

American Academy  
of Pediatrics



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Julius B. Richmond Center of Excellence

# Adolescent Health and Preventive Services

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# Newsweek

## THE GOOD AMERICAN TEEN-AGERS

Their Problems... Their Achievements... Their Life  
(SPECIAL EDUCATION REPORT)

25c

NOVEMBER 23, 1959

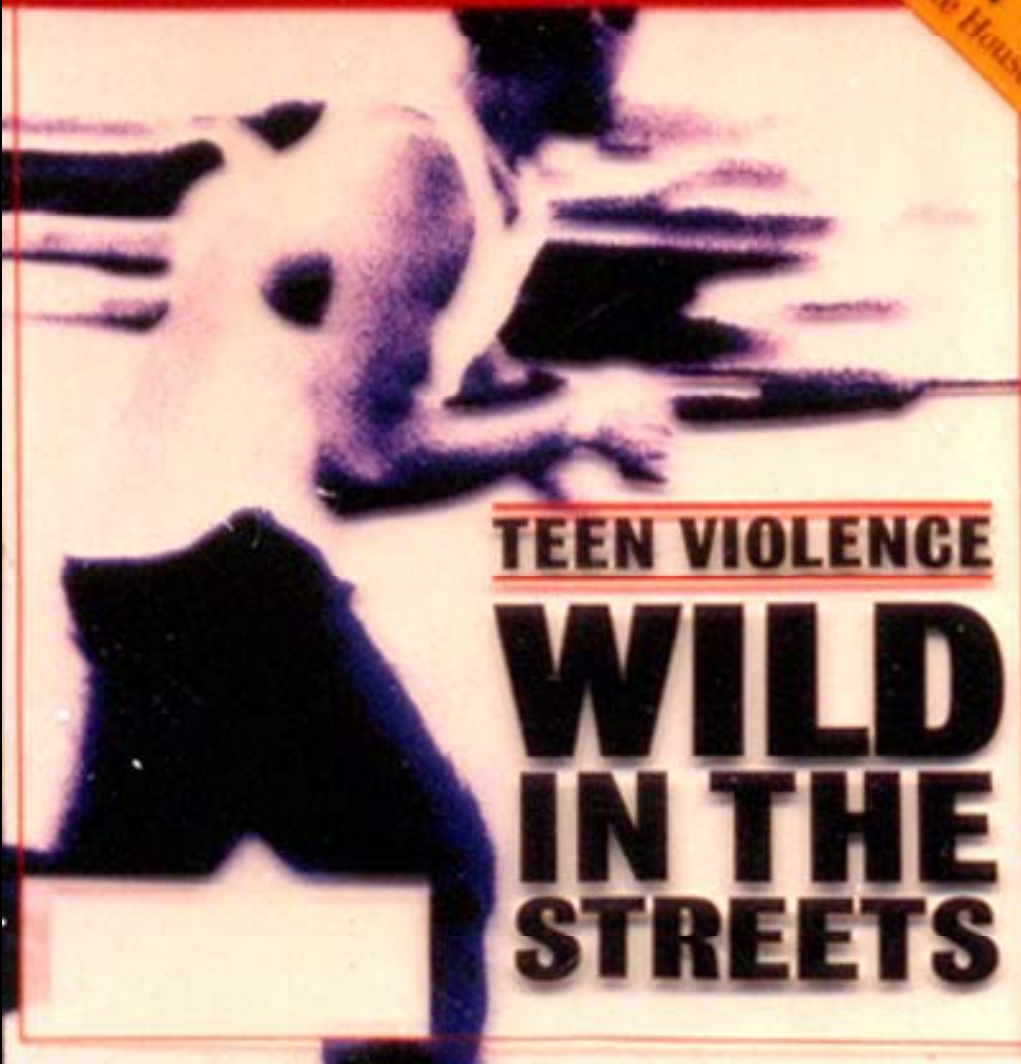
[INDEX—PAGE 23]



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# Newsweek

**A SUICIDE  
IN WASHINGTON**  
*The Mystery of the White House*



**TEEN VIOLENCE**

**WILD  
IN THE  
STREETS**

# Adolescence

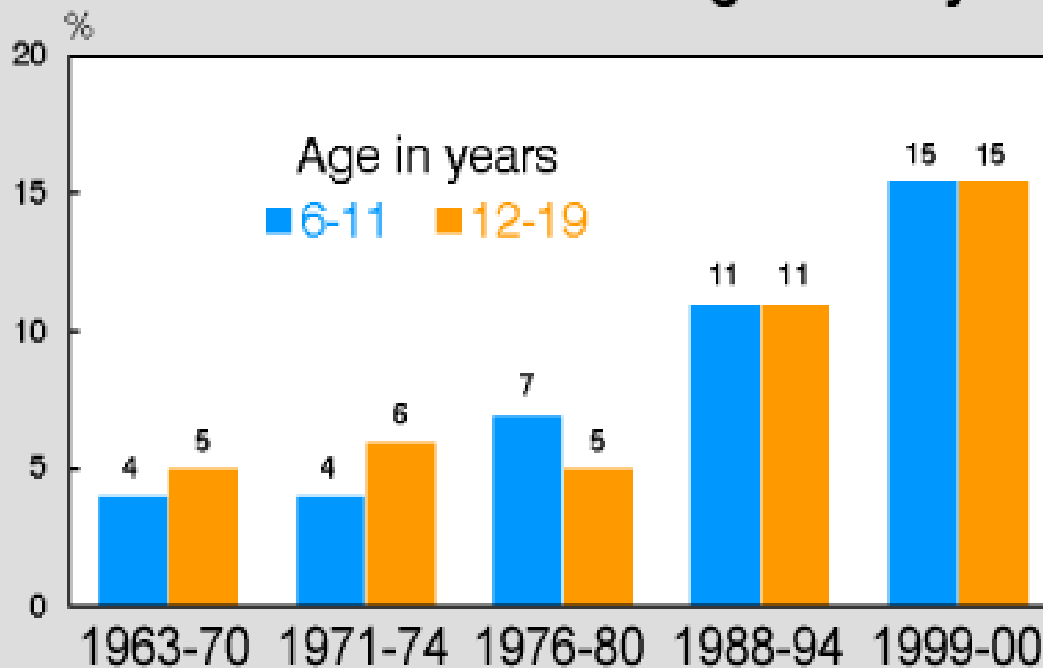
- Biology -
  - Pubertal changes - ages 11-13
- Psychological
  - Cognitive development
    - Concrete to formal operational thought - age 14-15
    - Higher executive function - early/mid 20s
- Social
  - Dependence to adult independence / inter-dependence

# Why invest in adolescent health?

- Most adolescent health problems are preventable
- Preventable morbidity and mortality
  - Motor vehicle injuries
  - Other injuries
  - Violence
  - Mental Health
  - Abuse
  - Cardiovascular disease & Obesity
  - Alcohol, tobacco & drugs
  - Adolescent pregnancy
  - Sexually transmitted infections

# US Obesity Prevalence

**Figure 1. Prevalence of overweight among children and adolescents ages 6-19 years**



NOTES: Excludes pregnant women starting with 1971-74. Pregnancy status not available for 1963-65 and 1966-70. Data for 1963-65 are for children 6-11 years of age; data for 1966-70 are for adolescents 12-17 years of age, not 12-19 years.

SOURCE: CDC/NCHS, NHES and NHANES.

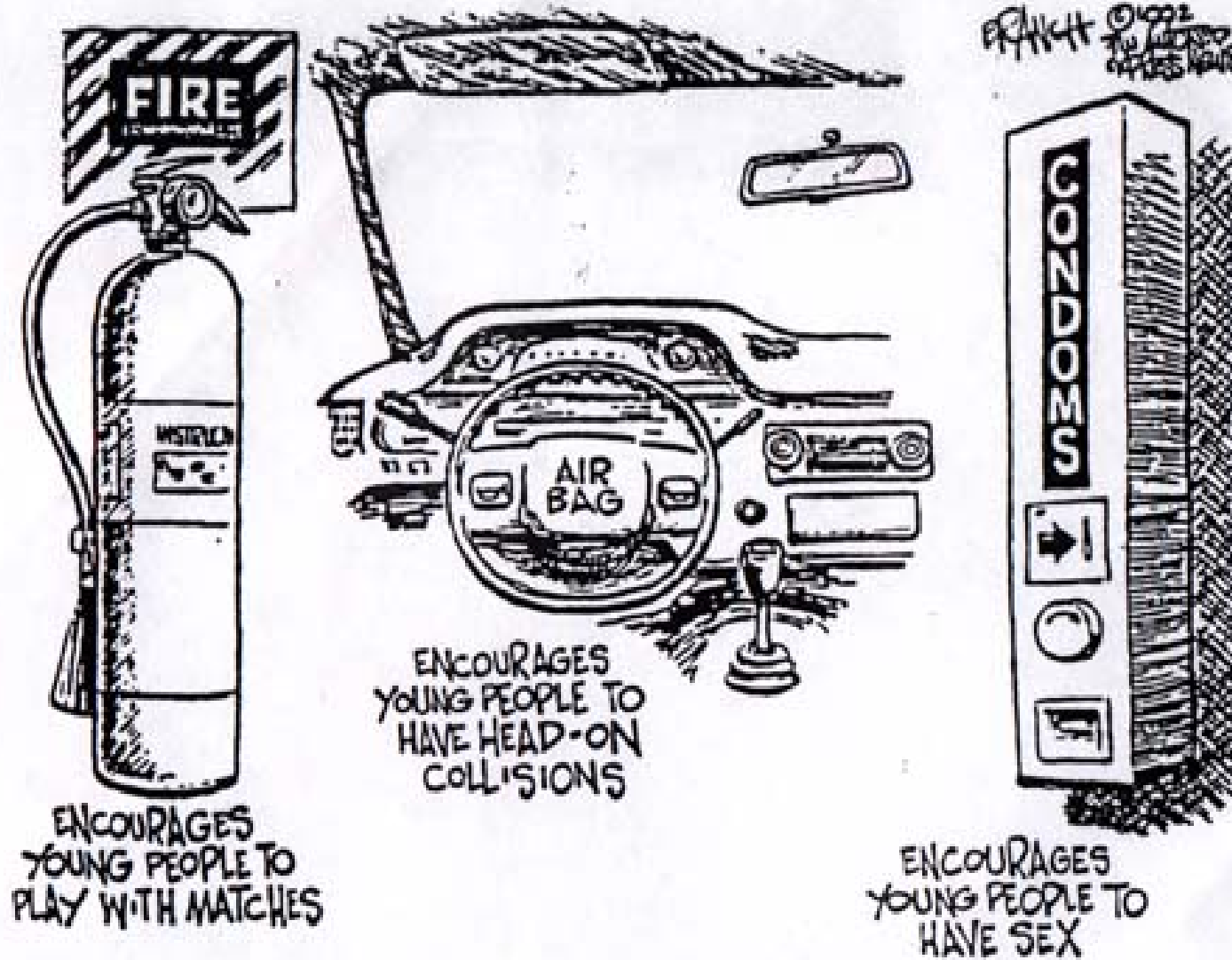
# Tobacco

- Declining rates in US - now leveling off
- Challenge of complacency
- Continued marketing and targeting of youth by industry



# CDC Youth Risk Behavior Survey

- Sexual behavior – 14-19 year olds
  - 45% ever had sexual intercourse
  - 8% had sex before age 13
  - One in three were having sex
  - 60-65% reported they had used a condom during last intercourse



# BRIGHT FUTURES

Guidelines for Health Supervision of  
Infants, Children and Adolescents

THIRD EDITION



**Bright  
Futures.**

prevention and health promotion  
for infants, children, adolescents,  
and their families®



# Bright Futures

- Preventive services from birth through adolescence
- A philosophy for approaching patients and families
- Age specific recommendations
- Developed through expert consensus and evidence based review
- Applicable for all primary care settings

# Adolescent Preventive Service Guidelines

- Delivery of health services
- Health guidance for parents
- Health guidance/counseling for adolescents
- Screening for biomedical and behavioral problems
- Chemoprophylaxis and Immunizations

# Delivery of health services

- Preventive visits should occur annually between ages 11-21 years
- Service should be confidential
- Services should be age and developmentally appropriate and sensitive to individual and cultural differences

# Health guidance for parents

- Normal development
- Signs of physical and emotional problems
- Importance of parenting styles and monitoring activities
- Role modeling for healthy behaviors

# Health guidance for adolescents

- Normal physical, emotional and sexual development
- Injury prevention
- Diet and exercise
- Responsible sexual behavior
- Avoidance of tobacco, alcohol, drugs

# Screening for adolescents

- Hypertension, hyperlipidemia, obesity, tobacco use
- Eating disorders, depression, risk for suicide
- Physical, emotional and sexual abuse
- Learning disorders
- Alcohol and other drug use
- Sexual behavior, STDS, HIV and cervical cancer
- Tuberculosis

# Immunizations (per ACIP)

- Second MMR
- Booster Td
- HPV
- Hepatitis B - if unvaccinated, or at risk
- Hepatitis A - at risk
- Varicella - if no history of disease
- Meningococcal vaccine
- Pneumococcal vaccine - if at risk
- Influenza

# **Bright Futures systems and materials to improve practice**

- **Clinician manuals and handbooks**
- **Trigger questionnaires**
- **Chart forms**
- **Effective counseling techniques**
- **Patient education resources**
- **CPT coding for prevention**

# Trigger questionnaires

- Complementary to clinical interview
- Systematic screening - better accuracy
- Requires adjustment of patient flow
- Improves detection of problems
- Need resources for positive responses
- Improves documentation



# Adolescent health care utilization

- Access requires systems and services that meet adolescents' needs
  - Confidentiality
  - Reproductive health, mental health services
- Most youth report having a regular source of care and having had preventive and other visits
- Content of care available or delivered is not always best practice

## Health Service Use and Confidential Care

	15-18 y/o	19-24 y/o
<b>Well visit in last 2 years</b>	<b>90%</b>	<b>84%</b>
<b>Ever spoke to MD privately</b>	<b>60%</b>	<b>76%</b>
<b>Know confidential place</b>	<b>49%</b>	<b>58%</b>
<b><u>Used</u> confidential place</b>	<b>11%</b>	<b>40%</b>



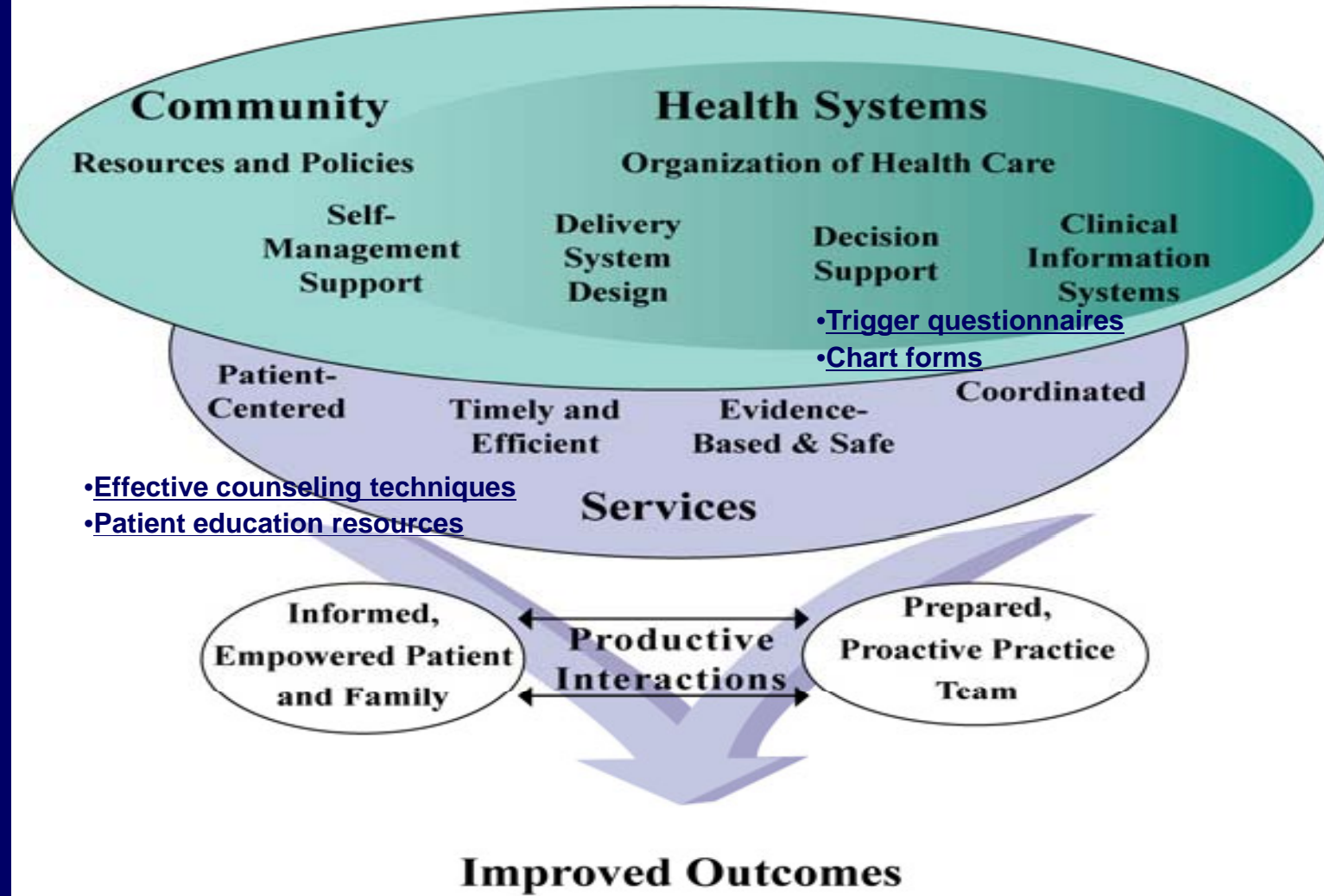
# Adolescents don't always get what they need from providers - 2

	Boys		Girls	
	Wanted (%)	Ever did (%)	Wanted (%)	Ever did (%)
Eating dis.	44	15	66	24
Drugs	65	34	65	28
STDs	58	24	65	28
Contraception	41	15	59	26
Smoking	58	32	59	27
Alcohol	56	27	56	23
Exercise	47	40	56	41
Abuse	36	12	48	12

# Increasing evidence systematic approaches to helps improve preventive service practices

- Preventive services training and implementation increases
  - Receipt of health education materials
  - Access to care
  - Confidentiality
  - Use of trigger questionnaires
  - Screening
  - Counseling for safety, tobacco, alcohol, and sexual behavior
- Decreases
  - Risky behaviors reported by youth
- Academic detailing of trigger questionnaires and confidential visits also impact quality of services delivered

# The Care Model





# Challenges and Opportunities

- Quality measures and confidentiality
- Reproductive health and HIV prevention
- Immunizations
- Internet
- Tobacco
- Obesity

# Quality and confidentiality

- Guidelines needed
- Measures - hard to assess
- Surveillance of health and health services needed
- Better confidentiality – should be a family, clinical and quality measurement issue
- Mental health, behavioral health care is often inadequate

# Reproductive health and HIV

- “Abstinence only” education
- Sexual activity and clinical services
- Sexual Health
- See confidential care discussion

# Immunizations

- New vaccines - great potential
  - HPV, Herpes, etc.
- Cost issues
- Delivery system issues
  - Pediatric vs. Adult vs. Women's health care models
- See access/quality and reproductive health

# The Internet

- Approaching universal use as phones change/merge into web devices
- Topics sought by teens:
  - Sexual & mental health
  - Weight loss/gain
  - Information on diseases (e.g. cancer, diabetes)
- Social network sites and new media will change how information is shared/used for care and for research



*"On the Internet, nobody knows you're a dog."*

# Youth and Tobacco

## Mexico (2006)

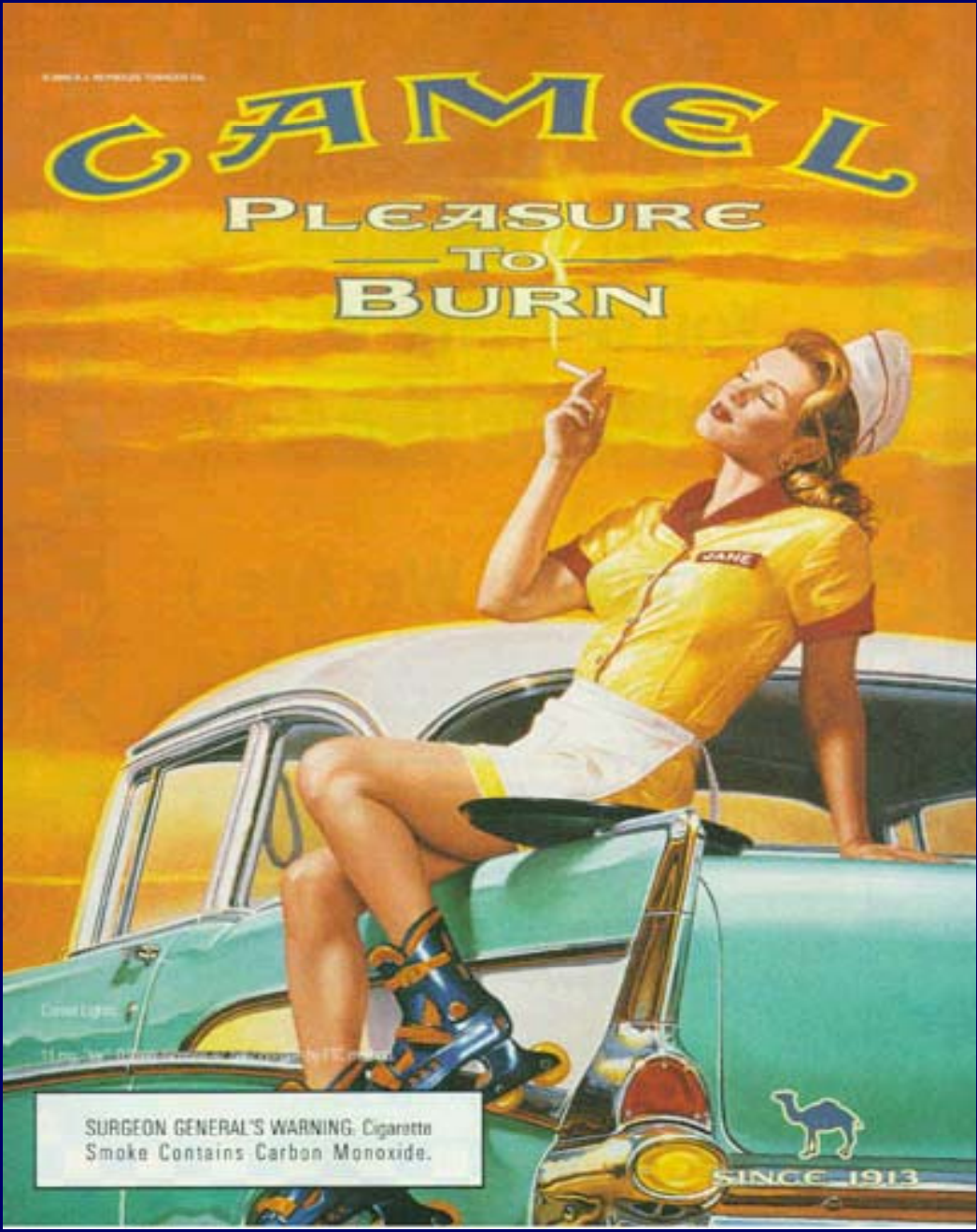
- **27.8% smoke**
  - Boys 27.3%
  - Girls 27.9%
- **5.3% use other tobacco products**
  - Boys 5.6%
  - Girls 4.7%

## USA (2007)

- **13% smoke**
  - Boys 12.1%
  - Girls 13.9%
- **10.6% use other tobacco products**
  - Boys 14.0%
  - Girls 7.4%

...tobacco is the only legally available consumer product which kills people when it is used as intended...

US Surgeon General Koop, MD



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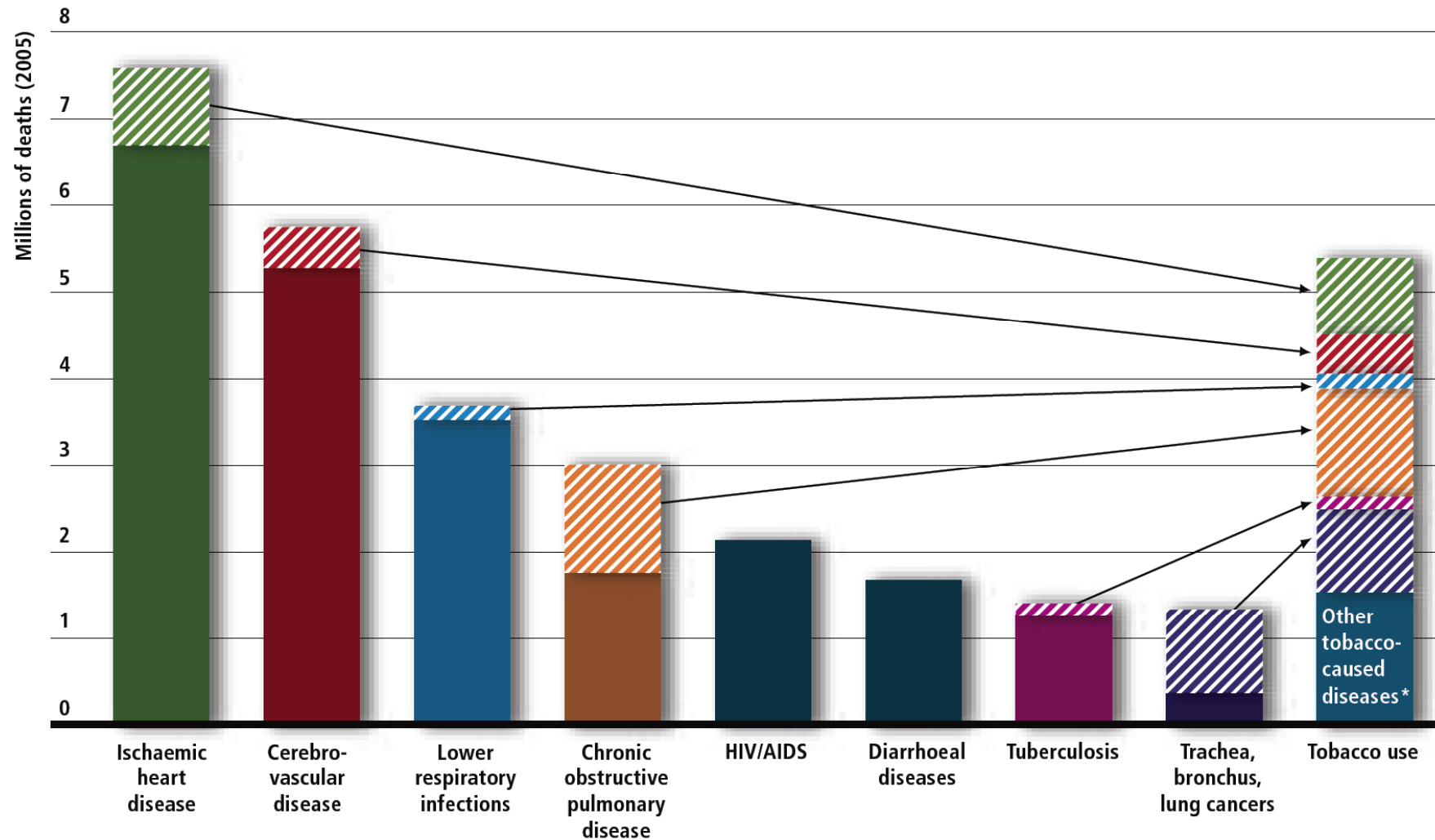
Camel Lights

11 mg. "tar," 0.9 mg. nicotine av. per cigarette by FTC method.

SURGEON GENERAL'S WARNING: Cigarette  
Smoke Contains Carbon Monoxide.

  
SINCE 1913

# Tobacco Is a Risk Factor for 6 of the World's 8 Leading Causes of Death



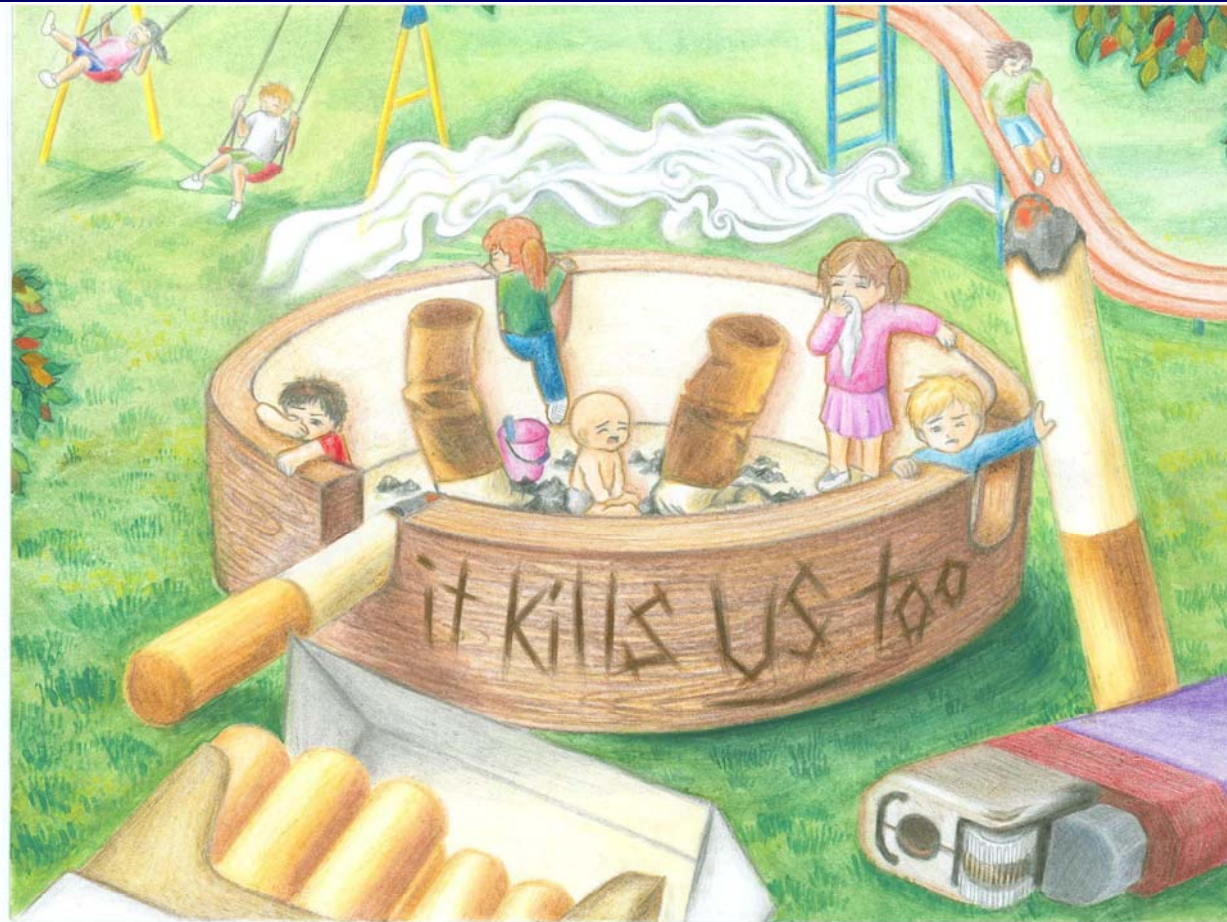
*Hatched areas indicate proportions of deaths related to tobacco use.*

## **Changing Evidence: Youth and Nicotine**

- **Most smokers report knowing they are addicted and trying (unsuccessfully) to quit**
- **Adolescents are more likely to become addicted than adults**
- **Signs of nicotine dependence often start within two months after onset of smoking and before adolescent are daily users**
- **Quitting is harder for teens but still possible; adolescents more likely to choose less effective methods for quitting**

# What Can We Do About Tobacco?

- **Ask all parents and patients about smoking**
- **Educate about secondhand smoke**
- **Offer treatment or referral**
- **Advocate for smoke free areas**
- **Advocate for tobacco control**



## What about obesity?

- Surveillance and science – now have recognition that this is a big problem
- No common frame - physical activity, eating, both
  - Personal responsibility/choice
  - Toxic food environment
  - Industry role mixed
- No parallel to non-smokers rights movement
- Advocates are not coordinated (breastfeeding, social justice, local food, disease prevention, environment)

# Overcoming obesity in this generation?

## Michelle Obama “Let’s Move!” Initiative

AAP pledges to:

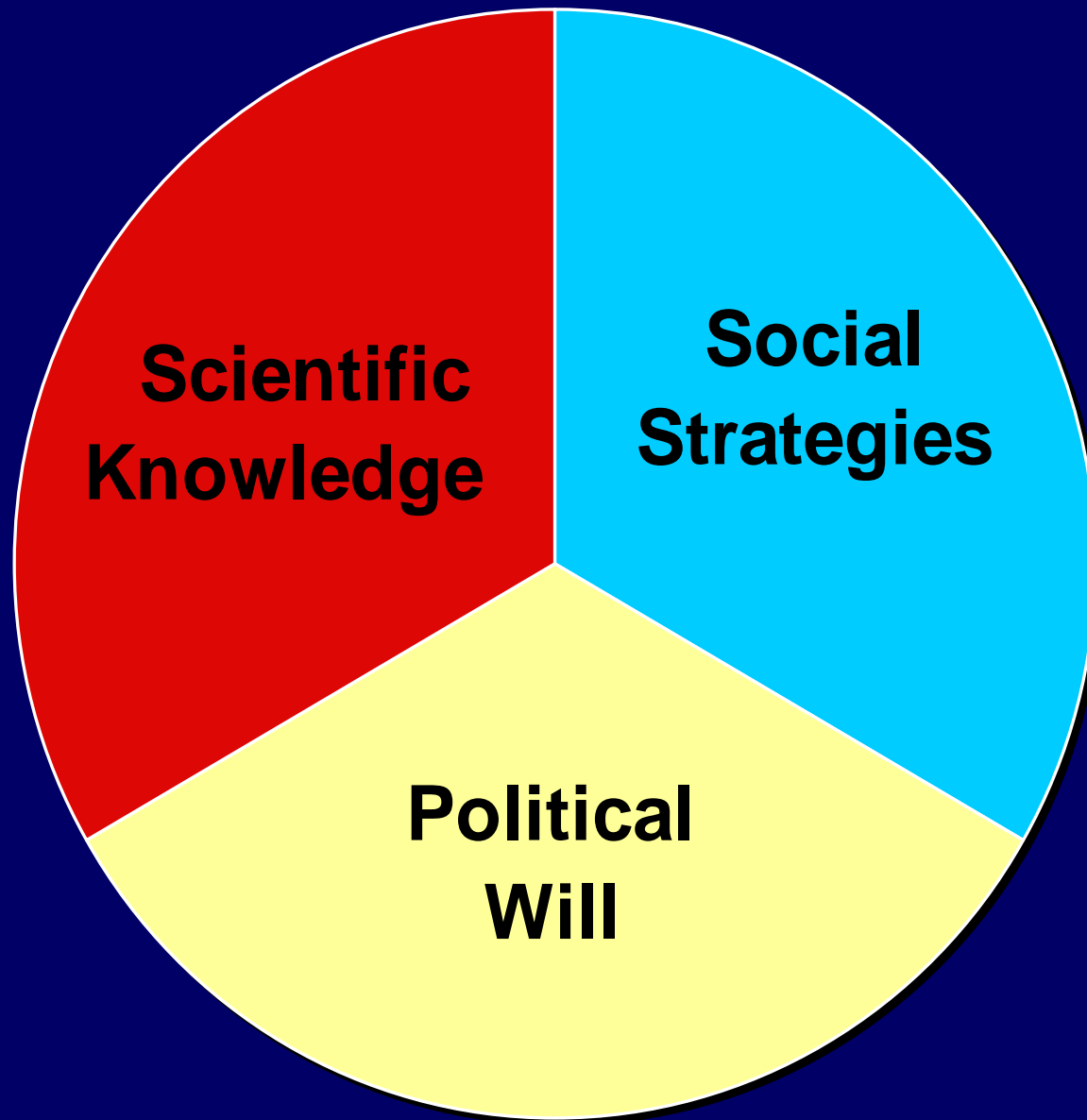
- Body Mass Index (BMI %ile)
- Prescription for healthy, active living

... information about healthy weight and on the impact of eating and physical activity on health



# Conclusions

- Access, use, and quality of adolescent care could be better
- Some interventions do help
- Guidelines and quality measures can drive system change
- Sustained efforts and better surveillance needed
- Many opportunities, and also many threats
- Future systems will be different



**Scientific  
Knowledge**

**Social  
Strategies**

**Political  
Will**

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# Bright Futures Changes and Important Topics

## Adolescence

- Vision screening is universal once in early adolescence (11-14), middle (15-17), and late (18-21) at other visits it is performed based on risk assessment
- Hearing and Anemia screening are no longer universal but based on risk assessment
- New recommendations for Cervical dysplasia screening – within three years of onset of sexual activity (USPSTF recommendations)
- New examples of possible questions for practitioners:
  - Mood regulation
  - Sexual identity
  - Interpersonal violence
  - Graduated drivers license
  - Anabolic steroid use
  - Strengths and resiliency