

# Adolescent Development, Implications, and Policy Needs

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**NAHIC**

National Adolescent and  
Young Adult Health  
Information Center

**UCSF**

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# Overview

- Demographics
- Development and Health Issues of Adolescence and Beyond
- Special Populations
- Access to Health Care and Utilization
- The Affordable Care Act and AYA
- Unique Needs of Adolescents and Young Adults and Their Impact on Health Policy



# Argentina

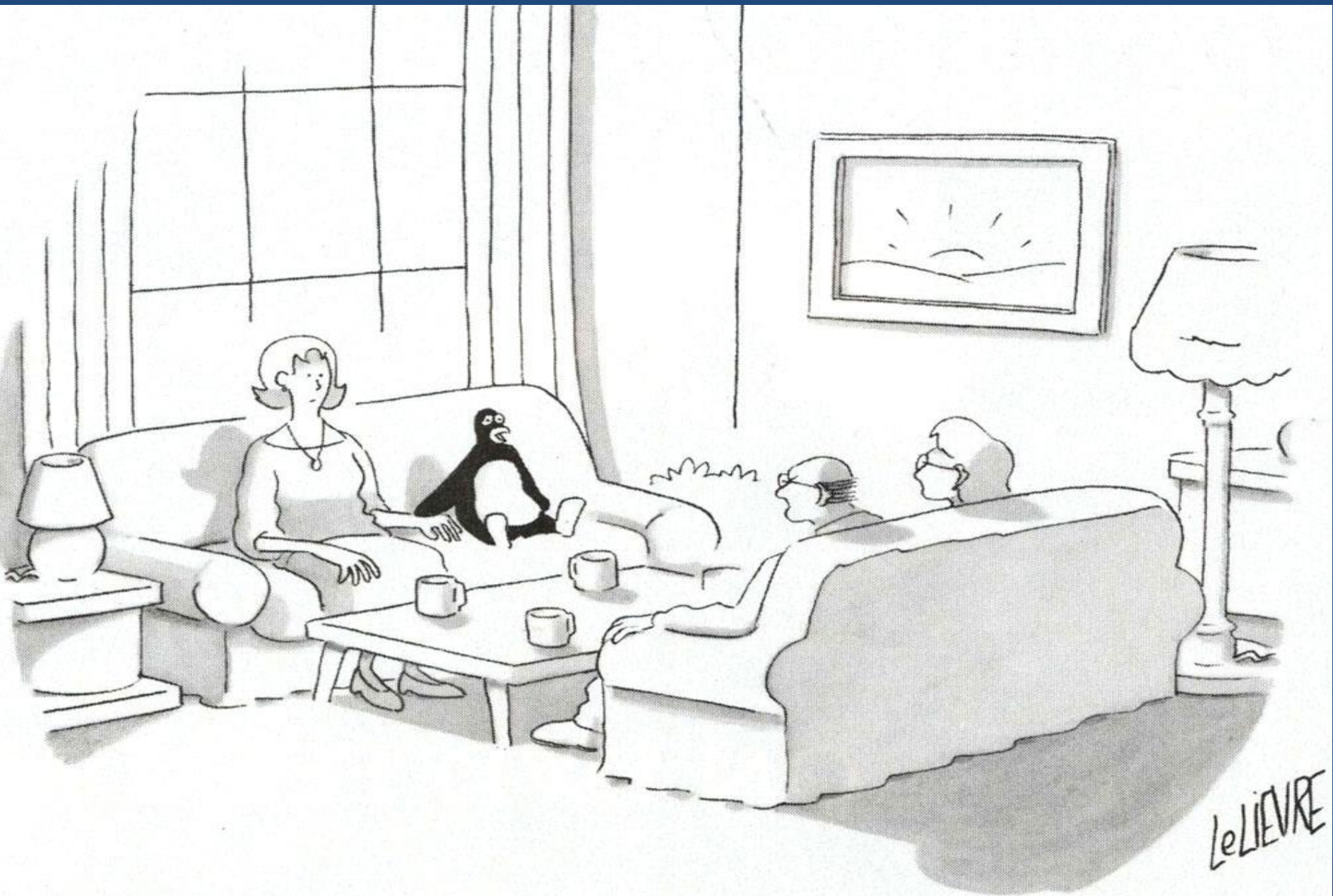






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# DEMOGRAPHICS

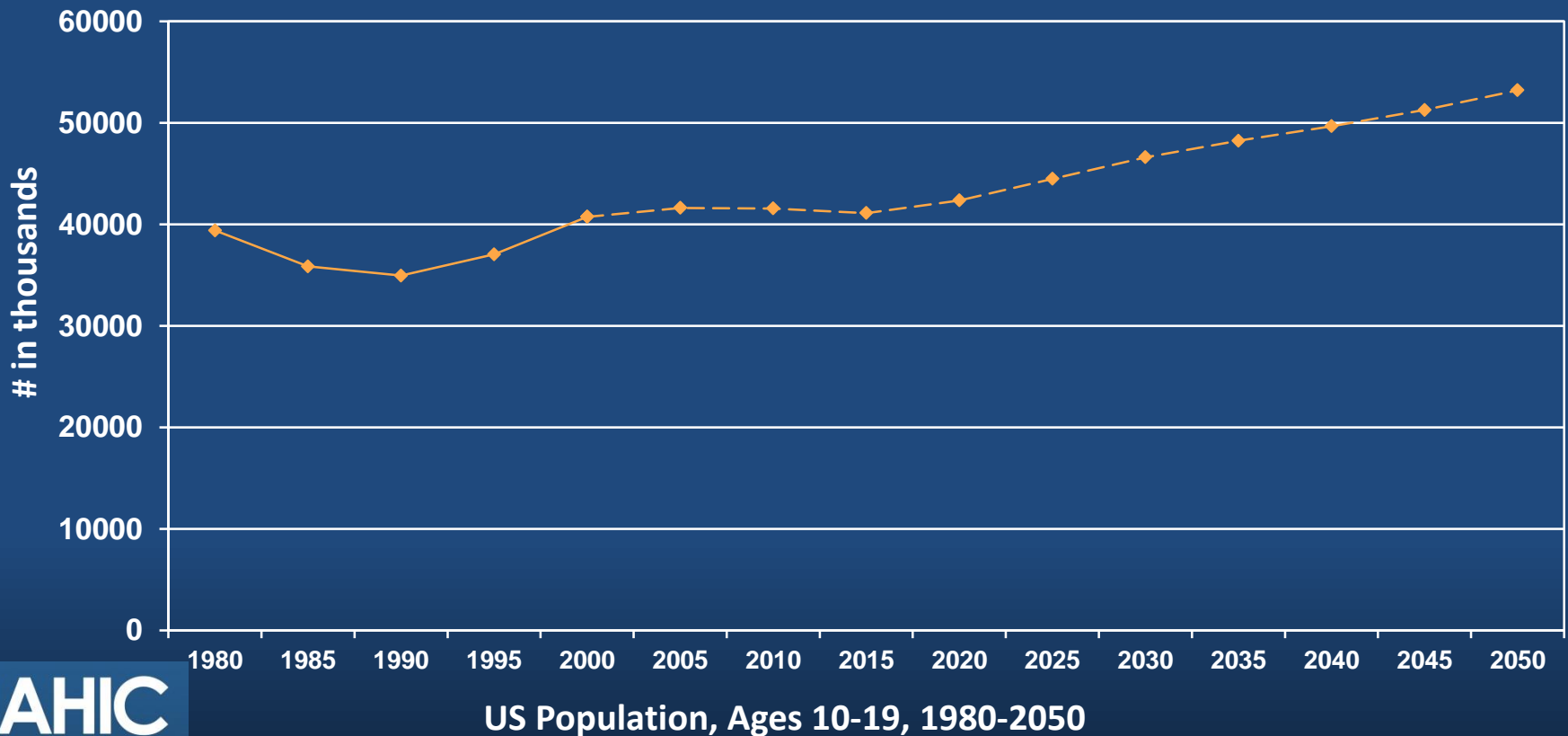


*“Actually, I prefer the term Arctic-American.”*



# Adolescents & Young Adults – *Who are they?*

- Between 1990 and 2020, the number of adolescents ages 10-19 is projected to increase from 35 to 42 million; representing 13% of the total population.



# Why adolescents and young adults need policy makers' attention...

- Adolescents/young adults ages 10-24 - diverse and growing segment

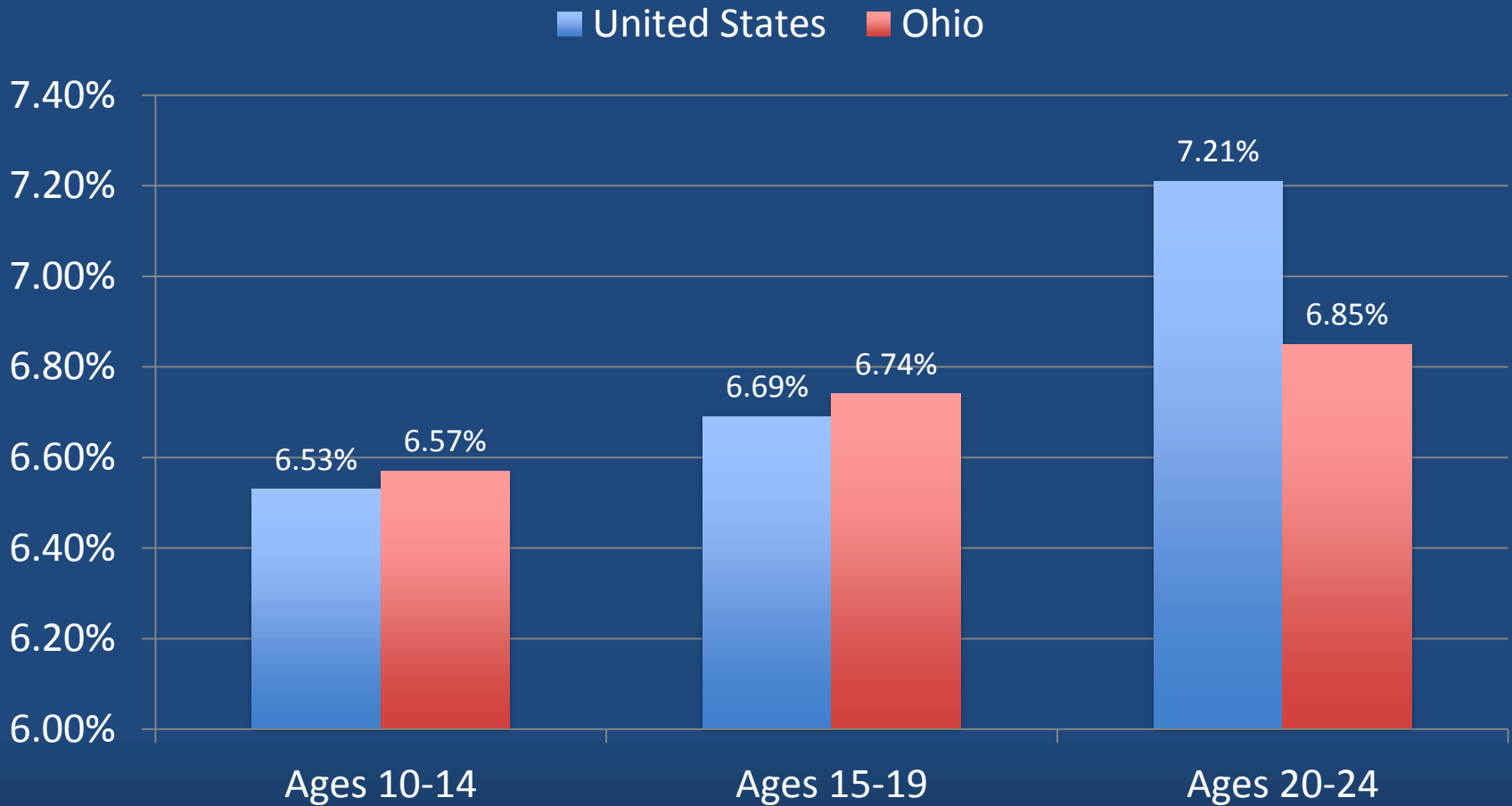
**\* Between 1990 - 2006, ^ from 40 to 63 million.**

- **55% White, non-Hispanic (NH)**
- **17% Hispanic**
- **14% Black**
- **4% Asian/Pacific Islander**
- **0.9% American Indian/ Alaskan Native**
- **10% Other**

# Why adolescents and young adults need policy makers' attention...

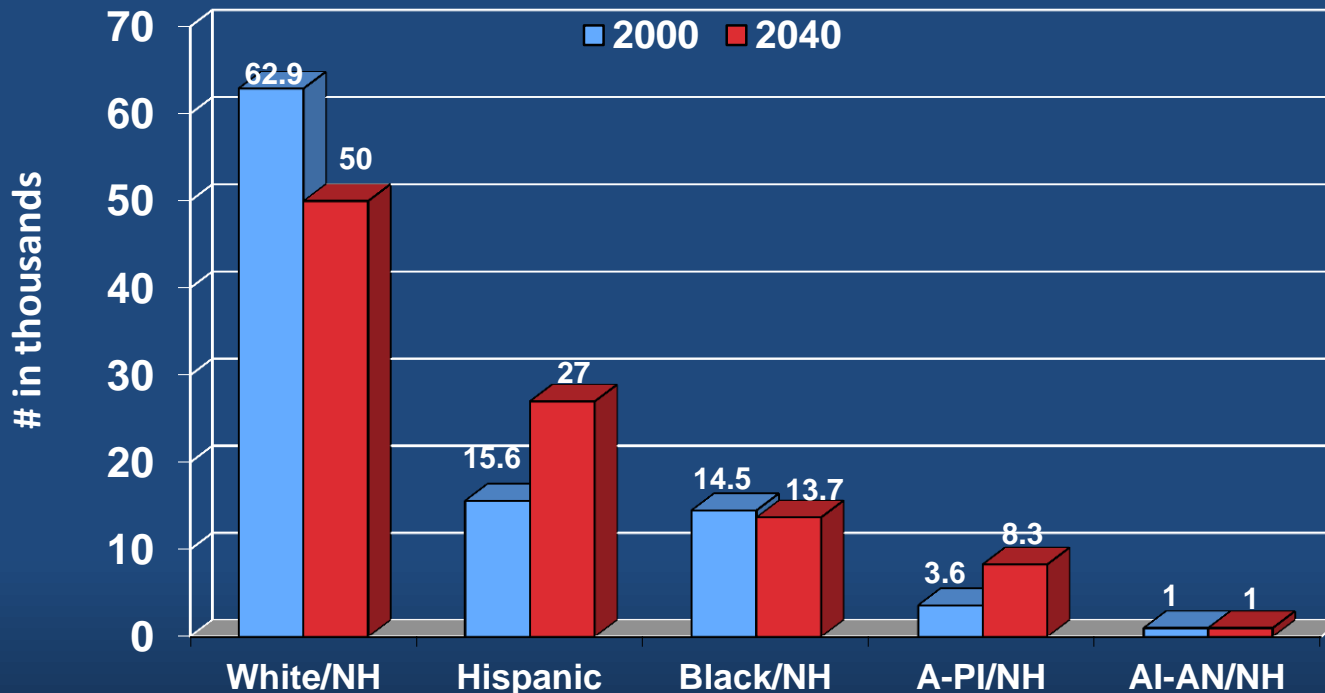
- One in 10 were immigrants or foreign-born: Hispanic (64%) or Asian/Pacific Islander (21%).
- 17% of adolescents ages 12 to 17 have a special healthcare need.
- 5% of young adults (ages 19–29) have a disabling chronic condition.

# Adolescents & Young Adults – *Ohio vs. United States*



# Adolescents & Young Adults – *An increasingly diverse population*

- The racial/ethnic diversity among adolescents will increase:
- White, non-Hispanics will decrease by 21% between 2000 and 2040.







# **DEVELOPMENT IN ADOLESCENCE AND YOUNG ADULTHOOD**

# A Developmental Rationale

**Early adolescence  
10-14 years**

**Puberty heightens  
emotional rousability,  
sensation-seeking,  
reward orientation**

**Mid adolescence  
15-19 years**

**Period of heightened  
vulnerability to risk  
taking, problems in  
terms of affect &  
behavior**

**Late adolescence/  
Emerging adulthood  
20-24 years**

**Maturation of brain  
facilitates  
regulatory  
competence**

# Biopsychosocial Development During Adolescence/ Emerging Adulthood

Early Adolescence (Age 10 –14 Years)

Characteristics	Impact
1) Onset of puberty, becomes concerned with developing body.	Questions concerning normality of physical maturation, stages of development and how process relates to peers of same gender. Important to normalize differences.
2) Begins to expand social relationships beyond family.	Encourage teens to begin to take responsibility for own health - in consultation with parents. Begin time alone with patient.
3) Begin transition from concrete to abstract thinking.	Continue anticipatory guidance to parents & add prevention education for teen. Concrete thinking requires straight forward explicit messages.

# Biopsychosocial Development During Adolescence/ Emerging Adulthood

Middle Adolescence (Age 14 – 18 years)

Characteristics	Impact
1) Pubertal development usually complete, sexual drives emerge.	Explores ability to attract others. Sexual experimentation (same and opposite sex) begins.
2) Peer group sets behavioral standards, family values usually persist.	Peer group influences engagement in positive and negative health behaviors; peers offer key support. Emphasize making good choices and taking responsibility.
3) Conflicts over independence.	Increased assumption of independent action, with desire for parental support/guidance. Encourage negotiation. Increase involvement of teen in setting health goals & how to manage health situations. Reinforce adolescents' growing competencies.
4) Emergence of abstract thinking with new cognitive competencies.	Increased ability to process information and reflect. Leads to questioning adult behavior. May consider broader range of possibilities/options, but not able to integrate into real life.



# Biopsychosocial Development During Adolescence/ Emerging Adulthood

Late Adolescence/Emerging Adulthood (Age 18 – 24 Years)

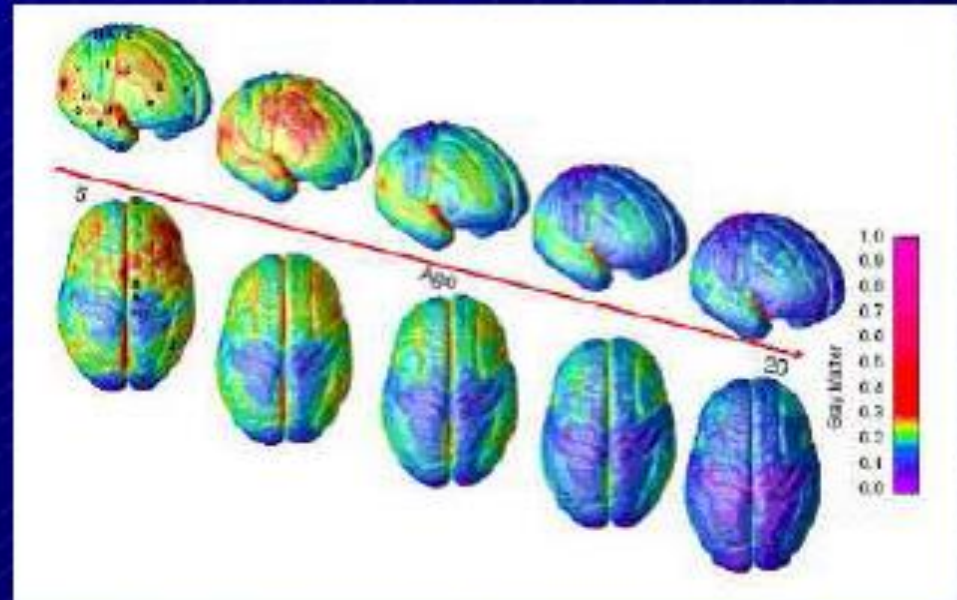
Characteristics	Impact
1) Physical maturation complete. Body image and gender role definition clearer.	Begins to feel comfortable with relationships and decisions regarding sexuality and preference. Individual relationships become more important than peer group.
2) Individuals less ego-centric; able to understand others.	More open to questioning regarding behavior. More able to work with clinician on setting goals and changing behavior.
3) Idealistic	Idealism may lead to conflict with family or authority figures.
4) Identity Exploration/Life roles begin to be defined	Interested in discussion of life goals & how they impact health.
5) Cognitive development nearing completion	Most are capable of understanding a full range of options for health issues. Important to help them become competent in negotiating the health care system.

# The Adolescent Brain: A Work in Progress



# Adolescent Brain Development

- Brain development now extends into the adolescent years
- Most of this development occurs in the frontal lobe
  - Executive functions
  - Planning
  - Reasoning
  - Impulse Control



# Health Issues of Adolescence & Young Adulthood

*Significant period of:*

- Bio-psycho-social development.
- Major life transition from childhood to adulthood.

# Health Issues of Adolescence & Young Adulthood

*Significant period of:*

- Normal experimentation & adoption of adult behaviors/identities.
- Increased independence in:
  - How they spend their time and form relationships (e.g., more opportunities for romantic and sexual relationships)
  - Work and/or perform community volunteer service
  - Potentially getting in trouble with the law



# Health Issues of Adolescence & Young Adulthood

*Therefore it is a critical time to:*

- Foster healthy choices, life skills, & nurturing relationships to help youth thrive as adults;
- Provide needed support to reduce risk of negative development and outcomes; and
- Increase recognition of the role of social determinants and disparities impacting health and well-being.



**“At your age, Tommy, a boy’s body goes through changes that are not always easy to understand.”**

# Health Issues of Adolescence & Young Adulthood

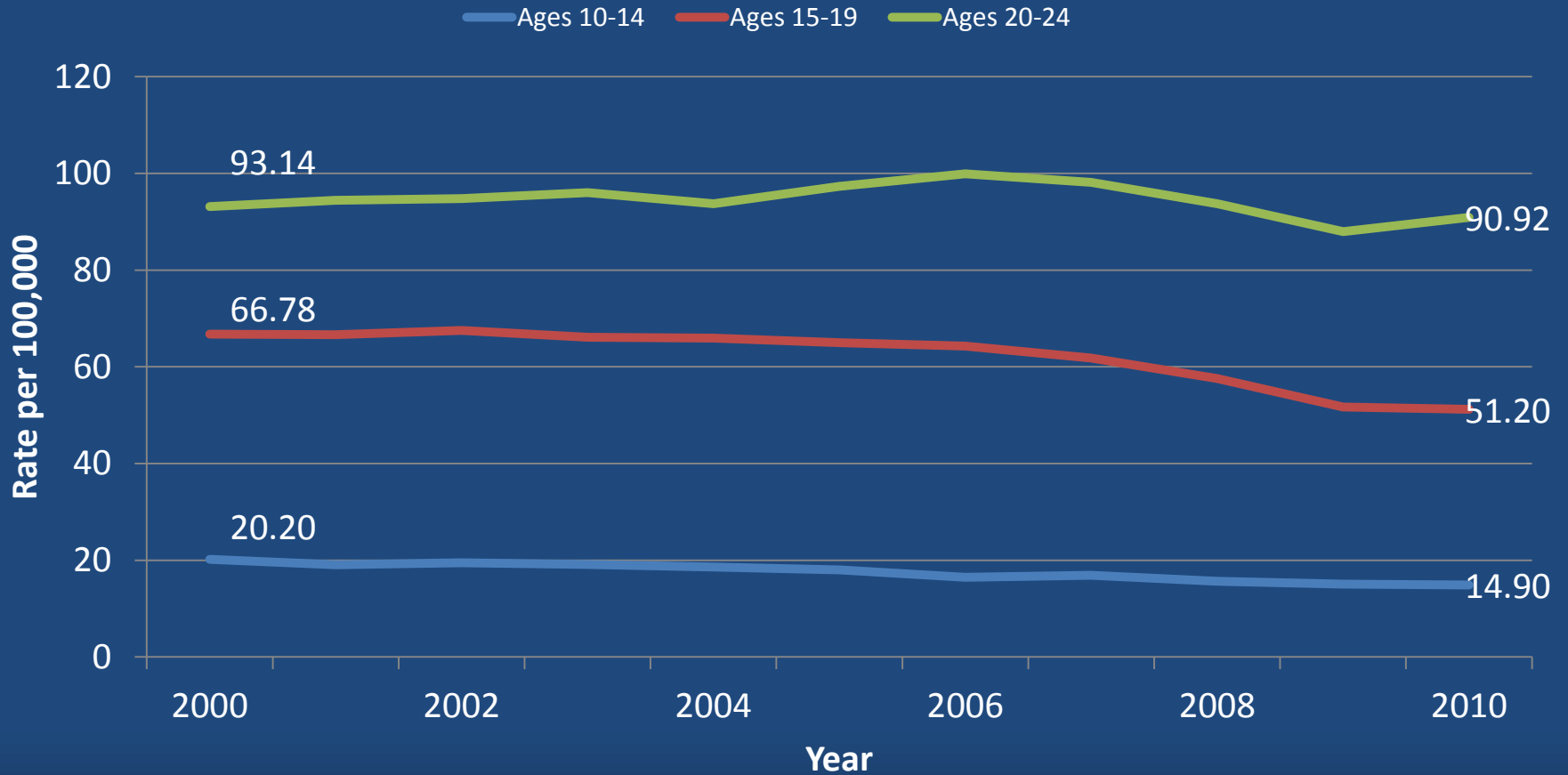
- The major health problems of late adolescence and early adulthood are largely preventable  
Opportunity to promote positive development and a lifetime of healthy behaviors
- Few youths have serious impairment that interferes with daily functioning, BUT
- Those with chronic conditions, including mental health disorders, are learning to manage these conditions with increasing independence

# Unique Needs of Adolescents and their Impact on Health Policy

- Delayed School Start Times
  - 2/3 of adolescents report insufficient sleep
  - 1/3 of young adults report insufficient sleep
- Insufficient sleep associated with increased risk for unintentional injuries (car accidents), increased stimulant use, negative moods, higher levels of risk-taking behaviors, poor academic performance
- Some school districts are delaying school start times in order to allow more sleep for students

# Findings: Mortality

## Mortality rates by Age, 2000-2010

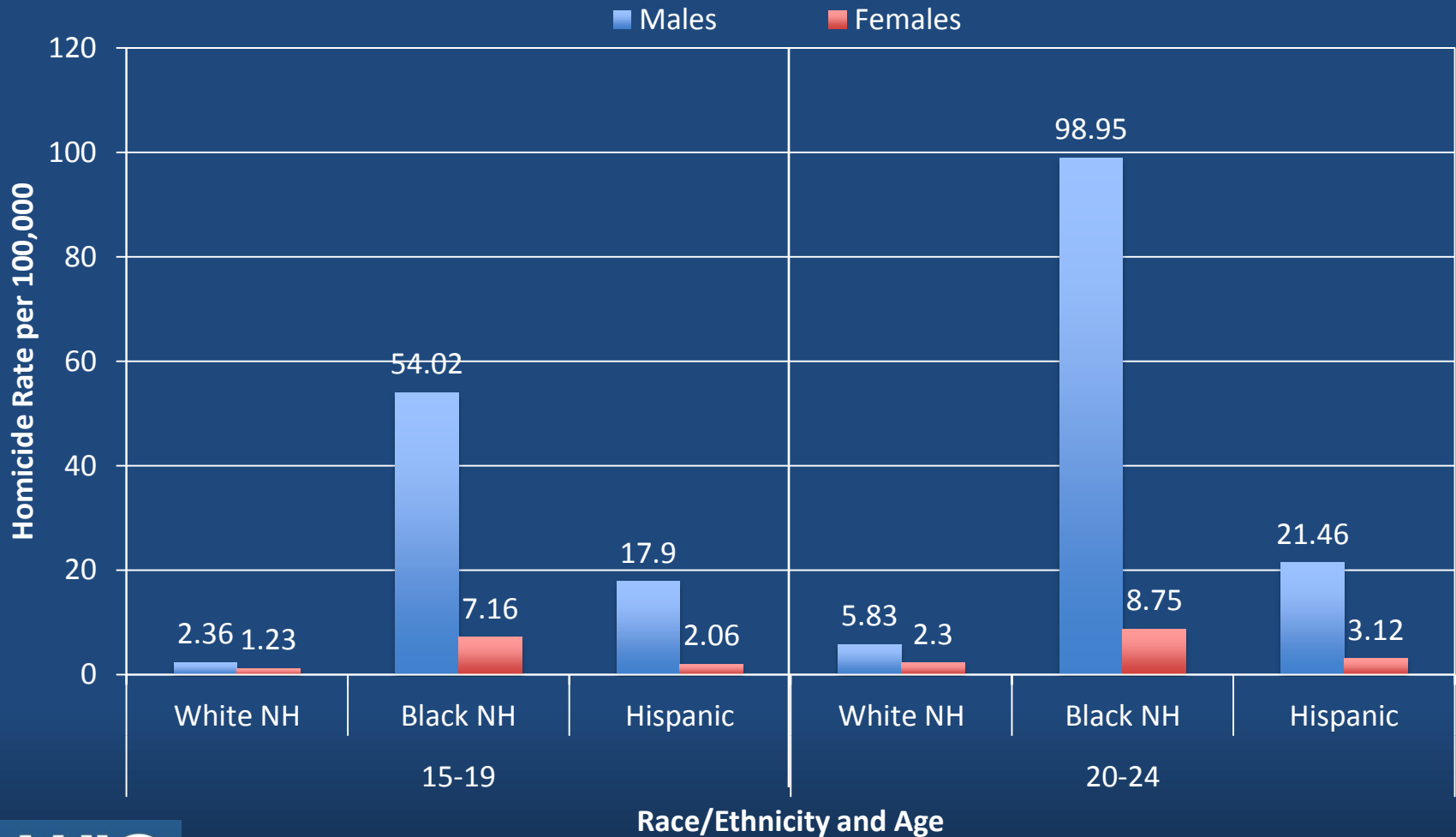




# Adolescent and Young Adult Health: Leading Causes of Death

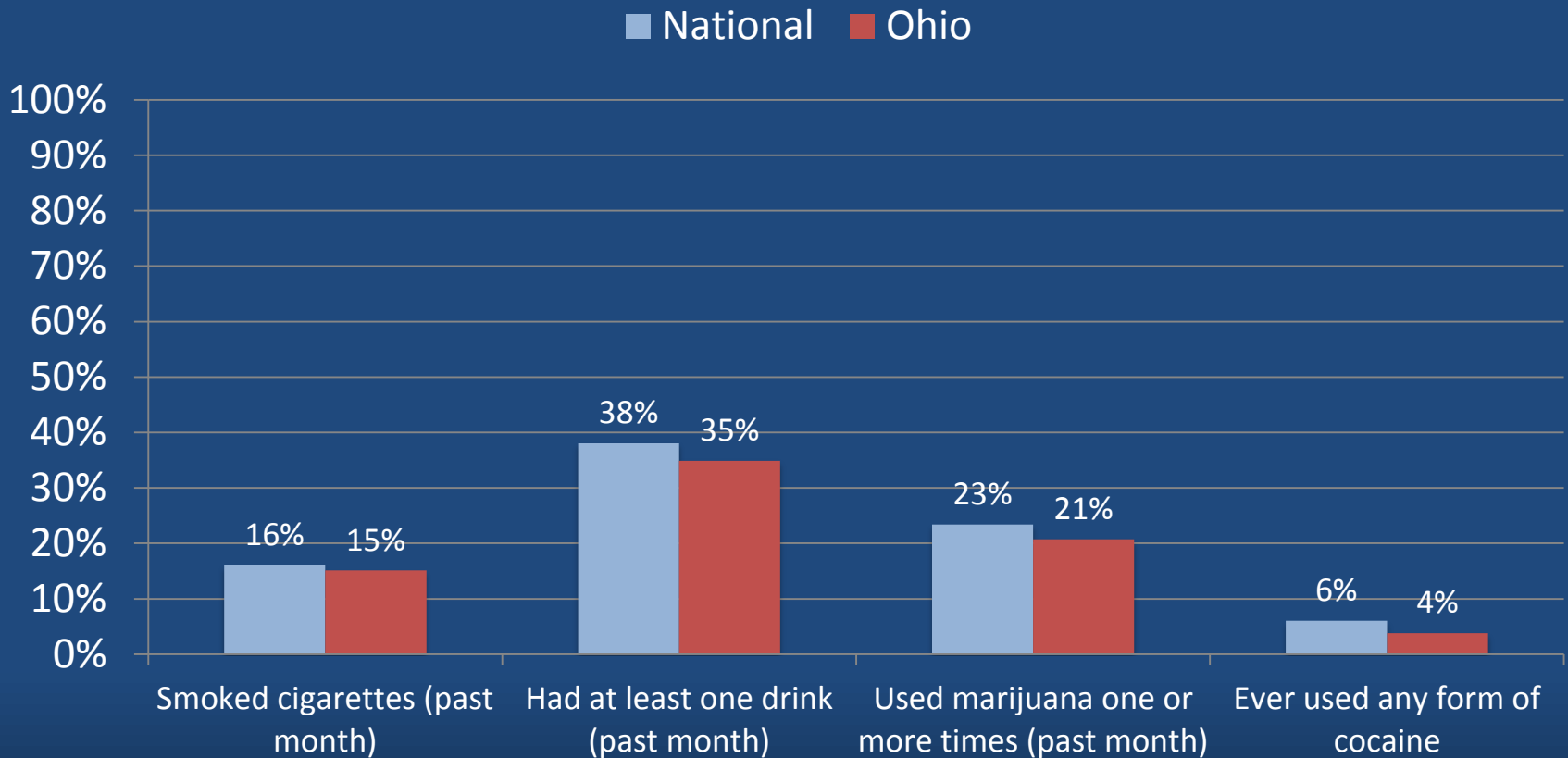
Ages 10-14	Ages 15-19	Ages 20-24
1. Unintentional Injury	1. Unintentional Injury	1. Unintentional Injury
2. Malignant Neoplasms	2. Homicide	2. Suicide
3. Suicide	3. Suicide	3. Homicide
4. Homicide	4. Malignant Neoplasms	4. Malignant Neoplasms
5. Congenital Anomalies	5. Heart Disease	5. Heart Disease
6. Heart Disease	6. Congenital Anomalies	6. Congenital Anomalies
7. Chronic Lower Respiratory Disease	7. Cerebrovascular	7. Influenza & Pneumonia
8. Benign Neoplasms	8. Chronic Lower Respiratory Disease	8. HIV
9. Cerebrovascular	9. Influenza & Pneumonia	9. Complicated Pregnancy
10. Septicemia	10. Benign Neoplasms	10. Diabetes Mellitus

# Homicide Rates by Race/Ethnicity and Gender 15-24 year olds, 2010



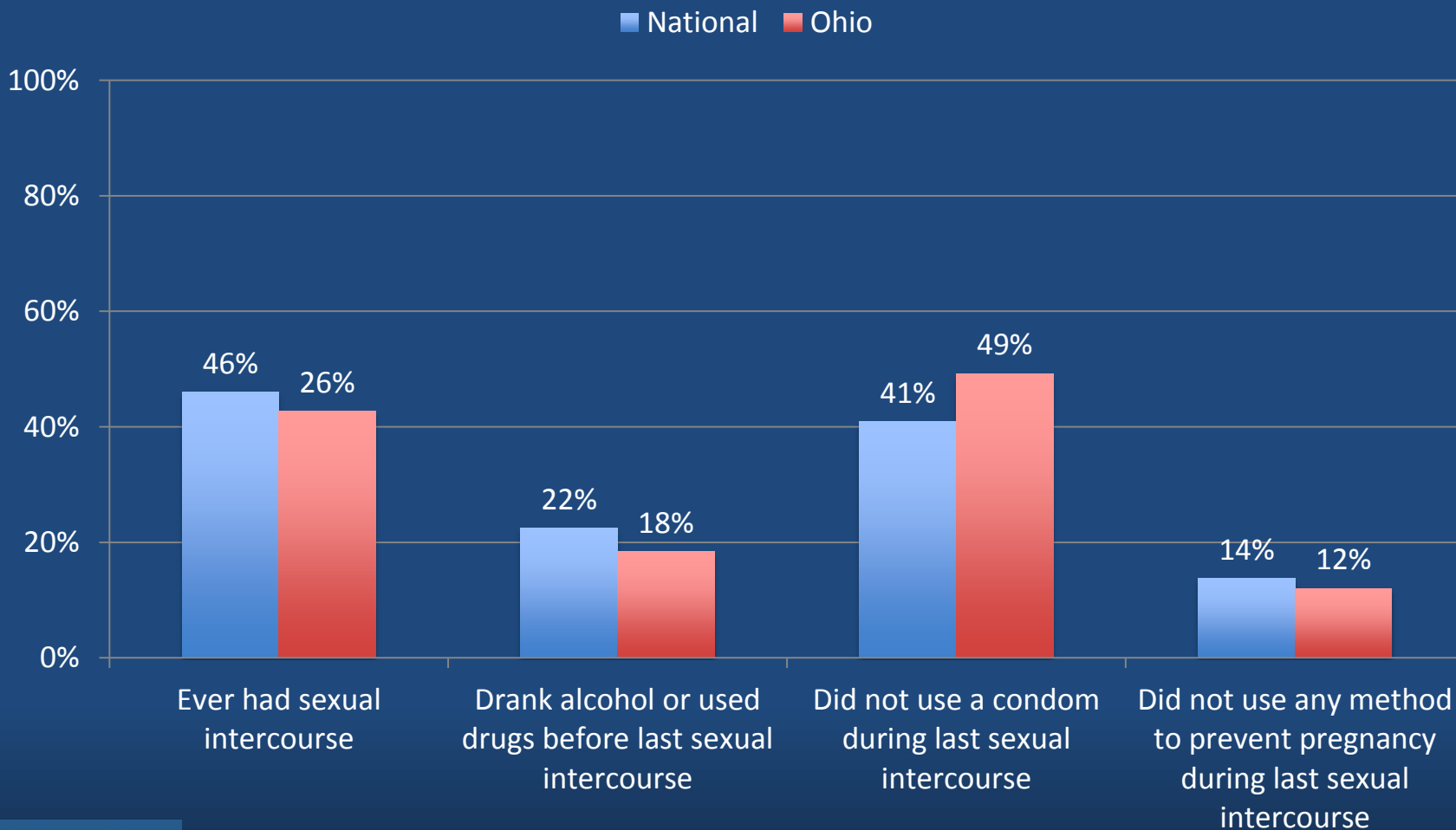
# Adolescent and Health: Substance Use

## Substance Use Behaviors among High School Students, 2013



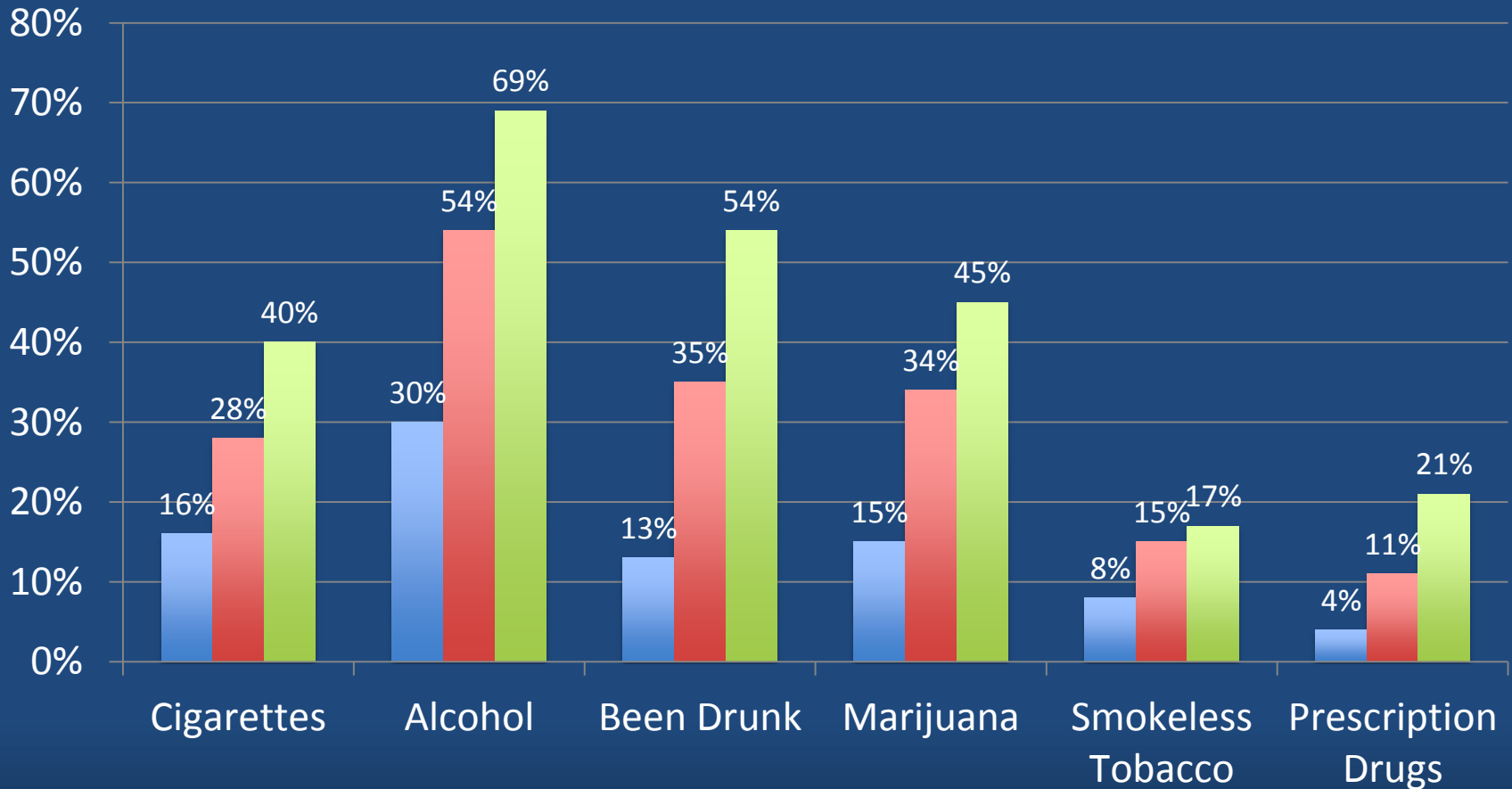
# Adolescent Health: Sexual Behaviors

## Sexual Risk Behaviors among High School Students, 2013

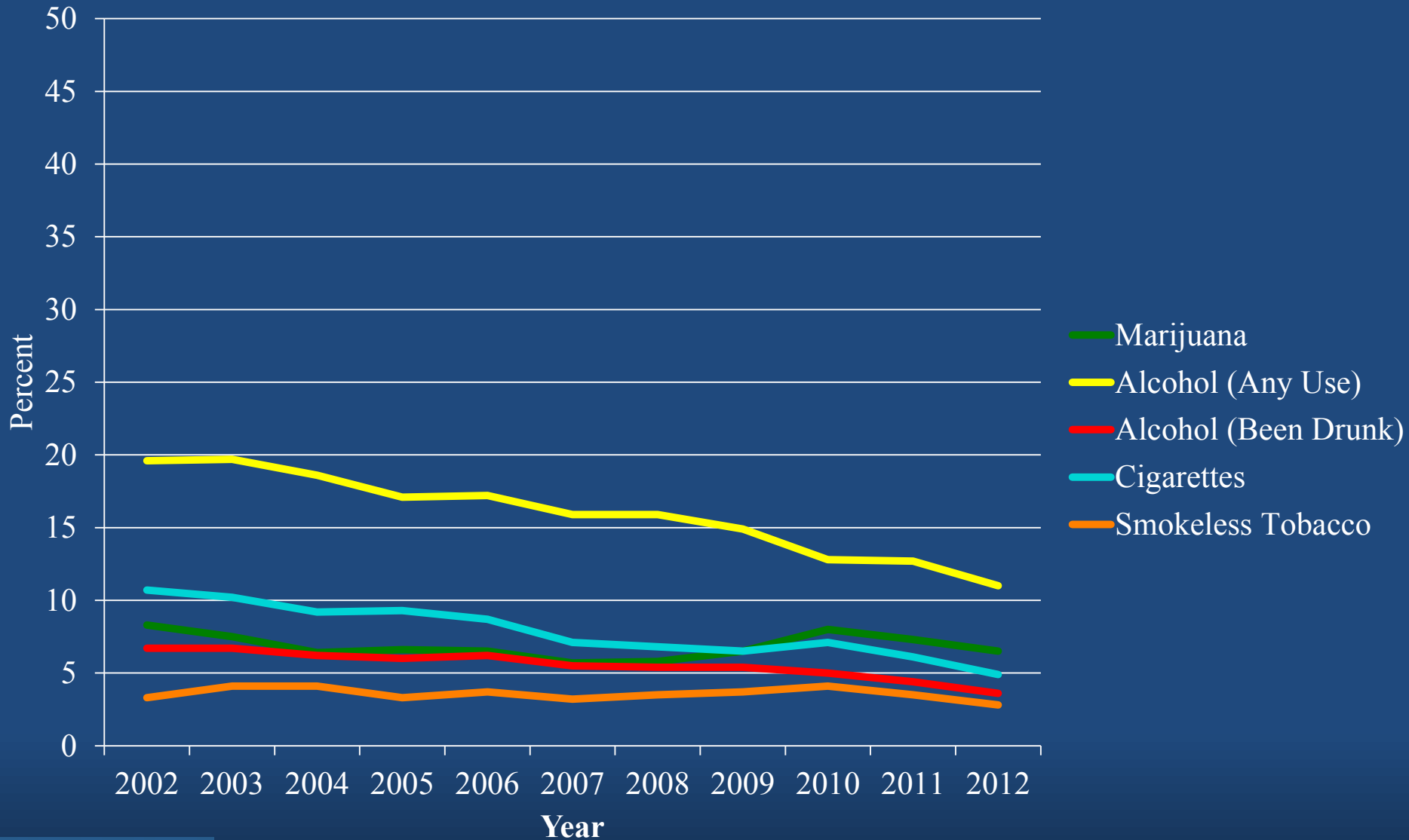


# Substance Use Over Time, by Grade

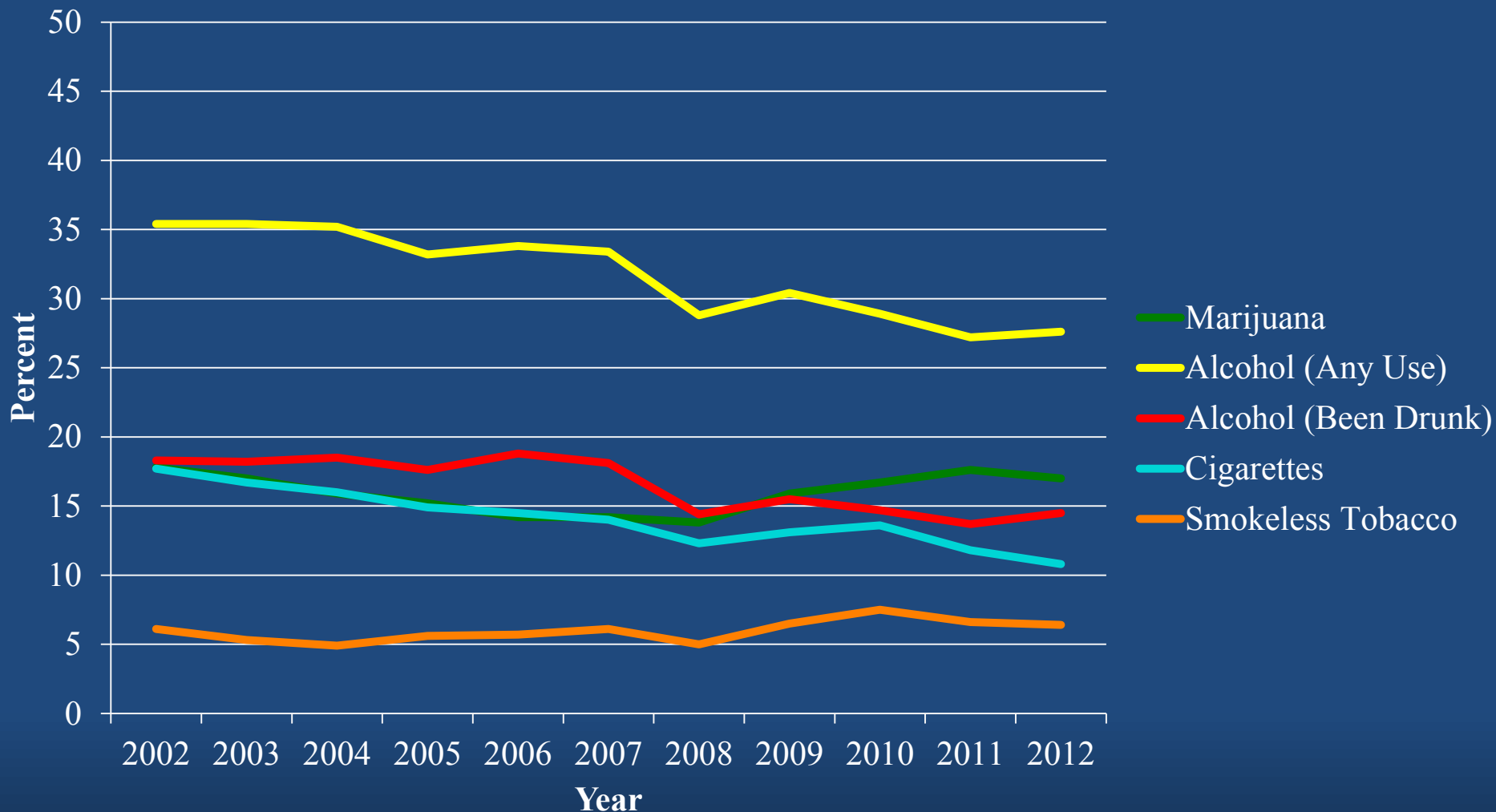
8th Grade 10th Grade 12th Grade



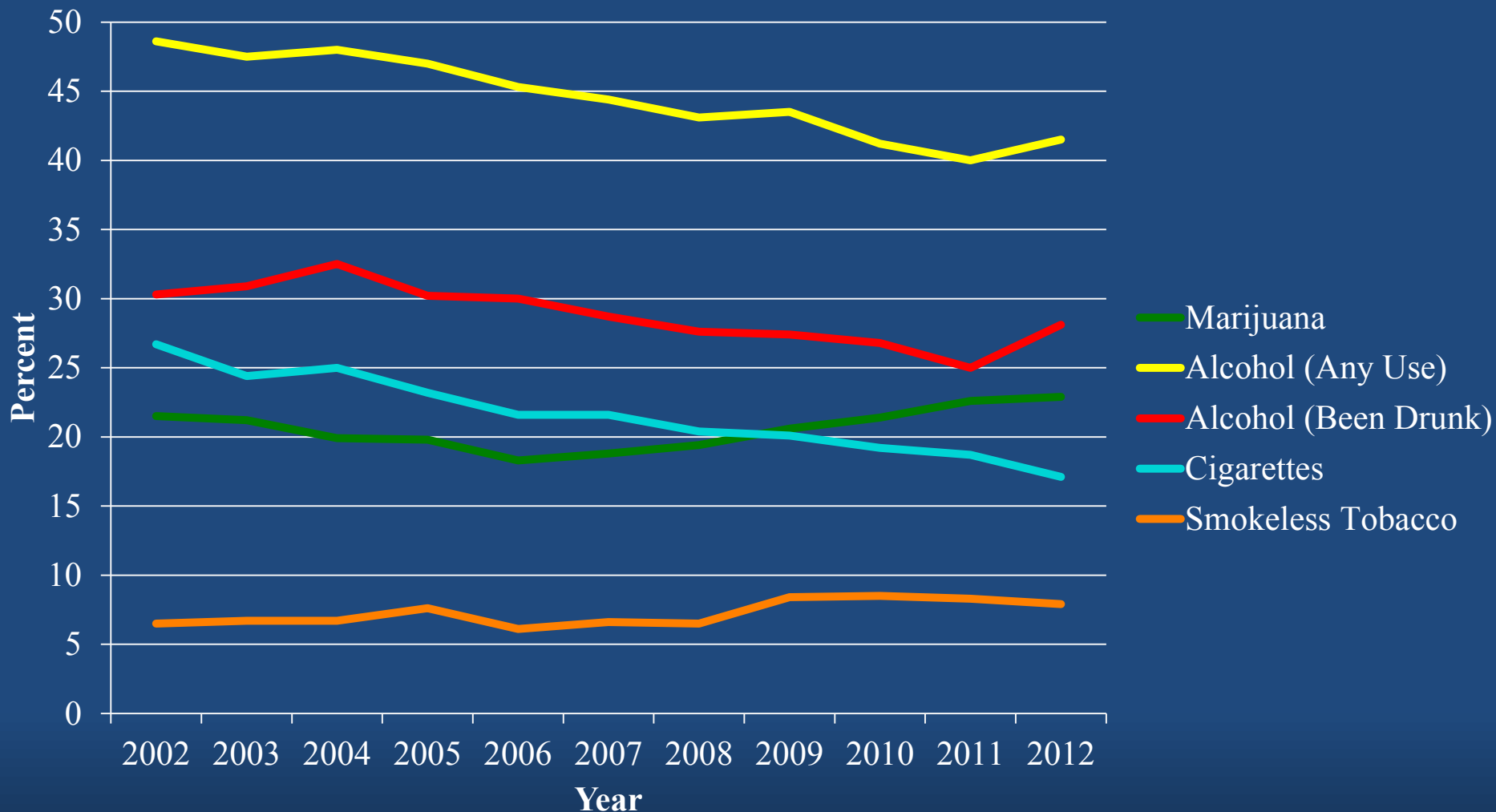
# Trends in 30-Day Prevalence of Substance Use among 8th Grade Students, 2002-2012



# Trends in 30-Day Prevalence of Substance Use among 10th Grade Students, 2002-2012



# Trends in 30-Day Prevalence of Substance Use among 12th Grade Students, 2002-2012





# Health Conditions of Adolescents and Young Adults

- Critical period –
  - Intervention—chronic health conditions.
  - Identify & treat mental health problems – symptoms of  $\frac{3}{4}$  of lifetime diagnosable problems by age 24.
- Depression is a major risk factor both in terms of contributing to suicide, as well as substance abuse and risky sexual behavior.

# Health Conditions of Adolescents and Young Adults

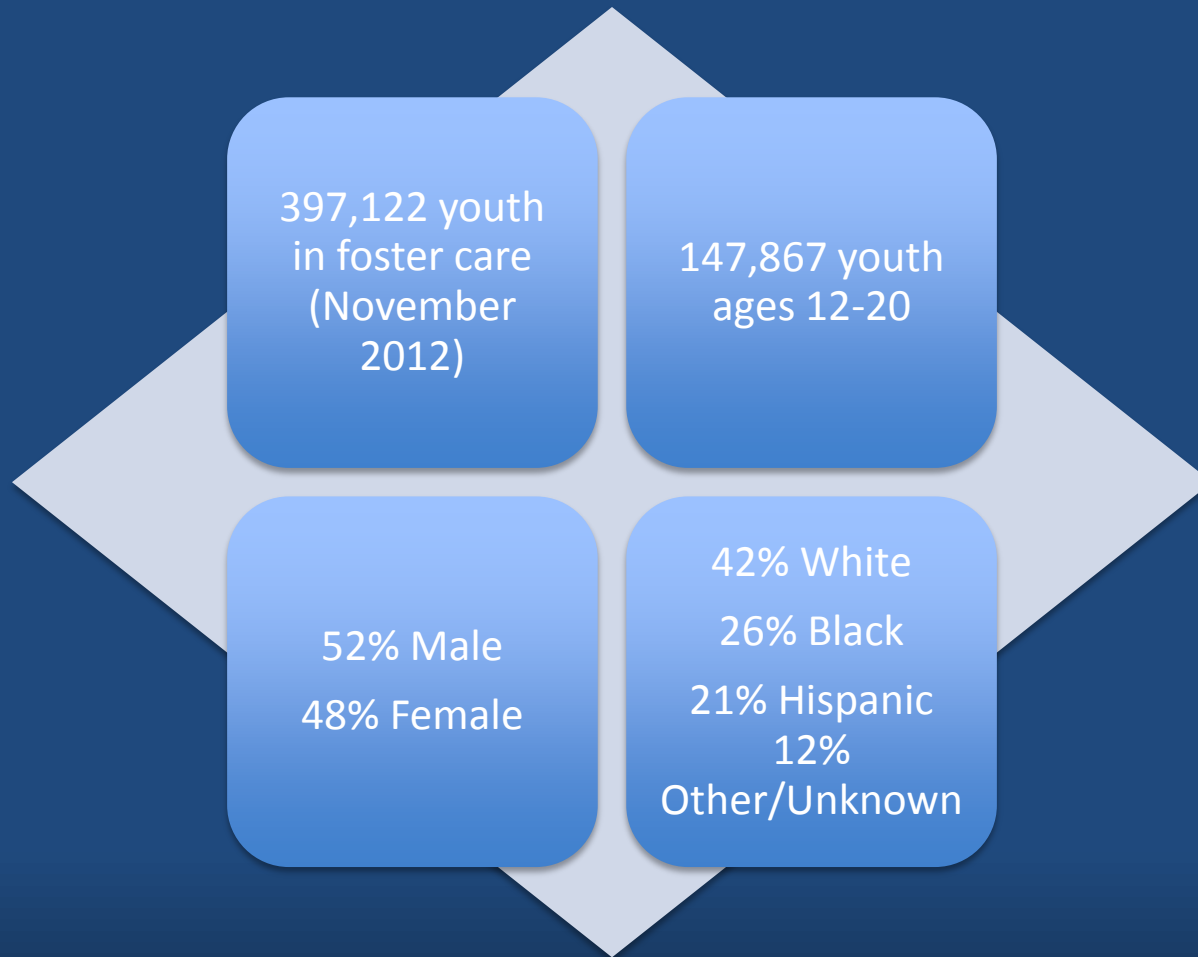
- Childbirth is the leading cause of hospitalization, followed by trauma and mental health disorders.
- Youths ages 15 to 24 have the highest rate of visits to emergency departments, after ages <4 and >75.

# **SPECIAL ADOLESCENT AND YOUNG ADULT POPULATIONS**

# Special Populations

- Juvenile Justice
- Foster Care
- Homeless
- Youth with Special Health Care Needs
- Lesbian, Gay, Bi-Sexual, Trans, Queer, Questioning Youth
- Other

# Foster Youth by the Numbers



# Homeless Youth: Demographics

- Homeless population consists of transient individuals who are largely underserved – difficult to track population
- Estimate: 1.7 million unaccompanied homeless youth under age 18;
- 380,000 homeless for more than one week; 130,000 homeless for more than 1 month
- Large numbers of minority youth and LGBT individuals

# **ACCESS TO HEALTHCARE AND UTILIZATION**

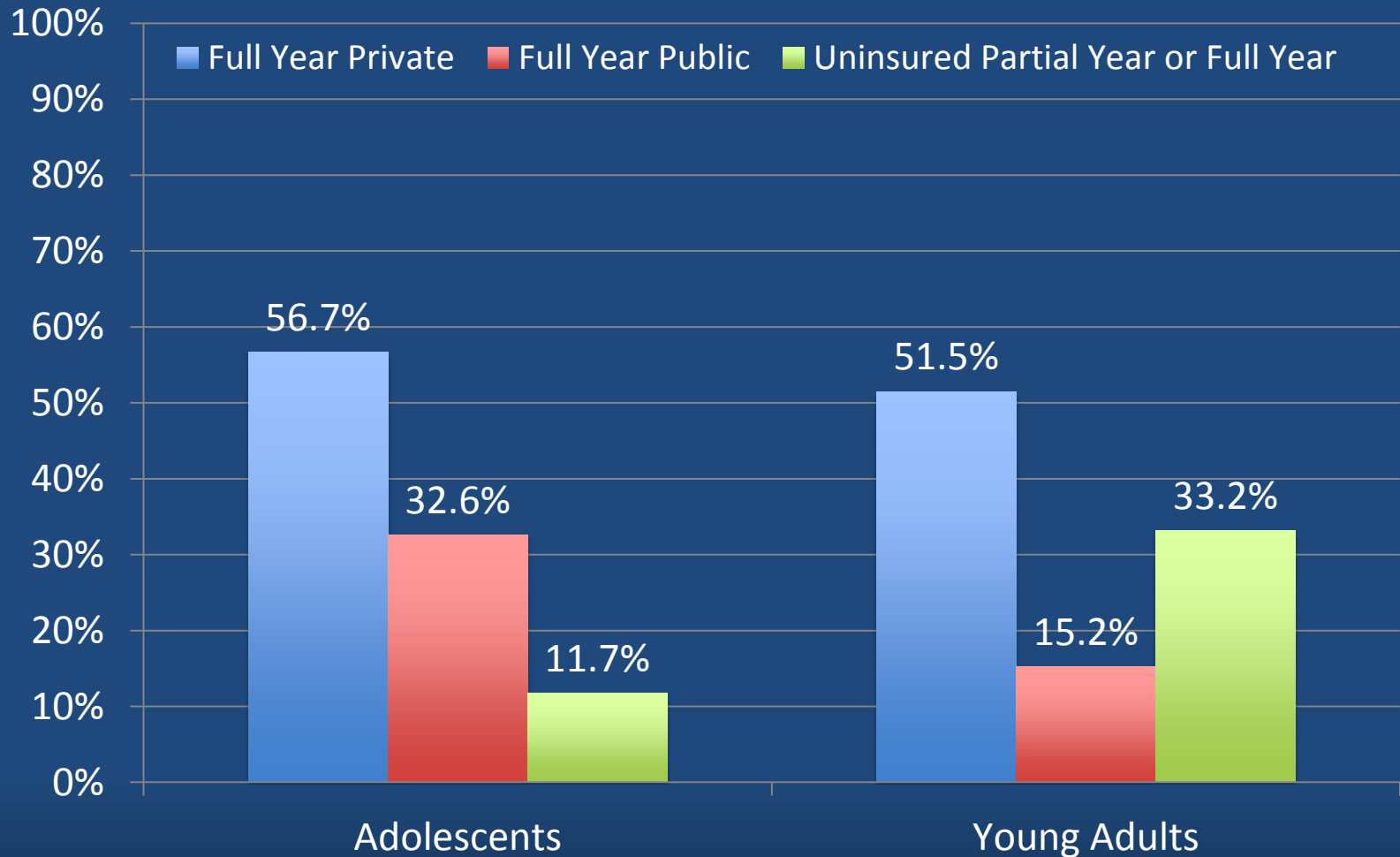
# Before Affordable Care Act Health Insurance Coverage

- Adolescents & young adults insured at lower rates than younger children
- Continuous health insurance coverage for at least a year (2011)
  - 89% of adolescents (ages 10-17)
  - 67% of young adults (ages 18-25)
- *Uninsured* full-year or part-year
  - 12% of adolescents (ages 10-17)
  - 33% of young adults (ages 18-25)

Sources: NAHIC/UCSF analysis of National Health Interview Survey; English & Park, 2012



# Percent Insured by Age Group & Type, 2011



*National Health Interview Survey, 2011*

# Differences between Adolescent and Young Adult Health Care Utilization

## Adolescents

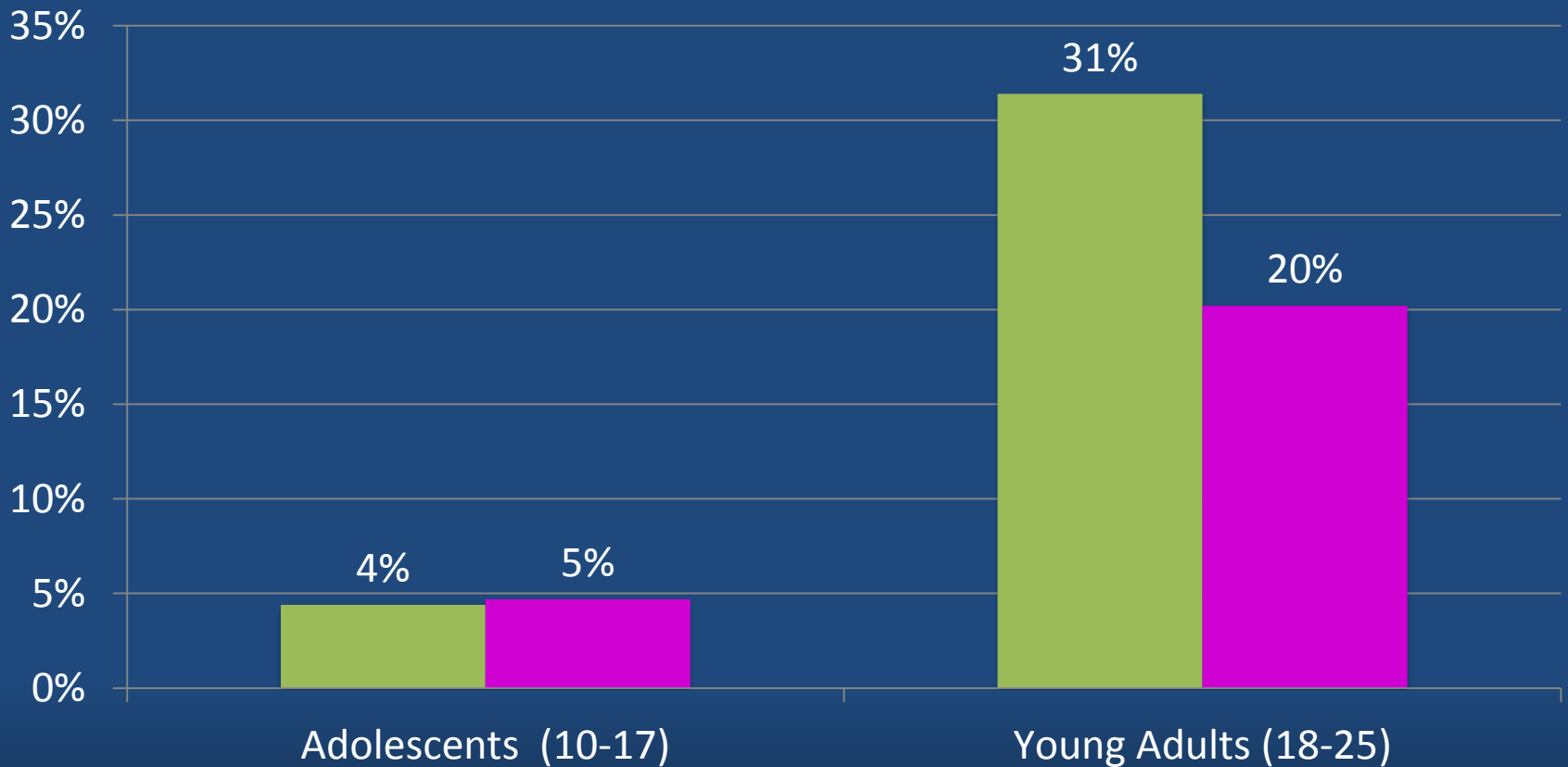
- Identified health care provider - pediatricians.
- Organizational structure for care exists.
- Not high users of non-traditional sources of care.
- Minors under age 18; parents accompany them on provider visit.

## Young Adults

- No identified health care provider (differs by gender).
- No identified organizational structure for care.
- High users of non-traditional sources of care.
- Rights and responsibilities change after age 18.

# No Usual Source of Health Care by Age and Gender, 2011

■ Males ■ Females



# Health Care Systems Falls Short

Only 38% of adolescents received well visit (past year):

- Noncitizen children (44%) were less likely to have well-visits.
- Low-income and full-year uninsured were associated with higher risk for not receiving this visit: 19% for Hispanics with public insurance, as compared with 22% Blacks and 27% white children.
- Regional disparities: e.g. West South Central (45%), East South Central (49%), and Mountain (50%) regions were less likely to receive services.

# Are adolescents receiving the preventive health visits they need?

## *The Role of Clinical Guidelines*

- National Committee Quality Assurance (NCQA) Guidelines (HEDIS- Health Committee on Quality Assurance) have 4 Adolescent-Specific Measures:
  - Annual visit to provider
  - Screening for alcohol use
  - Immunization status
  - Screening sexually active females for *Chlamydia trachomatis* (over 15 years old)
- Consensus guidelines from national organizations
  - AAP, AMA, AAFP, MCHB (Bright Futures)

# Utilization Patterns among Adolescents

- 38% of adolescents had a preventive care visit in previous 6 months.
- Low income (32%) and full year uninsured teens were at greater risk for not receiving this visit (23%).
- 45% of publicly insured adolescents were screened as compared to 42% of privately insured youth.
- While height (87%), weight (89%), and blood pressure (78%) occurred most frequently, rates were lower for the poor and uninsured (Irwin, et al, 2009).

# How do adolescents use services? Prevention, Content of Visits, and Anticipatory Guidance

- Anticipatory guidance –
  - 31% for seat belts, helmets, and secondhand smoke to
  - 49% for healthy eating.
  - Only 10% had all 6 prevention areas addressed.
- 40% of adolescents had ‘time alone’ with their providers: 42% for males vs. 37% of females.
- Hispanic, younger females, and the lowest-income adolescents were the least likely to have ‘time alone’.

# Health Care Systems Falls Short

- 54% adolescents received care in a medical home (2007).
- Lower for some conditions:
  - 46% of those with a mental health condition,
  - 35% of those with both a physical health condition AND a mental health condition.



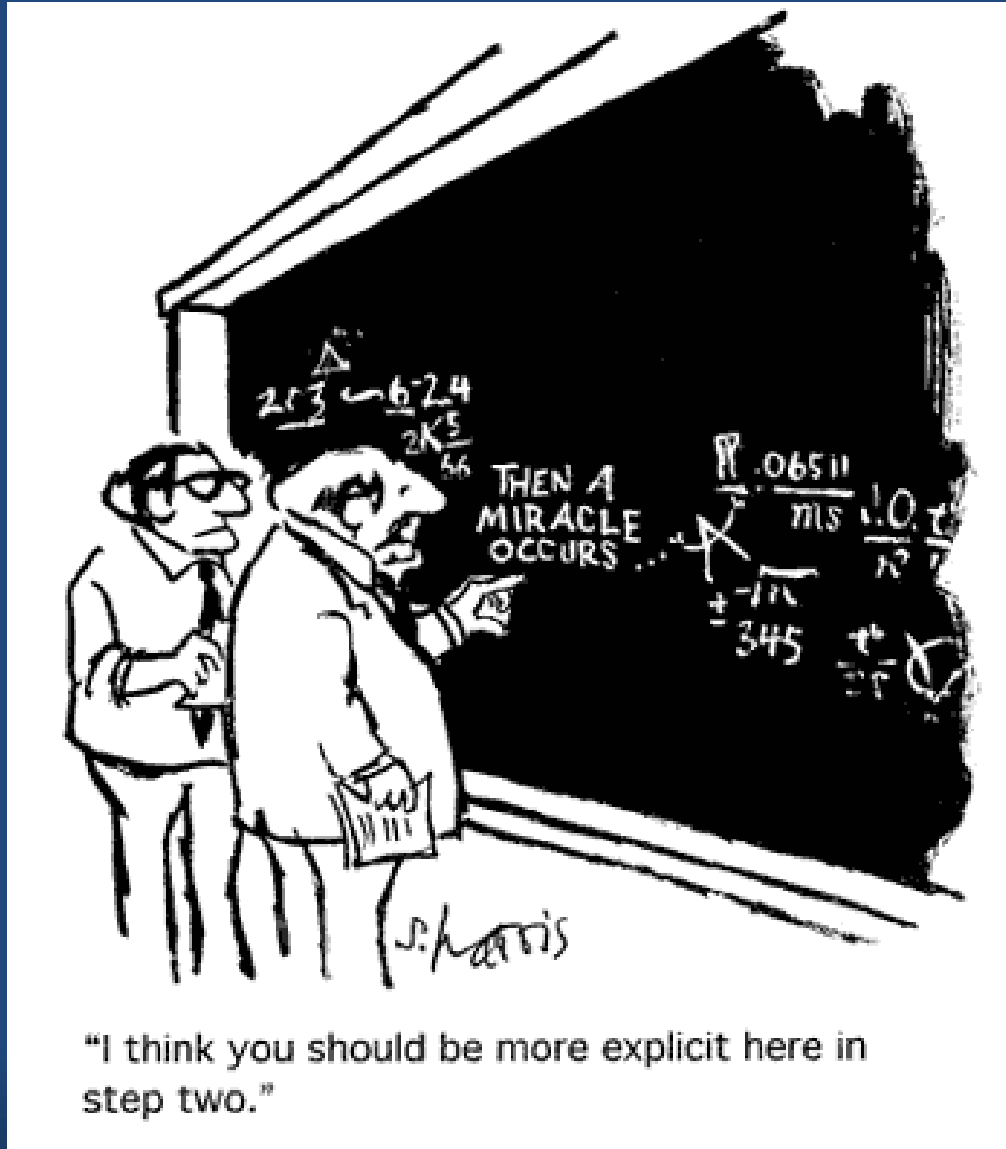
# Adolescents, young adults & Pre-ACA

- Young adults more likely than any other age group to be uninsured – 1/3 uninsured among 19-26 year olds.
- Earn less \$ than older adults; difficult to buy insurance.
- Less likely to be offered employer-based coverage due to the nature of their jobs.

# Adolescents, young adults & Pre-ACA

- Often feel that health insurance is low priority.
- Few anticipate risks and consequences of having a major health issue, while being uninsured.
- Many forego preventive care, thinking they are avoiding the cost of insurance.

# Health Care Reform





**Mom would  
be happier  
if you got  
Health  
Insurance.**

You Have Until March 31<sup>ST</sup>  
to Enroll in Coverage.

HealthCare.gov

NAHIC



# Key Elements of ACA for Youth

- ✓ Medicaid expansion
- ✓ Health insurance exchanges
- ✓ Subsidies and cost sharing
- ✓ Dependent coverage
- ✓ Essential health benefits
  - ✓ Preventive services
  - ✓ Mental Health Parity



# The ACA and Preventive Services

- Provided by plans without cost sharing
- From US Preventive Services Task Force, Institute of Medicine, Bright Future, and CDC Immunizations Recommendations (children and adolescents)
- Services must be administered by a provider within the healthcare network

# Screening Services for Women

- Anemia
- Breast Cancer
- Cervical Cancer
- Chlamydia
- Contraception
- Domestic Violence
- STI
- Well-woman visits





# Foster Youth Health Care Access: Post-ACA

- All states required to provide Medicaid coverage to former foster youth until age 26
- Certain limitations
  - Must be in foster care and enrolled in Medicaid at age 18 (or when they age out)
  - Coverage required only in the state where they had been in foster care
  - States can choose to extend coverage to former foster youth from other states

# Homeless Youth Health Care Access: Post-ACA

- Homeless adolescents under 19 with income up to 133% FPL eligible in all states
- Application and enrollment procedures still stand in the way of securing coverage



# Unique Needs of Adolescents and their impact on Health Policy

# Unique Needs of Adolescents and their Impact on Health Policy

- Demographic changes – racial/ethnic diversity
- Social and economic factors – low income live in poverty, powerless, changes in family formation, lack of recognized political voice
- Negative Public Perception
- Competition with other sectors –older, politically powerful, competing demands
- Other...

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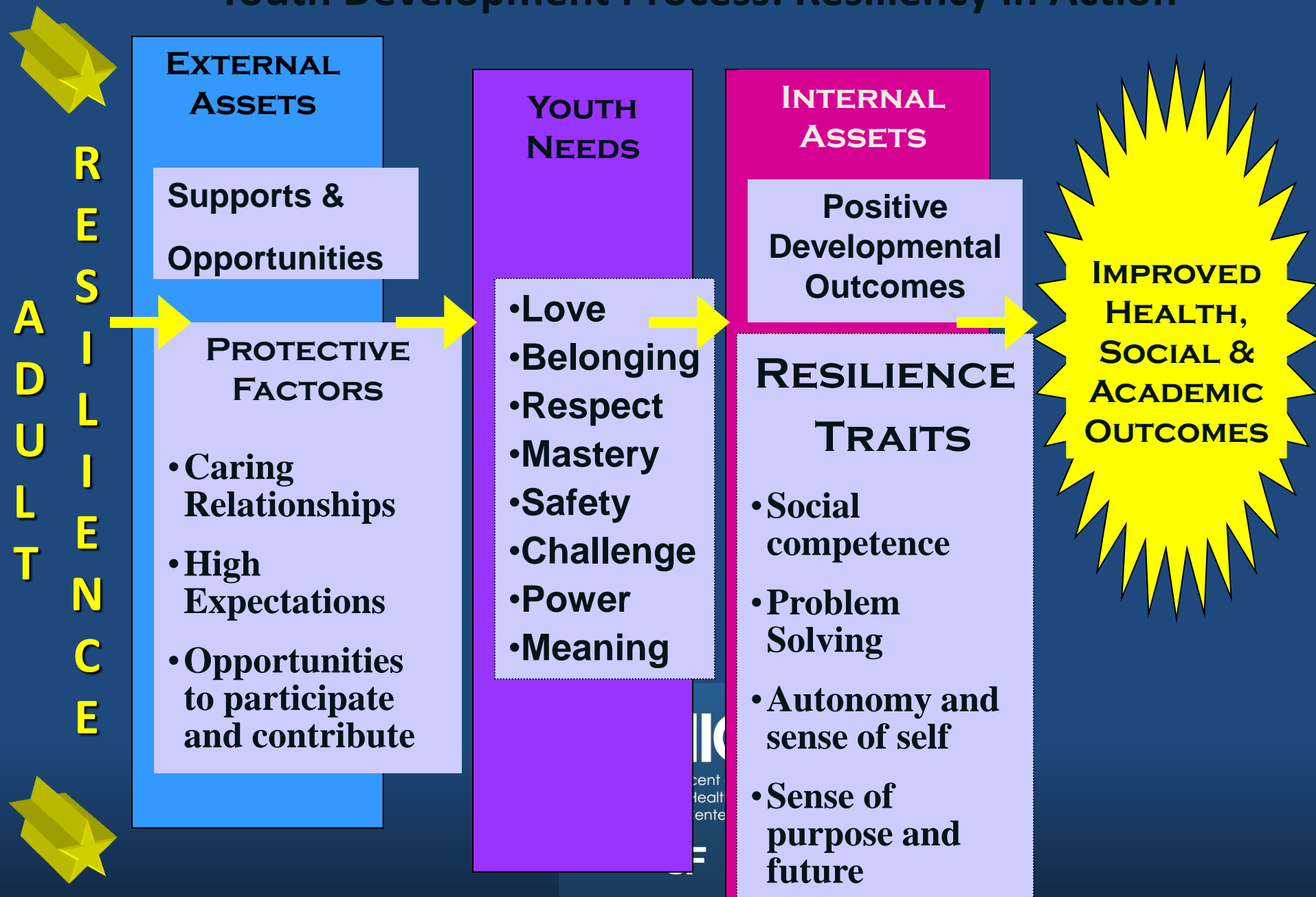
Danger

Opportunity

John F. Kennedy in a 1959 campaign speech:

*“When written in Chinese the word crisis is composed of two characters. One represents danger, and the other represents opportunity”*

# Youth Development Process: Resiliency in Action



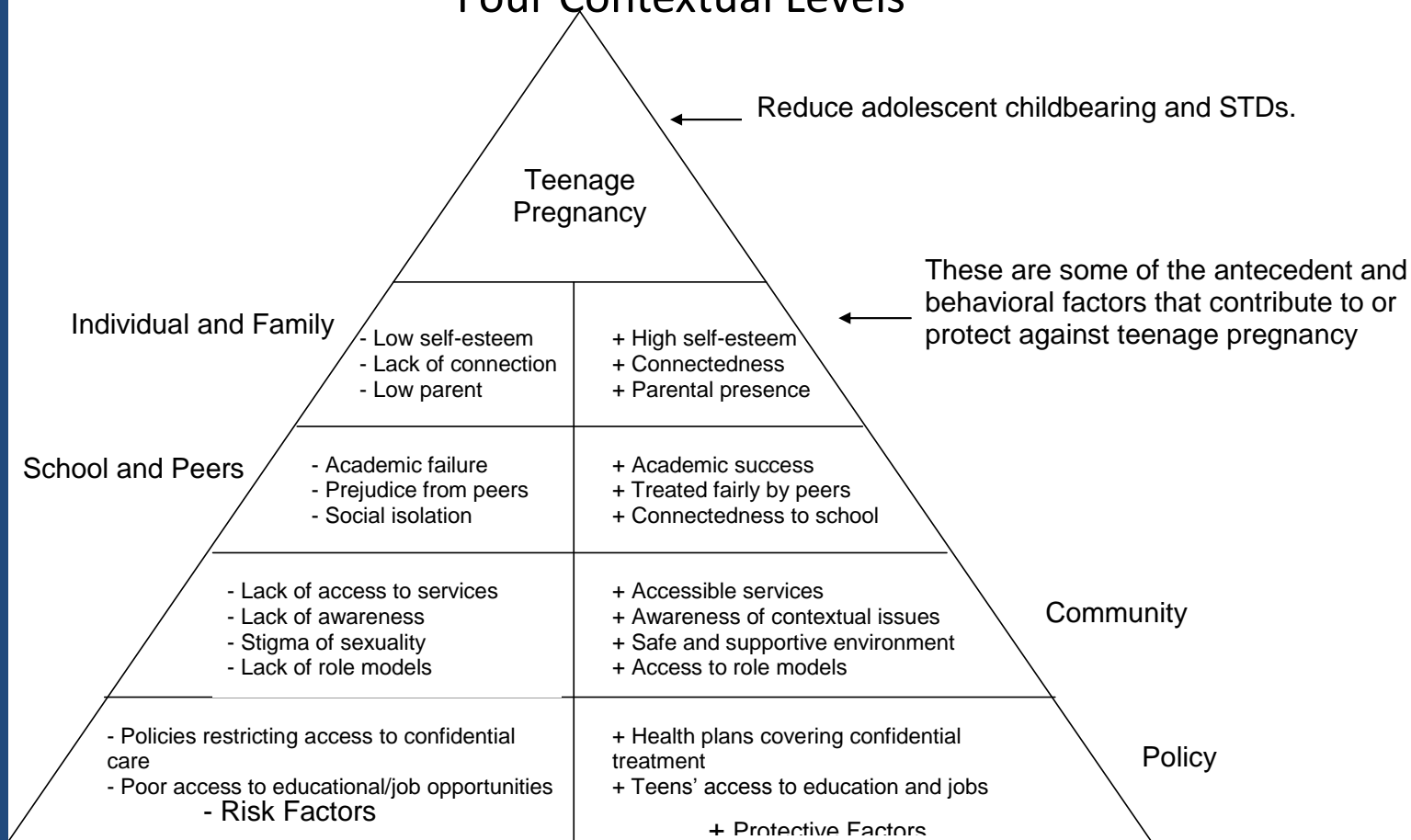
# OBSERVABLE BEHAVIOR

An iceberg floating in the ocean. The tip of the iceberg, which is visible above the water, is relatively small and jagged. The much larger part of the iceberg is submerged below the water surface, illustrating the concept of observable behavior versus underlying antecedent factors.

Antecedent factors at  
each of the following  
levels:

- Individual/Family
- School/Peers
- Community
- Policy

# Adolescent Pregnancy Prevention – Antecedent and Subsequent Risk and Protective Factors Four Contextual Levels





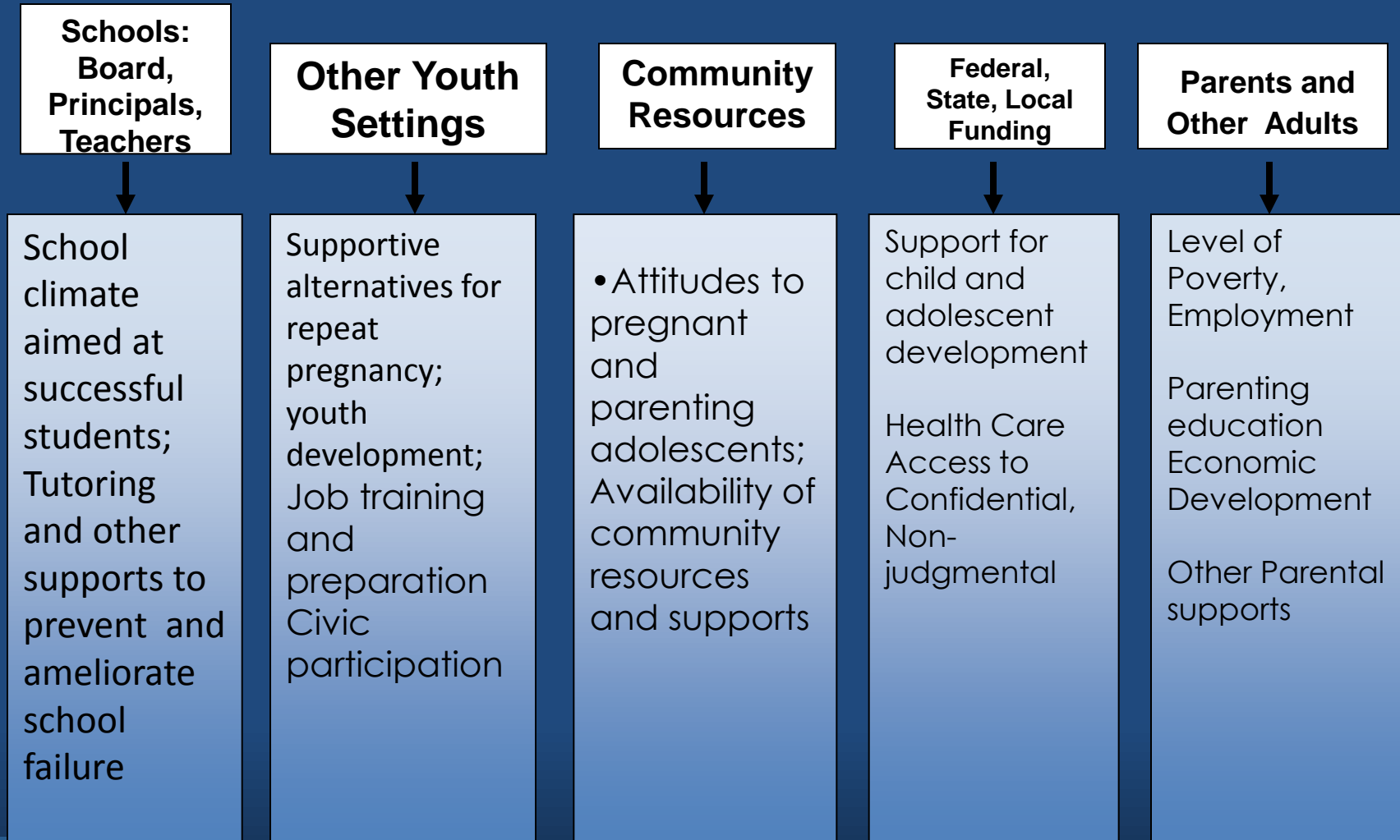
# How Do We Get There?

Recognize involvement of all societal sectors influencing health:



# Implementing Multi-Pronged, Concurrent, and Reinforcing Programs

## Adolescent Prevention, Pregnancy and Parenting



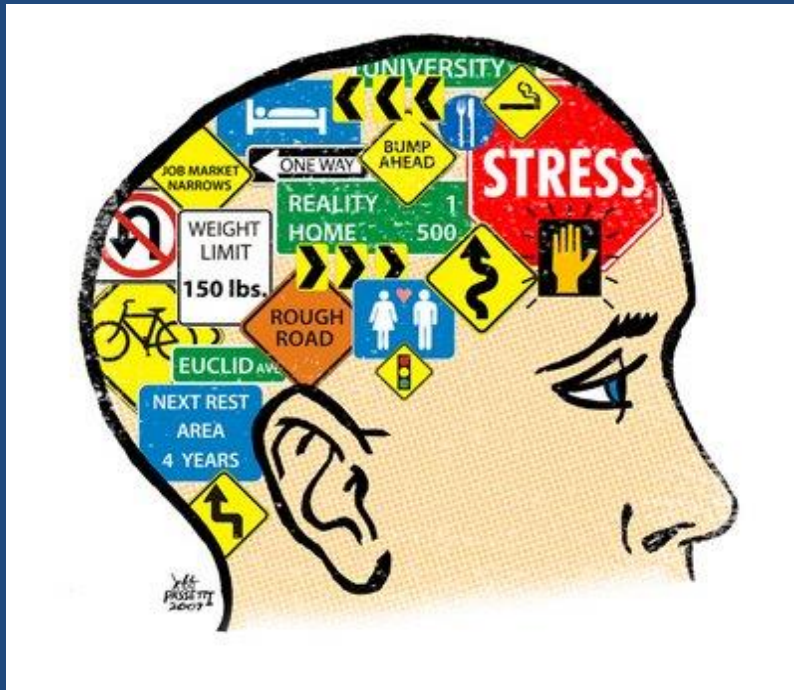
# A Multi-Component Intervention



# Collective Impact: Graduated Drivers License Laws in OHIO

Learner Stage	<ul style="list-style-type: none"><li>• Minimum Age 15.5 yrs</li><li>• Mandatory Holding Period: 60 months</li><li>• Min. Supervised Driving; 50 hours (10 must be at night)</li></ul>
Intermediate State Restrictions on Driving While Unsupervised	<ul style="list-style-type: none"><li>• Min. Age: 16</li><li>• Unsupervised Driving Prohibited from Midnight-6am (Age 16) and 1am-5am (Age 17)</li><li>• No more than 1 passenger (family members excepted)</li></ul>
Minimum Age at Which Restrictions May Be Lifted	<ul style="list-style-type: none"><li>• Nighttime Restriction Until age 18</li><li>• Passenger Restriction Until Age 17</li></ul>

# Opportunities for You as agents of change



Transition into adolescence and transition into young adulthood: a critical time to be establishing ties.

Consider multi-pronged, reinforcing approaches and concurrent strategies

Focus on clinical preventive services and an identifiable health care provider.

Increase access to care with fewer traditional barriers in place.

- Avoiding high out-of-pocket



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# References

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