ISSUE BRIEF

PROMOTING POSITIVE ADOLESCENT HEALTH BEHAVIORS AND OUTCOMES

Thriving in the 21st Century

Adolescence is a period of immense growth, learning, exploration, and opportunity during which youth develop the knowledge, attitudes, and skills that will help them thrive throughout life. While most youth traverse adolescence without incident, some need additional support to promote their optimal health. Sometimes such support comes in the form of prevention or intervention programs designed to encourage healthy behaviors that will follow the adolescent through adulthood.

In this report from the National Academies of Sciences, Engineering, and Medicine, the expert committee uses an optimal health framework to (1) identify core components of risk-behavior prevention programs that can be used to improve a variety of adolescent health outcomes, and (2) develop evidence-based recommendations for research and the effective implementation of federal programming initiatives focused on adolescent health.

Promoting Equity and Inclusion in Adolescent Health Programs

According to the report, no one should feel excluded from a policy or program because of their gender, race, ethnicity, religion, age, physical/mental abilities, appearance, sexual orientation, or any other identity. When policies and programs are not equitable and inclusive, they can lead to worse overall outcomes that are both unfair and avoidable. Thus, the committee concluded that all adolescent health programs can benefit from implementing and evaluating policies and practices that promote equity and inclusion.

This brief summarizes the report's findings about the root causes of health inequities and how they can affect adolescent health behaviors and outcomes. It also provides examples of ways that policies and programs can be made more equitable and inclusive so that all youth are able to learn, grow, and thrive.

Beyond Programs: Promoting Equity and Inclusion in Data Collection

Data about adolescent health behaviors are often used to guide programmatic decisions, so it is important that these data accurately reflect the experiences of youth.

In its report, the committee used the Centers for Disease Control and Prevention's (CDC's) Youth Risk Behavior Survey (YRBS) to examine data on adolescent health risk behavior trends. Every 2 years since 1991, the CDC has collected data from a nationally representative sample of high school students to better understand the prevalence of adolescent health behaviors that contribute to a number of health outcomes, including unintentional injuries, unintended pregnancies and sexually transmitted infections (STIs), and drug and alcohol dependence.

Although YRBS items been updated or added over time to be more inclusive, the committee identified ways that the survey can be further improved to provide more equitable and inclusive data:

1. **Include out-of-school youth.** The YRBS is a school-based survey, which means adolescents who are not in school, particularly those who are homeless or incarcerated or have dropped out, are not always included. An updated and expanded YRBS that includes these youth could help to inform programs and interventions for these marginalized groups of adolescents.

2. **Update the sexual behavior items.** The current sexual behavior questions are vague and tend to focus on pregnancy risk, which not only affect data quality, but also can systematically exclude LGBTQ adolescents who may not be at risk for pregnancy. Therefore, the committee recommended that the YRBS include a definition for "sexual intercourse" and also ask about other sexual experiences in order to provide a more accurate picture of adolescent sexual health.

Causes of Health Inequities

Health inequities are systematic differences in opportunities that lead to unfair and avoidable differences in health outcomes. There are two root causes of such inequities. **Structural inequities** are those that result in an unequal distribution of power and resources based on race, gender, class, sexual orientation, gender expression, and/or other identities. These include issues such as racism, sexism, classism, ableism, xenophobia, and homophobia. The second root cause stems from the unequal allocation of power and resources that results in unequal social, economic, and environmental conditions, which are also referred to as the social determinants of health. The **social determinants of health** are the environments and conditions in which a person lives, learns, works, plays, worships, and grows, all of which are influenced by historical and contemporary policies, laws and governments, investments, cultures, and norms.

The effects of the root causes of health inequities are felt from the individual level (e.g., knowledge, attitudes, beliefs, and skills) to the systems level (e.g., policies, laws, and regulations) throughout the life course. These levels function both independently and concurrently, creating a complex social environment in which adolescents live and grow.

Health Inequities in Adolescence

To design and implement effective and sustainable interventions that reduce disparities and promote health equity, the committee examined how these inequities affect adolescents—especially those who are disadvantaged and/or marginalized (e.g., those who are homeless, justice-involved, estranged from their family, identify as LGBTQ, or have a disability)—and impede their health.

This is particularly well illustrated by the disparities in adolescent health behaviors and outcomes described in Chapter 3 of the report. Despite significant decreases in sexual behavior across all sociodemographic groups, STI rates were significantly and consistently higher among Black/African American youth compared to other racial/ethnic groups. Similarly, people of color and those living in low income neighborhoods are more likely to become pregnant and give birth compared to their peers who are white and live in more affluent neighborhoods, respectively.[1]

While marginalized groups are diverse, they share the likelihood of being people of color and lower-income, compounding the effects of structural inequities and social determinants of health that undermine their future well-being. For example, results from a meta-analysis of more than 200 studies on racial/ethnic discrimination and adolescent well-being revealed that elevated exposure to discrimination is associated with increased depression and other internalizing problems; greater psychological distress; poorer self-esteem; lower academic achievement and academic motivation; and greater engagement in externalizing behaviors, including substance use and unhealthy sexual risk behaviors.[2]

Although these youth are most in need of and might benefit most from interventions to reduce health inequities, they are often the least likely to receive them. In order to develop resilience, these marginalized adolescents need to have access to services and supports that recognize their needs.

Making Adolescent Health Programs More Equitable and Inclusive

One of the committee's main conclusions is that all programs can benefit from implementing and evaluating policies and practices that promote equity and inclusion so that all youth are able to thrive. Such practices may include:

- using materials that are free of culturally biased information;
- incorporating information, activities, and examples that are inclusive of diverse cultures and lifestyles (such as genders, races, ethnicities, religions, ages, physical/mental abilities, appearances, and sexual orientations);
- promoting values, attitudes, and behaviors that acknowledge the cultural diversity of students;
- optimizing relevance to students from multiple cultures in the school community;
- strengthening the skills that students need to engage in intercultural interactions; and
- building on the cultural resources of families and communities.

Implementing these policies and practices in all programs can help to avoid the systematic and counterproductive exclusion of youth who may benefit from those programs. However, it is not enough to just have policies and practices—these policies and practices need to be formally measured and evaluated as well so that the development and implementation of adolescent health behavior programs and interventions can continue to improve.

REFERENCES

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