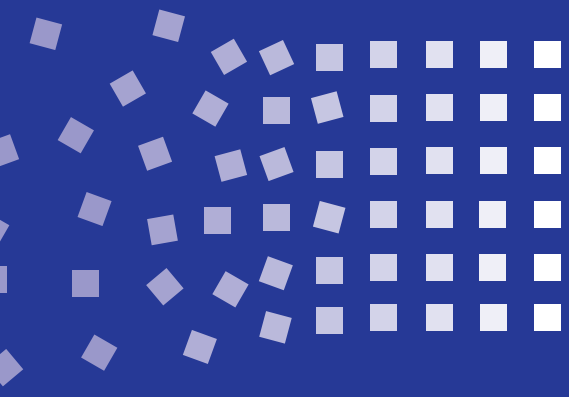

Improving Adolescent Health

An Analysis and Synthesis of Health Policy Recommendations

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Full Report

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National Adolescent Health Information Center

The National Adolescent Health Information Center of the University of California, San Francisco was established in October, 1993. The Center is based within the Division of Adolescent Medicine, Department of Pediatrics and the Institute for Health Policy Studies. The Center's goal is to promote linkages among key sectors of the health care system that affect the health of adolescents.

The activities of the Center include: 1) increasing the availability of information related to the health of adolescents through a coordinated strategy that links collection, analysis and dissemination of Maternal and Child Health-related and other national activities; 2) improving the capacity of State Title V agencies to plan, deliver and improve access and coordination of comprehensive primary care for adolescents; 3) conducting short term and long term studies to synthesize research findings, identify health trends, compare policy approaches and analyze current and proposed legislation affecting adolescents; and 4) developing strategies to increase the public's awareness of the health needs for special populations.

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INTRODUCTION

Overview of Policy Synthesis

I. Purpose of the Report

Over the past decade, the health status of adolescents and young adults has been the subject of growing concern among policy makers, researchers, clinicians and advocates interested in youth issues and adolescent health. Poor health outcomes caused by health-damaging behaviors, and compounded by inadequate use of available health resources, have led to a number of national efforts to study the health, social, economic, and legal needs of adolescents. An unprecedented number of books examining the health and well-being of America's youth, together with a host of federal, state, and foundation reports, have proffered a multitude of recommendations aimed at rectifying a broad spectrum of problems.

Although field research and programmatic initiatives have documented the numerous problems faced by adolescents, we continue to lack a clear federal policy mandate that sets forth funding and policy priorities, and provides guidance for how we approach the needs of our diverse adolescent populations. The range and complexity of adolescents' needs have made it difficult to establish a focused agenda for youth-related issues. Other demands competing for resources and attention, coupled with society's ambivalence about the role of adolescents, add another layer of difficulty to achieving a coherent agenda for action.

The policy analysis embodied in *Improving Adolescent Health: An Analysis and Synthesis of Health Policy Recommendations* was compiled by the National Adolescent Health Information Center (NAHIC) to help create a common agenda, and clarify the steps critical to improving the health of America's adolescents . This document is intended to provide a framework for considering the policy recommendations outlined in 36 nationally-focused reports and books produced during the past decade. Promising future directions are also suggested for developing policy action, establishing priorities, and mobilizing the private and public sectors.

The goal of our analysis is four-fold:

1. To identify consensus policy recommendations;
2. To highlight strategies reflecting consensus policy priorities;
3. To delineate health policy areas that have been overlooked or have recently emerged;
4. To define critical barriers that may hamper implementation of consensus policy.

A major premise of this report is that there is an "economy of effort" by bringing together the collective wisdom represented by the over 1,000 policy recommendations synthesized here. These recommendations, representing significant professional concurrence, can be utilized to plan for substantially improving the health status of adolescents. It is time to use these recommendations to develop and evaluate the next generation of programmatic and policy efforts.

This policy review has been compiled at a time when our conception of adolescence has begun to shift. We have moved from defining adolescence as a period of turbulence and stress to viewing the adolescent years as an opportune time to develop positive lifelong behaviors and skills. In a sense, we are at a crossroads: societal factors are

increasingly seen as playing a larger role in influencing adolescent development and behavior. As a result, greater policy attention is being focused on adult involvement in and responsibility for adolescent well-being. Recent calls for the recruitment of mentors and volunteers to develop meaningful and sustained relationships with children and youth reflect a renewed national commitment to the needs of our youth. Current efforts are focused on providing young people with safe places to learn and grow, helping them develop marketable skills through effective education, and creating opportunities for them to be involved in their communities. Further efforts are being mounted to lower the high prevalence of teenage childbearing, to prevent or reduce the use of tobacco, alcohol, and other substances, and to prevent interpersonal and community violence.

Major welfare and health care reforms are changing many health and social programs. State and local governments are taking on new roles and responsibilities as the federal government reduces its long-standing leadership role. This devolution, or shift away from federal guidance and support, is happening at a time when dramatic increases in the number and diversity of adolescents living in this country add extra urgency to the need to address adolescent issues. Many adolescent health advocates fear that the increasing pace of devolution will result in a dilution of leadership and inconsistent standards for eligibility requirements, benefits, resources, and service availability. With current reform efforts, such standards will likely vary widely from state to state, and even from county to county. To avoid extreme variance and meet local needs, nationwide standards must be established with shared leadership and responsibility from federal, state and community level.

To advance a truly effective, proactive youth agenda, it is imperative to carefully consider a course of action that will produce the most favorable and possible results. In the absence of a national policy for children and youth, a multi-faceted yet comprehensive and coordinated approach is needed to resolve the complex issues that face both the adolescent population and our entire society. Our policy agenda needs to tie together efforts at the community, state, and national levels, and ally the health, education, job training, business, justice, and social service sectors to serve the needs of adolescents, families and communities. This policy analysis provides a framework to advance the process of improving the health and well-being of America's adolescent population.

II. Major Policy Goals

Improving Adolescent Health delineates six priority policy goals that emerged from a synthesis of the recommendations from reviewed source documents. Table 1 lists the names of these documents. Underlying each of the six goals is a fundamental postulate: if adolescents are to find a meaningful role in society, then society must accept the responsibility for facilitating their transition to adulthood. Meeting the needs of adolescents requires a shared responsibility across all sectors of society, including health, education, business, religious and local community members. The six policy goals are outlined below.

Policy Goal 1. Improve Access to Health Care for Adolescents
Policy Goal 2. Improve Adolescent Environments
Policy Goal 3. Increase the Role of Schools in Improving Adolescent Health
Policy Goal 4. Promote Positive Adolescent Health
Policy Goal 5. Improve Adolescent Transition to Adulthood
Policy Goal 6. Improve Collaborative Relationships

Table 1

National Policy Reports on the Health of Adolescents

YEAR	POLICY REPORT	ORGANIZATION
1987	Health Futures of Youth: Conference Proceedings, special issue of Journal of Adolescent Health Care	Maternal & Child Health Bureau, Society for Adolescent Medicine, University of Minnesota (conference sponsors)
1987	Risking the Future, Adolescent Sexuality, Pregnancy and Childbearing	National Research Council, Panel on Adolescent Child Bearing and Pregnancy
1988	Alcohol Use and Abuse: A Pediatric Concern	American Academy of Pediatrics, Committee on Adolescence
1988	America 2000: An Education Strategy	U.S. Department of Education
1988	The Forgotten Half: Pathways to Success for America's Youth and Young Families	William T. Grant Foundation, Commission on Work, Family and Citizenship
1988	School-Based Health Clinics	Society for Adolescent Medicine
1989	Confidentiality in Adolescent Health Care	American Academy of Pediatrics
1989	Turning Points: Preparing American Youth for the 21st Century	Carnegie Corporation of New York, Carnegie Council on Adolescent Development
1990	Code Blue: Uniting for Healthier Youth	National Commission on the Role of the School and Community in Improving Adolescent Health, National Association of State Boards of Education, American Medical Association
1990	Contraception and Adolescents	American Academy of Pediatrics, Committee on Adolescence
1990	Latino Youths at the Crossroads	Children's Defense Fund
1991	Adolescents at Risk: Medical and Social Perspectives	Cornell University Medical College Conference on Health Policy

Table 1 (cont'd)

National Policy Reports on the Health of Adolescents

YEAR	POLICY REPORT	ORGANIZATION
1991	Healthy Children 2000: National Health Promotion and Disease Prevention Objectives Related to Mothers, Infants, Children, Adolescents and Youth	U.S. Department of Health and Human Services
1991	Report to the Congress and the Nation on Adolescent Health, Volumes I-III	U.S. Congress, Office of Technology Assessment
1991	Reproductive Health Care for Adolescents	Society for Adolescent Medicine
1992	Access to Health Care for Adolescents	Society for Adolescent Medicine
1992	Beyond Rhetoric: A New American Agenda for Children and Families	National Commission on Children
1992	Corporal Punishment in Schools	Society for Adolescent Medicine
1992	Firearms and Adolescents	American Academy of Pediatrics, Committee on Adolescence
1992	Health and Health Needs of Homeless and Runaway Youth,	Society for Adolescent Medicine
1992	A Matter of Time: Risk and Opportunities in the Non-School Hours	Carnegie Corporation of New York, Carnegie Council on Adolescent Development
1992	National Action Plan for Comprehensive School Health Education	American Cancer Society (in collaboration with 40 national organizations)
1993	Confidential Health Services for Adolescents	American Medical Association, Council on Scientific Affairs
1993	Health Promotion for Older Children and Adolescents	National Institute on Nursing Research, Priority Expert Panel on Health Promotion
1993	Healthy People 2000: National Health Promotion and Disease Prevention Objectives, Progress Review on Adolescents/Young Adults	U.S. Department of Health and Human Services

Table 1 (cont'd)

National Policy Reports on the Health of Adolescents

YEAR	POLICY REPORT	ORGANIZATION
1993	Losing Generations: Adolescents in High-Risk Settings	National Research Council, Panel on High-Risk Youth
1993	Position Paper on Adolescent Health	Association of Maternal and Child Health Programs
1993	State-of-the-Art Conference Adolescent Health Promotion: Proceedings	American Medical Association
1993	Transition from Child-Centered to Adult Health Care Systems for Adolescents with Chronic Conditions	Society for Adolescent Medicine
1994	HIV Infection and AIDS in Adolescents	Society for Adolescent Medicine
1994	Principles to Link By: Integrating Education, Health and Human Services for Children, Youth and Families. Proceedings from an AAP Consensus Building Conference on Integrated Services	American Academy of Pediatrics
1994	Report of the AAP Task Force on Minority Children's Access to Pediatric Care	American Academy of Pediatrics
1994	Starting Points: Meeting the Needs of Young Children	Carnegie Corporation of New York, Carnegie Task Force on Meeting the Needs of Young Children
1995	The Best Intentions: Unintended Pregnancy and the Well-Being of Children and Families	Institute of Medicine, Division of Health Promotion and Disease Prevention, Committee on Unintended Pregnancy
1995	Great Transitions: Preparing Adolescents for a New Century	Carnegie Corporation of New York, Carnegie Council on Adolescent Development
1996	Healthy Youth 2000: A Mid Decade Review, from Healthy People 2000-National Health Objectives	American Medical Association, Department of Adolescent Health

III. Methodology

Thirty-six national documents, either focusing on adolescent health or containing sections devoted to adolescent health, were reviewed for policy recommendations. The following describes the analyses utilized for creating this synthesis.

Document Selection Criteria

Documents for this synthesis were selected in two ways. First, the faculty and staff of the National Adolescent Health Information Center (NAHIC) identified national policy reports issued by government agencies, Congressional committees, private foundations, professional organizations, and a variety of task forces and commissions. This initial group of documents was reviewed with the final selection of documents meeting the following criteria in that each:

- reflected a national scope;
- was published in the last decade;
- provided clear policy recommendations concerning adolescent health or recommendations that included adolescents as part of a larger review of health issues;
- delineated desired health outcomes within the recommendations; and,
- reflected a group consensus process in contrast to the perspective of a specific author or authors.

Second, additional reports meeting the selection criteria were solicited from health organizations that have a major focus on adolescents, including the American Academy of Pediatrics, the American Medical Association, and the Society for Adolescent Medicine.

Recommendation Selection and Review

The majority of reviewed documents included a list of key recommendations which were summarized and classified. For documents that did not explicitly list recommendations, yet included 'priorities', 'options', or 'important steps', recommendations were gleaned from the text and paraphrased. Most recommendations were summarized using the language and wording of the document in order to retain integrity and intent. More than 1,000 recommendations concerning adolescent health were included.

Most recommendations that targeted internal policies or activities of a specific organization were excluded, including those aimed at the administration of a professional organization. However, such recommendations were included if there was clear indication that implementation of the recommendation would have broad implications for adolescent health, such as the training of health care providers.

Classification Framework for Recommendations

Over 1,000 recommendations were reviewed and grouped into six policy goals. Recommendations within each policy goal were classified into sub-sections that include specific strategies and action steps. The categorization of recommendations were reviewed by two independent faculty members for consistency requiring a minimum of 90% agreement. Recommendations where categorization agreement was not reached

were discussed and re-coded based upon discussion between these two faculty members, with consultation from a third member of the faculty.

IV. Organization of the Report

Each of the following six chapters focuses on a specific policy goal and includes an introduction synthesizing and highlighting the pertinent recommendations. The remainder of each chapter is organized according to the classification framework and delineates specific recommendations, strategies, and action steps. The strategies outline potential areas of focus for implementing the recommendation, while the action steps illustrate specific ideas for implementation. At the end of each chapter, a table presents each of the actual reviewed recommendations and their citations organized by the aforementioned schema. The final chapter describes the cross-cutting themes among the reviewed documents, the barriers to implementing the recommendations, current trends, and conclusions. Appendix I provides an outline of all policy goals as well as major strategies and action steps for each one.

CHAPTER ONE

Policy Goal I: Improving Access to Health Care for Adolescents

Improving access to health care is the single most identified policy objective throughout the more than 1,000 recommendations reviewed for this analysis. This reflects the widely held view that adolescents confront substantial barriers in accessing health services at all levels of the health care system, the most frequent being financial. Additional barriers to accessing care include the organization of the delivery system, types of services currently available, legal restrictions, and adolescents' own perceptions of restricted health care access. 'Access' was discussed throughout the following recommendations in terms of the structural, financial, and behavioral barriers that adolescents may encounter in obtaining care.

Recommendation I A.

Assure the Delivery of High Quality Services

In order to assure that adolescents receive high quality care, a number of important recommendations were proposed: improve health services for adolescents, improve the work force distribution for providing adolescent-related services, and enhance coordination and support for adolescent health services.

Strategy 1: Improve Training in Adolescent Health

Action Step 1:

- Provide training for health care providers working with adolescent clients.

  Far too few professionals are trained in adolescent health and are, thus, unable to fully address adolescents' special needs. The recommendations cited the need to expand the availability of adolescent health training and increase the number of adolescent health providers in underserved communities. Many of the recommendations focused on educating health care providers already seeing adolescents, while a few recommendations concerned adding adolescent care as an element of training for future providers, including physicians in residency training and nursing students. Of particular concern was the need to improve the education of parents, teachers, youth group leaders, state adolescent health coordinators, social workers, and foster care providers.

Action Step 2:

- Target training efforts towards specific health problems.

  Recommendations called for the integration of specific adolescent health problems into existing training curricula, while others identified general skill areas which are needed when caring for adolescents. Recommended content areas for training included consent and confidentiality, coercive sex and sexual abuse, sexually transmitted diseases (STD) diagnoses and treatments, sexual orientation, cultural beliefs, diagnosis and treatment of work-related or traumatic injuries, immunizations, provision of foster care, health care in border regions, and the special needs of adolescents with developmental disabilities. Recommended areas for skill development included techniques and strategies for providing health promotion and prevention messages, health education, coalition building, counseling techniques, life training options, and treatment of victims of violence. Training should also focus on increasing the understanding of barriers to care adolescents may face, the social and educational issues associated with their health problems, and effective ways to offer support and improve use of appropriate services.

Action Step 3:

- Increase the number of racially and ethnically diverse professionals working with adolescents.

  Expansion of recruitment and training opportunities for providers from diverse racial and ethnic groups, or low-income or rural areas was recommended. Suggested means for accomplishing this include scholarship funds and legislative proposals targeting minority physicians and training for educators, families, students in social work, and members of community-based organizations or committees.

Strategy 2: Improve the Workforce Distribution for Providing Adolescent-Related Services

Action Step 1:

- Expand the type and number of trained health care professionals providing care to adolescents.

  Community health workers, nurse practitioners, clinical nurse midwives, and other non-physicians were identified as potential adolescent health care providers. To enable these groups to deliver the types of comprehensive care needed by adolescents, recommendations emphasized the facilitation of reimbursement procedures for non-physicians and the recruitment of additional providers to conduct Early, Periodic, Screening, Diagnosis and Treatment (EPSDT) exams. Increasing salaries and providing payment incentives, such as linking pay structures to demonstrated competence, were suggested for expanding the numbers of trained teachers to work with adolescents.

Action Step 2:

- Improve the geographic distribution of health care providers caring for adolescents.

  There is a need to extend adolescent-specific services in underserved areas. Expanding the National Health Service Corps was the primary recommendation, with priority given to placements in the southern United States and in cities where there are large numbers of street youth. Expanding programs specifically targeting pediatricians, implementing programs at the regional level, and developing incentives for clinicians to practice in underserved areas were seen as vital components of National Health Services Corps programs. Increasing the physician staff at the Indian Health Services was also recommended.

Strategy 3: Enhance Coordination and Support for High Quality Adolescent Health Services

Action Step 1:

- Develop practice guidelines and quality assurance measures.

  The development of practice guidelines and quality assurance measures for a basic level of adolescent health care were recognized as a critical step throughout the reviewed documents. Most of the recommendations called for national guidelines for clinical standards of care and schedules for screening and health assessments. Recommendations for developing the guidelines included forming national multi-disciplinary task forces and holding a series of workshops through the Office of the Surgeon General with implementation through regional and state interdisciplinary professional groups.

  Much progress has been made in this area since these recommendations were proposed. National efforts have resulted in the creation of five sets of preventive service guidelines that aim to assure comprehensive health care for children and adolescents: Bright Futures by the federal Maternal and Child Health Bureau and Health Care Financing Administration, Guide to Clinical Preventive Services by the U.S. Preventive Services Task Force, Guidelines for Adolescent Preventive Services by the American Medical Association, Put Prevention into Practice by the U.S. Public Health Services, and Health Supervision Guidelines, Volume 3 by the American Academy of Pediatrics.

Action Step 2:

- Expand funding for adolescent health services.

  Many national groups recognized the potential role of the federal government as a vehicle for creating uniformity in both the eligibility process and actual delivery of health services. Specific recommendations included the integration of Health Care Financing Agency (HCFA) and Maternal and Child Health Bureau (MCHB) goals in order to effectively mobilize resources, create uniform eligibility criteria and common applications for federal means-funded programs, and evaluate jointly-funded

programs. Continued or expanded funding was proposed for several specific areas including school-linked health centers and community-linked centers that provide comprehensive care to adolescents, health care system infrastructure, family planning services, collaborative projects between agencies and organizations, and programs for underserved populations.

Action Step 3:

- Change financing strategies for adolescent health services.

  National groups recommended that federal and state-funded programs be decategorized so that services can be coordinated to serve the same targeted population. Specific health and educational funds should be linked, including federal and state Early Periodic Screening, Diagnosis and Treatment (EPSDT), Medicaid, Department of Education Chapter 1 funds, and Public Health Title X and Title XX funds. In addition, traditional school health categorical funding should be expanded in order to enhance health screenings and educational programs. Coordination of multi-governmental funding may also allow for the establishment of integrated school health services councils.

  'Portable' mental health services for adolescents could be achieved through flexible funding which would free such services from restrictions that currently limit the number of licensed service delivery sites. Other financing strategies included experimentation with innovative financing mechanisms (e.g. trust funds, bonds, and levies) and balancing accountability with the need for innovation.

Action Step 4:

- Integrate and coordinate adolescent health services.

  Increased coordination and integration of services between local, state, and federal levels utilizing existing financing mechanisms was identified as a critical direction. Model programs should be developed, particularly to enable adolescents to make the transition from child-centered to adult-centered medical care and to provide services to uninsured adolescents. Other recommendations targeted integration of preventive services and for services aimed at reducing risk-taking behaviors among youth. To achieve service integration, specific strategies included establishing convenient school-linked and neighborhood health centers, increasing technical assistance to state Maternal and Child Health departments for replication of model programs, and developing ways to link Medicaid-eligible youth with primary care providers.

Recommendation I B.

Provide Adolescents Access to Comprehensive Health Services

There were two major strategies to achieve this recommendation which included ensuring that appropriate services are readily available and developing approaches to overcome barriers to access.

Strategy 1: Ensure Appropriate Services Are Readily Available

Action Step 1:

- Assure that all adolescents have access to appropriate services.

  It was widely acknowledged that all adolescents need high quality, comprehensive services that are affordable, developmentally appropriate and reflect cultural competence. Such services span the continuum of care from prevention through tertiary care services. Ensuring the availability and affordability of quality contraceptive and reproductive services was emphasized through the expansion of contraceptive education and the replication of successful models. Other recommendations included an increase in the number of primary care providers who deliver preconception services and counseling.

  Support was expressed to make pregnancy testing, abortion services, and prenatal care available without legal or financial barriers. Some recommendations targeted improving access to sexually transmitted disease (STD)-related services for all adolescents, while others focus on the integration of services that provide contraceptive education in addition to STD testing and treatment services. Consistent with increasing access, adolescents should provide their own consent for these types of services.

Action Step 2:

- Specialized care is needed for adolescents who are pregnant or parenting.

  Pregnant adolescents, or those who are parents, need access to a range of services. For pregnant adolescents, specific recommended services entailed prenatal care, outreach, case management, health and nutrition counseling, options counseling, and adoption services. This population often needs complementary services including mental health, social, educational and vocational services. Similar services for parenting adolescents were suggested, including an emphasis on family planning services. Other recommendations for this population included targeting specialized medical and outreach services for young mothers living apart from their families, and reducing administrative barriers to early, regular and appropriate care.

Action Step 3:

- Create tailored services and enhance existing services for special adolescent populations.

  A number of recommendations focused on adolescents with special health care needs and those who may be at-risk for health damaging behaviors. For adolescents

described as having special health care needs, services for improving access to fitness activities and reproductive health care were recommended, with the understanding that school-linked services could be integrated into the provision of primary care.

Groups of at-risk adolescents identified in the recommendations included those who have substance abuse problems, come from dysfunctional families, experience poor mental health including risk of suicide, and have been sexually abused. Often these adolescents were perceived to be in overlapping categories, such as homeless youth who use drugs. For example, recommendations for homeless adolescents highlighted the importance of programs responding to their clients' needs by providing them with continuity of care, case management services, and drug counseling.

Most recommendations for at-risk adolescents focused on the need for early detection of these problems and services that are responsive to their varied needs. Mental health and dental health services were discussed in the proposed recommendations, with one recommendation emphasizing the important role of practitioners in serving minority or troubled adolescents for whom services are not often available.

Incarcerated youth were also identified as needing special services upon release from jail or youth detention facilities. Rural adolescents were identified as a population requiring innovative services, such as the use of non-health professionals. Recommendations concerning gay and lesbian adolescents primarily focused on the importance of providing mental health counseling and various social support services.

Strategy 2: Develop Approaches to Overcome Adolescents' Barriers to Access

Action Step 1:

- Provide special tailored outreach services to adolescents.

  Three broad areas aimed at improving access to health services were described: encourage the provision of outreach services to targeted adolescents, integrate outreach into program objectives, and increase funding for such services and follow-up strategies. Although several groups of adolescents were identified as needing outreach, there were numerous recommendations specifically targeting homeless and runaway adolescents. For example, out-of-home youth were recognized as needing substance abuse assessments that should be incorporated into outreach activities, shelters and primary health care settings. Pregnant adolescents were also acknowledged as needing outreach efforts for pregnancy and abortion counseling, abortion services, and prenatal care. Additional groups considered in need of targeted outreach included underserved adolescents, adolescents representing diverse racial and ethnic groups, and other special populations, such as adolescents in correctional institutions and HIV-positive youth.

Action Step 2:

- Integrate outreach and follow-up services to enhance service delivery.

  The recommendations suggested that outreach efforts would improve service delivery. Outreach to sexually active adolescents was recommended to encourage effective contraceptive use. Out-of-home pregnant and parenting adolescents were identified as needing outreach services in order to link them to comprehensive primary care. STD-focused programs were also encouraged to include outreach services in addition to counseling and treatment services. Recommended methods for follow-up included the establishment of follow-up services through case management and verification of appropriate follow-up care.

Action Step 3:

- Increase funding for outreach and follow-up services.

  Recommendations for financing outreach services and for follow-up activities were not extensive. Funding recommendations focused on the improvement of care coordination in publicly-financed programs and on increasing adolescents' awareness of the need for health care.

Action Step 4:

- Improve accessibility of health care settings.

  The recommendations described the need to increase the accessibility of both community and clinical health care settings. At the community level, recommended access strategies outlined the establishment of multiple community sites for increasing service delivery options, and the creation of community health centers where adolescents can receive comprehensive health and social services. Recommendations emphasized the importance of having community-delivered health services, and linking these services with youth-serving organizations.

  At the clinical level, recommendations described the need to expand drug treatment and mental health services for adolescents, provide health promotion services, increase participation in STD-related services, and promote various contraceptive services. Other recommendations suggested modifying the environment in which adolescents may seek care by making these areas user-friendly, non-threatening, and health-promoting, or by educating staff on adolescent-specific service delivery approaches. Such approaches encompassed informing adolescents and their families about available services, providing flexible hours, assisting with transportation needs, and facilitating reimbursement for preventive services.

Recommendation I C.

Improve Financial Access to Comprehensive Health Services

There were two primary strategies for improving financial access to comprehensive health services: improve existing health coverage of adolescents and expand coverage for adolescents beyond existing parameters.

Strategy 1: Improve Existing Health Coverage of Adolescents

Action Step 1:

- Assure health insurance coverage for adolescents.

  The recommendations targeted several insurance issues including the need to institute payment reforms and expand employer or privately-financed coverage for adolescent dependents. Several recommendations described the importance of facilitating reimbursement for adolescent services including third party payments, payment for case management services, and school-based health services. Areas requiring specific attention included the need to improve insurance coverage for adolescents with behavioral problems, expand outreach services to increase use of Medicaid services by adolescents, and provide financial support to families of adolescents with catastrophic health care needs.

Action Step 2:

- Expand Medicaid eligibility for adolescents.

  Adolescent health coverage is linked to their family's health insurance, making expansion of Medicaid eligibility crucial to increasing adolescent access to health care. Adolescents in correctional institutions were identified as a particular group requiring expanded Medicaid eligibility. With dramatic changes in the number of Medicaid-eligible children and adolescents enrolled in Medicaid Managed Care plans, there is also a need to assure that preventive and treatment services are covered, such as those services required by EPSDT guidelines. Medicaid expansion efforts should entail an increased role for state-level Adolescent Health Coordinators in planning and implementing state EPSDT programs. States began hiring Adolescent Health Coordinators in 1987 to coordinate adolescent health activities and function at the state level to systematically focus on adolescent health care needs. Any expansion of Medicaid eligibility should include an evaluation component.

Strategy 2: Expand Insurance Coverage for Adolescents Beyond Existing Parameters

Action Step 1:

- Expand insurance coverage for prevention services.

  Public financing, especially through the Medicaid program and private financing of health insurance, was recognized as an important area for action. The recommendation described services that are often needed by adolescents, yet are frequently absent from basic insurance coverage. For example, substance abuse treatment, mental health services, dental services, contraceptive services, and preventive services were targeted for Medicaid coverage. In terms of private coverage, employers and parents often do not have insurance plans available to them that provide adequate reimbursement for these services. In addition, co-payments are often used by insurance companies to decrease costs by discouraging use of services, which may be counter-productive to the goal of encouraging appropriate clinical preventive services for adolescents.

  Over the past year, the plight of our country's uninsured children has been brought to the forefront of health policy discussions. The culmination of these discussions was the enactment of the State Children's Health Insurance Program (SCHIP) as part of the Balanced Budget Act of 1997. This program gives funds to states to provide health insurance to uninsured, low-income children ineligible for other forms of insurance, including Medicaid. The law is authorized for ten years and will provide participating states a total of $20.3 billion until fiscal year 2002, and almost $40 billion over the life of the legislation. States have considerable flexibility in deciding how to structure and implement their SCHIP programs, whether through Medicaid expansions or the development of a separate state child health insurance program. States are also defining their own programs in terms of outreach, enrollment, eligibility, benefits, and cost sharing. It will be important to monitor the effectiveness of this new policy initiative on adolescent health.

Recommendation I D.

Ensure the Legal Right to Health Care and Confidentiality

There was consensus that adolescents must be ensured legal access to health care, as well as access to confidential care for sensitive services, such as mental health counseling. Providers were recognized as having a critical role in ensuring such access.

Strategy 1: Improve Legal Access to Health Services for Adolescents

Action Step 1:

- Protect legal access to care.

  Specific legislative efforts are needed to ensure that legal access to care is consistently available to adolescents. Recommendations called for legislation to 1) mandate an expansion of Medicaid eligibility for all adolescents and for those in correctional

institutions, 2) require employer coverage of dependent health and prenatal care, and 3) adopt a Child's Bill of Rights that would protect adolescents from inappropriate placements within mental health services. Recommendations also emphasized the enforcement of existing state and federal legislation guaranteeing the civil rights of youth with disabilities.

Action Step 2:

- Expand the role of providers in ensuring legal access to services.

  Many providers may not understand the relationships between various state and federal laws, and how to resolve potential service delivery conflicts that are not addressed by existing statutes or court decisions. Providers need consistent information about the laws affecting adolescents' access to health care in order to ensure appropriate planning and reduce fear concerning provider liability. Other recommendations included creating a national inventory of state and federal laws relating to adolescent health care, creating a networking system that provides regular legal updates, and making legal support available to providers.

Strategy 2: Ensure Legal Protection of Confidential Care

Action Step 1:

- Protect the confidentiality of adolescents seeking care for sensitive services.

  Protecting the confidentiality of adolescents seeking care should be accomplished through legislation that establishes both parental consent and notification policies. Uniform criteria for parental consent and notification require substantive federal policies or policies that are derived from federal-state agreements. Recommendations did not describe the content of the requirements or elements of uniform criteria. Recommendations suggested the expansion of independent access to Medicaid services, Maternal and Child Health funded services, other publicly financed services, and school-based services, reflecting the concern for adolescents to have access to confidential services.

Action Step 2:

- Expand the role of providers in ensuring confidentiality of care for adolescents.

  Expanding the role of providers is a necessary component to assure adolescents confidential access to care. Health providers were urged to allow emancipated or mature adolescents to give informed consent in accordance with state and federal laws. Providers were encouraged to make these decisions in collaboration with parents and adolescents, including instances when conditions of confidentiality could be abrogated. Several recommendations specified that while parents should be involved in the health decisions of their children as much as possible, confidentiality must be ensured. At the policy level, health providers were encouraged to help expand the availability of informed consent by working to eliminate laws restricting it. Regional and state medical societies should be enlisted to evaluate laws concerning this area, and to help physicians clarify which services could be made available on a confidential basis.

Recommendation I E.

Provide Adolescent-Focused and Adolescent-Acceptable Health Services

There was wide support for making health care delivery more personal and engaging for adolescents directly by involving them in the planning and delivery of health services and providing services that focus on adolescents' needs.

Strategy 1: Make Health Care Delivery More Personal and Engaging for Adolescents

Action Step 1:

- Involve adolescents directly in the planning and delivery of health services.

  Many strategies focused on developing a system of care that meets the needs of adolescents and their families, instead of conforming to administrative norms. Actively engaging adolescents in the creation of programs and services was seen as essential in ensuring a system of care that is responsive to their needs.

Action Step 2:

- Provide services that focus on adolescents' needs.

  In order to ensure that adolescent-focused services are continuously and appropriately provided, it was recommended that responsibility for adolescent health be designated at the state, program, provider and family level. Parents were encouraged to advocate for adolescent services, while providers are urged to work more closely with adolescents to understand and address their needs. Developing flexible service provision strategies for individual provider sites was also recommended. Strategies included integrating more personal communication into service delivery, implementing the least restrictive requirements for mental health and substance abuse treatment services, and developing active and flexible STD treatment and follow-up.

Summary

The theme of increasing access to care was prominent across all the major policy documents reviewed for this synthesis. There was clear agreement that all adolescents may face financial, physical, psychological, or cultural barriers to care. The recommendations highlighted both system-wide approaches and specific programmatic strategies to overcome these barriers.

One of the most obvious challenges implicit in these recommendations is to understand the patterns by which adolescents use health services. Because many adolescent health problems are related to underlying social, psychological, and economic factors, it is often difficult to determine which types of health-related services are most needed. In addition, a prerequisite for implementing many of these recommendations is better coordination between the health care system and other large service delivery systems serving adolescents. Coordination and continuity of care are particularly important for special populations of adolescents whose health care needs often encompass not only physical health, but mental health and substance abuse treatment. As such, many of the recommendations highlighted the need to provide adolescents with interdisciplinary, collaborative, comprehensive and community-based care, as well as a greater emphasis on preventive services.

Another challenge for implementing these recommendations is the lack of financial options to support a comprehensive and integrated system of care. Increasing access to care, through efforts such as expanding service locations and integrating outreach services, is challenging at a time when the health care system is undergoing major reforms that emphasize consolidation and cost-savings. Because of the nature of the problems adolescents face, any institution, whether a health care system or school, cannot be expected to successfully resolve the problems without external involvement. Support must be garnered from major institutions including the family, the religious community, the private sector, and the judicial system.

Finally, the potential effectiveness of integrated services in improving adolescent health status has not been fully tested and thus its impact, as described in these recommendations, cannot yet be fully determined. The underlying assumption is that the existing system is adequately equipped to respond to the problems adolescents face. Outcome evaluation is required to determine whether the types of services provided actually address the psychosocial needs of adolescents. The emphasis by many managed care organizations and other health care systems on outcomes and quality of care is likely to encourage the development of appropriate evaluations.

POLICY GOAL 1.
Improve Access to Health Care for Adolescents

Recommendation I A: Assure the Delivery of High Quality Services

Strategy 1. Improve Training in Adolescent Health

Action Step 1 Provide Training for Health Care Providers Working with Adolescent Clients

Recommendation:	Recommendation Source:
Age appropriate services and trained health care providers must be present in all communities.	Society for Adolescent Medicine, 1992c
Increase the proportion of health professionals trained to provide services to adolescents.	U.S. Department of Health and Human Services, Public Health Service, 1991 & 1993
Provide training for trainees on adolescent health issues for those likely to see adolescent in their practices.	U.S. Congress, Office of Technology Assessment, 1991a-c
Provide continuing education for health care providers already in practice that are interested in treating adolescent.	U.S. Congress, Office of Technology Assessment, 1991a-c
Expand support for training of racial and ethnic minorities, rural and low-income health care providers with an interest in adolescent health.	U.S. Congress, Office of Technology Assessment, 1991a-c
Train specialists in adolescent health care; include the study of policy, legislation, and methods to effect change. Establish cross-disciplinary programs and develop training guidelines for post-graduate fellows. Create mentorship programs and assure a working knowledge of adolescent health among professionals.	Maternal and Child Health Bureau, Society for Adolescent Medicine, University of Minnesota, 1988
Support education of dentists on adolescent-specific conditions and needs.	U.S. Congress, Office of Technology Assessment, 1991a-c
Include education about the special needs of adolescent patients, including those with chronic illnesses and disabilities, in residency training curriculum for pediatrics, internal medicine, family practice, and obstetrics and gynecology.	Society for Adolescent Medicine, 1992c

Include transition issues (from child-centered to adult care systems) in the professional medical education of medical students, residents, nurses and nurse practitioners, and other health care providers, stressing a shared responsibility in the treatment of adolescents and young adults.	Society for Adolescent Medicine, 1993
Provide specialized interdisciplinary training for those who will work exclusively with adolescents.	U.S. Congress, Office of Technology Assessment, 1991a-c
Train professionals to work collaboratively with each other and effectively with adolescents.	National Commission on the Role of the School and the Community in Improving Adolescent Health, National Association of State Boards of Education, American Medical Association, 1990
Provide training and education to health care providers, educators, students, and parents.	U.S. Department of Health and Human Services, Public Health Service, 1991 & 1993
Prepare teachers for working with adolescents.	Carnegie Corporation of New York, Carnegie Council on Adolescent Development, 1989
Show families, teachers, and others who regularly interact with young people how they can better support adolescent health and development.	National Commission on the Role of the School and the Community in Improving Adolescent Health, National Association of State Boards of Education, American Medical Association, 1990
Train undergraduate and graduate level students in youth work for students in social work, education and other human services.	William T. Grant Foundation, Commission on Work, Family, and Citizenship, 1988

Recommendation I A: Assure the Delivery of High Quality Services

Strategy 1. Improve Training in Adolescent Health

Action Step 2 Target Training Efforts Towards Specific Health Problems

Recommendation:	Recommendation Source:
Emphasize training specific to adolescents and their health problems.	Carnegie Corporation of New York, Carnegie Council on Adolescent Development, 1995
Train family planning providers, as well as primary care and family physicians, about the unique counseling needs of adolescents.	U.S. Department of Health and Human Services, Public Health Service, 1991 & 1993
Support training and dissemination of information on the specific needs of adolescent for health care workers in STD clinics.	U.S. Congress, Office of Technology Assessment, 1991a-c
Train health care providers in STD diagnostic and therapeutic techniques.	U.S. Department of Health and Human Services, Public Health Service, 1991 & 1993
Encourage family planning providers to include information in their training activities about coercive sex and sexual abuse.	U.S. Department of Health and Human Services, Public Health Service, 1991 & 1993
Incorporate comprehensive training on management of victims and violence into the core curriculum for health care, social services, education, and law enforcement professionals.	U.S. Department of Health and Human Services, Public Health Service, 1991 & 1993
Improve job, health, and safety training and supervision of adolescent workers.	U.S. Department of Health and Human Services, Public Health Service, 1991 & 1993
Increase diagnostic sensitivity of primary care providers and emergency department staff to the possibility of a work-related nature or traumatic injury to adolescents.	U.S. Department of Health and Human Services, Public Health Service, 1991 & 1993
Emphasize changes in medical education and training that promote community-based clinical training experience and training in medical and social problems of the poor, deliver better health care and contribute more effectively to the solutions of the broad arena of medical and social problems that severely impact health outcomes.	American Academy of Pediatrics, 1994b

Devise an educational program for pediatricians regarding health care in border regions including health care of migrant workers' children who cross borders, both national and interstate; criteria to establish relations with workers' families; and reliable information on legal status of international workers' children regarding health care access, and information on health care as a human right and criteria to establish relationships with workers' families.	American Academy of Pediatrics, 1994b
The basic educational programs for teachers, physicians, nurses and other health-related occupations should include information on the etiology, demography, and health implications of sexual orientation.	Society for Adolescent Medicine, 1991
Train child welfare and foster parents on providing foster care.	National Commission on Children, 1991
Provide training and education to health care providers, educators, students and parents about immunization.	U.S. Department of Health and Human Services, Public Health Service, 1991 & 1993
Educate physicians and other health providers about the efficacy of adolescent health promotion, skills for delivering prevention strategies and work as part of a multidisciplinary team for adolescent patients with complex problems as part of this training, increase sensitivity to and competence in addressing the cultural and individual needs of adolescents and their families.	American Medical Association, 1993
Health professionals, teachers, and youth group leaders should receive state of the art training in health education.	Society for Adolescent Medicine, 1992c
Urge undergraduate and graduate medical education programs and continued education to inform physicians about issues surrounding minors' consent and confidential care.	American Medical Association, Council on Scientific Affairs, 1993
Train family life educators for working in broad-based intensive programs that include life options training, work experience, and particularly discussions of sex and provision of contraception aimed at adolescent who have not started sex activity.	U.S. Congress, Office of Technology Assessment, 1991a-c
Ensure that all councils, committees, sections and task forces that deal with child health issues be cognizant of the unique health care needs resulting from barriers to access.	American Academy of Pediatrics, 1994a

Recommendation I A: Assure the Delivery of High Quality Services

Strategy 1. Improve Training in Adolescent Health

Action Step 3 Increase the Number of Racially and Ethnically Diverse Professionals Working with Adolescents

Recommendation:	Recommendation Source:
Increase support for training health care providers.	American Academy of Pediatrics, 1994b
Increase salaries and training opportunities in early childhood and child welfare fields; bring teachers salaries up to national average, with pay structures and incentives linked to demonstrative competence.	National Commission on Children, 1991
Increase support for the provision of adolescent-specific clinical training to a range of mental health providers.	U.S. Congress, Office of Technology Assessment, 1991a-c
Support legislative proposals designed to increase the number of minority group physicians and/or enhance science and math curriculum at the elementary and secondary school levels.	American Academy of Pediatrics, 1994b
Increase the number of scholarships awarded to minority students in the health professions.	U.S. Department of Health and Human Services, Public Health Service, 1991 & 1993
Work to increase the number of minority group pediatricians and health care providers at all levels of the health care system, with special attention to areas of health policy, health care delivery and health services research.	American Academy of Pediatrics, 1994b
Recruit and involve a greater number of racial and ethnic minority health professionals into health promotion programs.	U.S. Congress, Office of Technology Assessment, 1991a-c

Recommendation I A: Assure the Delivery of High Quality Services

Strategy 2. Improve the Workforce Distribution for Providing Adolescent-Related Services

Action Step 1 *Expand the Type and Number of Trained Professionals Providing Care to Adolescents*

Recommendation:	Recommendation Source:
Assure an adequate supply of service providers who have state of the art knowledge and skills in prevention, diagnosis and treatment for alcohol and other drugs.	U.S. Department of Health and Human Services, Public Health Service, 1991 & 1993
Increase the number of adolescent health care providers.	National Commission on the Role of the School and the Community in Improving Adolescent Health, National Association of State Boards of Education, American Medical Association, 1990
Support evaluations of the use of non-professionals to provide health and related services to rural, minority, and poor adolescents.	U.S. Congress, Office of Technology Assessment, 1991a-c
Encourage providers to accept other than physician provider links for delivery of clinical preventive services.	U.S. Department of Health and Human Services, Public Health Service, 1991 & 1993
Promote both the philosophical concept and the practice of requiring hospital emergency rooms to ensure that physicians with appropriate training in pediatric care are available.	American Academy of Pediatrics, 1994b
Work with the Indian Health Service on recruitment and retention programs to increase the number of pediatricians.	American Academy of Pediatrics, 1994b
Fund employment of Neighborhood Health Workers.	National Commission on the Role of the School and the Community in Improving Adolescent Health, National Association of State Boards of Education, American Medical Association, 1990
Additional Early Pediatric Screening, Diagnoses, and Treatment (EPSDT) providers should be recruited.	Society for Adolescent Medicine, 1992c
Support public and private insurance coverage of nurse practitioners, clinical nurse midwifes and other non-MD providers to boost availability of health providers and promote the financial viability of School-Linked Health Services and community-health centers to provide services to adolescents.	U.S. Congress, Office of Technology Assessment, 1991a-c

Recommendation I A: Assure the Delivery of High Quality Services

Strategy 2. Improve the Workforce Distribution for Providing Adolescent-Related Services

Action Step 2 Improve the Geographic Distribution of Health Care Providers Caring for Adolescents

Recommendation:	Recommendation Source:
Develop a program to address the problem of geographical maldistribution of primary care providers in pediatrics.	American Academy of Pediatrics, 1994b
Support expanded funding of the National Health Services Corps program.	American Academy of Pediatrics, 1994b
Influence the National Health Services Corps to expand the listing of medically underserved areas in the United States, including Mississippi, Southern Texas and Alabama.	American Academy of Pediatrics, 1994b
Develop incentives and/or support current programs to encourage pediatricians to locate in underserved areas.	American Academy of Pediatrics, 1994b
Encourage implementation of programs at the professional chapter level to highlight areas where pediatricians are needed and information on residency programs in these areas.	American Academy of Pediatrics, 1994b
Give the health care of street youth high priority by the National Health Services Corps, with assignment of corps professionals to locations where there are a large number of street youth and provider scarcity.	Society for Adolescent Medicine, 1992a

Recommendation I A: Assure the Delivery of High Quality Services

Strategy 3. Enhance Coordination and Support for High Quality Adolescent Health Services

Action Step 1 Develop Practice Guidelines and Quality Assurance Measures

Recommendation:	Recommendation Source:
Develop and promulgate guidelines for minimum levels of competent, appropriate care, based on the best scientific and practice-based knowledge.	Society for Adolescent Medicine, 1992c
A basic level of service must be provided to all youth, and adolescents should be satisfied with the care they receive.	U.S. Department of Health and Human Services, Public Health Service, 1991 & 1993
Form a national multidisciplinary task force to create guidelines for the development of clinical standards for adolescent health care.	Society for Adolescent Medicine, 1992c
Plan a series of workshops through the office of the Surgeon General based on task force and research findings, to address the periodicity and content of the clinical screening and assessment of adolescent.	Society for Adolescent Medicine, 1992c
Form regional and state interdisciplinary groups to implement the recommendations, consisting of coalitions of all interested parties.	Society for Adolescent Medicine, 1992c
Develop a book that addresses the health care needs of migrants and their families (including guidelines to improve access to health care for children, methods to attract and retain children of marginalized families into the health care system, promote preventive medicine, and promote cultural sensitivity).	American Academy of Pediatrics, 1994b
Adolescent health services should be cost-effective.	American Academy of Pediatrics, 1994b
Incorporate an ongoing process evaluation into all integrated school health programs, with quality assurance as an important evaluation component.	American Academy of Pediatrics, 1994a
Periodicity schedules should meet the needs of adolescents and interperiodic visits should be adopted and built into the state practice manuals.	Society for Adolescent Medicine, 1992c

Recommendation I A: Assure the Delivery of High Quality Services

Strategy 3. Enhance Coordination and Support for High Quality Adolescent Health Services

Action Step 2 Expand Funding for Adolescent Health Services

Recommendation:	Recommendation Source:
Expand State and Federal programs that provide health services to underserved populations (i.e. National Health Services Corps, Community Health and Migrant Health Centers, Maternal and Child Health (MCH) Block Grants for high risk pregnant women, and WIC).	National Commission on Children, 1991
Advocate for increased financial aid to urban Native American health care programs.	American Academy of Pediatrics, 1994b
Sustain public support for family planning services.	National Commission on Children, 1991
Make federal and state funds available to those who propose comprehensive programs to aid gay and lesbian youth or who include them in the population to be served.	Society for Adolescent Medicine, 1992c
Support public and private insurance coverage of nurse practitioners, clinical nurse midwifes and other non-MD providers to boost availability of health providers and promote the financial viability of School Linked Health Services and community-health centers to provide services to adolescents.	U.S. Congress, Office of Technology Assessment, 1991a-c
Provide educational seed money for the development of School-Linked Health Centers and Comprehensive School Based-Health Centers that provide comprehensive health and related services to adolescents.	U.S. Congress, Office of Technology Assessment, 1991a-c
Provide federal continuation of funding for already existing established School-Based and School-Linked Health Services that provide comprehensive services for adolescents.	U.S. Congress, Office of Technology Assessment, 1991a-c
Provide funding for developing adolescent health centers.	National Commission on the Role of the School and the Community in Improving Adolescent Health, National Association of State Boards of Education, American Medical Association, 1990

Establish adolescent health centers in each community, particularly in underserved communities.	National Commission on the Role of the School and the Community in Improving Adolescent Health, National Association of State Boards of Education, American Medical Association, 1990
Provide financing for start-up costs associated with adolescent health centers from Federal, State and local Government, business and philanthropic organizations.	National Commission on the Role of the School and the Community in Improving Adolescent Health, National Association of State Boards of Education, American Medical Association, 1990
State Title V programs should consider using financial and staff resources to develop, enhance and extend efforts of school-based clinics.	Association of Maternal and Child Health Programs, 1993
Award grants for statewide service system infrastructure development to provide community-based comprehensive care for adolescents with serious emotional disturbances and for their families.	U.S. Department of Health and Human Services, Public Health Service, 1991 & 1993

Recommendation I A: Assure the Delivery of High Quality Services

Strategy 3. Enhance Coordination and Support for High Quality Adolescent Health Services

Action Step 3 Change Financing Strategies for Adolescent Health Services

Recommendation:	Recommendation Source:
Award grants for statewide service system infrastructure development to provide community-based comprehensive care for adolescents with serious emotional disturbances and for their families.	U.S. Department of Health and Human Services, Public Health Service, 1991 & 1993
Ensure Title V programs and other youth-serving public programs have funding, guidance, and service infrastructure support. Assure that agencies can conduct needs assessments, data collection and evaluation. Assure the provision of comprehensive services for school-aged children and adolescents.	Association of Maternal and Child Health Programs, 1993
Pool federal funds across programs and agencies locally to achieve greater coherence of services.	National Commission on Children, 1991
Negotiate an integration of Health Care Financing Administration (HCFA) and Maternal Child Health (MCH) program goals to sanction the most effective mobilization of resources into programs to address the underinsured and uninsured.	Society for Adolescent Medicine, 1992c
Decategorize selected federal programs serving overlapping populations, to bring greater cohesion and flexibility to programs for children and families.	National Commission on Children, 1991
Support funding and treatment delivery approaches that respond to individual mental health treatment needs, rather than financing services tied to a specific delivery site.	U.S. Congress, Office of Technology Assessment, 1991a-c
Create uniform eligibility criteria and streamline application processes for major federal means-tested programs and other programs that serve the same or overlapping populations.	National Commission on Children, 1991
Work for decreased dependence on categorical funding, and finance most special services through the same system used for routine care to assure greater stability and uniformity of health care delivery in different communities and improved access as family situations change.	American Academy of Pediatrics, 1994a

Experiment with innovative financing mechanisms (i.e. trust funds, bonds, special levies) to meet young people's developmental needs, to provide preventive services, and to respond to specific problems.	William T. Grant Foundation, Commission on Work, Family, and Citizenship, 1988
Encourage the federal government to be more flexible in providing federal funding, in providing technical assistance to communities that wish to develop comprehensive services, and at same time, both require and provide support for evaluation of funded services.	U.S. Congress, Office of Technology Assessment, 1991a-c
Support the inclusion of valid items (rates of insurance coverage and level of education) that yield a more equitable profile and a criteria scale to be used in awarding health resources and service programs targeting underserved minority group populations.	American Academy of Pediatrics, 1994b
Focus on achieving desired results and greater flexibility in how dollars are used to accomplish goals. States and communities should have greater flexibility in using categorical funds.	American Academy of Pediatrics, 1994a
Stable and adequate funding should be available to support collaboration, particularly for the infrastructures needed for effective services.	American Academy of Pediatrics, 1994a
Funding should protect vulnerable populations.	American Academy of Pediatrics, 1994b
Funding from all levels and sources, private and public, should balance accountability with the need to encourage service innovation.	American Academy of Pediatrics, 1994a
Identify and integrate financial resources such as EPSDT, Medicaid, Chapter I; Title X, Title XX; or traditional school health categorical funding, including special health needs and special education monies.	American Academy of Pediatrics, 1994a

Design systems so that care and continuity of care are not fragmented in an attempt to capture dollars.	American Academy of Pediatrics, 1994a
Funding for services can be easily integrated with already established community-based medical homes.	American Academy of Pediatrics, 1994a
Develop new mechanisms of health care financing, at both state and national levels, to ensure that dollars can flow to all health and human services providers in a seamless web of services.	American Academy of Pediatrics, 1994a
State children's health and welfare advocacy organizations should work with advocacy groups or other populations to link publicly financed reimbursement rates to either actual charges incurred or a proportion of charges incurred, to increase the number of health providers who render services in publicly financed programs.	Society for Adolescent Medicine, 1992c

Recommendation I A: Assure the Delivery of High Quality Services

Strategy 3. Enhance Coordination and Support for High Quality Adolescent Health Services

Action Step 4 Integrate and Coordinate Adolescent Health Services

Recommendation:	Recommendation Source:
Coordinating structures should be collaborative, community-based, reflect the diversity and uniqueness of the community, have flexibility in defining geographic boundaries and institutional relationships, maintain a results-based accountability system, and be empowered to guide systems change.	American Academy of Pediatrics, 1994a
Develop comprehensive and coordinated systems to ensure access to services for developmental, preventive, and remedial services.	William T. Grant Foundation, Commission on Work, Family, and Citizenship, 1988
Public, private and community services should be coordinated, integrated and collaboratively delivered.	American Academy of Pediatrics, 1994a
Develop services with the needs of the adolescents and family dictating the types and mix of services.	U.S. Department of Health and Human Services, Public Health Service, 1991 & 1993
Create model programs such as the Child and Adolescent Service System Program, featuring enhanced systems coordination at state and local levels.	Society for Adolescent Medicine, 1992c
Increase federal funding of model transition programs (from adolescence to adulthood) designed to meet adolescent developmental needs.	Society for Adolescent Medicine, 1993
Develop systems to provide interdisciplinary services, train providers to work in an interdisciplinary clinical setting, and provide for impact evaluations of services.	Maternal and Child Health Bureau, Society for Adolescent Medicine, University of Minnesota, 1988
Support federal, state, and private sector programs that enhance the health resources and services targeting underserved minority group areas.	American Academy of Pediatrics, 1994b
Link Medicaid-eligible youth with a primary care provider who will recommend, provide, or refer for preventive services.	U.S. Department of Health and Human Services, Public Health Service, 1991 & 1993

Maternal and Child Health Bureau (MCHB) and Health Care Financing Administration (HCFA) should identify model approaches to providing services to uninsured and underinsured adolescents, and disseminate this information to the states.	Society for Adolescent Medicine, 1992c
Maternal and Child Health and Health Care Financing Administration programs should increase technical assistance to state MCH and HCFA programs, to replicate and/or individualize model approaches within states to provide services to the uninsured and underinsured adolescents.	Society for Adolescent Medicine, 1992c
Provide comprehensive programs and services to reflect the linkage between risk behaviors and attitudes and practices.	U.S. Department of Health and Human Services, Public Health Service, 1991 & 1993
Shift the burden of responsibility from adolescents to adults for the integration of support systems for adolescents, such as by using school-based adolescent health centers, community and neighborhood centers where adolescents feel good about the services and support, and staff are aware of the needs of adolescents.	Society for Adolescent Medicine, 1992c
Conduct demonstration programs to integrate treatment of sexually transmitted diseases into other health care access points.	U.S. Department of Health and Human Services, Public Health Service, 1991 & 1993

Recommendation I B: Provide Access to Comprehensive Health Services

Strategy 1. Ensure Appropriate Services are Readily Available

Action Step 1 Assure that All Adolescents Have Access to Appropriate Services

Recommendation:	Recommendation Source:
Services should focus on primary prevention, early intervention, and strengthening the ability of children, youth, and families to help themselves.	American Academy of Pediatrics, 1994a
Services should be comprehensive and a continuum of services should be available.	American Academy of Pediatrics, 1994a
Services should be of high quality and developmentally appropriate.	American Academy of Pediatrics, 1994a
Expand public health services and other direct services to adolescents.	National Commission on the Role of the School and the Community in Improving Adolescent Health, National Association of State Boards of Education, American Medical Association, 1990
Service providers must ensure that comprehensive services are available to adolescents.	Society for Adolescent Medicine, 1992c
Strengthen direct health services to adolescents.	National Commission on the Role of the School and the Community in Improving Adolescent Health, National Association of State Boards of Education, American Medical Association, 1990
Provide comprehensive health services to adolescents regardless of ability to pay.	National Commission on the Role of the School and the Community in Improving Adolescent Health, National Association of State Boards of Education, American Medical Association, 1990
Support efforts to make contraception (and information on its effective use) readily available to sexually active adolescents.	U.S. Congress, Office of Technology Assessment, 1991a-c
Contraceptive service programs should explore non-medical models for distribution of the pill.	National Research Council, Panel on Adolescent Child Bearing and Pregnancy, 1987

Make contraceptive services available to all teenagers at low or no cost.	National Research Council, Panel on Adolescent Child Bearing and Pregnancy, 1987
Support comprehensive and integrated reproductive health services for adolescents that include contraception education, as well as STD testing and treatment through programs that provide easy access and confidentiality.	U.S. Department of Health and Human Services, Public Health Service, 1991 & 1993
Increase to at least 60% the proportion of primary care providers who provide age-appropriate preconception care and counseling.	U.S. Department of Health and Human Services, Public Health Service, 1991 & 1993
Actively advocate for improved adolescent health services.	National Commission on the Role of the School and the Community in Improving Adolescent Health, National Association of State Boards of Education, American Medical Association, 1990
Services should be culturally competent.	American Academy of Pediatrics, 1994b
Programs targeting disparities in health resources and services should be population-based.	American Academy of Pediatrics, 1994b
Contraceptive education, counseling, and services should be available to all male and female adolescents desiring such care, without legal or financial barriers.	Society for Adolescent Medicine, 1991
Pregnancy detection and subsequent prenatal and postnatal services should be available to adolescents desiring such care, without legal or financial barriers.	Society for Adolescent Medicine, 1991
Adolescents should have access to abortion services without legal or financial barriers.	Society for Adolescent Medicine, 1991
Adolescents should have access to education, counseling and health care services for STD prevention, screening and diagnosis; minors should have access to these services on their own consent.	Society for Adolescent Medicine, 1991
Ensure accurate and timely diagnosis, treatment, counseling and partner notification services for young people with symptomatic and asymptomatic STDs.	U.S. Department of Health and Human Services, Public Health Service, 1991 & 1993

Recommendation I B: Provide Access to Comprehensive Health Services

Strategy 1. Ensure Appropriate Services are Readily Available

Action Step 2 Specialized Care is Needed for Adolescents Who are Pregnant or Parenting

Recommendation:	Recommendation Source:
Support a range of intensive services for pregnant adolescent who choose to bear children.	U.S. Congress, Office of Technology Assessment, 1991a-c
Minimize bureaucratic barriers that prevent parenting teenagers from receiving early, regular, and appropriate care for themselves and their children.	National Research Council, Panel on Adolescent Child Bearing and Pregnancy, 1987
Support the provision of comprehensive services to pregnant and parenting adolescent (i.e., mental health, social, education, vocational).	U.S. Congress, Office of Technology Assessment, 1991a-c
Make contraceptive services available and accessible to adolescent parents at no or low cost.	National Research Council, Panel on Adolescent Child Bearing and Pregnancy, 1987
Continued support for the provision of appropriate health and nutrition services, including prenatal, labor, and delivery care for pregnant adolescents through Medicaid, EPSDT, and other federal and state maternal and child health programs.	National Research Council, Panel on Adolescent Child Bearing and Pregnancy, 1987
Explore ways of strengthening adoption services, improved decision counseling for pregnant teenagers, and development of effective models for providing comprehensive care to pregnant girls who choose adoption as an alternative to parenthood (i.e. relevant public agencies, in cooperation with the private sector).	National Research Council, Panel on Adolescent Child Bearing and Pregnancy, 1987
Public and voluntary community agencies should explore ways of developing and evaluating case management capabilities to help adolescent parents obtain necessary supports and services.	National Research Council, Panel on Adolescent Child Bearing and Pregnancy, 1987
Support specialized health services and outreach services for pregnant adolescents and young mothers with babies who are on the street, which incorporates family planning counseling and comprehensive primary care.	Society for Adolescent Medicine, 1991

Recommendation I B: Provide Access to Comprehensive Health Services

Strategy 1. Ensure Appropriate Services are Readily Available

Action Step 3 Create Tailored Services and Enhance Existing Services for Special Adolescent Populations

Recommendation:	Recommendation Source:
Support efforts to improve access to early intervention for adolescent who believe themselves at risk for substance abuse.	U.S. Congress, Office of Technology Assessment, 1991a-c
Provide primary prevention to youth while still in families, where there is substance abuse or sexual abuse and provide counseling to both the youth and the families, as well as discuss options outside the family.	Society for Adolescent Medicine, 1992c
Reduce barriers to the proper identification and treatment of mental disorders, including alcohol and drug abuse.	U.S. Department of Health and Human Services, Public Health Service, 1991 & 1993
Provide rapid and effective therapy and counseling for persons exhibiting certain sex patterns or infected persons.	U.S. Department of Health and Human Services, Public Health Service, 1991 & 1993
Support access to individual and family therapy services for adolescent from abusive or dysfunctional families and families with step-parents.	U.S. Congress, Office of Technology Assessment, 1991a-c
Improve identification, screening, and referral of persons at high risk of suicide, especially persons with treatable mental disorders with suicide risks.	U.S. Department of Health and Human Services, Public Health Service, 1991 & 1993
Provide services to adolescents who have been victimized by sexual abuse.	Society for Adolescent Medicine, 1992c
Urge practitioners to serve adolescents, especially minority and troubled adolescents, for whom services are often not available (i.e. organizations representing health providers).	National Commission on the Role of the School and the Community in Improving Adolescent Health, National Association of State Boards of Education, American Medical Association, 1990
Support efforts to improve access to mental health treatment services for runaway and homeless, American Indian, and Alaskan Native, Black, and poor adolescents.	U.S. Congress, Office of Technology Assessment, 1991a-c

Increase support for dental care for American Indian and Alaskan Native, Hispanic, and low-income Black adolescents.	U.S. Congress, Office of Technology Assessment, 1991a-c
Support preventive mental health and mental health outreach programs for Hispanic, Asian, and American Indian and Alaskan Native adolescents.	U.S. Congress, Office of Technology Assessment, 1991a-c
Provide counseling and related services to gay or lesbian runaway youth.	Society for Adolescent Medicine, 1992a
Develop social support groups to eliminate the isolation felt by gay and lesbian youth.	Society for Adolescent Medicine, 1992c
Develop and integrate relevant, sensitive programs that deal with the physical and mental health care needs of homosexual and bisexual youth.	Society for Adolescent Medicine, 1992c
Assure both primary and specialty care, and transition services for adolescent with special health care needs, in Title V programs.	National Commission on the Role of the School and the Community in Improving Adolescent Health, National Association of State Boards of Education, American Medical Association, 1990
Support efforts to reduce fragmentation in delivery of health services to adolescents with chronic physical conditions.	U.S. Congress, Office of Technology Assessment, 1991a-c
School-based clinics should work towards integrating Comprehensive School Health services and addressing the needs of adolescents with disabilities and chronic illness.	Association of Maternal and Child Health Programs, 1993
Support efforts to improve access to fitness activities for adolescents with special health care needs.	U.S. Congress, Office of Technology Assessment, 1991a-c
Improve the reproductive health care of adolescents with disabilities and chronic illnesses.	Society for Adolescent Medicine, 1993
Develop programs to meet the special developmental needs of homeless adolescents.	Society for Adolescent Medicine, 1992a

Recommendation I B: Provide Access to Comprehensive Health Services

Support continuity of care, including case management and follow-up services that provide multidisciplinary approaches to care, support collaborative efforts to provide for tracking of youth, and provide specialized care for street youth with chronic illnesses.	Society for Adolescent Medicine, 1993
Integrate substance abuse assessment, referral, and treatment into outreach, shelter and primary health care settings.	Society for Adolescent Medicine, 1992a
Increase support for legal services intended to help adolescent who are homeless (with or without their families).	U.S. Congress, Office of Technology Assessment, 1991a-c
Improve access to health and related services among poor adolescents, disadvantaged racial and ethnic minority adolescents, and rural adolescents.	U.S. Congress, Office of Technology Assessment, 1991a-c
Link Medicaid eligible youth with a primary care provider who will recommend, provide, or refer for preventive services.	U.S. Department of Health and Human Services, Public Health Service, 1991 & 1993
Support innovative efforts with rigorous evaluation to increase access to health care for rural adolescents (i.e., School Linked Health Care, improved transport, use of non-health professionals, dissemination of information).	U.S. Congress, Office of Technology Assessment, 1991a-c
State level MCH programs should convene to discuss the needs of teenagers in the juvenile justice system.	Society for Adolescent Medicine, 1992c
Make special efforts to reach youth in correctional facilities for the utilization of outside social and medical services and to help them find an alternative to life on the street.	Society for Adolescent Medicine, 1992c

Recommendation I B: Provide Access to Comprehensive Health Services to Adolescents

Strategy 2. Develop Approaches to Overcome Adolescents' Barriers to Care

Action Step 1 Provide Specially Tailored Outreach Services to Adolescents

Recommendation:	Recommendation Source:
Develop an aggressive outreach program.	Society for Adolescent Medicine, 1992c
Locate and engage unserved and underserved populations.	U.S. Department of Health and Human Services, Public Health Service, 1991 & 1993
Encourage active community-based outreach approaches to address the health care needs of minority group children and support programs to increase access in inner city and rural areas.	American Academy of Pediatrics, 1994b
Increase the use of public health nurses to go where teenagers are, who can listen to them and not make demands.	Society for Adolescent Medicine, 1992c
Support outreach to ensure that pregnant adolescents who choose to give birth, remain in school and obtain prenatal care.	U.S. Congress, Office of Technology Assessment, 1991a-c
Support outreach efforts to help homeless and runaway adolescents gain access to comprehensive health services.	U.S. Congress, Office of Technology Assessment, 1991a-c
Support outreach education about the network of services, including available legal services to homeless and runaway youth.	Society for Adolescent Medicine, 1992a
Support outreach components to all youth on the streets as a vehicle that brings information and care to them via outreach workers, mobile units, and the media.	Society for Adolescent Medicine, 1992a
Enhance the availability and accessibility of abortion to adolescents through expanding outreach for pregnancy testing and counseling, abortion counseling, and contraceptive counseling.	National Research Council, Panel on Adolescent Child Bearing and Pregnancy, 1987
Support outreach efforts to bring adolescents who are not in contact with the mainstream health care system into clinical trials for AIDS drugs.	U.S. Congress, Office of Technology Assessment, 1991a-c

Support preventive mental health and mental health outreach programs for Hispanic, Asian, and America Indian and Alaskan Native adolescents.	U.S. Congress, Office of Technology Assessment, 1991a-c
Make special efforts to reach youth in correctional facilities with the utilization of outside social and medical services and to help them find an alternative to life on the street.	Society for Adolescent Medicine, 1992a

Recommendation I B: Provide Access to Comprehensive Health Services

Strategy 2. Develop Approaches to Overcome Adolescents' Barriers to Care

Action Step 2 Integrate Outreach and Follow-Up Services to Enhance Service Delivery

Recommendation:	Recommendation Source:
State Health Care Financial Administration (HCFA) and Maternal Child Health (MCH) programs should increase funding and technical assistance to local providers to increase outreach and care coordination in existing publicly financed health care programs, including innovative approaches, (i.e., station outreach or eligibility workers in easily accessible locations in the community).	Society for Adolescent Medicine, 1992c
State MCH and HCFA programs should provide funding and technical assistance for innovative approaches for increasing the knowledge of teenagers and their families regarding the need for health care and community resource financing resources.	Society for Adolescent Medicine, 1992c
Directly fund or provide incentives to States for outreach to increase adolescent use of Medicaid benefits.	U.S. Congress, Office of Technology Assessment, 1991a-c

Recommendation I B: Provide Access to Comprehensive Health Services

Strategy 2. Develop Approaches to Overcome Adolescents' Barriers to Care

Action Step 3 Increase Funding for Outreach and Follow-Up Services

Recommendation:	Recommendation Source:
Develop a strong case management system that has the responsibility for referral and follow-up.	Society for Adolescent Medicine, 1992c
Set up a system to ensure follow-up for teenagers with identified problems.	Society for Adolescent Medicine, 1992c
Develop STD programs which provide outreach, information and education on risk reduction behaviors, with counseling and treatment services.	Society for Adolescent Medicine, 1991
Clinic service providers should make efforts to improve the effectiveness of their programs by enhancing their outreach efforts to encourage earlier use of contraceptive methods, explore more effective counseling approaches to encourage compliance, and enhance follow-up of clinic patients to track their contraceptive use.	National Research Council, Panel on Adolescent Child Bearing and Pregnancy, 1987
Support specialized health services and outreach services for pregnant adolescents and young mothers with babies who live on the street, which incorporates family planning counseling and comprehensive primary care.	Society for Adolescent Medicine, 1992a
Integrate substance abuse assessment, referral, and treatment into outreach, shelters and primary health care settings.	Society for Adolescent Medicine, 1992a

Recommendation I B: Provide Access to Comprehensive Health Services

Strategy 2. Develop Approaches to Overcome Adolescents' Barriers to Care

Action Step 4 Improve Accessibility of Health Care Settings

Recommendation:	Recommendation Source:
Office room areas should be inviting to adolescents and reinforce health messages (i.e. books and journals that are culturally appropriate and no tobacco advertising).	American Medical Association, 1993
Establish access to and encourage utilization of STD preventive health care and laboratory services for young persons especially those at high risk.	U.S. Department of Health and Human Services, Public Health Service, 1991 & 1993
Increase the number of drug treatment facilities.	Society for Adolescent Medicine, 1992c
Adolescents must be assured access to health promotion services within medical settings.	American Medical Association, 1993
Support efforts to increase the availability of mental health services for adolescents in accessible settings (i.e. schools; include services for adolescents who do not yet have a diagnosable mental disorder).	U.S. Congress, Office of Technology Assessment, 1991a-c
Continue support for a variety of contraceptive service models, including private physicians to reach adolescents.	National Research Council, Panel on Adolescent Child Bearing and Pregnancy, 1987
Include adequate outreach to inform adolescents and their parents of the availability of services, reimbursement for preventive services, transportation for the adolescent to reach the medical facility, flexible office hours, and confidential care.	American Medical Association, 1993
Office counseling skills, protocols, and policies (of the pediatrician) and staff should be developed to ensure the teenager a supportive, nonthreatening, confidential relationship in which the caregiver can convey goals of personal responsibility and the teenager can feel comfortable discussing sexual concerns and requesting birth control if needed.	American Academy of Pediatrics, Committee on Adolescence, 1990

Use models such as community health centers where teenagers can go for all their economic and health related needs.	Society for Adolescent Medicine, 1992c
Support the development of centers that provide comprehensive and accessible health services, specifically for adolescents in schools or community-based centers.	U.S. Congress, Office of Technology Assessment, 1991a-c
Reduce through legislation or regulation existing barriers to the delivery of comprehensive services in adolescent-specific centers.	U.S. Congress, Office of Technology Assessment, 1991a-c
Health and mental health organizations can be vital partners with community youth organizations by instituting referral systems to increase adolescents' access to appropriate health and preventive mental health services.	Carnegie Corporation of New York, Carnegie Council on Adolescent Development, 1995
Services should be community-based and community delivered.	American Academy of Pediatrics, 1994a
Needed services should be available and accessible to all in a variety of settings, using a combination of public, private, community and personal resources.	American Academy of Pediatrics, 1994a
Support the development of centers that provide comprehensive and accessible health and related services specifically for adolescents in schools or communities.	U.S. Congress, Office of Technology Assessment, 1991a-c
Provide access to health care and counseling services through middle schools.	Carnegie Corporation of New York, Carnegie Council on Adolescent Development, 1989
Evaluate the effectiveness of providing mental health services in locations such as schools in order to increase access, availability, and use of services.	U.S. Department of Health and Human Services, Public Health Service, 1991 & 1993

Recommendation I C: Improve Financial Access to Comprehensive Health Services

Strategy 1. Improve Existing Health Insurance Coverage of Adolescents

Action Step 1 Assure Health Insurance Coverage for Adolescents

Recommendation:	Recommendation Source:
Improve financial access to health services.	U.S. Congress, Office of Technology Assessment, 1991a-c
Directly fund or provide incentives to States for outreach to increase adolescent use of Medicaid benefits.	U.S. Congress, Office of Technology Assessment, 1991a-c
States should attempt to improve billing capacity to maximize third party revenues available to state Title V programs, with the goal of expanding and enhancing services to adolescents.	Association of Maternal and Child Health Programs, 1993
Provide for case management reimbursement to complement individual provider payments so that agencies assuming case-management responsibilities can be reimbursed.	National Commission on the Role of the School and the Community in Improving Adolescent Health, National Association of State Boards of Education, American Medical Association, 1990
Reimburse costs of performing non-routine student health services in schools.	National Commission on the Role of the School and the Community in Improving Adolescent Health, National Association of State Boards of Education, American Medical Association, 1990
Give high priority to providers in direct service to adolescent in considering any potential Medicaid payment reform.	U.S. Congress, Office of Technology Assessment, 1991a-c
Mandate employers' provision of health insurance for their currently uninsured workers and their dependents.	U.S. Congress, Office of Technology Assessment, 1991a-c
Discourage or prevent private insurers from implementing current plans to limit coverage of adolescent dependents.	U.S. Congress, Office of Technology Assessment, 1991a-c
Provide appropriate health coverage for employers' children and for behavior problems, of the employee or spouse that affect their children's health.	National Commission on the Role of the School and the Community in Improving Adolescent Health, National Association of State Boards of Education, American Medical Association, 1990
Provide financial support to families of adolescents with catastrophic health care needs.	U.S. Congress, Office of Technology Assessment, 1991a-c

Recommendation I C: Improve Financial Access to Comprehensive Health Services

Strategy 1. Improve Existing Health Insurance Coverage of Adolescents

Action Step 2 Expand Medicaid Eligibility for Adolescents

Recommendation:	Recommendation Source:
Improve the financing for adolescent health services, including expansion of Medicaid eligibility and coverage for all services needed by adolescents.	Association of Maternal and Child Health Programs, 1993
Mandate an immediate expansion of Medicaid eligibility for adolescents.	U.S. Congress, Office of Technology Assessment, 1991a-c
Continue to expand Medicaid to cover eligible children and adolescent to age 21 under EPSDT.	U.S. Department of Health and Human Services, Public Health Service, 1991 & 1993
Make full effective use of EPSDT.	National Commission on the Role of the School and the Community in Improving Adolescent Health, National Association of State Boards of Education, American Medical Association, 1990
Enact EPSDT eligibility requirements in each state.	Society for Adolescent Medicine, 1992c
State and federal governments must build an evaluation component into the expansion of EPSDT services.	Society for Adolescent Medicine, 1992c
Each state should consider a benefits package, providing pending EPSDT legislation is enacted, to meet the special needs of teenagers.	Society for Adolescent Medicine, 1992c
Adolescent health coordinators should become knowledgeable about EPSDT, provide information to schools about work accomplished in the area of school-based insurance, assist in writing the working agreement between Title V and EPSDT, assist with program planning and development of state programs, and become known to the person directing the EPSDT program.	Society for Adolescent Medicine, 1992c

Change federal regulations so that adolescent in correctional facilities are eligible for Medicaid and develop federal quality standards for health care in juvenile correctional facilities and mandate that standards be met.	U.S. Department of Health and Human Services, Public Health Service, 1991 & 1993
Encourage States to cover a full range of preventive services under Medicaid.	U.S. Department of Health and Human Services, Public Health Service, 1991 & 1993
Support expansion of Medicaid access to substance abuse treatment.	U.S. Congress, Office of Technology Assessment, 1991a-c
Public and private insurance programs must provide adolescents with both preventive and other services designed to promote health behaviors and decrease morbidity and mortality.	Society for Adolescent Medicine, 1992c
Have Medicaid and commercial insurers make health insurance as available for mental health problems as it is for "physical" problems.	U.S. Congress, Office of Technology Assessment, 1991a-c
Increase Medicaid reimbursement rates for psychiatric hospitalization, or mandate private psychiatric hospitals' participation in Medicaid (with strict guidelines in place).	U.S. Congress, Office of Technology Assessment, 1991a-c
Support Medicaid reforms to encourage dentists to participate in the program.	U.S. Congress, Office of Technology Assessment, 1991a-c
Support efforts to assure that publicly funded dental programs offer adolescents basic preventive and therapeutic services.	U.S. Congress, Office of Technology Assessment, 1991a-c
Continue public support of contraceptive services provided through Public Health Title X, Medicaid, and other federal and state maternal and child health programs.	National Research Council, Panel on Adolescent Child Bearing and Pregnancy, 1987
Minimize bureaucratic, geographic, and financial barriers in federal and state programs (Title X, Medicaid, and other federal and state maternal and child health programs) that may deter sexually active adolescent from seeking contraceptive services.	National Research Council, Panel on Adolescent Child Bearing and Pregnancy, 1987
Adolescent Health Coordinators should participate in the identification of health insurance problems. for teenagers in their state.	Society for Adolescent Medicine, 1992c

Recommendation I C: Improve Financial Access to Comprehensive Health Services

Strategy 2. Expand Insurance Coverage for Adolescents Beyond Existing Paramenters

Action Step 1 Expand Insurance Coverage for Prevention Services

Recommendation:	Recommendation Source:
Ensure adequate coverage for preventive and educational services in health care reform.	U.S. Department of Health and Human Services, Public Health Service, 1991 & 1993
Include clinical preventive services in the minimum insurance benefits package under health care reform, with reimbursement for counseling.	U.S. Department of Health and Human Services, Public Health Service, 1991 & 1993
Provide comprehensive family planning, pre-conception, pre-natal and postpartum services as part of a minimal health care reform package.	Carnegie Corporation of New York, Carnegie Council on Adolescent Development, 1995
Dollars gained by increased efficiency and expenditures on prevention and early intervention should be invested to further expand prevention and early intervention.	American Academy of Pediatrics, 1994a
Make universal health care coverage a long term goal.	Society for Adolescent Medicine, 1992c
Implement a universal entitlement program.	Maternal and Child Health Bureau, Society for Adolescent Medicine, University of Minnesota, 1988
Restructure public and private health insurance (including Medicaid) to provide a universal benefits package to all children and young people.	National Commission on the Role of the School and the Community in Improving Adolescent Health, National Association of State Boards of Education, American Medical Association, 1990
Restructure public and private health insurance to ensure young people have access to the services they need through universal benefits package including: psychosocial, family, and medical services provided by professionals and non-professionals.	National Commission on the Role of the School and the Community in Improving Adolescent Health, National Association of State Boards of Education, American Medical Association, 1990

Restructure the health insurance system to include standard payment levels that are accepted by most Health Care Plans.	National Commission on the Role of the School and the Community in Improving Adolescent Health, National Association of State Boards of Education, American Medical Association, 1990
Reimbursement for non-physical services including both direct services and case management.	National Commission on the Role of the School and the Community in Improving Adolescent Health, National Association of State Boards of Education, American Medical Association, 1990
Develop a universal system of health insurance coverage for pregnant women and children under age 18, for basic levels of care, cost containment, and improving the quality of care.	National Commission on Children, 1991
Incorporate a component into health care reform proposals or evaluation of proposals, of the special health care needs of minority children (resulting from barriers to access).	American Academy of Pediatrics, 1994b
Utilize every avenue available to assure a universal system of financing health care for all children and pregnant women, regardless of income level, race, employment status of parent and geographic location.	American Academy of Pediatrics, 1994a

Recommendation I D: Ensure the Legal Right to Health Care and Confidentiality

Strategy 1. Improve Legal Access to Health Services

Action Step 1 Protect Legal Access to Care

Recommendation:	Recommendation Source:
Improve adolescents' legal access to health and related services.	U.S. Congress, Office of Technology Assessment, 1991a-c
Create and update an inventory of State and Federal laws relating to adolescent health care.	Society for Adolescent Medicine, 1992c
Gather information that explains the relationship between various laws, (i.e., how apparent state-federal conflicts are resolved and how to resolve questions not directly addressed in existing regulations, statutes, and court decisions.)	Society for Adolescent Medicine, 1992c
Create a linkage or networking system for regular updates of care-related legal information to Adolescent Health Coordinators and providers.	Society for Adolescent Medicine, 1992c
Amend the Pregnancy Discrimination Act 1978 to close loop-hole that allows employers not to cover dependents' prenatal and perinatal care.	U.S. Congress, Office of Technology Assessment, 1991a-c
Mandate an immediate expansion of Medicaid eligibility for adolescents.	U.S. Congress, Office of Technology Assessment, 1991a-c
Mandate employers' provision of health insurance for their currently uninsured workers and their dependents.	U.S. Congress, Office of Technology Assessment, 1991a-c
Urge the National Conference of Juvenile Court Judges to develop model statutes and administrative processes to accelerate termination of parental rights, when no hope of family reunification and adoption is feasible.	National Commission on Children, 1991
Encourage the US Executive Branch or a non-government agency to develop a model State statute to enhance adolescent legal access.	U.S. Congress, Office of Technology Assessment, 1991a-c

Enforce state and federal legislation guaranteeing the civil rights of youth with disabilities.	William T. Grant Foundation, Commission on Work, Family, and Citizenship, 1988
Adopt a child's bill of rights which would protect children and teenagers from inappropriate placements for mental health and substance abuse problems.	Society for Adolescent Medicine, 1993
Change federal regulations so that adolescents in correctional facilities are eligible for Medicaid and develop federal quality standards for health care in juvenile correctional facilities and mandate that standards be met.	U.S. Congress, Office of Technology Assessment, 1991a-c

Recommendation I D: Ensure the Legal Right to Health Care and Confidentiality

Strategy 1. Improve Legal Access to Health Services

Action Step 2 Expand the Role of Providers in Ensuring Legal Access to Services

Recommendation:	Recommendation Source:
Educate State Adolescent Health Coordinators concerning the federal, state and local laws which apply to adolescent health care to promote appropriate planning and delivery of services.	Society for Adolescent Medicine, 1992c
Educate health care providers concerning federal, state, and local laws to facilitate the delivery of services and reduce their fear of liability in serving adolescents.	Society for Adolescent Medicine, 1992c
Each state should provide legal support to health services providers, program administrators, and schools to respond to questions relating to health services for adolescents.	Society for Adolescent Medicine, 1992c

Recommendation I D: Ensure the Legal Right to Health Care and Confidentiality

Strategy 2. Ensure Legal Protection of Confidential Care

Action Step 1 Protect the Confidentiality of Adolescents Seeking Care for Services

Recommendation:	Recommendation Source:
Enact legislation requiring federal or federal state programs to adopt particular substantive policies with respect to parental consent and notification.	U.S. Congress, Office of Technology Assessment, 1991a-c
Support equal opportunity to abortion services, including a greater range of alternatives to parental notification and consent.	U.S. Congress, Office of Technology Assessment, 1991a-c
Develop a mechanism to provide eligible adolescents with their own Medicaid cards or other independent means of documenting their eligibility.	Society for Adolescent Medicine, 1992c
MCH and other publicly funded programs should allow adolescents to establish independent access to care for which they are entitled to give their own consent under state law.	Society for Adolescent Medicine, 1992c
School-integrated care can address confidentiality of services by securing parental permission to enroll for services and then by providing health care in accordance with state laws regarding confidentiality.	American Academy of Pediatrics, 1994a
Assure confidential care for adolescents, with efforts to include the family when possible.	American Academy of Pediatrics, 1989

Recommendation I D: Ensure the Legal Right to Health Care and Confidentiality

Strategy 2. Assure Legal Protection of Confidential Care

Action Step 2 Expand the Roles of Providers in Ensuring Confidentiality of Care

Recommendation:	Recommendation Source:
Reaffirm confidential care for adolescent.	American Medical Association, Council on Scientific Affairs, 1993
Encourage physicians to allow emancipated or mature minors to give informed consent without parental consent and notification, in conformity with state and federal law.	American Medical Association, Council on Scientific Affairs, 1993
Encourage state medical societies to evaluate laws on consent and confidential care for adolescent and help eliminate laws that restrict the availability of confidential care.	American Medical Association, Council on Scientific Affairs, 1993
Encourage physicians to involve parents in the medical care of the adolescent patient, when in the best interest of the adolescent. When parental involvement would not be beneficial, parental consent and notification should not be a barrier to care.	American Medical Association, Council on Scientific Affairs, 1993
Encourage physicians to offer opportunity for adolescent exams and counseling apart from parents.	American Medical Association, Council on Scientific Affairs, 1993
Encourage state and county medical societies to become aware of laws and regulations regarding confidential health services for adolescent in their respective jurisdictions. These societies should provide information to physician to clarify services that may legally be provided on a confidential basis.	American Medical Association, Council on Scientific Affairs, 1993
Urge undergraduate and graduate medical education programs and continued education to inform physicians about issues surrounding minors' consent and confidential care.	American Medical Association, Council on Scientific Affairs, 1993
Encourage health care payers to develop a method of listing services that preserves confidence of adolescent.	American Medical Association, Council on Scientific Affairs, 1993

Health services for youth must protect confidentiality, provide a diversity of settings and services, and support an active role by the consumer of interdisciplinary care.	Maternal and Child Health Bureau, Society for Adolescent Medicine, University of Minnesota, 1988
Adolescents should be encouraged to involve their families in health decisions, but confidentiality must be assured.	Society for Adolescent Medicine, 1992c

Recommendation I E: Provide Adolescent-Focused and Adolescent-Acceptable Health Services

Strategy 1. Make Health Care Delivery More Personal and Engaging for Adolescents

Action Step 1 Involve Adolescents Directly in the Planning and Delivery of Health Services

Recommendation:	Recommendation Source:
Involve adolescents in planning, decision-making, and delivering programs and services.	Society for Adolescent Medicine, 1992c
Provide incentives for or mandate adolescent participation in the design of programs and research that affect adolescents at the Federal, State, local levels, and private sector.	U.S. Department of Health and Human Services, Public Health Service, 1991 & 1993
Encourage efforts to educate adolescents, parents, health care providers, etc. who may identify health problems so that referrals can be made for health services.	U.S. Congress, Office of Technology Assessment, 1991a-c
Develop comprehensive health care systems that are child-centered and family-focused with the needs of the adolescents and family dictating the types and mix of services.	U.S. Department of Health and Human Services, Public Health Service, 1991 & 1993
Adolescents should participate on local coordinating councils, school councils and other bodies responsible for adolescent health programs.	National Commission on the Role of the School and the Community in Improving Adolescent Health, National Association of State Boards of Education, American Medical Association, 1990
Conduct focus groups of street youth to elicit ideas for creative programs (i.e., street theater).	Society for Adolescent Medicine, 1992a
Adolescents should be adequately represented on state and community-level Title V advisory and planning committees and task forces.	Association of Maternal and Child Health Programs, 1993
Establish programs that enlist the support of peers in referring youths at risk for suicide.	U.S. Department of Health and Human Services, Public Health Service, 1991 & 1993

Recommendation I E: Provide Adolescent-Focused and Adolescent-Acceptable Health Services

Strategy 1. Make Health Care Delivery More Personal and Engaging for Adolescents

Action Step 2 Provide Services that Focus on Adolescents' Needs

Recommendation:	Recommendation Source:
Provide health professionals with the opportunity to work more collaboratively with adolescents in solving their problems.	National Commission on the Role of the School and the Community in Improving Adolescent Health, National Association of State Boards of Education, American Medical Association, 1990
Organize services around people, not people around services.	National Commission on the Role of the School and the Community in Improving Adolescent Health, National Association of State Boards of Education, American Medical Association, 1990
Make institutions more personal and engaging for adolescents.	National Commission on the Role of the School and the Community in Improving Adolescent Health, National Association of State Boards of Education, American Medical Association, 1990
Integrate inter-personal communication approaches into programs and services.	U.S. Department of Health and Human Services, Public Health Service, 1991 & 1993
Each state should assure that there is a designated focus within its programs for adolescent health activities and services.	Association of Maternal and Child Health Programs, 1993
Physicians and health providers should work with adolescents to help them accept that health education is part of a continuum of care, and a lifelong process.	American Medical Association, Department of Adolescent Health, 1996
Health services for adolescents must be recognizable, convenient and should not require extensive or complex planning by adolescents or their parents.	Society for Adolescent Medicine, 1992c
Seek and advocate essential health services for their children and their parents.	National Commission on Children, 1991

Encourage the development of programs using the least restrictive and most appropriate requirements for teens for mental health and substance abuse treatment.	Society for Adolescent Medicine, 1992c
Support active and flexible approaches to the provision of treatment of STDs to encourage adolescents to seek treatment and return for follow up.	U.S. Congress, Office of Technology Assessment, 1991a-c
Services should be flexible.	American Academy of Pediatrics, 1994a
Support efforts to improve access to early intervention for adolescent who believe themselves at risk for substance abuse.	U.S. Congress, Office of Technology Assessment, 1991a-c
Address adolescents' health and social needs.	Carnegie Corporation of New York, Carnegie Council on Adolescent Development, 1995
Support changes in health education efforts so adolescent needs are taken into greater consideration.	U.S. Congress, Office of Technology Assessment, 1991a-c
Design services to meet the needs of adolescents and their families instead of suiting administrative convenience.	National Commission on the Role of the School and the Community in Improving Adolescent Health, National Association of State Boards of Education, American Medical Association, 1990
Stress the need to better address the health care needs of Native American children.	American Academy of Pediatrics, 1994b
Services should be family-centered, driven by the needs of children, youth, and families and built on strengths.	American Academy of Pediatrics, 1994a

CHAPTER TWO

Policy Goal II: Improve Adolescent Environments

The role of environments in affecting adolescent health has emerged as one of the most frequently discussed policy areas in these recommendations. Environments refer to the formal and informal settings and institutions where adolescents spend most of their time, including the family, schools, religious organizations, neighborhoods, and other community settings. Environments also pertain to broader contextual factors such as economic trends and discrimination whose positive and negative effects are, in turn, being increasingly associated with adolescent behavior.

Despite this recognition that settings affect behavior, most policy efforts have failed to focus on this broader context of adolescent life. Adolescents' environments need to be considered an important area for intervention. There is consensus that two primary strategies are needed: an emphasis on comprehensive approaches to assure environmental changes, and a concentration on the more proximal settings of family, school, and neighborhood where adolescents spend most of their time.

Recommendation II A.

Strengthen, Support and Preserve Families

Strategy 1: Adopt a Broad-Based Commitment to Families with Adolescents

Action Step 1:

- Establish community and societal policies that support families and communities that care for adolescents.

  There is widespread understanding that policies must be developed which demonstrate commitment to adolescents and their families at both the community and societal level. Many of the local institutions that have traditionally provided adolescents and their families with resources and support are experiencing financial difficulties, including funding cutbacks and even elimination.

  Neighborhoods, once a resource for adolescents and their families, are now less able to provide a sense of 'connectedness' and stability, and are less likely to be a setting where adolescents are informally monitored by neighbors who would relay important events to parents or intervene themselves. Many neighborhoods have become increasingly dangerous for adolescents.

The recommendations recognized that community ties need to be re-established in order to provide opportunities for adolescents to learn from others and reduce exposure to dangerous situations in the environment. Specific strategies at the community and societal level included launching a widespread campaign to publicize the need for families to spend time with their adolescents, involving youth service agencies in the development of family-based activities, increasing access to appropriate role models, and developing neighborhood programs to ensure that every adolescent has personal support. A few recommendations highlighted the need to fill in the gaps in after-school care for adolescents through the combined efforts of the public and private sector. Health professionals are also urged to develop a family-centered approach in their treatment of adolescents.

Action Step 2:

- Encourage families to create a supportive environment for adolescents.

  The recommendations clearly indicated that the family is the most important environment that needs to be supported in order to promote adolescent health and well-being. The recommendations delineated ways that families themselves can support their adolescents. Specific family responsibilities identified include spending more time with their adolescents, protecting their families' health, seeking help when they need it, and being vigilant guardians and role models.

Strategy 2: Establish Policies to Strengthen and Support Families

Action Step 1:

- Change workplace policies to make them more responsive to family needs.

  Various reports suggested that parents need to spend more time with their adolescents. However, parents find it difficult to spend more time providing guidance and support to their adolescents due to workplace demands. The amount of time parents are in the workplace has increased due to the additional work required to maintain a family's standard of living. To compound this problem, there is also little recognition in workplace policies that parental responsibilities do not cease as children approach adolescence. The minimal flexibility available in the workplace has focused on the earliest years of parenting with the assumption that parents can spend increased amounts of time at work once their children become adolescents. The implication is that adolescents need less parental support and guidance than younger children.

  Several recommendations supported the development of legislation to make workplaces more flexible for parents, while enabling them to maintain a consistent presence in the workplace. Examples include paid or unpaid leave to spend time with their families, compensatory time options, and job sharing alternatives. Other recommendations supported strengthening medical leave policies. One recommendation went further by suggesting workplace support of parental involvement in adolescent-related activities at schools or other community sites.

Action Step 2:

- Develop family-centered services to keep families intact.

  The recommendations identified the need to reduce the burdens faced by families which can negatively affect the developing adolescent. Since many families of adolescents experience seemingly insurmountable problems, the need for family support services is widespread. Specific family support services outlined in the recommendations include family preservation, family therapy, mental health counseling services, and case management. The provision of these services should entail collaborative efforts between health care organizations, human service agencies and community-based organizations.

  In addition, it was suggested that professionals work with families before problems arise, incorporate long-term case management into intervention approaches, and focus on practical problem-solving rather than unrealistic solutions. Underlying these recommendations is an assumption that parents may not have the appropriate skills necessary to manage day-to day challenges adolescents may present. In particular, parents may need support in developing skills in the areas of stress management, joint problem-solving with adolescents, and communication on topics relating to sexuality.

Recommendation II B.

Improve the Social and Economic Conditions of Families

Strategy 1: Develop Income Support Policies for Families

Action Step 1:

- Increase income support and tax credit policies.

  The recommendations delineated specific strategies including the expansion of the Earned Income Tax and Child Care Credits to allow for greater personal exemptions, development of a comprehensive income support plan, and an increase in housing and income supports for homeless families. In addition, the recommendations suggested that Congress should mandate an appraisal of federal policies affecting families and children in order to develop a baseline for assessing the impact of any potential policy change on existing programs.

Action Step 2:

- Develop policies that encourage or enforce parental financial support.

  A few recommendations addressed the need to enhance paternal contributions to family income, particularly among teenage families. Strategies for increasing fathers' fiscal responsibility included enforcing the 1984 amendments to the Child Support

Enforcement Act, or by changing welfare policies that currently appear to discourage establishing legal paternity. Some reports recommended establishing programs that link child support to education or work enforcements, including policies that implement the automatic deduction of child support payments to paychecks. Other reports highlighted policies that require parents under 18 to remain with their families of origin until they have completed high school or are economically self-sufficient, or both. With the 1996 federal welfare reform legislation, the Personal Responsibility and Work Opportunity Reconciliation Act, a number of these issues are currently being addressed.

Strategy 2: Increase Opportunities for Self-Sufficiency

Action Step 1:

- Develop self-sufficiency options for both male and female adolescents.

  Low-income families would benefit from employment options that allow for a transition from welfare programs. Strategies for facilitating economic self-sufficiency included the development of workfare and training programs with a focus on community employment opportunities. Some recommendations suggested a focus on the father's role in meeting parental obligations through non-cash contributions such as child care. The aforementioned federal Personal Responsibility and Work Opportunity Reconciliation Act has spurred the development of various programs focused on self-sufficiency. A more detailed discussion of programs for increasing self-sufficiency for adolescents is presented in Chapter 6.

Recommendation II C.

Improve Community Environments and Available Resources

Strategy 1: Strengthen the Role of Community Institutions in the Lives of Adolescents

Action Step 1:

- Increase the availability of community sites open and devoted to adolescents.

  Historically, there has been a broad understanding of the link between supporting adolescents and strengthening community institutions. These recommendations entailed strategies to formalize such links. Recommendations focused on increasing the capacity of community sites to render adolescent activities. The recommendations clearly supported the need to provide adolescents with opportunities for recreation, community education, and other community activities, with the commitment of necessary resources by school officials, churches, and community organizations.

Strategy 2: Expand the Resources and Capacity of Communities to Conduct Planning, Implementation, and Evaluation Activities

Action Step 1:

- Increase community planning for providing services to adolescents.

  As part of the effort to develop community capacity for adolescent services, the recommendations called for community-based planning and collaborative efforts that include adolescents. Needs assessment and program evaluation strategies are delineated including an ongoing assessment process tailored to individual communities and focused on community strengths, with specific measurable objectives. A broad range of adolescent issues can also be addressed by community-based coalitions established to achieve collaborative goals. Coalitions, with their diverse membership, may focus on issues ranging from adolescent health promotion to protective interventions to reduce firearm injuries and deaths.

Recommendation II D.

Encourage Understanding and Prevent Discrimination

Strategy 1: Implement Specific Anti-Discrimination Measures and Practices

Action Step 1:

- Reduce discrimination practices affecting ethnic and minority students.

  Most of the recommendations in this area focused on eliminating discrimination within the school system through changes in school policies, such as tracking practices, and by cessation of funding strategies that create inequities in the distribution of school resources. Increases in federal support can offset disparities in community tax bases, and assure that schools comprised of ethnic and minority students have access to school resources equal to those found in predominantly white schools. Reducing the prevalence of gender-related stereotyping was also recommended by encouraging community service and arts programs for adolescent boys, and sports and sciences for adolescent girls.

Action Step 2:

- Reduce discrimination practices aimed at students and adolescents with disabilities.

  Eliminating discrimination of youth with disabilities can be addressed by enforcing state and federal legislation guaranteeing their civil rights. Recommended strategies included increasing the visibility of adults with disabilities in adolescent lives, instituting hiring incentives for employers, and supporting independent living programs.

Strategy 2: Educate and Train Health Professionals and Others to be Responsive to the Needs of Diverse Adolescents

Action Step 1

- Increase the cultural competence of health providers and others working with adolescents.

  Awareness of the social, cultural, and ethnic diversity of adolescents is critical for the delivery of quality health care and other services. Recommendations focused on the importance of cultural competence training for professionals working on adolescent issues including health providers, health system administrators and policy makers, State Adolescent Health Coordinators, and teachers. Certain youth groups were specifically highlighted as the focus of training efforts, including gay and lesbian adolescents, economically disadvantaged youth, Native Americans, and migrant adolescents.

  Education efforts should encompass experiential learning methods and be integrated into the training curriculum of students in health sciences and in other professional schools. One group highlighted the need to incorporate such training into medical education with facilitation from residency review committees and program directors.

  Some recommendations suggested that cultural competency training should focus on developing both an awareness of the way diverse groups of adolescents are affected by broad policies, and an understanding of how to tailor services to the needs of local populations. One recommendation also described the importance of evaluating these training programs. While the recommendations identified the potential benefits of cultural competency training, they did not address its portability and transferability beyond professional schools, nor do they describe the need for continuing education to maintain skills.

Recommendation II E.

Reduce Exposure to Unhealthy Conditions and Behaviors Including Violence

Strategy 1: Develop Interventions that Target Environmental Conditions and Hazards

Action Step 1:

- Reduce the incidence of violence in adolescent lives.

  Violence was the most commonly cited issue in the recommendations pertaining to adolescents' environment. Recommendations addressed the need to limit adolescent access to firearms, and develop community-based violence prevention programs. Recommendations directed at community-based violence prevention programs described the composition of coalitions, and highlighted the need to target two particular groups: abused or neglected children and male adolescents living in inner

cities. In addition, it was suggested that youth be engaged in local crime prevention task forces.

The recommendations reflected a period in which relatively few intervention programs had been evaluated, making it difficult to develop conclusions and implications for policy. For example, none of the recommendations targeting firearms identified specific strategies for limiting access. Another impediment to the development of violence prevention policies is the considerable debate within society on how to respond to violence reflected in the concurrent efforts to increase punishment and reform violent offenders.

Action Step 2:

- Improve the environmental conditions of adolescents.

  Many of the recommendations recognized the necessity of developing multiple intervention approaches to be successful in reducing the dangers of negative environmental conditions, including specific strategies that incorporate law-related curriculum and mediation training in schools.

Strategy 2: Develop and Enforce Restrictions to Improve Environmental Conditions and Reduce Hazards.

Action Step 1:

- Restrict gun ownership.

  There is a clear consensus that governmental intervention is required to reduce the availability of firearms to adolescents through enforcement of existing laws and development of new regulations. Restrictive licensing measures, enforced waiting periods, background checks, and bans on several types of weapons were recommended to reduce adolescents' ability to purchase firearms. Increasing firearm ownership liability and support for restrictions that reduce the number of guns in private ownership were recommended to minimize opportunities for adolescents to gain access to firearms belonging to others. In addition, one group identified the importance of evaluating the impact of these changes.

Action Step 2:

- Restrict other environmental hazards, including alcohol and tobacco sales and other unsafe conditions.

  In an effort to focus on the environmental conditions which may allow adolescents to have access to alcohol, drugs and tobacco, recommendations included reducing parental drug use, increasing levels of adult supervision, and enforcement of laws that prevent driving under the influence of alcohol. This recommendation reflects the importance of formal laws in helping to change social norms, and conversely newly adopted norms establishing policy. A final area of recommendations pertained to assuring that adolescents have the opportunity to work in safe conditions, utilizing safe equipment at the worksite.

Summary

As reflected in this set of recommendations, the theme of improving adolescents' life environments is broadly defined to include family context, community environments and resources, and the environmental conditions that may hamper healthy development. Consistently, families and the environments they create are seen as a critical force in society shaping the experiences of adolescents. There is further recognition that the American family has undergone major transitions, due to economic and social developments, that often result in symptoms of inadequate parenting. Many of the recommendations suggest economic and social support for parents that enable them to enhance their abilities to care for their adolescents. Other recommendations recognize that social institutions have become surrogate families and that additional mentoring and after-school programs, among other strategies, will be needed to help adolescents navigate through their adolescent years.

While there is a commitment to improving the financial status of families, there is also a recognition that a number of institutions will need to work in concert to improve the life environments of adolescents. Finally, recommendations stress the need to greatly reduce environmental hazards, such as access to firearms, alcohol and tobacco, and unsafe driving conditions. Without an active, intensive, and collaborative effort to restrict access to these negative environmental conditions, adolescent health will continue to be severely compromised.

CHAPTER THREE

Policy Goal III: Increase the Role of Schools in Improving Adolescent Health

Schools play a vital role in the lives of adolescents. Increasingly, educators recognize the interrelationship of the social and health needs of their students and the impact of these needs on learning. Schools can promote and link health and education goals. In addition to their role as a bridge between adolescents and their surrounding communities, schools have the potential to facilitate access to health services, either directly through school sites or through off-site health care providers. To achieve the goal of improved service provision and coordination of care, policies are needed to integrate health and educational objectives and resources are required to enhance the ability of schools to provide on-site services or access to off-site services.

Recommendation III A.

Promote Educational Policies that Encourage Success for All Students

Strategy 1: Implement Policies and Practices that Support Adolescents' Achievement

Action Step 1:

- Give educators the time to develop individual relationships with adolescents.

  In order for this strategy to be implemented, changes in staffing practices are necessary to enable a closer, sustained relationship between students and educators. Educators need additional time to work one-on-one with troubled adolescents, form educator-student teams, and assign adult supervisors to each student.. Other recommendations focused on the role of educators in recognizing the talents of adolescents and serving as advocates for their success.

Action Step 2:

- Make learning environments more personal and flexible for adolescents.

  In order to create better learning environments, several strategies were delineated including the implementation of middle school transition programs, the creation of smaller "school within school" programs, and the placement of guidance counselors who are sensitive to cultural and social issues. Other recommendations emphasized helping employed, out-of-school students to complete their basic education, and increasing the use of work-study programs for students with strong vocational preferences or a pressing need to work. Several recommendations focused on creating an overall positive learning environment, but included no specific policies or strategies for establishing such an environment.

Action Step 3:

- Enhance learning of diverse skills.

  To enable adolescents to stay in school, in-school opportunities were recommended to help students learn useful skills such as those that aid in obtaining employment. These approaches allow work and educational pursuits to complement one another, rather than compete for adolescents' time. Suggested policies included incorporating internship programs into the school curriculum, providing credit for out-of-school learning, and guaranteeing employment for staying in school.

  Certain curriculum areas were identified that focus on building skills in the areas of cultural sensitivity, active citizenship, constructive communication, parenting, bilingual communication, and critical thinking. Chapter 6 provides a discussion of skill development specifically in the area of community work and employment skills.

Action Step 4:

- Replace educational policies that create barriers to learning.

  In an effort to reduce barriers to learning, many reports focused on eliminating academic tracking, corporal punishment and academic retention practices. Some recommendations denounced the tradition of assigning less-qualified teachers to schools with large populations of ethnic and minority adolescents. One report suggested the implementation of school choice policies to ensure that the special needs of disadvantaged students are also addressed. While there were few specific references to particular groups, Latino adolescents and educationally disadvantaged adolescents were identified as experiencing significant barriers to learning.

Action Step 5:

- Incorporate changes in the educational system to assure resource equity.

  Several recommendations pertained to implementing systemic policy change to enhance equity among schools and school districts, including the need to create equitable funding, increase accountability, and improve school management. Financing strategies entailed expanding federal support to mitigate disparities in community tax bases, and eliminating funding approaches that result in inequities in access or allocation of fiscal resources.

Strategy 2: Implement Policies that Focus on Staff Training and Development

Action Step 1:

- Train educators and other school staff to increase sensitivity and effectiveness regarding adolescents.

  The recommendations identified the need to train educators and other school staff to be sensitive and responsive when working with diverse groups of adolescents. Specific areas for training included health promotion, adolescent sexuality, working with families, and cultural sensitivity. Training was also specified for educators working with particular populations, including younger adolescents and adolescents from different cultural backgrounds.

Action Step 2:

- Increase the health-focused training of professionals.

  School health educators and school nurses should be further enlisted in the effort to improve the health of adolescents. It was recommended that the responsibilities of educators and counselors be expanded to include service coordination. However, few recommendations suggested how to provide training for school staff given their competing demands. An additional strategy identified the need to increase the numbers of health-related personnel at schools in order to provide a variety of education and health-related services.

Recommendation III B.

Link Schools with Families and With Communities

Strategy 1: Strongly Encourage Parental and Family Involvement with Schools.

Action Step 1:

- Actively engage parents in the educational process.

  Some reports recognized the importance of building on the overlapping roles of parents and schools. These reports identified the need to bring parents to the school site and involve them in the educational process, including the development and implementation of school curriculum. Recommendations also cited the need to give parents meaningful roles in school governance, provide support for learning in the home, and create mutual school and parental responsibilities suitable for working parents.

  Teenage parents were recognized as a special group requiring additional support. Several recommendations highlighted the provision of specialized educational services for adolescent parents, including mandated parent education programs and tailored child care programs.

Action Step 2:

- Increase the accessibility of schools to parents through outreach and community programs.

  In order to connect parents to schools, recommendations called for increasing the amount of contact between school personnel and parents. In an effort to decrease barriers to school involvement for parents, recommended strategies included providing free literacy programs and outreach to non-English speaking and pre-literate parents, promoting the use of school sites for community activities, and creating new opportunities for parents to volunteer within schools.

Strategy 2: Encourage Community Involvement With Schools

Action Step 1:

- Integrate school and community efforts targeting adolescents.

  Schools must be linked not only with families but also with community organizations, including social service agencies, private and public sector providers, religious organizations, local government, interested individuals and the business community.

  Recommendations described the need to establish school health service councils, ensure access to an array of services, enrich instructional and recreational programming, and provide school-related community grants.

Action Step 2:

- Establish school policies that promote adolescent and community partnerships.

  According to some reports, schools should incorporate policies that promote mentoring and community service opportunities through the provision of elective credits and increased career guidance. Other policy recommendations encouraged overlap of community and school programs by utilizing school sites for recreational and community activities, as well as community education programs. One report identified the need for resources to hire additional competent adult supervisors for physical education programs sponsored on school grounds.

Recommendation III C.

Develop Comprehensive Educational Policies that Include Health

Strategy 1: Implement Policies that Link Health and Education Goals

Action Step 1:

- Prioritize health issues within education planning.

  The reports widely recognized the role of the education system in ensuring that health issues receive priority from the state to the individual educator level. It was proposed that the relationship between health and educational priorities be articulated through a joint planning process between educators and health professionals. Educational planners and policy makers need to recognize the ties between adolescent health and academic achievement, and reflect it in their educational policies, program development, and resource allocation. Specific approaches included the development of comprehensive school health education programs and the prioritization of health promotion in curriculum development. While few specific steps were delineated regarding financial resources, one report suggested that state educational agencies should explore options for financing adolescent health education.

Action Step 2:

- Develop comprehensive health-related curriculum.

  The reports identified specific health education curriculum topics including nutrition and healthy eating, fitness testing, driver education, oral health, alcohol and drug use prevention, health promotion, injury prevention, STD/HIV prevention, avoidance of risky behaviors, and non-violent conflict resolution. The recommendations emphasized that these topics should be a part of a comprehensive K-12 health education curriculum that is developmentally appropriate and based upon scientific research and educational theory. Other health education strategies included providing academic credit for health education courses, involving health professionals in the education process, and recruiting adolescents for planning committees to ensure the relevance of educational materials. The reports offered few planning or financing strategies for the enhancement of health curricula.

Action Step 3:

- Make schools healthy environments.

  There were far fewer recommendations regarding the creation of healthy school environments. Some reports focused on health promotion activities and environmental regulations, including the assurance of nutritional school meals and daily physical activity, as well as the establishment of smoke-, drug- and violence-free schools.

Recommendation III D.

Establish School-Based Health Clinics and School-Linked Health Centers

Strategy 1: Mobilize the Community to Establish Comprehensive School-Based (SBCs) and School-Linked Health Centers (SLHCs)

Action Step 1:

- Develop a plan for the delivery of health services in school sites.

  The reports concurred that SBCs and SLHCs should be established based on a comprehensive community planning and assessment process involving community, school, and health care agency cooperation. Key participants were identified including health professionals, school officials, boards of education, business and philanthropic organizations, and government, and federal and state Secretaries of Education and Health and Human Services. Several recommendations called for government and philanthropic financing of start-up costs associated with SBCs and SLHCs, and for evaluating the effectiveness of these sites in providing specialized care, such as mental health services.

Summary

The educational system has a vital role to play in improving adolescent health. The recommendations in this chapter reflect the consensus that a broad-based expansion of school and health services may provide a critical link between adolescents and needed services, and that a successful educational experience is itself an important strategy for improving adolescent health.

Recommendations encouraged the development of a comprehensive health education and promotion curriculum, improvement in the physical school environment so that health promotion activities can be better integrated, and the provision of preventive services and screenings. School-based and school-linked services were identified as a means to overcome common barriers to the integration of education, health, and social service systems. These recommendations will require the integration of health and education goals in school planning efforts, as well as collaborative approaches in service delivery. In order to successfully develop these school services, health care and related services will need to be restructured with a focus on the sharing of information and resources among agencies.

The creation of a collaborative network of adolescents, parents, health providers, schools and community organizations will be critical in identifying health and education problems and strategies to address them. This multi-faceted approach is essential to addressing the various health, educational and social problems experienced by adolescents.

CHAPTER FOUR

Policy Goal IV: Promote Positive Adolescent Health

Fostering positive adolescent health requires that we increase opportunities for adolescents to develop healthy behavior and lifelong skills, and create programs that promote the health of adolescents. In order to make strides in these two areas, the broader societal context and adolescents' immediate environment must be considered. Current societal attitudes focus on the negative aspects of adolescence which, in turn, decrease the likelihood that adolescents will adopt healthy behaviors. Significant shifts in societal attitudes are needed to encourage adolescents to choose healthy lifestyles. Adolescent environment is also critical in determining the behavior of youth. Adolescent behavior, both positive and negative, is increasingly recognized as being shaped by external influences, including school transitions and family stability. Thus, we need to widen our focus from individual behavior to one in which both the individual and their environment are seen as having an interactive influence on lifelong skills and healthy behavior.

Recommendation IV A.

Create Adolescent-Positive Societal Norms and Commitment to Adolescent Health Issues

Strategy 1: Mobilize all Sectors of Society in Supporting Adolescent Health Promotion

Action Step 1:

- Generate public support and advocacy for adolescent health issues.

  Adolescents need to be a priority on local, state, and national policy agendas. Adolescents must have advocates to promote a more positive message and counter the widely-held negative stereotypes of this period in life. The reports suggested that adolescents are incorrectly perceived by adults as unable to choose health-enhancing lifestyles and seek health-related services.

  Prior to mounting a major advocacy effort, steps must be taken to establish broader recognition of adolescents as a vital part of the country's future and to foster an understanding of the importance of investing in them as a society. Most recommendations stressed the role of health professionals, educators and the private sector in leading this advocacy effort. Others highlighted the role of the media and entertainment industries, public officials, the religious institutions, community members, and adolescents themselves in assuring a pro-active stance in promoting adolescent health.

Action Step 2:

- Raise public consciousness about adolescent health issues.

  Efforts should be made to heighten awareness of adolescent health issues among the broader public, as well as among adolescents themselves. The recommendations described several "myths" about adolescent health, particularly those reflecting minority, gay, poor or uninsured adolescents. The reports contended that negative health problems of minority adolescents are often exaggerated, and the terms "minority", "poor", and "at-risk" are commonly equated. Only one recommendation focused on dispelling myths that adolescents have about their own health by identifying the need to eliminate adolescents' negative perceptions about oral contraceptives.

Strategy 2: Create a Supportive Environment for Promoting Adolescent Health

Action Step 1:

- Increase the role of the business sector in promoting a safe environment for adolescent health.

  The reports strongly recommended that business practices need to be changed if they are found to be harmful to adolescents. Mass media outlets such as TV, movies, magazines and music that are specifically targeted to appeal to adolescents should take responsibility for programming and adhere to a code of ethical standards. The reports also encouraged these media outlets to depict responsible sex-related conduct. A few recommendations targeted marketing and sales practices that facilitate adolescent risk-taking or use of health-endangering products. For example, the food industry was targeted to promote foods to adolescents that are healthy.

Action Step 2:

- Highlight the cost-effectiveness of adolescent health promotion programs.

  Several recommendations advised that the cost-effectiveness of adolescent programs needs to be documented, especially those programs providing health education or prevention services. Dissemination of cost-effectiveness data to policy makers was seen as an important strategy for increasing funding for prevention. However, specific recommendations were not made regarding methods for measuring cost-effectiveness of prevention programs or ways of disseminating this type of information.

Recommendation IV B.

Create Opportunities For Adolescents to Engage in Healthy Behaviors

Strategy 1: Maximize Opportunities for Adolescents to Engage in Healthy Behaviors

Action Step 1:

- Develop interventions that provide adolescents with positive choices and useful skills.

  Because risky behavior is a normal aspect of adolescent development, there is a need to develop strategies that replace risk-taking behavior with constructive outlets and opportunities to develop additional life skills. Adolescence offers a unique opportunity to develop or enhance resiliency and independent thinking skills. The reports suggested that it is critical that adolescents have both the opportunity and motivation to select positive behavior, and the skills necessary to incorporate such behavior into their lifestyle. Given the complexity of this endeavor, reinforcement is needed from the educational system, service providers, media, families, peers, and the broader society. Specific health promotion strategies included encouraging cooperative sports and fitness activities as part of after-school and summer recreation, supporting the provision of healthy nutritional choices, and promoting the importance of lifetime fitness training.

  Additional recommendations described strategies for addressing the underlying issues that could prompt adolescents to engage in risky behaviors, particularly early sexual activity and childbearing. The reports advised that counseling, special services, and age appropriate life options are needed to combat adolescent pregnancy. For those adolescents who are already parenting, the reports recommended the use of role models, social support and counseling to promote effective parenting behaviors.

  Recommendations for adolescent skill-building focused on the areas of assertiveness, decision-making, resistance to peer pressure or abusive situations, self-esteem, and employment preparation. Several recommendations targeted specific groups of adolescents, including those who are out-of-school, sexually active or considering early sexual activity, or at-risk for sexual exploitation.

Action Step 2:

- Provide information and education to adolescents to aid decision-making.

  A number of recommendations were focused on assisting adolescents in their quest to make health-related decisions and access health care. These recommendations were based on the assumption that providing information about relevant health services will promote adolescents' use of health services, including preventive services.

  The recommendations primarily addressed behavioral barriers that may impede health services utilization, and were not directed at structural changes that may improve health care access. Many recommendations identified the need to support adolescents in making decisions relating to sexual behavior, mental health problems,

and substance abuse. Given that these are some of the most challenging issues relating to adolescents seeking care and using preventive services, it is surprising that recommendations were limited primarily to information dissemination. Nonetheless, the recommendations are a departure from the established view that adolescents should learn to use existing health systems on their own, and acknowledged that adolescents need to be involved in determining the content of their own health care.

Recommendation IV C.

Promote Adolescent Health

Strategy 1: Enhance the Visibility of Adolescent Health Issues and Positive Aspects of Adolescents

Action Step 1:

- Target prevention efforts towards specific adolescent health problems.

  The recommendations noted the importance of incorporating health promotion and early intervention into existing programs. The reports called for integrating abstinence and contraceptive education in a balanced and age-appropriate manner, intervening early in mental health problems, and targeting HIV/AIDS prevention programs at adolescents living on their own. Violence prevention was also highlighted with proposals to reduce the number of adolescents carrying weapons, and implementation of early intervention programs for violent and abusive youth.

Action Step 2:

- Involve the media in reinforcing health promotion messages.

  Many of the recommendations described the importance of using media-based strategies to reinforce health promotion messages and demonstrate the consequences of high-risk behaviors. Such media strategies would be instrumental in helping adolescents better understand their own personal risk. The media can be used to discourage early parenting by portraying responsible sexual activity. For those adolescents who are already sexually active, the media can market contraception. Other recommendations appealed to the media and entertainment industries to decrease advertising for tobacco, alcohol, or other harmful substances. None of the recommendations specified how to market, distribute, or fund these efforts.

Strategy 2: Make Commitments to Adolescents and Adolescent Health Issues

Action Step 1:

- Provide broad-based health promotion and prevention programs to adolescents.

  Most of the recommendations emphasized the need for multi-level strategies focusing on health prevention and promotion, including changes in social policy, media messages, and marketing campaigns. Strategies also highlighted the need to treat adolescents as individuals, and in the context of their families, schools and communities. The reports cited the need for affordable, convenient, and culturally sensitive health promotion and prevention activities. The recommendation also highlighted the need to address quality of life issues, disease prevention, and multiple stages of life in health promotion activities.

Action Step 2:

- Enlist the support of adults who interact with adolescents.

  In order for adolescents to choose healthy lifestyles, they will need support from adults. Policies encouraging increased adult involvement in and responsibility for adolescent health are needed. The recommendations suggested that adolescents should be integrated with people of all ages, thereby reducing the tendency to marginalize adolescents' role in society. Parents and providers can advocate on behalf of adolescents and offer opportunities to involve adolescents with adult mentors, tutors or friends.

Summary

The recommendations reflect a shift in attitudes about adolescence. While adolescence has traditionally been viewed as a period dominated by turbulence, it is now being regarded as a time of opportunity, during which lifelong behavior and health-enhancing skills can be developed and maximized. Helping adolescents find a meaningful role in society has been designated as society's responsibility with help from families, communities, religious institutions, the educational system, the business sector and media.

The recommendations emphasized the importance of constructive outlets for risk-taking since it is critical to provide adolescents with the option to select positive health behaviors. In order to encourage the adoption of such behaviors, adolescents need to be taught the skills necessary to navigate the transition to adulthood, including an understanding of the consequences of high-risk behaviors so that they can assess their own personal risk and make responsible choices.

CHAPTER FIVE

Policy Goal V: Improve Adolescent Transition to Adulthood

Adolescents need to learn how to be adults; that is, to learn the expectations society holds for adults and to practice assuming adult roles. Currently, adolescents have few opportunities to meaningful interact with adults or the social institutions in which they will participate as adults. Without these experiences, the adolescent population will become increasingly disengaged from society.

There were four major recommendations directed at improving adolescents' transition to adulthood. The recommendations recognized the adolescent years as a time of investment in the development of adults. The reports suggested that society should provide the opportunities for adolescents to fully engage in their communities and to practice appropriate new skills, reflecting the development of maturity and understanding.

Recommendation V A.

Enhance Life Options

Strategy 1: Provide Adolescents with Meaningful Pathways to Educational Opportunities

Action Step 1:

- Provide options and choices for careers.

  A social contract should exist to ensure employment and other opportunities are available to adolescents who commit to hard work and persevere in their intellectual pursuits and personal goals. In particular, learning cooperation skills and gaining respect for diversity were identified as beneficial in preparing adolescents for the interactions of adulthood.

  The recommendations concurred that adolescents, particularly ethnic and minority youth, need to be encouraged to pursue academic goals and persuaded that their efforts are worthwhile and will make a difference in adulthood. Reports cited specific vocational training and college programs relating to career development and student retention.

Recommendation V B.

Create Community Involvement and Service Opportunities

Strategy 1: Actively Engage Adolescents in their Everyday Settings

Action Step 1:

- Expand school efforts to involve adolescents in their communities.

  Schools provide the most accessible institution through which to reach adolescents. The recommendations outlined the role of schools in promoting community participation and described a range of school-based programs and school-community partnerships. Many described the potential role for schools in identifying appropriate opportunities for adolescents, and engaging them in community service. Reports suggested that schools be closely linked to community programs, either by expanding community programs into school sites, or providing school credit for service participation. Other strategies characterized a synergistic relationship in recommending that community resources be used to enrich instructional programs and create after-school activities. One recommendation proposed that schools and community programs conduct ceremonies to acknowledge civic accomplishments.

Action Step 2:

- Increase community service opportunities for adolescents.

  Few communities provide adolescents with programs to help them locate community service opportunities. Expanding the network of community service programs for adolescents will require both government and private support. The reports recommended federal-level activities including development of a national youth conservation corps, and expansion of community service with financial support for local programs targeting adolescents.

  Recommendations encouraged participation of the private sector in developing a national network of organizations serving youth, and contributing to community efforts to ensure service opportunities are available to all adolescents. There was little discussion regarding the role of state and local governments in the implementation of the proposed agenda.

Action Step 3:

- Expand adolescent involvement in community programs.

  A few recommendations acknowledged the role adolescents themselves can play in generating successful community programs. The reports cited the need to engage youth advocates who can enlist their peers in community programs, and to support adolescents in developing and establishing a youth agenda.

Recommendation V C.

Create Employment Opportunities

Strategy 1: Establish Meaningful Employment Opportunities for Adolescents While They are Still in School

Action Step 1:

- Develop school-to-work programs.

  Career development and employment are important avenues for successful transition to adulthood. Important shifts in the labor market and the national economy have reduced the availability of jobs for semi- or unskilled workers, and increased the number of part-time positions which often provide inadequate income and lack health benefits. Part-time positions do not tend to offer opportunities to learn new, career-advancing skills. Employment opportunities are limited further for adolescents who do not complete high school or do not attend college.

  These broader economic forces often contribute to high unemployment rates among adolescents and young adults. Unlike many other industrialized countries, the United States does not have well-defined school-to-work transition programs that are integrated into workplace settings. Recent estimates indicate that three to eight percent of high school students are currently enrolled in employment-related programs. It is recommended that adolescents be given community employment opportunities from which they can gain transferable skills. Schools were identified as the most appropriate site for a variety of school-to-work transition programs; community-based programs for out-of-school youth are also described.

  Programs that aid in the transition from school-to-work include vocational training, apprenticeships, and school-oriented training. These programs offer job-related training in the school setting, with some links to actual workplaces. For example, the Job Corps program is the largest federal program for youth and focuses on improving the long-term employability of youth. While this program has traditionally included a vocational training component emphasizing workplace-based training, there has been a shift away from this model. As a result, program participants have fewer opportunities to test their skills on the job, and employers have limited opportunities to work with prospective employees. While substantial efforts have been made to implement more programs to meet adolescents' training needs, they continue to be inaccessible to large numbers of adolescents.

  Recommendations in this area emphasized two important components of school-to-work programs. First, internships, apprenticeships, and job placement programs should be an integral part of the school curriculum, with academic credit awarded for participation. These experiential learning opportunities should complement the academic workload. Second, career and employment issues should be addressed in the early portion of an academic curriculum to ensure that youth are given ample

opportunities to imagine themselves in a variety of potential employment positions before narrowing their choices. Career exploration activities and employment-related skill development were suggested pathways by which young adolescents can be encouraged to explore a variety of work options. Strategies for achieving these recommendations, particularly for ethnic and minority adolescents, included providing role models, educational subsidies, and advocacy by diverse members of the community, including the business sector.

Action Step 2:

- Expand employment and career opportunities for all adolescents.

  Although schools are an important institution in which employment opportunities can be facilitated, a number of recommendations were geared toward reaching out-of-school youth. Many of the strategies described for school-to-work programs are also applicable to adolescents who are out-of-school.

  Several recommendations focused on the role of businesses in hiring and training adolescents, a process that could be facilitated by business-community alliances. Employer-based strategies included changing hiring criteria to identify a broader range of promising job candidates, and increasing the availability of part-time jobs so that youth can develop employment skills.

  Federal-level recommendations included establishing joint programs between the Departments of Labor and Education to assist states and business partnerships in expanding apprenticeship and on-the job training programs, and to develop more equitable youth education and training programs aimed at reaching out-of-school youth.

Action Step 3:

- Develop mentoring opportunities for adolescents.

  Mentoring programs, in which adults serve as responsible advisors, teachers, friends or role models, were identified as a means of ensuring that every adolescent has at least one supportive adult in his or her life. Many of the recommending groups acknowledged the family as the ideal support system, but recognized that the family does not always assume that role. Schools, churches, neighborhood organizations, community agencies, sports clubs and workplaces were identified as appropriate settings in which mentors could interact with adolescents.

Recommendation V D.

Facilitate Independent Living

Strategy 1: Support Adolescents in Their Efforts to Establish Independent Living Skills

Action Step 1:

- Establish specialized programs that encourage the development of independent living skills for adolescents involved in the child welfare system.

  Most of the recommendations in this area focused on ways to change foster care experiences for adolescents, including those at risk for foster care. Providing adolescents opportunities for independent living requires system-level changes. For example, most foster care programs end at age 18, but there is increased recognition that young people may greatly benefit from a longer time period devoted to ensuring their independent living skills are fully developed. Thus, recommendations included the extension of foster care to age 21 for adolescents enrolled in educational or training programs. For out-of-home adolescents, recommendations ranged from decriminalizing running away to providing supervised transitional living services. For adolescents at risk of running away, a "safety net" of housing and counseling services were recommended. The reports also suggested that model independent living programs should be developed that focus on individual behavior.

Action Step 2:

- Improve services for adolescent parents.

  The reports described strategies enabling adolescent fathers to gain employment so they can contribute to the economic support of their children. Strategies included enhancing self-sufficiency through employment opportunities and job training. More formal and structured approaches for supporting their children were also identified, including the enforcement of child support laws. Additional recommendations emphasized the need for broader support for adolescent parents through parenting education and counseling, and the provision of housing and child care.

Summary

Many of the recommendations in this chapter highlighted the importance of providing opportunities for adolescents to explore community service and employment options. These efforts are seen as essential to their healthy development in that the enhancement of job skills and experiences will help their transition to adulthood.

The broader economic forces that contribute to high unemployment rates among adolescents and young adults will require an expansion of efforts to link adolescents both in- and out-of-school to community employment opportunities. In addition to employment skills, many adolescents need skills that will enable them to live and prosper independently as they become adults. Recommendations focus on the necessity of this investment, both to ensure long-term self-sufficiency and the health of future adults.

CHAPTER SIX

Policy Goal VI: Improve Collaborative Relationships

The final area of recommendations focused on creating links between major institutions affecting the health of adolescents. Coordination and collaboration between health, education and social service programs were considered essential for creating a more comprehensive and flexible system to serve adolescents. Interest in developing such relationships has increased substantially in the past few years based, in part, on the assumption that reduced fragmentation and increased coordination among institutions will contribute to the well-being of adolescents. However, numerous barriers exist to coordinating services on behalf of adolescents. For example, categorical funding and its associated restrictions remains one of the most formidable barriers to combining resources for implementing collaborative projects.

Funding sources fail to acknowledge that many adolescent health problems are interrelated and may overlap, thereby hampering the effectiveness of any given categorical approach. Treating adolescent health problems in a holistic manner often requires a collaborative, interdisciplinary approach. For example, because many adolescent health problems stem from behavioral and mental health issues, efforts combining physical and mental health services may be more successful. Thus, the need to combine interventions to successfully address adolescent health problems was frequently advocated.

The recommendations focused on enhancing links between services through information sharing, service coordination, and policy collaboration across various sectors concerned with adolescent health. Successful collaborations should bring together adolescents and their families, health, educational, the business sector, juvenile justice and social service professionals, as well as community-based groups.

Recommendation VI A.

Improve Government-Level Collaboration

Strategy 1: Ensure an Active Role by the Federal Government in Establishing Collaborative Models

Action Step 1:

- Increase the role of the federal government.

  While there was consensus that a strong federal role would help reduce fragmentation of services and encourage the development of new partnerships, specific strategies were less clear, particularly in the areas of resource allocation and the creation a

national policy agenda for adolescent health. Recommendations suggested increased centralization of leadership in the executive branch or Congress in order to create a federal youth policy; establishment of a new federal agency at the cabinet level or within an existing cabinet office to coordinate adolescent health efforts; creation of a strong interdepartmental, interagency or Congressional adolescent health coordinating body; and, development of a federal Office of Adolescent Health. The Office of Adolescent Health was, in fact, established within the federal Maternal and Child Health Bureau, Health Services and Resources Administration in 1995. Its role is to coordinate all adolescent health activities within the Department of Health and Human Services, and the private sector, and to support projects, conduct research, and disseminate information on adolescent health.

Other recommendations emphasized the need to increase collaboration within and across federal agencies through comprehensive child and family policies and "blended" funding streams across agencies. The reports emphasized that specific collaborative relationships should be developed at the federal level across numerous agencies within the Department of Health and Human Services, and across other departments including the Departments of Education, Justice, Housing and Urban Development, and Transportation. Since the initial recommendations were proposed, several joint efforts have been launched including the Bureau of Primary Care and the Maternal and Child Health Bureau's "Healthy Schools, Healthy Communities Initiative". Other forms of inter-government collaboration were suggested, including the integration of health and education objectives within the National Health Promotion and Disease Prevention Objectives for the Year 2000. A few recommendations concerned the assessment of activities of particular federal agencies, such as the Office of Juvenile Justice and Delinquency Prevention, to improve their overall focus in adolescent health.

Clearly, the implementation of any collaboration at the federal level will require an assessment of the potential advantages and disadvantages of such centralization. Although there was no consensus regarding specific collaborative initiatives, the reports proposed a variety of strategies that may be acceptable, including the implementation and evaluation of small-scale collaborative demonstration projects.

Action Step 2:

- Improve collaboration between federal, state, and local government.

  The recommendations delineated two types of government collaboration: developing strategies to support local collaborative efforts, and increasing the consistency of policies and programs across all levels of government.

  Local collaboration approaches included expansion of federal technical assistance to help states and communities develop coordinated and integrated services, development of state and local demonstration projects that build on federal initiatives, and creation of incentives for state and local projects to coordinate and collaborate at an administrative level.

The reports suggested that increased coordination of policies and programs across all government levels will result in improvement of existing services and allow programs to target areas of greatest need. The recommendations emphasized the importance of developing a shared vision across the government levels, and using locally-generated solutions to set priorities for broader planning. While the recommendations recognized a significant challenge in reconfiguring government strategies for supporting adolescents, the recommendations focused on the potential benefits to be gained. Two specific strategies included the development of interagency coordinating bodies through State Adolescent Health Coordinators, and the establishment of a health promotion clearinghouse to disseminate information on model programs. Much progress has been made in both these areas of recommendations.

Strategy 2: Ensure an Active Partnership Between the State and the Federal Government

Action Step 1:

- Increase the role of state government in collaboration efforts.

  States can play an important role in providing oversight, monitoring progress, and making recommendations for adolescent-related services, programs, and policies. State-specific recommendations included establishing an interagency task force with representatives from several departments, supporting local coordinating councils, granting programs greater funding flexibility, and reducing bureaucratic barriers to collaboration for state-funded programs. Other strategies included designating State Adolescent Health Coordinators to improve coordination of services, and developing state or regional strategies to facilitate dissemination about successful state-level efforts based on requisite evaluations. Few recommendations in this area addressed the impediments to state-level collaboration.

Action Step 2:

- Improve government and community collaboration.

  The importance of government-community collaboration was described in several recommendations, with a focus on developing partnerships for decision-making and priority-setting. There was considerable variation regarding the best approach for achieving these links, although most recommendations emphasized collaboration rather than coordination by a single entity. The recommendations called for community collaboration with different levels of government, including state legislatures, state and federal agencies and government-convened task forces. Common themes regarding collaboration included blended funding streams to support collaboration, especially to finance necessary infrastructure changes, and the facilitation of cross-sector collaboration through procedural changes such as intake processes.

Recommendation VI B.

Improve Public-Private Collaboration

Strategy 1: Establish Formal Links Between Government and the Private Sector

Action Step 1:

- Increase funding and other support for public-private efforts.

  Private funding was identified as crucial in initiating more collaborative and flexible programs than is possible in the public sector due to government constraints. As a result, private efforts have the potential to strengthen and stabilize the funding base for youth development organizations. Specific strategies included moving from categorical funding to core funding for programs, and enabling private funds to merge with public funds.

  The importance of building local or national partnerships and private organization networks was described in a number of recommendations. Developing a variety of school and business alliances was suggested to promote job training including parternships among schools, private industry councils, and the larger community.

  Several areas were identified as needing increased funding including collaborative efforts among youth organizations, professional development of youth workers, program evaluation, and replication of model programs. Few mechanisms to develop these funds were described, although one recommendation suggested developing local education funds or creating foundations to provide local grants.

Recommendation VI C.

Improve Community-Level Collaboration

Strategy 1: Expand Inter-Agency Efforts Toward Improved Service Coordination

Action Step 1:

- Increase community-level coordination efforts.

  The reports identified a number of key elements of community-level collaboration including the development of local advisory groups or community councils, the involvement of various community institutions, and the creation of neighborhood initiatives tailored to specific adolescent problems. The recommendations called for state funds to support community collaborative projects, and the development of a results-based accountability system. Priority was also placed on incorporating flexibility into planning efforts.

  Some recommendations encouraged schools to link with other institutions, such as health and mental health service organizations, to address specific problem areas

faced by adolescents. Others described collaborative planning efforts in which priorities are determined by community members, not professionals.

Community collaboratives are developed to bring groups together to either establish priorities, or to address a specific pre-defined problem. Each approach harbors its own challenges. The first approach could prove difficult for groups with overlapping goals. The second approach might require more time to establish respect and trust among group members not included in a consensus effort to define and prioritize problems.

There was a general consensus that collaboration works only if it is embraced by all members of a community, including neighborhood residents, adolescents, families, school representatives, public health officials, hospital staff, civic and business leaders, and health and social service agencies. Other local groups and institutions that could participate include mental health agencies, national youth development agencies, community-based organization, adult service clubs, sports organizations, religious organizations, local museums, libraries, parks and recreation departments, the judicial system, cultural groups, children's advocacy groups, higher education institutions, and business organizations.

Recommendation VI D.

Improve Inter- and Intra-Professional Level Collaboration

Strategy 1: Expand Staff Training to Assure Improved Service Collaboration

Action Step 1:

- Provide professional opportunities for collaboration.

  In order to develop intra-professional collaborative relationships, professionals need training to understand how collaborations work. Professionals also need flexibility within their work schedules and support from their employers to pursue collaborative relationships. The recommendations also described the importance of establishing professional contacts that can be nurtured over time.

  The recommendations did not address the barriers of turf issues, competition for funds, and professional distrust, which can limit collaborative efforts. The reports did recognize the need to share information while retaining confidentiality, ensure sufficient time for collaborative activities within work plans, and develop strategies to overcome administrative barriers to collaboration.

Summary

The policy goals of coordination and collaboration across different levels of government, communities, and the private sector are interwoven throughout this chapter. Recommendations reflected a variety of ways to institute such concepts, from efforts that focus on improving information sharing and service coordination, to establishing collaborative policies across many sectors concerned with adolescent health. Each of the sectors, including community members, health and social service professionals, government, community-based and philanthropic organizations, and businesses, plays an important role in establishing priorities.

Because collaborative efforts are relatively new, there is limited evidence to support the idea that they lead to improved outcomes, thereby making it difficult for the recommending groups to identify critical components to incorporate into policy planning efforts. In order to develop successful collaboratives, a number of barriers need to be overcome including categorical funding and insufficient resource allocation, disagreement within and across disciplines on the most critical adolescent health issues, lack of trust among diverse participants with different agendas, and inherent disincentives for participation in collaborative efforts.

Although there was general agreement that coordination and collaboration are desirable, there was no consensus on how these relationships can best be established. Recommendations focused on the value of participatory planning as a means for overcoming various barriers and developing common agendas. Whether collaboration occurs at the local level or across federal and state government levels, similar issues must be addressed regarding the most appropriate method for bringing different sectors together, the establishment of governance or shared decision-making, and the development and maintenance of trust. Finally, given our limited resources, it will be critical to evaluate collaboration and coordination, especially in relation to improving adolescent health outcomes.

CHAPTER SEVEN

Cross-Cutting Themes and Current Trends

This analysis of policy recommendations has provided a framework encompassing six major adolescent health policy goals. In this chapter, we describe the cross-cutting themes that emerged from the recommendations. These themes, reflecting areas of agreement among the recommendations, can be used to determine necessary steps to improve the health of adolescents. The chapter also delineates the barriers to implementing the policy recommendations, and identifies the new trends that will affect future efforts in the field of adolescent health.

I. Cross-Cutting Themes

Six cross-cutting themes provide the foundation for planning and implementing national, state and local programs and policies.

Cross-Cutting Theme 1.

- A systemic approach to prioritizing the health and well-being of adolescents is needed on a national level.

While this policy analysis can help mobilize various sectors to improve adolescent health, a number of impediments preclude us from establishing consensus on national goals and priorities. Consensus-building at the national level is formidable for a number of reasons. First, our society is ambivalent about adolescents and the role that government should play in their lives. Society has strong preference for families to take the lead in guiding the development of the next generation of adults, yet parents are often not equipped with the knowledge, skills and support systems needed to raise their adolescents. Although the sanctity of the family and the freedom of the individual are inherent in much of our current policy agenda, society carries the burden of costs when health-damaging behaviors have effects beyond adolescents and their families.

Second, the significant controversy surrounding health-compromising behaviors initiated during adolescence precludes consensus on many major health issues facing adolescents. Although this lack of consensus has limited the impact of many adolescent health policies, successes have been recognized in some areas including reduced rates of drinking and driving, and increased condom use. These promising results are likely due to sound fiscal backing, acceptability of the strategies in improving health outcomes, and uniform policies that encourage new norms.

Third, adolescents, their families, advocates, and professionals face a fundamental challenge: the need to increase society's commitment to its young people. Advocacy on behalf of adolescents is recognized as an important tool to help focus attention on adolescent issues. However, advocacy alone does not readily translate to changes in societal attitudes.

Fourth, the traditional policy approach to the funding of programs is no longer appropriate with its emphasis on short-term, categorical funding. This policy approach

is often reactive to the "issue of the moment" and not focused on prevention. Health, social and educational problems often require long-term investment, rather than episodic responses. Rather than investing in prevention, policy makers concentrate their resources on secondary and tertiary interventions where long-term success on prevention of the underlying problems is more difficult to achieve. Although relatively untested, an important tactic may be to evaluate the cost-effectiveness of investing in preventive care for adolescents. Methods for financing preventive services were not included in the recommendations, although such mechanisms are needed.

Finally, many important changes have occurred in the environment since most of the recommendations were made, including the growing presence of managed care, welfare reform, demographic shifts among adolescents, system-wide collaborations, and the rapid expansion of technology. Many of the recommendations were developed at a time when the role of the federal government featured prominently in creating national standards and establishing consistent policies throughout the country. However, the political agenda currently emphasizes the role of state, county, and local government in making policy decisions that affect communities. Strong partnerships are needed at all levels of government, and between the private and public sectors. Consensus is necessary to develop and implement an agenda aimed at improving the lives of young people, wherever the base of decision-making.

Cross-Cutting Theme 2.

- System coordination to reduce fragmentation and maximize existing resources at the local, state and federal levels is necessary.

The reports highlighted the degree of fragmentation at the service delivery level that is faced by adolescents, their families and service providers. Creating effective linkages was often suggested as a means to address this problem, with inter-agency collaboration recommended as the most viable approach. Recommendations in each of the six policy goals called for improvements in system coordination within each level of government, and across the federal, state and local levels.

Since the recommendations were initially proposed, collaborative efforts have emerged at the national, state, and local levels bringing together programs and agencies in an attempt to make systems more responsive to adolescents and their families. Recognizing the need for holistic approaches to the psychosocial and health needs of adolescents, providers and funders are collaborating in an effort to integrate physical and mental health services with other adolescent services. In a period of diminishing resources, collaboration is also a means of more efficiently providing care.

Some collaboration has been the result of the transition to state block grants, while other efforts have been socially engineered by funders requiring evidence of collaboration for their initiatives. At the local level, collaboration is beginning to emerge due to the movement toward decentralization and local decision-making. Local agencies are also recognizing that increasingly complex adolescent health problems cannot be solved in isolation. Communities need technical assistance and consultation to support the implementation of local efforts, and help in coordinating their activities with state

and national initiatives. Such guidance would help to assure adolescents receive fair consideration in local policy formulation and resource allocation. As part of this process, communities will need to assess their strengths and weaknesses, and establish priorities for local action in concert with state and national efforts.

While collaboration has become more prevalent, there is limited evidence and scant research regarding their effectiveness in improving the health status of adolescents. Although evaluation of collaborative efforts was suggested in the recommendations, specific outcomes were not defined, and the importance of integrating evaluation into program planning was not recognized. It has been suggested that, at a minimum, collaborations require time to create the necessary level of trust among agencies, and to develop a common set of priorities and joint endeavors. Neither the challenges inherent in establishing links between the health, education, social services and judicial sectors, nor the role of government in facilitating the process were addressed in the recommendations. Other barriers to collaboration included categorical funding constraints, varying systems of accountability and reporting, and inconsistent eligibility requirements. Many collaborations are also limited in that they represent volunteer efforts and are not well-staffed or financially supported. Despite these limitations, the recommendations reflect an understanding that collaboration is required to create joint efforts that decrease existing fragmentation, maximize resources, and create opportunity for system change.

Cross-Cutting Theme 3.

- Effective use of resources is recommended through blending existing funding mechanisms, integrating services to help maximize existing funding, and developing additional, sustainable funding to meet major gaps in the field of adolescent health.

Several recommendations called for the development and funding of new initiatives for adolescents, but few focused on the issues of program sustainability and fiscal accountability. The absence of long-term financing recommendations may reflect the lack of emphasis on long-term fiscal sustainability as an element of program planning. The current policy-making climate is focused on maintaining existing programs, finding evidence to support new initiatives, and providing necessary services with fewer resources.

At a time when the adolescent population is increasing and their health and social needs continue to grow, it is particularly difficult to close the gaps in service delivery so that adolescents receive the care they need. Although the recommendations described the importance of mental health, substance abuse treatment, and support services for parents, few discussed sources of financing for these services. Ironically, the traditional system of health care may have produced fragmentation and potential duplication of services, but it also provided a number of pathways for adolescents to access the health care system. With the move toward consolidation of health services, the multiple entry points into the health care system are likely to be reduced.

Service integration was identified in a number of reports as a key strategy to ensuring that there are no gaps in the delivery of services to adolescents. The reports

also suggested that financing will need to be developed to support service integration. Considerable state and federal involvement will be needed to integrate services and develop more streamlined financing strategies since each funding source has its own reporting and eligibility requirements, as well as systems for accountability. However, the potential effectiveness of integrating services to maximize resources and improve adolescent health has not been fully tested. Decategorization of federal and state programs is seen as an important component of service integration, but the recommendations provide little discussion on how to ensure accountability. The recent emphasis on health care outcomes in defining quality service delivery will continue to contribute to the evaluation efforts of service integration approaches.

Cross-Cutting Theme 4.

- A greater programmatic focus on primary prevention and early intervention, which is substantiated and shaped by rigorous research, is needed.

The existing system of care for adolescents is characterized by its focus on secondary care, rather than primary prevention. Although the interaction of physical and mental health needs for adolescents is increasingly recognized, there is limited research demonstrating the utility of providing counseling or anticipatory guidance services as part of the medical visit. As the health care system shifts to managed care and cost-consciousness moves to the forefront, advocates will need additional research to support the inclusion of preventive services. Current evaluations of clinical preventive services will demonstrate whether they, in fact, contribute to the overall well-being of adolescents.

Little emphasis has been placed on the content and quality of services provided to adolescents, particularly in the area of primary prevention. Many of the recommendations pertained to adolescents whose problems extend beyond standard medical morbidities, and reflect complex behavioral, social and economic conditions. It is assumed that once adolescents gain access, the system of care is responsive to their problems. Yet, far too few professionals are trained in adolescent health, and most providers are not equipped to address the complex physical and psychosocial needs of adolescents. Limited strategies have been developed to enable trained providers to use their skills. The availability of financial mechanisms must be considered to compensate providers for the additional time required to provide both preventive and counseling services as part of an integrated system of care. Given the short length of time for most office visits, incorporating clinical preventive services remains a challenge rather than a reality.

The recommendations did not address how to achieve continuity of care, or how to ensure that greater numbers of adolescents will have access to comprehensive health and social services, including preventive services. Adolescents' independent access to insurance coverage is not adequately discussed in the recommendations. Independence and the associated need for confidential care are likely to play a substantial role in the use of preventive services by adolescents, particularly services involving mental health, substance abuse, and screening for sexually transmitted diseases.

The preventive and primary health care needs of the millions of uninsured adolescents must also be considered. The 1997 federal legislation for the State Child Health

Insurance Program (SCHIP) will provide health insurance to approximately 5 million uninsured children and adolescents, but there will still be millions of children without coverage.

Many of these recommendations were developed when managed care was not a significant force in the delivery of health care. As the health care system undergoes a major shift to managed care, the barriers to care for adolescents are changing. Many managed care organizations are attempting to offer an integrated system with a strong focus on preventive and primary care. The challenge may be in assuring that adolescents actually receive the care they are entitled to as part of their benefit packages, especially because they have traditionally been an underserved population.

Although it is too early to ascertain the long term effects of managed care, baseline information on the current use of managed care by adolescents would be useful as a guide to ensuring that the system is responsive to adolescent health needs. Managed care organizations need to recognize the importance of investment in the adolescent population. Behaviors initiated during adolescence (e.g., use of tobacco, alcohol, and other substances) may have costly effects when an adolescent reaches adulthood. Often, adolescents do not remain with their family's managed care plan into early adulthood. As a result, managed care organizations have less economic incentive to address morbidities that occur during the adolescent years because they are not faced with the financial burden resulting from the long-term consequences of these preventable problems. In the absence of any financial benefit, other incentives are needed to encourage managed care organizations to provide adolescents with preventive services, including health education and guided counseling, aimed at long-term outcomes.

Cross-Cutting Theme 5.

- Increase the role of families and other adults who play a critical role in the lives of young people, and who should be supported in their efforts to help adolescents successfully make the transition through and beyond adolescence.

One of the most common themes throughout the recommendations was the importance of families in creating environments in which adolescents receive emotional, social, and economic support. Families often represent the first line of defense in helping adolescents navigate through a maze of complex social, health, and education systems. Strong families can place value on timely and appropriate medical care, assure access to care through insurance coverage, and aid in a smooth transition from adolescence to adulthood.

The recommendations emphasized that adolescents require a balance between personal autonomy and independence, and the need to engage families in their lives. Most adolescents need parents and other adults to provide guidance and support. As we recognize the lengthening of the adolescent stage of development, including the greater emphasis on education and delays in gaining entry into adulthood, more preparation is necessary to manage the responsibilities of adulthood. Adolescents need activities to help channel their free time in socially meaningful ways and involve them with adults and their communities.

The recommendations recognized that many families face a number of economic, social, and environmental stresses placing them in jeopardy of fulfilling their expected

roles. In particular, the demands of the workplace can place considerable limitations on parents' ability to spend quality time with their children. For example, at a time when increased numbers of women have joined the labor force, few efforts have focused on providing alternatives for the supervision of adolescents. Increased workloads place additional burdens on families, making them even less available to their children. The recommendations did not address the need for flexible policies in the workplace, or how to raise consciousness on this issue at the national policy level. Although some businesses have made efforts to increase workplace flexibility allowing parents to be more accessible to their adolescents, the majority of employees do not have these benefits.

Family commitment to adolescents was repeatedly described as an important and desirable concept, yet no mechanisms or policy options were delineated for helping to change societal standards for appropriate parenting. This is, in part, due to our society's view that government involvement or intervention in family life is considered to be an intrusion into the privacy and responsibilities of the family. In an effort to both respect this traditional approach and be cognizant of difficulties and challenges facing parents, the recommendations focused on treating the symptoms of inadequate parenting through intensive support programs, rather than on prevention efforts.

Cross-Cutting Theme 6.

- A systemic approach to build a national policy on adolescents is needed.

A review of the more than 1,000 recommendations and strategies confirmed that a comprehensive Adolescent Health Policy has not been articulated. It may not even be feasible to establish such a policy on a national level, where there is no comprehensive public policy for health. Even if all of these adolescent health recommendations were utilized, a comprehensive policy would be unlikely to materialize due to the lack of consensus, political will and commitment to develop a national policy. Instead, existing adolescent health policy is comprised of a myriad of health, education, social service, and judicial programs and funding streams that have been developed in response to specific issues.

Currently, special funding is likely to be made available if problems are perceived as serious and widespread, or are championed by advocates and policy makers. Creating a program to address an identified problem is expected to eliminate the problem. Many of these current funding efforts treat adolescent health problems in a fractionalized manner, with limited recognition of the overlap of problems, the link between physical and mental health for adolescents, and the underlying causes contributing to health problems.

At a programmatic level, this type of issue-specific funding results in fragmentation among numerous programs that are focused on specific problems, and not coordinated or provided in a comprehensive manner with other programs. For example, adolescents often receive inconsistent and disconnected prevention messages from different sources that can be confusing and do little to increase compliance. At a policy-making level, this funding approach allows bureaucrats to focus on their individual causes rather than having to embrace a more comprehensive approach. A final limitation of the issue-specific funding approach occurs when funding is provided only after the problem has

manifested itself, too late to implement potentially valuable preventive efforts. For example, in the area of youth violence, more policy formulation occurs in the area of "treatment" of violence through such strategies as building more juvenile justice prisons. These strategies stand in contrast to broader primary prevention and early intervention efforts that focus on reducing violence as part of a broader adolescent policy framework. While fewer funds are directed at primary prevention, significant exceptions include national efforts aimed at preventing adolescent substance use, pregnancy, and HIV/AIDS.

As reflected in the recommendations, the concept of adolescent health has evolved in recent years. While adolescent health was once characterized as a single dimension, there is now an increased awareness of the multiple and complex factors contributing to adolescent health status. Adolescent health problems cannot be blamed solely on adolescents as they are greatly affected by major environmental forces. We now acknowledge that both physical and mental health must be addressed within the broader social and cultural context of an adolescent's life. However, too few initiatives have addressed the issues of income distribution, poor educational experiences, and limited job opportunities.

With this shift away from treating adolescent health as a single dimension, there is a recognition that complex problems require multiple strategies tailored to specific subgroups of adolescents. There is an inherent dilemma in this tailored intervention approach: increasingly limited resources require a balance between approaches that reach all adolescents, versus those focusing only on special populations. Moreover, there is an increased understanding that the type of intervention needed by adolescents must expand beyond providing health education information and increasing access to care. Efforts must also focus on increasing motivation and skill development for the adolescent.

Recognizing the complexity of establishing a comprehensive adolescent health policy does not preclude the need to simultaneously work on multiple fronts. Society's approach to improving adolescent health requires the involvement of multiple service delivery sectors, not merely the health profession. As reflected in the findings of this policy analysis, the six broad themes can help guide the establishment of policy priorities. Different constituent groups, including schools, the business sector, and various community groups, have distinct roles in implementing a common agenda across the aforementioned themes. With a unified front, diverse groups can also gain greater political presence to help ensure a stronger focus on adolescent health. The challenge remains to ensure that each sector recognizes the importance of its involvement and accept its social responsibility in improving the health of adolescents.

II. Community-Level Barriers to Implementing Recommendations

Our analysis of the policy recommendations is intended to provide a framework that can help move the adolescent health field forward. There are two community-level barriers that must be understood and addressed for implementation of the recommendations. First, the recommendations rarely propose how to build the level of community consensus necessary to advocate change. Community consensus is particularly important given competing demands for limited resources and the relatively low priority placed on adolescent issues. Many communities need technical assistance and consultation to reach consensus on their most pressing adolescent issues. Further efforts are required to help decrease the isolation of communities, actively engage a broad array of community members in the process, and build on the assets of the community and its youth.

The second challenge is to define steps needed for the planning and implementation of the proposed recommendations. Little guidance is provided to help communities employ strategies tailored to their needs and level of resources, yet they are expected to develop their own action steps and use local resources. Although some communities have been successful in their efforts, most lack the necessary skills and expertise, especially when priorities are not defined. Communities need information, training and technical assistance and models for planning and implementation in order to develop strategies for addressing their adolescent health problems.

III. Current Trends

Significant changes in social, political and economic environments have occurred since most of the recommendations were proposed. The following trends will likely have a significant impact on the implementation of any of the recommendations.

- Managed care will continue to grow throughout the country, affecting the health care available to adolescents. Health care providers employed by managed care organizations will have more time constraints, and be less able to pursue the types of collaborative relationships and partnerships seen as important to providing comprehensive health care for adolescents. As the potential cost-effectiveness of investing in adolescent health becomes increasingly apparent, managed care organizations have the opportunity to play a leading role in this arena.

- Communities will need to develop individually tailored services that are both comprehensive and intensive. Flexible and accountable financing mechanisms that support such interventions should be established. The eligibility requirements characteristic of categorical funding streams have often prevented communities from developing the types of multi-faceted interventions that are needed. Developing comprehensive interventions for adolescents requires multiple components meeting the health, social, and educational needs of adolescents and their families. A variety of "wrap-around" services are necessary, including case management, tutoring, and mentoring programs that bridge existing gaps in delivery systems.

- An increasing shift from federal to state and local levels is occurring in political and fiscal decision-making, especially in the areas of welfare reform and child health insurance. As a result, concerns about inconsistencies and lack of standards across the country will move to the forefront, and local resources will be drawn upon in greater proportion. Establishing local control and increasing community involvement will likely emerge as a high priority.

- Significant growth in the adolescent population will affect available resources. An important demographic change will be a major increase in the number of adolescents living in this country, particularly adolescents representing diverse ethnic and racial groups. In spite of this increase in absolute numbers of adolescents, they will continue to represent a smaller percentage of the overall population due to the aging of the "baby boomers" and increased life expectancy.

- Training and other educational opportunities for adolescents are becoming increasingly important, especially in light of advancing technology. All sectors of the adolescent population need access to technology in order to avoid a two-tier system in which technological advantages are available only for certain groups.

These trends, as well as the aforementioned cross-cutting themes, will need to be considered as communities establish their priorities in the area of adolescent health.

IV. Final Thoughts

The previous decade firmly established the need to focus on adolescents as a unique population. In our dramatically changing social, cultural and policy landscape, evaluation will be necessary to assess the effectiveness of what policies and programs work in meeting the needs of adolescents. Evaluation results are necessary to ensure effective and judicious spending of limited resources.

While we are often quick to blame adolescents for a variety of problems, we rarely acknowledge that adolescents' behaviors reflect adult values. New efforts must consider the increasingly complex social problems affecting youth. Investment in communities will facilitate local decision-making, and increase our knowledge of effective interventions for different groups of adolescents. Integrating and engaging adolescents in these endeavors will be essential.

Ensuring the healthy growth and development of adolescents requires the commitment of all institutions that affect youth. We must respond to growing cynicism that little can be done about the issues facing adolescents. We also must consider how our country's political will expedites or impedes our efforts to improve adolescent health. Families, schools, health providers, community organizations, the business sector and the media must work together to launch young people on the course to a successful and fulfilling adulthood. The strengths and shortcomings of adolescents, families, and communities must be acknowledged. We need to find ways to build on strengths to develop viable solutions to the problems faced by adolescents and our country.

As we approach the turn of the century, we find ourselves at an important crossroads in our efforts to promote health and prevent social problems among adolescents. In the absence of a national policy for children and youth, it is likely that a variety of coordinated and comprehensive approaches at the local, state and national levels will be needed to resolve the complex issues that face both the adolescent population and our entire society. Our public policies need to support these integrated, coordinated approaches through alliances of various service delivery sectors, and adolescents, families and communities.

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APPENDIX 1

Improving Adolescent Health: An Analysis and Synthesis of Health Policy Recommendations

Outline of Policy Goals and Recommendations

Policy Goal I: Improve Access to Health Care for Adolescents

Recommendation I A: Assure the Delivery of High Quality Services

Strategy 1: Improve Training in Adolescent Health
- *Action Step 1: Provide training for health care providers working with adolescent clients*
- *Action Step 2: Target training efforts towards specific health problems*
- *Action Step 3: Increase the number of racially and ethnically diverse professionals working with adolescents*

Strategy 2: Improve the Workforce Distribution for Providing Adolescent-Related Services
- *Action Step 1: Expand the type and number of trained health care professionals providing care to adolescents*
- *Action Step 2: Improve the geographic distribution of health care providers caring for adolescents*

Strategy 3: Enhance Coordination and Support for Adolescent Health Services
- *Action Step 1: Develop practice guidelines and quality assurance measures.*
- *Action Step 2: Expand funding for adolescent health services*
- *Action Step 3: Change financing strategies for adolescent health services*
- *Action Step 4: Integrate and coordinate adolescent health services*

Recommendation I B: Provide Adolescents Access to Comprehensive Health Services

Strategy 1: Ensure Appropriate Services are Readily Available
- *Action Step 1: Assure that all adolescents have access to appropriate services*
- *Action Step 2: Specialized care is needed for adolescents who are pregnant or parenting*
- *Action Step 3: Create tailored services and enhance existing services for special adolescent populations*

Strategy 2: Develop Approaches to Overcome Adolescents' Barriers to Access
- *Action Step 1: Provide special tailored outreach services to adolescents*
- *Action Step 2: Integrate outreach and follow-up services to enhance service delivery*
- *Action Step 3: Increase funding for outreach and follow-up services*
- *Action Step 4: Improve accessibility of health care settings*

Recommendation I C: Improve Financial Access to Comprehensive Health Services

Strategy 1: Improve Existing Health Coverage of Adolescents
Action Step 1: Assure health insurance coverage for adolescents
Action Step 2: Expand Medicaid eligibility for adolescents
Strategy 2: Expand Insurance Coverage for Adolescents Beyond Existing Parameters
Action Step 1: Expand insurance coverage for prevention services

Recommendation I D: Ensure the Legal Right to Health Care and Confidentiality

Strategy 1: Improve Legal Access to Health Services for Adolescents
Action Step 1: Protect legal access to care
Action Step 2: Expand the role of providers in ensuring legal access to services

Strategy 2: Ensure Legal Protection of Confidential Care
Action Step 1: Protect the confidentiality of adolescents seeking care for sensitive services
Action Step 2: Expand the role of providers in ensuring confidentiality of care for adolescents

Recommendation I E: Provide Adolescent-Focused and Adolescent-Acceptable Health Services

Strategy 1: Make Health Care Delivery More Personal and Engaging for Adolescents
Action Step 1: Involve adolescents directly in the planning and delivery of health services
Action Step 2: Provide services that focus on adolescents' needs

Policy Goal II: Improve Adolescent Environments

Recommendation II A: Strengthen, Support and Preserve Families

Strategy 1: Adopt a Broad-Based Commitment to Families with Adolescents
Action Step 1: Establish community and societal policies that support families and communities that care for adolescents
Action Step 2: Encourage families to create a supportive environment for adolescents

Strategy 2: Establish Policies to Strengthen and Support Families
Action Step 1: Change workplace policies to make them more responsive to family needs
Action Step 2: Develop family-centered services to keep families intact

Recommendation II B: Improve the Social and Economic Conditions of Families

Strategy 1: Develop Income Support Policies for Families
Action Step 1: Increase income support and tax credit policies
Action Step 2: Develop policies that encourage or enforce parental financial support

Strategy 2: Increase Opportunities for Self-Sufficiency
Action Step 1: Develop self-sufficiency options for both male and female adolescents

Recommendation IIC: Improve Community Environments and Available Resources

Strategy 1: Strengthen the Role of Community Institutions in the Lives of Adolescents
Action Step 1: Increase the availability of community sites open and devoted to adolescents

Strategy 2: Expand the Resources and Capacity of Communities to Conduct Planning, Implementation and Evaluation Activities
Action Step 1: Increase community planning for providing services to adolescents

Recommendation IID: Encourage Understanding and Prevent Discrimination

Strategy 1: Implement Specific Anti-Discrimination Measures and Practices
Action Step 1: Reduce discrimination practices affecting ethnic and minority students
Action Step 2: Reduce discrimination practices aimed at students and adolescents with disabilities

Strategy 2: Educate and Train Health Professionals and Others to be Responsive to the Needs of Diverse Adolescents
Action Step 1: Increase the cultural competence of health providers and others working with adolescents

Recommendation II E: Reduce Exposure to Unhealthy Conditions and Behaviors Including Violence

Strategy 1: Develop Interventions that Target Environmental Conditions
Action Step 1: Reduce the incidence of violence in adolescent lives
Action Step 2: Improve the environmental conditions of adolescents

Strategy 2: Develop and Enforce Restrictions to Improve Environmental Conditions and Reduce Hazards
Action Step 1: Restrict gun ownership
Action Step 2:Restrict other environmental hazards, including alcohol and tobacco sales and other unsafe conditions

Policy Goal III:
Increase the Role of Schools in Improving Adolescent Health

Recommendation III A: Promote Educational Policies that Encourage Success for All Students

Strategy 1: Implement Policies and Practices that Support Adolescents' Achievement
- *Action Step 1: Give educators the time to develop individual relationships with adolescents*
- *Action Step 2: Make learning environments more personal and flexible for adolescents*
- *Action Step 3: Enhance learning of diverse skills*
- *Action Step 4: Replace educational policies that create barriers to learning*
- *Action Step 5: Incorporate changes in the educational systems to assure resource equity*

Strategy 2: Implement Policies that Focus on Staff Training and Development
- *Action Step 1: Train educators and other school staff to increase sensitivity and effectiveness regarding adolescents*
- *Action Step 2: Increase the health-focused training of professionals*

Recommendation III B: Link Schools with Families and with Communities

Strategy 1: Strongly Encourage Parental and Family Involvement with Schools
- *Action Step 1: Actively engage parents in the educational process*
- *Action Step 2: Increase the accessibility of schools to parents through outreach to and community programs*

Strategy 2: Encourage Community Involvement with Schools
- *Action Step 1: Integrate school and community efforts targeting adolescents*
- *Action Step 2: Establish school policies that promote adolescent and community partnerships*

Recommendation III C: Develop Comprehensive Educational Policies that Include Health

Strategy 1: Implement Policies that Link Health and Education Goals
- *Action Step 1: Prioritize health issues within education planning*
- *Action Step 2: Develop comprehensive health-related curriculum*
- *Action Step 3:Make schools healthy environments*

Recommendation III D: Establish School-Based Health Clinics and School-Linked Health Centers

Strategy 1: Mobilize the Community to Establish Comprehensive School-Based (SBCs) and School-Linked Health Centers (SLHCs)
- *Action Step 1: Develop a plan for the delivery of health services in school sites*

Policy Goal IV:
Promote Positive Adolescent Health

Recommendation IV A: Create Adolescent-Positive Societal Norms and Commitment to Issues

Strategy 1: Mobilize all Sectors of Society in Supporting Adolescent Health Promotion
Action Step 1: Generate public support and advocacy for adolescent health issues
Action Step 2: Raise public consciousness about adolescent health issues

Strategy 2: Create a Supportive Environment for Promoting Adolescent Health
Action Step 1: Increase the role of the business sector in promoting a safe environment for adolescent health
Action Step 2: Highlight the cost-effectiveness of adolescent health promotion programs

Recommendation IV B: Create Opportunities for Adolescents to Engage in Healthy Behaviors

Strategy 1: Maximize Opportunities for Adolescents to Engage in Health Behaviors
Action Step 1: Develop interventions that provide adolescents with positive choices and useful skills
Action Step 2: Provide information and education to adolescents to aid decision-making

Recommendation IV C: Promote Adolescent Health

Strategy 1: Enhance the Visibility of Adolescent Health Issues and Positive Aspects of Adolescents
Action Step 1: Target prevention efforts towards specific adolescent health problems
Action Step 2:Involve the media in reinforcing health promotion messages

Strategy 2: Make Commitments to Adolescents and Adolescent Health Issues
Action Step 1: Provide broad-based health promotion and prevention programs to adolescents
Action Step 2:Enlist the support of adults who interact with adolescents

Policy Goal V:
Improve Adolescent Transition to Adulthood

Recommendation V A: Enhance Life Options

Strategy 1: Provide Adolescents with Meaningful Pathways to Educational Opportunities
Action Step 1: Provide options and choices for careers

Recommendation V B: Create Community Involvement and Service Opportunities

Strategy 1: Actively Engage Adolescents in their Everyday Settings
Action Step 1:Expand school efforts to involve adolescents in their communities
Action Step 2: Increase community service opportunities for adolescents
Action Step 3: Expand adolescent involvement in community programs

Recommendation V C: Create Employment Opportunities

Strategy 1: Establish Meaningful Employment Opportunities for Adolescents While They are Still in School
Action Step 1: Develop school-to-work programs
Action Step 2:Expand employment and career opportunities for all adolescents
Action Step 3: Develop mentoring opportunities for adolescents

Recommendation V D: Facilitate Independent Living

Strategy 1: Support Adolescents in Their Efforts to Establish Independent Living Skills
Action Step 1: Establish specialized programs that encourage the development of independent living skills for adolescents involved in the child welfare system
Action Step 2: Improve services for adolescent parents

Policy Goal VI:
Improve Collaborative Relationships

Recommendation VI A: Improve Government-Level Collaboration

Strategy 1: Ensure an Active Role by the Federal Government in Establishing Collaborative Models
Action Step 1: Increase the role of the federal government
Action Step 2:Improve collaboration between federal, state and local government

Strategy 2: Ensure an Active Partnership Between the State and the Federal Government
Action Step 1: Increase the role of state government
Action Step 2: Improve government and community collaboration

Recommendation VI B: Improve Public-Private Collaboration

Strategy 1: Establish Formal Links Between Government and the Private Sector

Action Step 1: Increase funding and other support for public-private efforts

Recommendation VI C: Improve Community-Level Collaboration

Strategy 1: Expand Inter-Agency Efforts Toward Improved Service Coordination

Action Step 1: Increase community-level coordination efforts

Recommendation VI D: Improve Inter- and Intra-Professional Level Collaboration

Strategy 1: Expand Staff Training to Assure Improved Service Collaboration

Action Step 1: Provide professional opportunities for collaboration

Notes