

Alliance for Health Reform
Washington DC

Adolescent Health Briefing

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Adolescent Medicine



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

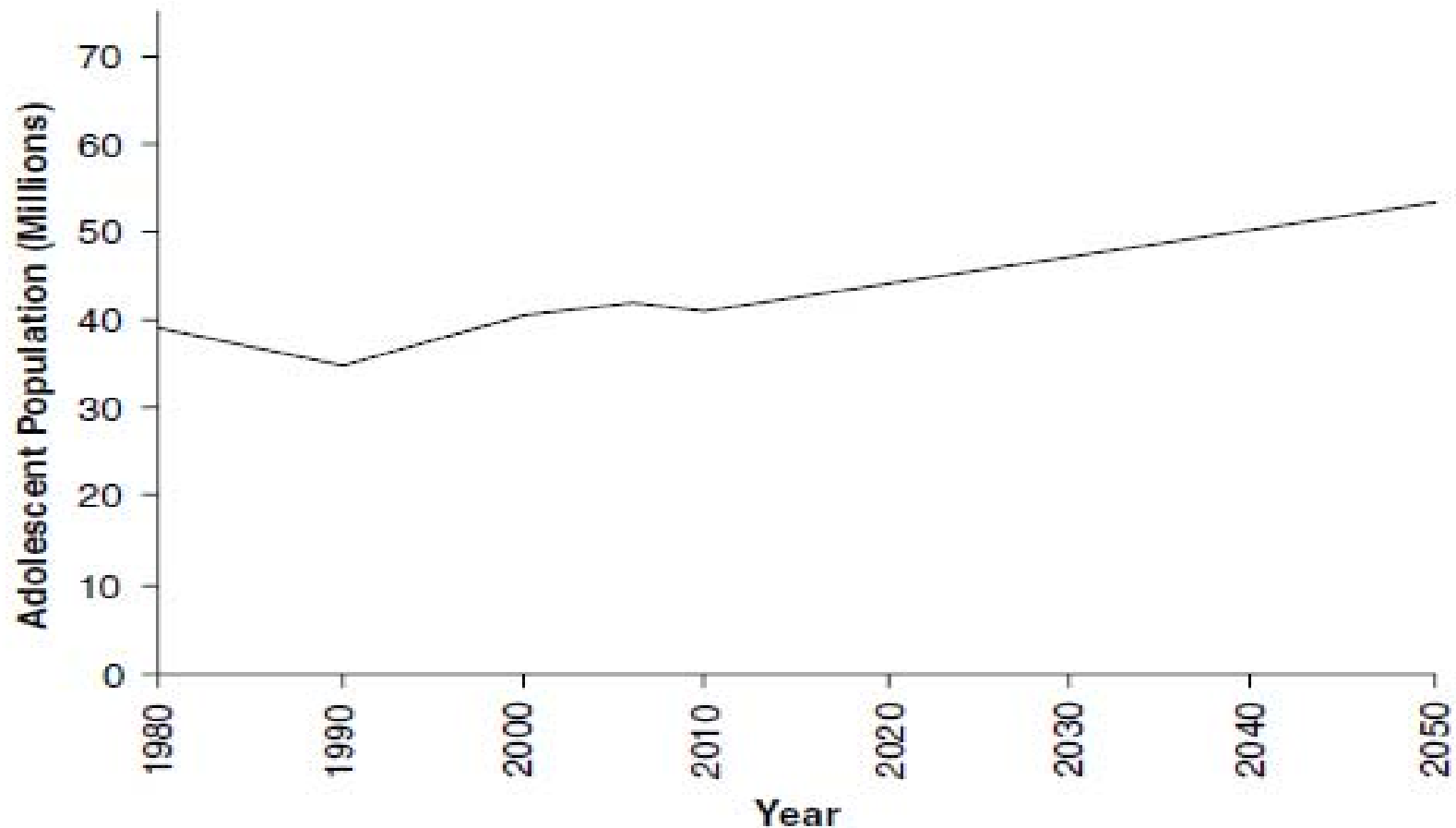


FIGURE 1-1 Growth in the adolescent population, aged 10 to 19, 1980–2006 and 2006–2050 (projected).

SOURCE: U.S. Census Bureau (n.d., 2004, 2006b, 2007).



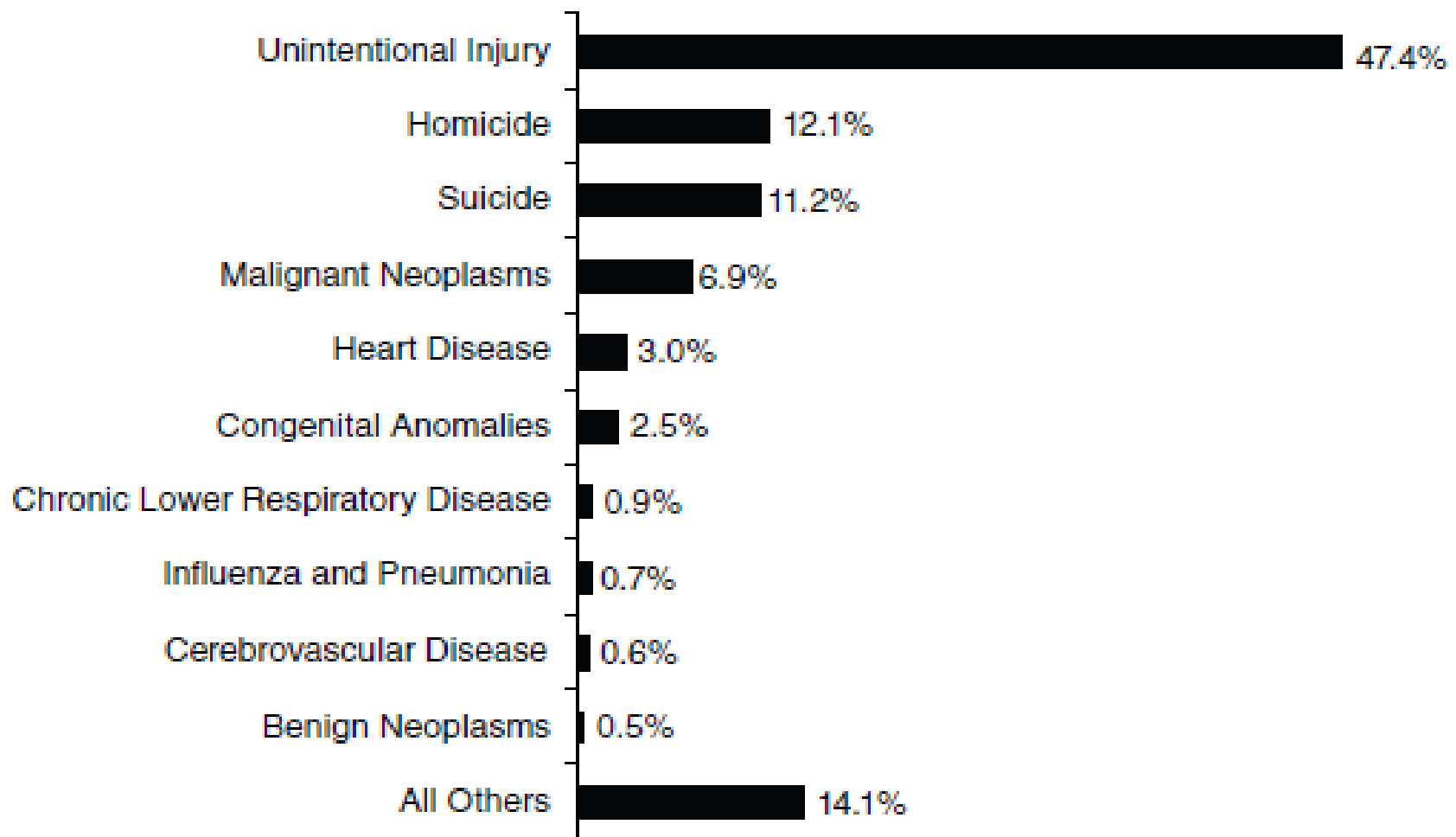


FIGURE 2-2 Ten leading causes of death in adolescents aged 10–19, United States, 2004.

SOURCE: National Center for Injury Prevention and Control (2007).

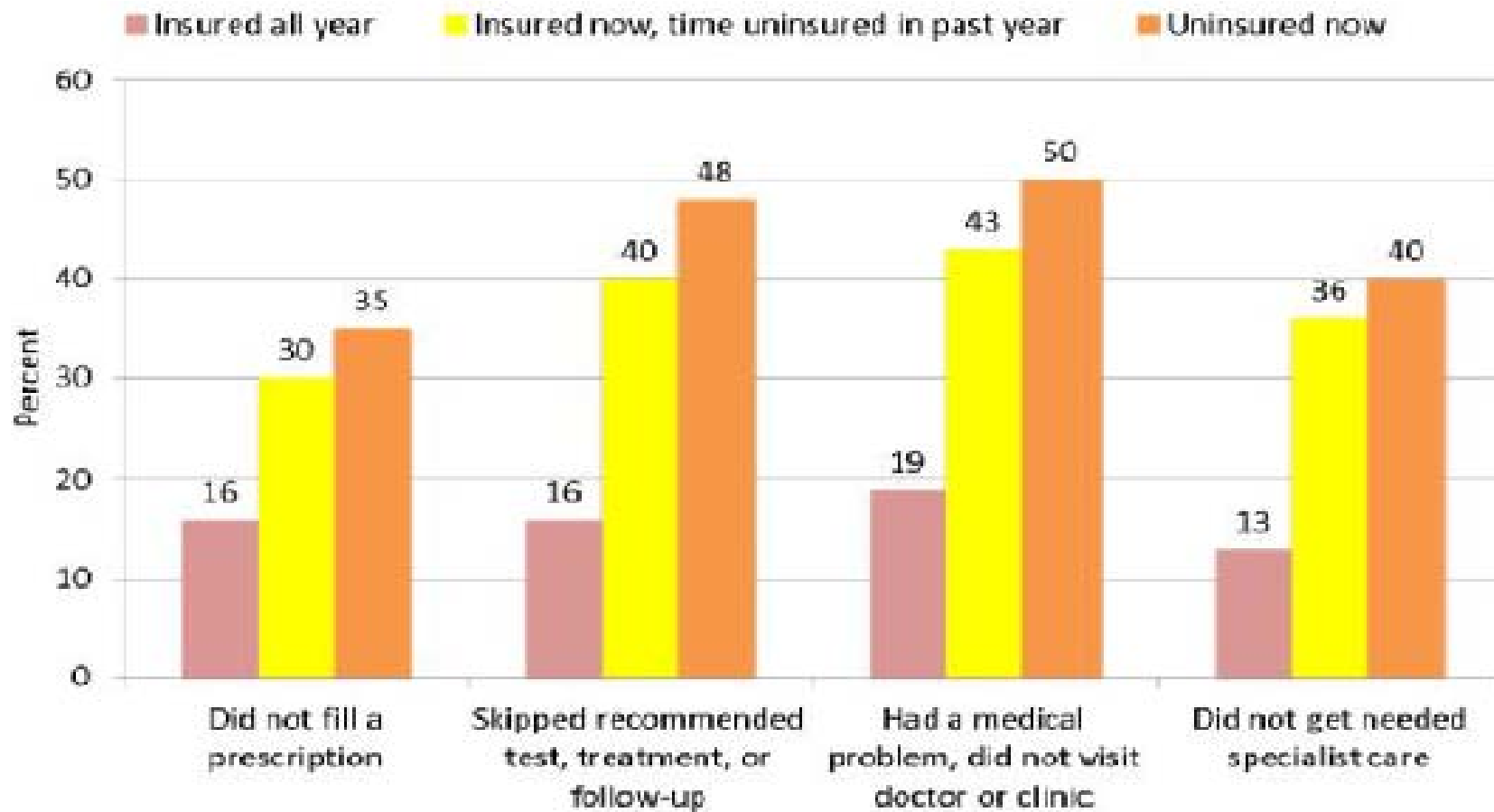
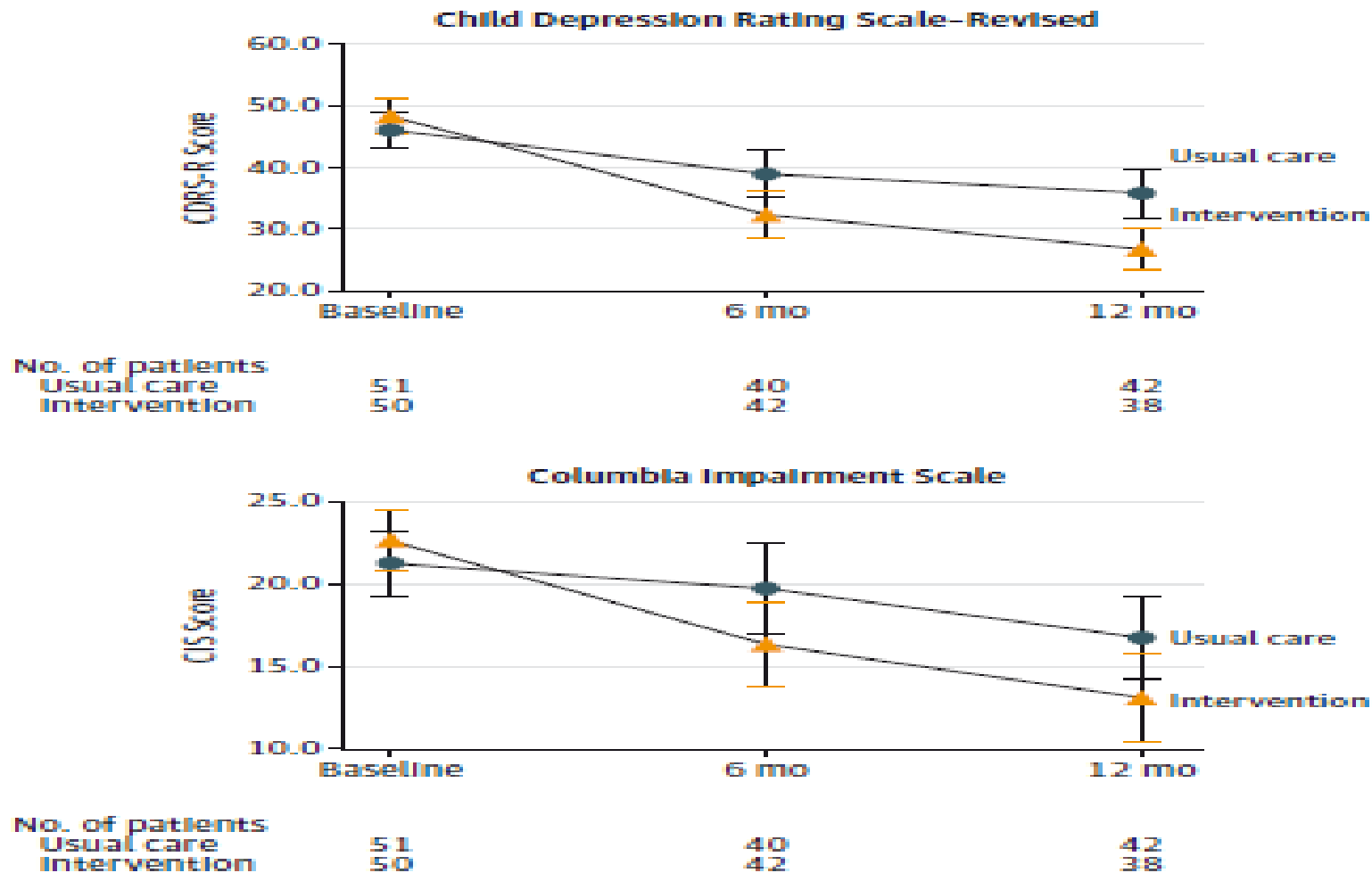


FIGURE 8-1 Young adults who were uninsured at some point in the past year or were currently uninsured are less likely to have access to health services than young adults who are continuously insured. **SOURCE:** Collins et al., 2012.



Figure 2. Mean CDRS-R and CIS Scores Over Time in Intervention vs Control Youth



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.

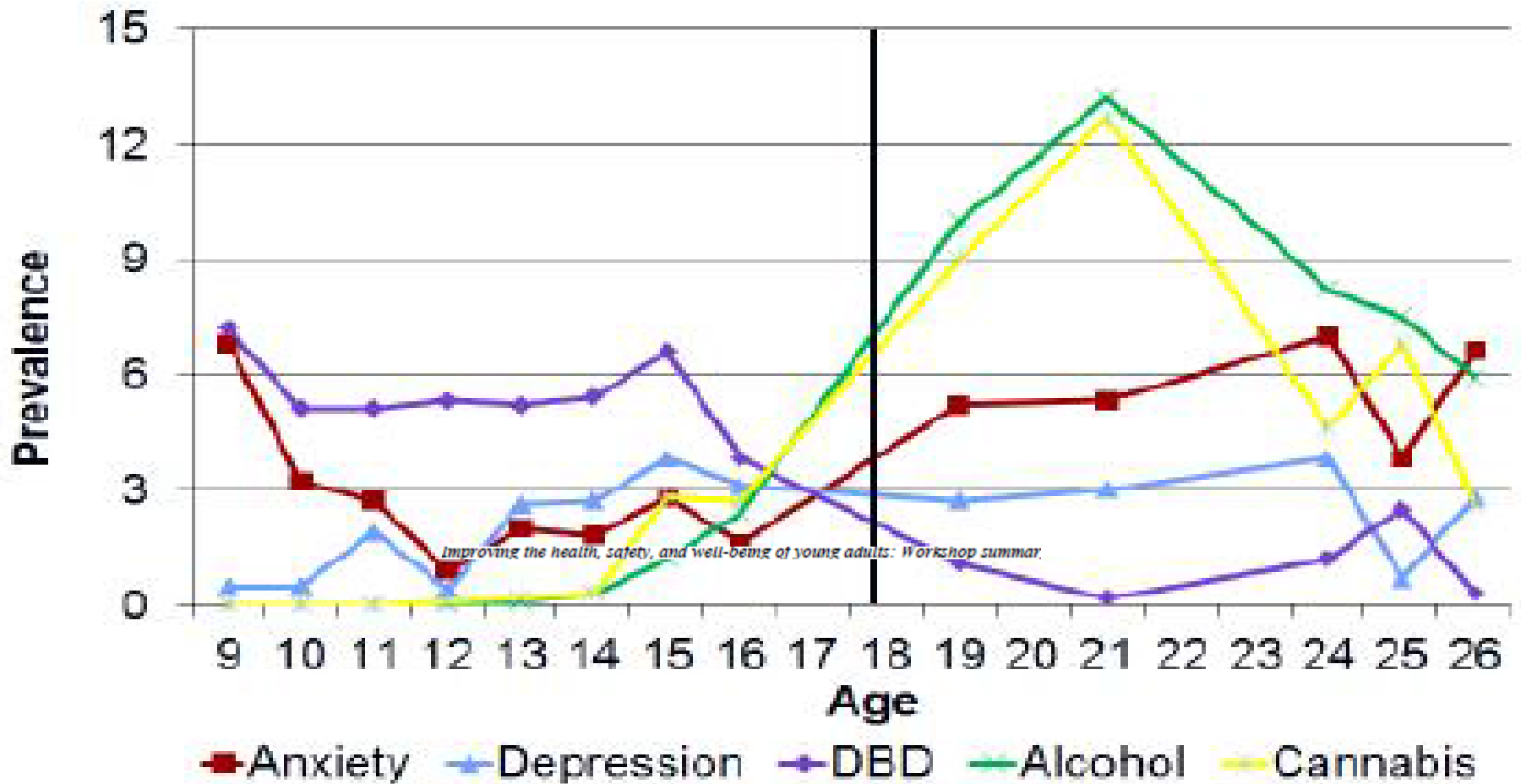


FIGURE 6-1 Disorders due to alcohol and cannabis use peak in the early 20s

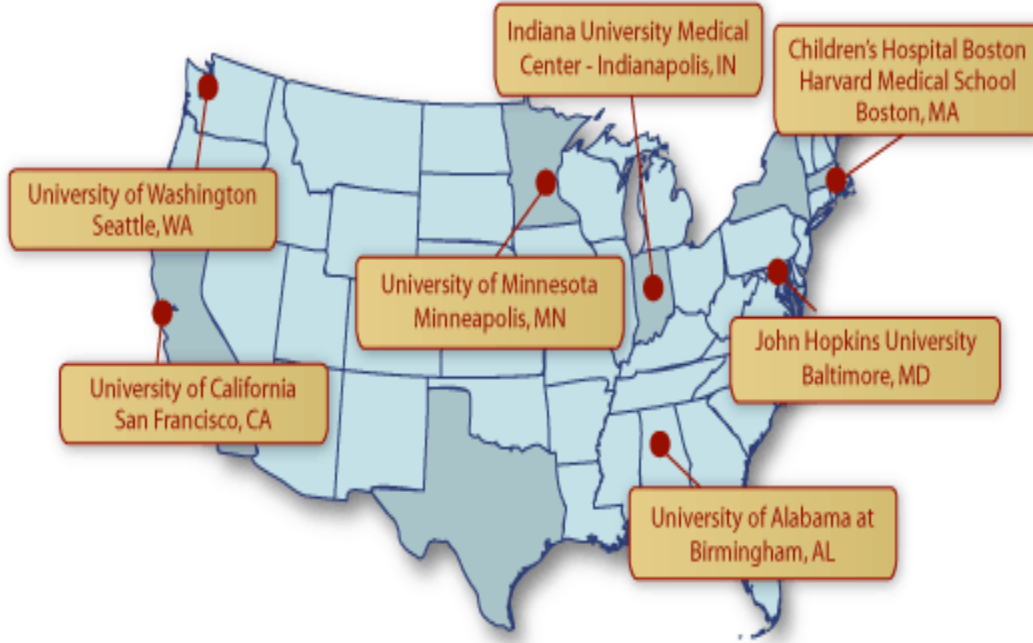
DBD = Disruptive Behavior Disorder

SOURCE: Copeland, 2013.

Leadership Education in Adolescent Health (LEAH):

7 HRSA Maternal and Child Health Funded programs:

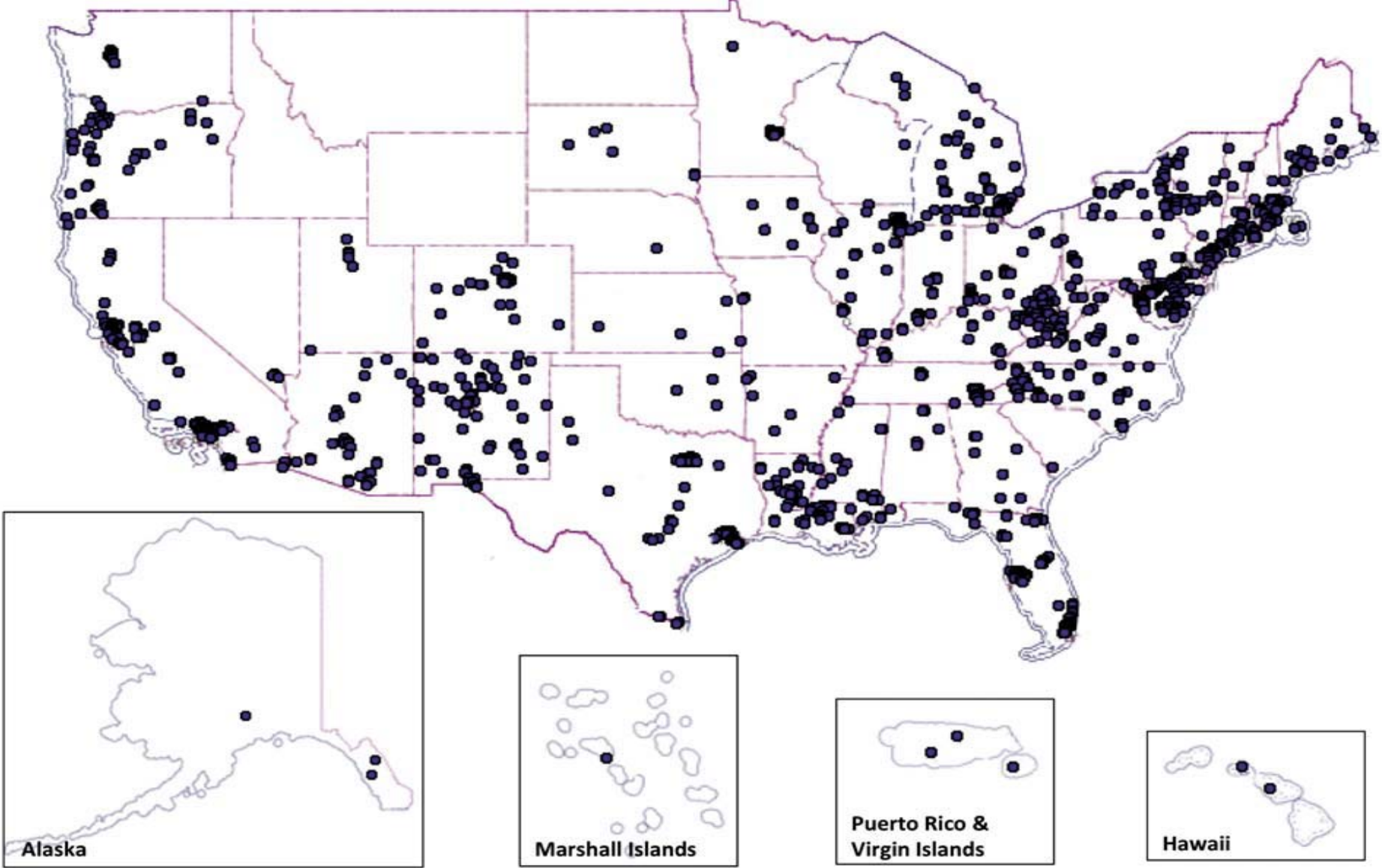
Interdisciplinary training for 5 professional Disciplines



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



Locations of School Based Health Centers Nationwide 2010-2011



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

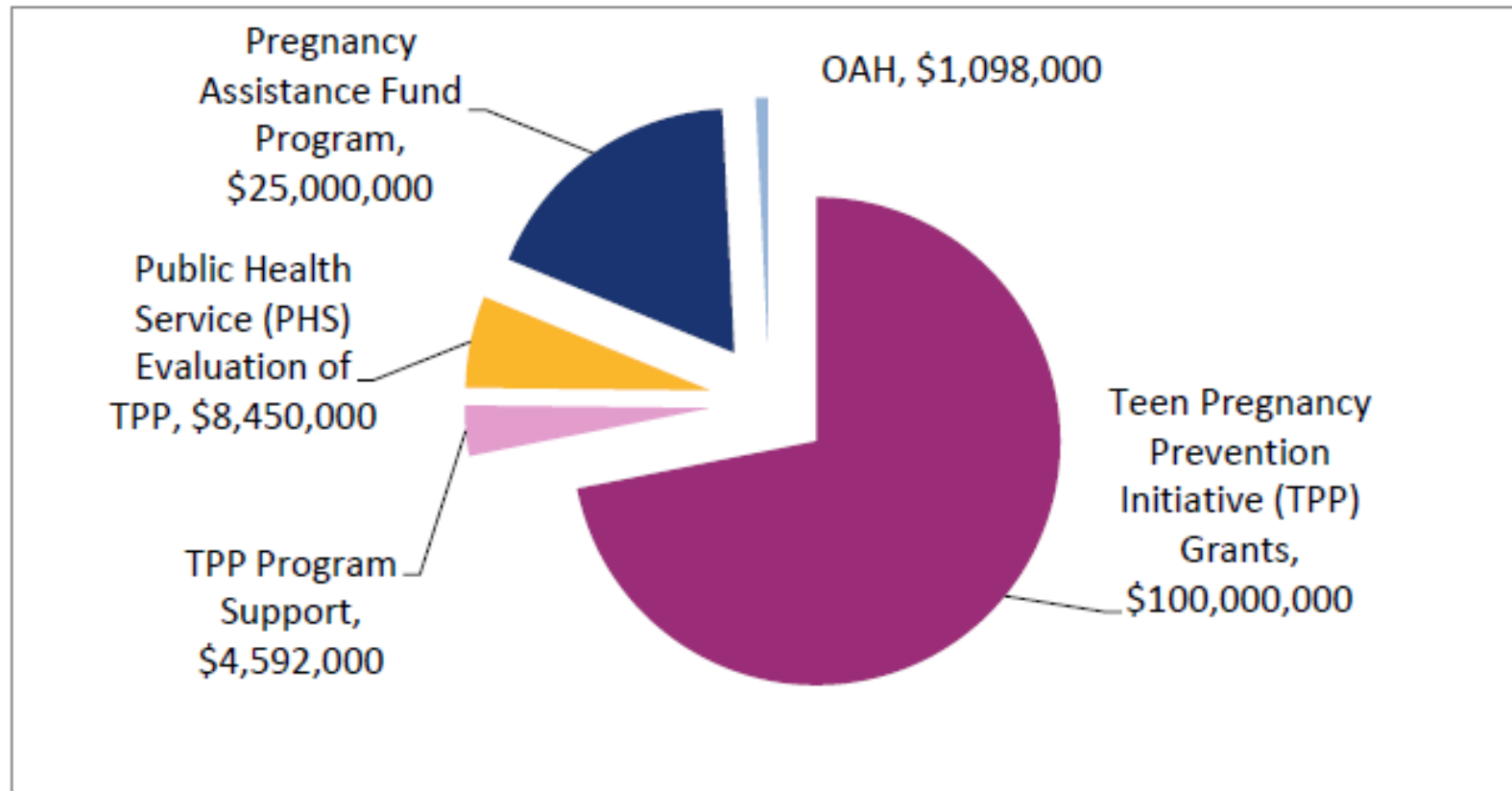


Seattle Children's
HOSPITAL • RESEARCH • FOUNDATION

Adolescent Medicine

Health and Human Services: Office of Adolescent Health

■ OAH Budget FY2012 (Most Recent Appropriation)



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



Adolescent Medicine

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 begin 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

