

2011 AMCHP and Family Voices National Conference: Plenary II -- Working Together to Meet the Health Needs of Adolescents and Young Adults

02/14/2011 Omni Shoreham, Washington, D.C.

LORETTA FUDDY: Good morning, how is everybody this morning? Just a quick announcement for those of you who are here for the Family Voices plenary session for the morning, you're in the wrong room. They are in the palladium room so if you want to head there if you're here by mistake. All righty. Well with, we have a great program this morning and I want to welcome everybody back from yesterday. We had a great session yesterday late afternoon and did everybody get a chance to see the pictures of AMCHP staff as teenagers? And did you figure out who they were? And did you notice that a certain person was -- oh my gosh. Well, when I chastised him he said to me be sure to tell them I quit. So we're glad to hear that. We want you to be as healthy as possible. So this morning we'll focus on the needs of adolescents and young adults. I remember years ago when I first started working on adolescent health with AMCHP I was just amazed at the definition of adolescents as being from 11 to 26. And I was shocked by that. It was like that can't be possible. Well, having two adult boys, I sort of related to it. Naturally I say it goes beyond 26. Anyway, I'm Anne and I have a new profession, I'm becoming the annual imposter here at AMCHP. Our secretary from Hawaii was not able to make it. She has been, I think, honored, perhaps, to be appointed the acting director of the Department of Health in Hawaii and wasn't able to come because of those responsibilities. So we're happy for her, we think. But we miss her. Anyway, we will proceed on. So before we get started with the program this morning, we have an award that we want to present and it's AMCHP's promising practice award. The promising practice award recognizes programmatic excellence in MCH program and you can find out more about it on page 14 in this program. Join me in recognizing our 2011 best practice award, Illinois's program. And here to except the award is Dr. Sullivan, who is the recently-retired Title V director of Illinois. And while she is making her way up here, let me tell you a little bit about the

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program. This program is designed to promote healthy ways in Latinos facing weight loss barriers such as access to healthy foods, lack of time, economic resources, family commitment and motivation. The program is based on a PROMATORA model and based around the socio-ecological model which takes into account those biologic and environmental factors that may impact individual decision. To date approximately 950 patients have been referred by their providers. 539 women have attended or been orientation sessions and almost 300 women have graduated from the program. So join me in congratulating the staff that work on this program and, as the director said, she's representing them and we're proud to have her representing them. [Applause]

MYRTIS SULLIVAN: As a representative of the State of Illinois I would like to thank AMCHP for this distinguished award for this most deserving program. The entire State of Illinois is proud of this program which promotes healthy weight for Latino women, population that we all know is really disproportionately affected by the weight problem. So again, thank you so much, AMCHP, and I will make sure that LAVEDA and the staff get this great award. Thanks. [Applause]

LORETTA FUDDY: Great. It's always great to recognize hard work and we all do hard work, but we can only recognize one program. Consider your programs just as vital as this particular program. So I would also then like to invite you to submit your promising practices to our best practices program and again, you can read more about it on page 14 in your program. AMCHP is anxious to recognize promising practices and encourage all of you to submit information on programs that you've developed in your state. So now I would like to introduce Robert Blum, Dr. Blum is the William H. Gates Sr. professor and chair of the Department of Population, Family & Reproductive Health at Johns Hopkins Bloomberg School of Public

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Health. Dr. Blum has a long CV. He's been in the field for a few years. And for those of you who have heard him speak before, he is an excellent speaker and inspiring. Among his credentials he's edited several books. Dr. Blum in July of 2007 was named the director of the Johns Hopkins Adolescent Health Institute. A past president of the Society for Adolescent Medicine. Served on the board of the American Board of Pediatrics. He was a charter member of the sub board of adolescent medicine, and is a past chair of an institute board of directors and also served as the chair of the National Academy of Sciences Committee on Adolescent Health and Development. He has been awarded the Society for Adolescent Medicine Achievement Award and in 1998 he was awarded -- he was the recipient of the American Public Health Association's Herbert Needleman Award for scientific achievement and courageous advocacy on behalf of children and youth and Dr. Blum will be presenting and then when he's finished presenting he'll be introducing some great panel members that I think you'll really enjoy. Thank you. [Applause]

ROBERT BLUM: Good morning. Thank you. It's a tremendous pleasure for me to be here and a tremendous opportunity not just to share with you a bit of what is happening in terms of adolescent health but to facilitate a conversation with young people with whom I've had the chance to have breakfast this morning. Before I get going, I couldn't stand here without some specific welcomes, first of all, to my colleagues from the State of Maryland. Good morning. And to my colleagues and dear friends from the State of Minnesota with whom I spent many, many years. It is a pleasure for me to see some of you again as well. And finally, given the theme of this panel, I couldn't stand here without a special and warm welcome to the state adolescent health coordinators who have done so much at the state and national level for advocating for the health and well-being of young people. Congratulations to you. [Applause] What I would like to do in

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too much time but in a few minutes is to do two things. I would like to share with you some of the current data on adolescent health and talk to you a little bit about what we know that protects young people from harm and I would like to then talk about effective programs. From there we'll go into the panel conversation. Today there are 63 million young people. Young people I use the definition that the World Health Organization does, people between the ages of 10 and 24 years in the United States. They represent one in five of the population here. In the United States, youth and again that is the WHO definition, 15-24, represent 14% of the population in the United States. What we have seen and what we will continue to see is a decline in the population of white European American young people and a rise in the population of youth of color. By the year 2030, 2035, young people of color will be the predominant, not the minority populations in the United States. So we're seeing this significant demographic shift. What we also know is that there is a high correlation between poverty in the United States, race and income. And this graph shows you that relationship. This is 2003 data. The trends have not gotten better. And it is for the poor and near poor. What you see for poverty levels for black African-American three times that of white European Americans and Latino populations the same disparities. When we look at other demographic shifts in the United States, we have seen in the past generation, in the past 20 years a significant rise in immigration nationally. We are a country of immigrants and this is the issue that we'll be talking about in our panel. In 1990, 19% of the adolescents lived in immigrant families. Today it is close to 25%. When we look at death rates, mortality in the second decade of life or the ages 15-19 by race, what we see is tremendous disparities. Increasingly we talk about the social origins of the social determinants of health and in no age population do you see it more clearly and more pronounced or more powerfully than

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in adolescents and youth. When you look at native populations of American Indian, Alaskan native 91 per 100,000 compared to Asian and Pacific islanders which are nearly a third of that. In the United States 75% of all deaths in the second decade of life are preventable. They are deaths from injury, primarily vehicular injury, primarily alcohol-related vehicular injuries, homicide and suicide. Males are nearly five times more likely to die and to be injured than females. And while vehicle deaths are the primary cause of mortality, we also know you can make -- and we have made -- huge strides. When you look at the years between 1980 and 1992, there was a decline in juvenile mortality of 38%. 38%, that's stunning. I would suggest that this is one of the tremendous public health improvements of the last 30 or 40 years. And what factored into this? Well, it is at the interface of policy and programs, I would suggest, that has made a tremendous difference. First of all, and most powerfully, a uniform drinking age in the United States. And it's interesting to note, particularly in this day of debate over healthcare reform and mandated health insurance, the way that this was done during the Reagan administration was not true, a mandate. It was done in the traditional American way, to a highway repair bill. [Laughter] You know, J. Edgar Hoover, some of you may remember, one of the great philosophers of American politics said the difference between the U.S. system and the Soviet system is theirs is direct and ours is indirect. The way this legislation went about developing a uniform drinking age didn't said thou shalt have a uniform drinking age. It said if you want highway repair legislature, money, across the states, you'll have a 21 drinking age. If you don't, that's fine, you won't get our repair money. You can live with potholes. Everyone decided, you know, it's a minor change to get it to 21 instead of potholes. So mandatory drinking age. Mandatory seat belts. Graduated licenses which are nearly uniform now, or at least in existence

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in every state in the union. Limitation on nighttime driving for the first six or 12 months. Limitation on the number of passengers that can sit in a new driver's car which is derived from basic laboratory research on attention and neuromaturation that led to that legislation in many states. It has had a tremendous impact. But we've also seen concurrent with this behavioral change. In 1991, 26% of young people said they never wore a seat belt. That's down to about 10% now. That's still a lot but that's a lot of improvement. In 1991, 40% of teens reported having ridden with a driver who had been drinking in 2009 it was 28%. A significant improvement and so, too, the relationship between drinking and driving has decreased significantly. We have made improvements. And the consequences of these improvements translate directly to lives saved for juveniles. This graph, if anything can highlight it, shows our love affair with access to violent weapons and this is the percent of firearm-related deaths. Among 100,000 juveniles, this is looking across the world, the United States has a higher firearm mortality rate among children and youth than the next 25 industrialized countries of the world. That's combined. A sobering thought, I would suggest. We pay a high price for our politics. One-third of all firearm deaths are from suicide. And one of the things that we see among young people today in the United States is a high level of stress and distress. Nearly 14% of young people have told us that they have thought about suicide. Nearly 11% said that they have made a suicide plan. And 6.3% of all young people in the United States, 6.3% of all young people in the United States, tell us they've attempted suicide. But there is also some good news. What we see overall is that tobacco use is down, alcohol use is down and substance use is down a little bit. When you look at graphs, for example, for cigarette smoking and these are YRBS data we see this decline in cigarette smoking, though it looks like over the last few years it has begun to plateau. While not as

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dramatic we have seen this downward trend in alcohol use and so, too, with marijuana use we see a downward trend, though in the last couple years there was a marginal up tick in marijuana but overall substance use is down or plateaued. For teen pregnancy, last year teen birth rates hit an all time low in the United States. That isn't over the last few years, that is for as long as records have been maintained in the United States. And this is true across all racial and ethnic groups. Whether that trend will continue depends on a whole set of factors. Some of which relate to what happens with our economy and some of which relates to what happens on the Hill. Our politics will drive whether we increase our pregnancy and abortion rates or not. When we look at trends over time, we see that condom use has increased. This is condom use at last intercourse from 46% to 61%. And we also see a significant increase in the number of male and female adolescents who report always using condoms. We see major behavior change among boys than girls. I would also tell you we see the greatest behavior change among African-American males than in other male populations. So when it says that males are hard or impossible to reach I would suggest that's not what the data suggests. Decline in teen pregnancy occurred steadily from 1991 to 2006. We saw a slight uptick but last year we saw a significant decline. 6% decline in teen birth rates. In 2008 pregnancy rates were 152 per thousand. Today they're 149 per thousand. We also have seen a decline in the number of young people who report having had sexual intercourse. But as pregnancy rates have declined we've also seen a dramatic and stunning rise in obesity. And when you look at these trends and the maps that the CDC has of trends in obesity in America is nothing but breathtaking. That when you look at these trends over time, we wind up with today, 12% of young people are obesity, of adolescents. An additional 16% are overweight. That's nearly one in three adolescents. If you enter adulthood -- if you cross into the

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third decade of your life obesity or overweight, your chance of reversing that is slim. You are that person forever with cardiovascular and life expectancy consequences. So when we look at various trends, we see unintentional injury having decline. Weapon carrying having decline. Violence declining, pregnancy outcomes declining. Suicide overall is a downward trend despite the fact that stress remains exceptionally high. Alcohol use hospital come down, to be use has come down. Marijuana use has come down and there has been a decline or a plateau among other use in STIs have also declined. Our new morbidity and diseases, obesity, asthma, depression, we'll have a chance to talk with young people about these. These are some of the very quickly trends in adolescent health that we have seen and some of the current data. So with that, what are the things that make a difference? What are the things that protect young people from harm? I would suggest we know a lot. I would also suggest we do a little. So from the research that we have done, both in the United States and around the world. These factors are parallel when we look at country by country around the world. What we see is parenting connectedness and school connectedness. Independently they make a profound difference in the outcomes, the health outcomes, of young people. So let me just highlight a few of these data. When we look at the relationship between being connected with one parent, and that is a young person's perception that my parent listens, cares and is available to me. What we see is that it is highly protective at a .0001 level for suicide all thoughts and attempts. Violence, interpersonal violence. Cigarette use, independent, controlled parental use. Alcohol use. Doesn't make much of a difference for age or for sex. When we look at parental presence, this is from health data, we look at four times -- dinnertime and bedtime, what we see is that when -- the more parents are present, highly protective against suicidal thoughts and attempts, violence, cigarette use and alcohol

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use. At least highly intercorrelated with lower levels of each of those behaviors. And when we look at parental expectations for school and school completion, we see similar trends. Parents who expect their kids to graduate high school, not only have kids who are more likely to graduate high school, but who have kids who report less involvement with a range of negative health outcomes as well. Some of you I trust have seen these trend data before but when we look at the relationship between school connectedness, feeling close to a teacher, feeling that a teacher cares about me, that their teacher expectations for me, connectedness rises as my perception as a young person 7-12 grade that a teacher cares about me and I feel part of this school goes up. My involvement with substance use goes down. Alcohol, cigarettes, other drugs, independent of whether there are drug prevention programs in my school or not, or the nature of drug prevention programs. Something in that interrelationship. When we look at emotional distress and when we look at suicidal thoughts and attempts, as I feel more connected to school, I report less involvement with these feelings and behaviors. When I look at violence, violence involvement, deviant behavior is like breaking windows, petty theft, things of that nature. Interpersonal violence. As I feel more connected to school, my involvement with these behaviors go down. And this is not about programs in school. This is about people in school. And one of the core messages I have is think about yourselves. Think about what has made a difference in your life. And almost never is it a program. Almost always it is people who make a difference in your life. Now, some of them may have been people in programs. That is not to say that programs are irrelevant, but it is to say it is all about the people in those settings that make the difference for young people. School connectedness and pregnancy, 11th and 12th grade girls, low connectedness, 20% report having ever been pregnant. These are those who were still in school.

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Obviously those at highest risk were gone by then. Compared to 0.1% where connectedness was high. A good school with good connection I would suggest is good contraception. The relationship between school connectedness and adolescent health across time. What happens over time. Look, if you will, just at the bars on the left side of the screen. None to regular. This looks at the initiation of cigarette use, okay? Going from never having used cigarettes to regular use of cigarettes over a one-year period of time as a function of school connectedness, school connectedness again was measured using the relationship with a teacher. I would suggest that I don't have the data because it hasn't been equally studied that it probably is true for other adults in school as well. So where connectedness is once standard deviation below the mean, 5.3% of young people report transitioning from never smoking to regular smoking. Where it is one standard deviation above the mean 2.1%. That's half the rate when there is connectedness. Look at initiating -- getting drunk from never to regularly. Where connectedness is low, 6.2%, where it is high, 3.2%. A 50% difference. When we look at transition of marijuana use from never to regular use of marijuana, 4.4% where connectedness is low. 2.6% where it is high. A huge difference. When we look at seriously considered or attempted suicide from never to having attempted, what we see is where connectedness is low 2.2% of all young people in America have said that they attempted suicide, where it was high, 1.3%. There is something in human relationships that are highly protective of young people. The same with initiating of intercourse but the power of that is relatively low. Initiating violence, stronger. School connectedness low, higher rates. So then if human connections matter, how do we take this into programs, into services for young people? Research has repeatedly shown that our focus on problem reduction interventions alone are rarely effective. I would not say they are never effective. They are rarely

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effective. I would also suggest that in this country, we invest hundreds of millions of dollars in programs that we believe, that we feel, that we are convinced will work because they should work. But have been shown over and over and over again not to work. And our belief that it is different in Nebraska than it is in Iowa or that Iowa is different than it is in New Jersey, and that it should work in our community because we're different than the community next door is a problem. There is ample research evidence that many of our most favorite programs don't make a difference. And that is true in violence prevention, it is true in pregnancy prevention -- prevention. The evidence is often ignored in the face of either something that is politically appealing or personally appealing to the people who are in a position to make those determinations. And I would suggest from an economic perspective and from a policy perspective, we cannot afford to invest another nickel in programs that do nothing for young people. [Applause] Effective new programs, and we have a lot of research on effective youth programs incorporate more elements of positive youth development. I'll talk specifically in a second what I'm talking about. Strengthen adult and adolescent relationships. Adult and adolescent relationships. Peer relationships are terrific but adult relationships are what matter in the lives of young people. They are long term. With a strong youth participation component. There are many reasons why participation matters. Not just because it's politically correct but because it's brings skills, confidence and builds confidence. It gives young people a voice. Effective programs provide skill training for young people. They provide life options. Regrettably still too many of our young people have too few options. And if you feel that you are going to live in the age of 21, why contra September and why complete high school? Why do anything if that's your life view? Effective programs link young people to the social context in

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which they live. To family, to schools and to communities. And the people in those institutions. They expand youth participation and they empower communities to address the issues that confront them. There are so many wonderful stories. But there is a great book by Jonathon, who has spent his life writing great books. This is a book called "amazing grace," the story of a young girl in Harlem, New York. Some of you may know this volume. It is extraordinary. And in that volume he talks about a small park in the tenements where the elders, the women, got so fed up with substance drug dealing and coming down in the morning and seeing needles all over the place and syringes all over the place, they decided to take hold of their community and they went down there at 10:00 at night and they took shifts and they played cards and they told stories and they drank coffee and tea and when drug dealers came around they said you, get out of here, I'm going to call your mother. I know your grandmother. Get out of here. And they cleared that park of drug dealing. Community empowerment. Economically depressed communities are rich in human resources. I spend a lot of time in Baltimore working at a community level. Economically impoverished as any community in America and rich in human beings. Effective programs provide safety and structure for young people. They offer an opportunity to belong and be part of a group. To enhance a sense of self-worth and contributions. To facilitate independence and control over one's life. They support and train for competence and they encourage closeness with peers and nurturing adults. So in conclusion, we know human connections matter. Family, parents, school, community connections are highly protective and improve the lives of young people. They reduce risk, they motivate behavior change, and they improve the health, education and life outcomes for young people. I would like to stop at this point and invite a group of extraordinary young people to join me on the podium. Thank you very

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much. [Applause] While they're coming up I would like to introduce them. I'll do that as they take their seats. I'll introduce them in order of where they're sitting. Let me just mention a couple of things about this part of the program. We want very much to be able to incorporate questions that you might have. To be able to do it as efficiently as possible, what I would ask is as we're going along, to please, if you have a question or you want to hear more about something, just jot it on a note and there are two people, Sharon is over on your right, Lisa is over on your left. And if you raise your hand with a piece of paper, even without a piece of paper, they'll come and pick it up and bring it to me and we will try to incorporate as many of those questions as possible. So starting right to left, what I would like to do is introduce first SHRENE is a senior at Wakefield high school. Second is Natalie, who is a senior at George Mason university. Next to her is Brian Mathews, who is also a senior at George Mason University, and as the book end is METURO who is a junior at Wakefield high school. So this is our panel and welcome. [Applause]

ROBERT BLUM: We're all set. I would like to just, if you don't mind we're just going to pick up in the middle of a conversation. We were having breakfast earlier and I would like to just start out, Natalie, with something you were talking about. That is stress. You were saying that from your perspective you see young people as incredibly stressed today. Do you want to just pick up on that a little bit?

Youth Panel Member: Well, I was trying to think of what was the biggest health concern but I think that stress kind of just underlies all the issues that I was thinking about. And I just see it all the time at George Mason. People worrying about the smallest things, the biggest things. Mixing them together and it is just really taking a toll on a lot of people. I also feel -- I live with four

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roommates and I see their stress level always, like up to the ultimate high. Everyone is stressed about something else. We don't get enough sleep. I think that's why the obesity level is increasing. So I just think that with stress, it causes a lot more underlying issues.

ROBERT BLUM: Where does it come from? What can be done to deal with some of it? I agree with you, as we talked about. I agree with you. Stress levels are, from research perspective, higher than they've ever been.

Youth Panel Member: I feel like stress can come from a lot of different things. Personally I feel like it comes from family and the pressure of succeeding and graduating. Going to graduate school, getting a job, getting married. All these things. It just seems like it's one after the other. And I really don't know how to kind of separate all of them and just focus on myself. So I feel like parents have a big issue on that and that's all.

Youth Panel Member: I have a comment.

ROBERT BLUM: I wanted to ask you a question. Jump in.

Youth Panel Member: I completely agree with what you're saying. The stress level from my perspective being in high school, we have to take SOL courses and what that does throughout the whole curriculum, we constantly pick on subjects for a day, for example in my USBA class we touched on the world wars for about two days and then we moved on. It is like a constant, you have to get going, keep on going and we're always pressured to keep on moving. And I feel like also it's the American way of things because I know back in Bolivia or back at home, we don't live in that kind of aspect. The American way is to get going. You're very individualized, you have to keep on going. That's how you live. You have no time to breathe. But in other countries it's all about oh, you do whenever you want, you do how you feel. You are just so laid back.

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ROBERT BLUM: You come from at least three cultures. You come from your parents cultures from Bolivia and from Egypt and also from the United States. Where do you see these culture clashes, if you will, and what does that mean to you? How have you experienced stress as a function of some of that?

Youth Panel Member: A lot of the times like I don't sleep as much and I know that my family, they don't understand why I work so hard or why I have so much work because back at home like in Bolivia or in Egypt, they spend half the day at school and then they go home and spend time with their family. And then they go back to school. And then so this whole aspect of being like a stress all the time is really unnatural to them and they don't understand. Sometimes -- a lot of the times I find myself stressing out over unnecessary things and I don't know, it's different to them.

ROBERT BLUM: I want to come back to that in a second. But let me ask you, because your parents also came as immigrants -- what little they do have they take advantage of it. The country is stress-free and laid back. In this country everybody is fast paced. I have football, school. This is my junior so I have to get ready to take SATs and stuff like that. Those are the differences I see.

Let me just pick up on one of the themes, and that is that relates to stress but also relates to issues of diversity issues, of difference. We were talking at breakfast that up until recently the census bureau would say you are white, black, Hispanic, other. And you would be one of the huge population, probably about 20% of the population who would have been clustered as other. We now are much more oriented to the mélange of populations that make up America and are you not other. You're Egyptian and Bolivian' and American. In terms of issues of sexual orientation and being immigrant, what has it meant?

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Youth Panel Member: I feel like because I have to find myself labeling on college applications what ethnicity I am, I find myself contemplating what am I? Am I from Bolivia or Egypt. I thought I was American, you know? [Applause] And I feel like it's only in this country that matters. It just upsets me so much that I have to label myself in order to succeed. Just because I'm from Bolivia or Egyptian I grew up it doesn't matter who you are or where you come from it's how to succeed. Why does it matter where I'm from and who I am?

ROBERT BLUM: It is a prevailing question.

Youth Panel Member: Yeah.

ROBERT BLUM: What about other's experiences?

Youth Panel Member: I go along with that comment. I also feel that it's not so much of a bad thing that they ask. Sometimes they use that for statistics or scholarship opportunities because some scholarships are open to certain races. At times I feel bad when I'm filling it out because I'm confused about the person that I am. And if I'm American or am I Sierra Leone. I don't feel that much of a bad thing for them to ask. I understand they need those answers to help me out in a way.

Youth Panel Member: Going off of that, I understand what she means. When you have multiple identities different groups will kind of assume are you -- is this one label more important than the other, is one label for more than the other? It makes you feel like you were saying a little confusing. What exactly am I? Do I identify as race or my sexual orientation to identify me first, the fact that I'm a young person, what exactly am I supposed to ascribe myself to be as?

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ROBERT BLUM: Well, all of these kinds of tensions, all of these pushes and pulls between family, sexual orientation, labels that people put on you, expectations, certainly predispose to stress. In your lives, what's made the positive differences? What are the things that you would say this is what really has been centrally important? Natalie, did you want to jump in?

Youth Panel Member: I think my friend support is really important to me. I am trying to get my masters in social work. I'm applying to grad schools now and I am living with people also that are trying to get their master's too, and I feel like that positive energy supporting one another, applying, pushing for that is really important to me because with some people, they push but they don't understand and I feel like our peers totally understand we're going through a lot right now so I think with having that friend -- those friends that really do want you to succeed is important as well as professors. But I just feel like the friends, you know, that are also in the same major understand what we're going through.

ROBERT BLUM: Don't give up the mic yet. Stick with it for a second and it will go to her. You were saying at breakfast that your folks and your dad was really important in terms of setting a very high bar for you. As a parent, sort of walk the line between being supportive and not wanting to see our kids stressed out, and setting high expectations. I mean, you know, as some of the research I talked about, high expectations matter. Where is the balance? As a parent, as those of us who want to provide guidance and support to parents, where is the balance between expectation and pressure?

Youth Panel Member: Well, for example, with my dad, he doesn't want me to stress. Why are you worrying? Why are you so stressed out? Why are you sick? I feel like as much as he cares, like that's where it is -- that's where it's coming from. I want to make my parents proud and I want, you know, my dad is a

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doctor and he's saying you can be whatever you want to be as long as it's a doctor. [Laughter] And--

ROBERT BLUM: What's the matter with that? [Laughter]

Youth Panel Member: Also I have three older siblings and they haven't been what my dad wants me to be so obviously I'm like his only hope.

>> It's all on you, baby.

ROBERT BLUM: You were going to comment before in terms of the things that have made a difference in your life.

Youth Panel Member: I am pretty sure, like 100%, my mom motivates me and makes me feel better because I'm first generation in college and I completely know nothing about the process at the time. But the fact that I can come home and see my mom and even though she has no idea what I'm going through, she just graduated high school, the fact that she can hold my head and stroke my head and tell me I can do anything that I want makes me feel so much better because I know it's hard for us because she is a waitress and she is really intelligent but she didn't get the chance to go to college. So the fact that she sees that potential -- not potential, but reality in me or through me makes me want to strive even more.

ROBERT BLUM: Going back to what Natalie was saying, parents definitely affect very negatively and very positively. For example, my mom is incredibly supportive. She is constantly telling me whatever you want to do is fine. Whatever route. She sends me little encouraging text messages throughout the day, you know. She sent me a text message this morning before I came here. But then my dad, I love him but he's always -- it's this constant -- I know he wants me to succeed but it is very much more you need to do this, you know, you have to do this, you need to do this, that,

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go to undergrad and need to get a job and do this and do that and don't embarrass me. It's a constant barrage of just one thing after another and I understand it's coming from a positive place deep down but -- the way he communicates it makes all the difference. My parents are saying almost the same thing but the way they say it is so different that I really -- it really makes a difference the way they say it.

Youth Panel Member: With me it definitely has to be my parents. Me once again being first generation going to college, my main motivation and the reason why I'm driven is because of my parents. They didn't have the opportunities that I have so I have to make the best of it. Seeing my dad at the age of 53 working shoveling snow, you know, that's my motivation. I don't want to be the same person as him. I want to do better than he did and I want him to be proud of me. That's one thing that keeps me grounded. [Applause]

ROBERT BLUM: So one of the recurring questions that people asked is, who are the powerful forces in your life? And what I hear over and over again is that family, parents are the powerful forces, peers are supportive forces, family are powerful forces. There was a question raised to me that when I talked about ineffective programs, name names. There are so many and life and time is limited. I'll just for your pleasure name a few. Scared straight and the derivatives of scared straight have been proven ineffective in Europe, North America and in Australia. For pregnancy prevention, the abstinence only programs have been shown over and over again to be ineffective. I would also, on the other hand, comment there is one exception, the work of -- but it's one exception. And I would suggest that the problem with abstinence only is not the first word of it, it is the last. Anything that ends in only, be wary of it. It's my favorite quote, as some of you have heard is, for every complicated problem there is a simple solution and it is usually wrong. Let me go back to you guys and ask one closing question. Out there are

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people who work in every state in the country. And who are committed to making health and well-being for young people better. If they could do one thing to make a difference, what would it be?

Youth Panel Member: Well, my parents are from Sierra Leone and they recently just had a war. And through the war brought a lot of disease, death and one of the big diseases was aids. I think you all do what you can do really force upon safe sex but I don't think we all really get the picture of what aids really does to our community and the population here. So I think if you guys could do one thing is really try to educate the young people about aids and try to help at clinics or do whatever you guys can to bring upon that message because it's really one of the worst things going on in the world right now and I don't think people really understand the damage that it does to our community. [Applause]

Youth Panel Member: Going off of what you were saying, education definitely. I think there needs to be a better awareness on how people our age learn. I think there needs to be more attention paid to -- we were discussing earlier digital media, using social interaction to communicate with people our age because we don't necessarily respond the same way that previous generations have learned. There is kind of a disconnect on exactly how to educate people in our age bracket. [Applause]

Youth Panel Member: I would actually agree on that, too. I think the media is so -- it's been like a widespread, the Internet, everybody goes on YouTube and tries to find how-tos on everything. I don't think the right information is out there to a lot of adolescents. We were mentioning MTV and how a lot of those things -- a lot of teen pregnancy all those things are being proper trade but not in the light that maybe it should be portrayed. I'm thinking more connecting through the media and the Internet to get the right information out there and kind of show adolescents not what is the glamorizing -- that's

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what I think -- I don't know how to, I think it would be the best thing to do is the Internet kind of reach out to them. [Applause]

ROBERT BLUM: I would want to underscore one of the points that Natalie raised. It's something that others brought up at breakfast. That is that we need to understand much better the tools that young people use. If we're going to be effective in reaching them. The tools that we tend to use are the tools of the 1980s. The classroom-based kinds of strategies and program-based strategies. But as we have witnessed in Tunisia and Egypt and globally, the tools that are transformative in the hands of young people are social media and we need to move into the 21st century quickly if we're going to be effective in reaching young people. I think that your point has been powerful.

Youth Panel Member: I think the times that we live in, our schools provide smart boards and I think it does a great job and touches on what he was saying. How we have to be advanced and need to do a good job understanding how we learn. I think one of the great tools that they provided for us was smart boards.

ROBERT BLUM: Good point. Ladies and Gentlemen, you have been hearing the voices of the future of this country. Please join me in thanking them. [Applause]

LORETTA FUDDY: Isn't it great to hear from young people and hear their ideas and the stresses that young people face today. I thought it was fascinating that your dad and your dad's -- you have to do this, you have to do that. It's like oh, my gosh. I think one of the things that struck me was when I was growing up, a college education was what was promoted in my family. But to think about the expectation of a master's degree, or a medical degree. That's an awful lot of pressure and that's really going above and beyond when you think about life planning. So I want to congratulate you young folks. I have great admiration for you and I don't know whether it's easy for you to

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be up here or not, but you did a bang-up job. [Applause] So before I introduce our next speaker, we have a special guest that I would like to introduce. And this special guest is Mrs. Blum. I would like to say that the foundation of true, healthy, Maternal and Child well-being is a loving father and a wonderful husband. Happy Valentine's Day. [Applause]

SPEAKER: What does it say about family? Isn't it great to have a surprise and recognition of the hard work he's done as a parent? And obviously a wonderful relationship between mom and dad. I think it's a great honor that you've bestowed upon him. All right. So our next speaker, before we go to the morning workshops, is a special guest of AMCHP, Dr. Howard Koh. We recently had a chance to listen to Dr. Koh and to visit with him in October at last year's 75th anniversary of Title V celebration and we're so glad that you're back. And that we have a chance to welcome you back but also to hear some words of wisdom from you. Dr. Howard Koh serves as the 14th Assistant Secretary for Health for the U.S. Department of Health and Human Services. After being nominated by president Barack Obama and confirmed by the U.S. Senate in 2009, Dr. Koh oversees 14 -- 14 core public health offices including

<<DR. Koh was not recorded>>