

Background of the Summit:

Building a framework for health and healthy development in the Second Decade

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Our Purpose at this Summit

To develop a **coherent, systematic framework** that helps us better coordinate, integrate, and improve our many disparate programmatic efforts for persons 10-19 years of age, so as to create **an environment at the community level that promotes optimal health and healthy development** among persons in this age group





**Before this baby was even
conceived...**

- **Sex education, access to contraception**
- **Family planning**
- **Healthy environment (e.g. folate in bread)**



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During the mother's pregnancy...

- Prenatal care for mother
- Education re. healthy diet, vitamins during PG...
- Efforts to prevent smoking, ETOH/drug use



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During the mother's pregnancy...	<ul style="list-style-type: none">• Prenatal care for mother• Education re. healthy diet, vitamins during PG...• Efforts to prevent smoking, ETOH/drug use
At the time of this baby's birth...	<ul style="list-style-type: none">• High-quality obstetric and pediatric care• Newborn screening for metabolic disorders• Lactation education and counseling• Education re. child care and safety at home, in cars



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During the first months and years of this child's life...	<ul style="list-style-type: none">• Regular pediatrician visits (vaccines; careful monitoring child's development; counseling and coaching re. evolving diet, weaning, etc.; referrals as needed for social services)• Environmental measures (lead abatement in homes; car seats; standards for safe crib design, safe toys, minimal 'screen time', etc.)



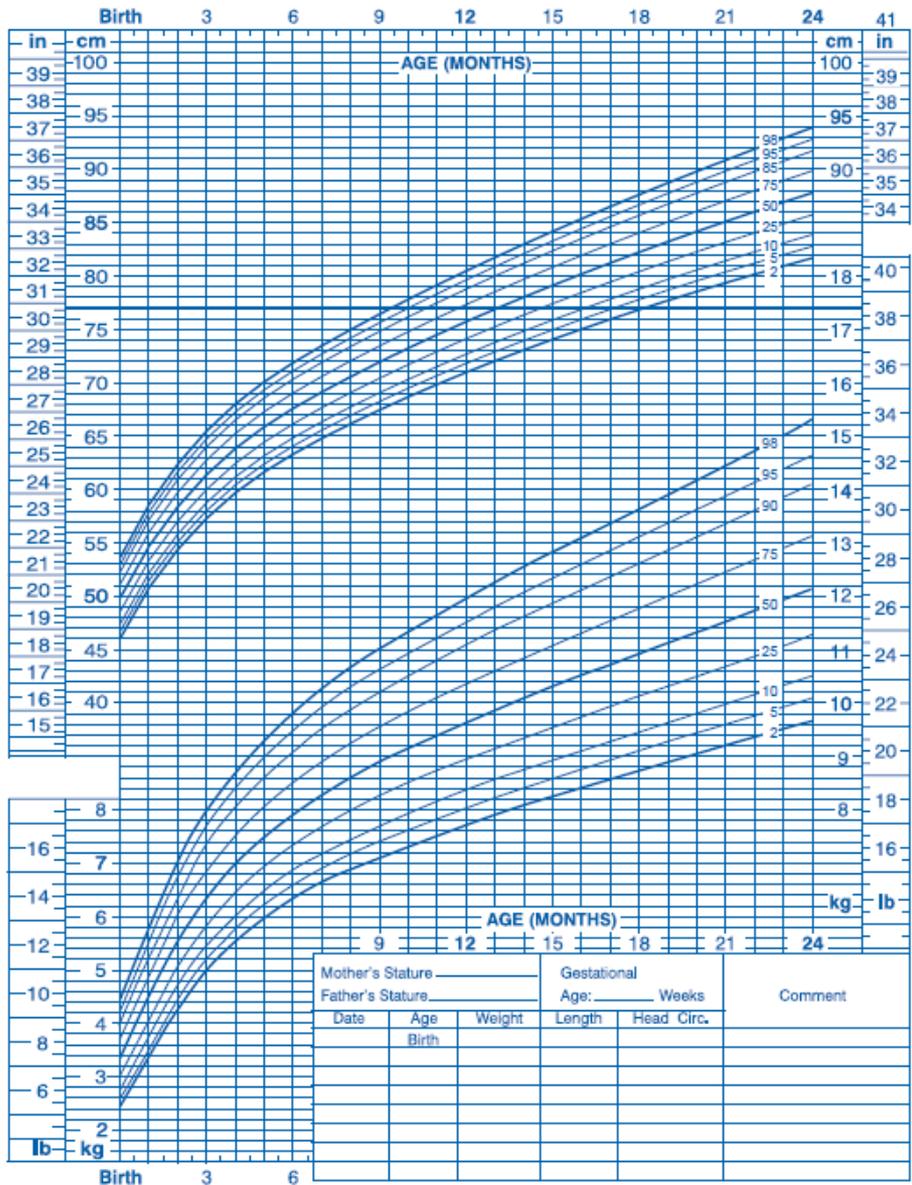
FIGURE 1: Recommended immunization schedule for persons aged 0 through 6 years—United States, 2012 (for those who fall behind or start late, see the catch-up schedule [Figure 3])

Vaccine ▼	Age ►	Birth	1 month	2 months	4 months	6 months	9 months	12 months	15 months	18 months	19–23 months	2–3 years	4–6 years	
Hepatitis B ¹	Hep B	Hep B	Hep B			Hep B								Range of recommended ages for all children
Rotavirus ²				RV	RV	RV ²								
Diphtheria, tetanus, pertussis ³				DTaP	DTaP	DTaP	<i>see footnote³</i>	DTaP					DTaP	Range of recommended ages for certain high-risk groups
<i>Haemophilus influenzae</i> type b ⁴				Hib	Hib	Hib ⁴		Hib						Range of recommended ages for certain high-risk groups
Pneumococcal ⁵				PCV	PCV	PCV		PCV				PPSV		Range of recommended ages for certain high-risk groups
Inactivated poliovirus ⁶				IPV	IPV	IPV							IPV	Range of recommended ages for certain high-risk groups
Influenza ⁷						Influenza (Yearly)								
Measles, mumps, rubella ⁸								MMR		<i>see footnote⁸</i>			MMR	Range of recommended ages for all children and certain high-risk groups
Varicella ⁹								Varicella		<i>see footnote⁹</i>			Varicella	Range of recommended ages for all children and certain high-risk groups
Hepatitis A ¹⁰								Dose 1 ¹⁰			HepA Series		Range of recommended ages for all children and certain high-risk groups	
Meningococcal ¹¹						MCV4 — <i>see footnote¹¹</i>								

This schedule includes recommendations in effect as of December 23, 2011. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Vaccination providers should consult the relevant Advisory Committee on Immunization Practices (ACIP) statement for detailed recommendations, available online at <http://www.cdc.gov/vaccines/pubs/acip-list.htm>. Clinically significant adverse events that follow vaccination should be reported to the Vaccine Adverse Event Reporting System (VAERS) online (<http://www.vaers.hhs.gov>) or by telephone (800-822-7967).

Birth to 24 months: Boys
Length-for-age and Weight-for-age percentiles

NAME _____ RECORD # _____

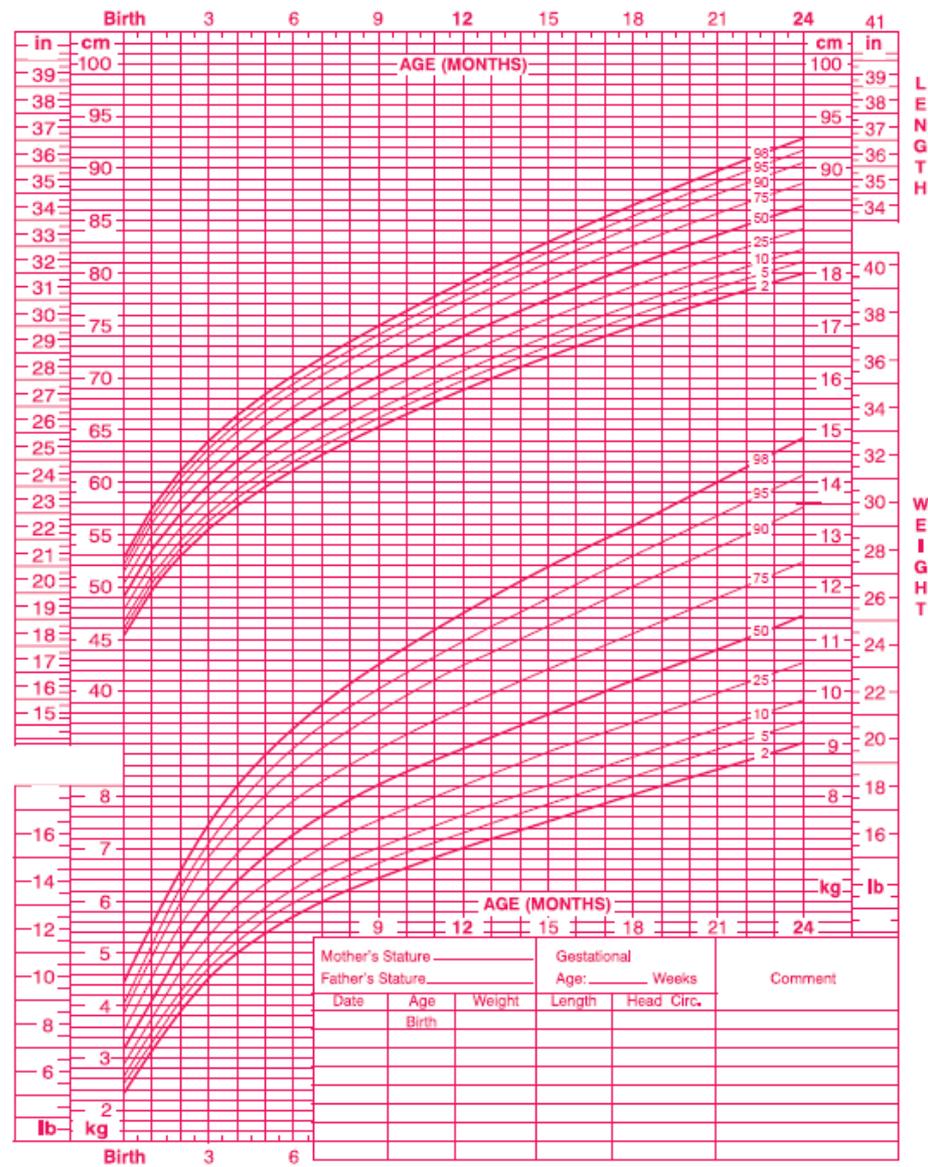


Published by the Centers for Disease Control and Prevention, November 1, 2009
SOURCE: WHO Child Growth Standards (<http://www.who.int/childgrowth/en>)



Birth to 24 months: Girls
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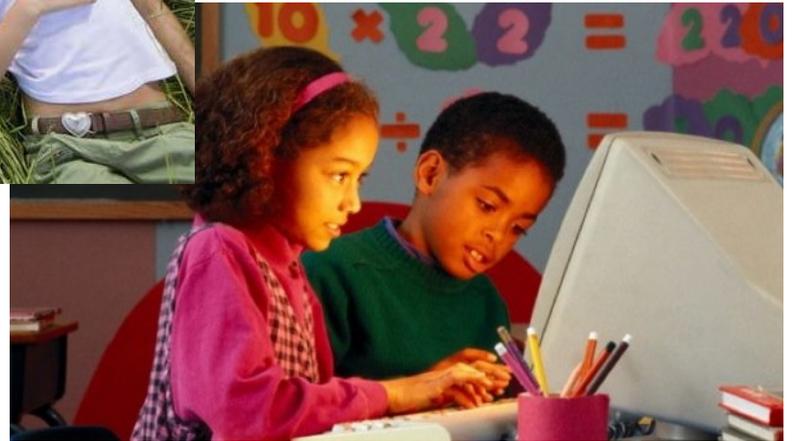
This framework didn't happen by accident!

- It began toward the end of the 19th century as a social movement focusing on improving maternal and child health
- Initial foci: malnourishment, parental ignorance, contaminated food and milk, and poor social conditions
- Grew in strength with medical advances and the development and funding of public health departments as infrastructure for promoting MCH



Phenomenally successful framework

- Since 1900, infant mortality has been reduced in the United States by 95%
- Maternal mortality has been reduced by 99%
- Early years of a child's life are now widely understood to be a critical period of growth and development
- But we're here to consider how to foster health during another critical period of growth and development: **The SECOND DECADE**





Preventable deaths by actual cause, including deaths attributable to behaviors/events originating during second decade

Actual Cause	McGinnis & Foege No. (%) in 1990	Mokdad et al. No. (%) in 2000	Adolescent Contribution No. (%*) in 2006
Tobacco	400,000 (19%)	435,000 (18.1%)	412,433 (17%)
Poor diet and physical inactivity	300,000 (14)	365,000 (15.2)	111,099 (4.6)
Alcohol consumption	100,000 (5)	85,000 (3.5)	10,635 – 45,071 (0.4-1.9)
Microbial agents	90,000 (4)	75,000 (3.1)	-
Toxic agents	60,000 (3)	55,000 (2.3)	-
Motor vehicle	25,000 (1)	43,000 (1.8)	15,601 – 28,780 (0.6-1.2)
Firearms	35,000 (2)	29,000 (1.2)	2,788 (0.1)
Sexual behavior	30,000 (1)	20,000 (0.8)	7,419 (0.3)
Illicit drug use	20,000 (<1)	17,000 (0.7)	5,142 – 12,893 (0.2-0.5)
Total	1,060,000 (50%)	1,124,000 (46.8%)	565,117 – 620,483 (23.3% - 25.6%)



Despite the importance of the behaviors that are established and the events that occur during this period of life, I submit:

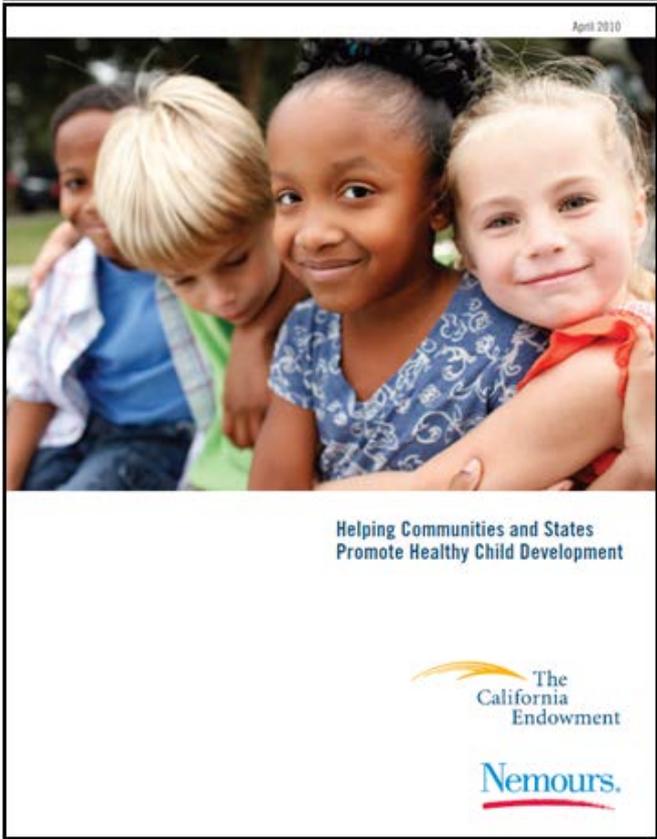
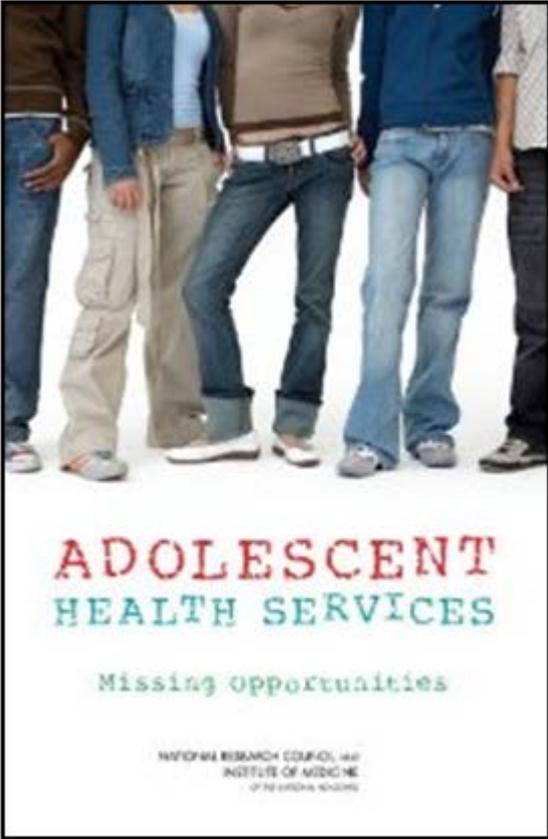
As a society, we do not have a notably coherent or systematic approach to fostering health and healthy development among persons 10-19 years of age.



That doesn't mean we don't have programs!

- We have a *great variety* of programs fostering some aspect of health in this age group (in schools, health dept's, clinics, places of worship, youth organizations, social services, national campaigns, etc.)
- Origin of Second Decade Project in Region X:
 - Over 150 youth-centered HHS programs known to regional HHS staff
 - Doesn't include programs from other federal agencies, e.g., Depts of Education, Agriculture, Justice, National Park Service, et al.
 - Doesn't include state, local, community- and faith-based programs
 - Doesn't include health-relevant programs in middle and high schools
- Yet we have no broadly accepted, coherent framework knitting these many programs into an effective, systematic approach!

Innovative groundwork has been laid





So: What is a “*coherent, systematic framework*”?

- It does *not* imply a tightly integrated, centrally managed set of programs
- Consider the attributes of our early childhood example:
 - **Multiple players, different sectors**
 - **Environmental measures**
 - **Standards** for assessing healthy development
 - **Policies** that promote child health and development
 - Ongoing **surveillance and research**

Note: No tight integration or central management



A 2nd successful framework: Auto Safety

- Multiple players, different sectors
 - Parents; driving instructors; police; auto engineers and safety professionals (e.g., NHTSA); public health officials; medical system (trauma centers; EMS)
- Environmental measures
 - Road/freeway design (turning radius, lighting, signage); auto design (for impact absorption); seat belts; air bags; police patrol; severe weather measures
- Standards
 - Written/practical test to demonstrate proficiency; vision tests; vehicle safety standards; regular inspection of roads and bridges
- Policies
 - Speed limits; minimum age for driving; graduated licenses; seat belt laws...
- Surveillance
 - CDC morbidity and mortality reports; research (e.g. effect of cell phone use)

Again: No tight integration or central management...



Common attributes of these two successful frameworks for action

- 1st Step: Problem brought into public consciousness, generating *broad societal demand for action*
- Multiple partners addressing multiple aspects
- *Shared vision and evidence-based standards* identified and promulgated across the country
- *Systems and infrastructure* established to ensure application of those standards
- *Clear outcome measures* identified and monitored by designated agencies



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To develop a **coherent, systematic framework** that helps us better coordinate, integrate, and improve our many disparate programmatic efforts for persons 10-19 years of age, so as to create **an environment at the community level that promotes optimal health and healthy development** among persons in this age group

Coherent Framework for Second Decade?

- 1st: Has problem been brought into public consciousness? Broad societal demand for action?
- Multiple partners addressing multiple aspects?
- *Shared vision and evidence-based standards* identified and promulgated across the country?
- *Systems and infrastructure developed* to ensure application of those standards? +/-
- *Clear outcome measures* identified and monitored by designated agency/agencies? +/-

AGENDA

DAY ONE: Wednesday, May 30		DAY TWO: Thursday, May 31	
10:00 – 10:15	Welcome & Introductions <ul style="list-style-type: none"> Evelyn Kappeler, Office of Adolescent Health Patrick O'Carroll, MD, MPH, Region X Nadine Simons, MS, RN, Region IX 	8:30 – 8:45	Welcome <ul style="list-style-type: none"> Susan Johnson, Region X Maxine Hayes, MD, MPH, Washington State Department of Health Introductions <ul style="list-style-type: none"> Nadine Simons, MS, RN, Region IX
10:15 – 10:45	Background Information <ul style="list-style-type: none"> Patrick O'Carroll, MD, MPH, Region X 	8:45 – 10:30	Comprehensive Program Models that Work <ul style="list-style-type: none"> Jessie Watrous, MA, Annie E. Casey Foundation Sandra Witt, DrPH, California Endowment Blair Brooke-Weiss, MSPH, Communities that Care
10:45 – 11:15	Getting on the Same Page: 10 things you need to know about adolescents (and 5 things you think you know that may be wrong) <ul style="list-style-type: none"> Leslie Walker, MD, Seattle Children's Hospital 	10:30 – 10:45	Break
11:15 – 11:45	Introducing the Three Communities <ul style="list-style-type: none"> Kim Toevs – Portland, OR Diane Aranda – Richmond, CA Patty Hayes – Seattle, WA 	10:45 – 11:45	Breakout Session #2: Achieving the Vision - Highest Priorities and Critical Actions
11:45 – 12:00	Break	11:45 – 12:45	LUNCH
12:00 – 1:30	Working Lunch: Presentation by Karen Pittman, Forum for Youth Investment (12:30 – 1:30)	12:45 – 2:15	Bringing it all together: Breakout Summaries, and Identified Strategies and Principles
1:30 – 2:00	Break	2:15 – 2:45	Closing Remarks and Next Steps
2:00 – 3:45	Breakout Session #1 – Vision of Success for Coordinated, Integrated Set of Programs and Practices		
4:00 – 5:30	Differences and Commonalities: Feedback from Breakout Session #1		

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