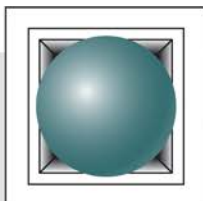


ONCERN FOR OUR TEENS: OPINION LEADERS SPEAK OUT ON ADOLESCENT HEALTH

The health of our nation's adolescents is key to our future success. Yet, leaders in business, academia, and the military express concern that increasing adolescent health problems -- obesity, mental health problems, drug abuse, risky sexual practices, and lack of resilience -- often impede the performance of older adolescents. This report presents findings from interviews conducted with opinion leaders from a cross section of businesses, colleges, and military branches to gain their perspectives on how well adolescents are doing in terms of their physical, mental, and emotional health. The report also discusses these opinion leaders' views on health education and wellness for adolescents and ways to "create a culture of health."

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*THE NATIONAL ALLIANCE
TO ADVANCE ADOLESCENT HEALTH*

The physical and mental health of our adolescent children is critically important to our nation's future. This is true not only in terms of predictable health care expenditures, which will reflect the costs of poorly managed chronic conditions and unaddressed risk behaviors that continue into adulthood. It is also true in terms of our ability to compete successfully as innovators in the global economy and to effectively parent and educate our next generation of children.

To elicit the viewpoints of those with the greatest stake in the health of adolescents and those in the best position to observe them, The National Alliance to Advance Adolescent Health conducted interviews with opinion leaders from higher education, business, and the military to gain their perspectives about adolescents' health status and access to care, the role of their community in health education and wellness, and public and private policies to improve adolescent health. These opinion leaders came from a cross section of large and small firms in both manufacturing and service sectors; public, private, and community colleges; and several branches of the military.

Prepared for Career, College, and Service?

One fact shone through in the interviews: health issues are preventing adolescents from performing as well as they should at work, in school, and in military service. Indeed, the figures from the military are perhaps of greatest concern. Why? Because the military, often seen as the employer of last resort for at-risk youth, must refuse entry to well over half its applicants due to health issues. According to a recent study prepared for the Department of Defense, 70% of female recruits and 62% of male recruits failed to qualify for military service because of physical or mental health conditions ranging from obesity to depression to hypertension.¹ These conditions make it difficult for the military to meet its recruitment needs and leave countless adolescents without an important career opportunity.

Opinion leaders in the business, higher education, and military sectors all agree: our teens are performing less well than they should because of health problems.

Respondents in the business sector also reported adolescent health problems as a barrier to success. Productivity in our businesses suffers, not just from increased health care costs, but also from lost work time and lagging productivity when adolescents' health issues interfere with

their performance. Opinion leaders in many sectors generally agreed that adolescent productivity is suffering due to health problems.

In higher education, too, health issues cause missed class and study time as well as a general decrease in learning efficiency. This inability to learn and perform well impacts students' ability to succeed in their future careers and contribute to our economy.

Health Status

So what are the health issues impeding adolescents' ability to work, learn, and serve productively? Opinion leaders were in surprising agreement that two factors -- obesity and mental health issues -- top the list. On the bright side, there was also widespread agreement that adolescents today are far more knowledgeable than in the past regarding their own health and what is necessary for its improvement.

Business

Opinion leaders in the business community were nearly unanimous in their concern that adolescent workers are overweight and out of shape. With the exception of some service industry employers, who hire only the physically fit to be "on the move" all day, business leaders all agreed that adolescent workers are increasingly obese and this results in significant health problems -- including diabetes and hypertension -- as well as related health care costs, absenteeism, and decreased productivity.

Further, mental health problems -- most prominently depression and stress -- hurt productivity and increase use of short-term disability and family and medical leave time. Some business leaders also expressed surprise that smoking appears to be increasing after several years of decline. This is especially surprising given that adolescent workers are more informed and concerned about their health needs than ever before.

*The good news:
Adolescents are far more
knowledgeable than in
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*The bad news:
Adolescents increasingly
suffer from obesity and
related health issues and
have an increasing
number of mental and
behavioral health
problems.*

Higher Education

Adolescents pursuing college educations are also suffering from increased rates of obesity, along with its related health problems. In addition, college students are engaging in even more binge drinking than in years past. This risky behavior is leading to other health risk factors and related problems -- from missed class and study time to risky sexual behavior and even sexual assault. Drug abuse (including the abuse of prescription medications) and casual sex were mentioned by academic opinion leaders as increasing problems on campus as well. Also harming student performance are anxiety- and stress-related conditions, spawned by academic pressure and the challenges of living alone in a new environment or, in the case of community college students, having to assume significant adult responsibilities, which often include caring for siblings and parents. Opinion leaders in higher education also reported an increase in the frequency of students coming to college under medical care for mental health conditions, ranging from ADHD to depression to bipolar disorder, and were concerned that these students are at risk of having their chronic condition destabilized in a new environment.

Military

Adolescent health issues cause most concern for the military at the point of entry. While the prestigious military academies continue to be highly selective in whom they accept, more generally the military's ability to fill its ranks is jeopardized by a lack of sufficient willing recruits who meet its minimum requirements for health and physical fitness. As noted earlier, large proportions of both female and male recruits fail to qualify for military service due to a physical or mental health condition. By far the most common disqualifying condition is overweight (close to 30% of both sexes are disqualified for this reason), followed by drug abuse, mental illness, and asthma.²

Clearly, the military's need for recruits able to withstand combat conditions necessitates a rigorous standard of fitness. But the sheer number of those adolescents, particularly at-risk adolescents, for whom this employment option is closed is troubling. Furthermore, the military reports increasing problems with smoking and alcohol abuse among recruits who have completed their basic training. All this is in addition to the obvious injury-related health problems associated with combat and other strenuous and dangerous activities required by military service. Finally, those in military service and their families undergo extreme stress, both from combat and from frequent, long deployments. This made military opinion leaders particularly concerned about what they see as a decrease in emotional coping skills and resilience among adolescents.

Health Education

Opinion leaders from all sectors emphasized the importance of offering adolescents education to help them improve their health. All provided some kind of health education program, though their methods and the ability of young people to take advantage of them differed widely. There is particular cause for concern regarding adolescents whose school and work schedules are so long and tiring, or whose other commitments are so taxing, that they are not able to take advantage of offered health education services.

Business

The good news is that a number of businesses are taking a proactive approach to employee health. These companies provide a diverse set of health education programs (though none aimed specifically at adolescents). These programs emphasize wellness training and use methods like webinars, brown-bag lunches, free health risk assessments, and small incentives for meeting particular health goals. Several businesses reported having on-site fitness and medical centers providing blood pressure and cholesterol screenings, flu shots, and in one company, well-woman gynecological exams.

Prevention and wellness programs are expanding, but often it is teens at highest risk who lack the time and financial wherewithal to participate.

While some businesses reported enthusiastic responses to their initiatives, others expressed disappointment with participation levels. One reason for the lack of participation in such programs may be simple lack of time and energy on the part of adolescent workers. One business reported that its adolescent employees tended to be field representatives who are on the road much of the time. Another reported that its adolescent employees were “on the go” all day long providing services to customers. Still another business employed adolescents mostly in its customer call centers. These employees are in low-paying jobs requiring them to sit most of the day, with only few short breaks, and often have to hold down second jobs to meet their rent and, in some cases, help raise their children. Thus, those most in need of programs to help reduce health risk factors are the least able to take part in them.

Higher Education

In higher education, too, it is those with the greatest need who are least able to make use of offered health education programs. Opinion leaders reported a wealth of health education offerings at four-year colleges and universities, many located in well-equipped student health

centers (though many of them reported facing imminent budget cuts). Health education programs cover a wide array of topics, including nutrition, alcohol abuse prevention, smoking cessation, and safe sexual practices, and often include outreach and peer counseling programs. Utilization rates varied. But those least likely to take advantage of such programs were adolescents attending community colleges. At these less-privileged schools the health education programs were more limited to begin with and, because students tend to be heavily pressed for time because of the demands of work and family, were underutilized. In addition, the atmosphere of institutions of higher education was reported by their own opinion leaders to be troubling from an adolescent health perspective. Too many campus cultures promote binge drinking, serve and sell food that undermine good nutrition, and allow organized sports teams to monopolize fitness facilities.

Military

Because of its obvious concern to recruit and retain adolescents prepared for combat and other strenuous duties, the military pays close attention to their health. Physical fitness and nutrition training, education programs on substance abuse and sexual issues, and smoking cessation are all aggressively promoted. Nonetheless, once the pressures and constant vigilance of basic training cease, adolescent members of the military are seen as falling back into risky behaviors, particularly in regard to smoking and alcohol abuse. No doubt, this is partly in response to stress arising from physical danger and the emotional pressures of deployment.

Access to Care

Opinion leaders from all three sectors emphasized access issues related to health care services. That is, while these services may be available in the physical sense, the ability to pay for them and utilize them in the consistent manner necessary to maintain adolescent health is uneven at best.

Business

Business opinion leaders uniformly reported offering health insurance to their full-time employees. However, not all young employees enroll. This is consistent with national data showing the health insurance take-up rate for 18-20 year olds is lower than other age groups, at just 56%.³ Given the low wages earned by many adolescents, along with access barriers, including work schedules, family commitments, and time pressures from second jobs and/or school attendance, this low take-up rate is as unsurprising as it is worrisome. Moreover, opinion

leaders pointed out, even generous health care programs tend not to offer the kind of wellness programs particularly important for adolescent workers.

Higher Education

Four-year colleges and universities generally offer a range of health services on campus, including pharmacy, lab, x-ray, reproductive and mental health services. In addition, opinion leaders expressed relative confidence that more intensive (e.g., inpatient) care is reasonably available to students. But significant problems remain, and are more pronounced for community college students. Because many more students are coming to college with diagnosed mental health issues, they are already under medical supervision. In many ways a positive sign of greater mental health awareness, academic leaders nonetheless characterized these students' needs as a potential problem for universities in that their treatment and accommodations require oversight, particularly given the pressures of social and academic demands and the students' unfamiliarity with life without parental guidance. Moreover, students seeking additional health care services off-campus often face problems with transportation, scheduling, and unfamiliar locations.

Most troubling was the inability of students to afford off-campus health services. Opinion leaders acknowledged that the greatest barrier to students receiving off-campus health care was the lack or inadequacy of health insurance coverage. An estimated 25% to 30% of college students attending four-year colleges are uninsured, with higher proportions among community college students.⁴ Academic respondents saw extending the age of private dependent coverage as only a partial solution to this problem because employer-sponsored coverage often is unavailable or prohibitively expensive.

Military

The military is one sector in which access to health care is guaranteed. While respondents expressed some concern regarding the availability of mental health services, overall coverage is comprehensive.

Policies to Improve Adolescent Health

Opinion leaders expressed wide agreement that improving adolescent health requires greater investment in wellness education and skills training. Addressing issues related to obesity and risky behaviors, as well as maintaining adequate responses to mental health issues, requires policies that go beyond the workplace, the student health center, and the military clinic. Healthier attitudes toward alcohol and food need to be developed and supplemented by greater access to fitness programs and exercise. Business leaders in particular stressed the importance of involving the whole family in making behavioral changes. As one opinion leader phrased it, we need to “create a culture of health” to prevent health problems before they develop. In this context both business and academic opinion leaders expressed frustration with the limits of what their programs can accomplish in the absence of more comprehensive programs aimed at improving health, wellness, and adequate insurance coverage. Opinion leaders in general expressed concern that health insurance be made more available, affordable, and comprehensive.

Opinion leaders are calling for increased participation by all family members in wellness and prevention programs and also greater public/private cooperation to ensure access to health care.

Conclusions

Seen in a positive light, one could conclude from these interviews with opinion leaders that it is necessary and possible to build on adolescents' increasing awareness of health issues to help them develop habits of wellness. Nonetheless, opinion leaders from business, higher education, and the military all provided cause for significant concern. On account of issues too often dismissed as “just life” or “their problem,” and for which many of them lack time and financial resources to properly address, adolescents in all areas of endeavor are performing less well than they should. They are not working efficiently, hurting the economy as well as their own opportunities for advancement. They are learning less and less well than they should, hurting their chances to become better educated, advance their own careers, and contribute to our economy and society. And those seeking to serve in the military often find themselves disqualified or stymied in their progress. It seems that our least advantaged and hardest working teens are the least able to take advantage of health and wellness programs, and even health insurance. Greater attention to adolescent needs, emphasizing prevention and wellness, are called for if adolescents are to get the most out of life and contribute as much as they can to our society.

Methodology

This report is based on interviews conducted by The National Alliance to Advance Adolescent Health with opinion leaders from the business, college, and military sectors in the summer and fall of 2009. Interviews were conducted with human resource directors and managers of wellness and benefits from a cross section of six large and small firms in both the manufacturing and service sectors; directors of student health services or student services from seven public, private, and community colleges; and nine command-level leaders, both non-commissioned and commissioned, from several branches of the military. Each semi-structured interview lasted about an hour.

Acknowledgements

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Endnotes

¹Lewin Group. *Qualified Military Available: New Estimates of the Eligible Youth Population*. Prepared for Accession Policy, Office of the Under Secretary of Defense (Personnel and Readiness). Falls Church, VA: The Lewin Group, Human Resources Research Organization, April 2005.

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The National Alliance to Advance Adolescent Health provides education, research, policy analysis, and technical assistance to achieve fundamental improvements in the way that adolescent health care is structured and delivered in the United States. Its mission is to enhance the physical and emotional well-being of adolescents, especially those who are low-income and minority, by improving the health care delivery model for adolescents and achieving the infrastructure changes needed to support it. The National Alliance seeks to promote comprehensive, interdisciplinary models of physical, mental, behavioral, and reproductive health care that incorporate a youth development philosophy and operate in collaboration with schools and other community-based programs. It also seeks to ensure that all adolescents have health insurance coverage for the services they require.

For more information about our work and available publications, contact Corinne Dreskin at The National Alliance to Advance Adolescent Health: cdreskin@TheNationalAlliance.org. Also visit our website: www.TheNationalAlliance.org.

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