Adolescent Health Briefing

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INVESTING IN THE HEALTH AND WELL-BEING OF YOUNG ADULTS

ADOLESCENT HEALTH SERVICES
Missing Opportunities

NATIONAL RESEARCH COUNCIL AND INSTITUTE OF MEDICINE OF THE NATIONAL ACADEMIES

INSTITUTE OF MEDICINE AND NATIONAL RESEARCH COUNCIL OF THE NATIONAL ACADEMIES
FIGURE 8-1  Young adults who were uninsured at some point in the past year or were currently uninsured are less likely to have access to health services than young adults who are continuously insured. SOURCE: Collins et al., 2012.
Figure 2. Mean CDRS-R and CIS Scores Over Time in Intervention vs Control Youth

Child Depression Rating Scale–Revised

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<tr>
<th></th>
<th>Baseline</th>
<th>6 mo</th>
<th>12 mo</th>
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</thead>
<tbody>
<tr>
<td>CDRS-R Score</td>
<td></td>
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<tr>
<td>Usual care</td>
<td></td>
<td></td>
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<tr>
<td>Intervention</td>
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Columbia Impairment Scale

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<tr>
<th></th>
<th>Baseline</th>
<th>6 mo</th>
<th>12 mo</th>
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</thead>
<tbody>
<tr>
<td>CIS Score</td>
<td></td>
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<tr>
<td>Usual care</td>
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<td>Intervention</td>
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No. of patients

<table>
<thead>
<tr>
<th></th>
<th>Usual care</th>
<th>Intervention</th>
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<tbody>
<tr>
<td>Baseline</td>
<td>51</td>
<td>50</td>
</tr>
<tr>
<td>6 mo</td>
<td>40</td>
<td>42</td>
</tr>
<tr>
<td>12 mo</td>
<td>42</td>
<td>38</td>
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Mean Child Depression Rating Scale–Revised (CDRS-R) and Columbia Impairment Scale (CIS) scores for intervention vs usual care control based on youth survey response data. Error bars indicate 95% confidence intervals.
FIGURE 6-1 Disorders due to alcohol and cannabis use peak in the early 20s. DBD = Disruptive Behavior Disorder

Leadership Education in Adolescent Health (LEAH):

7 HRSA Maternal and Child Health Funded programs:

Interdisciplinary training for 5 professional Disciplines

- MASSACHUSETTS REGION I
- MARYLAND REGION III
- ALABAMA REGION IV
- MINNESOTA REGION V
- INDIANA REGION V
- CALIFORNIA REGION IX
- WASHINGTON REGION X

[Map with locations of training programs]
Locations of School Based Health Centers Nationwide 2010-2011

1930 programs: < 12% of high schools
School Based Health Alliance 2011

Seattle Children's
Hospital • Research • Foundation
Adolescent Medicine
The FY 2015 President’s Budget request of $1,500,000. This includes a national health agenda on adolescent health, Adolescent Health: Think, Act, Grow
In Summary

Transition to adulthood must be valued and supported as a critical time to ensure health along the lifecourse.

To deliver effective adolescent care development matters, community matters, needs matter, skills matter and policy matters.

Adolescent Health Care must not only be affordable but accessible, appropriate, equitable and accountable.
Recommendations

• Implement integrated physical and behavioral health medical home models specific to the adolescent and young adult population.

• Continued and sufficient support for the Office of Adolescent Health to lead a national agenda to improve the health and well being of adolescents and young adults.

• Develop and implement specific research informed benchmarks and recommendations for physical and behavioral health quality in Adolescent Health.
Recommendations

• Increased resources and training for health providers

• Support for continued research with ready access to findings that promote evidence-based prevention and treatment guidelines for adolescent and young adult health.

• Equitable availability of appropriate services in communities across the Country