

The background of the slide is a photograph of a vast, flat landscape under a clear blue sky. In the foreground, there is a field of golden wheat, with the stalks in sharp focus. The field extends to a flat horizon line. In the upper right corner, a bright sun is shining, creating a lens flare effect with rays of light spreading across the sky. The overall scene is bright and clear, suggesting a sunny day in a rural setting.

What Can We Learn About Health From Kansas Teens: Results of the Kansas Adolescent Health Needs Assessment

Kansas Health Home conference - August 11, 2015
Wichita, KS

The Context



➤ Positive youth development matters



➤ Transformation of Title V Maternal and Child Health



MCHB - Title V Transformation

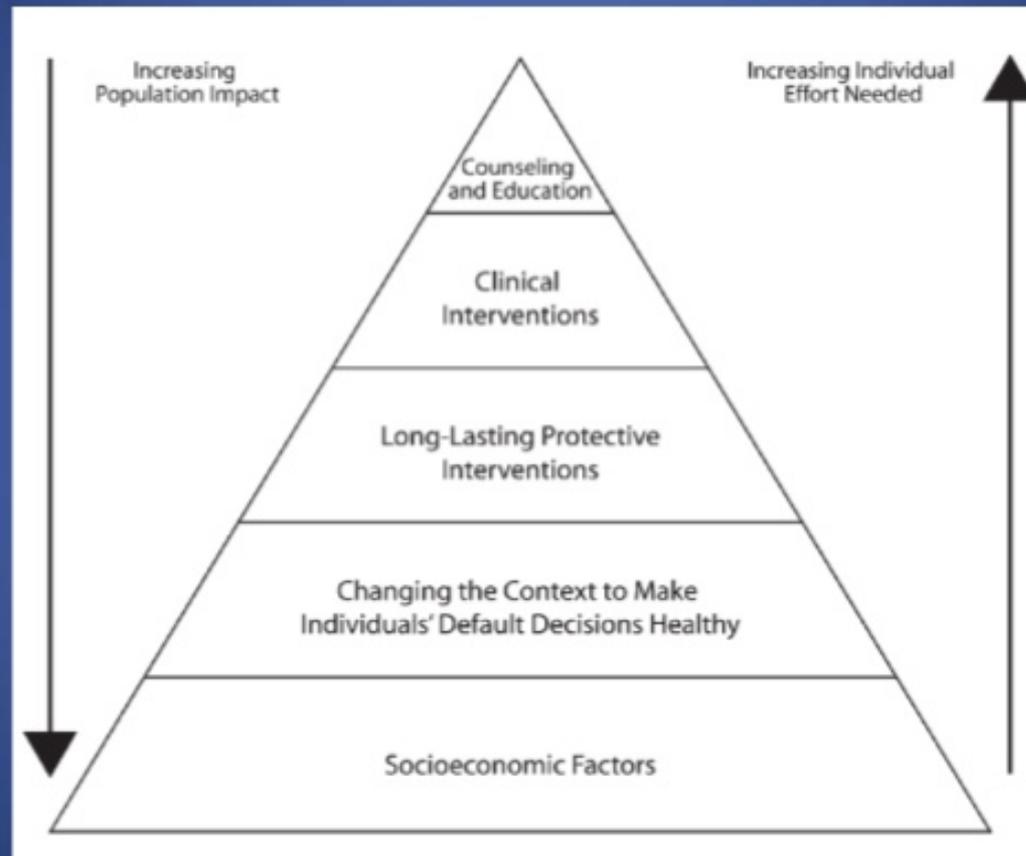
- 6 domains
- Family engagement and leadership
- Youth-adult connectedness
- Transition to adult health care
- Medical home access for every child
- State flexibility, accountability
- Annual needs assessment

Framing the Assessment

- Healthy People 2020 adolescent health objectives and health focus areas
- Social determinants of health - the Public Health Impact Pyramid

Frieden, T., (2009) A Framework for Public Health Action: The Health Impact Pyramid
Am J Public Health. 2010 April; 100(4): 590–595
- Social ecological framework
- Positive youth development - youth voice

Health Impact Pyramid

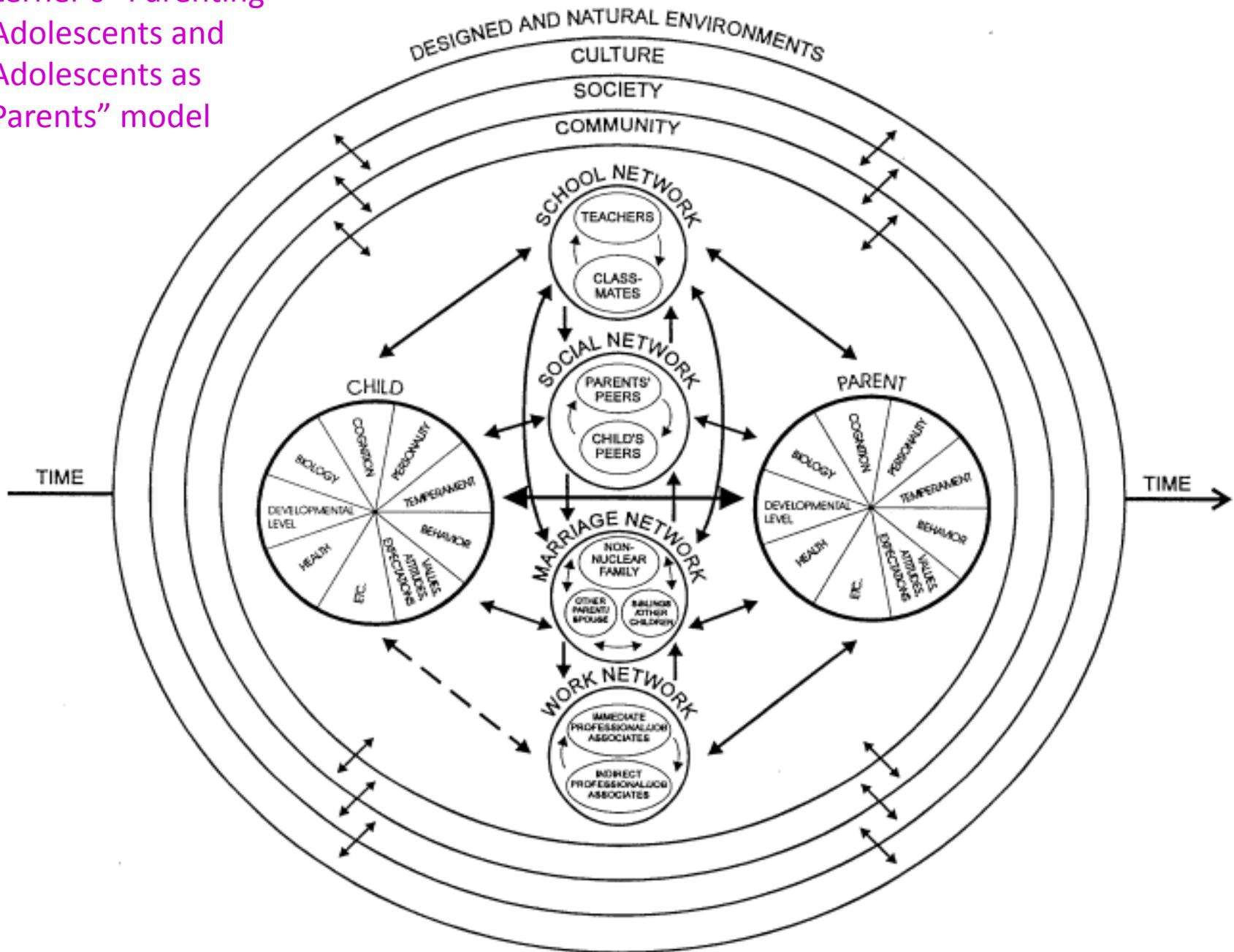


Frieden, T. A Framework for Public Health Action: The Health Impact Pyramid. *American Journal of Public Health*, 2010, 100(4): 590-595.

Social Ecological Framework



Lerner's "Parenting Adolescents and Adolescents as Parents" model







Needs Assessment Process

- **Review of Population Data**
- **32-item Online Survey**
- **26 Community Focus Groups**

Results: Review of Data (examples)

HP2020 Health Focus Areas	Indicators	Kansas	United States	Notes
Healthy Development	Overall good health	85.3% (2011/12) 86.3% (2007)	84.4% (2011/12) 84.1% (2007)	12-17 yrs. Nat. Survey of Child Health
	Youth who receive services to make transition to adulthood	52.7% (2009/10) 50.3% (2005/06)	40.0% (2009/10) 41.2% (2005/06)	12-17 yrs. Nat. Survey of Child Health
Injury; Violence Prevention	Adolescents riding in car with driver who has been drinking	21.1% (2013) 23.8% (2011)	21.9% (2013) 24.1% (2011)	Within last 30 days High School YRBS survey
Mental Health	Suicide rate	19.1 (2012) 16.3 (2011) 10.4 (2009)	- - 5.8 (2009)	15-24 yrs. KDHE and National Vital Statistics System
Substance Abuse	Recent marijuana use	14.3% (2013) 16.8% (2011)	23.4% (2013) 23.1% (2011)	1> times last 30 days High School YRBS survey
Reproductive, Sexual Health	Contraceptive use	11.5% (2013) 13.6% (2011)	13.7% (2013) 12.9% (2011)	Did not use contraceptive High School YRBS survey
	Rate of birth for teenagers	5.6 (2012) 6.1 (2011) 8.1 (2009)	31.3 (2012) 41.5 (2011) 41.9 (2009)	KDHE Vital Statistics National Vital Statistics
Prevention of Chronic Diseases of Adulthood (e.g, obesity, tobacco use, well visits, condition of teeth)	Drink soda, pop 3> per day	6.4% (2013) 7.6% (2011)	11.2% (2013) 11.3% (2011)	7 days prior to survey High School YRBS survey
	Obesity and overweight youth	12.6% and 16.3% (2013) 10.2% and 13.9% (2011)	13.7% and 16.6% (2013) 13% and 15.2% (2011)	=> 95 percentile of BMI is obese High School YRBS survey
Health Care	Children receive medical home care	44.2% (2011/12) 49.4% (2009/10)	48.6% (2011/12) 43% (2009/10)	12-17 yrs. Nat. Survey of Child Health

Kansas Adolescent Health Community Input Survey

- 32 item, open access, electronic survey
- Piloted with university students (ages 18-20) and employees
- Disseminated through newsletters and email of 50+ organizations, flyers, conferences; used URL and QR codes
- 854 Respondents
 - 1,400 typed answers to open-ended questions;
 - 86.4% female; average age 49; 60% rural and small town; 22.7% upper middle income; 85 counties represented; Spanish language version

Survey Results

Top health issues impacting adolescents (A)

- Substance abuse (56%)
- Mental Health (35%)
- Obesity/Overweight (30%)
- Adolescent Pregnancy and Parenting (22%)
- Sexual Health (18%)

Top barriers that youth face in accessing health services (A)

- Lack of knowledge about services (75%)
- Cost/affordability (66%)
- Embarrassment or shame (64%)
- Unaware of need (46%)
- Transportation (38%)

Focus Group Process

- Questions tailored to compliment survey questions
- 26 Focus Groups,
- 5 communities
- 401 participants
 - 324 youth (ages 12-18)
 - 77 Adults

PARTICIPANTS -

60% Female

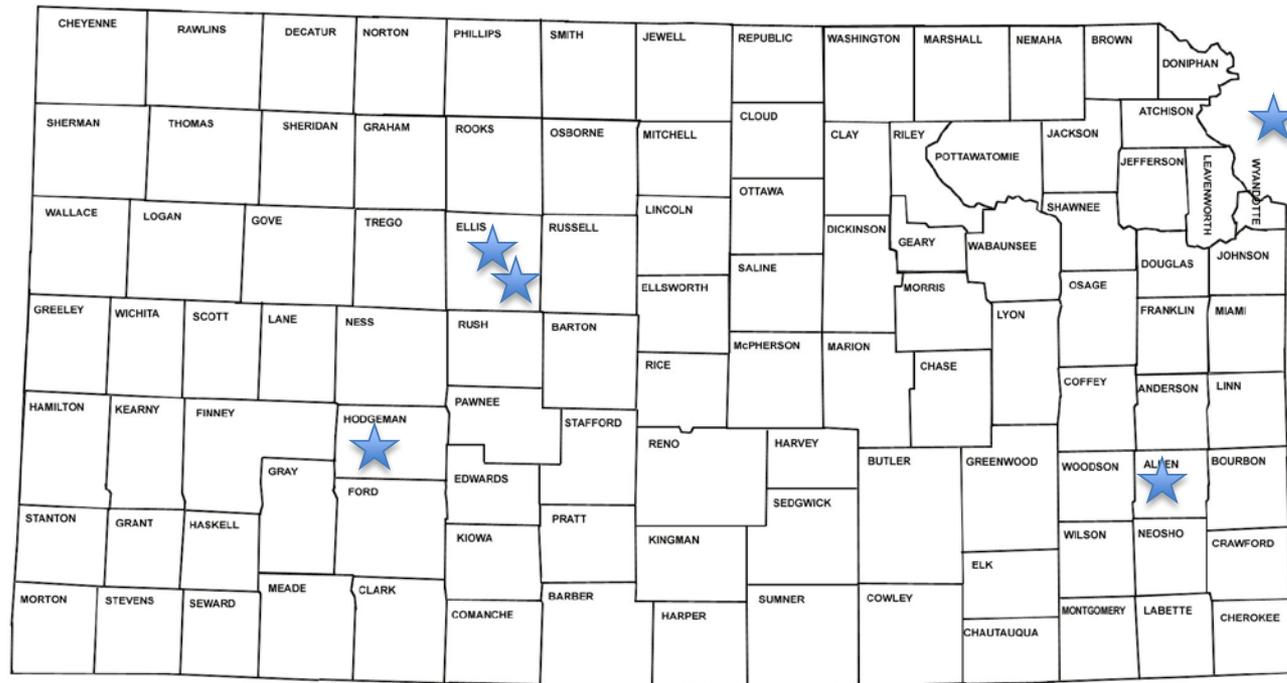
63% White

17% Hispanic

7% African-American

2% Mixed race

Results: Focus Groups



Chanute: 4 high school groups (#75); 1 adult group (#14)

Dodge City: 2 middle/high school groups (#47); 2 adult groups; one Spanish speaking (#34)

Great Bend: 10 high school groups (#161); 1 adult group (#10)

Hoisington: 1 high school group (#9)

KCKS (Wyandotte county): 3 middle/high school groups (#32); 2 adult groups (#19)

Focus Group Questions

1. (For youth and adults) What do you consider to be the most **important health issues for teens** today?
2. (For youth and adults) What do you think are **gaps** in health services for youth?
3. (For youth) What **barriers or challenges** do you or your friends face that keep you from being healthy?
(For adults) What **barriers or challenges are teens facing** that keep them from being healthy?
4. (For youth and adults) What **recommendations or suggestions** do you have to address these barriers or challenges?

Results: Focus Groups

Top Needs and Issues (Y) (in order of most often voiced)

- Nutrition (School lunch)
- Drugs, substances
- Sexuality, pregnancy
- Mental health, depression, stress, self-injury
- Obesity
- Bullying
- Boredom
- Want real information
- Need trusted adult to confide in

Top Needs and Issues (A) (in order of most often voiced)

- Substance abuse
- Physical activity
- Mental health, coping
- Lack of life skills
- Need for health literacy

Results: Focus Groups, cont.

Barriers and Challenges (Y)

- Lack of information
- Lack of access to services
- Lack of ways to pay for services
- Lack of transportation
- Lack of parental support, parental awareness

Barriers and Challenges (A)

- Lack of information
- Lack of access
- Complexity of getting services (wait lists, stipulations/strings)
- Parents who lack skills, who are distracted, stressed
- Lack of mentors

Voices of Kansas Youth

School Lunch

“They don't feed us enough at lunch, or the food is gross. When I don't eat I get irritated and don't like to be around people and I'm ornery. I think that could be part of the reason there's so much bullying, all the kids are hungry and grumpy.”

(female, Great Bend High School student)

Drugs and Substance Use

“Everybody does drugs. Everyone does marijuana, it's not a big deal.” (male, Great Bend High School student)

“We learn to do alcohol and drugs from our older siblings, friends and parents.”

(female, Great Bend/Hoisington High School student)

Sexuality, Teen Pregnancy

“Teen pregnancy is a big issue. Babies are having babies. We need sex ed earlier, more frequently, and that's realistic.” (female, Wyandotte High School student)

"Teens don't know the difference between love and lust." (male, Wyandotte 4-H club youth member)



Mental Health, Depression, Self-Injury

“Bullying leads to self harm and suicide.”

(female, Great Bend High School student)

“Cutting is a big issue. I've seen girls cutting in the bathroom four or so times this year already.”

(female, Great Bend High School student)

Bullying

“A lot of kids make fun of you about your weight. If you're obese, kids treat you different.”

(female, Chanute High School)

Obesity

“Sometimes being depressed leads to obesity. Then you eat more.”

(female, Wyandotte county, Young Women on the Move)

Boredom Leading to Use of Technology

“With teens not being so active, they don’t get enough sleep 'cause they are on technology.”

(female, Wyandotte County, Young Women on the Move)

Stress, Expectations of Parents and Teachers

“Drugs, sex, self harm, suicide, bullying, even eating - We don't know how to deal with stress. It's an escape.” (male, Chanute High School student)

“Teens need a way to “de-bottle” their stress. We need stress management techniques.”
(male, Wyandotte 4-H club youth member)

Wanting “Real” Services and Information

“We want people to 'be real' with us. Tell us about the real-life threatening consequences of teen pregnancy. Teens need to know what it's really like to have a baby, what it's really like to have an STD.”

(female, Wyandotte County, Young Women on the Move)

Wanting to Confide in Adults, Mentors, Someone Who “Understands”

“Kids are afraid to talk about their issues, afraid of judgment, they don't feel comfortable talking about their health concerns and don't know who to go to.”

(male, Wyandotte county 4-H youth club member)

Need for Adult Education

“Kids have adults in the home. They may have ‘parents’, but not Parents.”

(female, Wyandotte High School student)

RECOMMENDATION 1:

Address the highest priority adolescent health issues.

- Mental Health
- Substance Abuse
- Sexual and Reproductive Health
- Nutrition and Physical Activity
- Injury Prevention

Address the priority health issues

- **Mental Health** – Increase access to mental health screening, referral and treatment for youth.
- **Substance Abuse** – Increase access to substance abuse screening, treatment and prevention services.
- **Sexual and Reproductive Health** – Make accurate and relevant information on responsible sexual behavior more easily available to youth and their families. Provide confidential, youth-friendly reproductive health services. Encourage all providers who serve adolescents to screen sexually active females for chlamydia.
- **Nutrition and physical activity** – Increase proportion of students who participate in regular physical activity. Increase the availability of healthy, food in sufficient supply in schools.
- **Injury prevention** – unintentional and intentional.

RECOMMENDATION 2:

Help families support the health and well-being of their adolescents.

- Increase availability of information to **parents** and families about normative adolescent development as well as risk and protective factors.
- Provide support to **parents** who experience problems (ie., relationship, violence, substance abuse and mental health issues) to enable enhanced relationships with their adolescents.
- Encourage communication between adolescents and their **parents** about any health issue.
- Provide opportunities for **parents** to improve their skills in seeking out quality health-related information and services.

RECOMMENDATION 3:

Provide educational environments that prepare youth for healthy adulthood.

- Emphasize social emotional as well as academic competence in the **school setting**.
- Increase the availability of **skill-based health** information for youth.
- **Support schools** to establish and sustain health access points and health services on-site during the school day.
- Provide **school-based access** to confidential mental health screening, referral and treatment that reduces the stigma and embarrassment often associated with mental illness, emotional disturbances, and seeking treatment.
- Establish **networks** of skilled, supported adult mentors that are available to adolescents in safe, accessible environments.
- Provide opportunities for adolescents to learn and practice social emotional coping skills in safe, accessible **environments**.

RECOMMENDATION 4:

Encourage collaborations and increase community support for those working for and with youth.

- **Co-locate services** for youth to ease access and decrease embarrassment.
- Support effective afterschool and **out-of-school** programs.
- Provide assistance to help community programs **integrate positive youth development** approaches and principles into their service framework.
- Increase youth-related **continuing education opportunities** for professionals and para-professionals.
- **Catalogue** agencies, organizations, and programs serving youth, and identify their missions and goals.
- Encourage **interdisciplinary teams** to provide comprehensive and coordinated services for youth.
- Institute regular interdisciplinary conferences and workshops to encourage development of **shared knowledge, language, and goals** among networks and communities.
- **Include youth** in decisions about service integration.

RECOMMENDATION 5:

Improve the responsiveness, availability, and access of health care to youth.

- Use education and outreach to inform youth and parents about **health-care options and providers** who specialize in serving adolescents.
- **Increase training** about adolescent health care for providers to ensure youth-friendly, culturally competent health services.
- **Create avenues for youth** to be involved in discovering and utilizing health-care systems that meet their needs.
- Work with **health insurers** to widen the concept of well-child visits through adolescence (up to age 24).
- **Improve access** to comprehensive care including dental, eye/vision, and mental health services.

Supporting Efforts

- **Responding** to community partners
- **Advocating** for youth voice
- **Tracking** behavioral health - two CAPE projects (Community Assessment & Behavioral Health Planning and Education)
- **Collaborations** (e.g., Dept. of Family Medicine KU Med Center)
- **Preparing** youth health literacy materials
- **We're going back out. . .**

**“Idealism must always prevail on the frontier,
for the frontier, whether geographical or intellectual,
offers little hope to those who see things as they are.**

**To venture into the wilderness, one must see it,
not as it is, but as it will be.”**

- from Carl Becker, (1910) “Kansas”. In Ford, G.S., editor, *Essays in American History*,
(pp. 85-111)



Thank you!

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