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Making the Case for Addressing Adolescent Health Care

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What we know about the health of adolescents is both paradoxical and disturbing. On the one hand, adolescence is the healthiest period of the lifespan. On the other hand, adolescence is the age with the highest rates of risk-taking behavior and potentially life-threatening consequences.[1] In fact, risky behaviors associated with injuries, substance use, unsafe sexual behavior, violence, tobacco use, inadequate physical activity, and poor nutritional habits are responsible for more than 70% of adolescent morbidity and mortality.[2] Research shows that an estimated 28% of teens engage in multiple risk-taking behaviors.[3] Black and Hispanic teens have been found most likely to engage in sexually related risk-taking behaviors[4] and also to be at increased risk for obesity,[5] diabetes,[6] and cardiovascular disease,[7] while Hispanic teens, the fastest growing segment of the adolescent population, have been found to have the highest rates of suicide ideation and significantly greater use of seriously addictive drugs.[8]

Recent surveys of teens that have sought a broader understanding of adolescent experiences have uncovered many of the underlying threats to adolescent well-being. America's Promise survey, for example, found that 48% of adolescents say that they receive a lot of pressure from other teens to do things that are not right and 67% say they feel a lot of stress in their lives.[9] As many as 20% of adolescents have attention deficit hyperactivity disorder, major depression, or another mental health or addictive disorder;[10] 20-25% have physical health problems, such as asthma, obesity, or severe headaches;[11] and many adolescents have significant dental problems.[12] Overall, 5% have a behavioral or physical health condition that results in disability.[13] Also disturbing is the fact that today's adolescents have easy access to drugs, with 52% reporting that marijuana is easily obtainable, 24% saying the same of cocaine, and 14% saying the same of heroin.[14] In addition, they are often exposed to violence -- 39% having witnessed violence and 17% having been physically assaulted.[15] Moreover, 8% of adolescents report having been sexually assaulted, with the proportion among Black and Hispanic adolescents almost double that of Whites.[16] Yet, sexual abuse is commonly underreported, and actual rates of abuse are generally believed to be much higher.[17] Reports of dating violence of either a physical or sexual nature have revealed prevalence rates as high as 20%.[18]

Unfortunately, for too many teens, their needs for comprehensive primary and behavioral health services often go unmet. For example, 45% of teen respondents in the America's Promise survey expressed the need to have more adults they could turn to.[19] Research on teens involved in high-risk behaviors reveals that teens want to talk

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about their lives, but seldom have the opportunity to discuss important issues with their health care providers.[20] Leading adolescent medicine specialist, Dr. Angela Diaz, has found through her research with low-income, minority in New York City that adolescents engaged in the highest risk behaviors report having the greatest need to talk about their problems.[21] However, adolescents perceive correctly that primary care providers are frequently reluctant to discuss sexuality or emotional issues, resulting in lost opportunities for the prevention and early identification of reproductive and behavioral health problems.[22,23] A report by the Surgeon General reveals that 80% of teens who require a mental health evaluation do not receive one and that Hispanics, followed by Blacks, are the least likely to receive needed mental health treatment.[24] Similarly, despite increasing rates of sexually transmitted diseases and HIV, most notably among Black teens, 60% of sexually active teens have not received counseling, testing, or treatment for these conditions.[25]

At a critical point in their development when health interventions could make a significant difference, the U.S. health care service system is failing adolescents, many of whom, for various reasons are left to seek care, even sick care, on their own. Adolescents receive too little care, too late. These findings come from our study of more than 200 adolescent health care providers serving low-income youth in Boston, Denver, Houston, and San Francisco.[26] We found that preventive and primary, reproductive, and behavioral health care are not at all well matched to the unique needs of adolescents, with behavioral health care being the most problematic. Specifically, there are too few teen-friendly sites of care; that is to say, care is available only in scheduled week-day time slots; most health services are difficult for teens to access; privacy and confidentiality are not always respected; parents are an after-thought; physical, behavioral, and reproductive services are seldom co-located; and providers are often more comfortable serving younger children or adults and frequently cannot relate in ways that are culturally and linguistically effective. Pediatric practices are not organized to serve adolescents comprehensively and, perhaps surprisingly, neither are most community health centers. Reproductive health services focus almost exclusively on females. In addition, in low-income areas, mental health and substance abuse providers are in such limited supply that they are able to focus only on youth in crisis. Compounding these many provider availability and organizational problems are numerous financial disincentives, often associated with managed care, that especially impact adolescents who are insured through Medicaid or the State Children's Health Insurance Program (SCHIP).

Moreover, many low-income and minority adolescents are without health insurance, further limiting their access to necessary care. In 2005, 16% of all adolescents, ages 12 through 21 were without any form of public or private insurance coverage. Among Black teens, uninsurance rates were 19%, and among Hispanic teens they were as high as 31%, compared to 11% among White teens. Importantly, almost 60% of all uninsured adolescents have family incomes below 200% of poverty, and the vast majority of these 4.4 million adolescents are potentially eligible for Medicaid or SCHIP.[27]

Importantly, there is an emerging consensus that adolescent health care needs to proceed down a different path. We know from new neurobehavioral research that adolescence lasts for a longer period than it once did. The average onset of puberty is now 12 years -- but can be as early as 7 or 8 years, particularly for African American girls -- while the frontal lobe of the brain still does not fully mature until the late teens or early twenties.[28] As a consequence, adolescents are now vulnerable to risk-taking, sensation-seeking, and emotionally influenced behavior for perhaps as long as eight to 10 years before cognitive control and effective regulation is more firmly established. At the same time, adolescence marks an intensification of many types of goal-directed behaviors and passions. This

research strongly suggests the importance of guidance and control from caring adults and health professionals in the context of positive youth engagement.[29,30,31,32]

In addition, we know that leaders in the health field have endorsed the positive youth development philosophy as the essential framework for adolescent health policies and programs.[33,34,35] Providers typically rely on a problem-based approach to diagnosis and intervention, yet they are increasingly acknowledging new research showing that poor academic performance and negative peer group influences, not individual behavioral risk factors, are the most powerful predictors of risk, and family involvement is the most significant protective factor for adolescents.[36,37,38] According to Dr. Robert Blum, Chair of Population and Family Health Services at Johns Hopkins School of Public Health, "It is not sufficient to have more trained adolescent medicine specialists. What is important is to ensure that health care services are available at the institutions and sites to which adolescents, particularly those engaged in multiple risk behaviors, are already connected. Further, parents need both skills and support to develop and maintain close, caring relationships and connect with their children as they progress through teenage years."[39]

Establishing a more effective health care financing and delivery system for adolescents, with a particular focus on reducing high-risk behaviors, has the potential not only to improve the short and long term quality of life for adolescents but to lower health care expenditures now and in the future. Health behaviors initiated in adolescence have important consequences for adult morbidity and mortality, and associated productivity. One published study estimated the cost of these health problems to be $700 billion in 1998, the equivalent of $950 billion in today's dollars.[40] Taking into account education, welfare, and juvenile justice expenditures that can be attributed to the unaddressed physical, emotional, and behavioral health problems of adolescents, national outlays would be estimated even higher. Structuring a health care system that meets the unique needs of our adolescents makes sense for them and for our nation as a whole.

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Endnotes

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The National Alliance to Advance Adolescent Health provides education, research, policy analysis, and technical assistance to achieve fundamental improvements in the way that adolescent health care is structured and delivered in the United States. Its mission is to enhance the physical and emotional well-being of adolescents, especially those who are low-income and minority, by improving the health care delivery model for adolescents and achieving the infrastructure changes needed to support it. The National Alliance seeks to promote comprehensive, interdisciplinary models of physical, mental, behavioral, and reproductive health care that incorporate a youth development philosophy and operate in collaboration with schools and other community-based programs. It also seeks to ensure that all adolescents have health insurance coverage for the services they require.

For more information about our work and available publications, contact Corinne Dreskin at The National Alliance to Advance Adolescent Health: cdreskin@TheNationalAlliance.org. Also visit our website: www.TheNationalAlliance.org.

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