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**Healthy People 2020 Webinar**
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OPERATOR:  Good afternoon, and thank you for registering for the webinar on

adolescent health.  You are not in listen only mode.  We are now going to

make three documents available for download, including the slides, a list

of the Healthy People 2020 Adolescent Health Objectives, and the list of

the draft Adolescent and Young Health Core Indicators.

To download any or all of these materials, please first select them from the

pop-up window now on the screen, and then select download.

I would now like to introduce Cherie Gray, a public health analyst in the

Center for Disease Control and Preventions, Division of Adolescent and

School Health, who will moderate today's webinar.  Cherie, please go

ahead.

CHERIE GRAY:  Good afternoon, and welcome to the second in the Health

People 2020 webinar series.  The theme of this webinar is Framing

Adolescent and Young Adult Health through Healthy People 2020.  We

are joined today by several speakers who will share information about the

following:  the new objectives contained in the adolescent health topic

area, the adolescent and young adult indicators drawn from across all of

Healthy People 2020, the connections between Healthy People 2010 and

2020 as they pertain to adolescent health, and the important relationships

between education and health.

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I would like to briefly introduce each of our four speakers.  Carter Blakey is the Acting Director of the Office of Disease Prevention and Health Promotion in the Office of the Assistant Secretary at the US Department of Health and Human Services.

Dr. Claire Brindis is a professor of pediatrics and health policy at the University of California, San Francisco.  She is also Director of UCSF's Phillip Airlie Institute for Health Policy Studies and the Executive Director of the National Adolescent Health Information and Innovation Center within the Division of Adolescent Medicine.

Dr. Trina Anglin is Chief of the Adolescent Health Branch in the Maternal and Child Health Bureau of the Health Resources and Services Administration.  She is a board certified adolescent medicine physician with extensive clinical, research, and program development experience.

Theresa Lewallen is Managing Director of Constituent Programs at ASCD, and educational leadership organization dedicated to advancing best practices and policies for the success of each learner.  She has extensive experience in school health, including linking schools with public health agencies.  She is also a certified health education specialist.

You can download these brief speaker bios at HealthyPeople.gov on the Stay Connected, Events page.

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I would now like to welcome Carter Blakey who will provide an overview of Healthy People 2020.  Carter?

CARTER BLAKEY:  Thank you very much, and welcome to everyone this afternoon for our Healthy People 2020 webinar focusing on adolescent health.  I'd like to very quickly provide you a context for the webinar, which is the Healthy People 2020 initiative, often called the roadmap for nationwide health promotion and disease and prevention efforts.

Healthy People is about understanding where we are now and taking informed action to get to where we want to go over a 10-year period. Healthy People provides a national agenda that communicates a vision for improving health and achieving health equity.

It creates a comprehensive strategic framework uniting health promotion and disease prevention issues under a single umbrella.  It provides a set of science-based, measurable objectives with targets to be achieved over a 10-year period, and it requires tracking of data-drive outcomes to monitor progress and to motivate, guide and focus action.  Next slide, please.

This is a graphic depiction of what we call the framework for Health People 2020.  At the top of the framework is the vision station which is a society in which all people live long healthy lives.  The graphic to the left depicts what we call the determinant approach and illustrates how

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different determinant factors, such as physical environment, social environment, individual behavior, biology and genetics, and health services interplay in a bidirectional way with health outcomes of the nation.

To the right, you see the overarching goals. We have four overarching goals for Healthy People 2020. The first two are actually closely related to the overarching goals for Healthy People 2010. The last two, create a social and physical environment that promotes good health for all and promote quality of life, healthy development, and healthy behaviors across all life stages, are new to Healthy People 2020 and new to the Healthy People agenda. Next slide, please.

This slide illustrates how Healthy People has evolved over four decades. Healthy People began in 1979 with the release of a Surgeon General's report on disease prevention and health promotion; and a year later, the first ever 10-year public health objectives were launched with Healthy People 1990. Each decade since then, another iteration of Healthy People has been launched, so you can see now, with Healthy People 2020, we've grown quite a bit.

We have those four overarching goals. We have what we call topic areas, this time 42, the largest number yet. We have a grand total of 1,200 measures, and we have 26 leading health indicators in Healthy People 2020. Next slide, please.

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Something that's new to Healthy People 2020 is our website, healthypoeple.gov. This is the first decade that Healthy People has been entirely web-based. To go along with that, we redesigned our HealthyPeople.gov website so that it includes not only what you would have found in the print volumes from past decades, which is the list of objectives and topic areas, but we also have provided resources, ways to stay connected with Healthy People, a history of Healthy People, and full access to our objectives and targets.

This slide is what you would find on the landing page for the topic areas and objectives if you were to go to HealthyPeople.gov, and you'd simply need to click on, for example, Adolescent Health, and you would be taken to that topic area, and the complete list of the objectives and targets and some background information and resources.

Anyway, I hope this kind of sets the stage for you all and that you take a visit to healthypoeple.gov; and in this case, visit the Healthy People Adolescent Health Objective, and learn more about our program.

Now, I'll turn it over to Trina, who will…Cherie, I'll turn it back over to you.

CHERIE GRAY: Thank you, Carter. I would like to briefly outline why addressing adolescent and young adult health is critical to improving the health of all Americans over the next 10 years and achieving the goals set forth in Healthy People 2020.

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Adolescents ages 10 to 19 and young adults ages 20 to 24 make up 21% of the US population. The behavioral patterns established during these developmental periods help determine young people's current health status and their risk for developing chronic diseases in adulthood.

Several important public health and social problems either peak or start during these years. Some examples include suicide, motor vehicle crashes, homelessness, substance abuse, sexually transmitted infections, and teen pregnancy.

Adolescence is a critical transitional period that includes biological, cognitive, emotional, and social changes. Because they are in developmental transition, adolescents and young adults are particularly sensitive to environmental influences. Environmental factors, including family, peer group, school, neighborhood, and community can either support or challenge young people's health and wellbeing.

Society influences, such as media exposure, can also positively or negatively impact health outcomes.

By creating safe and nurturing environments for youth that encourage healthy behaviors and discourage risky behaviors, we can help ensure that tomorrow's adults will be healthy and productive members of society.

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And now, I would like to invite our first speaker, Dr. Claire Brindis, to share her perspectives on advancing the adolescent health agenda through Healthy People 2020.

CLAIRE BRINDIS:  Good morning, or good afternoon.  This is Claire Brindis, and I am very delighted to be part of this webinar, and I'm really excited about going…next slide…to spend a little time with our listeners to focus on what can we learn from Healthy People 2010 as we embark on this very important journey together across our country to reach and target the Healthy People 2020.

So, this part will be focusing on building a bridge for advancing an adolescent health agenda, and I am particularly pleased that adolescents are now fully recognized as an important group for consideration in all of our strategic planning.  Thus, I'm going to be spending a little time providing some back ground on what happened with Healthy People 2010 and, in particular, 21 adolescent critical health objectives that we have been working on across the nation and how our lessons learned there can help set the stage for Healthy People 2020.

I'll spend a little time talking about the progress in fulfilling those objectives from a national perspective and some variation among states, as well as hoping to give you some ways that national and state data can be used to improve the health, safety, and wellbeing of adolescents and young adults.  Next.

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We started to touch a little bit on why this unique focus. This is, clearly, a key transitional and dynamic period in the life course, and it's important to be focusing on adolescents and young adults themselves as they go through these years because they represent such an important growth. It's some of the most important change that occurs since a child…since the very early childhood of that individual, and so it's important to think about this period but also to be thinking about the longer term consequences.

So, there's tremendous physical, social, emotional, and cognitive growth and development; and this is the period when young people are developing lifelong habits, behavioral patterns, and relationships that influence those lifelong health outcomes. We also need to recognize that our country is undergoing a major revolution in terms of not only the growth in the number of young people in our society so that, by the year 2050, we anticipate that they will be reaching about 56 million young people, a 34 percent increase from the year 2000, but it's also going to be an increasingly diverse population that we will be responsible for assuring successful outcomes.

Thus, health promotion, primary prevention, and secondary interventions during this period can have profound and positive lasting health, education, and economic effects not only on the young people and their families but society in general. Next.

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When we think about Healthy People 2010, looking back, with 20/20 hindsight, we see that the roadmap of a comprehensive set of national disease prevention and health promotion objectives that measure the nation's progress over time was the major agenda for this effort, and there were two overarching goals, as compared to the overarching goals that have just been described for 2020.

In 2010, those goals focused on increasing quality and years of life, as well as eliminating health disparities. Clearly, these two goals are an important component as we move forward into the 2020 objectives and goals. Next.

In the 2010 objectives, when we looked at the 467 national health objectives, we were able to cull out that about 107 were important for adolescents and young adults. Within that, the CDC, the Division of Adolescent and School Health, brought together a national consensus workgroup to begin to highlight some very specific subset of these objectives, and we came up with 21 critical adolescent and young adult health objectives for the 21st century. Next.

And, when we think about those 21 critical objectives, they really fell, or they really clustered into six health and safety domains: mortality, unintentional injury, violence, mental health and substance abuse, reproductive health, as well as the prevention of adult chronic diseases. Next.

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When we critically review, did we really make a difference in adolescent health during this last decade?  It's important for us to recognize and to hold a mirror to what happened.  We were able to achieve only two of the 21 adolescent health critical objectives.  The first was a reduction in the proportion of adolescents who reported driving with a drinking driver, and the second was reducing the proportion of adolescents involved in a physical fight.  Next.

In the area of mortality, we found that only one age group, young adolescents ages 10 to 14, were able to achieve the target for decreasing the overall mortality rate.  Among 15- to 19-year-olds, there was some improvement but not significant; and among 20- to 24-year-olds, there was a worsening of the mortality rates.

I do want to make a point here that, as the committee looked at all of these 21 critical objectives, we agreed on the definition of adolescents and young adulthood to represent the age periods of 10 to 24, so you can see that we clearly cover a whole continuum of some very critical age spans. Next.

Looking at specific health status outcomes in this decade review, we were able to demonstrate some uneven progress in several key areas when we compared to the baseline data that we were trying to build upon and also the 2010 objectives we were trying to achieve.  For example, in the area of teen pregnancy, there were significant decreases across our country.

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There was also a decrease in tobacco use, a more modest decrease in the use of illicit substances such as marijuana, and an increase in safety belt use.

When we looked at the objectives pertaining to physical activity, there was no significant change. Unfortunately, when we look at the area of adolescent overweight and obesity, in fact, there were increases among young adults who experienced these health outcomes. Next.

So, the response to the question of did we make a difference, I think it's important to point out that there was substantial variation across gender, racial, and ethnic groups, as well as geographic variability. For example, in the area of mental health, young women are more likely to report an attempted suicide or major depressive episode compared to their male counterparts; but the rates of completed suicide among adolescent and young adult men are three times greater than those of female adolescents and young adults.

In another area, for example, young men are twice as likely to report physical violence at school or carrying a weapon on school property as compared to young females.

We also have to recognize that our ability to capture data on subgroups of adolescents who are at potentially higher risk for negative health outcomes has also been restricted. For example, for some groups,

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demographically defined, for example, through poverty level or whether you define them legally, young people who are involved in foster care or young people who are incarcerated are some examples, or perhaps some subgroups of young people who through some other chronic ill conditions or an eating disorder, or perhaps other special populations, such as the homeless, pregnant and parenting, and immigrant youth.

So, nationally representative data for subgroup data available, there was only 36 percent of the 21 critical health objectives that had this kind of subgroup data available.  So, it's important to be thinking about the variation in data and thinking about specific populations who may be particularly at risk for encountering even worse outcomes, as well as considering groups that may be doing better than national trends.  Next.

In thinking through what has worked in moving the needle on adolescent health in some of the areas I've just been lightly touching on, it's important to think about a number of different effective strategies that communities and states are attempting.  It really takes a village to have this kind of impact, a synergy that occurs when you bring together comprehensive approaches, when the approaches are well funded and sustained across time, when you have multi-sectors of the society being involved.  That is, even though we're talking about adolescent health, clearly, there is a tremendous need for focusing on the education of young people, the youth development of these young people, as well as issues such as labor, housing, and juvenile justice.

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In many communities across the country and in a number of states, there are coalitions actively working on areas such as youth violence or areas like teenage pregnancy or mental health areas.  It also requires the critical ingredient of a multilevel approach.  That is, we bring together national, state, and local policy, and that these policies are implemented simultaneously, value added from the currents of having policies that bring together different funding streams and different re-enforcers for what's going on at the national, state, and local level.

It's really almost like an orchestra when it works well, and there's also a strong recognition that young people themselves often have to play a critical role in this area.

Finally, policies and programs are tailored, for example, to developmental age of the young person.  If we cover the ages of 10 to 24, the developmental age is a very important ingredient to consider.  We need to be thinking about community norms, geographic variation, as well as economic status.  So, if communities are implementing evidence-based practices, as the knowledge base of what curriculum, what strategies work most effectively, it's clearly important to build upon that evidence, incorporate it in our strategies, and also bring the specific arenas of community values, community norms, as well as special areas…geographic variability…that can be added on top of using evidence-based practices.  Next.

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So, let me give you a couple of very concrete examples of what I've just been outlining very briefly.

So, for example, in the area of smoking, we have seen the importance of legislative and regulatory initiatives. The area of public smoking bans, the substantial taxes on cigarettes, where cigarettes are available in a community, the kinds of restrictions on tobacco-related advertising to youth and in youth-oriented media.

Also, the tremendous value and synergy of bringing together public education and smoking cessation campaigns. For example, young people who grow up in families where their parents are not smoking are far less likely to begin smoking themselves, so having multigenerational efforts in some of these areas becomes extremely important as a conduit for success. Next.

In another example, the reduction of alcohol-related motor vehicle crashes and their associated morbidity and mortality, we have seen the tremendous contribution of the graduated driver's licensing program across many, many of our states. This program, really recognizing what's been called the tipping point of having critical numbers of hour, which young people are required to have before they're able to drive on their own, and that they have the developmentally appropriate opportunity for developing skills so that they develop the self-confidence, the knowledge of how to be an effective driver.

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This, married with issues such as a zero tolerance alcohol law, as well as grassroots consumer movements, so for example, we've had active engagement of parents, of students. In many schools, there are prom nights where adolescents come to the school gym and spend the whole evening there, including a breakfast in the morning and are not out driving or having exposure to alcohol in their environment and having the kinds of public awareness campaigns, the messaging of friends don't let friends drive drunk, has become a much more important part of our social norms, especially areas such as having a designated driver.

Finally, there has been a very important contribution in developing both private and public partnerships, so we see a number of insurance companies that have played a very important role in giving special incentives for safe driving among young people, even though those are the years sometimes that premiums are raised. Next.

As we enter this area in the new era of the 2020, let's think about how we can use data to improve adolescent health in your state. How can we be sure that, when we reach the year 2020, we've made a lot more advancement than we've been able to show for 2010? Next.

A new resource that will be, hopefully, helpful to many communities and many of you is the NAHIC data project to improve adolescent and young adult health, the national and state profiles. So, we've been able to compile available data and make that data much more readily available.

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This data allows you to see what kinds of disparities exist across gender, race and ethnicity within your own state and to also have this in a user-friendly format.

Some of you who are listening to this webinar may not feel as comfortable with data, as well as others who do have a lot of experience. Let me reassure you that this resource has been built with you in mind and also allows you to explore the tremendous variability across states without needing to spend hours finding, downloading, and cleaning the data yourselves. And it enables states to easily compare their own progress within themselves. So, looking at historical trends, as well as other states; and it gives you an opportunity to really begin to explore, not only negative progress, but also I think it's very important to cull out what I consider, or call, positive deviance.

That is, areas where we really have made significant, positive progress for young people, and we need to learn from those lessons as much as we need to learn from those areas perhaps where we haven't done quite as well. Next.

If you go to this dataset, what are some of the ways, for example, if you're running a community clinic, or if you're running an afterschool program, or you're the staff member of a state legislator, or you're school superintendent, how can we be thinking about your use of this data source?

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First, I think it is important to look at your own data, as compared to national rates.  Maybe the adolescents in your state are not exercising as much, or perhaps they're fighting more than the national picture overall, or perhaps you'll find that some of the data points to an unhealthy change that runs counter to an improvement that has been documented nationally.

For example, in your state, there may be an increase in tobacco use, as compared to the national decrease overall.  And it's important to be also reviewing your state in terms of whether there are large disparities.  Is there a threefold gender difference in one state compared to a much smaller difference among gender groups nationally?

As you review your own state data, this exercise of look at, perhaps, these 21 critical health objectives helps you to consider what are going to be the areas for priority?  Perhaps these are some of the areas that you've worked on already, but these are areas that still need more progress, or perhaps you see that you want to work on a new focus area because of what the data points out to you.

So, let's go on to the next slide, and we really want to encourage you to be thinking, not only about making these comparisons with perhaps similar states or states, you know, specific region, but to also be thinking about what's different about the types of policies or programs that have been implemented in those states that you are comparing yourself to?  What are other communities and states doing to achieve success on some of

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these individual objectives?  And to also use this as a motivator to begin to identify and study other evidence-based approaches and to consider how to begin to incorporate some of those within your own community, region, or state.

And then, ultimately, to determine the strategies and to take some action. Next slide.

One other tool that you might find helpful was a guidebook that was developed for the 2010, but it was written in such a way that it continues to have relevance for 2020.  Within this guide for state and local agencies and organizations, there are materials here in this guide that will help you around building community coalitions or how to conduct a needs and assets assessment, how to help with this very important priority setting, as well as program planning, implementation, and evaluation.  This really aims to build on an overall national effort to improve adolescent and young adult health.

The next slide shows contact information for our center, and my final slide, next, is a picture of the Golden Gate Bridge.  I'm using this bridge as a symbol of the kind of experiences that we've had in 2010, as we move into 2020, and really a symbol of the importance of bringing together multiple sectors to really engage in and be committed and dedicated to improving the health and wellbeing of our future, our nation's future.  Thank you very much.

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CHERIE GRAY: Thank you, Claire. I would like to remind our audience to submit your questions using the Q&A function located to the bottom right of your viewing screen. Our speakers will respond to questions following all presentations.

Now, I would like to invite Dr. Trina Anglin to provide an overview of adolescent and young adult health in Healthy People 2020. Trina?

TRINA ANGLIN: Thank you, Cherie. And Claire, thank you for your excellent summary of adolescent health and Healthy People 2010. Could you please advance the slides to the next slide? Thank you.

I have two goals for my presentation. The first goal is to discuss how Healthy People 2020 addresses the health, safety, and wellbeing of youth, including both adolescents and young adults. There are two main components relevant to adolescent and young adult health in Healthy People 2020, the adolescent health topic area objectives and the draft core indicators of adolescent and young adult health.

The presentation's second goal is to identify future Healthy People resources for addressing adolescent and young adult health. Next slide, please.

Carter has already reviewed the four goals of Healthy People 2020. I would like to emphasize the importance of the two new goals to the

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adolescent health topic area objective, and you can see them in red on the screen.

Create social and physical environments that promote good health for all really focus on the social determinants of health, as interpreted by the Adolescent Health Workgroup. Promote quality of life, healthy development, and healthy behaviors across all life stages has direct relevance to positive youth development. Next slide, please.

In terms of background, Healthy People 2020 contains more than 160 objectives that are directly relevant to adolescent and young adult health, representing about 25 percent of all objectives and 24 of the 42 categorical topic areas. If you do the arithmetic, that's 62 percent of the total that already have completed objective sets are relevant to adolescent and young adult health.

Examples include access to health services, family planning, HIV, injury and violence prevention, mental health, physical activity, STD's, and substance abuse. And at least three new topic area workgroups are currently developing objective sets, the lesbian, gay, bisexual, and transgender topic area, the social determinants of health topic area, and the quality of life and wellbeing topic area.

We anticipate that these new topic areas will also contain objectives relevant to adolescent and young adult health. Next slide, please.

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Healthy People 2020 represents the very first time that adolescent health has been included as a topic area, and this slide shows the screen shot of the overview, or introductory, page for the adolescent health topic area. Next slide, please.

A formal adolescent health workgroup was convened to address the issues relevant to adolescents and young adults. Its goal is to improve the healthy development, health, safety, and wellbeing of adolescents and young adults. The workgroup includes 33 members from the public and private sectors.

It is cofacilitated by staff from the Health Resources Services Administration, Maternal and Child Health Bureau, and from CDC; and it has exceptionally strong support from the National Center for Health Statistics. The workgroup has accomplished two major tasks to date.

It has developed new Healthy People objectives to fill gaps and to address the Healthy People 2020's two new goals and has selected a set of objectives from across all of Healthy People, the service draft core indicators of adolescent and young adult health.

We will now explore the new adolescent health topic area objectives. They are new objectives developed by the Adolescent Health Workgroup that include 24 measures. The strength of these new objectives are that they fill gaps not covered by Healthy People 2020 categorical topic areas,

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and they have the potential of assisting the public health sector to reach out to partners in other sectors for working on mutual issues important to the health and safety and wellbeing of young people.

It's important to remember, however, that as a set, they do not represent a comprehensive summary of adolescent and young adult health. Remember that Healthy People 2020 contains many objectives and categorical topic areas that also address health and safety issues for these age groups.

These objectives are already posted or are available on the HealthyPeople.gov website. They will also be e-mailed to you in case you weren't able to download them following this webinar. Next slide, please.

New objectives developed by the Adolescent Health Workgroup address the following areas. The very first one is around having adolescents have a wellness checkup on an annual basis. The next three objectives all address youth development and include extracurricular and afterschool activities; and remember that not all families are able to provide these resources for their children.

Connections between adolescents and young adults, and here, we're looking at having an adult in the life of a young person with whom that young person can talk about serious issues. Parental participation and

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events and activities. And finally, transition to self-sufficiency for young people graduating from foster care into the world.

You see a little D with an asterisk next to this. D stands for developmental, and the developmental objective generally means that data issues still need to be resolved.

All of the developmental objectives contained in the Adolescent Health Topic Area are being readied for final approval so that they can be moved to active status. Next slide.

The next set of new objectives developed by the Adolescent Health Workgroup all cluster around education and schools. There are a set of six sub-objectives around educational achievement. On-time high school graduation was selected to be a leading health indicator for all of Healthy People 2020. Graduation for students served under the Individuals with Disabilities Education Act is extraordinarily important, as these young people are not as likely to graduate as young people who did not have disabilities.

Both reading and math skills are essential for academic achievement. We want to take a look at engagement with school because we know that's so important for school success, and we also know that young people who are absent from school, especially due to illness and injury, are also not going to be as likely to do well and to be able to graduate.

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We know that students who eat breakfast learn more effectively, and more schools need to have a school breakfast program. And of course, we're concerned about access to illegal drugs, and we know that parents are very, very concerned about the safety of their children while they're at school. Next slide, please.

The final cluster of objectives in the adolescent health topic area addresses issues of aggression, violence, and victimization. These are significant problems for these age groups, and the proportion of young people who either are engaged in violence either as the aggressor or as the victim is actually greater than for any other age group in our country.

It was very difficult to find a national data set meeting Healthy People data standards that addresses issues of importance to lesbian, gay, bisexual, transgender, and questioning youth. We do know that student harassment related to their sexual orientation and gender identity is very, very important for young people who are LGBT.

We are concerned about serious violent incidents in public schools, as well as both perpetration by youth and victimization of youth by crimes. Youth gang activity, for example, remains a large problem for communities across the country. Next slide, please.

In summary, the new Healthy People 2020 objectives developed by the Adolescent Health Workgroup venture into new areas for Healthy People.

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They help the public health sector to align itself with the efforts of important partners, and in a few minutes, you'll hear about how the education and public health sectors can actually form partnerships. They offer some new areas of focus, including youth development, schools and education, and safety, especially as they relate to youth aggression and victimization.

What's missing for now are objectives that are relevant to neighborhoods and housing, homelessness, and the relatively small but very, very needy group of young people who are neither in school nor employed. Each of these issues has a major impact on the health, safety, and wellbeing of adolescents and young adults. Next slide, please.

We now turn to the second component of adolescent and young adult health or Healthy People 2020, the core indicators. The number and diversity of Healthy People 2020 objectives relevant to adolescent and young adult health make it difficult for states, communities, and organizations to focus on these population groups.

A core set can present a cohesive and compelling picture of adolescent and young adult health. It represents a cogent summary of their evolving health status. They can, for example, build public and political will, something very much needed for these age groups; stimulate action at various levels, including at states and communities; facilitate strategic planning; help us to recognize disparities; and really importantly, to call

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attention to important areas that do not have high visibility.  In addition, systems objectives are important as strategies for achieving outcomes.

The core indicators of adolescent and young adult health for Healthy People 2020 serve a function similar to that of the 21 critical health objectives of Healthy People 2010, which Claire Brindis just presented. And remember that the core indicators are drawn from existing Healthy People 2020 objectives, largely from categorical topic areas.  Next slide, please.

So, how were the draft core adolescent and young adult health indicators selected?  In late 2009, several stake holding groups were asked to rate the 167 draft Health People 2020 objectives that were considered relevant to adolescent and young adult health as priority as core.  We received 351 responses, which were analyzed electronically.  Both the rating and the selection criteria were viewed as having substantive importance, the proportion of young people affected so that, if a problem affected a larger proportion of young people, that would be considered more compelling than one that affected a very small number of young people. Each objective had to have sufficient specificity to allow a focused action to take place.

A volunteer work team from the Adolescent Health Workgroup started work in January 2011, as soon as the Healthy People 2020 objectives were finalized.  Next slide, please.

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In summary, we selected 41 draft core indicators from across of Healthy People 2020.  They include 26 outcomes and 15 systems indicators, and remember the outcome indicators represent health status and behaviors reflecting populations composed of individuals.  In contrast, systems indicators are largely under the control of governments, institutions, and organizations through their policies and practices.

So, if we take a look at the pie graph that 19 apply just to adolescents, and remember that this is based on actual Healthy People 2020 objectives; two apply just to young adults; and 20 converge on being able to include both adolescents and young adults simultaneously.  Together, these indicators form seven areas of focus or domains.

Again, the draft core indicators as a document, if you were not able to download them previously, will be e-mailed to you following the webinar.

Once approved, the core indicators will be posted to the Healthy People 2020 website.  Next slide, please.

So, why have we switched from the term objective to that of indicator?  An indicator represents an objective but is stated without reference to a direction; and really importantly, it can be described in simpler terms compared to an objective.  It doesn't take quite as long to say it, and the core adolescent and young adult health indicators are similar in function to the leading health indicators of Healthy People 2020.

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Okay, I'd like to quickly review the seven domains or areas of focus. The first three are health care, healthy development, and injury and violence prevention. And the actual indicator topics are included in the parentheses. Next slide, please.

The final four areas of focus include mental health, substance abuse, sexual health, and the prevention of chronic diseases of adulthood. We are highly cognizant of the need to improve the health status of future cohorts of adults through attention to the health and the health behaviors of adolescents and young adults.

For example, if we can prevent tobacco use among adolescents and young adults, we will be able to significantly decrease morbidity and mortality from several key chronic diseases. Next slide, please.

I'd like to move a little bit into data considerations. Claire had mentioned some of the difficulties we had during Healthy People 2010, and Healthy People 2020 has tried to strengthen data sources to the best of its ability.

To gain full benefit from the Healthy People 2020 website, I'd like you to see how to access important health data elements. Healthy People 2020 contains data templates unique to each measure. Each of these we access by clicking "View Details" and then the link to "Data from the HHS Health Indicators Warehouse," and we will visualize these in a moment.

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The data templates allow comparison across population subgroups in order to identify disparities, and most adolescent health topic area objectives can compare major demographic breakouts within the age group itself.

In contrast, the core indicators can be more complex because they're based on the objectives that were developed by other workgroups, and so the major demographic breakouts are not necessarily unique to that age group, but are for the larger group that the objective targets. So, for example, access to health care is hard to fit to all age groups. Next slide, please.

This slide shows a screen shot of the first adolescent health topic area objective, Adolescent Wellness Checkup. In fact, you can see the expanded details and the link to the HHS Health Indicators Warehouse in the middle of the slide. If you look at the dark blue bars going down…there's four of them visible on this screen shot…to the right, this says "View Details," and it shows that these other objectives are not expanded the way that the one is for the Adolescent Wellness Checkup.

The next slide shows a screen shot of the data template for the same objective. I know that it's very difficult to read it, but at least you'll be able to see how the data templates are laid out. The right column contains all of the data elements; and so, for example, for this particular objective, it includes such things as gender, race, ethnicity, country of birth, disability

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status, health insurance status, geographic location, whether the young person lives in a more rural or a more urban location, and family income. The right column provides the actual percentages. Next slide, please.

Healthy People 2020 data sources are very unique. However, it's important to recognize that an objective's ability to capture important details is totally dependent on the data source, and some data sources provide more information than others.

To maximize the usefulness of Healthy People 2020, it's very important for states to be able to measure as many objectives as possible, and I wanted to talk a little bit about which types of objectives might have data available at the state level.

For example, objectives that are based on the National Vital Statistics System…and remember, the states provide these data, actually have data available immediately looking at state rates. For example, as it relates to adolescents and young adults, mortality rates from homicide and suicide are available by state.

The Department of Education's Common Core of Data contains a state survey of public education, and we now know what graduation rates are across each state.

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A few surveillance systems use a state-based sampling frame.  For example, for states that participate in the Youth Risk Behavioral Surveillance System, those data will be available by state.

The National Survey on Children's Health and the National Survey on Children with Special Healthcare Needs both use a state-based sampling frame.  In contrast, most surveillance systems use a national sampling frame; and for these, the stakes will not have data unique to them that are available, so this would include such really important surveillance systems as the National Health Interview Survey, the National Health Nutrition Examination Survey, the National Survey on Drug Use and Health, the National Survey on Family Growth, and the National Survey on Children Exposed to Violence.  Next slide, please.

So, what can you expect in the future from the adolescent health component of Healthy People 2020?  There's going to be an online Healthy People 2020 set of evidence-based resources for addressing adolescent health topic area objectives, and our workgroup is currently working on this.  There will be a structured PubMed search that, if you enter q query for each objective and each sub-objective, you will then be able to generate a list of articles, peer-reviewed articles that actually provide a lot of excellent information for each objective and sub-objective within the adolescent health topic area.

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And what's kind of innovative and unique about this is that the query has been set up so that, say, five years down the road, if you want to take a look at articles that have come about since the year 2011 is that you're still going to be able to generate all of the new articles that are relevant to that objective or sub-objective.

We're going to continue to work on the dissemination and diffusion of additional evidence-based resources for states, communities, and organizations.  In particular, we're interested in resources that will help to expand the field of stakeholders for our age groups.  We're going to be working on resources that will help us to facilitate engagement with key partners; and finally, and very importantly, a traditional function of Healthy People is to monitor progress through the decade.  Next slide, please, and my final slide.

Please feel free to contact me if you have any questions beyond what today's webinar can address, or if you have any comments about the draft adolescent and young adult health core indicators.  Thank you.

CHERIE GRAY: Thank you, Trina.  I would like to remind our audience to submit your questions using the Q&A function located to the right of your viewing screen.

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Our final speaker is Theresa Lewallen, who will discuss the relationships between education and health and how they can develop partnerships for promoting both student health and academic achievement. Theresa?

THERESA LEWALLEN: Thank you, Cherie; and I want to thank the previous panelists for laying the groundwork for the partnership that's so important between health and education. Next slide, please.

Because schools offer both social and physical environments for students and for their safety and wellbeing, there have been historical roots in the partnerships between education and health. In order for Healthy People 2020 to succeed, and for education to succeed, as Claire mentioned, a multi-sectorial approach is definitely necessary, with each playing key roles as we move forward. Next slide, please.

It's important to understand the connection between the health and education goals when planning strategies to achieve Healthy People 2020 indicators, and I'll offer some strategies today that have been successful in ASCD's experience bringing schools, local health practitioners, and public health agencies together to achieve common goals. Next slide.

Before going into that right now, I do want to give you a little background about ASCD because we are an education association and not always known to the public health environment. I'll talk a little bit about why we participated in the Adolescent Health Workgroup.

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We're an education membership association. We were founded in 1943 as the Association for Supervision and Curriculum Development. We're unique among education associations because our members span all the professions in education, and we also work across the globe. The majority of superintendents and principals, school administrators in the United States, as well as researchers, local and state education policymakers and others, are members of ASCD.

Since 2001, we've been in the forefront of education, partnering across the sectors to focus on educating the whole child, which includes adolescents. Through the whole child work, we partner with others to ensure that each student is healthy, safe, engaged, supported, and challenged with the goal of an educated, healthy, productive citizenry who are prepared for life in this century and all that that brings.

From that, you can understand why we were very involved with the Adolescent Health Workgroup and feel, as an association, committed to the achievement of these objectives. ASCD will continue to work with our members to influence the political will, as well as the practice in the field that Trina and Claire have mentioned being so necessary if the Healthy People 2020 goals are to be achieved. Next slide, please.

As two sectors focused on positive outcomes for adolescents and young adults, we know how important it is for society for education and health to

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work together.  The consequences of low education levels and low skill levels impact the individual, the community, and society as a while.

As you can see from this slide, it mentions that 75 percent of students have graduated on time…only 75 percent, but I will tell you that, in some communities, this is only 50 percent of our students do graduate on time; and in some communities, it's even lower.

The risk factors for dropping out of school are those that Trina and Claire both discussed:  high rates of absenteeism, low levels of school engagement.  There's no question in education research that student engagement is an important piece of a student's staying in school, and interviews with students over and over about why they dropped out talk about school engagement being a big factor.

Schools that have low achievement scores are also a risk factor for students dropping out; and, of course, if students feel harassed or unsafe, they tend to have a higher rate of absenteeism.  Next slide, please.

These low education and skill levels are also associated with poor health and mental health status and higher levels of poverty and incarceration. So, we need to look at higher educational attainment in order to ensure that there are healthy, safe outcomes for our citizens.  Next slide, please.

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With on-time graduation rate being so important in Healthy People 2020, we need to look at schools not being solely responsible for education, and public health cannot be responsible alone for our health achievements. So, there's a lot of work to be done in order to bring these two groups together, and we've been working together on a national level and also on a local level to bring together the communities and schools so that they can address these needs.

In a 2010 national survey of local health departments, however, we can see that there's quite a bit of work that still needs to be done and lots of room for forming partnerships between education and health agencies. Next slide, please.

In working with schools to bring education and health together, we have seen this as…there's a graphic that should come up with a little bit more clicking, Hillary…about the connection between education and health. Most frequently, education sees itself as sitting within the community, completely responsible for education and putting health off to the side, off to the periphery, working with health only when absolutely necessary.

That still tends to be the most common relationship we see; and even though, during the H1N1 outbreak, there was more connection between health and education agencies, those partnerships have often been onetime events and not necessarily developed over time.

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We also sometimes hear from health agencies that schools are places that have lots of arms that can be inoculated, and I know I'm generalizing, but with our experience, the data we saw on a previous slide also shows that that's often the case, that the percentage of health departments and schools that work together is fairly minimal.  Next slide, please.

So, with Healthy People 2020, in education, we're hoping that we can bring schools to see a shift to a more holistic view and also public health bringing a holistic view to the table also.  A focus on the education of students under IDEA, on reading and math skills, on graduation rate and other education-related indicators like Trina outlined, this brings a prime opportunity for health to become the foundation of a holistic or ecological approach to education within the context of school in the community.

I was to talk on the next slide a little bit about some strategies, about how to begin working with schools.  Schools and public health agencies definitely are two different cultures.  Working across those cultures can seem daunting, particularly if you have your own work and time constraints and your own objectives, but with Healthy People 2020, the objectives are the same for education and health; and so, we want to look at some questions to think about as you're approaching schools.

Rather than bringing the health agenda to the school and talking about what's most important for you, now is the time to really be able to bring the health agenda to the school and say, "We know what's important to

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health: education leaders. We know that these things are important and that, together, we can work to make changes in the community and to find programs and resources that will meet both of our needs."

Look at how schools can support your agenda. There's a big movement in education now to have schools open and available to the community, and so, in those cases, those afterschool programs and health services that can be provided to the community in the schools may be ways to achieve the indicators.

How can we have a mutually beneficial collaborative strategy working together? Claire referred to the guide for state and communities, which is a great resource for building community coalitions; and there are a number of those resources out there, some of which are on education websites, and some of which are on health websites. Hopefully, you can bring those together and really look at mutually beneficial strategies. Next slide, please.

What specifically can you do, either as an agency or as an individual, in order to start this conversation and to partner together? These are some effective, evidence-based practices that we've worked with in schools and that are highly recommended for you to consider.

Every school has a school improvement team. The districts have school improvement teams, and that's a way to be able to work with a school, as

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an individual or as an agency, to really help them improve the student achievement rates, the literacy and math scores, all of those things that we saw earlier as being important to the health, safety, and wellbeing of adolescents and young adults.

Involve school representatives in the community public health planning.  I have been in communities where the school has been seen as separate and apart from that, and it's really helpful to bring them into the process and to work with them closely.

Then, use your community surveillance data to help school officials figure out what health-related absenteeism is going one.  What health risk behaviors are in the community?  What kinds of protective factors?  Often you can look at that surveillance data to tease out whether absenteeism is because of a health issue, or is it a safety issue?  That's important data for schools to look at, to be able to make the changes and select the strategies that are more effective.  Next slide, please.

Many schools around the country have school health councils at the district level or school-level health teams.  Again, either as an individual health practitioner, as a health agency representative, or as an individual citizen of that area, you can be part of that school-level health team or district school health council.

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Often, schools don't know what's most effective and are looking for ways to make changes but haven't necessarily done an environmental assessment, and so, as a health practitioner, a health agency person, if you could promote the use of some school environment assessments and some of the other tools that are available so that they can make the best choices around what needs to be improved, what is the most effective way to do that improvement. And then, support community youth development programs. Next slide, please.

There are opportunities for service learning that you could also promote; and with all of this work together, we are looking for the same outcomes, students achieving at every level in school, healthier students ready to learn when they arrive at school, and certainly to adopt healthier behaviors that will provide those long term, positive outcomes.

Increased graduation rates, if we can increase the graduation rate of our students and their ability to be ready for this century, we're all going to benefit in the long run. Twenty-first century learning skills include health literacy. I know a number of people are concerned about health literacy being pushed to the side by many groups, but that is part of the 21$^{st}$ century learning framework.

We want to see decreases in disparities in education and health, which will happen as we come together to work together and also, of course, the increased percentage of healthy, productive adults. Next slide, please.

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I wanted to offer my references for you if you get the slides.  Next slide, please.  And next slide, please.

You can learn more about ASCD's work connecting schools with public health and communities on the Healthy School Communities portion of ASCD.org, and this is the screen shot, and my contact information is at the bottom of this screen.  If I can be of any assistance, I would be glad to help you and answer any questions.

I'd like to turn it back over to Cherie for the question and answer period.

CHERIE GRAY: Thank you, Theresa.  We're now ready for our speakers to respond to your written questions.  If you have not submitted questions, please do so now.  The Q&A function is located to the right of your viewing screen.

I'd like to also ask that, during the quick Q&A session, if you could please respond to our survey about your experiences with the webinar, your feedback will be invaluable in helping us to improve future webinars in our Healthy People 2020 series.

Okay, we will move forward with the Q&A session.

Okay, our first question is could the panel speak to the issue of how much the objectives for young adults versus adolescents diverge rather than

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overlap?  Some of the objectives and methods are not pertinent to a
campus health setting.  What are the rationale for combining the two?

TRINA ANGLIN:  Cherie, this is Trina.  That's a really, really important question.
It actually is a whole set of questions.

In general, people need to remember that, in general, objectives were
developed by a large number of categorical workgroups.  When we
developed the core indicators, we needed to work with the available
material or the available objectives.  Our workgroup was highly, highly,
highly committed to making sure that young adults were included as much
as possible, compared to adolescents because, quite frankly, adolescents
receive much more publicity in our country these days than young adults
do.

What we actually did is, if an objective was considered sufficiently
important to be included as a core indicator for adolescents and young
adults were not already included in it, we looked very, very hard to try to
find a parallel or a very, very similar objective for young adults.

One example would be that around use of tobacco is that the one we
selected for adolescents was around cigarette smoking, and the one
for…I'm sorry.  The one that we selected for adolescents was for actual
use of tobacco products overall, remembering that adolescents also use
other types of tobacco products.  However, for young adults, the only one

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that was similar was around being a current cigarette smoker, so that we included both of those under the core indicator around tobacco use.

Now, in terms of young adults that are actually on college campuses, is that the topic area, educational and community-based programs specifically addresses education programs that are available on campuses. However, there are relatively few other objectives contained in Healthy People 2020 that are specifically for young people who are actually fortunate enough to be in college. One of the things that we want to do in the future, assuming that we're able to receive additional financial resources, is to be able to develop content resources for important groups such as college campuses.

CHERIE GRAY: Thank you, Trina. Our next question is in addition to the ways that public health agencies can partner with schools, what can health care providers and practitioners do to help students succeed in school? Are there evidence-based strategies that they could use?

THERESA LEWALLEN: This is Theresa. I'll start with that, and if other panelists have additional comments, I'd ask them to jump in. Practitioners and health providers can display some genuine interest in how your patients are doing in school. You know, explore what's going well, what are the areas of difficulty. Connect with the patient, and ask about…high school students, in particular…what they're thinking about around graduation, what their plans are for their future.

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A lot of times, people don't ask adolescents their plans, and it's helpful for them to be able to have that conversation with a trusted clinician because you have a lot of influence.  Problem solve with patients and parents around school issues, if there are academic and behavioral issues in particular.  Look at undiagnosed learning disabilities as an issue and ADHD in patients who are struggling, including students who have conduct or behavioral problems in school.  You know, really facilitate some assessment on that.

Ask about sleep patterns and eating breakfast.  Both of those have ramifications on learning and behavior and, you know, help the student, the patient put together a plan for improving those behaviors.

Attendance patterns….sometimes, it's really helpful to ask what is going. Is this student going to school?  And what are the reasons they're not attending?  Look at whether attendance or missing school is frequent.

Also, you can have communication with the school, so working with patients who have individual education plans, if you're not called or cannot attend a meeting, it's important to provide written communications to the school.  Really work with school nurses for patients who have chronic diseases, and check and see how their needs are met during the day and how you can facilitate their health services during the day.

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Also, talk to parents about looking at the structure and support that they are providing at home for their student to succeed in school. Is homework a priority? Is there a place to study in the home? What kinds of meetings are they having with teachers? What's the attitude toward school?

You can join a local task force on increasing high school graduation rates if you're interested in attending meetings and making change in the community.

Also, encourage reading. There are successful programs for providing books to adolescent patients. We often think of that as elementary school level, but Boston Children's Hospital gets financial support from the hospital's Ladies Auxiliary to have a reading program for adolescents.

Those are just some of the pieces of strategy that an individual can take on and decide what makes most sense when they're working with their patients.

CHERIE GRAY: Thank you, Theresa. Our next question is why do we, as a nation, meet more Health People 2010 objectives? And what can we do differently this time to make sure that we meet more of the Healthy People 2020 indicators? And the second part of this question, is this a matter of funding priorities in pediatrics and family medicine or the lack of evidence-based public health?

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TRINA ANGLIN:  Cherie, this is Trina.  I'll try to tackle that extraordinarily important questions, and I suspect that Claire will have some words of wisdom to add to my response.

You know, when Claire presented her data, she was focusing largely on whether or not objectives from Healthy People 2010 were actually met. She did not have time to say that there were a lot of objectives on which we had achieved some real progress.  However, we just did not meet the objective itself.  Teen pregnancy was is an example of that, and everybody knows how nicely the teen pregnancy rates have dropped recently in our country, but they have just not quite met the actual target objective.

One question that I think is here in everybody's mind.  It doesn't matter whether you are employed by a public government or whether you are a taxpayer or whether you work in a school as a teacher or whatever, is that everybody in our country is very, very concerned about budget issues. We are really entering a time of austerity in our country, and it's going to take all of our efforts as individuals and trying to think creatively on how we can do a better job in meeting the health and safety and wellbeing needs of young people.

Remember, these populations, quite frankly, are not cute, and so they don't garner the really positive attention that infants and young children are able to garner; and of course, addressing the needs of young children

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and infants is extraordinarily important, but at the same time, we don't want to neglect our own population.

It might be important and especially if the stock markets do better to engage philanthropic foundations. They are very, very aware of what the budget issues are, you know, within the public sector and that frequently, especially community foundations are very, very willing to step up to the plate. So, in general, all of us are going to have to work together to be able to do a better job.

In thinking about this, I would also like to kind of say to people that are working in public agencies and people who are clinicians, I don't think…this is not evidence-based, but I really don't think that people really pay attention to the important attribute of kindness, especially when we're not able to offer a lot of financial resources. It is so, so important to be able to treat all of our clients with respect and kindness. Thank you.

CLAIRE BRINDIS:This is Claire, and I wanted to compliment both Theresa and Trina for those answers around the role of schools and providers and communities. I also feel that it's really important to acknowledge how complex the problems are that are incorporated into 2010 and into 2020.

These are not easy problems, and they will require complex solutions; but it's also important to use data to monitor our progress, to be thinking about how do we currently use the funds that we do have. Are there creative

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ways of redeploying existing funds? For example, with school-based health centers, much of that movement began because people recognized that sometimes teens didn't come in for health services, and it might be easier for colocation of providers within school settings.

There may be other creative solutions that individuals across communities can bring together, and I want to also acknowledge the importance of providing care to adolescents in a confidential manner and that providers can play a very important role in assuring that there's time alone with each individual when they do come in for their services, in which there's an opportunity for disclosing any personal information, as well as bringing and assuring that the adolescent comes back for a subsequent visit.

Finally, I want to point out to the work that Elizabeth Oser and Charles Irwin and others at the Division of Adolescent Medicine at UC San Francisco have been conducting, where they've been teaching providers to find additional ways of broaching the topic of prevention as part of the annual visit. Thank you.

CHERIE GRAY: Okay, we have time for one more question. Okay, let's see here. I know there are separate indicators and objectives specifically for children and youth with special healthcare needs, but does the adolescent outcome focus area and objectives, etc. include all youth or minus those particular youth?

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TRINA ANGLIN:  Cherie, this is Trina.  Clearly, children and youth who have special healthcare needs make up a very, very important group of young people in our country.  It's estimated that up to 20 percent of all young people in our country have some type of a chronic health condition or some type of [inaudible].

In looking at the objectives that were formulated by the Disability and Health Workgroup, the Adolescent Health Workgroup actually worked in collaboration with that workgroup to develop a new objective which we decided would be better placed in that workgroup on the whole arena of transition, and that means the transition from a pediatric source of care to an adult source of care.  As young people become adults, they really need to be seen by adult providers who themselves have expertise in the developmental issues that young adults have, as well as in the expertise needed to address whatever the chronic disease or disability happens to be.

That is probably the only unique objective in all of Healthy People that focuses on young people with disabilities.  However, an objective that the Disability Workgroup had for Healthy People 2010 and continues to have for Healthy People 2020 is that the data template for every objective needs to include the category of disability status.  They are probably being very, very successful in kind of a stealth measure of our being able to measure for virtually…or at least at this point, for many of the Healthy

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People objectives, whether or not disparities exist for people who have
disabilities or who do not have disabilities.

For example, like when I had talked during my formal presentation about
the adolescent wellness visit, one of the template pieces of data that we
know is whether the young person has a disability or whether that young
person does not have a disability, and are there differences in their
actually having an annual well checkup.

CHERIE GRAY:  Thank you, Trina.  This concludes our Q&A session.  I'd like to
thank everyone who submitted questions and participated in the session.
I'd like to also remind you to please respond to our survey about your
experiences with the webinar.  As I mentioned before, your feedback is
invaluable to help us improve future Healthy People 2020 webinars.

And now, I would like to invite Carter Blakey to give closing remarks.
Carter?

CARTER BLAKEY:  Thank you, and thank you very much to all of our
participants and our speakers for participating in this afternoon's webinar.
It took a tremendous amount of planning and coordination, and I'm
delighted to see that we had, I think at one point, about 600 participants
on the webinar.  This is tremendous.

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There was a great deal of important information shared this afternoon, and I'm hoping that it will give our participants a launching pad for becoming more engaged with Healthy People 2020 and particularly with the adolescent health objectives.

I'd like to remind you that this webinar is part of a series of Healthy People webinars that we hope you will attend. Our next webinar is scheduled for Friday, December 16th, from 2:00 to 3:00 p.m., Eastern Time. It'll be a first for Healthy People in that it will deal with the Healthy People 2020 leading health indicators app challenge.

To receive notices about upcoming webinars and other events, please sign up for our e-mail announcements on the Healthy People website at HealthyPeople.gov. You can also check HealthyPeople.gov for a recording of today's webinar and for our August webinar, recording and materials on healthcare associated infections. Again, thank you all. We appreciate the hour and a half you spent with us this afternoon, and we hope that you'll return for future webinars.

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