



Presenter Disclosures

Susan Wile Schwarz

The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

No relationships to disclose



www.nccp.org



Improving the Odds for Adolescents A National Initiative

Susan Wile Schwarz, MPH
Research Analyst, Child Health & Mental Health

Hollywood, FL | June 2009



National Center for Children in Poverty
Mailman School of Public Health
Columbia University



Who We Are

- ◆ NCCP is the nation's leading public policy center dedicated to the economic security, health, and well-being of America's low-income children and families.
- ◆ Part of Columbia University's Mailman School of Public Health, NCCP promotes family-oriented solutions at the state and national levels.
- ◆ Our ultimate goal: Improved outcomes for the next generation.



www.nccp.org



Acknowledgements

- ◆ Michelle Chau, Ayana Douglas-Hall, Rachel Masi,
- ◆ Janice Cooper, PhD, Interim Director



www.nccp.org



Agenda

- ◆ Introductions
- ◆ Project Overview
- ◆ Background
 - Demographics
 - Frameworks
- ◆ Policy Database
- ◆ Learning Collaborative
- ◆ Virtual Policy Sharing Network
- ◆ Questions



www.nccp.org



Improving the Odds for Adolescents

- ◆ Improve health outcomes for adolescents - with a special focus on disadvantaged youth - through the strengthening of state policies, including fiscal strategies.
- ◆ Targeted at adolescent health coordinators, service providers, policy makers, stakeholders
- ◆ Funded by Atlantic Philanthropies



www.nccp.org



Project Goals

- ◆ Deepen the knowledge base about state policies
- ◆ Identify and support state policymakers who are committed to improving policies
- ◆ Facilitate informed public policy decision-making



www.nccp.org



Food for Thought...

What do we think about when we think about adolescents?



www.nccp.org



Why Adolescents?

- ◆ Perceived as a period of good health, yet many adolescents face poor health outcomes and foundation for adult health status
- ◆ Overall morbidity and mortality rates increase 200% from childhood to late adolescence
- ◆ Risk varies by race/ethnicity, gender, socioeconomic status, geography, and insurance status, among other factors
- ◆ 20% of adolescents in families below the poverty level have no insurance
- ◆ 10% of young women and 13% of young men rely on the hospital or emergency room as their primary source of care



www.nccp.org



Why Adolescents?

- ◆ Adolescents face many serious health-related risk factors
- ◆ Access to health insurance and quality preventive care remains problematic
- ◆ Fiscal policies exacerbate access issues
- ◆ States have not developed a strategic, coordinated, and data-driven vision and framework
- ◆ Federal policies undermine strong state policy efforts
- ◆ Gaps in disseminating information on best policy practices



www.nccp.org



Theoretical Frameworks:

- ◆ Healthy physical, mental, emotional, cognitive, and intellectual changes within developmental framework or life course perspective
- ◆ Theory of positive development: resiliency, identity formation, and youth development paradigm
- ◆ Disparities framework - Vulnerable groups experience risks differently or more amplified than their peers



www.nccp.org



Developmental Framework: Healthy physical, mental, emotional, cognitive, and intellectual changes

- ◆ Transition from childhood to adulthood/Life-course perspective
- ◆ Physical growth and sexual development
- ◆ Adult behaviors established
- ◆ Critical thinking and complex thought development
- ◆ Skill set development
- ◆ Mature relationship development

(Elder, George, Rutter, etc.)



www.nccp.org



Positive Youth Development Theories:

- ◆ Transition from childhood to adulthood
- ◆ Identity formation
- ◆ Coping and resiliency (PVEST)
- ◆ Competence
- ◆ Self esteem, self efficacy, and possible selves

(Erikson, Berzonsky, Marcia, Bandura, Spencer, Skinner, Lazarus, etc.)



www.nccp.org



Disparities Framework

- ◆ Vulnerable groups experience differential levels of risk for healthy development
- ◆ Vulnerable groups experience differential levels of access to services and care
- ◆ Vulnerable groups experience differential levels of quality of services and care
- ◆ Experiences and limited opportunities place vulnerable groups at greater risk for poor developmental outcomes



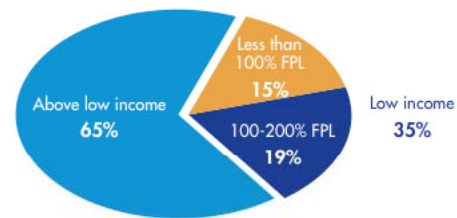
www.nccp.org



Who They Are

- ◆ There are over 29 million adolescents in the United States.

Adolescents, by family income, 2007



Because of rounding, figures may not add up to 100%.

© 2009, National Center for Children in Poverty (www.nccp.org)
Basic Facts About Low-income Children: Age 12 to 18



www.nccp.org



Parent Employment

- ◆ 55% of adolescents in low-income families - 5.6 million - have at least one parent who works full-time, year-round.
- ◆ 24% of adolescents in low-income families - 2.4 million - have at least one parent who works part-time or full-time, part-year.
- ◆ 21% of adolescents in low-income families - 2.2 million - do not have an employed parent.

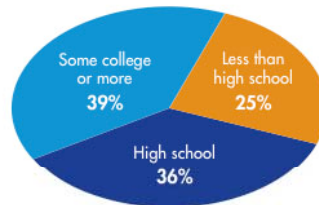


www.nccp.org



Parent Education

Adolescents living in low-income families,
by parent's education, 2007



© 2009, National Center for Children in Poverty (www.nccp.org)
Basic Facts About Low-income Children: Age 12 to 18



www.nccp.org



Family Structure

- ◆ 56% of adolescents in low-income families - 5.6 million - live with a single parent.
- ◆ 44% of adolescents in low-income families - 4.4 million - live with married parents.

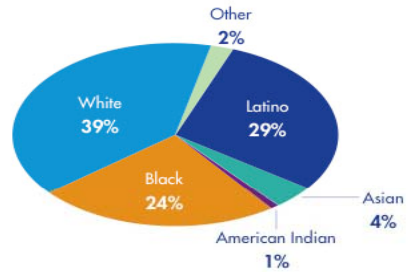


www.nccp.org



Race/Ethnicity

Adolescents living in low-income families,
by race/ethnicity, 2007



Because of rounding, figures may not add up to 100%.

© 2009, National Center for Children in Poverty (www.nccp.org)
Basic Facts About Low-income Children: Age 12 to 18



www.nccp.org



Parent Immigrant Status

- ◆ 55% of adolescents of immigrant parents - 2.6 million - live in low-income families.
- ◆ 31% of adolescents of native-born parents - 7.2 million - live in low-income families.



www.nccp.org



Regional Distribution

- ◆ 38% of adolescents in the South - 4.0 million - live in low-income families.
- ◆ 36% of adolescents in the West - 2.5 million - live in low-income families.
- ◆ 33% of adolescents in the Northeast - 1.7 million - live in low-income families.
- ◆ 30% of adolescents in the Midwest - 1.9 million - live in low-income families.

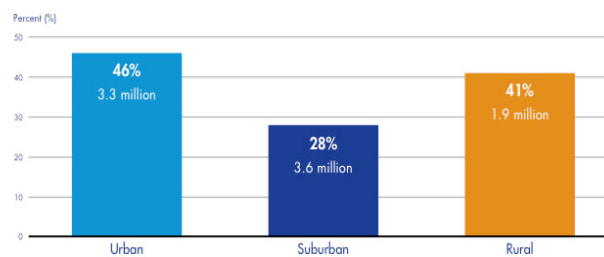


www.nccp.org



Type of Area

Adolescents living in low-income families, in urban, suburban, and rural areas, 2007



© 2009, National Center for Children in Poverty (www.nccp.org)
Basic Facts About Low-income Children: Age 12 to 18



www.nccp.org



Rethinking Adolescent Health Policy

- ◆ Key characteristics of effective policies?
- ◆ Key characteristics of problematic or ineffective policies?
 - Examples?



www.nccp.org



Rethinking Policy: Brainstorming Activity

- ◆ What are some of the weaknesses of the current policy context?
- ◆ Why do ineffective policies persist?



www.nccp.org



Comprehensive 50-State Database

- ◆ 5 different content areas:
 - Health, Including Reproductive Health and Nutrition
 - Mental Health
 - Violence and Unintentional Injury
 - Youth Development
 - Vulnerable Groups
- ◆ Access/Quality framework
- ◆ Consent Laws



www.nccp.org



Sample Database Data Sources

- ◆ CDC-SHPPS
- ◆ CDC-YRBSS
- ◆ DHHS-SAMHSA
- ◆ DOJ-OJJDP
- ◆ ECS State Notes
- ◆ NGA
- ◆ CASEL
- ◆ NCCIC
- ◆ Afterschool Alliance
- ◆ NCJJ
- ◆ NASBHC



www.nccp.org



Sample Variables: Health, Including Reproductive Health and Nutrition

- ◆ State choices to promote access:
 - State sets the income eligibility limit for public health insurance (Medicaid/SCHIP) at or above 200% of the federal poverty level (FPL)
 - State funds majority of SBHCs in the state
 - State requires SCHIP coverage for contraceptives
 - State requires all schools to offer breakfast
 - State provides universal purchase of vaccines



www.nccp.org



Sample Variables: Health, Including Reproductive Health and Nutrition

- ◆ State choices to promote quality:
 - State has statutory nutritional standards for school meal programs beyond federal regulations
 - State collects performance measures from SBHCs
 - State specifies a maximum school nurse-to-student ratio of 1:750*
 - State specifies time requirements for physical education



www.nccp.org



Sample Variables: Mental Health

- ◆ State choices to promote access:
 - State passed legislation requiring schools to address social and emotional learning
 - State health education curriculum requires suicide prevention be taught in schools
 - State requires districts or schools to provide counseling for emotional or behavioral problems when needed



www.nccp.org



Sample Variables: Mental Health

- ◆ State choices to promote quality:
 - State requires schools have a counselor to student ratio of 1:250 or better
 - State requires newly hired school counselors, psychologists, and social workers to be certified by state agency or board
 - State requires teachers to receive training in recognizing mental health disorders*



www.nccp.org



Sample Variables: Violence and Injury Prevention

- ◆ State choices to promote access:
 - State requires bicycle helmets on riders age 17 and younger
 - State requires violence and injury prevention taught in schools
 - State requires districts or schools to provide violence prevention services outside of curriculum



www.nccp.org



Sample Variables: Violence and Injury Prevention

- ◆ State choices to promote quality:
 - State licensing system receives grade of “Good” by the Insurance Institute for Highway Safety
 - State provides funding for staff development or offered staff development on violence and injury prevention and safety to health education teachers during the last 2 years



www.nccp.org



Sample Variables: Youth Development

- ◆ State choices to promote access:
 - State funds mentoring initiatives
 - State has dedicated funding stream to support afterschool programming or other sustainability strategy
 - State funds or incentivizes afterschool or out-of-school time programs



www.nccp.org



Sample Variables: Youth Development

- ◆ State choices to promote quality:
 - State funds afterschool or out-of-school time program evaluation initiative
 - State uses Compact rate formula to measure graduation rate
 - State implements a P-16 system integrating education from preschool through four-year college



www.nccp.org



Sample Variables: Vulnerable Populations

- ◆ State choices to promote access:
 - State screens adolescents leaving state custody for SCHIP or Medicaid eligibility
 - State provides child care subsidy reimbursement/earned tax credit to support parenting teens
 - State provides funding for foster youth seeking secondary education



www.nccp.org



Sample Variables: Vulnerable Populations

- ◆ State choices to promote quality:
 - State requires discretionary waiver to criminal court
 - State sets age of majority for criminal court at 18 years old except for the most violent crimes



www.nccp.org



Database Challenges

- ◆ Modeled after Improving the Odds for Young Children
 - Salience of policy variables in existing models
 - Restrictiveness of Access/Quality framework
- ◆ Attention is overwhelmingly negative
- ◆ Inability to accurately capture entire picture
 - Scope and value of variables?
- ◆ Sense that it is “too late”



www.nccp.org



Database Challenges: Brainstorming Activity

- ◆ How best can we address the challenges discussed?
- ◆ How do we identify and then locate more meaningful variable data points?



www.nccp.org



Better Policy Practices: A Closer Look

- ◆ Graduated Licensing Laws
 - Multiple passengers
 - Driving after dark
 - Experience
 - Impulsivity and risk-taking
 - Substances
- ◆ Afterschool Incentives
 - Positively channeled energy
 - Forging positive relationships
 - Building capacity



www.nccp.org



Policy Strategies: Brainstorming Activity

- ◆ How can we improve the relevance of public dialogue on adolescents?
 - What are some areas where progress can be made?
- ◆ Why so much difficulty translating research evidence into effective policies?
 - Barriers to implementation?
 - Capacity?
 - Political will?



www.nccp.org



Learning Collaboratives: Models of Success

- ◆ Assuring Better Child Health and Development (ABCD Program)
 - Commonwealth grant to Nat'l Academy for State Health Policy
 - Improve delivery of early childhood development services via 4 state Medicaid programs



www.nccp.org



Learning Collaboratives: Models of Success

- ◆ Project Thrive and State Early Childhood Comprehensive Systems (ECCS)
 - **Goal 1:** To provide leadership to the development of cross-service systems-integration partnerships that support children in early childhood to enhance their ability to enter school healthy and ready to learn.
 - **Goal 2:** To support states and communities in their efforts to build early childhood service systems that address the critical components of access to comprehensive pediatric services and medical homes, social-emotional development of young children, early care and education, and parenting education and family support.



www.nccp.org



Learning Collaborative: Pilot Program

- ◆ Peer-to-peer learning
- ◆ Leadership skill development
- ◆ Policy analysis and application of outcomes data into public management
- ◆ Policy development
- ◆ Public advocacy



www.nccp.org



Learning Collaborative: Team Tasks

- ◆ Develop a state vision
- ◆ Critical assessment of available resources
- ◆ Reflect on strategy for change
- ◆ Incorporate new ideas into strategies



www.nccp.org

Slide 44

s4 HOW are we gonna develop and test tools for mapping policy status and data use for change?
How will we measure impact of learning collab?

schwarzs, 6/12/2009



Learning Collaborative: Selection Criteria

- ◆ Level of policy readiness
- ◆ Status of adolescent health in state based on access and outcome indicators
- ◆ State infrastructure supports
- ◆ State commitment to participation and reform
- ◆ Regional variation



www.nccp.org



55
Virtual Policy Sharing Network: Online forum for peer-to-peer learning among state leaders in adolescent health

- ◆ Web interviews with field experts
- ◆ Webinars
- ◆ Downloadable policy briefs, fact sheets, and other resources
- ◆ Online networking opportunities and bulletin board
- ◆ Feedback



www.nccp.org

Slide 46

s5 HOW are we gonna develop and test tools for mapping policy status and data use for change?
How will we measure impact of learning collab?

schwarzs, 6/12/2009



Questions?

For more information about this project, please visit
www.nccp.org.



www.nccp.org