Adolescence is a time of major transitions and rapid changes, when young people develop many habits, patterns of behavior, and relationships that affect not only the functioning and opportunities of adolescents themselves, but also the future quality of their adult lives. Nearly 42 million adolescents aged 10–19 reside in the United States, most of whom are healthy. But all too frequently, young people engage in risky behavior, develop unhealthy habits, or have chronic conditions that can jeopardize their immediate health and safety and contribute to poor health in future years. The three leading causes of death in adolescents—motor vehicle crashes, homicide, and suicide—are all tied to risky or unhealthful behaviors. As well, adolescence is a critical period for developing positive habits and skills that create a strong foundation for healthy lifestyles and behavior over the full life span.

The health services system has an important role to play in promoting healthful behavior, managing health conditions, and preventing disease during adolescence. Yet health services and settings in the United States today are not designed to help many young people during those critical years. For example, more than one third of adolescents with current behavioral problems that require treatment or counseling do not receive mental health services. While many adolescents have access to private-office based primary care services, such services are not suited to their particular behavioral and developmental needs.

To address these issues, the National Research Council (NRC) and the Institute of Medicine (IOM), through the NRC–IOM Board on Children, Youth, and Families, conducted a study on health services for adolescents ages 10–19 in the United States. With funding from The Atlantic Philanthropies, a committee of experts highlighted critical health needs of adolescents, promising models of health services, and components of care that could strengthen and improve health services for adolescents and contribute to healthy adolescent development.
WHAT MATTERS WHEN DESIGNING ADOLESCENT HEALTH SERVICES?

Several behavioral and contextual characteristics influence the ways in which adolescents approach and interact with health care services, providers, and settings. When these characteristics are explicitly addressed in the design of health services for adolescents, such services can offer high-quality care that is particularly attuned to the needs of this age group.

Development matters Adolescence is a period of significant and dramatic change spanning the physical, biological, social, and psychological transitions from childhood to young adulthood. This dynamic state influences both the health of young people and the health services they require.

Timing matters Adolescence is a critical time for health promotion. Many health problems and much of the risky behavior that underlies later health problems begin during adolescence. Prevention, early intervention, and timely treatment improve health status for adolescents, prepare them for healthy adulthood, and decrease the incidence of many chronic diseases in adulthood.

Context matters Social context and such factors as income, geography, and cultural norms and values can profoundly affect the health of adolescents and the health services they receive.

Need matters Some segments of the adolescent population, defined by both biology and behavior, have health needs that require particular attention in health systems.

Participation matters Effective health services for young people invite adolescents and their families to engage with clinicians.

Family matters At the same time that adolescents are growing in their autonomy, families continue to affect adolescents’ health and overall well-being and to influence what health services they use. Young people without adequate family support are particularly vulnerable to risky behavior and poor health and therefore often require additional support in health service settings.

Community matters Good health services for adolescents include population-focused resources as well as individual and family services. The environment in which adolescents live, as well as the supports they receive in the community, are both important.

Skill matters Young people are best served by providers who understand the key developmental features, health issues, and overall social environment of adolescents.

Money matters The availability, nature, and content of health services for adolescents are affected by financial factors such as public and private health insurance, the amount of funding invested in special programs for adolescents, and the support available for adequate training programs for providers of adolescent health services.

Policy matters Policies, both public and private, can have a profound effect on adolescent health services. Carefully crafted policies are a foundation for strong systems of care that meet a wide variety of individual and community needs.

WHAT ARE CRITICAL FEATURES OF GOOD ADOLESCENT HEALTH SERVICES?

The World Health Organization has developed five criteria for quality health services, which can be applied to adolescent health care:

- **Accessible.** Policies and procedures ensure that services are broadly available.
- **Acceptable.** Policies and procedures consider culture and relationships to foster a climate of engagement.
- **Appropriate.** Health services fulfill the needs of all young people.
- **Effective.** Health services reflect evidence-based standards of care and professional guidelines.
- **Equitable.** Policies and procedures do not restrict the provision of and eligibility for services.
WHERE DO WE STAND TODAY?

On the basis of an extensive review of research, site visits, and public input, the committee concludes:

1. Most adolescents are thriving, but many engage in risky behavior, develop unhealthful habits, and experience physical and mental health conditions that can jeopardize their immediate health and contribute to poor health in adulthood.

2. Although many current models of health services for adolescents exist, there is insufficient evidence to indicate that any one approach of health services for adolescents achieves significantly better results than others.

3. Health services for adolescents currently consist of separate programs and services that are often highly fragmented, poorly coordinated, and delivered in multiple public and private settings.

4. Health services for adolescents are poorly equipped to meet the disease prevention, health promotion, and behavioral health needs of all adolescents. Instead, adolescent health services are focused mainly on the delivery of care for acute conditions, such as infections and injuries, or special care addressing specific issues, such as contraception or substance abuse.

5. Large numbers of adolescents are uninsured or have inadequate health insurance, which can lead to a lack of access to regular primary care, as well as limited behavioral, medical, and dental care. One result of such barriers and deficits is poor health.

6. Health care providers working with adolescents frequently lack the necessary skills to interact appropriately and effectively with this age group.

7. The characterization of the health status of adolescents by such traditional measures as injury and illness is not adequate to capture the developmental and behavioral health of adolescents of different ages and in diverse circumstances.

HOW CAN ADOLESCENT HEALTH SERVICES BE IMPROVED?

The committee’s recommendations offer an initial strategy for improving adolescent health services:

**Coordinate Primary Care** Federal and state agencies, private foundations, and private insurers should support and promote a coordinated primary health care system for adolescents.

**Focus on Disease Prevention, Health Promotion, and Behavioral Health** Providers of adolescent primary care services and the payment systems that support them should make disease prevention, health promotion, and behavioral health a major component of routine health services. They should focus attention on the particular needs of specific groups of adolescents who may be especially vulnerable to risky behavior or poor health.

**Engage the Community** Health care providers, health organizations, and community agencies should develop coordinated, linked, and interdisciplinary adolescent health services.

**Keep it Confidential** Federal and state policy makers should maintain current laws, policies, and ethical guidelines that enable adolescents who are minors to give their own consent for health services and to receive those services on a confidential basis when necessary to protect their health.

**Prepare the Providers** Regulatory bodies for health professions that treat adolescents should develop licensing, certification, and accreditation requirements. Public and private funders should provide targeted financial support to expand and sustain interdisciplinary training programs in adolescent health.
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Copies of the report, Adolescent Health Services: Missing Opportunities are available for sale from the National Academies Press at (888) 624-8373 or (202) 334-3313 (in the Washington, DC metropolitan area) or via the NAP homepage www.nap.edu. Full text of the report and a free pdf copy of the Summary are also available at www.nap.edu. The study was funded by The Atlantic Philanthropies. Any opinions, findings, conclusions, or recommendations expressed in this publication are those of the authors and do not necessarily reflect those of the sponsor.

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