AMCHP Annual Conference, 2010

Moving Ahead Together:

Celebrating the Legacy, Shaping the Future of Maternal and Child Health

Adolescent Health:

Connecting the Dots between Data, Disparities and Innovation

March 6-10, 2010

CLAUDE: …some introductions and then they will come forth to share some very worthwhile information and hopefully we'll have a chance at the end for you to have some questions and answer session. First I'd like to introduce Dr. Claire Brindis. She has a doctorate in public health. She's the Director of the Philip R. Lee Institute for Health Policy Studies and Professor of Pediatrics in Health Policy in the Department of Pediatrics in the division of Adolescent Medicine, she's at the University of California, San Francisco and the leader in the area of adolescent health and research and we're pleased to have her aboard.

Following then is Robert Nystrom. He is the Manager of the Adolescent Health Section, Office of Family Health in Oregon Public Health Division and a member of the national network.

Next to him is Theresa Ryan. She has a Bachelor in Nursing and she is an Adolescent Health Coordinator and Nurse Manager for the Oklahoma State Department of Health and a member of the national network as well.

And lastly we have Gwendolyn Winters. She's an Adolescent Health Coordinator with the Mississippi State Department of Health Office of Child and Adolescent Health. So it's my pleasure to present the panel first, Dr. Brindis.

CLAIRE BRINDIS: Thanks Claude. Let me get all my other appointments out of the way. So it's a great pleasure to be with you and I'm going to be spending a little time talking about the background on healthy people 2010 a work we've been doing on nit course review, but really focusing most of my talk on the need for more national state data resources and a new project that we are about to unroll out of the national initiative to improve adolescent health through NAHIIC, which is the National Adolescent Health Information and Innovation Center as well as ways that perhaps you can benefit from it. So many of you who may know me know that I am totally addicted to the Academy Awards so I was glued to the TV set last night and I was totally surprised that Avatar did not win. But I used the slide which represents the tree of souls, which is the white spiritual tree that was tapped into for the collective wisdom of the planet and then these other characters Jake and Nateery. Now I'm using an analogy to the white tree as the data project that I'll tell you about. Clearly the data project isn't quite as powerful as this tree, but I think it's a possible analogy to use. So many of you know that we have been working on healthy people 2010, we're working now very diligently on 2020 health objectives. But I think it's very important to understand that these objectives really had the over arching goal that you've heard a lot about throughout the last couple days and tomorrow as well which is really increasing the quality and the years of life as well as

eliminating health disparities. There were 467 national health objectives. 107 of them really pertain to adolescents and young adults and as a group that worked on these; we selected 21 as the critical health objectives. That is, if we could have an impact on these 21 critical areas we would make a lot of in roads in improving the health of adolescents for this country. So there is 21 for the 21st century and these were based on two criteria. That there was either already state level data as well as national data and that they would be helpful in terms of looking at critical health conditions and monitoring health status as well as behaviors so around adolescence this is a very important area. Eight encouraged decreasing unhealthy behaviors and four encouraged increasing health behaviors and if you want more information on this it's available at the Nahook website. The 21 objectives fall into six general areas and they are mortality, unintentional injury, violence, mental health and substance abuse, reproductive health and chronic health conditions. As we're working on the 2020 I think you'll still find that many of these objectives are very relevant. So for example, I won't read every single one of these but under unintentional injuries you have deaths from motor vehicle crashes and I don't know how many of you read USA Today, is there a show of hands? If you look at the USA today there is a full-page ad from All State insurance concerned about teen agers and texting and trying to pass legislation around and really being sure that kids aren't dying as a result of texting. And this includes safety belt use and drinking with someone who has…I mean driving with someone who has been drinking. Again under violence is several sub objectives, mental health, this ranges all the way from children with mental health problems who receive treatment, how many of them do to issues like binge drinking. Under reproductive health we have HIV, adolescent pregnancy as well as

STD's and abstaining. And under chronic health conditions tobacco, overweight, eating disorders. So this is just a very brief parachuting into the 21…adolescent health objectives because I want to show you how this ties into this data resource project that I will be sharing with you today. So with my colleagues at UCSF we did a mid course review. So what's happening with these wonderful 2010 objectives, what kind of progress have we made? And this is an article that's available to you on the Nahook website. It's published in '08 April '08 and what was very sobering is that we found little or no improvement on most objectives and a slight improvement in only three catagories: injury related behavior, pregnancy and related behavior and unfortunately we're moving reverse from our findings in this article, and a slight improvement in the reduction of tobacco use. So as we were doing this mid course review, we discovered that there were a number of limitations with this review of national data. First of all we found that state data wasn't as available as we had hoped or expected. The national picture doesn't give you all the variation of this great country of ours and the national review did not adequately capture the diversity in terms of racial, ethnic and gender data. And a having a journal article isn't that helpful in terms of when you're looking and working into your own state. So we decided that we really needed along with guidance and support from our program officer, Trina Anglend at the Bureau of Maternal and Child Health that we needed a project focusing on data, utility and action and this is what I want to talk to you about. So our intent was to make data much more readily available to the states to present the data both nationally and state by ethnicity, race, gender and age or grade as available and to be able to show you the variability both in geography, individual's objectives…so let's say you're only worried about teenage

pregnancy. Of all those 21 objectives you could just focus on that one objective or perhaps you're currently concerned in your state around clusters of objectives. So for example chronic health conditions have received a lot of attention. So we wanted to offer you a resource that would help you all along those ways. Second priority for us was to use it and to provide a resource that was going to be very user friendly that presented data in a variety of ways including a narrative kind of way but also tables and to remove the burden on you from having to locate, download and clean the data. And finally our desire is not just to have data for the sake of data, but to really support your activity at the state and local level to enable you to develop a really big picture about what's going on with your state's adolescent health profile and to be able to compare and contrast successes and failures with other states. And I'll go into this point with more detail in a moment. And then based upon the data and comparisons, identify priorities and mobilize resources. How many of you were in this morning's plenary around switch…many of us were there. And what was really powerful was his focus on one or several smaller, but distinct messages. So we appreciate that you're not going to be able to work on all 21 areas at one moment, even as talented as all of you are, but hopefully this data will help you with some of those prioritizations. So here's another slide from Avatar which has to do with the computer center and so again this is the data project that I want to move into. So if you go to the Nahook website we have about 60% of the project up and I can promise you that over the next few weeks more and more of it will be online. I had hoped to have all of it online for today, but you can come to our first screen and you'll have a background on it and then it will have the 21 objectives so I just cut…you know we just photocopied the screens. You have a summary of national

data by the various objectives and then you can see that the tables will show you the baseline in 1999 and the mid-course which is the year 2005. And now you really appreciate because we're in the year 2010 and that this is not as recent as we would like, but this is the best available data that we had at the time we were working on this and that we were looking at both baseline, mid-course and then numeric change in each of these and so you'll see gender, race and ethnicity as well as this data home page and you can click on any state and get to your state. So today I'm going to focus a little bit on Arkansas and one other state so here would be the particular state of Arkansas if you want to hear and see what's happened in terms of for example safe sex behavior and condom use. Also by Black, Hispanic and White and I point that I'll make later than unfortunately and I know in a number of states we have large Asian Pacific Islander groups, we have large Native American groups and unfortunately we do not have access to that data based on national and state data. So as we did this project we discovered a variety of limitations. First that we were unable to locate data for seven of the 21 objectives in these kinds of areas, like alcohol related crashes, mental health problems. Some states did not collect data for every objective. They might have collected data for different years or they might have used other data sources so we try to provide links wherever possible. And once you get into this if you have data that you'd like us to know about that we can include with your state's profile we would be very happy to accommodate it. And then as I mentioned to you just now, we did not…some sub groups in some states are far too small to calculate reliable rates and percentages. So, how can you use this resource to improve adolescent health in your state? And again we want to identify gaps, review the data and take action.

So the first step is really to identify your state's particular data gaps. What objectives are missing data? What racial, ethnic, and gender groups in your state are not adequately captured? And very importantly for you to be able to look at other states and are they collecting the data, because as I will underline later, this is a potential way that you can use this project to go to the state epi folks and say why are we not collecting this kind of data? We need to have a complete profile as well. When we talk about the next step which is to review your data, first I would encourage you to think about doing an internal review. Is your state making progress? And again you can look at it by individual objective so have there been changes over time? Or is it stable, is it positive change? Is it negative change? Have there been changes among specific racial or ethnic groups or age disparities? Have there been changes by these clusters or all 21 objectives?

A second step is to look at externally your data as compared to other states and most of us do in the back of our minds or the front of our minds have another state or several other states that we compare ourselves to so I would encourage you to be thinking about these similar states. Perhaps similar in terms of demographic profile or poverty profiles, particularly if your own state doesn't have some of this information. And then hopefully if you find that other states have been making more progress where perhaps you have not made any progress at all or you're going backwards, you might begin to call up the adolescent health coordinator from that state or other key stakeholders to find out what's going on that's positive, the

positive deviants from those other states and then to perhaps begin to establish an evaluation process for your current or past programs.

And finally we want you to take action, that is advocate for better data, use the data for grant writing, revamp or evaluate your programs and craft legislations for these gaps. So one way of looking at it pictorially in the next slides having to be more pictorial is to look at what kinds of issues perhaps among the clusters some areas are you making great progress so in this slide you see that mental health is not going in the right direction while substance abuse is going well, meaning, in this one we'll say that less kids are using substances or perhaps the pregnancy rate is different, too. Another way for you to picture this for yourself is to begin to think about were there certain policies or strategies or programs or protocols that you established and you can begin to say okay what year did we establish this? And again I'm not arguing that you're going to have a strong causal effect you know immediately, but have any of these external policies helped to impact some of the ways that these curves or these lines are moving. So when thinking about accounting for the change was the program or policy implemented? When was it initiated? What were the funding levels? But also question yourself in terms of whether there were other factors in the state that might have contributed to either an increase or decrease. So you might have had the very best teenage pregnancy prevention program in place but at the same time you are facing tremendous unemployment, an increase in poverty and perhaps several other factors that might have totally negated the impact of you and your state implementing a positive or

what you had hoped to be a positive policy. And again compare yourself to national trends. So it could be that your state is not doing great, but if you look at national data it might be that everybody is not doing well and perhaps your state is doing better than national. So I'm not picking on Missouri or Arkansas but I'm using these two states as a kind of comparison that I would encourage you to think about. So if you look at…and here I've only picked four topics, the suicide attempts nationally there have been no changes, but in Arkansas there was an increase in the number of suicide attempts among youth. In Missouri there was no change. For motor vehicle there was worsening in Arkansas as well as Missouri while nationally there was no change. For physical activity there was a decrease in Arkansas and an improvement in Missouri and then in terms of condom use nationally there was an improvement in condom use which was true also of Missouri but not of Arkansas. So you can do this sort of back of the envelop review for some of your favorite states. But then I'm also encouraging you to think about specific age groups so you might want to look at the 9th-12th graders and in Arkansas and Missouri that data is available and not every state has this data but you can see that in 1999 about 60% of the students reported that they used a condom the last time that they had sex and that decreased to about 56.7% and in contrast in Missouri, 59% almost 60% similar to Arkansas were using condoms at baseline but that increased to 67% so this data, this kind of picture can make you begin to think about what was different about Missouri. Why did they have this? Did they start a new policy around the role of pharmacy? Did they use a new policy around the implementation of some other kinds of policies like condom distribution programs or some other kind of thing?

What was going on? So in a way you could be Sherlock Holmes with this kind of data and try to figure out what was going on. Now here's another kind of comparison where you see males reporting in 1999 that about 67% use condoms or reported using condoms less sex, some related to Arkansas…I'm sorry Arkansas in 1999 not that much different and females again it dropped while in Missouri the numbers very much or very dramatically increased among both males and females. So another set of questions you might want to say how come females were reporting an increase in the number of condoms that was fairly dramatic? Now along with the data I just shared with you we also summarize other demographic disparities and issues that are going on in each of your states. So again this is just for you to review that in Missouri there were differences by females and males in terms of mortality. The differences between white adolescents having a higher rate of crashes as compared to the national rate and the rate for African Americans there was a difference in terms of the rate of physical fighting among African American males which increased from the baseline. So we try and I know that each of us have different learning styles. I tend to respond to having both the narrative and a table and a picture and so some of you may really like just having this narrative and if you want to cut and paste it and use it as part of your grant proposal feel free to do that. We've done that also around positive signs and positive indications of the data. So we had for both Missouri and Arkansas and the various other states. So if I move them into action and like this slide this is close to the end of the movie…who is the data project for? The reality is that we hope that you will find this useful for program administrators and coordinators as well as educators and researchers and advocates, but I also

think it is extremely important for media. Media like to understand what's behind the picture scene but also is our state doing differently or better or worse than national as well as these other kinds of comparisons. And I think when we think about the future vision of what we're trying to do with this project first we obviously have to acknowledge the limitations of the data and are there ways that we can begin to fill in these limitations? It's an important challenge to all of us. Secondly we are preparing for the 2020 objectives and I would be surprised if several of these objectives aren't going to show up on this next series. We want you to use this to delve deeper. So it might mean that you bring together a group of individuals from the state health department or from local communities and you delve and you start to look at this picture. And you try to find out from the individuals who are running programs, who are the program recipients to find out what is going on in our state that is making this difference for where we live? This is really an opportunity for you to share not only the data, but also to get input into what makes sense for your next steps? If we are making progress or if we are not happy with the progress that we have been making are there additional ways? So for example in the state of California, we've worked…I've worked on a project called the Hot Spots Report where we have areas of the state that have the highest incidence of adolescent childbearing…adolescent births. So we've worked very diligently to figure out how we can get our limited resources to be working in those hot spots to try to decrease the incidence of childbearing. And we also want this as a step for exploring opportunities for additional collaboration and cross-fertilization. So for example if you are calling the state of Arkansas of if you are calling other comparable states not

only should you find out what programs and policies you implemented but also find out who got mobilized to work with the adolescent health coordinator or with others around this project. So for example when I see that All State auto industry insurance is making a big pitch around texting to me that is a fantastic partner that you might not have thought about because obviously they're very invested in not having young kids die on the roads or get hurt on the roads and you may want to be thinking about these kind of additional creative partners. And then to be thinking about how to use the data for developing new policies and programs. So I am very excited about today being able to share with you that this is about to be launched and then now to really have a profile that delves deeper in the experiences of some of our key states today.

(Applause)

CLAIRE BRINDIS: Thank you, Claire for that presentation (Inaudible)... panelists so any questions on the presentations…

CLAIRE BRINDIS: Could you identify yourself for everybody?