

Surgeon General's Perspectives

IMPROVING THE PHYSICAL AND EMOTIONAL HEALTH OF ADOLESCENTS TO ENSURE SUCCESS IN ADULTHOOD

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Despite advances in many areas of adolescent health in recent decades, two new reports point to the need for continued improvement. The World Health Organization's 2014 report, "Health for the World's Adolescents: A Second Chance for the Second Decade,"¹ and a recent commentary from the Lancet Adolescent Health Commission² note the importance of working across sectors to address the unique needs of adolescents and to further promote their health and well-being.

While teenagers are no longer children in a developmental or physical sense, they are also not yet adults. The second decade of life is a time when bodies, minds, and emotions are changing and growing more rapidly than at any time except during infancy.¹ Adolescence is also a time when people adopt life habits that can mean better or worse health in adulthood. Adolescence is a critical intervention point, and I believe we can do more to help our young people grow successfully into adulthood.

NATIONAL PREVENTION STRATEGY AND ADOLESCENT HEALTH

I serve as chair of the National Prevention Council, created by the Patient Protection and Affordable Care Act to provide leadership and coordination for health, prevention, and wellness at the federal level. The Council includes leaders from 20 federal departments and agencies. In June 2011, the Council released the National Prevention Strategy (NPS), which aims to shift the nation's focus from sickness and disease to prevention and wellness. It includes evidence-based policy and program recommendations to address the leading causes of death and address their underlying risk factors.³

The NPS takes a lifespan approach to the social determinants of health and outlines four strategic directions: healthy and safe communities, clinical and community preventive services, elimination of health disparities, and empowered people. It also identifies seven priority areas: active living, healthy eating, tobacco-free living, mental and emotional well-being,



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injury- and violence-free living, preventing drug abuse and excessive alcohol use, and reproductive and sexual health.³ All of these strategic directions and priority areas apply directly to adolescent health.

The federal government has made a strong commitment to advancing the NPS. In 2012, the Council released an Action Plan for implementing it. The plan describes steps that the Council member departments are taking to promote health within their own spheres.⁴

The NPS's 2014 annual status report includes the most recent data available for the Action Plan's indicators, including the five leading causes of death and indicators corresponding to each of the strategic directions and priorities.⁵ These indicators, the majority of which are taken from the U.S. Department of Health and Human Services' (HHS) *Healthy People 2020*, were designed to address health and wellness for the entire U.S. population, including those groups disproportionately affected by disease and injury. It focuses on areas for tracking progress on adolescent health, including increasing the proportion of adolescents who have had a wellness checkup in the past 12 months, increasing the proportion of adolescents who participate in extracurricular and out-of-school activities, decreasing school absenteeism among adolescents due to illness or injury, and increasing the proportion of adolescents

who have an adult in their lives with whom they can talk about serious problems.⁶

Active living and healthy eating

We are learning that the risks for cancer and cardiovascular disease in later life commonly start in adolescence with the initiation of risky behaviors (e.g., tobacco and alcohol use). Other adverse physical and behavioral conditions (e.g., overweight and obesity, physical inactivity, and poor diets) often intensify during these years.¹ We know, for example, that 84% of adolescents in the United States, compared with 63% of adults, consume at least one sugar-sweetened beverage per day.^{7,8} The average 8- to 18-year-old is exposed to 7.5 hours of passive screen time (e.g., television, videos, smart phones, and computers) per day.⁹ For too many adolescents, this screen time replaces time that previous generations of adolescents would spend in healthy play and exercise outdoors, and it carries implications for fitness and health.

I think we have to do much more to focus on building healthy behaviors for young people and help them begin taking responsibility for their physical health at an early age, including eating healthy foods, getting adequate sleep, and engaging in positive activities to keep them fit. We must also support changes in the environment—from education to recreation—that promote good health and healthy development.

Tobacco-free living

Tobacco-free living is an NPS priority and has been a key priority for the Office of the Surgeon General for more than 50 years. When I became Surgeon General, I identified tobacco-related disease as a focus of my tenure.¹⁰ In 2014, the Surgeon General released the 50th anniversary report on tobacco, which outlines a specific vision “to reduce the smoking rate to less than 10% for both youth and adults in 10 years.”¹¹ My office and other HHS agencies are committed to doing all that we can to reach our tobacco control goals.

To reduce youth initiation of tobacco, HHS created the Tobacco-Free College Campus Initiative in 2012 to promote and support the adoption and implementation of tobacco-free policies at universities, colleges, and other institutions of higher learning across the United States.¹² Reducing young people's exposure to smoking in movies and other media would also have a substantial impact on smoking in young people. The 2014 Surgeon General's report stated that 5.6 million young people currently aged 12–17 years will die prematurely because of smoking, citing research reporting that rating movies depicting cigarette smoking with an “R” would reduce smoking in young people by 18%.¹³

Looking forward, we also need to learn more about the health effects of e-cigarettes and alternative tobacco products that have become more popular in the last few years, especially in terms of adolescent health.

Reproductive and sexual health

Sexual and reproductive health is also an NPS priority. The public health field is moving away from a risk-based approach toward a focus on resiliency and building on young people's strengths—an approach known as positive youth development. The HHS Office of Adolescent Health's new Adolescent Health: Think, Act, Grow (TAG) effort is an example of this approach.¹⁴ Factors that make teens vulnerable to teen pregnancy, such as poverty and low levels of parental education, can also make them vulnerable to other health issues.¹⁵ HHS is investing in evidence-based programs that have been shown to reduce teen pregnancy or the risk behaviors associated with teen pregnancy and sexually transmitted infections. HHS's multipronged approach to teen pregnancy prevention involves implementing evidence-based programs, providing access to clinical services, and offering services to vulnerable populations.

A number of HHS agencies are working together to prevent teen pregnancy. A range of evidence-based programs are now available,¹⁶ and we need to support the expansion of these programs so that all young people can benefit from them. The Office of Adolescent Health within HHS is charged with taking the best thinking and evidence about teen pregnancy prevention strategies, disseminating it, and determining which strategies are most effective.

Mental and emotional well-being

Another important NPS priority is mental and emotional well-being. About one in five adolescents has a diagnosable mental disorder, such as depression and/or anxiety disorder.¹⁷ We know that most mental health disorders begin before age 25,¹ which means that prevention, detection, and early intervention are all critical.

Some adolescents may be particularly vulnerable and need a greater range of health and support services. These adolescents include teens living with disabilities or chronic illnesses, those who are exploited and abused, teens who are stigmatized and marginalized because of sexual orientation or ethnicity, those exposed to domestic violence or substance abuse in the family, and adolescents without access to education, health services, or social protection.¹ Effective treatments exist to help young people and their caregivers learn coping skills and strengthen their resilience. But we need to do more to ensure that mental health

disorders are detected early and that young people can get appropriate mental health treatment when they need it.¹⁸

CROSS-SECTOR PARTNERSHIPS

We know that health does not come from the doctor's office alone. Health comes from where we live, learn, work, and play. So it is crucial that we collaborate with leaders in a wide range of community and professional networks to shape the environment and culture of communities across the nation in ways that support health. In no area of health is this truer than in adolescent health. Promoting the well-being of our nation's adolescents requires both empowering people with information and creating environments that support healthy choices.

The whole nation has an interest in adolescents growing into healthy, responsible adults and contributing members of society. This interest is true for many sectors of society, including employment, housing and the built environment, public recreational areas, public transportation, water and sanitation, criminal justice, the military, the media, and the educational system. My office will continue to work with all HHS agencies that serve young people, other federal agencies, and our partners at the state and community levels to ensure that America's teens and adolescents have the opportunity to grow into healthy adults.

The author thanks Melissa Brodowski, Evelyn Kappeler, Susan Maloney, and Emily Novick for their contributions to this article.

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