Chapter 1

INTRODUCTION

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This is Volume II of OTA's assessment, *Adolescent Health. This* volume, *Background and the Effectiveness of Selected Prevention and Treatment Services,* provides background information on important aspects of adolescents' lives and detail on the effectiveness of selected prevention and treatment interventions. Volume I is entitled *Summary and Policy Options (2).* Volume III is entitled *Crosscutting Issues in the Delivery of Health and Related Services (3).*

As shown in box l-A, which lists the table of contents for all three volumes of the assessment, Volume II has two major parts.:[1] Part I: Background on Adolescent Health and Part II: Prevention and Services Related to Selected Adolescent Health Concerns.

Part I: Background on Adolescent Health provides a framework for viewing the lives and social environments of contemporary adolescents. Chapter 2, ''What Is Adolescent Health?" provides a brief overview of aspects of adolescent development that may affect adolescents' health, the delivery of health services, and public policy with respect to adolescents. This chapter notes that researchers have found that popular conceptions of adolescents as a group whose behavior is overwhelmingly determined by ''raging hormones' and of adolescence as a period when to be abnormal is normal are misguided. These misconceptions are not benign: they may have deleterious effects on attitudes towards individual adolescents and on interactions with individual adolescents and on policy and program development, with neglect of adolescents being a predominant response. Adolescence is a period of profound biological, emotional, intellectual, and social transformation, and substantial societal support may be needed by adolescents and their families in order to promote healthy development. Chapter 2 also discusses conceptualizations of health, providing background for the broad conceptualization used by OTA in its assessment.

Chapter 3, "Parents and Families' Influence on Adolescent Health," addresses a most important aspect of adolescents' lives and social environments, their families. Research suggests that being the parent of an adolescent requires an approach different from that required for being the parent of a younger child. But relative to the amount of guidance and support provided to parents of infants and young children, little guidance and support are provided to parents as their children mature into adolescence. promising models of parent-adolescent interaction are available, however, and these are reviewed in chapter 3. More research is needed on these models and on models of appropriate governmental and private support to make parents more appropriately available to their adolescent children.[2]

Chapter 4, "Schools and Discretionary Time," turns to two other important aspects of adolescents' lives. These two facets of the social environment become increasingly important as adolescents spend more time physically away from their families and testing a range of skills, beliefs, and behaviors. Although little systematic empirical research has been supported, the studies that have been conducted suggest that academic and health outcomes of adolescent students are influenced by school environments; studies of school environments and the policy implications of the studies are reviewed in chapter 4. Also discussed is the time that adolescents spend away from school in ''discretionary' activities such as being with their friends, solitary leisure activities, doing volunteer work, and engaging in hobbies. Although information is again scarce, the chapter focuses on the apparent paucity of activities for adolescents that are satisfying to adolescents, conducive to healthy development, and acceptable to the adult community.

Part II: Prevention and Services Related to Selected Adolescent Health Concerns includes chapters 5-14, each of which examines a specific health problem of concern to policymakers, the public, parents, and, to varying degrees, to adoles-

[1] *Volume I—Summary and Policy* **Options** was published in **April 1991 (2), and** *Volume III—Crosscutting Issues in the Delivery of Health and Related Services* **was published in June 1991 (3). An order form for all three volumes is at the back of this publication. Copies for congressional use only may be obtained by contacting OTA.**

[2] Family **factors found to be specific to the occurrence of particular problems (e.g., pregnancy and parenting; alcohol, tobacco, and drug use; delinquency; hopelessness) are discussed in the risk factors sections of the chapters in Part II of this volume.**

Box l-A—Full Table of Contents for OTA'S Adolescent Health Report

cents themselves: accidental injuries (ch. 5); chronic physical illnesses (ch. 6); nutrition and fitness problems (ch. 7); dental and oral health problems (ch. 8); AIDS and other sexually transmitted diseases (ch. 9); pregnancy and parenting (ch. 10); mental health problems (ch. 11); alcohol, tobacco, and drug abuse (ch. 12); delinquency (ch. 13); and hopelessness (ch. 14). As discussed in each chapter, the problems reviewed do not constitute the entire set of possible adolescent health problems; rather, the intent of the chapters is to provide detail on selected problems illustrative of important policy

Box l-B—Summary of Major Policy Options Related to Adolescent Health

In Volume I of this Report, OTA suggests a range of options that could be implemented in an effort to help improve adolescent health, broadly defined (2). Three major options that OTA believes Congress may want to consider are as follows:

1. improving U.S. adolescents' access to appropriate health services,
2. restructuring and invigorating Federal efforts to improve adolescent health, and
3. improving adolescents' environments.

Strategies to improve U.S. adolescents' access to appropriate health services include:

. support the development of centers that provide, in schools and/or communities, comprehensive and accessible services designed specifically for adolescents-e. g., by providing seed money, continuation funding, or removing existing financial barriers;
. increase financial access-e. g., by expanding Medicaid to immediately include all poor adolescents, by increasing access to private insurance, and by increasing outreach for Medicaid;
• increase legal access to health services-e. g., by supporting the development of a model State statute, or requiring or conditioning States' receipt of Federal moneys for specific programs on substantive changes in consent and confidentiality regulations;
. increase support for training for the providers of health and related services; and
. empower adolescents to gain access to health and related service --e.g., through education and encouraging adolescent participation in the design of services.

Strategies to restructure and invigorate Federal efforts to improve adolescent health include:

. create a new locus for a strong Federal role in addressing adolescent health issues;
. strengthen traditional U.S. executive branch activities in: 1) program development for promising or neglected areas of intervention, 2) research, and 3) data collection.

Strategies to improve the social environment for adolescents include:

. increase support to families of adolescents-e. g., through tangible supports such as child allowances or more flexible working hours, and through providing information on appropriate, health-promoting parenting for adolescents;
. support additional limitations on adolescents' access to firearms;
• support the expansion of appropriate recreational opportunities for adolescents; and
• monitor the effects on adolescents of the implementation of the National and Community Service Act of 1990.

In addition to these major options and strategies, which cut across the areas examined by OTA, a number of topic-specific policy options are listed in Volume I of the Report.

OTA notes that, apart from whatever specific strategies the Federal Government may adopt to improve adolescents' health, there is a need for a basic change in approach to adolescent health issues in this country, so that adolescents are approached more sympathetically and supportively, and not merely as individuals potentially riddled with problems and behaving badly.

issues. This detail provides support for the major policy options discussed in Volume I of this assessment (see box l-B).

Each of the 10 chapters in Part II follows a similar format. A background section in each chapter discusses *limitations of existing sources of data* on the adolescent health problem that is the focus of the chapter. It is important to note that OTA generally found data limitations to be considerable.[3] Using available sources of data, the background section of each chapter also provides information on the *prevalence of the problem* among adolescents. These sections typically provide support for OTA's conclusion that individuals may encounter signifi-

[3]**See app. C, "Issues Related to the Lack of Information About Adolescent Health and Health and Related Services," in Vol. I, for a synthesis of limitations in available data.**

cant health problems during the course of adolescence.[4] Also presented in the background section of each chapter is available information about *differences in prevalence by selected sociodemographic characteristics (e.g.,* age, gender, race, ethnicity, social class, and residence) and *nondemographic risk factors (e.g.,* family factors, community and peer influences, biological factors, adolescents' beliefs and attitudes). These sections provide support for the importance of targeting interventions to adolescents based on demographic characteristics and other risk factors but also for the conclusion that many adolescent health problems (e.g., alcohol use, suicide) cut across a wide variety of ages, races, ethnicities, and social classes.[5]

The primary focus of OTA's analyses in the 10 chapters in Part II of this volume was to determine the *effectiveness of prevention and treatment interventions* for adolescent health problems. Thus, each chapter in Part II has sections on the prevention and treatment of the health problem that is the focus of the chapter. Information is presented on the appropriateness of prevention and treatment interventions and problems adolescents may encounter in gaining access to services. Particular attention is paid to the effectiveness of interventions, in terms of improved health outcomes for adolescents. Evaluations of preventive interventions for adolescents suggest that many of the interventions are not based on available knowledge about risk factors, and that too many interventions rely on attempts to change individual behavior, when research-albeit limited[6]-has shown that primary preventive interventions based on automatic protection and other environmental change (e.g., legislation and regulation) are more effective than those that rely solely on education and persuasion. Too little attention has been paid to secondary prevention through early intervention: adolescents face many barriers to gaining access to needed health services.[7]

Each of the 10 chapters in Part II also includes a section on Federal policies and programs that are most relevant to the health problem discussed in the chapter. Federal agencies' attention to adolescent health problems has varied over time and by topic, with much attention now being paid to illicit drug use and preventing sexual activity. OTA's analysis identifies a number of problems with the Federal approach to adolescent health topics. A major problem is the very limited attention being paid by Federal agencies to providing adolescents with needed health and related services. Another problem is that the sheer number of congressional committees and U.S. executive branch agencies and programs contributes to fragmentation in data collection, research, and service delivery related to adolescents.[8]

Finally, it should be noted that each chapter in this volume ends with *conclusions and policy implications.* Specific legislative *options* pertinent to each of the issues discussed in this volume (and in Volume III of this assessment) can be found in *Volume I-Summary and Policy Options (2).* Appendix A of this volume is a glossary of terms and abbreviations.

The way OTA went about conducting the assessment—including lists of workshop participants and members of OTA's Youth Advisory Panel for the assessment—is described in appendix A of Volume I. The many individuals who assisted OTA in the development of the three volumes of this Report are listed in appendix B of Volume I. The congressional requesters of the assessment are listed in box 1-C below.

Chapter 1 References

1. Osgood, D.W., and Wilson, J.K., "Covariation of Adolescent Health Problems," paper prepared under contract to Carnegie Council on Adolescent Development and Carnegie Corporation of New York, for the Office of Technology Assessment, U.S. Congress, Washing-

[4]For a review of the research on *covariation* in adolescent health problems, see Osgood and Wilson (l). Covariation is the tendency of health problems to occur in the same individual at about the same time. Most of the evidence on covariation of adolescent problems is based on cross-sectional studies, so it is still unclear for many problems whether one problem leads to another or the problems occur together, due to a single cause or set of causes. Another limitation of the evidence on covariation is that most of the evidence is limited to covariation in adolescent behaviors and does not consider emotional or physical problems. Nonetheless, there is evidence for statistically significant covariation among several adolescent health behaviors (l).

[5]A tabular summary of prevalence data and capsule statements of adolescents most at risk (usually in terms of demographic characteristics) for the problems discussed in this volume can be found in app. B, "Burden of Health Problems Among U.S. Adolescents," in Vol. III of this Report (3).

[6]The fact that the research on environmental change is limited is in part related to the fact that much of the literature on risk factors limits itself to studies of individual or, at most, family factors. It is also difficult to evaluate the impact of global environmental changes on adolescents specifically.

[7]Barriers t. health services are discussed in each chapter and in Vols. I and III of this assessment (2,3).

[8]An overview of Federal programs relevant to adolescent health can be found in ch. 19, "The Role of Federal Agencies in Adolescent Health," in Vol. III of this Report (3). Major policy options related to the Federal role in adolescent health are presented in Vol. I (2).

Box I-C—Requesters of OTA's Adolescent Health Report (with current committee chair or ranking minority assignments)

Senator Daniel K. Inouye, chairman of the Senate Select Committee on Indian Affairs;
Senator Nancy Landon Kassebaum, Ranking Minority Member of the Subcommittee on Education, Arts, and Humanities of the Senate Committee on Labor and Human Resources;
Senator Bob Dole, Minority Leader of the Senate;
Senator Robert C. Byrd, Chairman of the Senate Committee on Appropriations;
Representative William H. Gray, III, Majority Whip of the House of Representatives;
Senator James M. Jeffords, Ranking Minority Member of the Subcommittee on Labor of the Senate Committee on Labor and Human Resources;
Senator Orrin G. Hatch, Ranking Minority Member of the Senate Committee on Labor and Human Resources;
Senator Edward M. Kennedy, chairman of the Senate Committee on Labor and Human Resources;
Senator Quentin W. Burdick, Chairman of the Senate Committee on Environment and Public Works;
Senator Mark O. Hatfield, Ranking Minority Member of the Senate Committee on Appropriations;
Senator Alan K. Simpson, Assistant Minority Leader of the Senate;
Senator Alan Cranston, Chairman of the Senate Committee on Veterans Affairs;
Senator Ted Stevens, Ranking Minority Member of the Senate Committee on Rules and Administration;
Senator Bob Packwood, Ranking Minority Member of the Senate Committee on Finance;
Senator Charles Grassley, Member of the Technology Assessment Board;
Senator Barbara Mikulski, Chairman of the Subcommittee on Veterans Affairs, Housing and Urban Development, and Independent Agencies of the Senate Committee on Appropriations;
Senator Ernest Hollings, Chairman of the Senate Committee on Commerce, Science, and Transportation;
Senator Arlen Specter, Ranking Minority Member of the Subcommittee on Veterans Affairs;
Representative Henry A. Waxman, Chairman of the Subcommittee on Health and the Environment of the House Committee on Energy and Commerce;
Senator Daniel K. Akaka;
Representative Morris K. Udall, Chairman of the House Committee on Interior and Insular Affairs;
Senator Frank H. Murkowski, Vice chairman of the Senate Select Committee on Intelligence;
Senator Christopher J. Dodd, Chairman of the Subcommittee on Children, Family, Drugs, and Alcohol of the Senate Committee on Labor and Human Resources;
Senator Claiborne Pen, chairman of the Senate Committee on Foreign Relations;
Senator Dale Bumpers, Chairman of the Senate Committee on Small Business;
Senator Lloyd Bentsen, Chairman of the Senate Committee on Finance;
Senator Daniel P. Moynihan, Chairman of the Subcommittee on Social Security and Family Policy of the Senate Committee on Finance;
Senator John D. Rockefeller, IV, Chairman of the Subcommittee on Medicare and Long Term Care of the Senate Committee on Finance;
Representative Don Young, Ranking Minority Member of the House Committee on Interior and Insular Affairs.

A letter of support was received from the House Select Committee on Children, Youth, and Families.

ton, DC, 1990 (Springfield, VA: National Technical Information Service, NTIS No. **PB 91-154 377/AS).**

2. **U.S. Congress, Office of Technology** Assessment, *Adolescent Health: Volume L-Summary and Policy Options, OTA-H-468* (Washington, **DC: U.S. Government Printing Office, April 1991).**

3. U.S. Congress, Office **of** Technology **Assessment, Adolescent** *Health: Volume 111-Crosscutting Issues in the Delivery of Health and Related Services, OTA-H-467 (Washington* **DC: U.S.** *Government Printing Office, June 1991).*