Adolescent Health
Issues

December 2008
Why Adolescents

- Paradox – adolescence is healthiest period of life, yet rates of morbidity and mortality are twice that of younger children

- Normal adolescent development often leads to risk-taking as part of establishing independence

- Risky behavior associated with injuries, unsafe sexual practices, violence, poor physical activity accounts for 70% of adolescent morbidity and mortality

- Increased chances for healthy adulthood

- Prevention and early intervention can be effective

- Adolescents in low income families are especially vulnerable
Factors Contributing to Adolescent Morbidity and Mortality

- Few school and community opportunities & supports
- Poor access to healthcare services
- Lack of “teen friendly” services
- Exposure to violence, easy access to drugs
Factors Contributing to Adolescent Morbidity and Mortality cont’d

• Lack of integration of physical, behavioral and reproductive health care

• Teens want to talk about their lives, but have few healthcare providers to listen
Reaching Adolescents

- School based health centers as an accessible, teen-friendly approach
- “Sensitive services” that do not require parental consent: reproductive health, outpatient mental health, drug & alcohol treatment
- Low & no cost health coverage through Healthy Families & Medi-Cal
Change in California’s Adolescent Population by Race/Ethnicity

Leading Causes of Death Among California’s Youth, 15-19, 2005

Leading Causes of Death Among California’s Males, 15-19, 2005

Suicide and Mental Health
Estimates of Mental Health Problems

- Mental illness is the most common cause of hospitalization for persons between the ages of 10 and 24, with the exception of childbirth. ¹

- 21% of 12 – 17 year olds are at risk for depression. ²

- 29.7% of 9th graders and 33.1% 11th graders stated having feelings of incapacitation, sadness and hopelessness in last 12 months. ³

- Only 10% of children and adolescents with symptoms of mental health problems receive any type of mental health evaluation or service. ⁴

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¹ Office of Statewide Health Planning and Development, California Department of Health Services, 2007
² California Health Information Survey, 2007
³ California Student Survey, 2005-06
CA Suicide Rates by Age and Gender, 2005

Source: California Department of Public Health, Epidemiology and Prevention for Injury Control Branch; California Department of Finance, 2007
Suicide Among CA Youth

- Suicide is the 3rd leading cause of death for 16-25 year olds, and the 5th leading cause of death for 10-15 year olds.
- Females attempt suicide three times as frequently as males.
- Males are three times as likely to die by suicide as females.
- According to YRBSS survey data, Latina youth have the highest rate of suicide attempt rate, at nearly 25%

Source: California Department of Mental Health. (2008) California Strategic Plan on Suicide Prevention.
Hospitalized Self-Inflicted Injuries among California Youth, 15-19, 2006

Source: California Department of Public Health, Epidemiology and Prevention for Injury Control Branch; California Department of Finance, 2007
Reproductive Health
Teen Birth Rates Age 10-19
Years 2000 to 2005

Source: Number of births are derived from the California Department of Health Services, Office of Vital Records, 2000 – 2005 Birth Statistical Master Files.

Rates are per 1,000 age-specific females. Female population projections are derived from the California Department of Finance, Race/Ethnic Populations with Age & Sex Detail, 2000-2005. Sacramento, CA, July 2007.

Teen Birth Rates by Mother’s Race/Ethnicity
Age 15-19
Years 2000 to 2005

Source: Number of births are derived from the California Department of Health Services, Office of Vital Records, 2000 to 2005 Birth Statistical Master Files.

Rates are per 1,000 age-specific females. Female population projections are derived from the California Department of Finance, Race/Ethnic Population with Age & Sex Detail, 2000-2005. Sacramento, CA, July 2007.

Percentage of youth who have ever had sexual intercourse, 15-17, 2005

- Male: 31%
- Female: 24%
- White: 28%
- Latino: 31%
- Black: 37%

Source: California Health Interview Survey, 2005
Percentage of males who used a condom at last intercourse, 15-17, 2005

Source: California Health Information Survey, 2005
Awareness of Emergency Contraception
Females, Ages 14 – 17, 2003 & 2005

Source: California Health Information Survey, 2005
Chlamydia Rates for Adolescent Females by Age Group
California, 2000–2006


Prepared by: California Department of Public Health, STD Control Branch
Gonorrhea Rates for Adolescent Males by Age Group
California, 2000–2006

Source: California Department of Public Health, STD Control Branch; State of California, Department of Finance, Race/Ethnic Population with Age and Sex Detail, 2000-2050, July 2007

Prepared by: California Department of Public Health, STD Control Branch
AIDS RATES AMONG LIVING CALIFORNIA MALES
BY AGE GROUP AND YEAR OF DIAGNOSIS
FROM JANUARY 2000 THROUGH DECEMBER 2006

Rates of HIV, Ages 15 – 19 and 20 – 24 by Gender and Ethnicity

Source: California Department of Health Services, Office of AIDS, HIV/AIDS Case Registry Section, data as of Jan. 31, 2006.
Alcohol, Tobacco and Drug Use
Binge Drinking by 18 – 24 year olds, 2005

Unstable numbers for Asian and African American women and African American men
Source: California Health Information Survey, 2005
Current Smokers Among California Youth by Race, 2004 and 2006

Source: CA Dept. of Health Services/Tobacco Control Section - C-STATS Website, 2007
Lifetime Use of Drugs and Alcohol, 11th Graders, 2005

Source: 11th Biennial California Student Survey, 2005-06
Nutrition and Fitness
Prevalence of Overweight and Obese Youth Age 12 -17, 2005

Source: California Health Information Survey, 2005
Prevalence of Television or Video Game Viewing for Two Hours or Less on Weekdays, Adolescents Ages 12-17

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<th>Race/Ethnicity</th>
<th>Percent of Group</th>
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<tr>
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Source: 2005 California Health Interview Survey
Any Physical Activity over 60 Minutes on 3 or more days
Youth Age 12 - 17, 2005

Source: California Health Information Survey, 2005

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Source: California Health Information Survey, 2005
Fast Food Eaten on Previous Day, 12-17, 2005
By Race/Ethnicity

Source: California Health Interview Survey, 2005
Health Coverage and Health Services
Health Coverage of California’s Youth 12-17, 2005

- Employer-based, 68.6%
- Medi-Cal, 22.1%
- Healthy Families, 7.9%
- Uninsured, 7.5%
- Private purchase, 4.9%
- Other, 1%

Source: 2005 California Health Interview Survey
Youth have the lowest rates of health service utilization of any age group

- 79% report having a usual source of health care. (CHIS, 2005)

- 82% report seeing a doctor at least once past year. (CHIS, 2005)

- 18% of eligible youth 15-20 nationwide receive EPSDT preventive medical screening (compared to 76% eligible infants.) (Child Health USA 2004)

- The average length of an adolescent health visit is 15 minutes.
Youth-Friendly Health Care

- Providers who specialize in teens and want to see teens
- Confidential
- Respectful
- Comprehensive
- Convenient and affordable
- Youth-oriented (e.g., youth magazines, pamphlets)
- Active outreach
Youth Supports
Proportion of youth who have supportive relationships, 2003

California Source: Healthy Kids Survey, 2003-2004 (Note: Not necessarily representative of the state)
Proportion of youth who have high level of school connectedness

Data Source: California Healthy Kids Survey, 2003
Emerging Issues
Intimate Partner Violence

• Young women ages 16 to 24 experience the highest per capita rate of intimate partner violence. (U.S. Department of Justice Bureau of Justice Statistics, 2003)


• 8.2% of 11th grade students in California report being “hit, slapped, or physically hurt on purpose” by their partner in the past twelve months. (California Student Survey, 2005-06.)
Question #10 - LGBTQ adolescents are overrepresented in the homeless youth population.

True. 42% of homeless youth identify as LGBTQ often being kicked out of their homes after coming out to their parents or guardians. Once on the street, homeless youth are particularly vulnerable to mental health problems and drug abuse, due to highly exposure to violence and harassment based on their sexual orientation.

Source: 2006 survey conducted by National Gay & Lesbian Task Force and the National Coalition for the Homeless
LGBTQ youth

• Developing a sexual self-concept is a key developmental task of adolescence. The average “coming out” age is 16.

• 42% of homeless youth identify as LGBTQ. (National Coalition for the Homeless, 2007)

• LGBTQ youth are 20-40% more likely to attempt suicide than non-LGBTQ youth. (Kitts RL (2005) “Gay Adolescents & Suicide,” Adolescence (40): 621-628.)

• 64% of LGBTQ high school students report feeling unsafe at school because of their sexual orientation. (Gay, Lesbian & Straight Education Network, 2005)
Out-of-home Youth: Foster Care

- Over 36,000 California youth ages 11-18 are currently in foster care. (Center for Social Services Research- UC Berkeley, 2007)

- 46% of foster youth do not complete high school, compared with 16% of non-foster youth. (Children’s Law Center, 2007)

- Over half of youth in foster care have mental health issues. (Child Welfare League of America, 2005)

- 60% of foster youth have chronic physical health problems. (National Resource Center for Family-Centered Practice and Permanency Planning, 2005)
Out-of-home Youth: Juvenile Justice

- 2,400 California youth are currently in long-term juvenile detention facilities, and another 2,400 are on parole. (Department of Rehabilitation & Corrections, Division of Juvenile Justice, 2008)

- 70% of youth in juvenile detention facilities have diagnosable mental illnesses. (National Center for Mental Health & Juvenile Justice, 2006)

Out-of-home Youth: Homeless Youth

• Although the prevalence of youth homelessness is difficult to measure, researchers estimate that 5-8% of youth experience homelessness each year. (National Alliance to End Homelessness, 2007)

• The rate of HIV for homeless youth is estimated to be up to 10 times higher than housed youth. (National Network for Youth, 1998)

• Homeless youth are at a higher risk for anxiety disorders, depression, posttraumatic stress disorder, and suicide. (Healthcare for the Homeless Clinician’s Network, 2000)