



THE PROMISE OF ADOLESCENCE:

Realizing Opportunity for All Youth

OPPORTUNITIES FOR THE HEALTH SECTOR

Adolescents—young people ages 10 to 25—make up nearly one-fourth of the U.S. population. Drawing upon recent scientific advances, *The Promise of Adolescence: Realizing Opportunity for All Youth* (2019), a report from the National Academies of Sciences, Engineering, and Medicine, highlights the need for policies and practices that better leverage the developmental opportunities offered by adolescence. The changes in brain structure and function that happen at this age present adolescents with unique opportunities for positive, life-shaping development, and for addressing the harmful effects of negative early-life experiences, such as trauma, abuse, or economic hardship.

The report examines how the nation's education system can better support adolescents, and these findings and recommendations are highlighted in this brief.

WHAT IS ADOLESCENCE?

Adolescence is a developmental period rich with opportunity for youth to learn and grow. Throughout adolescence, the connections between brain regions become stronger and more efficient. This means that adolescents' brains can adapt, and they become more specialized in response to demands placed on them by their environments—by learning opportunities at school, for example, and by social interactions with their peers and families.

The adolescent brain also has an exceptional capacity for resilience, meaning adolescents can develop neurobiological adaptations and behaviors that leave them better equipped to handle adversities. By intervening during adolescence, we can improve young people's overall well-being and help them lead meaningful, healthy, and successful lives.

ADOLESCENTS AND THE HEALTH CARE SYSTEM

Access to appropriate health care services is important for adolescents, both to ensure their well-being today, as they experience the bumps and stresses of adolescent life, and to ensure their well-being for a lifetime by addressing habits that impact their long-term health, such as diet, exercise, and substance use.

Yet many adolescents – particularly ethnic and racial minority adolescents – face a variety of barriers to accessing health care, such as financial barriers, privacy concerns, and long wait times. In addition, many of the health issues adolescents confront are rooted in the social determinants of health (e.g., income, physical environment, housing, etc.) and driven by underlying social and economic inequalities.

The report's vision for an adolescent-friendly health system is to ensure the health and well-being of all adolescents through health services that:

- prepare youth for the distinct physical, cognitive, and social changes that take place during adolescence;
- ready them to navigate the health system independently; and
- provide services that are culturally informed and attentive to the needs of all youth.

CREATING AN ADOLESCENT-FRIENDLY HEALTH SYSTEM

Adolescents require health care delivery approaches tailored to their unique developmental needs. When developmentally appropriate care is not available, youth have been shown to forego care and become disengaged with the health care system.

Crucial for developing adolescent-friendly health services is understanding what adolescents themselves want from the health-care system. A meta-analysis of 12 qualitative studies found that adolescents have five overarching desires for their interactions with health care providers: to be engaged in conversations, not lectures; to have their privacy and confidentiality respected; to be accepted; to be treated with respect, competence, and

professionalism; and to be offered a trusted relationship with their providers.

To meet the needs of adolescents, it is also critical that health care services be comprehensive, integrated, and coordinated.

Comprehensive care aims to take into account the entirety of a person's needs, from medical to social. The power of social determinants of health, as well as the social and cultural context that young people live in, require a blending of services beyond those traditionally encompassed in the health sector, such as education, social and economic development, and other family and community supports. These models seek to remove barriers to care and improve engagement in the health system among young people.

Integrated services address a patient's physical and behavioral health concerns. Integration between physical and behavioral health providers becomes more pressing as the number of adolescents with mental or behavioral health issues grows. An integrated system aims to promote communication, collaboration, and coordination between physical health and mental health care providers, youth, and their families.

Coordinated services seek to break down silos in health care by synchronizing the delivery of care between multiple providers and specialists. Having highly coordinated services lessens the burden on adolescents to know exactly which services they need so they show up at the "right" service door. Providers need to be attuned to the whole adolescent and not just the presenting issue, as adolescents often experience a range of health needs at the same time.

RECOMMENDATIONS FOR THE HEALTH CARE SYSTEM

A systemic approach to prioritizing the health and well-being of adolescents is needed on a national level, including clear goals and priorities established to help mobilize both the public and private sectors to improve adolescent health. The report's recommendations are aimed at incorporating neurobiological and socio-behavioral research into the development of more effective health policy, programs and practices, with the goal of improving the health and well-being of adolescents. These recommendations constitute a blueprint for achieving a developmentally appropriate health system to better meet the needs of today's youth.

Recommendation 7–1: Strengthen the financing of health care services for adolescents, including insurance coverage for uninsured or underinsured populations.

- A. Federal and state policymakers should make changes within Medicaid to increase access for adolescents, including expanding Medicaid in states that have not yet done so, increasing Medicaid reimbursement rates for pediatric health services to be on par with those for Medicare, allowing equitable reimbursement for comprehensive health services, and eliminating the five-year-eligibility restriction on the use of Medicaid for documented immigrant adolescents.
- B. Federal, state, and local agencies, in partnership with philanthropic foundations and the private sector, should ensure adequate financial support for comprehensive, high-quality, culturally informed, and integrated physical and behavioral health services for adolescents.
- C. To finance comprehensive, adolescent-friendly health services, federal and state policy makers should adapt eligibility requirements to allow blending of existing funding mechanisms across sectors at the local level.

Recommendation 7–2: Improve access to comprehensive, integrated, coordinated health services for adolescents.

- A. State and federal agencies, health systems, and health care providers should collaborate to provide comprehensive, integrated, and coordinated care for adolescents, linking physical and behavioral health providers as well as connecting other vital support services to the health sector.

- B. With help from federal agencies and designated funding, health care providers, public and private health organizations, and community agencies should work to develop or enhance coordinated, linked, and interdisciplinary adolescent health services. This includes funding community outreach efforts to attract and retain adolescents and their families in the health care system.
- C. To better understand effective methods for delivering coordinated care, federal research agencies and other research funders should encourage and replicate pilot programs and interventions that aim to decrease fragmentation and alleviate the complicated maze of services for adolescents and their families.
- D. Health care providers and health organizations should implement policies and practices that support adolescents' emerging sense of agency and independence, such as ensuring that all adolescents receive confidential health care for sensitive services as appropriate, such as empowering youth to meaningfully participate in their health care.
- E. Health care providers, public and private health organizations, health insurers, and state governments should ensure that all adolescents receive confidential care for sensitive services. Policies and ethical guidelines should 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, and states should enact stronger regulations that ensure confidential access to sensitive services.

Recommendation 7–3: Increase access to behavioral health care and treatment services.

- A. Federal agencies and behavioral health education institutions should work together to grow the behavioral health workforce available to adolescents, particularly those in underserved areas by expanding HRSA's Behavioral Health Workforce Education and Training program and expanding the National Health Service Corps' scholarship program to include mental and behavioral health providers.
- B. Federal, state, and local policymakers should develop and implement behavioral health programs for prevention, screening, and treatment that better meet the needs of all adolescents, with particular attention to vulnerable groups. Adolescents should actively participate in program development and implementation.

Recommendation 7–4: Improve the training and distribution and increase the number of adolescent health care providers.

- A. Regulatory bodies for health professions in which an appreciable number of providers offer care to adolescents—such as the American College of Obstetrics and Gynecology, American Academy of Family Medicine, American Academy of Pediatrics, American Academy of Physician Assistants, and state boards of nursing and social work—should include a minimum set of competencies in adolescent health care and development into their licensing, certification, and accreditation requirements, and all pediatricians and primary care providers should have a minimum level of competency in adolescent medicine.
- B. Public agencies and private organizations should work together to expand the number of training sites for board-certified adolescent medicine fellowships across multiple academic training centers.
- C. HRSA, medical and nursing schools, and other key stakeholders should work together to create new pathways for medical students and other health professionals to become adolescent health specialists.

Recommendation 7–5: Improve federal and state data collection on adolescent health and well-being, and conduct adolescent-specific health services research and disseminate the findings.

- A. The Federal Interagency Forum on Child and Family Statistics should work with federal agencies and, when possible, states to organize and disseminate data on the health of and health services for adolescents, including developmental and behavioral health.

- B. To improve the health of adolescents, data must be used to assess whether existing programs and services are working. State and local health agencies should work with community-level adolescent service providers to identify opportunities for improvement in their programs.
- C. Federal health agencies and private foundations should prepare a research agenda for improving adolescent health services that includes assessing existing service models, developing new models for providing adolescent-friendly health services, piloting projects to develop and test innovative approaches for incorporating neurodevelopmental and socio-behavioral sciences in the delivery of healthcare to adolescents, and evaluating the effectiveness of collaborations.
- B. School districts should assist families in navigating the education sector to identify opportunities and resources to meet the specific educational needs of their adolescents.

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