

Summary of The Second Decade Summit



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On May 30-31, 2012, the U.S. Department of Health and Human Services (HHS) Regions IX and X, in partnership with the HHS Office of Adolescent Health (OAH), hosted a bi-regional Second Decade Summit (Summit) in Seattle, Washington. The Summit's goal was to develop strategies for how to better coordinate, integrate, and improve the many disparate health and related social service programs for youth between the ages of 10 and 19. This invitation-only forum built upon earlier work on the Second Decade Project begun in Region X, and enabled regional adolescent health actors to make productive connections.

Background: The Second Decade Project

In 2010, the leadership of HHS in Region X (Alaska, Idaho, Oregon, and Washington) launched the Second Decade Project to explore ways to maximize health and healthy development among adolescents by coordinating and integrating the many interventions and programs pertaining to their health. In the first phase of this Project, Region X (a) identified the governmental programs, campaigns, and initiatives already funded/implemented that affected the health and healthy development of this age group; (b) scanned the public health research and practice literature and interviewed key informants to identify existing collaborative/integrative efforts and strategies to maximize health promotion, disease prevention, and healthful development in this age group; and (c) performed a systematic epidemiological investigation to determine the proportion of total preventable U.S. mortality that could be attributed to events that occur (e.g., teenage pregnancy, car crashes) and risk behaviors that are established (e.g., smoking, poor nutritional habits) during the second decade of life.

A fundamental tenet underlying the Summit was that the second decade of life (10-19 years of age) is a critical period when patterns of health-promoting (for example, adopting physical activity habits or learning ways to cope with stress) or potentially health damaging behaviors (for example, whether or not to try cigarette smoking, or to experiment with illicit drugs) are established, and that these behaviors may have a substantial influence on health status.^{1,2,3}

Many services and programs already exist to promote health and healthy development in this age group; however, these programs are not optimally coordinated or integrated. In Region X, for example, scores of largely uncoordinated grant programs that seek to promote health in this age group have been identified. These programs are funded by a diverse range of federal agencies, school systems, social services agencies, etc. Absent a coherent strategy for fostering healthy development during the second decade, it is all but impossible for any given community to take full advantage of all disparate resources. There is a clear need to develop a more coherent, integrated approach to fostering health and healthy development in this age group.

The Second Decade Summit was held to address this challenge, and to facilitate connections and interactions among adolescent health entities in the regions. Attendees were regional actors across a variety of disciplines related to adolescent health—public health, clinical care, education, social services, government, and more—and they identified strategies for maximizing the effectiveness of collective efforts to promote health and healthy development among adolescents. In addition to these regional actors and select national experts, community leaders from key sectors attended from three locales—Richmond, CA; Portland, OR; and Seattle, WA—to help focus the discussions on practical steps that could help better coordinate and integrate efforts.

Summit Presentations

Three presentations helped to set the meeting's context:

- **Leslie Walker, MD – Chief, Division of Adolescent Medicine, Seattle Children's Hospital and President, Society for Adolescent Health and Medicine.** This opening presentation (jointly prepared with Kristin Anderson Moore, Ph.D. – Child Trends) discussed what research has shown about development during the adolescent phase of life. Dr. Walker outlined five myths about adolescents and adolescent development, and then concluded with ten things to know about adolescence. [Access Dr.'s Walker and Moore's presentation.](#)
- **Patrick O'Carroll, MD – Regional Health Administrator, HHS Region X.** Dr. O'Carroll spoke to the origins of the Second Decade Project in Region X and to the goals of the meeting. He provided historical perspective by addressing other successful public health frameworks which had helped to guide the Summit's objectives. [Access Dr. O'Carroll's presentation.](#)
- **Karen Pittman – President and CEO, Forum for Youth Investment.** Ms. Pittman's presentation focused on preparing youth for successful adulthood. She spoke about the theory of collective impact that emphasizes a common agenda, continuous communication, mutually reinforcing activities, shared measurement systems, and the presence of "backbone support" organizations among collaborating entities. She used this structure to address the systematic opportunities and challenges that communities face when working to prepare adolescents for adulthood. [Access Ms. Pittman's presentation.](#)

During the second day of the Summit, participants explored the principles and strategies of several existing programs (Communities that Care, Healthier Communities, and Evidence2Success) that are making strides to provide communities with a more integrated approach to promoting adolescent health and healthy development:

- **Blair Brooke-Weiss, MSPH –Communities that Care.** Ms. Brooke-Weiss discussed the Communities That Care model, which seeks to identify and address risk and protective factors through effective programs at the community level. Through its execution, Communities that Care develops and expands a community’s capacity to build prevention coalitions, assess and prioritize risk and protective factors, match these with effective programs, and support and sustain quality implementation of those programs. Ms. Brooke-Weiss discussed known risk and protective factors of adolescent healthy development, and effective approaches for minimizing risk—and strengthening protective—factors. Given the variation among communities, she stressed that each community needs to decide which evidence-based program(s) will work best for its population and setting. To conclude, Ms. Brooke-Weiss highlighted specific results from implementing the Communities That Care model in 24 communities. [Access Ms. Brooke-Weiss’s presentation.](#)
- **Sandra Witt, DrPH – California Endowment’s Healthy Communities Program.** Dr. Witt presented on the Building Healthy Communities project currently underway in Richmond, California and 13 other communities across California. The project strives to improve employment opportunities, education, housing, neighborhood safety, unhealthy environmental conditions, access to healthy foods and more, with the ultimate goal of creating places where children are healthy, safe, and ready to learn. Dr. Witt addressed the importance of neighborhood context and its impact on health inequities, using a health equity framework to address catalysts for change at the community level. She also stressed that change will occur through leveraging partnerships, collaborative efficacy, resident power, youth leadership, and changing the narrative in the community. [Access Dr. Witt’s presentation.](#)
- **Jessie Watrous, MA – Annie E. Casey Foundation’s Evidence2Success Project.** Ms. Watrous spoke on the Evidence2Success program model which seeks to improve outcomes for all children by improving risk and protection at the community level through strong partnerships, the best available data on children’s strengths and needs, and proven programs. In this model, the specific risks and protective factors among adolescents within the community are identified, and then used to select programs to implement in the community. Partners, including individual leaders and representatives of key sectors, track the progress of these risk and protective factors and make changes as needed. [Access Ms. Watrous’s presentation.](#)

Results of Breakout Sessions

At the Summit's core were two interactive breakout discussions. In the first, attendees discussed the *essential components* of a community that fosters the health and healthy development of adolescents. During the second breakout session, attendees identified the *priority steps*—for communities, states, and the federal government—that would help communities to achieve this vision. A synthesis of these discussions is presented below.

Five Components of a Community that Fosters the Health and Healthy Development of Adolescents

Summit participants identified the components of a community that could contribute to a coherent, integrated approach to fostering health and healthy development among persons 10-19 years of age:

1. There is a shared community vision.

- The community--across all populations, sectors, and branches of government--shares a vision of the kind of community that it is trying to build, and there is a common blueprint of the environment that the community is creating for young people. This vision, blueprint, and commitment to shared values is clearly communicated across the community. It proliferates and is sustained by community participation, as all feel a part of the community.

2. There is a shared understanding of the function of services, and the integration required between certain services.

- There is an integration of health and social service systems (for instance, between education and child welfare services, and among health care and community-based services) that avoids silos of care and that is geared toward prevention.

3. A system of coordinated governance is in place.

- This system is designed to enhance collective impact. (For more information on community collective impact, [see Karen Pittman's presentation](#)).
- There are accountability and measurement standards for community programs and services, and programs and services are consistently held to those standards.

4. Youth are engaged, and their input is valued.

- Youth have a positive, respected role in all aspects of a community. This is accomplished through traditional and peer mentoring; participation in governance and operations; strong civic engagement; and community-wide collaborations that engage adolescents.
- This perspective is supported in media, which promotes positive accounts of youth in the community.

5. The community environment supports health, safety, and connectivity.

- A community's culture and environment encourages positive behaviors among adolescents. The built environment and other community health policies--such as those governing school meals and tobacco availability--support health and promote behaviors and practices that advance health.

Four Community-Level Steps to Foster Health and Healthy Adolescent Development

Based on their experiences, Summit participants identified steps that communities could take to realize this vision of a community with a coherent, integrated approach to fostering health and healthy development among adolescents. Though not an exhaustive list, attendees named the following actions as prospective near-term priorities:

1. Designate a high-level, cross-agency and -sector leadership team dedicated to improving adolescent health and well-being.

- This team can include a broad set of partners who are involved in the process and who have a willingness and ability to sustain the work. Partners can include local government; the private sector; the education, social service, and juvenile justice systems; the healthcare community; adolescents; parents; and any other groups that a community sees as pertinent and critical to the adolescent health discussion.
- Communities can assess the entities, services, and programs already in place (such as those focused on alcohol, drug, obesity, and crime prevention; improving education; and increasing access to health care) to determine how communication and collaboration channels can be leveraged/improved. For more insight into this process, [please reference Karen Pittman's Summit presentation](#).

2. Identify and examine the broad community and environmental factors (i.e. the social determinants of health) that frame youths' experiences.

- Communities can recognize the comprehensive challenges and experiences of their youth by conducting—or building upon existing—needs assessments. In doing so, communities can examine the risk and protective factors their adolescents are experiencing, and then determine the steps to improve youth outcomes.
- Community needs assessments should reflect community-wide issues and also address the sub-populations that may experience disparate rates of health risks, such as youth of color, those who are homeless, and LGBTQ (Lesbian-Gay-Bisexual-Transgender-Queer) populations. Communities may also want to focus attention on locales with high incidence of poverty and violence, factors that make it more difficult for youth to thrive.

- Communities can establish accountability systems which include the collection and tracking of accurate data regarding youth risk and protective factors, as well as key outcomes.
- Performing health impact assessments¹ and adopting a community and governance perspective of “health in all policies” can help communities make the healthy choice, the easy choice.
- Communities can go one step further and filter policies and other community planning decisions through a “healthy youth” lens. For example, if a zoning proposal would result in the removal of a place where adolescents gather, communities can assess the anticipated impact—both positive and negative—that such a decision would have on youth. They can then commit to mitigating the negative impact.

3. Encourage and incorporate authentic youth community engagement across community efforts and into processes.

- Communities can direct and encourage agencies and programs to engage youth. This applies to community programs which may directly engage with youth as well as, for example, public-private partnerships for economic development that may not initially or traditionally consider adolescents as having a voice to consider.
- Mentoring is a critical way to spur engagement. Communities can publicize and provide incentives for both peer-to-peer and adult mentoring programs.
- Communities can strive to engage youth from a variety of backgrounds, who have diverse interests and educational goals.

4. Improve both the awareness of adolescent health issues and knowledge of the programs and the skill sets that work to improve those issues.

- Public information efforts can educate community members about the needs and development trajectories of adolescents and healthy, productive ways to deal with adolescents’ propensity towards risk-taking.
- In communications, communities can integrate unifying values and principles that inform its vision for youth.
- A community can emphasize training stakeholders who work with youth. The training should be driven by the evidence base of what works to improve skills and, ultimately, healthy outcomes for adolescents.

¹ Systematic processes that determine the potential effects of a proposed policy, plan, program, or project on the health of a population and the distribution of those effects within the population. For more information on HIAs, visit http://www.nap.edu/catalog.php?record_id=13229.

WHAT'S NEXT?

Participants in the Second Decade Summit reached agreement on a shared vision of the attributes a community should have in place to promote and support health and healthy development and prevent adverse risks among adolescents. More difficult by far, is determining the steps needed to realize that vision.

One point of general agreement is the importance of increasing attention, in multiple sectors, and at national, state and local levels, of the importance of promoting and safeguarding adolescent health. It's clear that the current approach to addressing troubling, risky behaviors with programs operating side-by-side, often trying to reach the same young people, is not effective. Not only is the current approach inefficient, it impedes opportunities to intervene at crucial junctures when harmful and risky behavior may be prevented.

The concept of the Second Decade is larger than the Summit meeting. The meeting conveners, the HHS Office of Adolescent Health and Regions IX and X, developed a preliminary listing of activities at the federal, state and regional levels to garner attention and spark action to foster health and healthy development in this age group.

At the federal level:

- OAH will complete a review of HHS strategic plans for inclusion of and relevance to adolescents, and will review international and U.S. state plans addressing adolescent health to identify common themes.
- To increase awareness and recognition of the importance of the second decade of life and the need for an improved, systematic approach to promote current and lifelong health and wellbeing, OAH will convene leaders from multiple sectors and develop a national agenda to call attention to the value of improving adolescent health. OAH and other HHS partners will develop a number of building blocks to support a national adolescent health agenda:
 - A paper for publication on the unique health and health needs of adolescents, gaps and barriers to care, and the potential benefits of action.
 - A chart book of demographics, health data, social determinants, and other indicators for adolescent health. Information will be aligned with Healthy People 2020 and other adolescent health objectives in HHS.
 - The clarification of developmental benchmarks for adolescent health and a translation of those milestones into language parents, educators, and others who work with teens can understand.
 - A listing of evidence-based public health policies, such as smoking bans and restrictions or state graduated driver's licenses for young drivers, that support adolescent health and a strong dissemination plan for this listing.

- The Adolescent Health Working Group will continue to work collaboratively to develop and support coordinated systems of care at the local level, especially in support of vulnerable youth experiencing multiple risks to health and development. These HHS agencies will:
 - Continue to build more flexibility into funding opportunities to break down barriers to service provision at the local level.
 - Promote comprehensive, multi-sector approaches to improving health and healthy development.

Additional follow-up items for federal stakeholders are as follows:

- Secure interest in a research agenda in support of adolescent health, potentially through the National Adolescent Health Agenda process.
- Locate opportunities to support healthcare providers by:
 - Emphasizing the importance of delivering recommended clinical preventive services for adolescents and young adults.
 - Continuing to refine the role of healthcare providers in the delivery of coordinated care to adolescents experiencing physical, mental, emotional and behavioral risks or disorders.
 - Supporting the awareness of coordinated care services for adolescents with complex medical problems and their families.
- Build on existing tracking measures and promote the use of additional measures by:
 - Promoting established, science-based metrics to use at all levels to measure progress of adolescent health and development.
 - Promoting established metrics to track programs and interventions, inform program and policy decisions, and guide improvements and efficiencies in service delivery.

At the state, regional, and local levels:

States, regions, and communities can realize the vision of a coordinated, integrated system of public health policies and services that support adolescents and their health. They can do so by utilizing existing frameworks of community “operating systems” to promote healthy development and minimize risk behaviors, as well as utilizing evidence-based and -informed strategies.

Among the sample frameworks, akin to architectural blueprints, and sample governance structures for overseeing and organizing action and services at the state, regional, and local levels are:

- [Communities that Care](#), a coalition-based community prevention operating system developed by the Social Development Research Group, University of Washington, Seattle, that uses a public health approach to prevent youth problem behaviors including underage drinking, tobacco use, violence, delinquency, school dropout and substance abuse.
- [PROSPER](#) (PROmoting School-community-university Partnerships to Enhance Resilience), an evidence-based delivery system developed by Iowa State University that features a menu of

tested and proven programs for sixth and seventh graders. Programs on the menu have a successful track record for preventing risky behaviors in youth, promoting positive youth development, and strengthening families.

- [Ready by 21](#) from the Forum for Youth Investment is a set of innovative community-wide planning and governance strategies that helps communities and states improve the odds that all children and youth will be ready for college, work, and life.

Communities can also utilize comprehensive sources of information on evidence-based programs and services that work to achieve specific health outcomes, such as tobacco prevention and physical fitness, for adolescents. Sources for these programs and services include:

- [Healthy People 2020 efforts](#) encouraging communities to utilize evidence based or evidence informed strategies to help achieve Healthy People 2020 goals;
- HHS's [List of Evidence-Based Teen Pregnancy Prevention Program Models](#) that identify programs with impacts on teen pregnancies or births, sexually transmitted infections (STIs), or sexual activity;
- The Department of Education's [What Works Clearinghouse](#), which provides evidence-based education practices that work in education systems;
- The [FindYouthInfo Program Directory](#), an effort of the federal Interagency Working Group on Youth Programs, which features evidence-based programs that work to prevent and/or reduce delinquency or other problem behaviors in young people;
- SAMHSA's [National Registry of Evidence-Based Programs and Practices](#), which supports mental health promotion, substance abuse prevention, and mental health and substance abuse treatment;
- The National Association of County and City Health Officials (NACCHO) [Maternal, Child, and Adolescent Health Toolkit](#), which contains downloadable resources highlighting programs and practices to help local health departments with their work related to maternal, child, and adolescent health; and
- [A Guide for State-Level Strategic Planning and Action](#), from the Maternal and Child Health Bureau within HHS's Health Resources and Services Administration, provides the reader with tools and practical ideas for developing and implementing an adolescent health strategic plan.

In addition to utilizing these operating systems and evidence-based program resources, regions and states can help community leaders build locales where adolescents can grow and thrive, by making healthy choices the easy choices and by establishing health-supporting environments. Additional next steps include:

- Using best practices for engaging youth and for developing and sustaining community processes that measure and assess progress.

- Selecting and implementing programs that meet the needs of all adolescents, as well as information on how to coordinate services and care for those engaging in risky behaviors or facing multiple disorders and challenges.
- Developing and promoting mechanisms and opportunities to ensure active, continuing youth engagement.
- Creating opportunities to convene, ideally on a regular basis, diverse professionals and community-based volunteers who are responsible for promoting and protecting adolescent health and well-being to learn from each other, collaborate and coordinate services and opportunities.

For funders at all levels:

Funders at all levels can:

- Encourage “health in all policies” at national, state, regional, and local levels.
- Stress the use of evidence-based programs and policies and continue to strengthen the base of evidence about “what works” in adolescent health.
- Strive to build flexible funding mechanisms that allow decision-makers at state, regional, or local levels to make decisions to deploy resources efficiently and wisely for the populations they serve.

In conclusion

The second decade of life is a time of great promise as well as potential pitfalls. Consistently promoting healthy development among adolescents requires the input and commitment of many stakeholders and building strong public support for investing time and attention to this important age group. To move forward, leadership is needed to direct attention to promoting adolescent health, identifying and promoting evidence-based practices, and coordinating care and services among multiple agencies, programs, and levels of government.

Disclaimer: Use of trade names and/or commercial sources throughout is for identification only and does not imply endorsement by the U.S. Public Health Service or the U.S. Department of Health and Human Services.

¹ American Academy of Pediatrics. (2011). *Bright Futures: Nutrition*. Retrieved February 25, 2013, from http://brightfutures.aap.org/Nutrition_3rd_Edition.html

² Viner, R. M., Ozer, E. M., Denny, S., Marmot, M., Resnick, M., Fatusi, A., et al. (2012). *Adolescence and the social determinants of health*. *The Lancet*, 379, 1641-1652.

³ U.S. Department of Health and Human Services. (2008). *2008 Physical activity guidelines for Americans*. Retrieved February 25, 2012, from <http://www.health.gov/paguidelines/pdf/paguide.pdf>