

## AMCHP 2007 ANNUAL CONFERENCE

### HEALTHY COMMUNITIES

March 3rd to 7th, 2007

#### **Medical Home: The Bridge Across the Quality Chasm**

CLAIRE BRINDIS: Good afternoon. Another Californian in front of you. Jeff, before you know it, pretty soon you're going to have pictures of adolescents up there. So, this session is really about youth development and adolescents. It's clearly a critical point for life development. It's characterized by very rapid physical, cognitive, and psychological growth as rapid as early childhood. We know that during this time of increasing independent adolescents face many, many critical decisions whether it be in the area of eating, exercise, driving, substance use or sexuality. And it clearly presents an opportunity to foster healthy growth and development, and for all of us, to help adolescents make the healthiest possible choices because many of those behaviors that they engage in during this period really contribute to the leading health problems as they become adults. It's also a tremendous opportunity to promote positive development and a lifetime of healthy behaviors, and increasingly, we recognize the role of families, neighborhoods and environment shaping what options young people have. Finally, it's very important to recognize this period not only as a life course but the inner generational impact that is has.

So, why focus on adolescents and young adults? Clearly by 2020, there will be 42 million young people ages 10 to 19. They represent 13 percent of the overall population. But what's unusual and important for us to recognize is the increasing diversity of our young people merging the racial and ethnic diversity that's occurring across our country. In California, we're one out of eight adolescents' lives. The Department of

Transportation is thinking about what this youth quake is going to have on our state. The Department of Education along with the Department of Transportation is thinking about how to have enough classrooms. And unfortunately, the Department of Prisons and Corrections is thinking about what kinds of services do they need. So, where is health and what role can you all play in terms of engaging young people so that we don't have to turn to prisons but we really turn to their best engagement into the future for America?

And we've seen tremendous progress also in terms of improving adolescent health. Many of you are engaged in helping to improve the health of adolescents. We've seen dramatic reductions in teen pregnancy, we've seen dramatic reductions in the issues of tobacco, but we've also seen tremendous disparities that occur in many, many of these areas not only the disparities in terms of race, ethnicity but also gender and income. For example, in spite of a 59 percent decrease in homicide rates for Black adolescent males between 1994 and the year 2004, these young men still represent a rate of six times that of other 15 to 19-year-olds. Among Alaska natives and Native-Americans and Whites, we see rates of smoking which are far higher than other groups. And finally as another example, we see that suicide attempts among Latinos are twice as much as other ethnic and racial groups. And that these disparities are important for us to consider not only during the transition into adolescents and the transition into young adulthood but also that these disparities persist into young adulthood. So, for example, 28 percent of 21 to 25-year-olds engage in drinking and driving, which is three times the rate of adolescents, so our work continues. And part of this work is very engaged with the Healthy People 2010 that many of you are familiar with. And as part of the 2010 initiative, we created in the partnership of the federal government and the leadership of CDC, the Division of Adolescent and School Health and Maternal and Child Health

Bureau in the Office of Adolescent Health along with a tremendous network of partners including the State Adolescent Health coordinators, AMCHP, the American Bar Association, the Society for Adolescent Medicine as well as a number of federal partners including partners of the University of Minnesota and UC, San Francisco where the National Adolescent Health Information Center exist.

So, what is the national initiative? We have four major goals that I want to set as a context for this presentation. First and foremost is how to elevate the national state and community focus on adolescents, safety and well-being, how do we increase access to this population, how do we eliminate health disparities, and how do we improve the health of adolescents as reflected in the 21 critical health objectives. Some of you might not know that there are over 467 objectives. It's hard enough to prioritize so we decided on having 21 critical objectives for the 21st century, and this fall into six general areas: mortality, unintentional injury, violence, mental health and substance use, reproductive health and chronic disease prevention. If we make an impact in these areas, we would have done a great deal for adolescent health. But our focus in our national initiative isn't just on eliminating the negative health behaviors. The philosophy and a pro to the national initiative really fosters and works on creating health youth development as an integral part of this because it's critical to create the type of healthy environment where young people can thrive and the societal commitment to back up this kind of effort is of tremendous, political and positive environmental commitments. And clearly, the involvement of diverse organizations and institutions is critical to success. Individuals working in the community representing the faith community, the schools, employers, the community agencies as well as the media, parents and families all have a very critical role to play in improving the health of adolescents.

In order to provide support for these 21 critical objectives in the national initiative, we were fortunate to have an opportunity to help develop a companion document to the 2010 effort and a number of you may be familiar with the fact that CDC also helped to support the development of other companion documents including Healthy Campus, Making It Happen! And Healthy People Reproductive Health as well as Rural Health.

In our document that is available on this resource in front of you, we try to make available to you a tremendous amount of data but also a process. How do you really engage communities? How do you prioritize among those 21 critical objectives? How do you use data? And how do you use the mobility and the voice of young people to help shape the initiatives for the 21st century? Thank you.