

# CDC PUBLIC HEALTH GRAND ROUNDS

## Adolescence: Preparing for Lifelong Health and Wellness



Accessible Version: <https://youtu.be/WlvS2tBtGXo>

**August 18, 2015**



U.S. Department of  
Health and Human Services  
Centers for Disease  
Control and Prevention

# Adolescents in the United States



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National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

# Defining Adolescence

## ❑ **Developmental stage**

- Physical, intellectual, emotional, and psychological changes
- Puberty and maturation occur

## ❑ **Corresponding years**

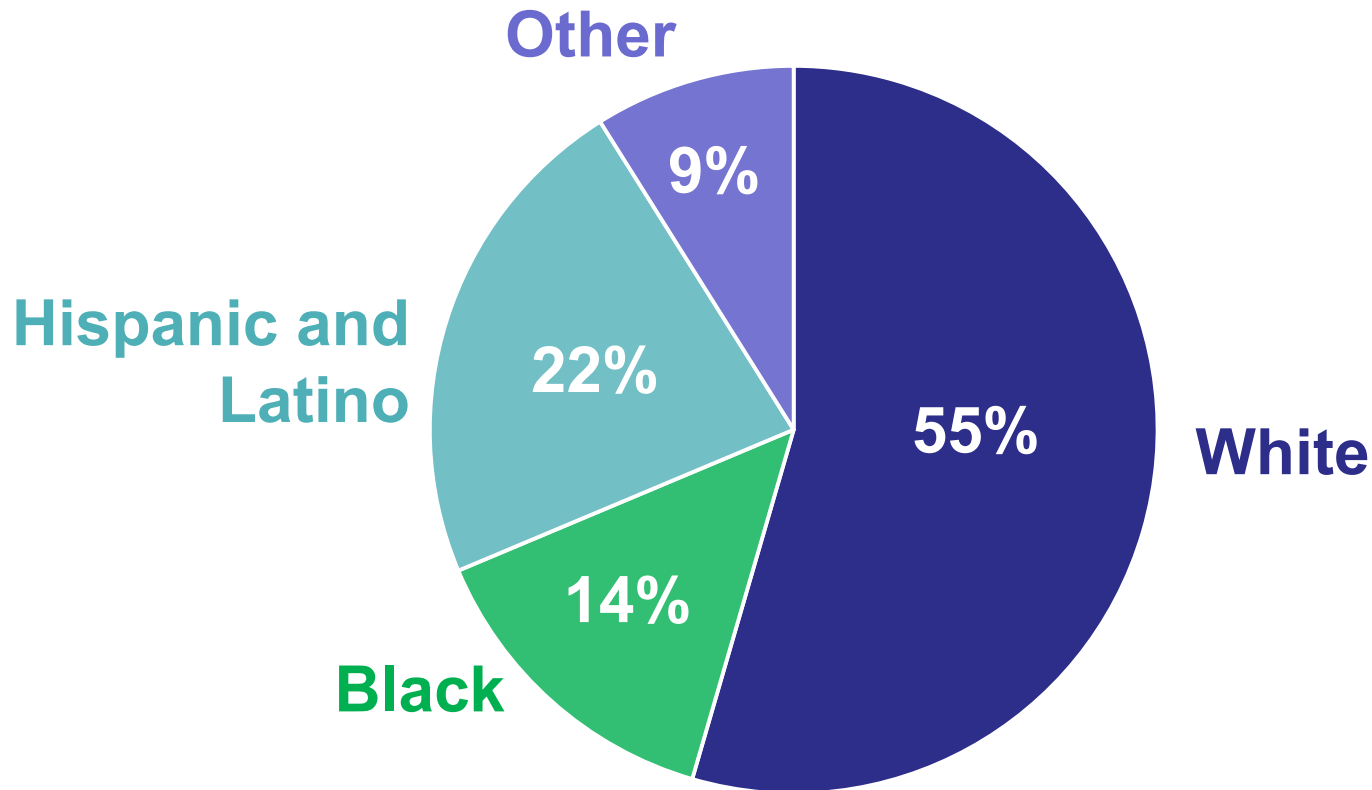
- Pre-teen and teenage years
- Middle school and high school years

## ❑ **Associated age range**

- Varies by organization
- Today's presentation: 10–19 years

# Racial and Ethnic Distribution of U.S. Adolescents, Ages 10–19 Years

**41,844,000 adolescents, 13% of U.S. population**



US Census Bureau, 2013 estimates, accessed June 3, 2015

# School Enrollment and Dropout Rate of U.S. Adolescents

- ❑ **37,765,000 students are enrolled**
- ❑ **Dropout rate: 7%**
  - White: 5%
  - Black: 9%
  - Hispanic: 13%

## Dropout Rate

- Noninstitutionalized 16 to 24-year-olds
- Not enrolled in high school
- Without a high school diploma or GED

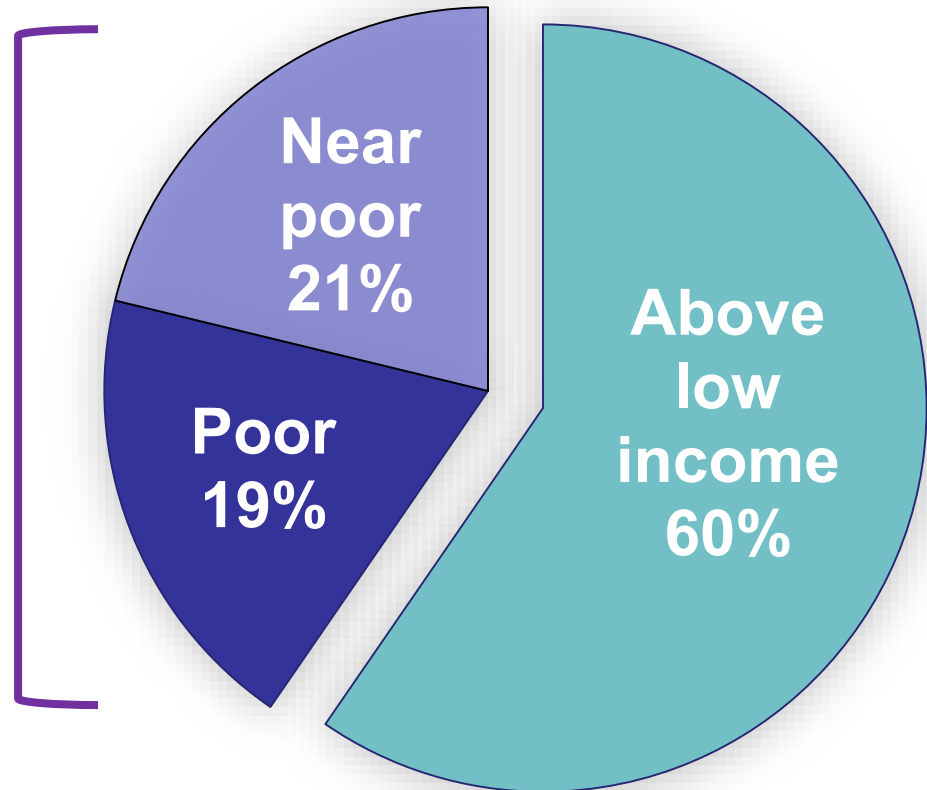


# Many U.S. Adolescents Are in Low-income Families

**Low Income = 40%**

## **Federal Poverty Threshold (FPT)**

- **Near Poor = 100–199% FPT**
- **Poor < 100% FPT**



# Homelessness Among U.S. Adolescents

- ❑ **500,000 to 2.8 million youth are homeless per year**
- ❑ **1.6 million adolescents ran away, 2002**
  - 12–13 years: 24%
  - 14–15 years: 30%
  - 16–17 years: 46%



# Overall Health Status of U.S. Adolescents

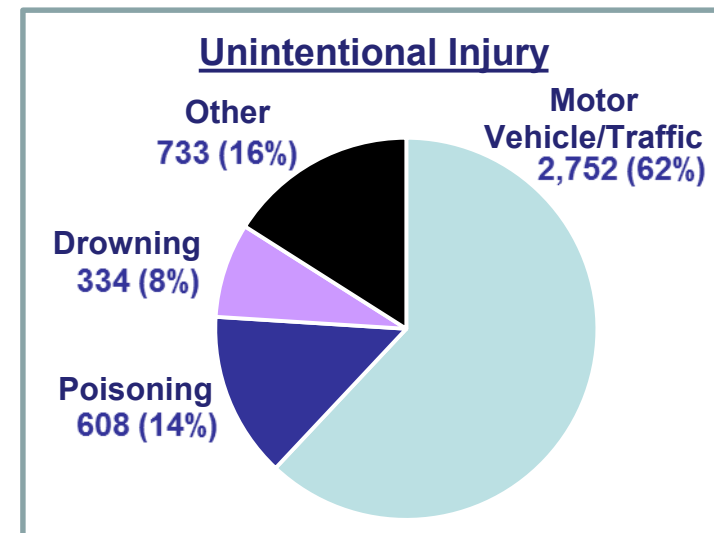
Indicator	Percent
Health is excellent, very good, or good	97%
Limitation of activity due to health issue	11%





# Leading Causes of Death U.S. Adolescents, 2013

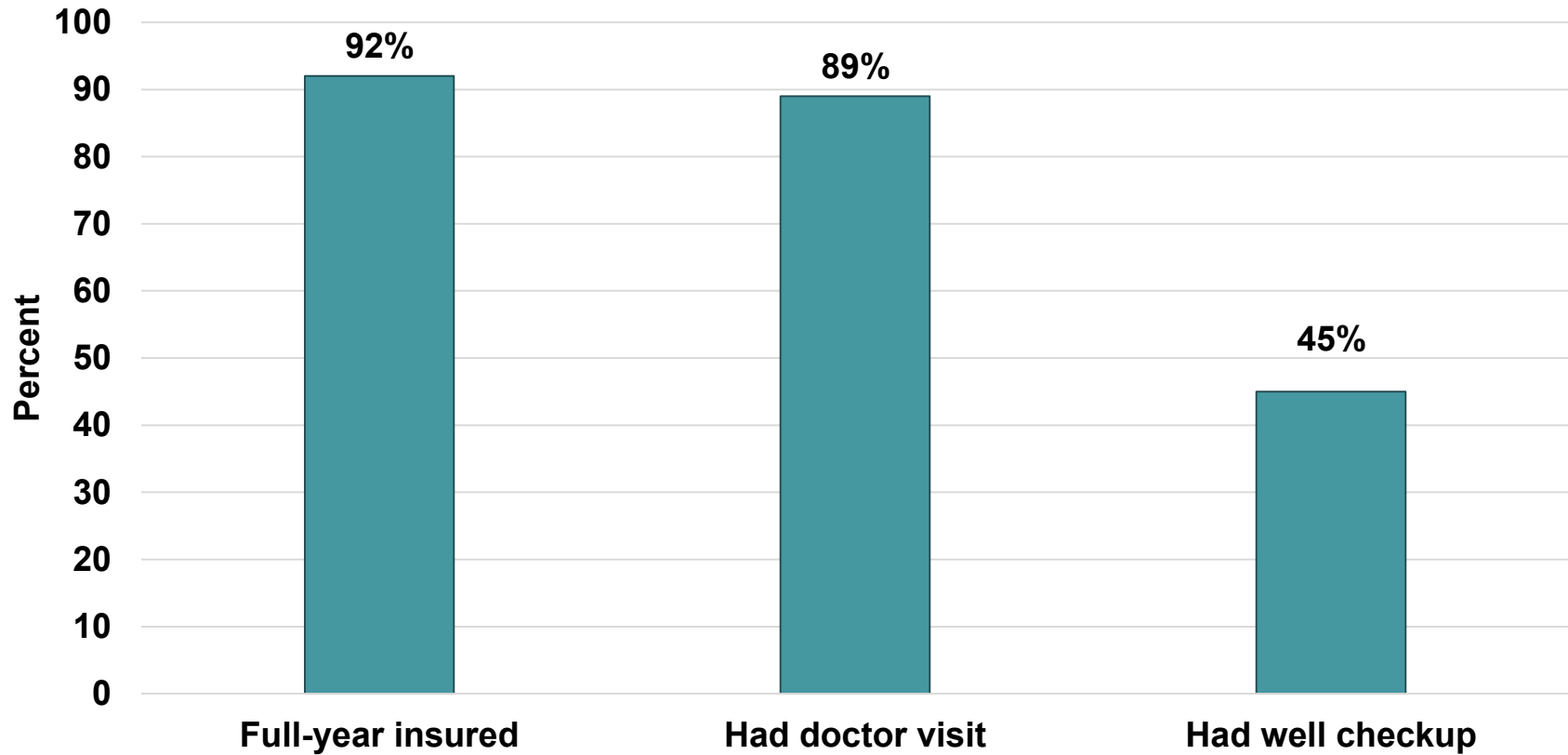
<u>Cause of Death</u>	<u>Number of Deaths</u>	<u>Percentage of Deaths (Age: 10–19 years)</u>
All Causes	12,393	100%
Unintentional Injury	4,427	36%
Suicide	2,134	17%
Homicide	1,559	13%
Malignant Neoplasms	1,075	9%
Heart Disease	397	3%
Congenital Anomalies	327	3%
Chronic Low Respiratory Disease	140	1%
Influenza and Pneumonia	134	1%
Cerebrovascular	104	1%
Diabetes Mellitus	72	1%
All Others	2,024	16%



# Nonfatal Health Outcomes U.S. Adolescents

Indicator	Estimate
<b>Unintentional injuries</b> (10–19 years)	<b>4,373,717</b>
<b>Nonsexual assault</b> (10–19 years)	<b>260,949</b>
<b>Suicide attempt</b> (9th–12th grade)	<b>8%</b>
<b>Births</b> (15–19 years)	<b>273,000</b>
<b>Chlamydia</b> (15–19 years)	<b>395,612</b>
<b>Gonorrhea</b> (15–19 years)	<b>72,092</b>
<b>Asthma</b> (0–17 years)	<b>10%</b>
<b>Overweight</b> (95%>BMI≥85th%) (12–19 years)	<b>14%</b>
<b>Obese</b> (BMI≥95th%) (12–19 years)	<b>21%</b>

# Health Care Access and Use Among U.S. Adolescents



U.S. Census Bureau, Current Population Survey, 2013  
National Committee for Quality Assurance, Healthcare Effectiveness Data and Information Set, 2013

# Risk Behaviors of Adolescents



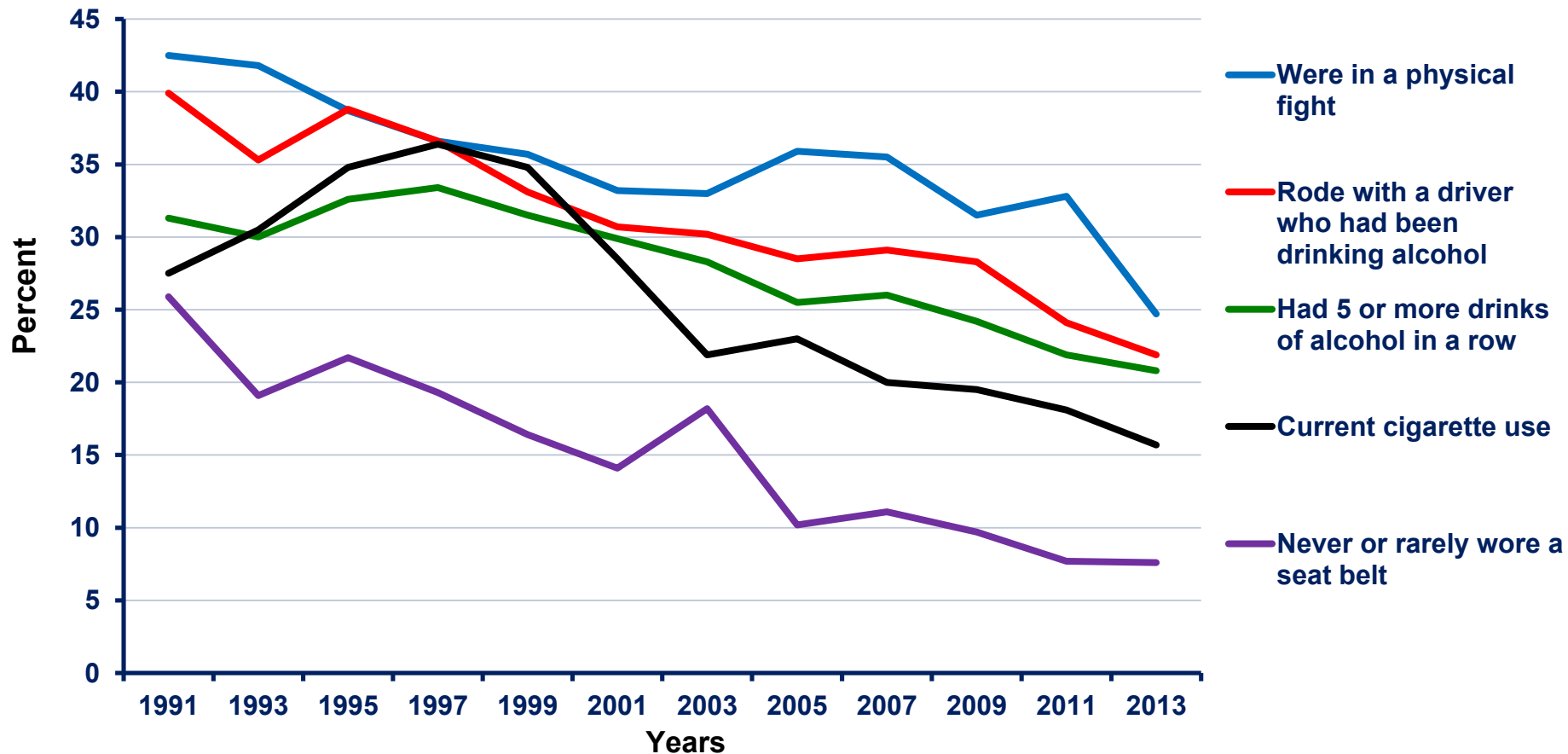
Injury Risk Behaviors	Percent
Rarely or never wear a bicycle helmet	88%
Text or email while driving a car	41%
In a physical fight	25%
Obesity and Chronic Disease Risk Behaviors	
At least 60 minutes of physical activity daily	27%
Use computers for 3 or more hours per day (non-school work)	41%
Eat breakfast daily	38%

# More Risk Behaviors of Adolescents

<b>Sexual and Reproductive Health Risk Behaviors</b>	<b>Percent</b>
Among sexually active females, not using IUD or implant	98%
Among sexually active, not using a condom	41%
<b>Substance Use Risk Behaviors</b>	
Currently use alcohol	35%
Currently use marijuana	23%
Currently use tobacco (all forms)	22%

# Improving Trends in Risk Behavior Among Adolescents

## Adolescent Risk Behaviors, 1991–2013



# Adolescents Are Preparing for Lifelong Health and Wellness

- ❑ **Adolescent population in the U.S. is large and diverse**
  - Socioeconomically vulnerable
- ❑ **Adolescents are in relatively good health**
  - Healthcare access and utilization is high
  - Preventive care is under-used
- ❑ **Modifiable and preventable risk behaviors lead to mortality and morbidity**
  - Contribute to current and future health risk
  - Amenable to public health intervention

# Prevention for a Moving Target



**Patricia J. Dittus, PhD**

*Lead Behavioral Scientist*

Social and Behavioral Research and Evaluation Branch

Division of STD Prevention

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention



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# Three Stages of Adolescent Development

## □ Three stages of adolescence

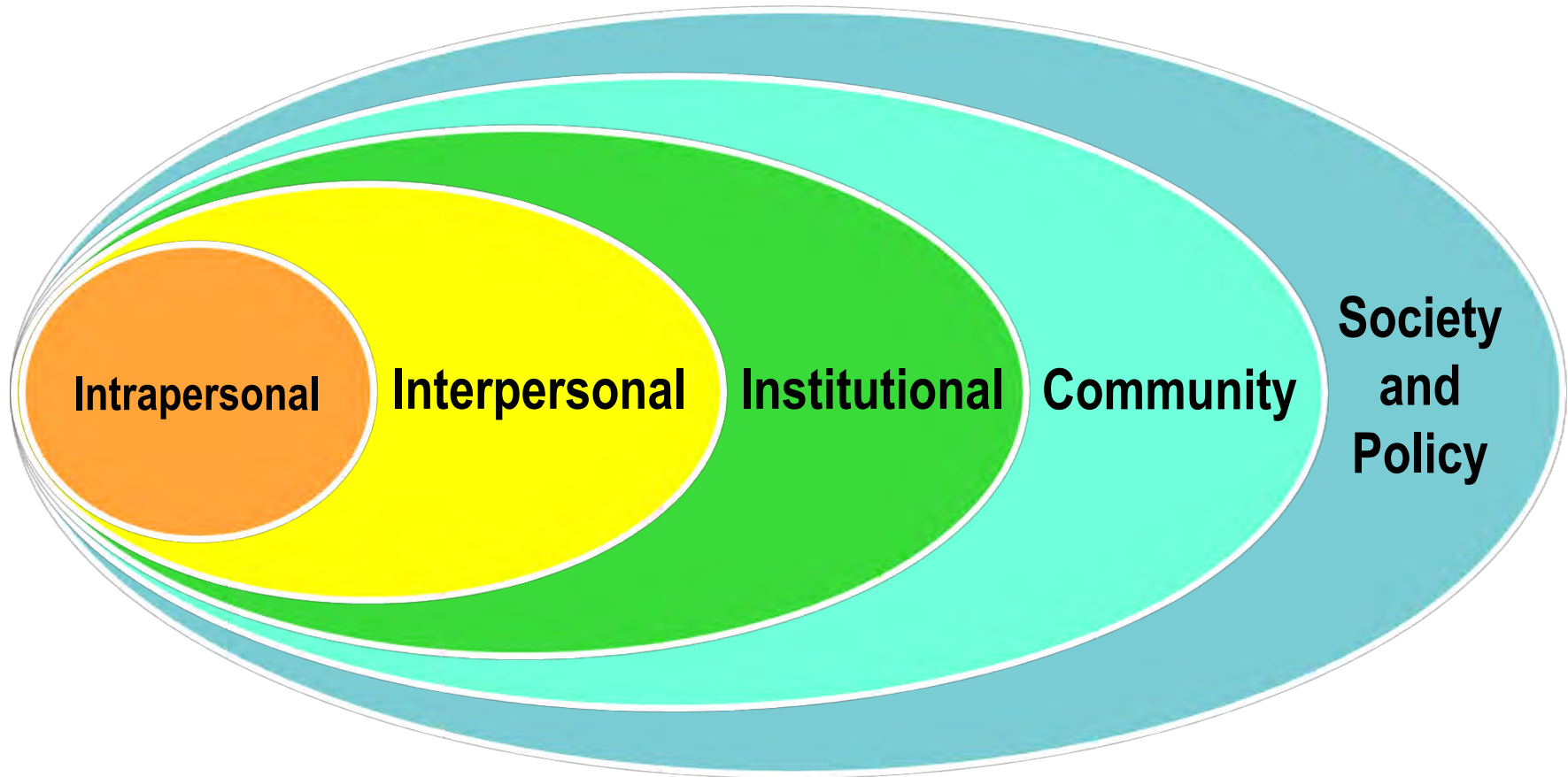
- Early adolescence, ages 11–13
- Middle adolescence, ages 14–18
- Late Adolescence, ages 19–21

## □ Three areas of development

- Physical
  - Brains continue developing into late adolescence
  - Executive function – weighing long-term consequences and controlling impulses last to mature
- Social-Emotional
  - Parent conflict
  - Peer influence



# Multiple Levels of Influences on Adolescent Behavior



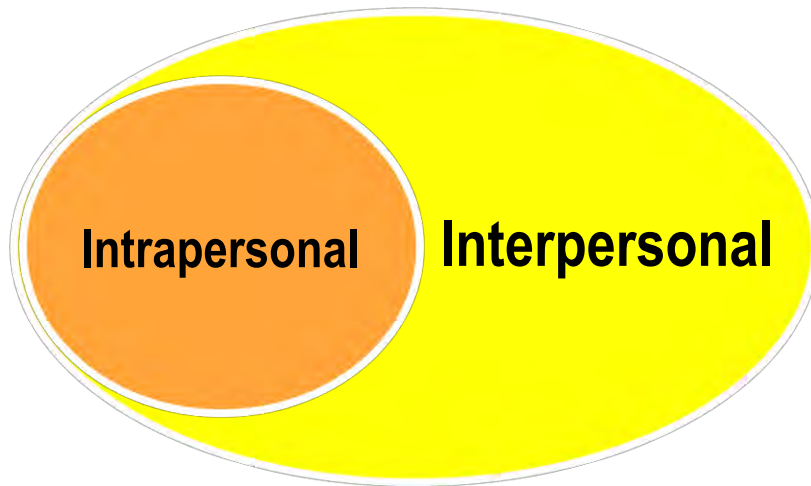
# Intrapersonal or Individual-level Influences on Adolescent Behavior

Individual attitudes, beliefs, knowledge, and developmental influences



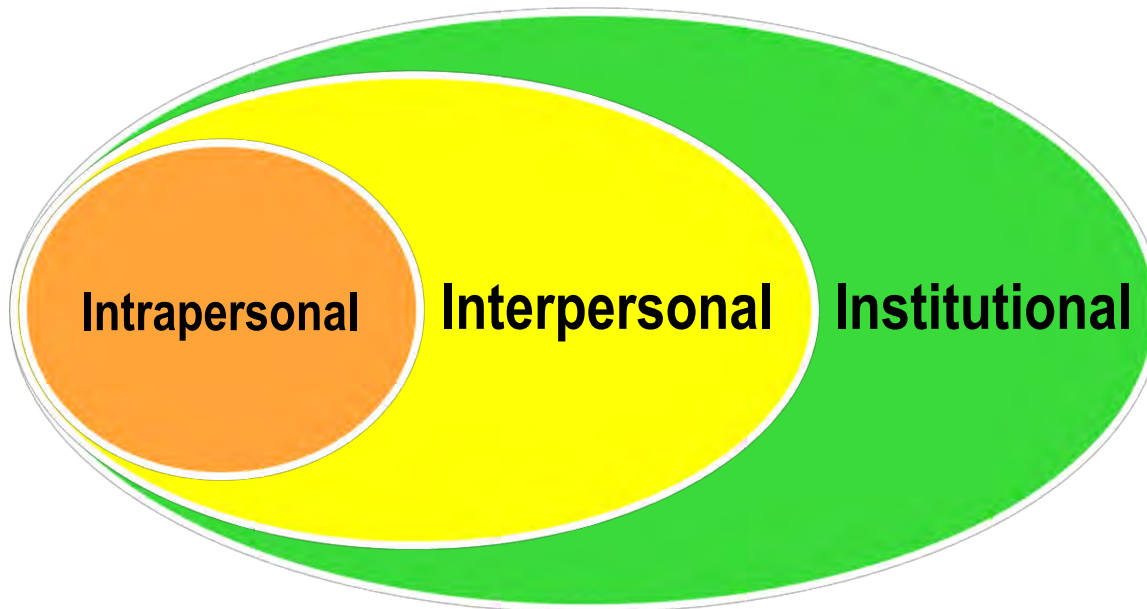
# Interpersonal or Relationship-level Influences on Adolescent Behavior

Family, peer, and romantic relationships



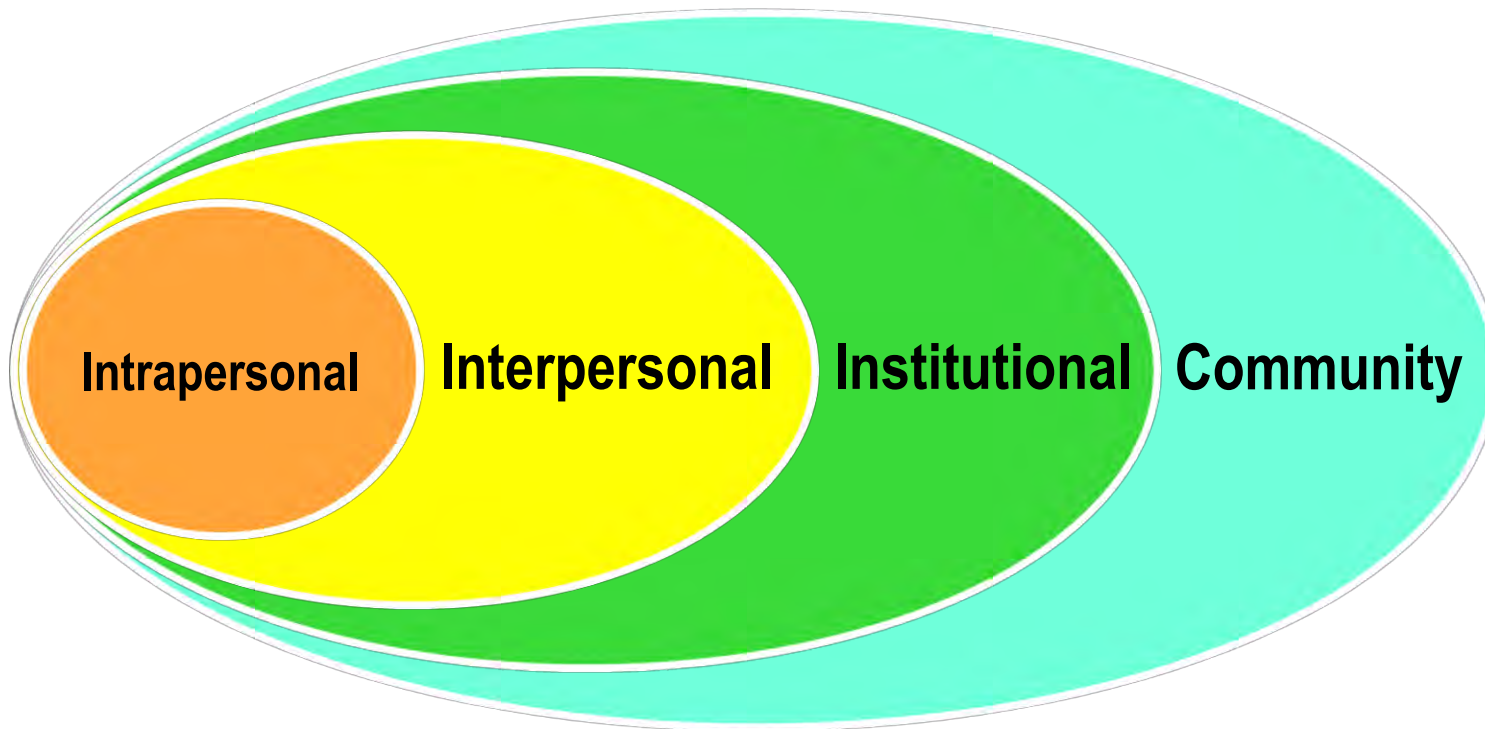
# Institutional-level Influences on Adolescent Behavior

Schools and health care institutions



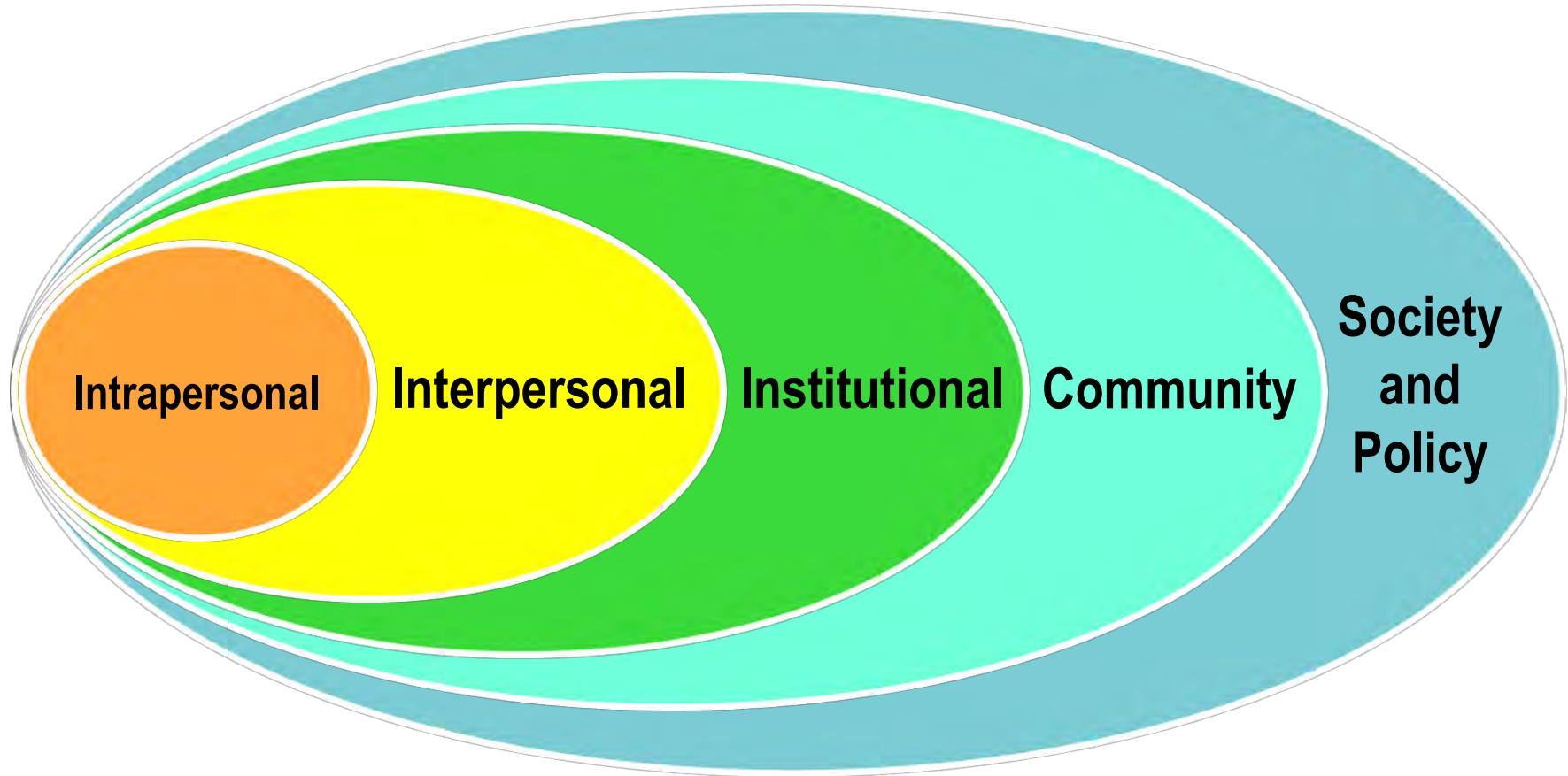
# Community-level Influences on Adolescent Behavior

Neighborhood characteristics, community resources, and norms



# Society and Policy-level Influences on Adolescent Behavior

Cultural, policy, and media



# Parent-level Intervention: Families Talking Together (FTT)

- ❑ **Designed to improve communication between parents and adolescents**
  - Avoiding too early or risky sex
- ❑ **Program components**
  - Brief face-to-face sessions
  - Nine written modules
  - Short booster calls to follow-up
  - Provider/school endorsement
- ❑ **Key parenting behaviors**
  - Talk about sex
  - Monitor and supervise adolescent
  - Improve quality of parent-adolescent relationship





# Evaluation and Results of Families Talking Together

- ❑ **Two randomized clinical trials in New York City**
  - 1 in 5 public middle schools
  - One in community healthcare clinic
- ❑ **2,016 mother-adolescent dyads in school study**
- ❑ **Follow-up conducted 12 months after intervention**
- ❑ **Students in intervention schools reported**
  - Increases in talking with their mothers about sex
  - Improved parental monitoring
  - Improved quality of relationship with mothers



# Effective Parent-level Interventions Can Reduce Sexual Initiation in Adolescents

FAMILIES  
TALKING  
TOGETHER

CENTER FOR  
Latino Adolescent and Family Health  
NYU SILVER SCHOOL OF SOCIAL WORK

Linking Lives  Health Education Program

Sexual Behavior Outcome	Impact of FTT			
	FTT Intervention		Control	
	Baseline	Follow-up	Baseline	Follow-up
Ever had vaginal intercourse	7%	7%*	6%	22%
Average frequency of sex in past 30 days	1.0	1.1*	1.0	1.5

\*p < .05

FTT is endorsed by the HHS Office of Adolescent Health  
Guilamo-Ramos V, et al. Journal of Adolescent Health, 2011

# School-level Intervention:



- ❑ **Designed to increase use of sexual and reproductive healthcare**
- ❑ **Connects at-risk youth with healthcare providers**
  - In their community
  - Already providing recommended services
- ❑ **Develops provider referral guide**
- ❑ **Trains key people in schools to make referrals to providers**

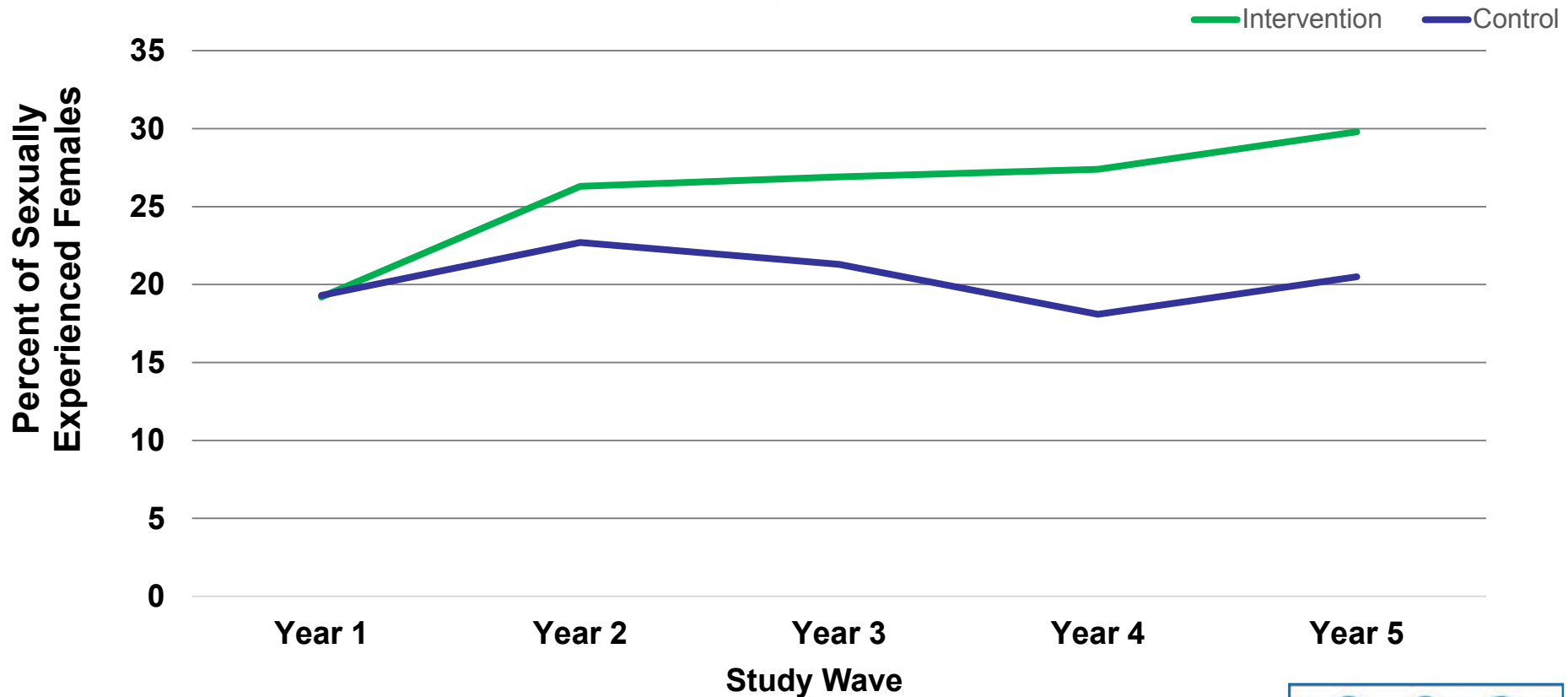
# Evaluation and Results of Project Connect

- ❑ **Evaluated in 12 public high schools in the Los Angeles Unified School District**
- ❑ **Surveyed 29,823 students in five yearly cross-sectional samples**
  - 76% Latino
  - Average age was 16 years
  - 47% had already had sex at the start of the study
- ❑ **Effective for sexually experienced females, but not effective for males**
  - Adaptations are being evaluated to connect males to care



# Increased STD Testing or Treatment in Sexually Experienced Females

**STD Test or Treatment in the Past Year,  
n = 1542**



Dittus P, et al. Journal of Adolescent Health, 2014  
Project Connect is recommended as an effective strategy by Division of STD Prevention and by  
Division of Adolescent and School Health, CDC



# Community-level Intervention: Communities that Care (CTC)

- ❑ **Designed to reduce alcohol and tobacco use, delinquency, and violence**
- ❑ **Components include**
  - Community-wide survey to assess risk and protective factors
  - Forming coalition of local stakeholders
  - Menu of effective interventions for families, schools, and the community
    - Families (e.g., Strengthening Families 10-14)
    - Schools (e.g., Life Skills Training)
    - Communities (e.g., Stay Smart)
  - Ongoing evaluations and community assessments of progress



# Evaluation of Communities that Care (CTC): Community Youth Development Study

## ❑ Randomized controlled trial

- In 7 states
- 24 communities (12 matched pairs)

## ❑ Students surveyed annually

- 4,407 5th graders
- Variety of health risk behaviors, including
  - Alcohol use
  - Tobacco use, all types
  - Delinquency and violence

## ❑ Analysis controlled for baseline differences in prevalence, student- and community-level covariates



# Communities that Care Reduced Use of Alcohol, Smokeless Tobacco, and Delinquency

Outcomes at Grade 8	Communities that Care	Control Communities
<b>Alcohol use (%)</b> in past 30 days	<b>16*</b>	<b>21</b>
<b>Smokeless tobacco (%)</b> in past 30 days	<b>2**</b>	<b>4</b>
<b>Binge drinking (%)</b> in past 2 weeks	<b>6*</b>	<b>9</b>
<b>Average number of delinquent behaviors</b> in past year	<b>0.8**</b>	<b>1.1</b>

\*p<.05; \*\* p<.01

Communities that Care is a SAMHSA evidenced-based program  
Hawkins JD, et al. Archives of Pediatrics and Adolescent Medicine, 2009



communities  
that care



# Society and Policy-level Intervention: Graduated Driver Licensing (GDL) Systems

## □ Graduated Driver Licensing

1. Learner's permit
2. Provisional license
3. Regular driver's license

## □ All states have GDL laws with these 3 graduated stages

## □ Some have additional restrictions, varies by state

- Require parent or licensed adult to supervise adolescents who drive during high-risk hours
- Nighttime curfew
- Restrictions on number and ages of passengers



# Evaluation of Graduated Driver Licensing (GDL) Systems

- ❑ Fatal crashes among drivers 16–17 years old were compared to fatal crashes among drivers 19–20 and 21–25 years old
- ❑ GDL laws were rated and those with 5 of 7 additional restrictions were defined as “good”
- ❑ Zero tolerance alcohol laws were assessed too
  - Illegal for persons under age 21 to drive with any amount of alcohol in their system

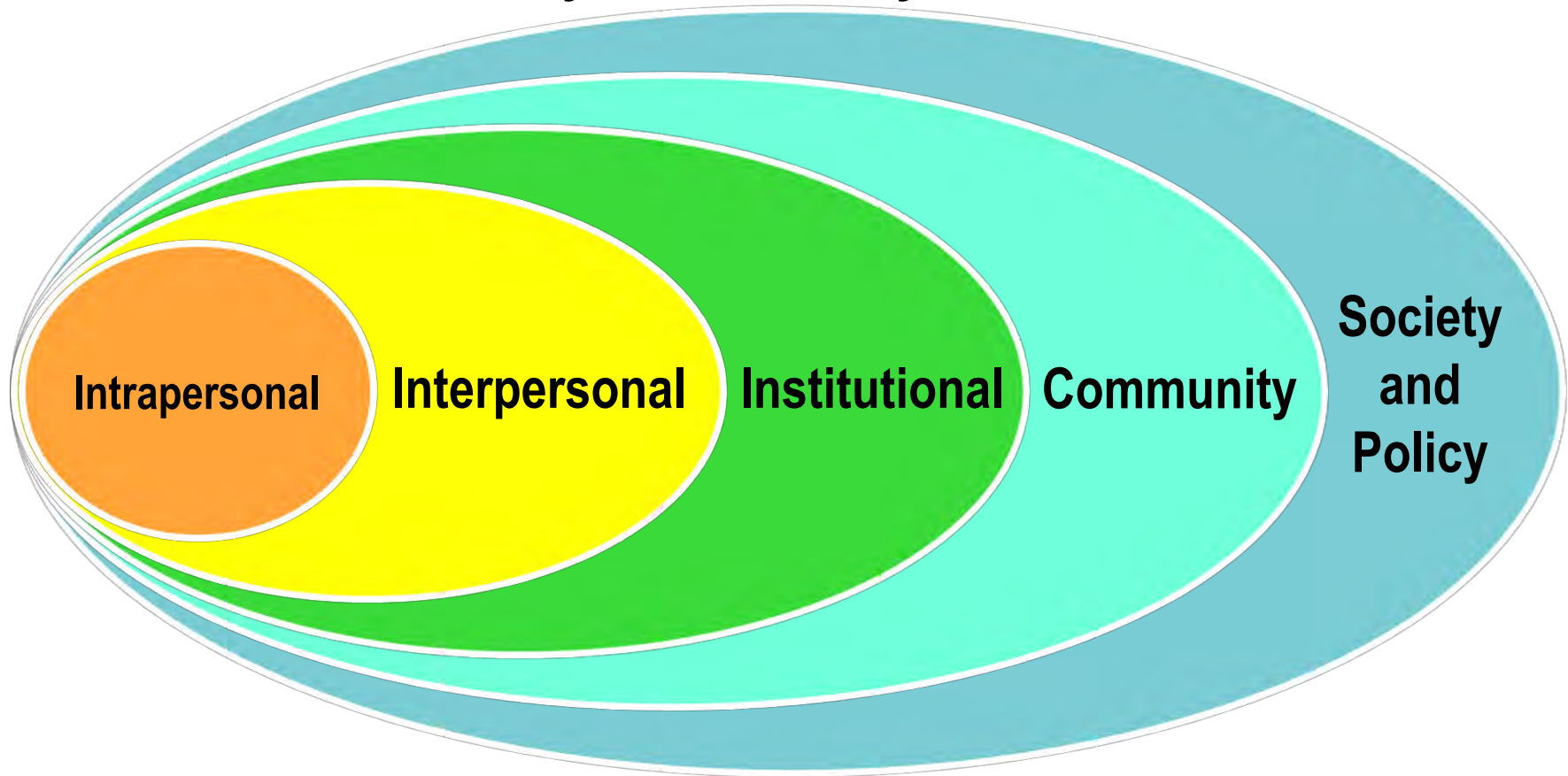


# Graduated Driver Licensing (GDL) Systems Led to Fewer Fatal Crashes

- ❑ **GDL programs reduced fatal crashes among 16- and 17-year-olds by 7%–14%, relative to older age groups**
- ❑ **States with good GDL laws had fewer fatal crashes**
  - Good = at least 5 of 7 additional components
- ❑ **States with good GDL laws and zero tolerance alcohol laws had fewest fatal crashes**
- ❑ **Additional restrictions to GDL laws are important**

# Using Multiple Interventions to Reach Adolescents

**Healthy Choice = Easy Choice**



# Schools as a Venue for Promoting Health and Wellness



**Shannon L. Michael, PhD, MPH**

*Health Scientist, School Health Branch*

Division of Population Health

National Center for Chronic Disease Prevention and Health Promotion

# Why Schools?

## Schools Are An Ideal Place



To connect  
with most  
adolescents



To teach  
adolescents  
about  
health



Healthier students  
are better learners

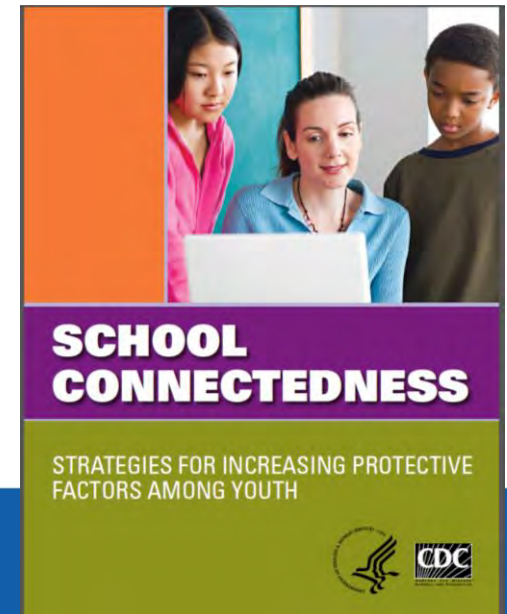
# How Can Schools Impact Adolescent Health?





# Aspects of Healthy School Environments

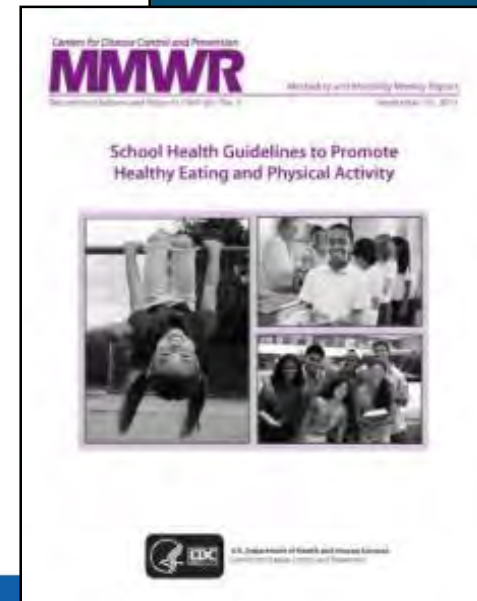
- ❑ **School climate is the quality and character of the school**
  - Motivates learning
  - Prevents or reduces risk behaviors
- ❑ **School connectedness reflects relationships with peers, teachers, and parents**
  - Improves academic achievement
  - Prevents or reduces risk behaviors
- ❑ **Policies and practices should be**
  - Health specific
  - Evidence-based





# Support Evidence-based Policies and Practices in Schools through Local School Wellness Policies

- ❑ District wellness policies address nutrition and physical activity
- ❑ Schools should ensure their policies and practices are evidence-based
- ❑ CDC's School Health Guidelines for Promoting Healthy Eating and Physical Activity
  - 9 evidence-based guidelines
  - 33 evidence-based strategies



# What is Happening?

## Nutrition Policies and Practices in Schools

### Doing a Good Job...

**Fewer than 20% of schools have vending machines, school stores, or snack bars that sell foods and beverages high in fat or added sugar**



### Needs Improvement...

**Only 6% of schools have vending machines, school stores, or snack bars that sell fruits or vegetables**

**Almost 75% of schools permit students to carry a drinking water bottle during the school day**



**Almost 25% of schools allow soft drink companies to advertise soft drinks on vending machines**

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## Physical Activity Policies and Practices in Schools

Doing a Good Job...		Needs Improvement...
<p><b>Almost 90% of schools follow national, state, or district physical education standards</b></p>		<p><b>Only 4% of schools provide daily physical education throughout the school year</b></p>
<p><b>Over 90% of schools with students in grades K–5 have regularly scheduled recess</b></p>		<p><b>Only 45% of schools provide opportunities for students to take physical activity breaks outside of physical education class</b></p>

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# Provide Health Education and Physical Education



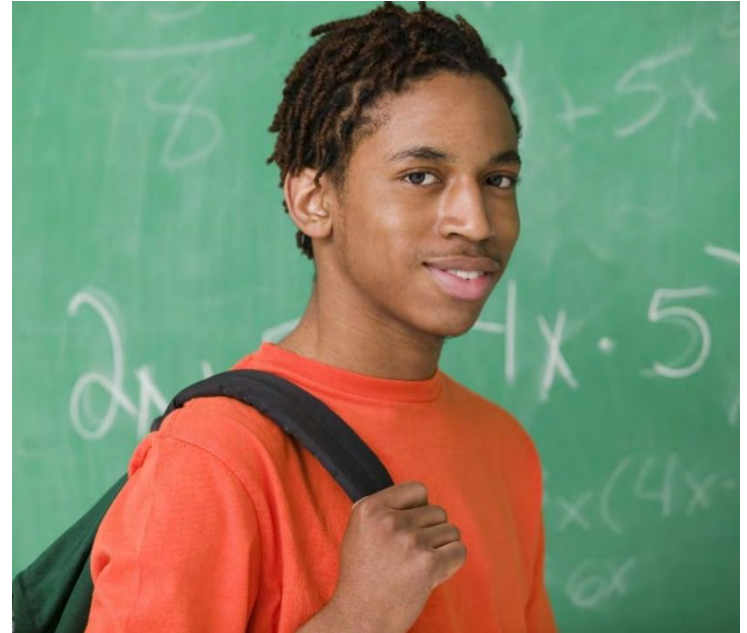
# Teach Students How to Be Healthy

## □ Health education

- Increases knowledge about health and healthy behaviors
- Teaches skills for practicing healthy behaviors

## □ Affects health behaviors and outcomes

- Increases condom use
- Improves BMI (body mass index)
- Decreases smoking



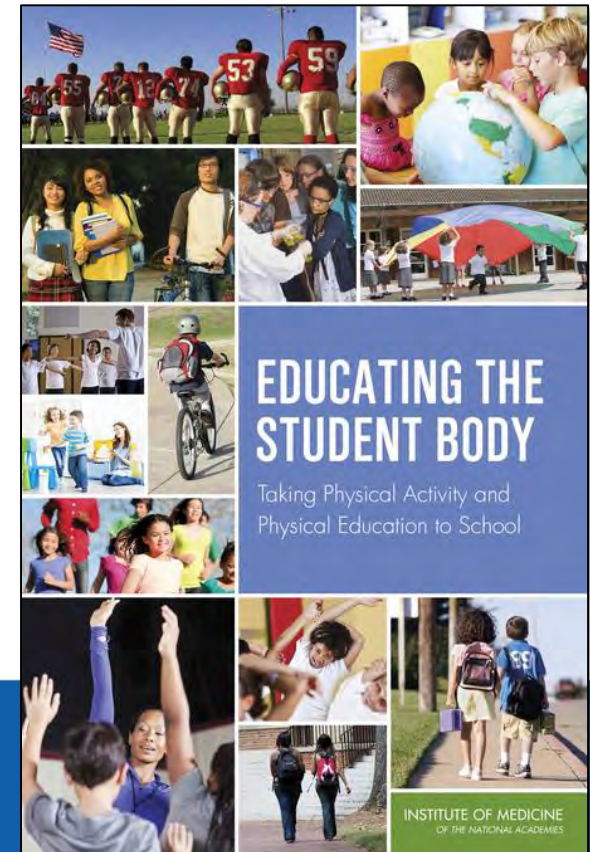
# Equip Students to Be Physically Active

## □ Physical education

- Provides knowledge, skills, and confidence to be physically active
- Helps adolescents get recommended 60 minutes of daily physical activity

## □ Students should have 225 minutes every week of physical education in middle and high schools

## □ Students should spend at least 50% of class time engaged in moderate-to-vigorous physical activity



# Schools Can Adopt Enhanced Physical Education

- ❑ **In 2013, the Community Preventive Services Task Force recommended *enhanced* physical education**
  - *Enhanced* physical education increases the time students spend in moderate-to-vigorous physical activity by
    - Improving teaching strategies through activity selection, class organization and management, and instruction
    - Encouraging teachers to supplement students' participation in sports with moderate-vigorous activities

## ❑ **National Initiatives**

- First Lady's *Let's Move!* Active Schools
- Presidential Youth Fitness Program





# Provide School Health Services



# School-based Nursing Services Are Cost Beneficial

## Massachusetts Essential School Health Services Program

Program Costs	Estimated Costs Averted (millions)	Net Benefit	Cost-Benefit Ratio
<b>\$79 Million</b>	<b>Medical care costs</b> <b>\$20</b>	<b>\$98 Million</b>	<b>1:2.2</b>
	<b>Loss of parents' productivity</b> <b>\$28</b>		
	<b><u>Loss of teachers' productivity</u></b> <b><u>\$129</u></b>		
	<b>Total Costs Averted</b> <b>\$177</b>		



# Comprehensive School-Based Health Services Improve Adolescents' Health

- ❑ **School-based health centers can provide comprehensive health services**
- ❑ **Task Force review found improvements in health-related outcomes**
  - Vaccination and other preventive services
  - Asthma morbidity
  - Emergency department use and hospital admission
  - Contraceptive use among females
  - Prenatal care and birth weight
  - Alcohol consumption and illegal substance use

# Comprehensive School-Based Health Services Improve Adolescents' Education

## □ Task Force review found improvements in educational outcomes

- Grade point average
- Grade promotion
- Suspension rates
- Non-completion rates

## □ The Task Force recommends implementation and maintenance of school-based health centers in low-income communities

# Denver School-Based Health Centers (SBHCs)



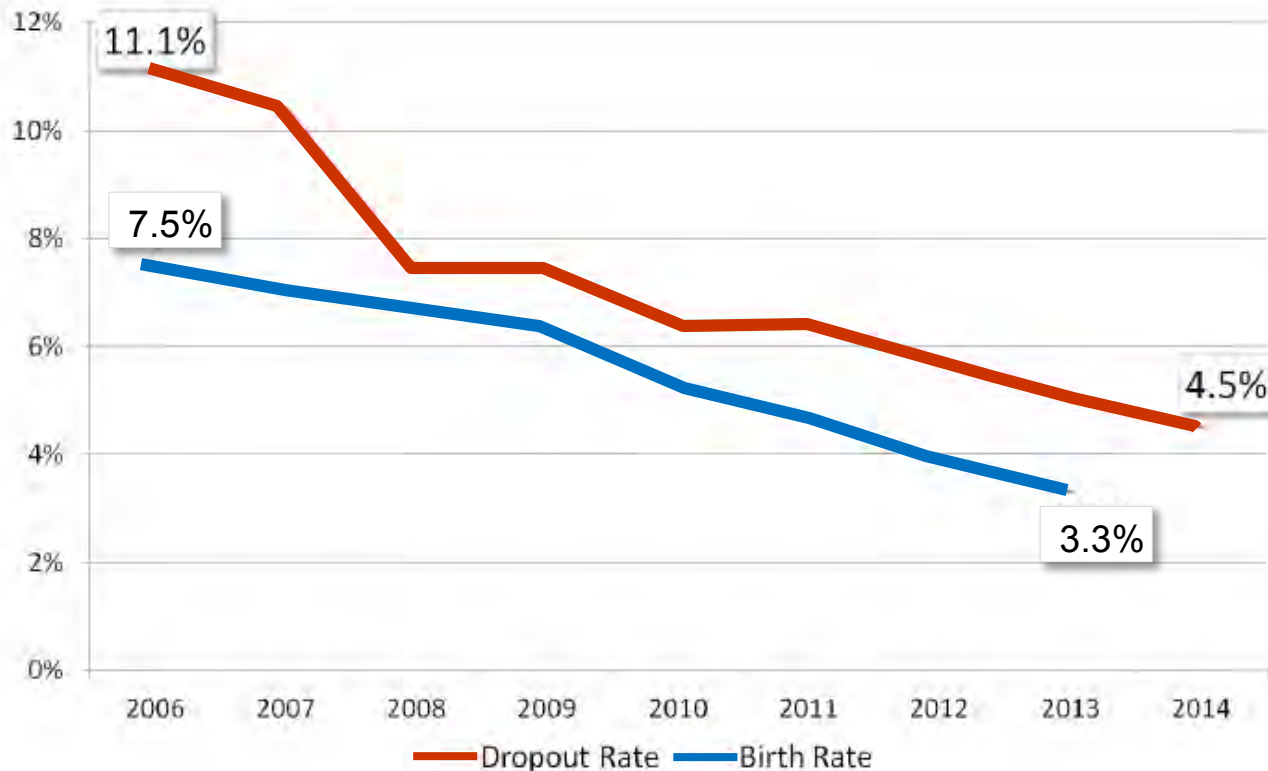
Evie Denis Campus, Denver, CO

- ❑ **All 16 SBHCs provide**
  - STD testing and treatment
  - Comprehensive reproductive health education
  - Pregnancy testing
- ❑ **13 of 16 SBHCs dispense condoms and contraception**
- ❑ **Connect adolescents to community clinics with health educators**

<http://www.denverhealth.org/medical-services/primary-care/our-services/school-based-health-centers>

# Denver School Drop-out Rates Drop

## Drop-out Rate Compared to Birth Rates for Denver Teens



# Schools Can Impact Adolescent Behaviors to Improve Lifelong Health and Wellness



**CREATE A HEALTHY ENVIRONMENT**  
using evidence-based policies and practices



**TEACH HEALTH EDUCATION & PHYSICAL EDUCATION**  
to establish healthy behaviors



**PROVIDE HEALTH SERVICES**  
either at the school or off-site

# Health Care for Adolescents: How to Improve It



## **Claire D. Brindis, DrPH**

*Professor of Pediatrics and Health Policy*

*Director, Philip R. Lee Institute for Health Policy Studies*

*Co-Project Director, Adolescent and Young Adult Health –*

*National Resource Center*

*University of California, San Francisco*

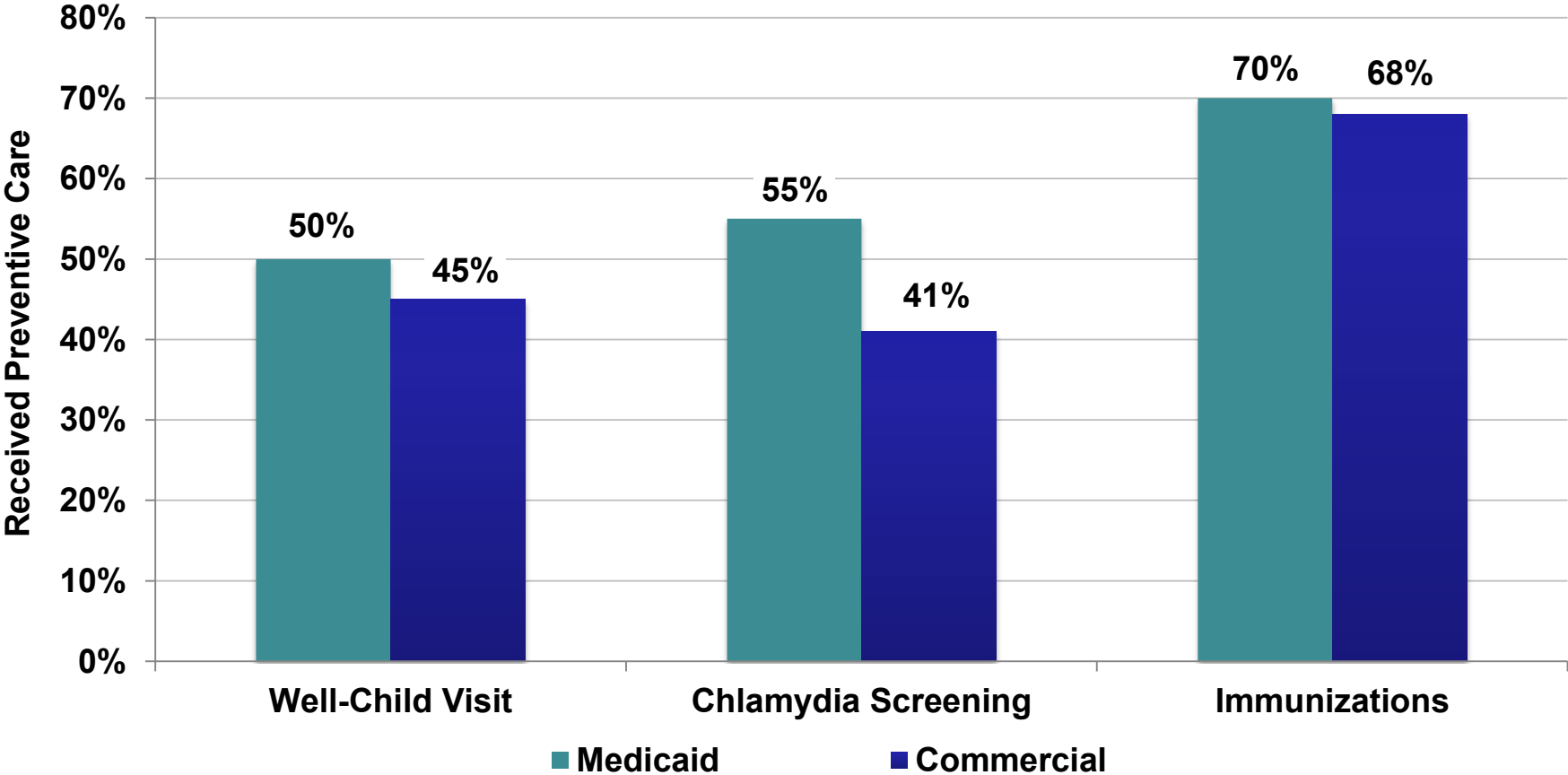
# How Can We Improve Health Care for Adolescents?

- ❑ **Improve access to clinical preventive health services**
- ❑ **Use opportunities provided by the Affordable Care Act**
- ❑ **Design interventions within healthcare systems that improve population health**
- ❑ **Assure health care is adolescent friendly**



# Challenges to Providing Care to Adolescents

## HEDIS Measures for Adolescents by Insurance Type, NCQA, 2013

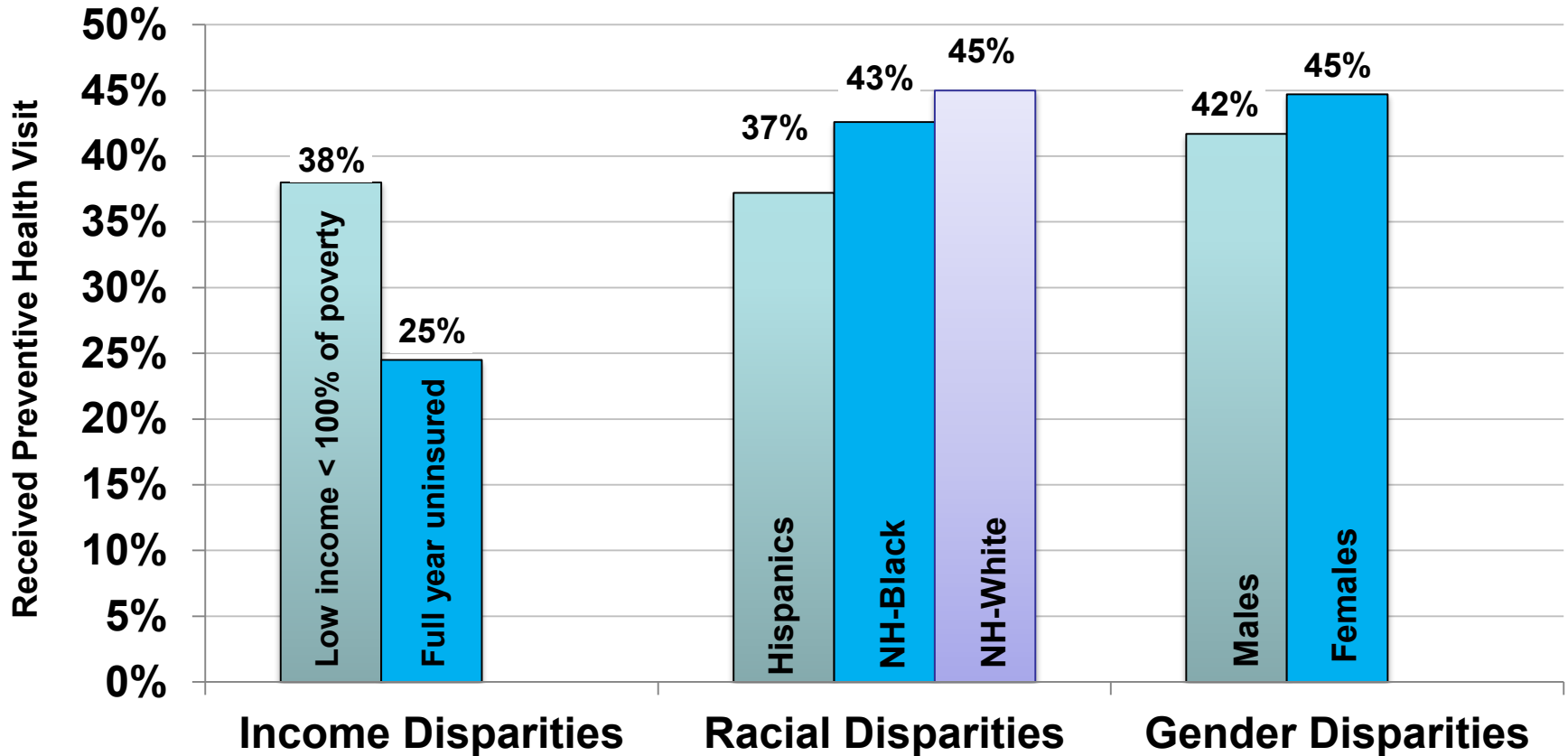


Healthcare Effectiveness Data and Information Set (HEDIS)  
National Committee on Quality Assurance (NCQA) Guidelines: The State of Health Care Quality, 2013



# Can Adolescents Access Services?

Overall, 43% of adolescents had a past-year preventive health visit



Adams et al, 2015 citing MEPS, 2011

# Do Healthcare Visits Provide Anticipatory Guidance?

- ❑ **Anticipatory guidance includes screening and counseling for behaviors**
  - Healthcare providers can identify adolescent strengths and risks
- ❑ **Some adolescents receive anticipatory guidance**
  - Fewer than 1 in 3 counseled on using seat belts, helmets and dangers of secondhand smoke
  - Fewer than 1 in 2 counseled on healthy eating
- ❑ **Only 1 out of 10 adolescents had all 6 recommended prevention topics addressed**

# The Promise of the Affordable Care Act

## Closing the Insurance and Healthcare Gap

1. Insurance coverage
2. Designated medical home
3. Access to preventive services
4. Transition to adult care



# 1. Insurance Coverage

- ✓ **Medicaid expansion**
- ✓ **Health insurance exchanges**
- ✓ **Subsidies and cost sharing**
- ✓ **Dependent coverage**



## 2. Designated Medical Home

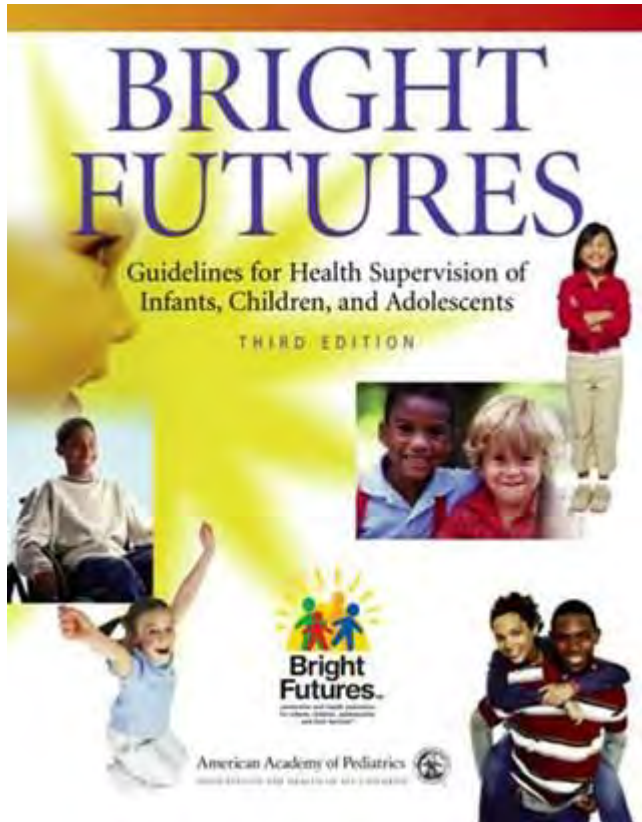
- ❑ **Improves coordination and continuity of care by**
  - Increasing access to care
  - Reducing fragmentation of care
- ❑ **54% of adolescents received care in a medical home**
  - Among those with a mental health condition, only 46% did
  - Among those with a mental health condition AND a physical health condition, only 35% did



**NATIONAL CENTER FOR  
MEDICAL HOME  
IMPLEMENTATION**

A cooperative agreement between the Maternal and Child Health Bureau/HRSA and the American Academy of Pediatrics

# 3. Access to Preventive Services



- ❑ **Provided by plans without cost sharing to members**
- ❑ **Requirements established by**
  - US Preventive Services Task Force, “A” and “B”
  - Bright Futures Guidelines
  - ACIP Immunization Recommendations
  - Institute of Medicine Recommendations for Women’s Health
- ❑ **Services must be administered by a provider within the healthcare network**

## 4. Transition to Adult Care

- ❑ **Medical homes provide systematic transition to adult care**
- ❑ **Opportunity for adolescents to grow into active consumers of health care**
  - Navigation skills
  - Informed health consumers
  - Health literacy
  - Self-advocacy



# Challenges to the Promise of Affordable Care Act

- ❑ Failure of adolescents to enroll in health insurance**
- ❑ Failure to seek annual preventive health visits**
- ❑ Lack of access in non-Medicaid-expansion states**
- ❑ Failure to seek sensitive services due to privacy concerns**
  - Sexual and reproductive health services
  - Substance use services
  - Mental health services



# Healthcare System Interventions Can Be Designed to Improve Adolescent Health

- ❑ **Data showed potential to increase preventive services for adolescents**
- ❑ **Intervention designed to integrate screening and counseling into clinic culture**
- ❑ **Pediatricians and Nurse Practitioners trained to screen and counsel adolescents**
- ❑ **Specific screening questions and scripts tailored to adolescent risk behaviors**
  - Affirm positive health behaviors
  - Anticipatory guidance for risk behaviors
- ❑ **Reinforcement by other members of healthcare team**

# Clinician and System Intervention Led to More Adolescents Screened and Counseled

	INTERVENTION		COMPARISON	
	Pre-training	Post-training	Pre-training	Post-training
<b>Screened</b>				
Seat belt use	43%	82%*	51%	47%*
Helmet use	42%	81%*	30%	30%
Total	58%	83%*	53%	52%
<b>Counseled</b>				
Seat belt use	44%	85%*	46%	54%*
Helmet use	39%	81%*	35%	46%*
Total	54%	82%*	46%	51%*

\*p < .001

Ozer EM, et al. Pediatrics, 2005

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# Why Such Progress After Training?

## Critical Ingredients to Intervention's Success

### ❑ Support from Chief and other system champions

- Outpatient Director
- Director of Nursing
- Health educators, lead clerks

### ❑ Partnerships forged between external experts and health plan experts

- All trained at same time
- Patient Support Materials integrated

### ❑ Focus on clinic-wide implementation with fidelity to intervention design led to change in culture



# Increases in Safety Among Adolescents After Screening and Counseling



	INTERVENTION		COMPARISON	
Safety Measure	Year 1	Year 2	Year 1	Year 2
	Age 14	Age 15	Age 14	Age 15
<b>Seat belt use 100%</b>	51%	60%+	49%	54%*
<b>Helmet use 100%</b>	17%	24%*	14%	11%

\*p < .05

+p < .10-.14

Ozer EM, et al. Pediatrics, 2005

# General Principles of Youth-friendly Health Care

- ❑ **Availability**—Appointment wait time is reasonable
- ❑ **Appropriateness**—Care is tailored to adolescents' needs
- ❑ **Accessibility**—Transportation is available and easy to use
- ❑ **Approachability**—Center and staff are welcoming
- ❑ **Acceptability**—Staff show respect and are nonjudgmental



# Adolescents Have Rights to Confidentiality

- ❑ **Confidentiality means information told to someone will not be shared with others (e.g., parents, schools, or third-parties)**
  - “It’s private.”
- ❑ **Information disclosed to a health care provider is covered by confidentiality**
  - Talking with your healthcare provider is considered “private”
- ❑ **Information disclosed has limits on how and when it can be disclosed to a third party**

# Adolescents Can Consent to a Variety of Treatments

- ❑ **Minor Consent Laws enable minors to consent to some types of health care**
  - Depends on the type of care
  - Varies tremendously by state
- ❑ **Sensitive health care services**
  - Treatment and screening for sexually transmitted infections
  - Mental health counseling
  - Substance use treatment and counseling
  - Reproductive health care
  - Contraceptive care
- ❑ **Minor Consent Laws and confidentiality are parts of healthcare privacy**

# Adolescents Are Concerned About Privacy Before Their Visit



## Example of Adolescent Concern

## What you can do

**Before  
the visit**

**Can I make an appointment  
myself to be seen?  
(Setting up an appointment)**

Know about your state's  
confidentiality and  
consent laws

# Adolescents Are Concerned About Privacy During Their Visit



## Example of Adolescent Concern

## What you can do

**During  
the visit**

**Who else is going to hear what I  
say to the healthcare provider?  
(Content of the Care)**

Reassure adolescent that  
confidentiality is part of  
their care and  
important to you

# Adolescents Are Concerned About Privacy After Their Visit



## Example of Adolescent Concern

## What you can do

**After  
the visit**

**Who else is going to see the bill  
or insurance claim?  
(Claims information)**

Know about your state's  
Explanation of Benefits for  
sensitive services

# Bringing Together the Pieces to Improve Adolescent Health Care

**Enhance  
provider  
capacity**

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**Incorporate health promotion, disease prevention, and youth development**

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**Enhance provider capacity**

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**Assure consent & confidentiality**

**Assure access to vulnerable populations**

**Engage young people**

# Adolescence: Preparing for Lifelong Health and Wellness



# Parents Can Help Adolescents Prepare for Lifelong Health and Wellness



# Schools Can Help Adolescents Prepare for Lifelong Health and Wellness



# Healthcare Providers Can Help Adolescents Prepare for Lifelong Health and Wellness



# Communities Can Help Adolescents Prepare for Lifelong Health and Wellness





# Together We Can Help Adolescents Prepare for Lifelong Health and Wellness

