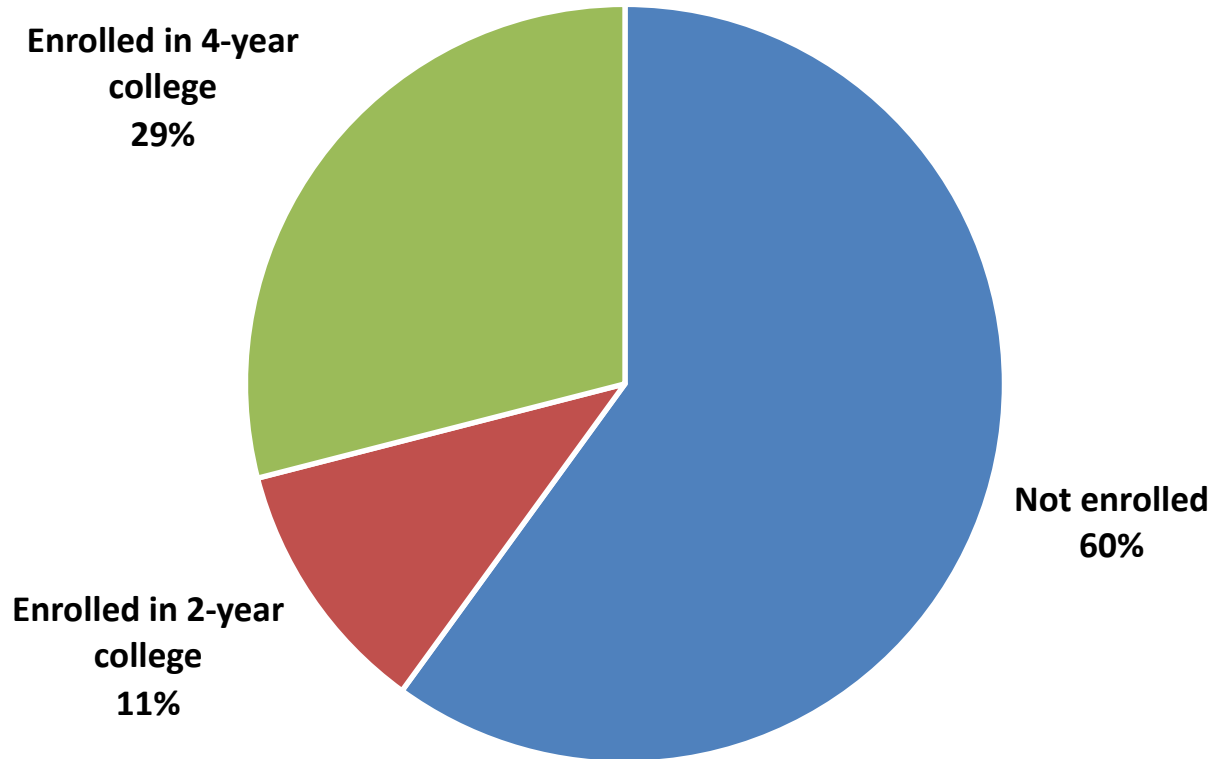


Smart Phone Use



- Most AYAs have smart phones:
 - 68% for ages 13-14
 - 76% for ages 15-17
 - 85% for ages 18-29
- Young adults rely heavily on their smartphones for health information
 - 77% of 18-29 year old smartphone owners have used their phone in the last year to get information about a health condition

College Enrollment Among Young Adults



Source: U.S. Department of Commerce, 2014.

Contexts: A Quick Review



Development: A Quick Review

Implications of development for clinical services

The Health Care System

A Model of Development

Early adolescence
10-14 years

Mid/late adolescence
15-18 years

Young adulthood
19-25 years

Puberty heightens emotional lability, sensation-seeking, reward orientation

Increased vulnerability & opportunities through risk taking, problems in terms of affect & behaviour;

Continued maturation of brain; regulatory competence (Worst health outcomes)

Early Adolescence



Early Adolescence: A quick overview

- With onset of puberty, important to normalize differences.
- Help teens **begin** to take responsibility for own health, in consultation with parents.
- Begin **time alone** with patient.
- Shift in clinician's focus from anticipatory guidance to parents to both teen & parent.
- Concrete thinking requires straight forward explicit messages.

Mid/late Adolescence



Mid/late Adolescence: a quick overview

- Emerging interest in ability to attract others and sexual experimentation: Address sexual health
- Greater peer group influences (positive and negative): Stress good choices and responsibility.
- Increasing **interdependence**:
 - Encourage negotiation; increase communication between youth with clinician and with parents
 - Increase involvement in setting health goals and managing health situations,
 - Reinforce growing competencies.

Young Adulthood



Young Adulthood: A quick overview

- Greater ability to understand others/less egocentrism:
 - more open to questioning regarding behavior and
 - more able to work with clinician on setting goals and adopting/sustaining healthy behavior.
- Beginning to define identity and life roles,
 - Greater interest in discussion of how life goals impact health.

Young Adulthood: A quick overview

- Increased executive function and opportunities for health literacy
 - Most capable of understanding a full range of options for health issues.
 - Important to help them become competent in negotiating the health care system.

General Principles of Working with Adolescents and Young Adults

- Assess strengths & assets as well as risks & problems
- Reinforce and bolster connections
- Educate about importance of protecting your *Brain* during adolescence/young adulthood
- Engage and support family members
- Be Authoritative not Authoritarian
- Re-affirm **interdependence**: importance of asking questions and learning how to get help

Contexts: A Quick Review

Development: A Quick Review



The Well Care Visit

A lifecourse approach to the health care system and opportunities focus on the well visit: increasing uptake & improving quality through QI projects and state-level systems change through the AYAHCollin

- **Improving receipt and quality of the well visit involves several contexts:**
 - Health Care System:
 - Financing & Utilization & organization of Care; Clinicians & Clinical systems
 - Value of the well visit for consumers & clinicians/clinics
 - Family and Legal Contexts

Contexts related to the well visit: Overview

Adolescents

Health Care System:

- Financial system well established;
- Utilization mostly office based, with some clinics
- Existing organizational structure for care & identified clinicians

Value of well visit

- Visit has been major focus for professional organizations

Family & legal contexts

- Minors under age 18; parents play major role.

Young Adults

- Financial system emerging.
- Utilization is more varied
- No identified structure for care or clinician, especially for males
- Little focus on well visit or preventive care
- Family and legal context changes

Health Care System: Financing

Adolescents

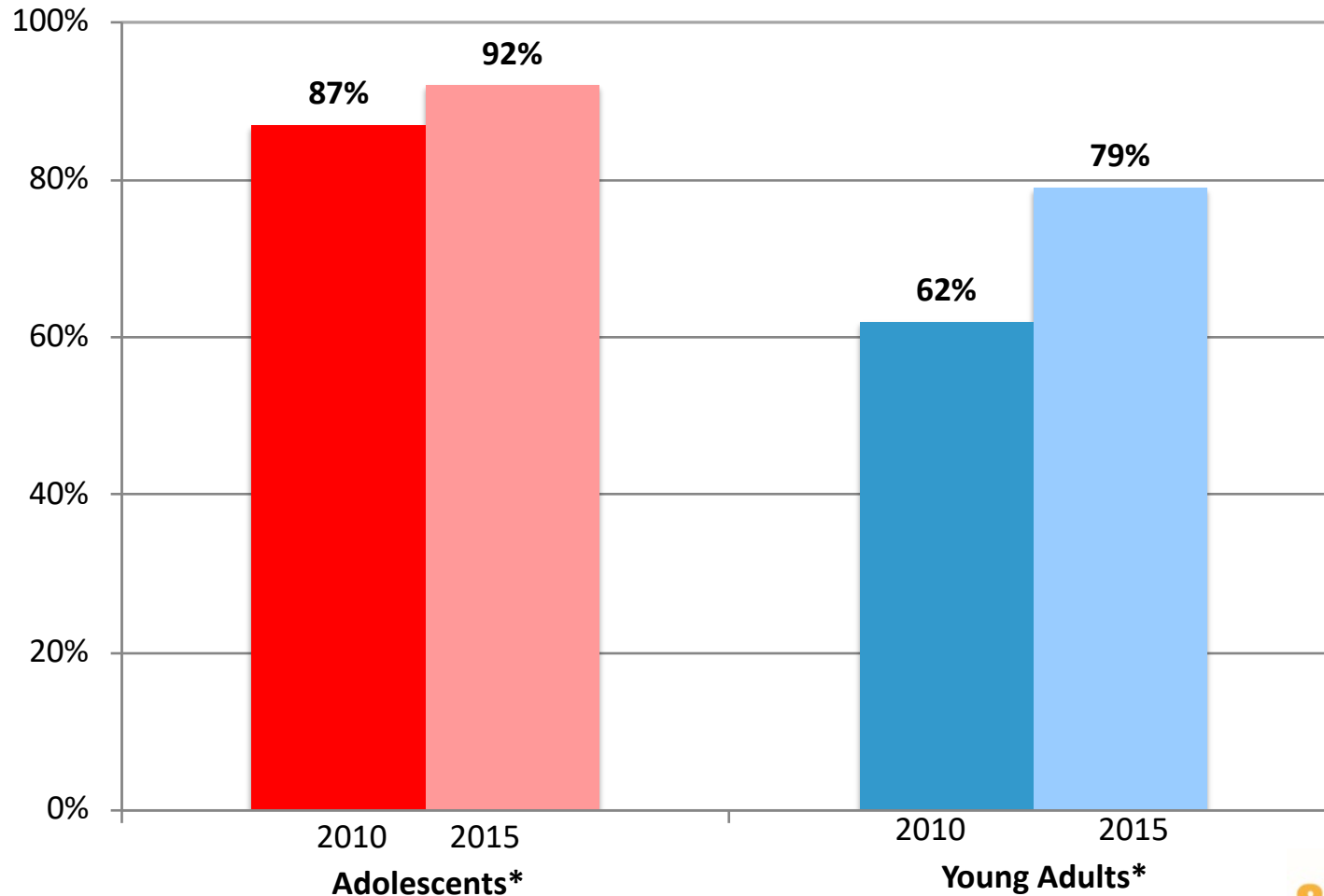
- Fairly uniform public insurance coverage, especially post-ACA
- More likely to be covered by parents' employer-based insurance
- Still about a **10%** national gap

Young Adults

- Public coverage varies more by state
- Less likely to have employer-based coverage
- About **20%** are uninsured



Insurance Coverage by Age, Ages 10-25, NHIS (2010 & 2015)



*Significantly increased

Source: National Health Interview Survey

Health Care system: Utilization & Organization of Care

Adolescents

Utilization

- mostly office based, with some clinics

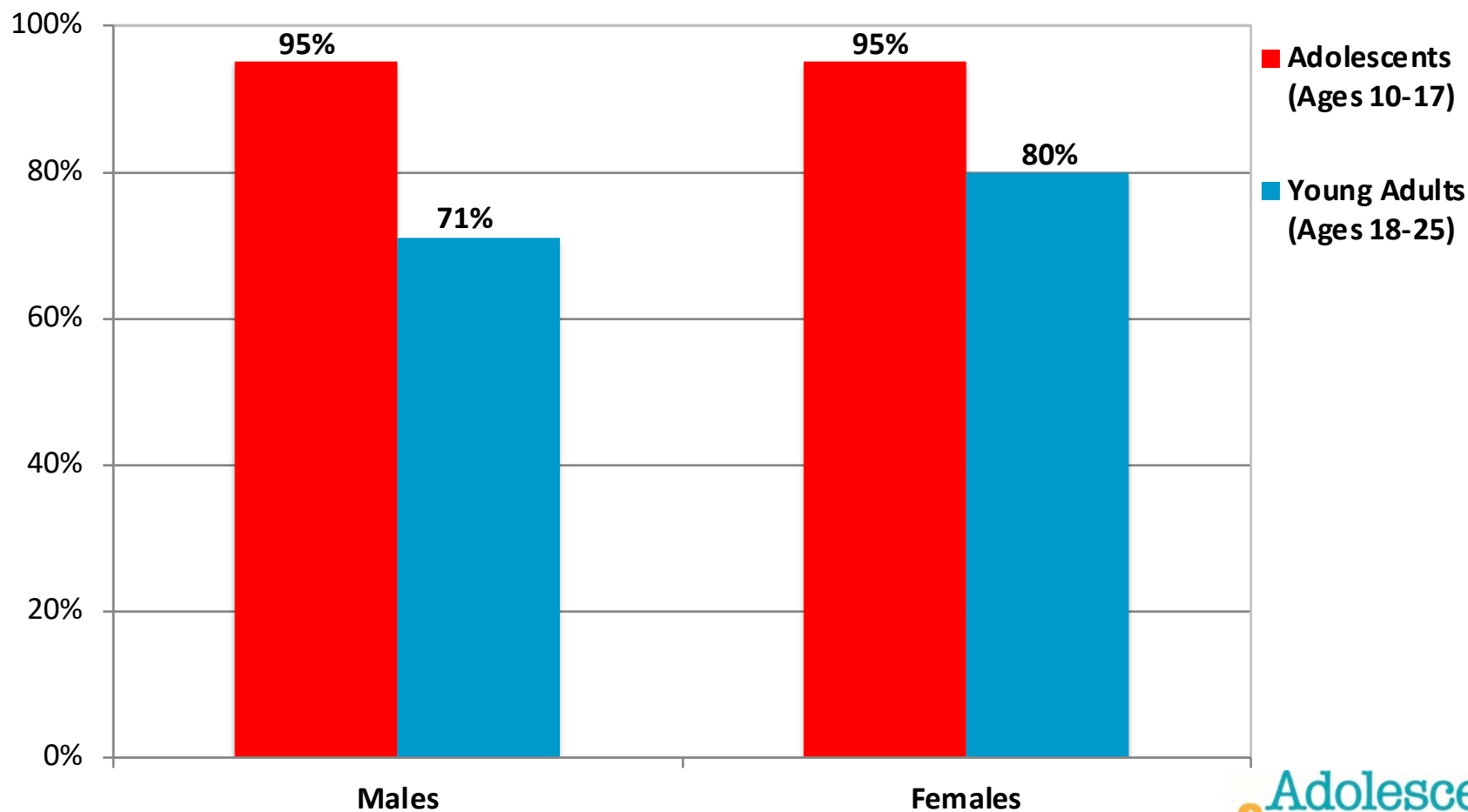
Organization of Care

- Pediatric system of care exists, with pediatric provider as identified health provider

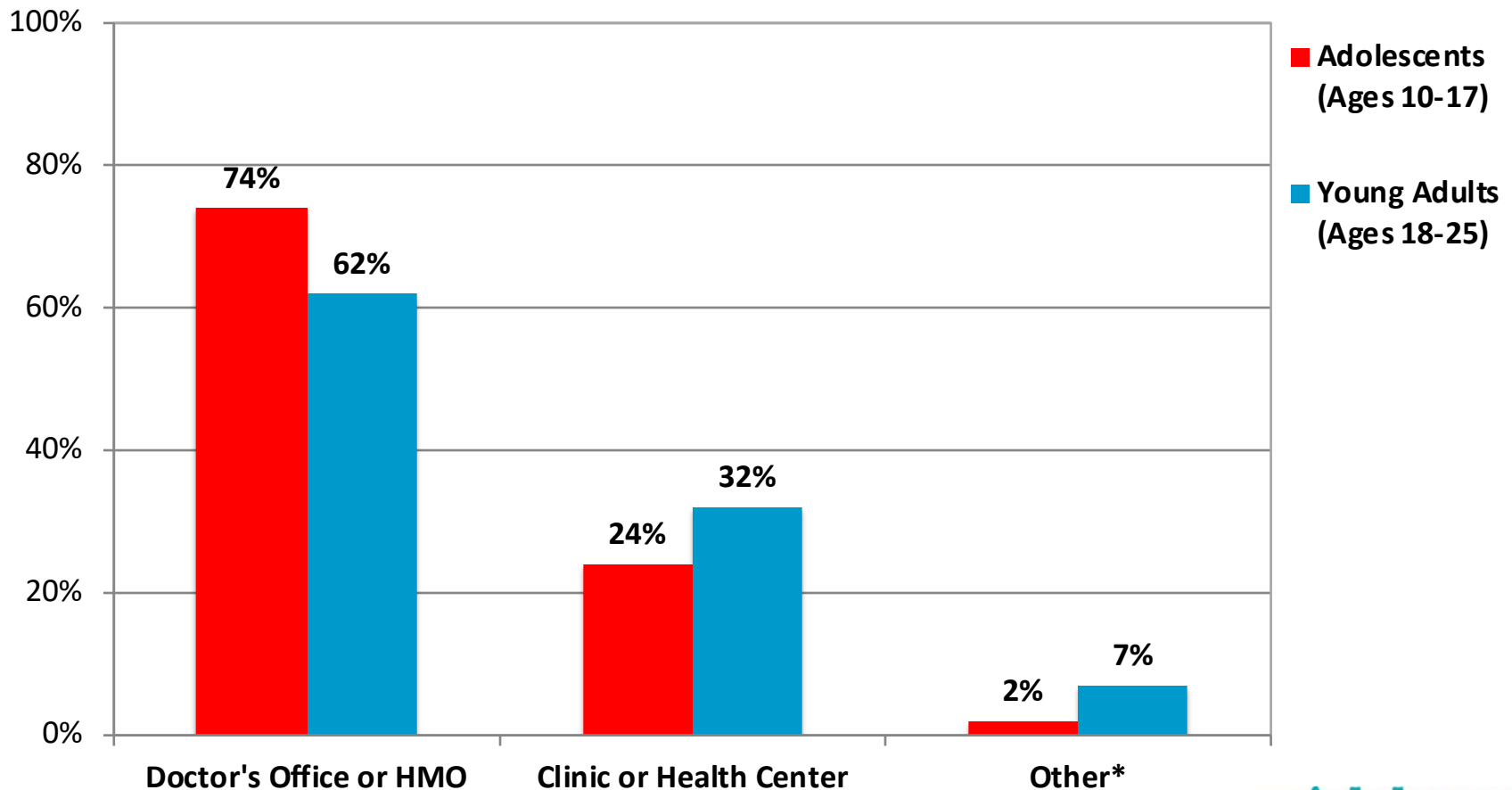
Young Adults

- more varied
- No identified organizational structure for care or provider for comprehensive primary health care
- Females have reproductive health access to some extent, no identified provider for males

Have a Usual Source of Health Care, by Sex and Age, Ages 10-25, NHIS 2015



Location of Usual Source of Care (of those with a USC), by Age, Ages 10-25, NHIS 2015

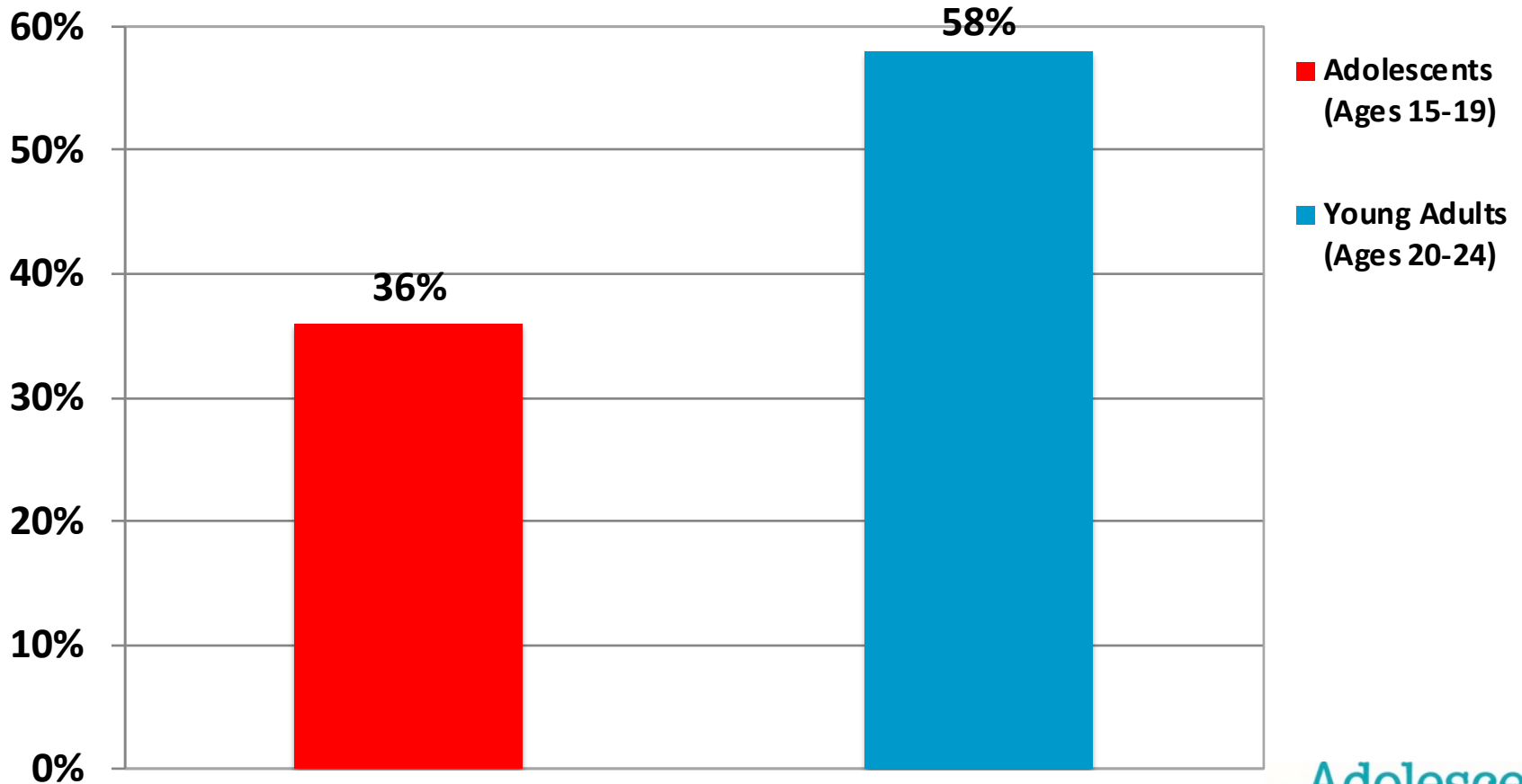


* Includes ER, hospital outpatient department, some other place, and don't go to one Place most of the time

Source: National Health Interview Survey

Other Sources of Care: Family Planning Clinics

Females reporting at least one family planning visit in the past year, by age, 2006-2010



Other sources of care: FQHCs & SBHCs

- Federally Qualified Health Care Centers (2016)
 - About 1,400 FQHCs nationally (55% rural)
 - 10% of patients are ages 13-19 (2.2 million adolescents)
 - 7% are ages 20-24 (1.6 million young adults)
- School-based Health Centers (2013-14)
 - About 2,315 school-based (or linked) centers nationally (94% are located on school property)
 - 82% serve at least one adolescent grade
 - Serves more rural areas (68% of SBHCs)



“We’re running a little behind, so I’d like each of you to ask yourself, ‘Am I really that sick, or would I just be wasting the doctor’s valuable time?’”

Value of Well Visit: Professional focus

Adolescents

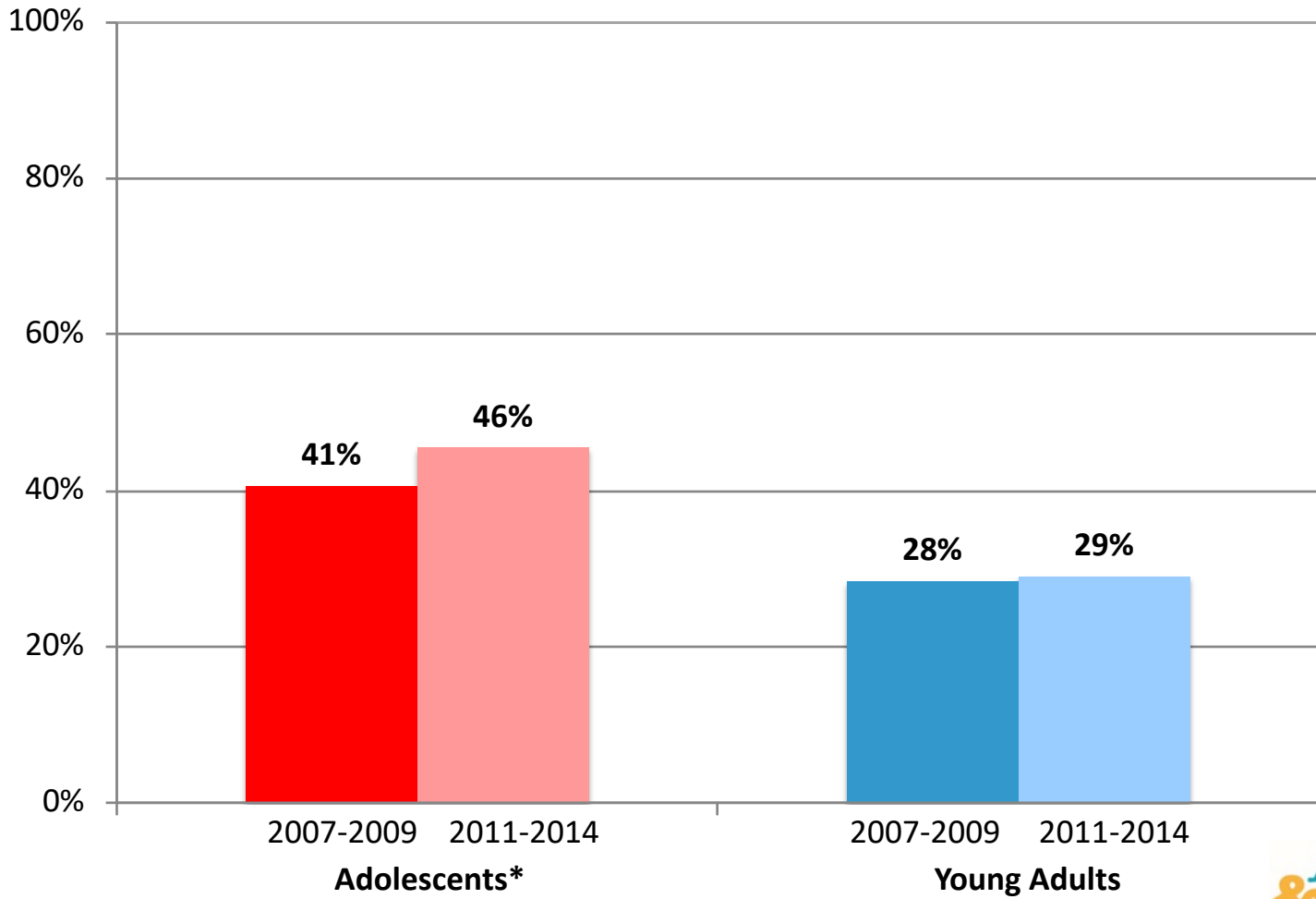
- National focus on visit and consensus guidelines with champions since 1990s (GAPS; Bright Futures) with recognized schedule
- 4th edition of Bright Futures released in February

(more on evidence base tomorrow)

Young Adults

- No focus on well visit and no major consensus guidelines or champions – no recognized schedule
- Most guidelines are disease-specific, with recommendations varying by age (e.g., pap smears)

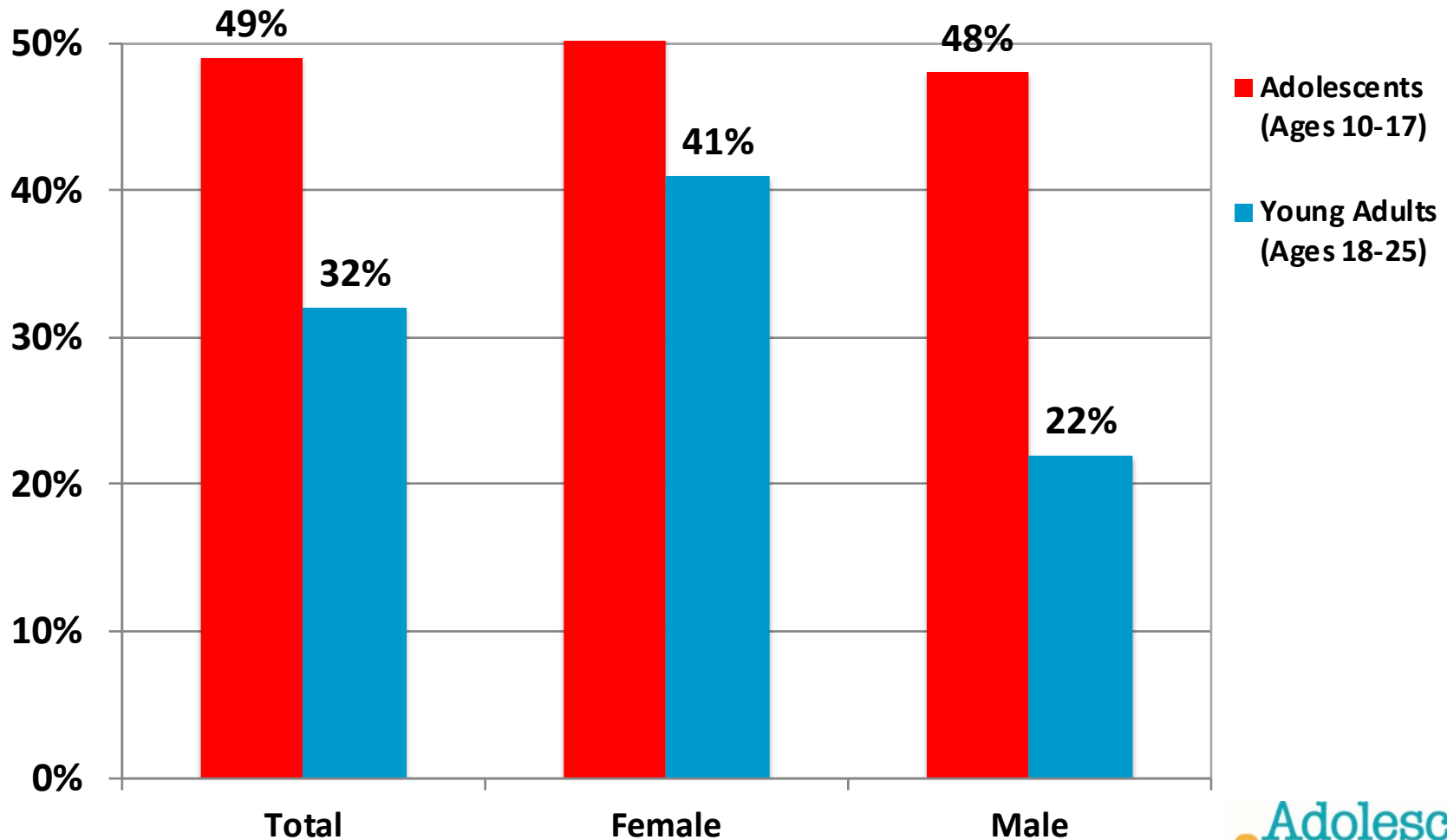
Receipt of a Past-Year Well Visit by Age, Ages 10-25, MEPS (2007-09 & 2011-14)



*Significantly increased

Source: Medical Expenditure Panel Survey

Receipt of a Past-Year Preventive Care Visit by Age and Gender, 2014



Value of the Well Visit: System challenges & health literacy

- **Both Age Groups:**

- Health care systems often focused on acute care, not structured around preventive services (e.g., scheduling)
- AYAs & their families may not know about recommended services
- AYAs & their families may **not** know visit has no co-pay.

Value of the Well Visit: Opportunities to Improve Access

- **AYAs and their families:**
 - Focus on health literacy: inform consumers about the preventive services recommended for adolescents and young adults
- **Clinicians & Systems:**
 - Educate providers about evidence for adolescent and young adult services
 - Train to provide clinical preventive services
 - Change systems of care to promote the well visit

Family and Legal Contexts

Adolescents

Patchwork of confidentiality and consent laws, that differ in each state by

- Health area (e.g., sexual health, substance use, mental health)
- Population (e.g., emancipated minors, pregnant adolescents)

Young Adults

Laws are the same nationally

**Family and Legal Contexts:
Mixed perspectives time alone with the
provider: Unity Study**

Family and Legal Contexts:

Mixed perspectives time alone with the provider (Unity Study)

- Are teens comfortable talking to a clinician alone?
 - About half of older teens (ages 16-18) say “yes.”
 - 44% of younger teens – ages 13-15 – say “yes.”
 - About half of all parents of teens say “yes.”

Time alone with hcp

That said, there is a general consensus that spending some time alone in the examining room with an HCP (especially according to doctors) is crucial and it helps teens to take more ownership over their own health.



It's important to have time alone to talk
with healthcare provider
(% Strongly/Somewhat agree)

67%

84%

97%



Spending time alone with the HCP makes me/teens
feel more responsible for my/their health
(% Strongly/Somewhat agree)

78%

80%

96%

Teens and Parents are comfortable with the amount of time teens spend alone with HCP. Physicians are the most likely to feel that the alone time needs to be increased, especially as teens get older

Family and Legal Contexts: Opportunities to Improve Access

- Develop comprehensive systems to promote time alone and protect confidentiality – include clinic staff, parents, and youth when changing systems.
- Develop educational materials about state laws for AYAs and their parents
- Develop tailored messages for different audiences of adolescents, young adults and their families on the importance & value of the well visit and time alone

*For resources on protecting confidentiality,
please visit www.nahic.ucsf.edu/resources/aca*

Key Points

Context Matters

Development Matters

The Health Care System Differs for AYAs

Making systems AYA-centered and family engaged is complicated (and worth it!)

Questions? Thoughts?



References

Brindis et al. A Changing Landscape: Overview and Cross-cutting Themes. Workshop on Improving the Health, Safety and Well-Being of Young Adults. Presented at Institute of Medicine. May 7, 2013.

<http://iom.nationalacademies.org/~media/E41512377813433B826C637CDD28A86F.ashx>

Institute of Medicine and National Research Council. (2008). *Adolescent Health Services: Missing Opportunities*. Washington, D.C.: National Academies Press.

<http://iom.nationalacademies.org/Reports/2008/Adolescent-Health-Services-Missing-Opportunities.aspx>.

Institute of Medicine and National Research Council. (2014). Investing in the Health and Well-Being of Young Adults. Washington, D.C.: National Academies Press. <http://iom.nationalacademies.org/Reports/2014/Investing-in-the-Health-and-Well-Being-of-Young-Adults.aspx>.

Kleinert S. Adolescent Health: an opportunity not to be missed. *The Lancet* 2007; 369: 1057-1058.

Lerner RM, Steinberg L. Handbook of adolescent psychology. 3rd ed. Hoboken, NJ: John Wiley & Sons; 2009.

Lofink H, et al. 2013-14 Digital Census Report. Washington, D.C.: School-Based Health Alliance, 2016. Available at <http://censusreport.sbh4all.org/>.

Martinez et al. Fertility of Men and Women aged 15-44 years in the United States: National Survey of Family Growth, 2006-2010. National health statistics reports; No. 51. Hyattsville, MD: National Center for Health Statistics. 2012. <http://www.cdc.gov/nchs/data/nhsr/nhsr051.pdf>

National Adolescent and Young Health Information Center, University of San Francisco. National Health Interview Survey [private data run] 2014. Centers for Disease Control and Prevention. Available at: <http://www.cdc.gov/nchs/nhis.htm>.

National Adolescent and Young Health Information Center, University of San Francisco. Medical Expenditures Panel Survey [private data run] 2011. Centers for Disease Control and Prevention. Available at: <http://meps.ahrq.gov/mepsweb/>.

National Adolescent and Young Adult Health Information Center (2014). Summary of Recommended Guidelines for Clinical Preventive Services for Young Adults ages 18-26. San Francisco, CA: National Adolescent and Young Adult Health Information Center, University of California, San Francisco. Retrieved from <http://nahic.ucsf.edu/cps/Yaguidelines>.

References

National Adolescent and Young Adult Health Information Center (2015). Evidence Based Clinical Preventive Services for Adolescents and Young Adults. San Francisco, CA: National Adolescent and Young Adult Health Information Center, University of California, San Francisco. Retrieved from http://nahic.ucsf.edu/wp-content/uploads/2015/01/AYAHNRC_evidenceNG_F.pdf.

National Association of Community Health Centers. *A Sketch of Community Health Centers*, 2016. Available at <http://www.nachc.org/wp-content/uploads/2016/08/Chartbook16.pdf>.

Pew Hispanic Center (2009). "The Changing Pathways of Hispanic Youths Into Adulthood." Washington, DC: Pew Research Center. Retrieved from: <http://www.pewhispanic.org/files/reports/114.pdf>.

Smith, A. Pew Research Center (2015). "U.S. Smartphone Use in 2015." Washington, DC: Pew Research Center. Retrieved from: <http://www.pewinternet.org/2015/04/01/us-smartphone-use-in-2015/>.

Lenhart, A. Pew Research Center (2015). "Teens, Social Media & Technology Overview 2015 ." Washington, DC: Pew Research Center. Retrieved from: <http://www.pewinternet.org/2015/04/09/teens-social-media-technology-2015/>.

Pew Research Center (2012). "The Boomerang Generation: Feeling OK about Living with Mom and Dad." Washington, DC: Pew Research Center. Retrieved from: <http://www.pewsocialtrends.org/files/2012/03/PewSocialTrends-2012-BoomerangGeneration.pdf>.

U.S. Department of Commerce, Census Bureau, Current Population Survey (CPS), October, 1970 through 2014. Published August 2015. Retrieved from: https://nces.ed.gov/programs/digest/d15/tables/dt15_302.60.asp?current=yes

Viner et al. Adolescents and the Global Health Transition. Presented at SAHM 2015 Annual Meeting; March 18-21, 2015; Los Angeles, CA. Adapted from Halfon.