

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

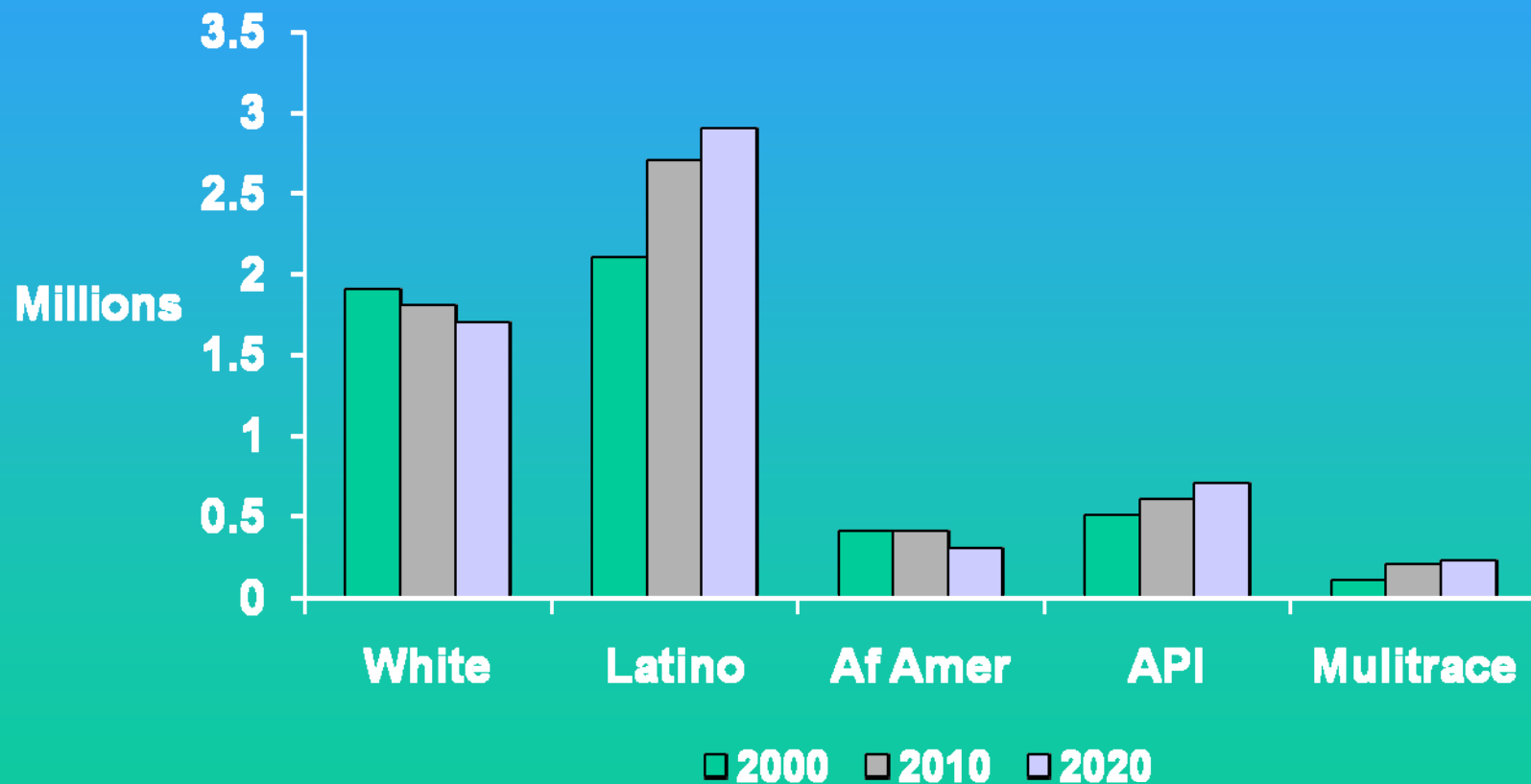
Factors Contributing to Adolescent Morbidity and Mortality cont'd

- 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

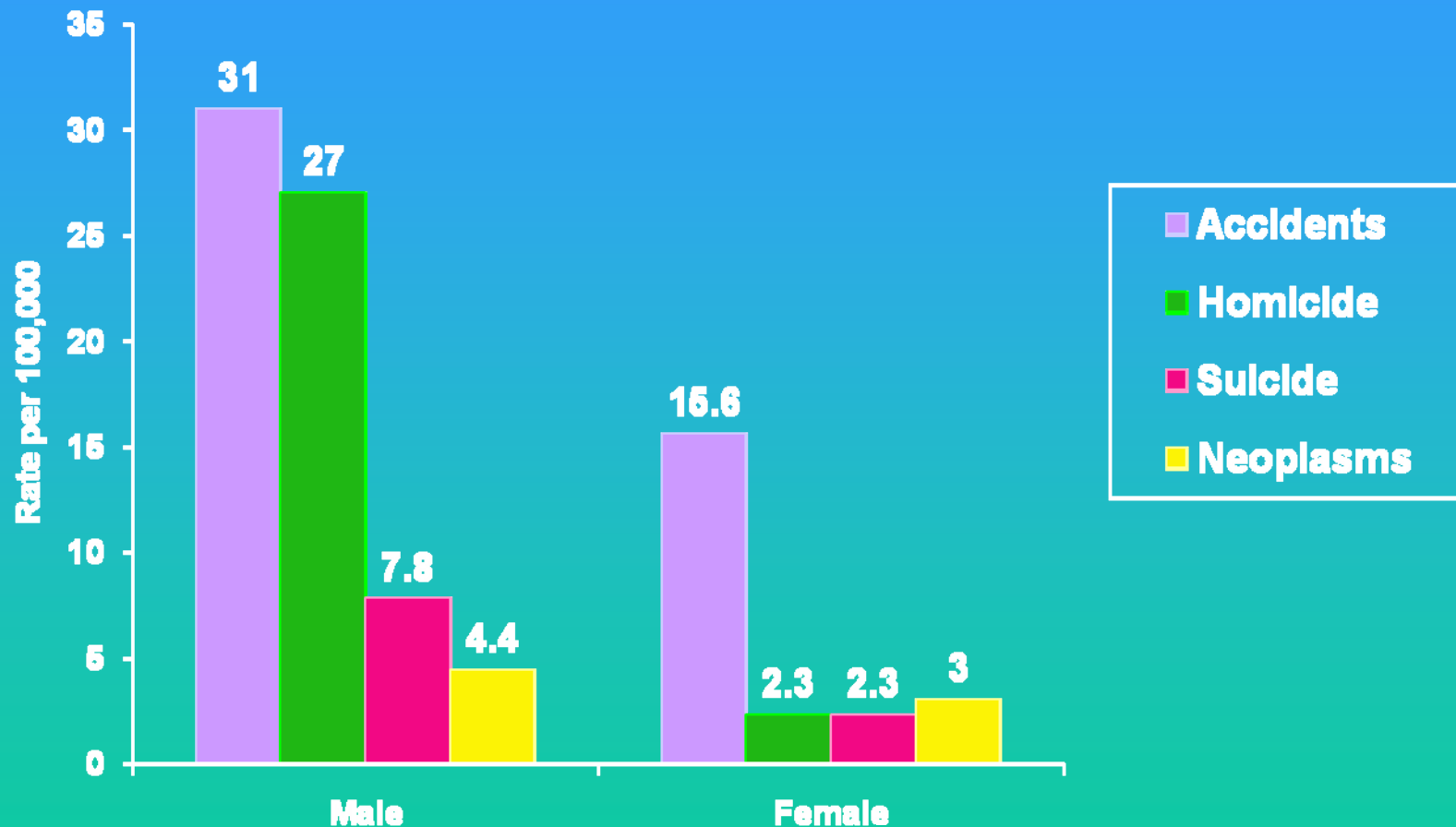
- School based health centers as an accessible, teen-friendly approach
- “Sensitive services” that do not require parental consent: reproductive health, outpatient mental health, drug & alcohol treatment
- Low & no cost health coverage through Healthy Families & Medi-Cal

Change in California's Adolescent Population by Race/Ethnicity



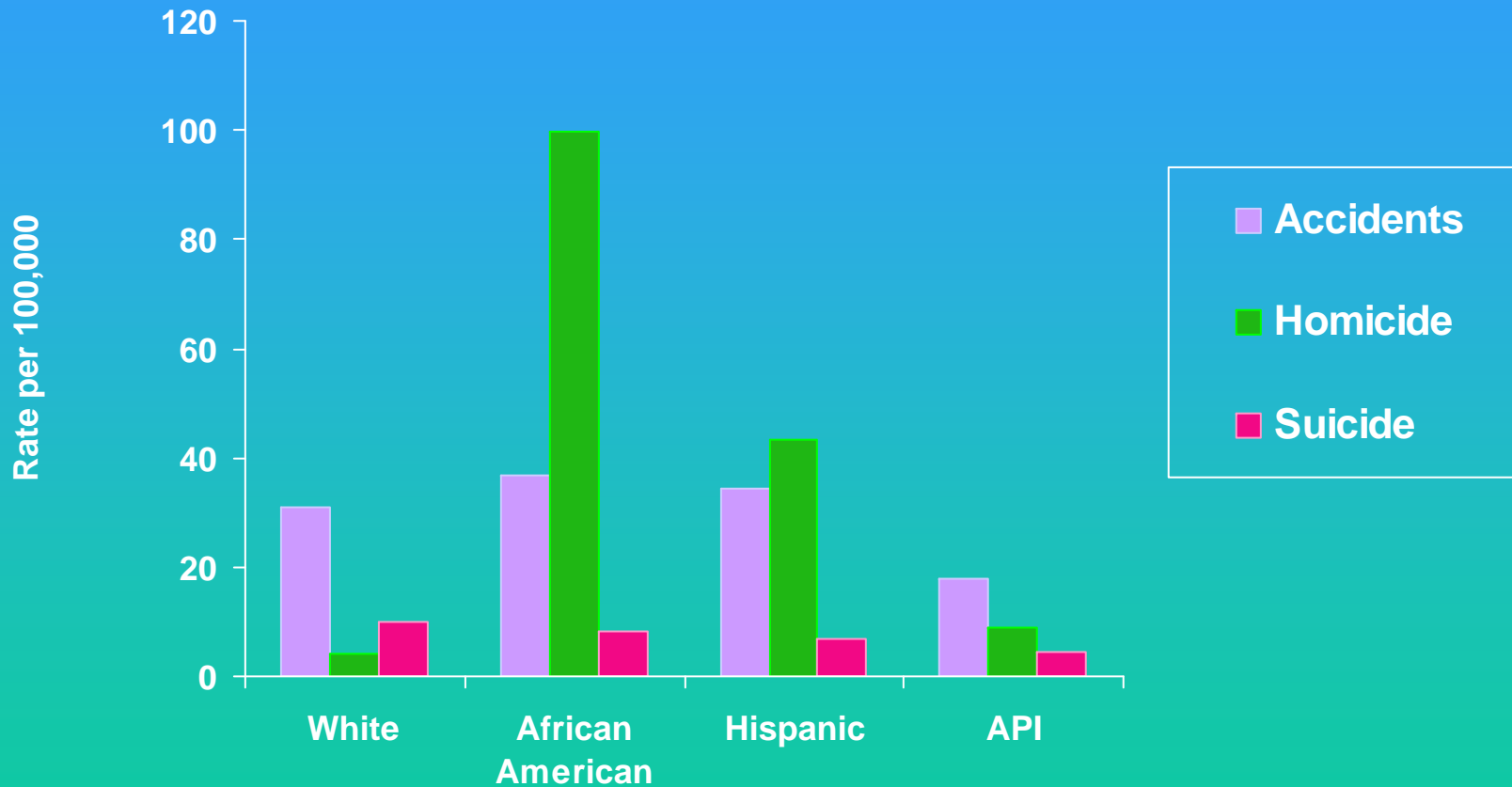
Source: State of California, Department of Finance, *Population Projections for California and Its Counties 2000-2050, by Age, Gender and Race/Ethnicity*, Sacramento, California, July 2007.

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



Source: Source: Produced by: Office of Statistics and Programming, National Center for Injury Prevention and Control, CDC Data Source: NCHS Vital Statistics System for numbers of deaths. Bureau of Census for population estimates.

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



Source: Produced by: Office of Statistics and Programming, National Center for Injury Prevention and Control, CDC Data Source: NCHS Vital Statistics System for numbers of deaths. Bureau of Census for population estimates.

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**

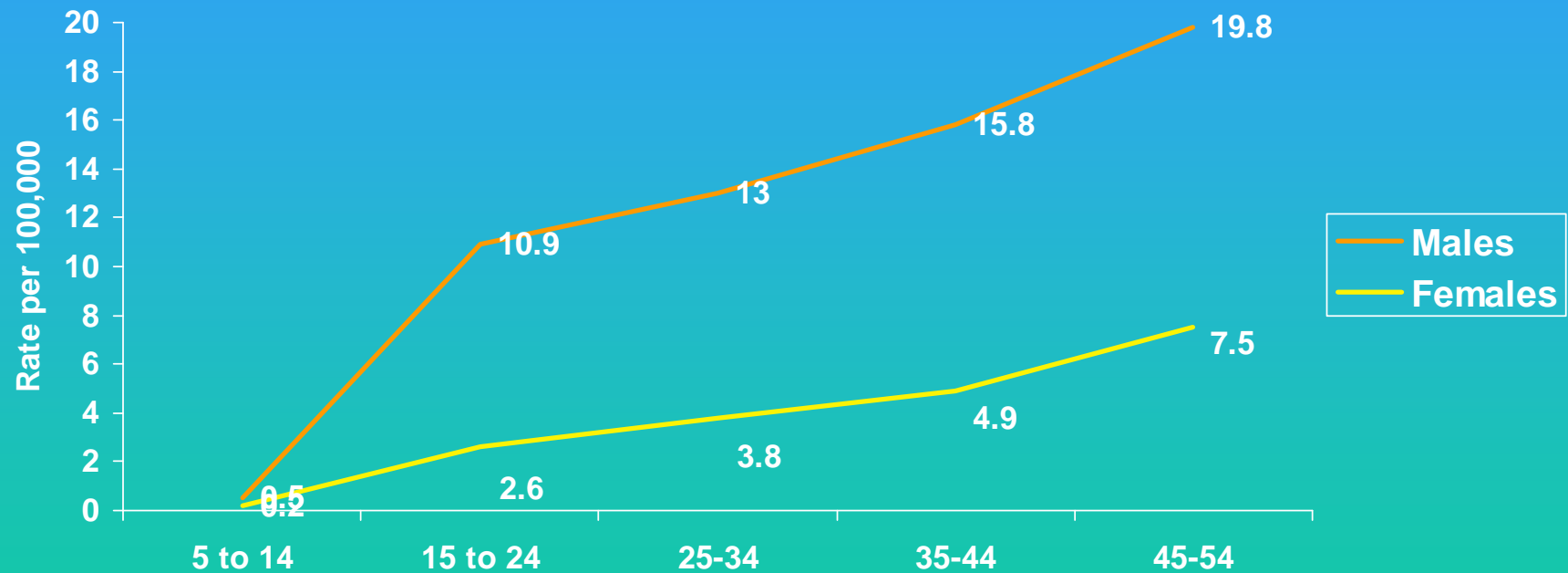
1. Office of Statewide Health Planning and Development, California Department of Health Services, 2007

2. California Health Information Survey, 2007

3. California Student Survey, 2005-06

4. Kataoka SH, Zhang L, Wells KB. (2002). Unmet need for mental health care among U.S. Children: Variation by ethnicity and insurance status. *American Journal of Psychiatry*, 159(9), 1548-1555.

CA Suicide Rates by Age and Gender, 2005



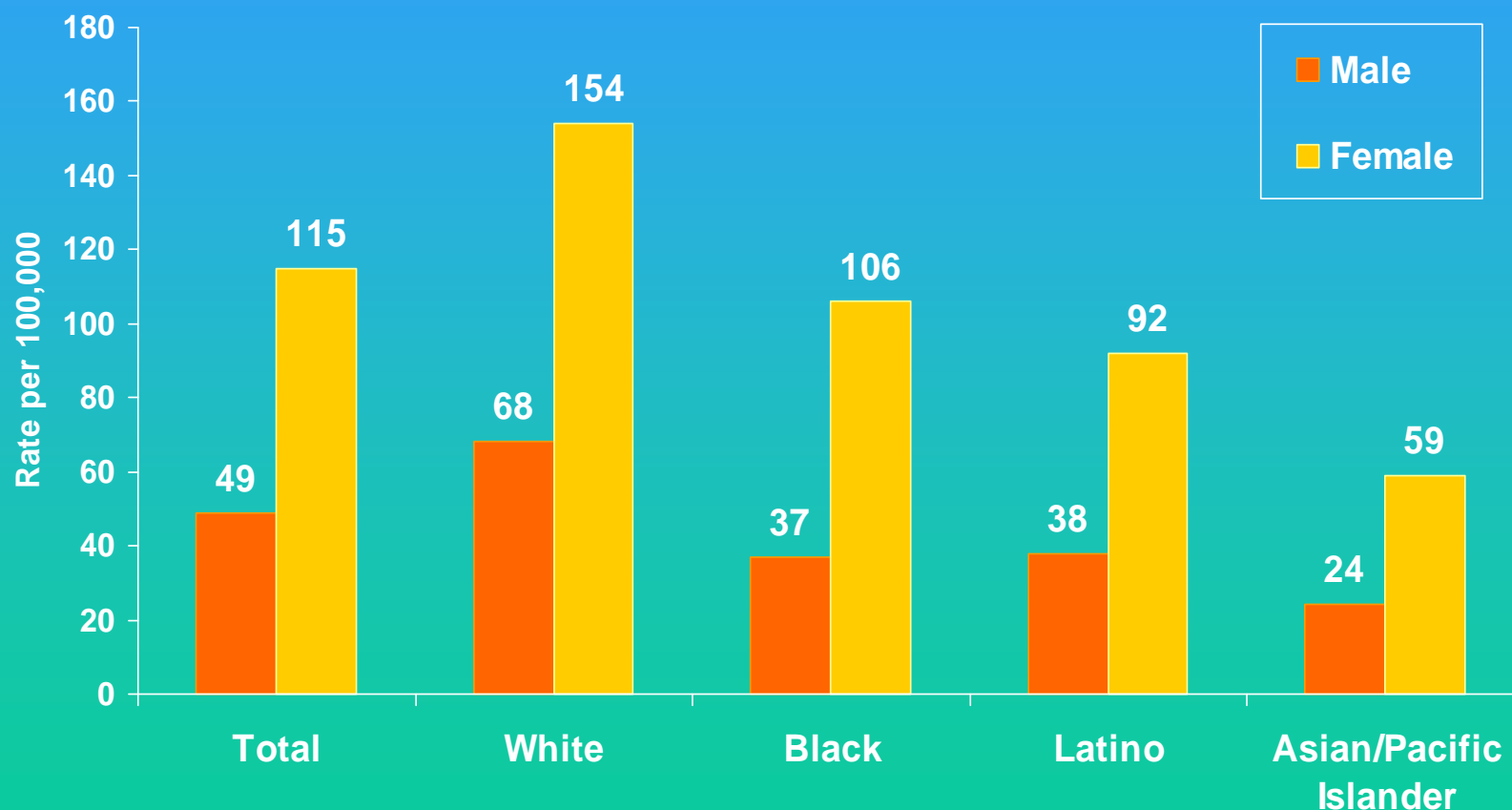
Source: California Department of Public Health, Epidemiology and Prevention for Injury Control Branch; California Department of Finance, 2007

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.

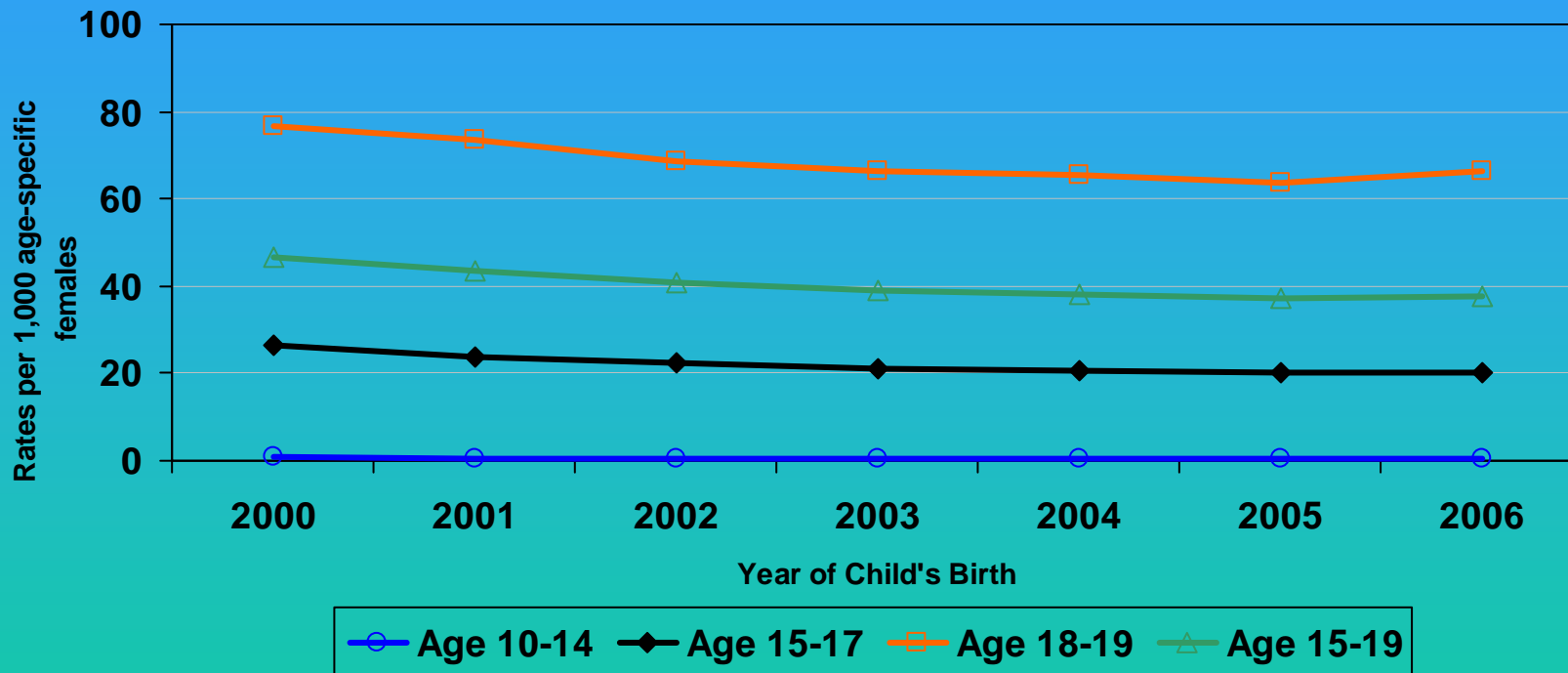
Hospitalized Self-Inflicted Injuries among California Youth, 15-19, 2006



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

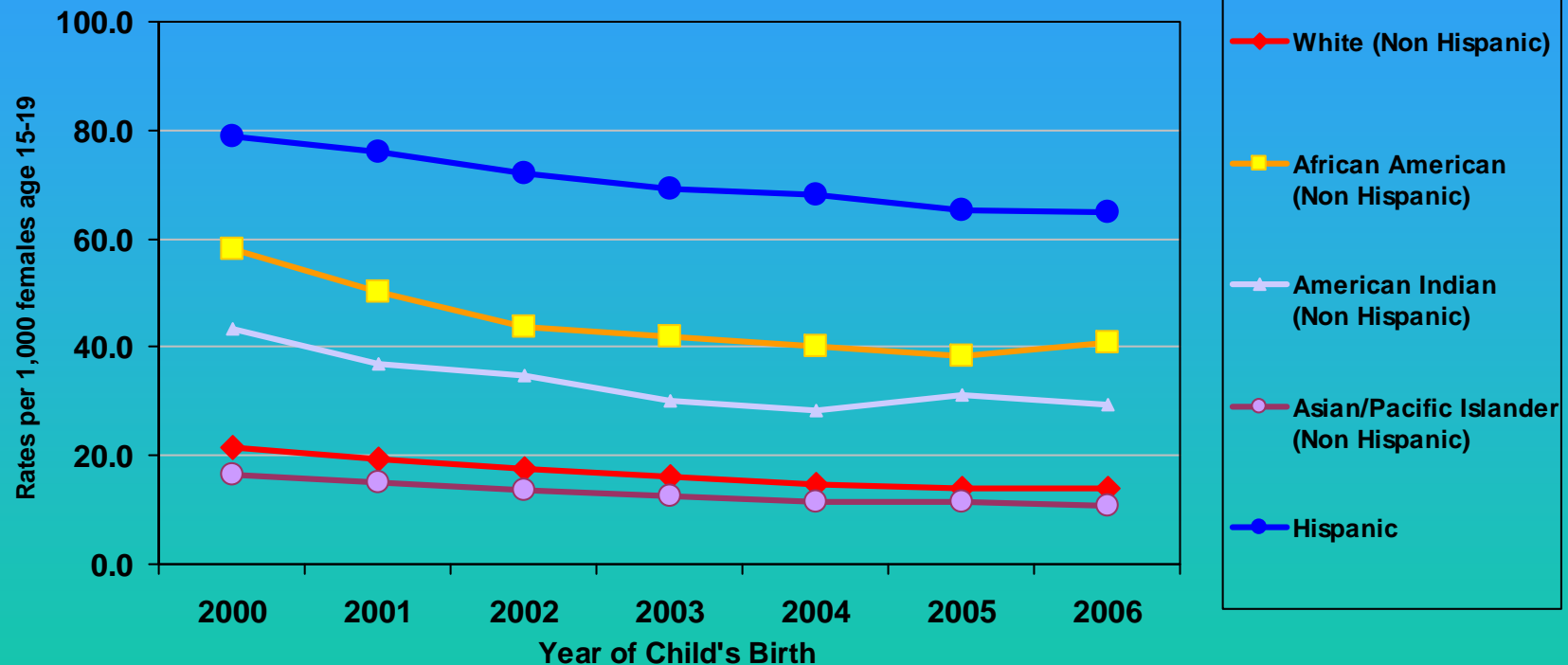


Source: Number of births are derived from the California Department of Health Services, Office of Vital Records, 2000 – 2005 Birth Statistical Master Files.

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.

Prepared by: California Department of Public Health, Maternal, Child and Adolescent Health Program, June 2008.

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

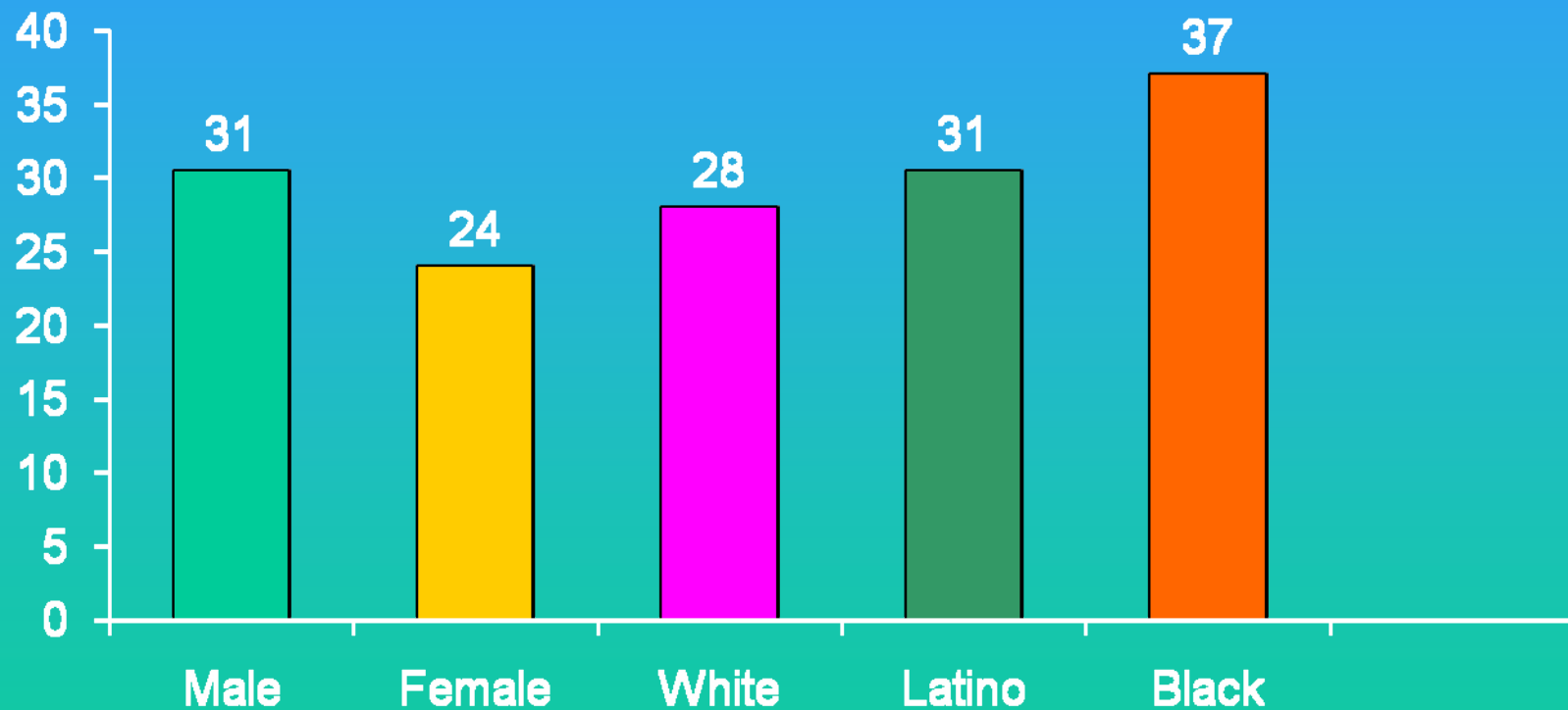


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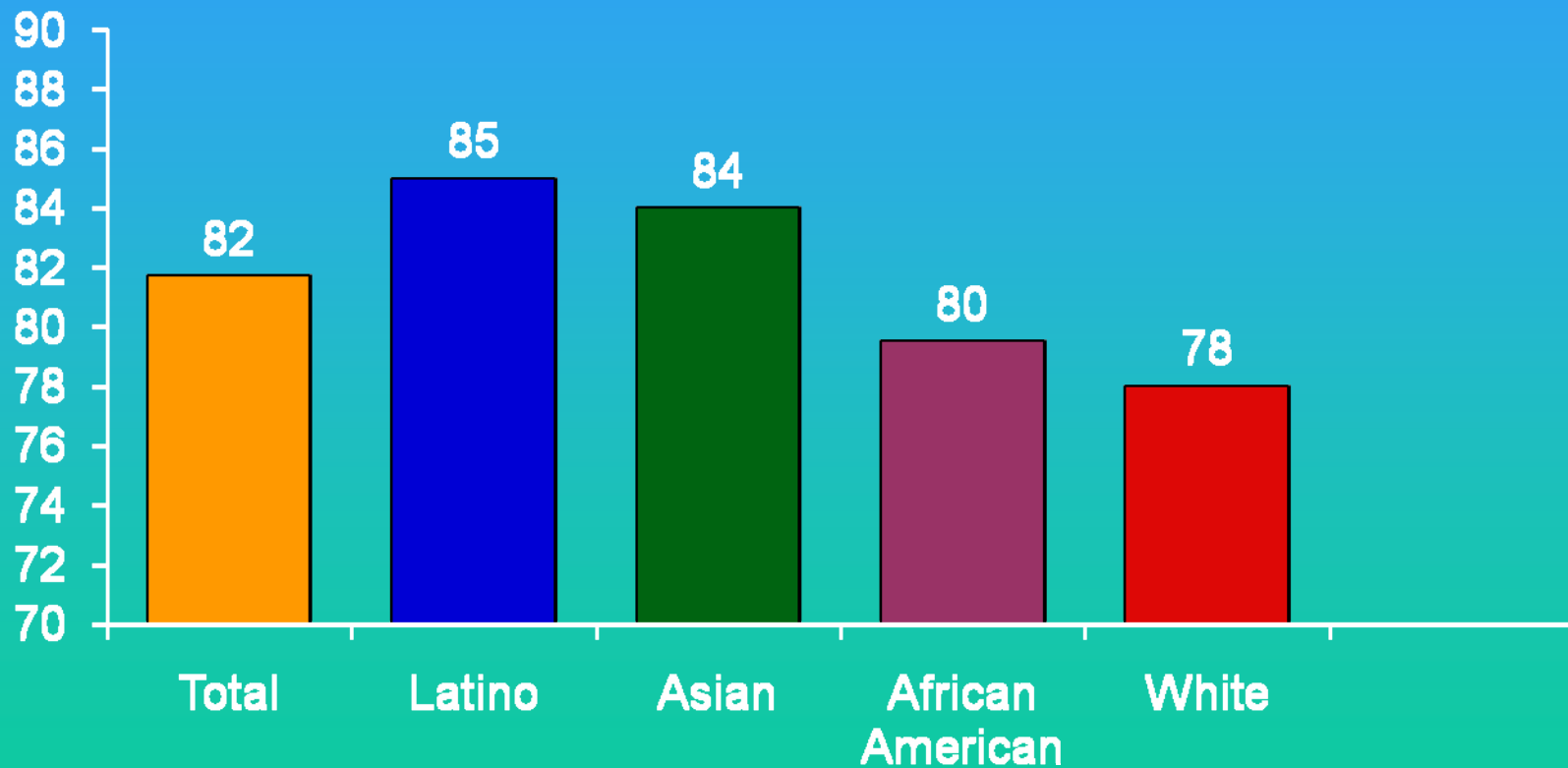
Prepared by: California Department of Public Health, Maternal, Child and Adolescent Health Program, June 2008.

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



Source: California Health Interview Survey, 2005

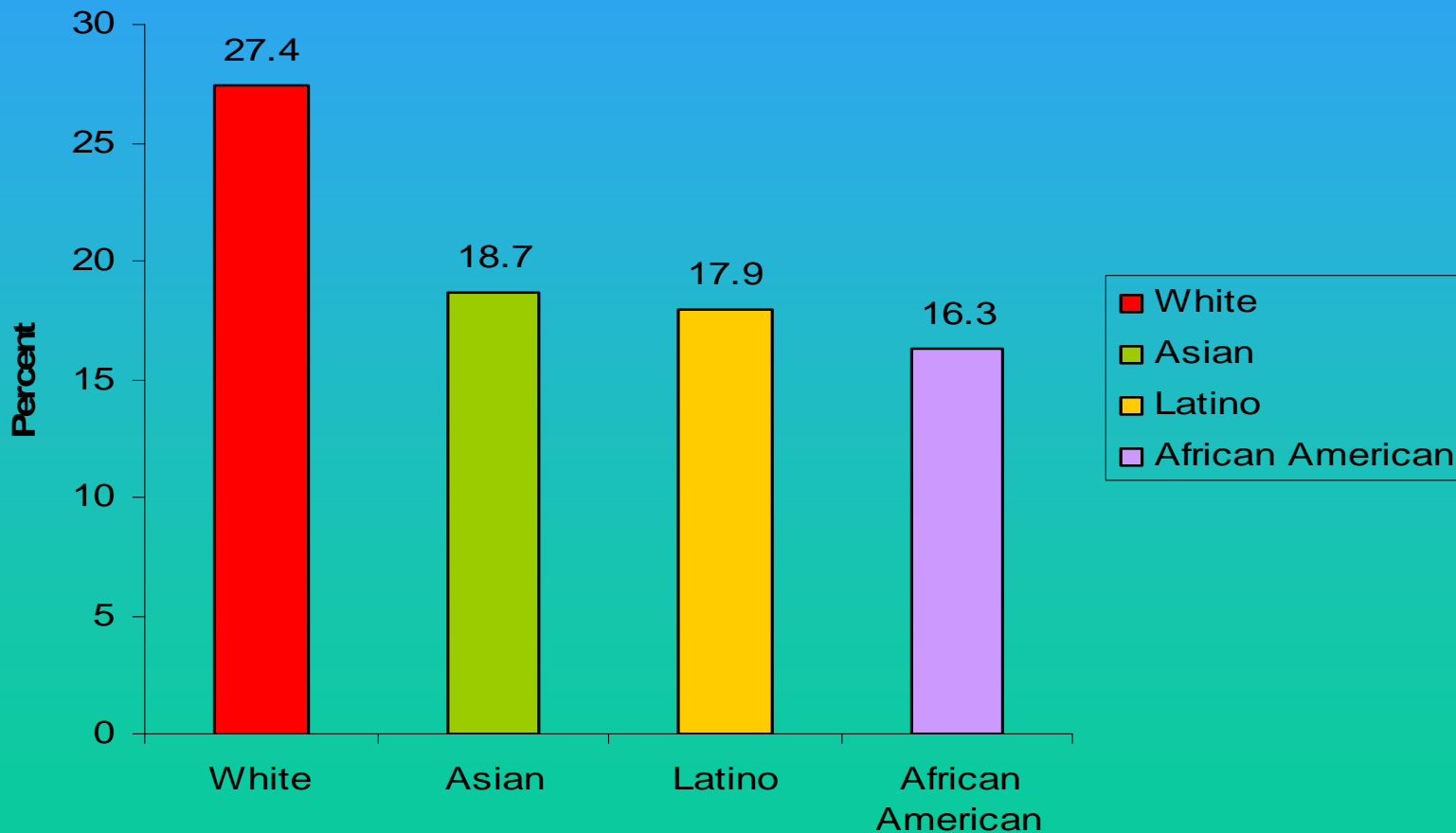
Percentage of males who used a condom at last intercourse, 15-17, 2005



Source: California Health Information Survey, 2005

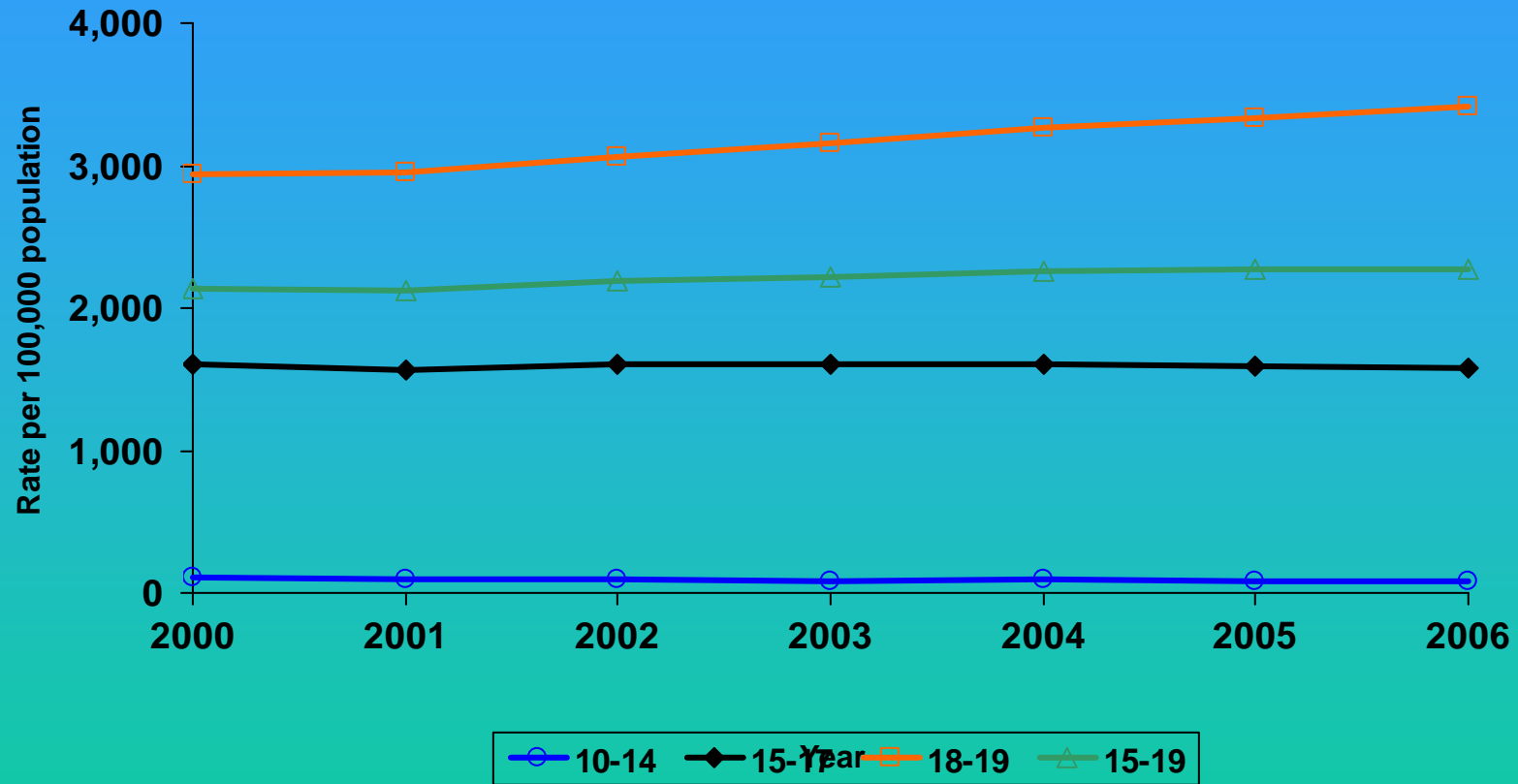
Awareness of Emergency Contraception

Females, Ages 14 – 17, 2003 & 2005



Source: California Health Information Survey, 2005

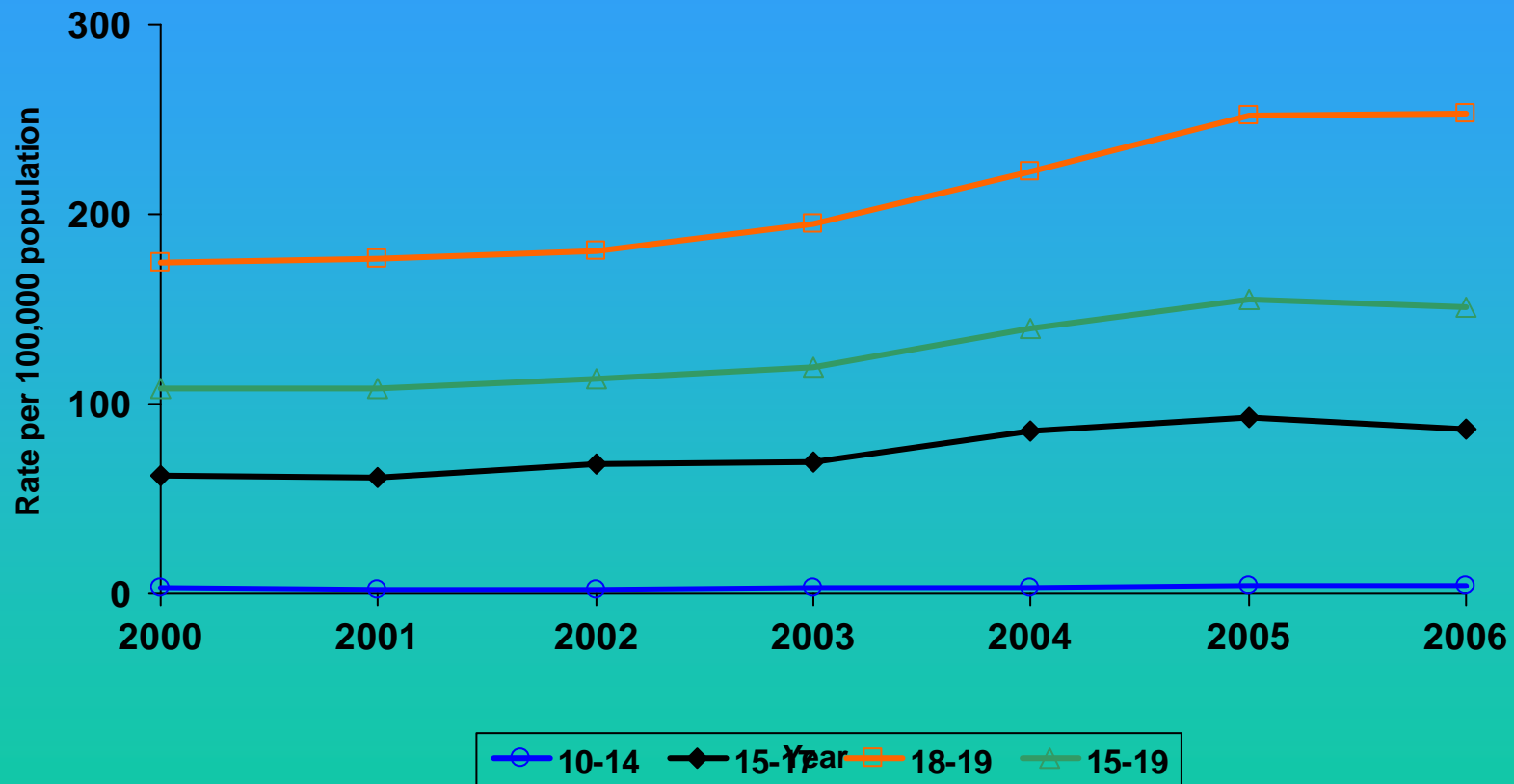
Chlamydia Rates for Adolescent Females by Age Group California, 2000–2006



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

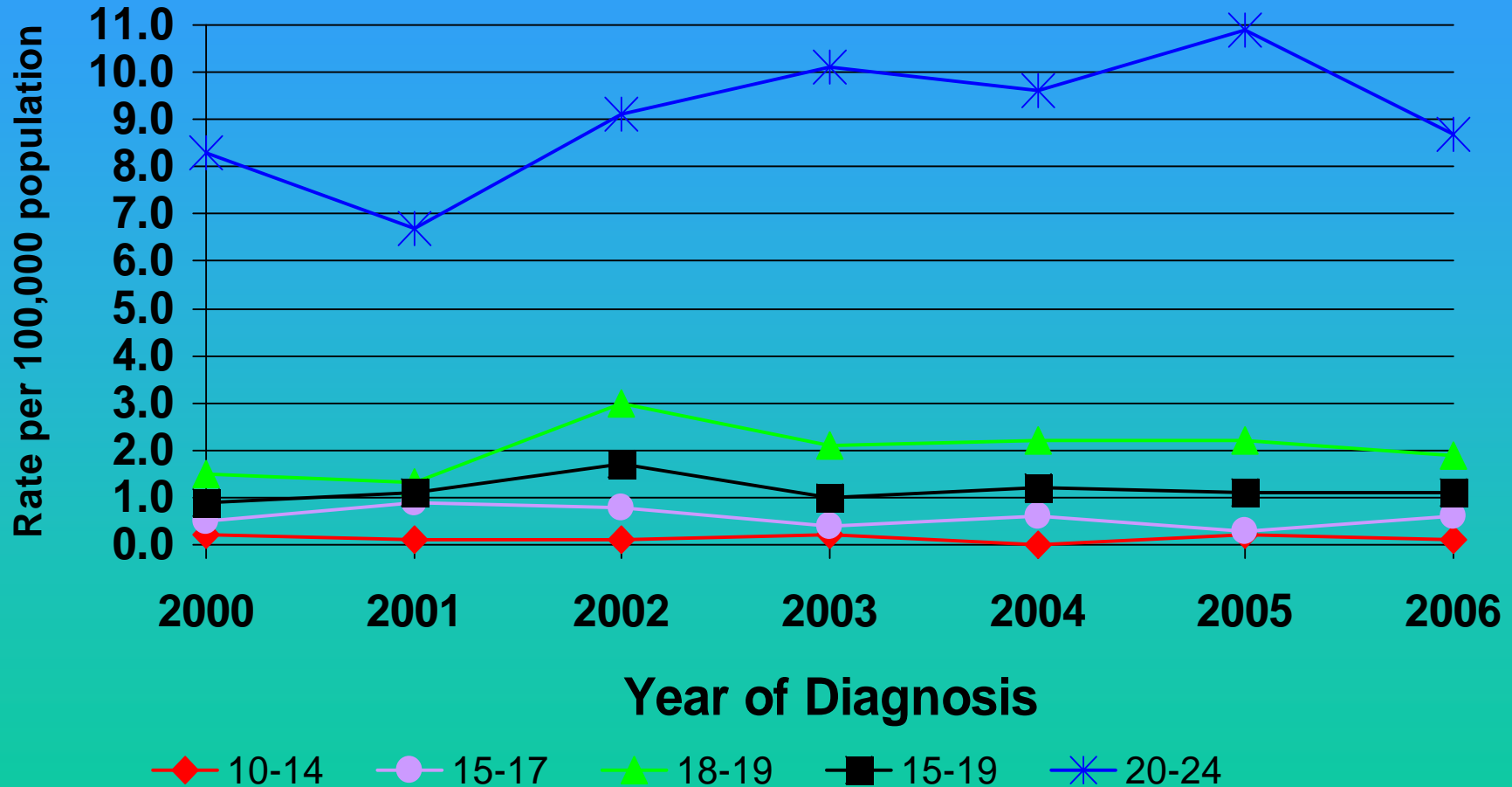
Gonorrhea Rates for Adolescent Males by Age Group California, 2000–2006



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

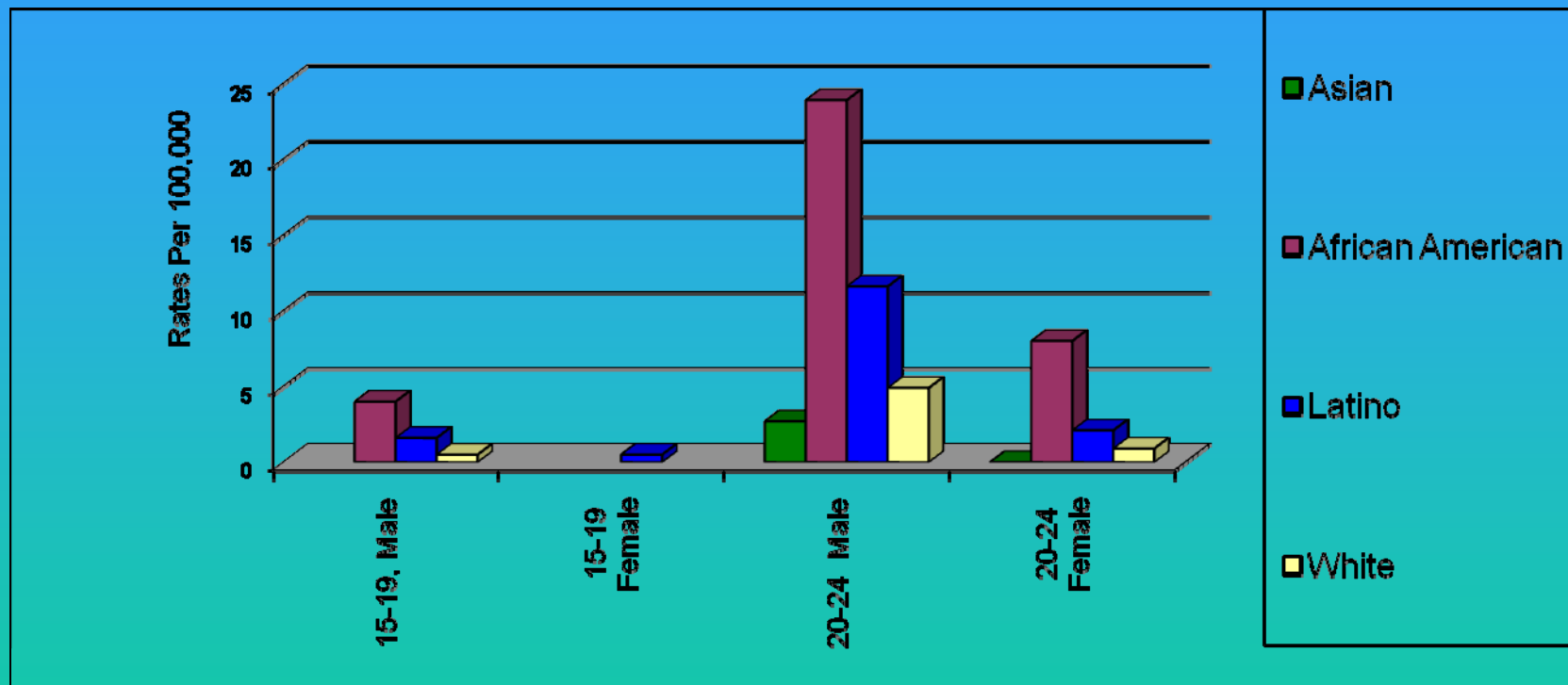
AIDS RATES AMONG LIVING CALIFORNIA MALES BY AGE GROUP AND YEAR OF DIAGNOSIS FROM JANUARY 2000 THROUGH DECEMBER 2006



Source: California Department of Public Health, Office of AIDS, HIV/AIDS Case Registry Section, data as of October 31, 2007.
California Department of Finance, Race/Ethnic Population with Age & Sex Detail, 2000-2050, Sacramento, CA, July 2007.



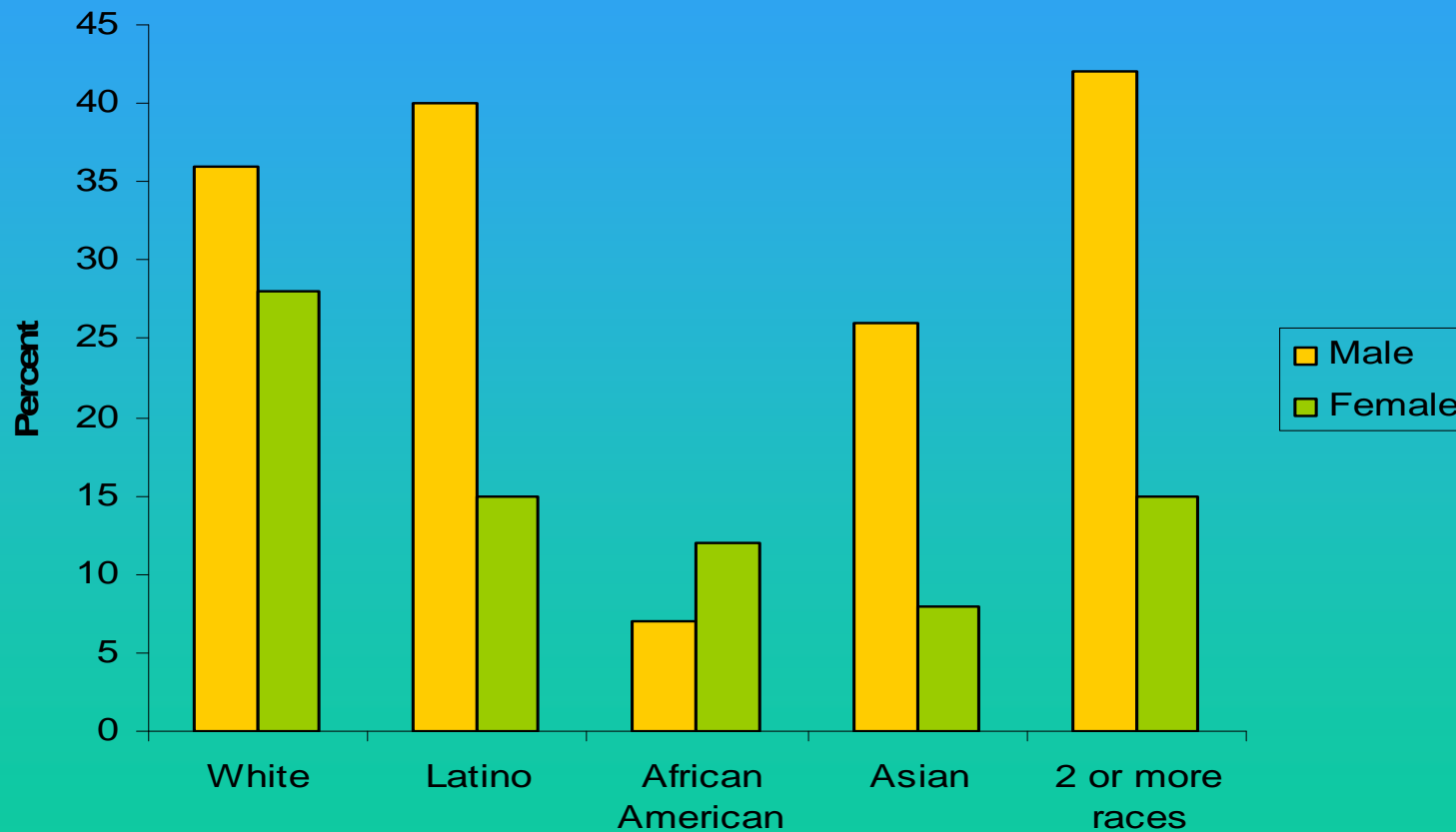
Rates of HIV, Ages 15 – 19 and 20 – 24 by Gender and Ethnicity



Source: Source: California Department of Health Services, Office of AIDS, HIV/AIDS Case Registry Section, data as of Jan. 31, 2006.

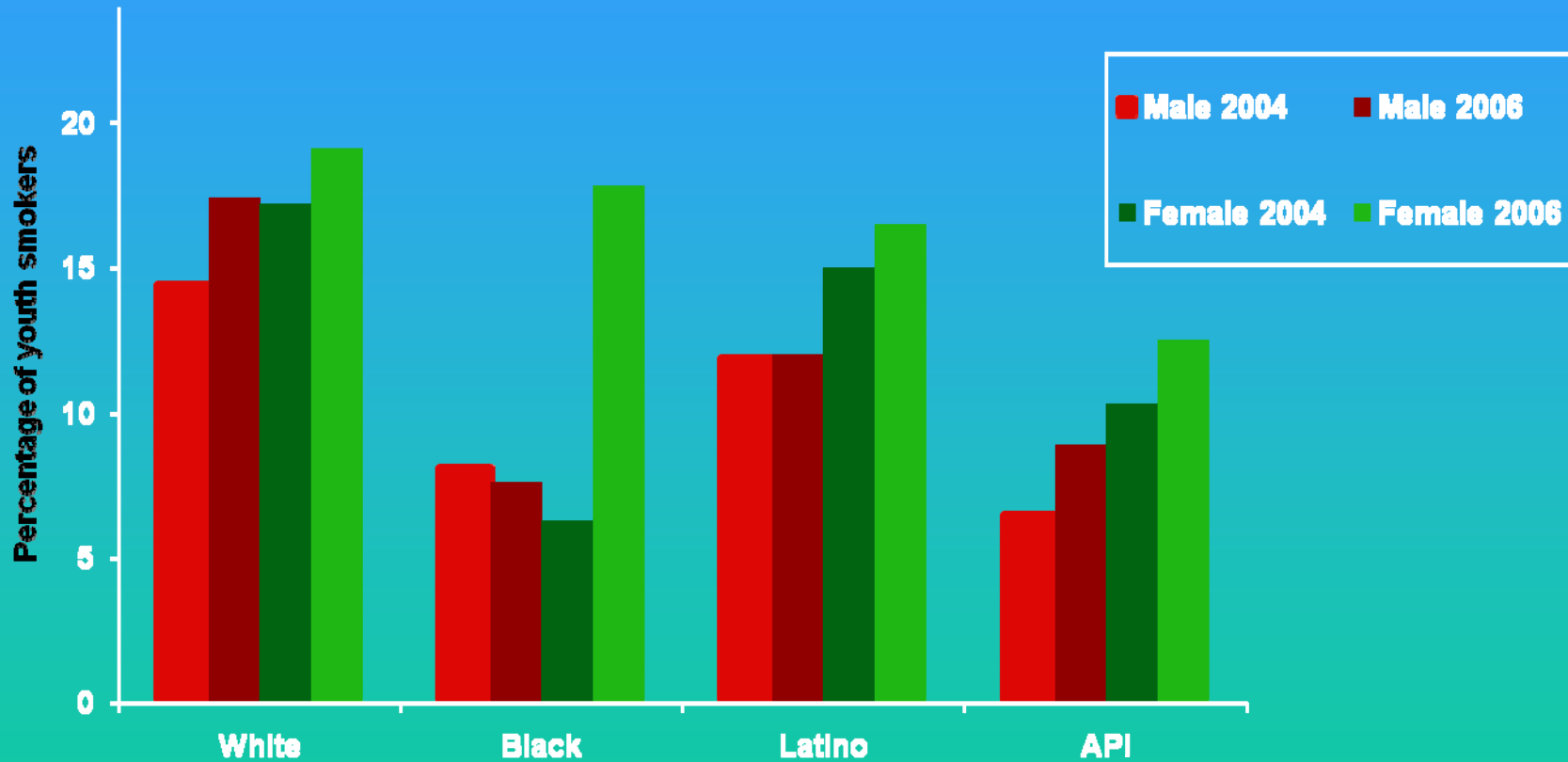
Alcohol, Tobacco and Drug Use

Binge Drinking by 18 – 24 year olds, 2005



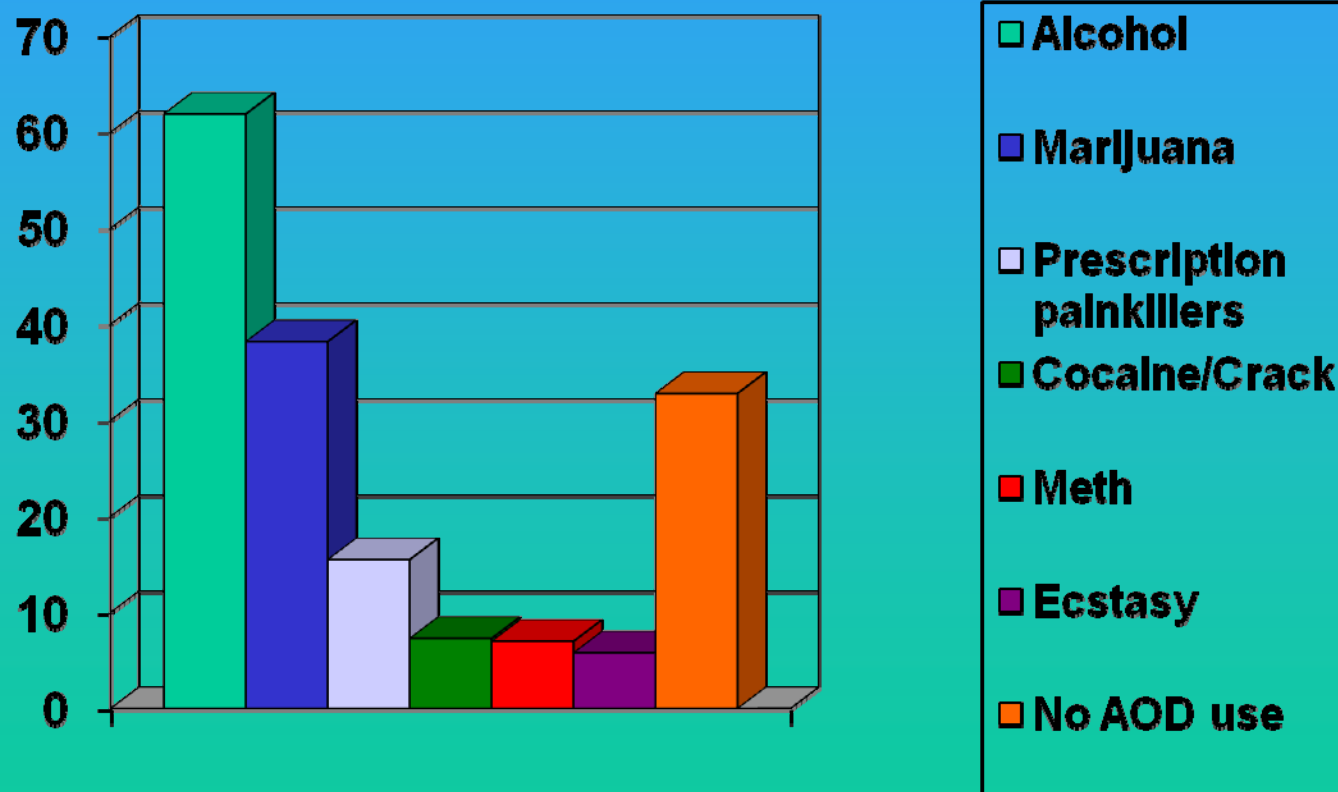
Unstable numbers for Asian and African American women and African American men
Source: California Health Information Survey, 2005

Current Smokers Among California Youth by Race, 2004 and 2006



Source: CA Dept. of Health Services/Tobacco Control Section - C-STATS Website, 2007

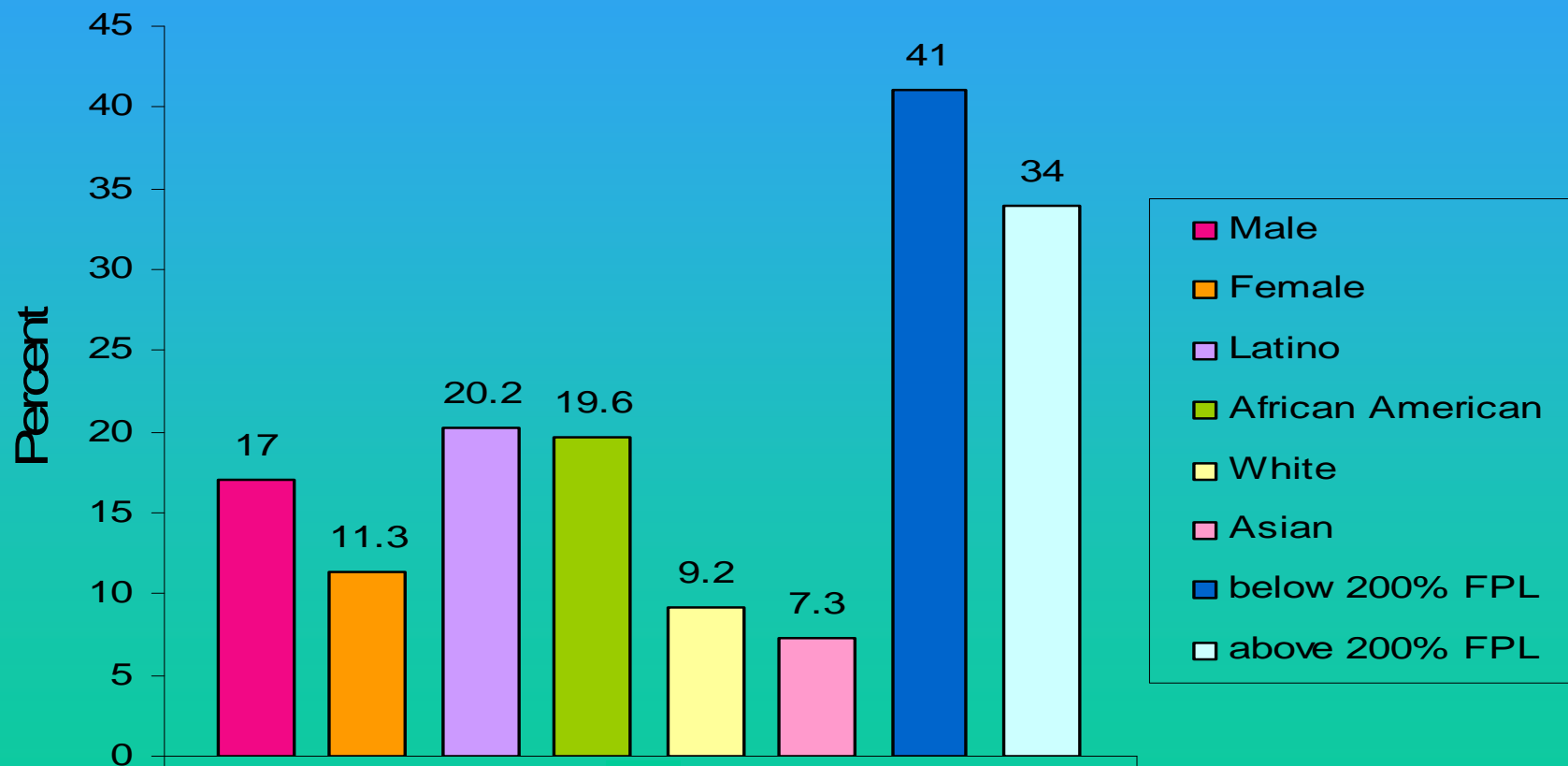
Lifetime Use of Drugs and Alcohol, 11th Graders, 2005



Source: 11th Biennial California Student Survey, 2005-06

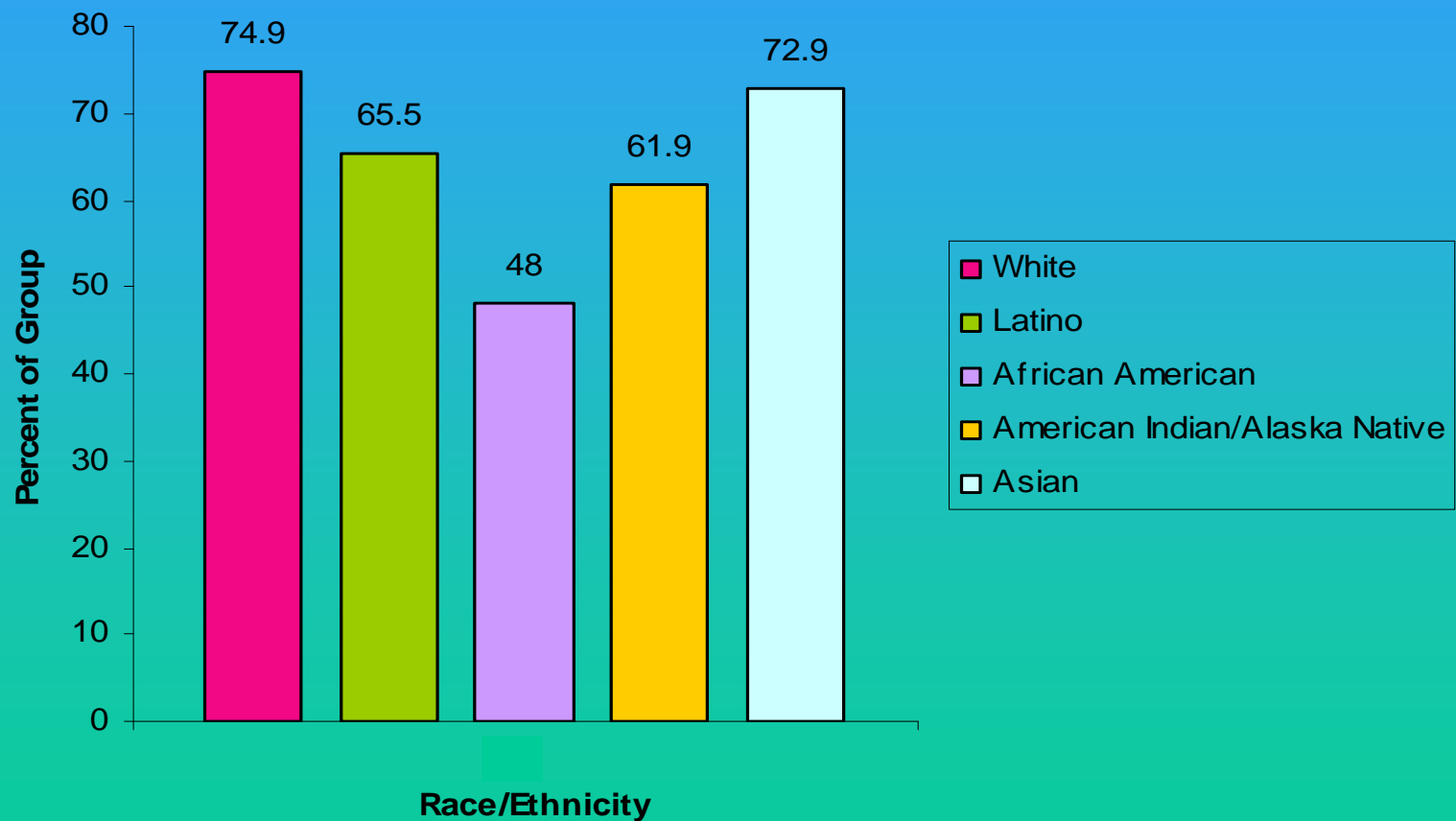
Nutrition and Fitness

Prevalence of Overweight and Obese Youth Age 12 -17, 2005



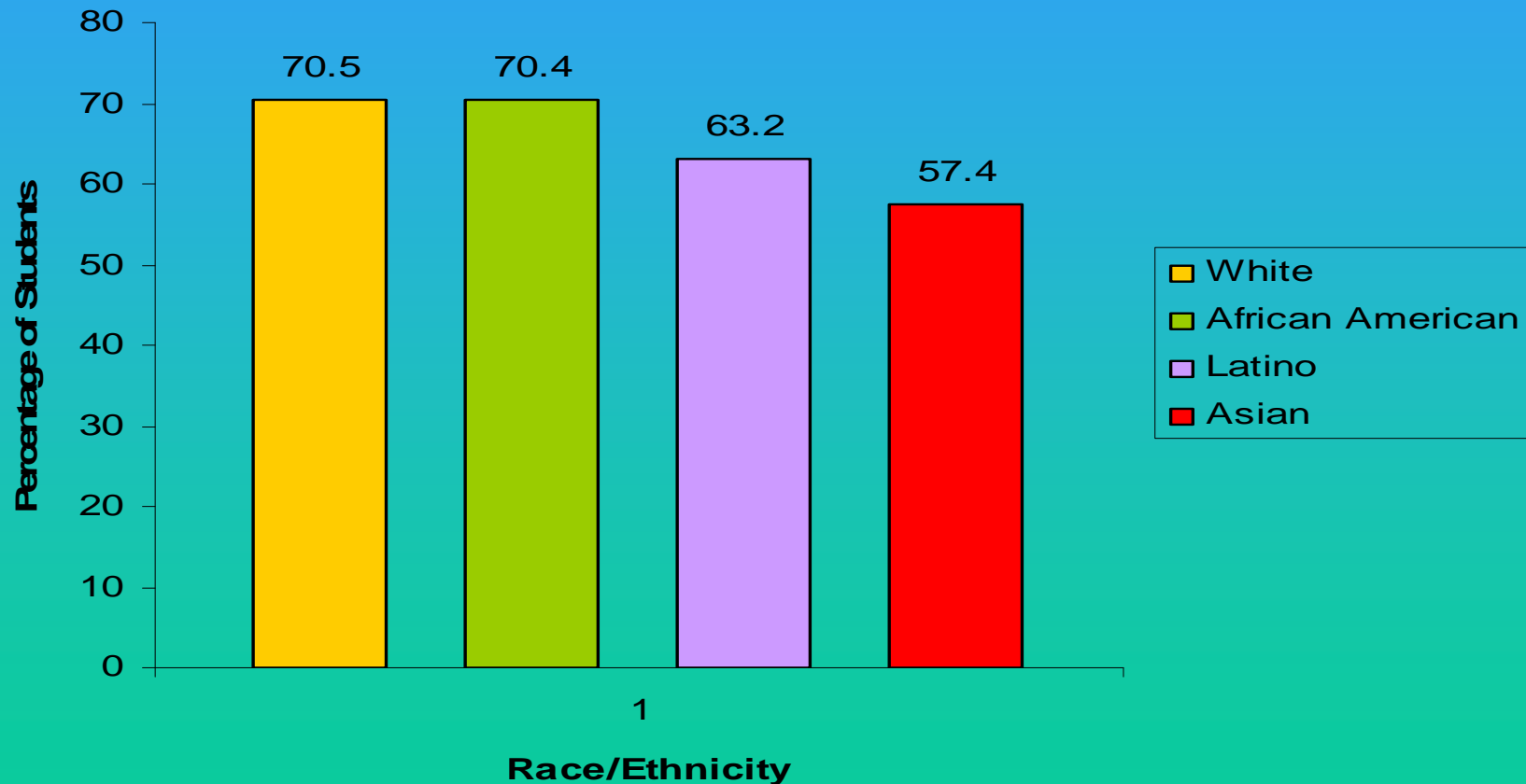
Source: California Health Information Survey, 2005

Prevalence of Television or Video Game Viewing for Two Hours or Less on Weekdays, Adolescents Ages 12-17



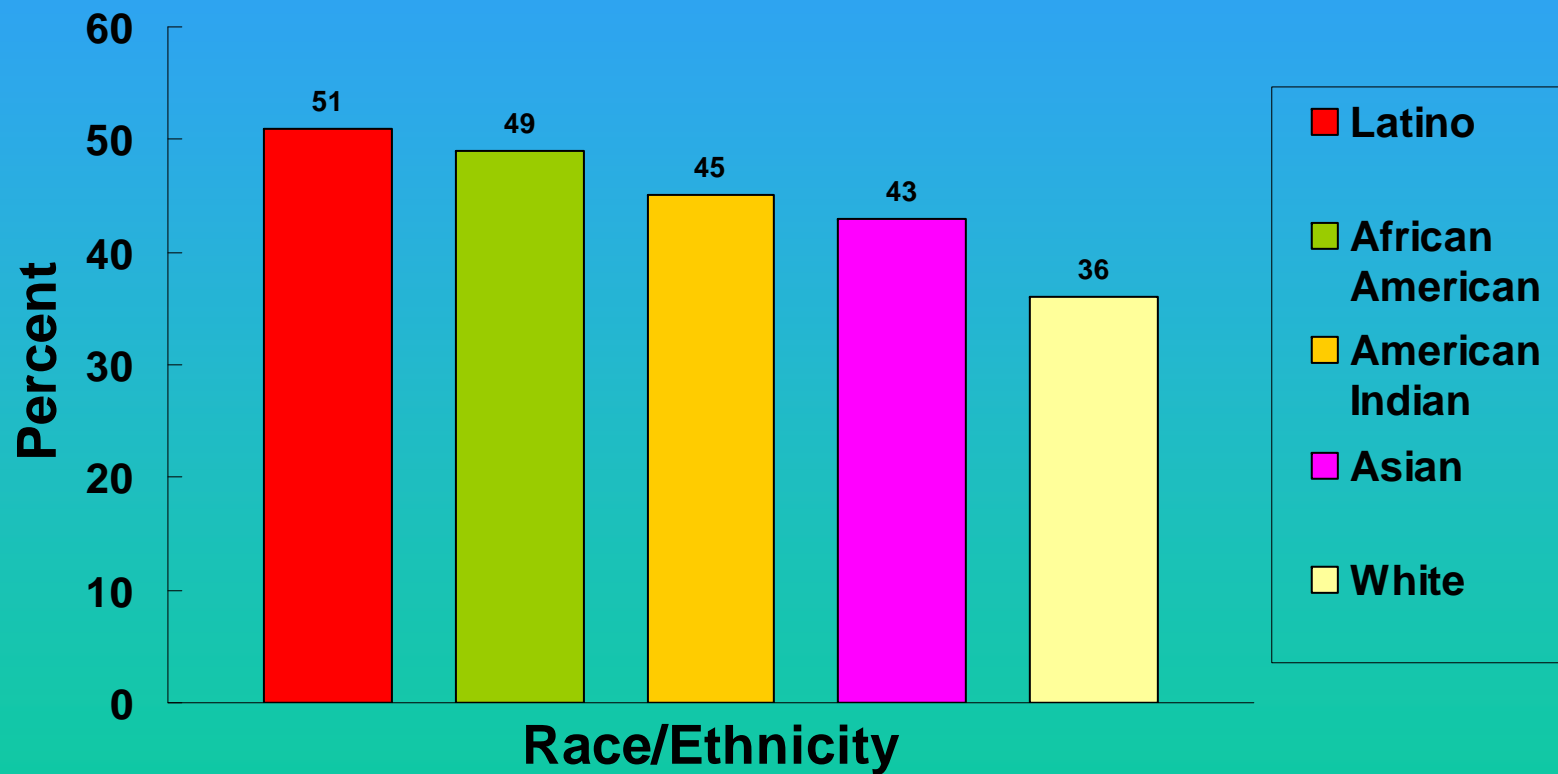
Source: 2005 California Health Interview Survey

Any Physical Activity over 60 Minutes on 3 or more days Youth Age 12 -17, 2005



Source: California Health Information Survey, 2005

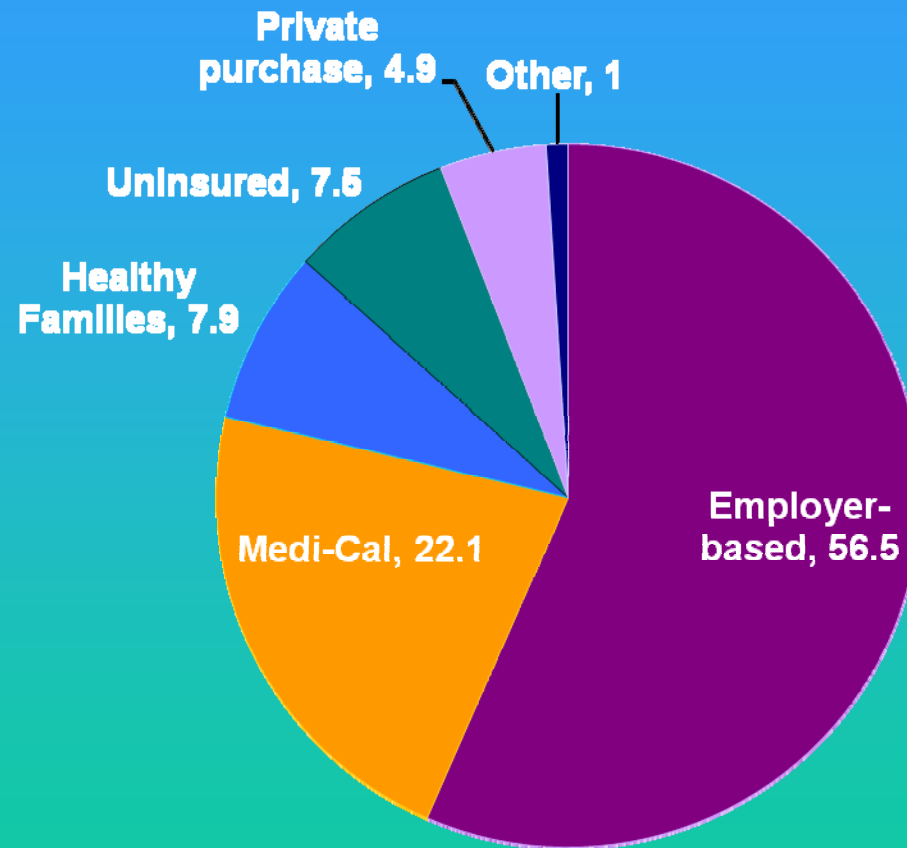
Fast Food Eaten on Previous Day, 12-17, 2005 By Race/Ethnicity



Source: California Health Interview Survey, 2005

Health Coverage and Health Services

Health Coverage of California's Youth 12-17, 2005



Source: 2005 California Health Interview Survey

Youth have the lowest rates of health service utilization of any age group

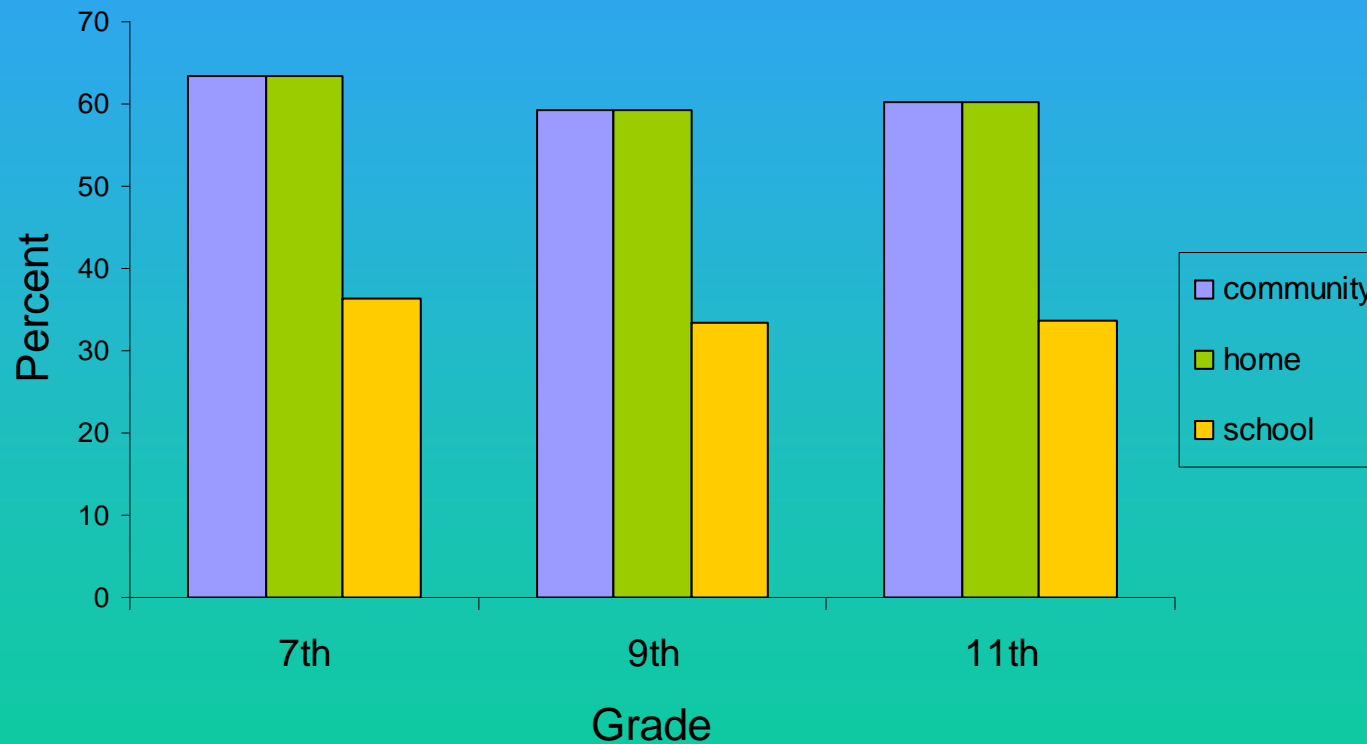
- **79% report having a usual source of health care.** (CHIS, 2005)
- **82% report seeing a doctor at least once past year.** (CHIS, 2005)
- **18% of eligible youth 15-20 nationwide receive EPSDT preventive medical screening (compared to 76% eligible infants.)** (Child Health USA 2004)
- **The average 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

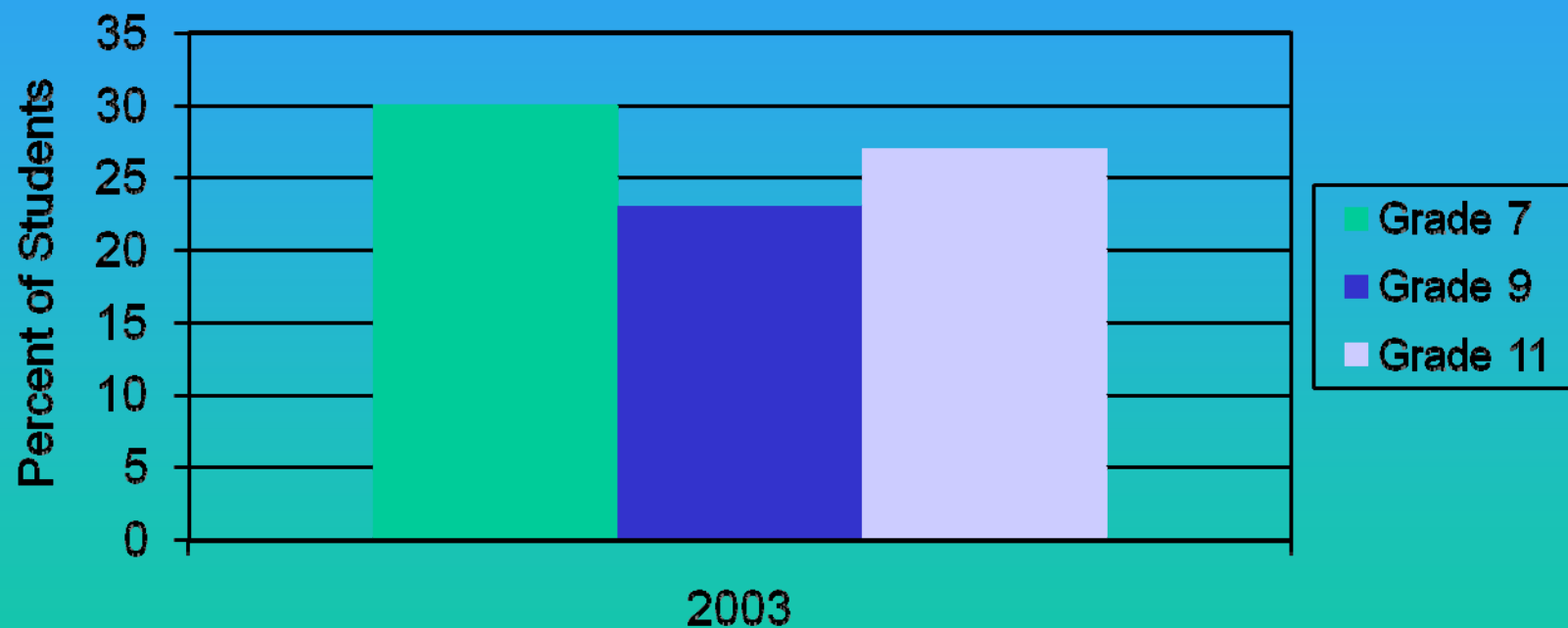
Youth Supports

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)
- Abused teens are four to six times more likely to become pregnant than non-abused teens. Silverman J, Raj A, Mucci L, Hathaway JE (2001). "Dating Violence Against Adolescent Girls and Associated Substance Abuse, Unhealthy Weight Control, Sexual Risk Behavior, Pregnancy, and Suicidality." *JAMA*, 286 (5): 572-579
- 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)
- Youth in juvenile detention facilities have high rates of co-occurring health-risk behaviors, as well as a disproportionate share of morbidity and mortality. (Golzari M, Hunt SJ, Anoshiravani A. (2006) "The health status of youth in juvenile detention facilities." Journal of Adolescent Health(38): 776-782.)

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)