

A Report from The Robert Wood Johnson Foundation
National Strategic Indicator Surveys

A Portrait of Adolescents in America, 2001



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Introduction: A Portrait of Adolescents in America

INTRODUCTION

Adolescence is a time of great change—physically, emotionally and socially. These interacting developments all affect adolescent health. At the same time, risk-taking behaviors increase during this stage of life. Our “invincible” young people experiment with their bodies and emotions, sometimes with dire health consequences. The use of alcohol, tobacco, illicit drugs and weapons all are a part of adolescent risk-taking culture. These behaviors often continue into adulthood, contributing to the three major causes of mortality among adults: heart disease, cancer and stroke.

This report explores the health and health care experiences of 2,000 adolescents, ages 13 to 17, surveyed online in May 2001. The Robert Wood Johnson Foundation, in collaboration with FACCT—Foundation for Accountability, conducted this survey to learn from teens about their physical, mental and social well-being and the perceptions and behaviors that promote or threaten their health. We sought to better understand teens who are thriving as well as those who are at risk and how interventions, particularly among health care providers, can help teens through their transition to adulthood. The findings highlight the multiple needs of teens and paint an often distressing picture of the health care this population is receiving. The report also suggests that while we can do better serving all teens, there are distinct groups that may need more proactive attention and intervention.

While all adolescents require and deserve care and guidance from their families, schools, communities, health care providers and others, this report looks closely at teens falling into one or more of three groups of young people who may most benefit from extra support:

- 1) **Risk Group #1: Risky Health Behaviors**. This group is comprised of teens engaging in one or more behaviors that present risks to their health, such as

smoking and/or regular alcohol or drug use.¹ This group represents 33.6% of teens in our study.

- 2) **Risk Group #2: Symptoms of Depression.** This group is comprised of adolescents who report significant sadness, hopelessness and other symptoms of depression.² This group represents 23.4% of teens in our study.
- 3) **Risk Group #3: Special Health Care Needs.** This group is comprised of teens with special health care needs, defined as those with a chronic physical, mental, emotional or behavioral condition for which they experience significant functioning problems and/or that require health and health-related services of an amount and type beyond that required by teens generally.³ This group represents 23.2% of teens in our study.

Together, these three risk groups represent 54% of adolescents in our sample. Nearly 40% of these teens fall into more than one group. (See Tables A-C for profiles of these three groups.)

In Chapter 1, we examine adolescent health and the presence of protective factors for teens. Specifically, we profile the overall health status of adolescents in each group as well as critical outcomes that impact their current and future well-being and success in life such as self-confidence and sense of control over their lives, participation in positive health behaviors such as exercise and involvement in the community. In Chapter 2, we explore how adolescents use and experience the health care system, including how well the health care system provides recommended preventive care services and helps teens understand health risks and obtain needed services. In both chapters, we compare data for adolescents who qualify for the risk groups described above with data for teens who do not fall into any of the groups.

Our findings reveal that the three groups of adolescents we have identified are less healthy, have less self-confidence in handling life situations and have less connection with their community and schools. Results support the need for health care providers to

¹ We focused on four risk behaviors -- smoking one or more cigarettes in the last month, drinking alcohol or using drugs in the last month, and carrying a weapon for protection in the last year.

² We asked the following question taken from the Youth Risk Behavior Surveillance Survey to gauge emotional health: "During the past twelve months, did you ever feel so sad and hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?"

³ To identify adolescents with special health care needs, we used the FACCT Adult with Special Health Care Needs Screener, which contains five questions to identify this population. This tool is based on the U.S. Maternal and Child Health Bureau's definition of children with special health care needs.

take steps to identify teens in each risk group and provide counseling and education to help teens avoid or manage health risks and problems.

We hope this report stimulates discussion and action to better support adolescents. The use of online surveys is an early step in a long-term effort to provide rapidly available, relevant information to guide program planning and evaluation and policy decision-making. Such information is critical as we strive to improve the lives and health of adolescents in America.

Table A: Adolescents at risk (n=1,919)	
Risk Group	Percentage of adolescents in sample
Risky Health Behaviors Adolescents who report engaging in one or more risky behaviors, i.e., smoking, alcohol, drug use, within the last month or carrying a weapon for protection within the last year	34%
Symptoms of Depression Adolescents who report experiencing symptoms of depression within the last year	23%
Special Health Care Needs Adolescents who report having a special health care need	23%
Adolescents in one or more risk groups described above	54%

Table B: Adolescents who qualify for one or more risk groups, by gender, age and race (n=1,919)	
	Percent of adolescents qualifying for one or more risk groups
Gender	
Boys	52%
Girls	58%
Age	
13-14 years	45%
15-16 years	57%
17 years	67%
Race	
White	57%
Non-White	50%

Table C: Adolescents at risk, by special health care need status		
Risk Group	Adolescents with a special health care need	Adolescents without a special health care need
Risky Health Behaviors Adolescents who report engaging in one or more risky behaviors, i.e., smoking, alcohol, drug use, within the last month or carrying a weapon for protection within the last year	41%	32%
Symptoms of Depression Adolescents who report experiencing symptoms of depression within the last year	39%	18%

The Health and Resilience of Adolescents Today

1.1 OVERVIEW

Popular media depicts teenagers as vibrant and healthy. Yet, if we use the World Health Organization's definition of health as a state of complete physical, mental, and social well-being,⁴ America's adolescents are not as healthy as we may believe. While most teens report that they are in very good physical health, researchers estimate that 23% to 35% of teens experience chronic conditions and other special health care needs.^{5,6,7} At least half of adolescents engage in behaviors that present potentially serious risks to their health and well-being, such as smoking, alcohol and drug use, aggressive behavior and a sedentary lifestyle. Perhaps most disturbing is that nearly one third of teens report significant episodes of sadness, hopelessness and depression.⁸

Experts believe that building resilience—the ability to withstand threats to one's physical or mental health or resist involvement in risk behaviors—is critical for adolescents. Resilience is related to a teen's external environment and activities as well as his/her internal self perception, outlook on life and social, cognitive and emotional skill set. Ideally, children enter adolescence with resilience and a combination of protective factors that reduce their risk of engaging in behaviors that are harmful to their short-term and long-term health and help them successfully navigate the emotional and social challenges inherent during this stage of life. Social systems—families, schools and communities—play important roles in building this resiliency.

⁴ World Health Organization. WHO Constitution. 1985. <http://www.who.org/iphw/whoconst.htm>

⁵ Newacheck P, Halfon N. Prevalence and impact of disabling childhood chronic conditions. *Am J Pub Health.* 1998;88: 610-617.

⁶ FACCT—Foundation for Accountability. Approaches to Identifying Children and Adults with Special Health Care Needs: A Resource Manual for State Medicaid Agencies and Managed Care Organizations. 2002.

⁷ Bethell CD, Read D, Stein REK, Blumberg SJ, Wells N, Newacheck PW. Identifying children with special health care needs: development and evaluation of a short screening instrument. *Ambulatory Pediatrics.* 2002;2:38-47.

⁸ YRBSS Website. Youth Risk Behavior Surveillance Survey- United States, 2001. <http://www.cdc.gov/nccdphp/dash/yrbss>.

In this chapter, we explore factors associated with resilience and the overall well-being of teens. We look specifically at data for adolescents who qualify for the three risk groups that are the focus of this report—those engaging in one or more risky health behaviors, those with symptoms of depression and teens with a special health care need—and compare those findings with teens who do not fall into one of the three groups. We first describe overall self-reported health status, including how full of energy they feel, their physical activity and life satisfaction (Charts 1-7). We then examine their self-confidence and feelings of empowerment and control over their lives (Charts 8-10). Finally, we look at the environment and positive activities of adolescents, including their connection with school, involvement in the community and the extent of risky behavior among their peers (Charts 11-15).

Each perspective of adolescent resiliency and well-being paints a consistent portrait of our risk groups. These groups report poorer health and less satisfaction and confidence in handling life situations compared to their peers. The differences are dramatic. For example, teens with symptoms of depression are more than three times less likely to have confidence in handling life problems than adolescents not reporting depressive symptoms.

An adolescent's connection to social support systems offers another perspective on resiliency and well-being. Our study found greater distance from traditional support systems for teens engaging in risky behaviors, for those who experience symptoms of depression and for teens who have a chronic condition or special health care need. In particular, adolescents in these groups are 12% to 21% less likely to report feeling connected to people in their school and are significantly less likely to report involvement in community activities.

1.2 OVERALL HEALTH STATUS, ENERGY AND ACTIVITY

Not surprisingly, adolescents in our three target groups are less likely to report experiencing 'very good' or 'excellent' health status.

- Less than half (43%) of the teens with depressive symptoms and teens with a chronic condition or special health care need reported 'very good' or 'excellent' health.
- A little over half of the adolescents currently engaged in one or more risky health behaviors, such as smoking, report 'very good' or 'excellent' health (54%), compared to nearly two-thirds of teens who do not engage in risky behaviors (63%). Within this group, teens who smoke or use drugs are the least likely to report 'very good' or 'excellent' health status (Charts 1 and 4).

We expect young people to feel full of energy. And indeed, most adolescents in this study reported high energy levels.

- Teens who did not engage in risky behaviors reported feeling 'mostly' or 'completely' full of energy only slightly more often than those who reported engaging in one or more risky behaviors (82% vs. 76%). The contrast was substantially higher for the other two risk groups.
- Eighty-three percent of adolescents without special health care needs or depressive symptoms reported feeling 'mostly' or 'completely' full of energy compared to 69% of teens with special health care needs and 68% of teens with depressive symptoms reporting the same feelings (Chart 2).

Regular physical activity may be the most important health habit to encourage in teens. Despite what we know about the importance of regular physical activity in managing chronic conditions, teens with special health care needs were the least likely to report engaging in regular exercise.

- Fifty-six percent of teens with special health care needs reported regular exercise compared to 66% of teens without special health care needs.
- Sixty-one percent of teens with depressive symptoms reported regular exercise compared to 65% of teens without depressive symptoms.
- There was virtually no difference in the exercise patterns between teens engaging in one or more risky behaviors (63%) or teens who do not (65%). Teens who smoke and/or use drugs are least likely to report engaging in regular physical activity.

- No more than two-thirds of teens in any group report regular physical activity. This suggests that all teens—whether in a risk group or not—require more support and encouragement to be physically active (Charts 3 and 5).

The teen years often are turbulent, but many adolescents feel satisfied with their lives. The three groups we look at reported less satisfaction than their peers.

- Teens with symptoms of depression were 27% less likely to report feeling “mostly” or “completely” satisfied with their lives compared to teens without this risk factor.
- Teens with special health care needs and teens engaging in risky behaviors also were less likely to experience satisfaction with their lives, compared to teens without these risk factors (Chart 6).
- Teens who reported carrying a weapon for protection in the last year were the least likely to indicate satisfaction with their lives (59%).

Chart 1: Percentage of teens who report 'excellent/very good' health status by presence or absence of different risk factors

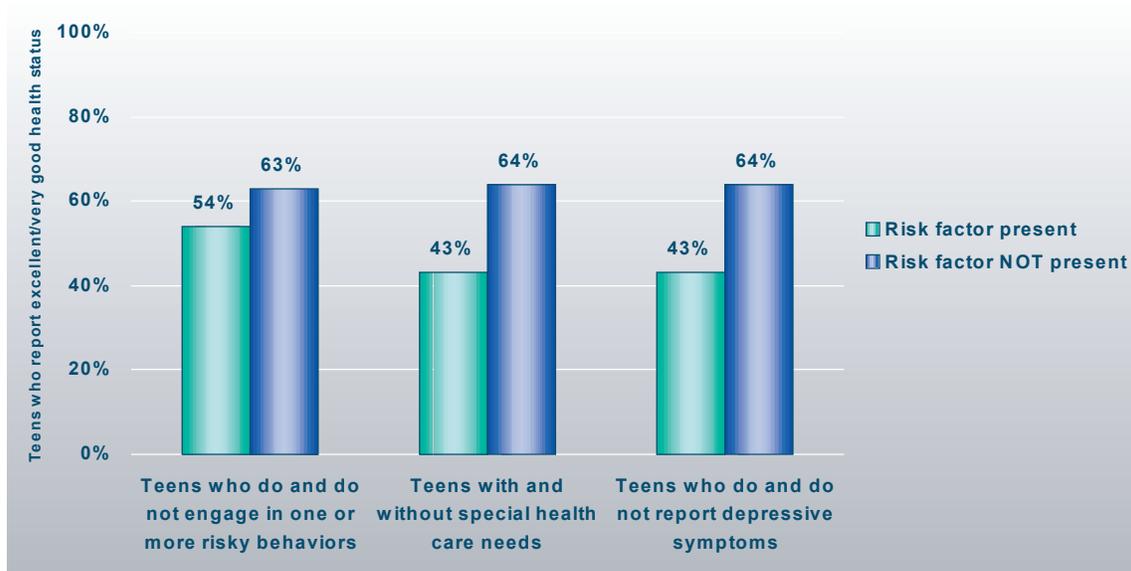


Chart 2: Percentage of teens who report being 'mostly/completely' full of energy by presence or absence of different risk factors

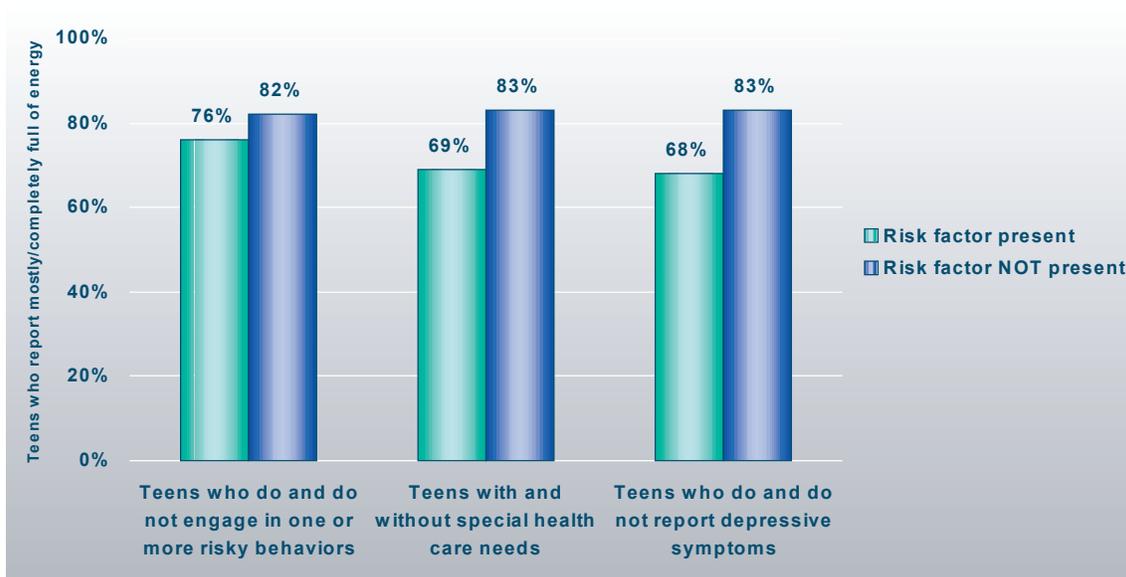


Chart 3: Percentage of teens who report regular physical activity by presence or absence of different risk factors

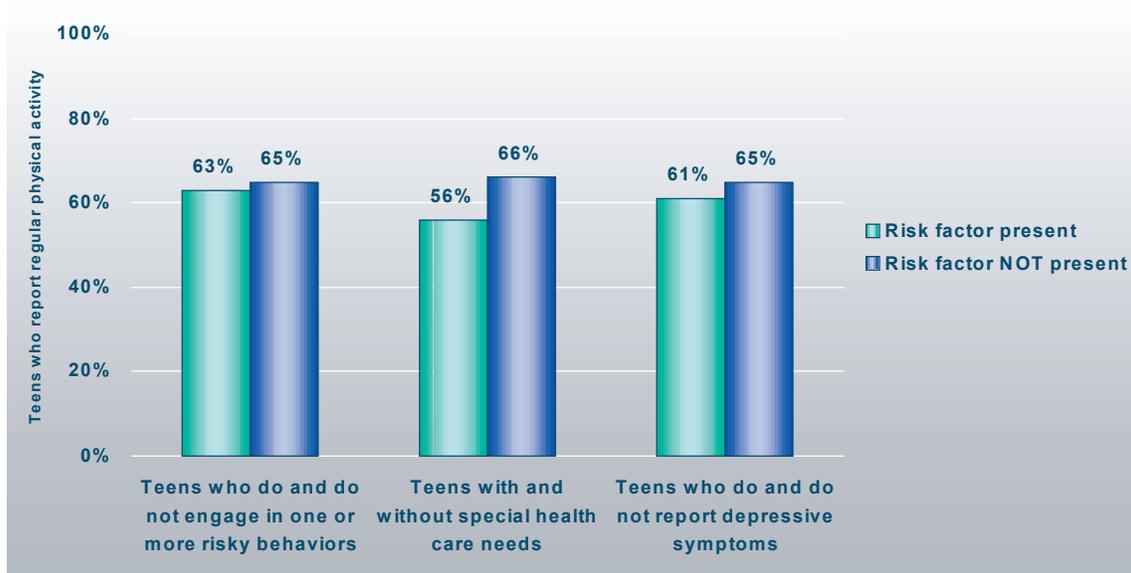


Chart 4: Percentage of teens who report excellent/very good health status by presence or absence of different types of risky behaviors

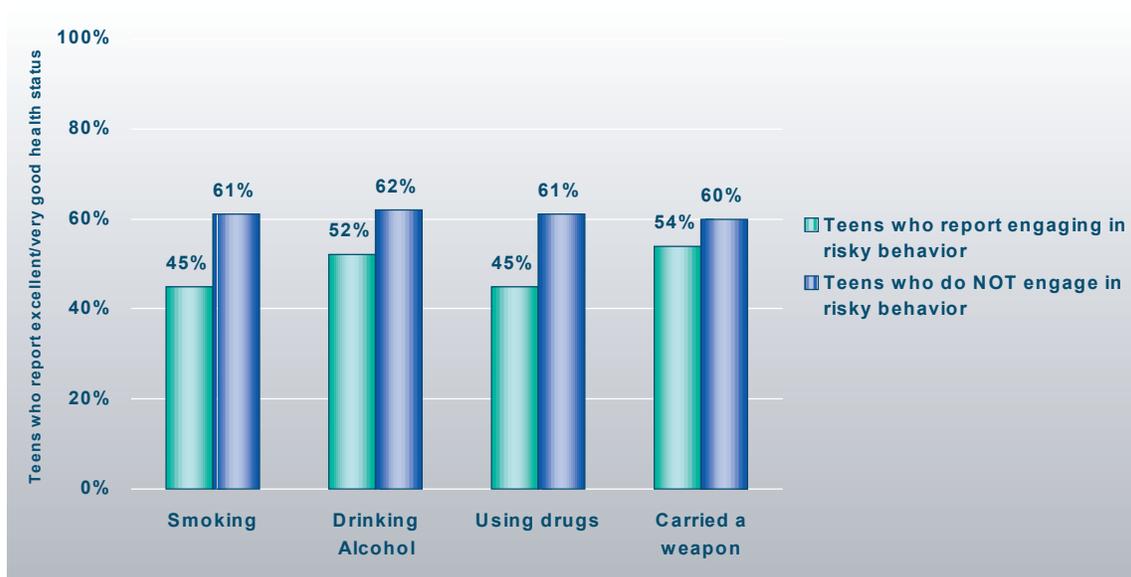


Chart 5: Percentage of teens who report regular physical activity by presence or absence of different types of risky behaviors

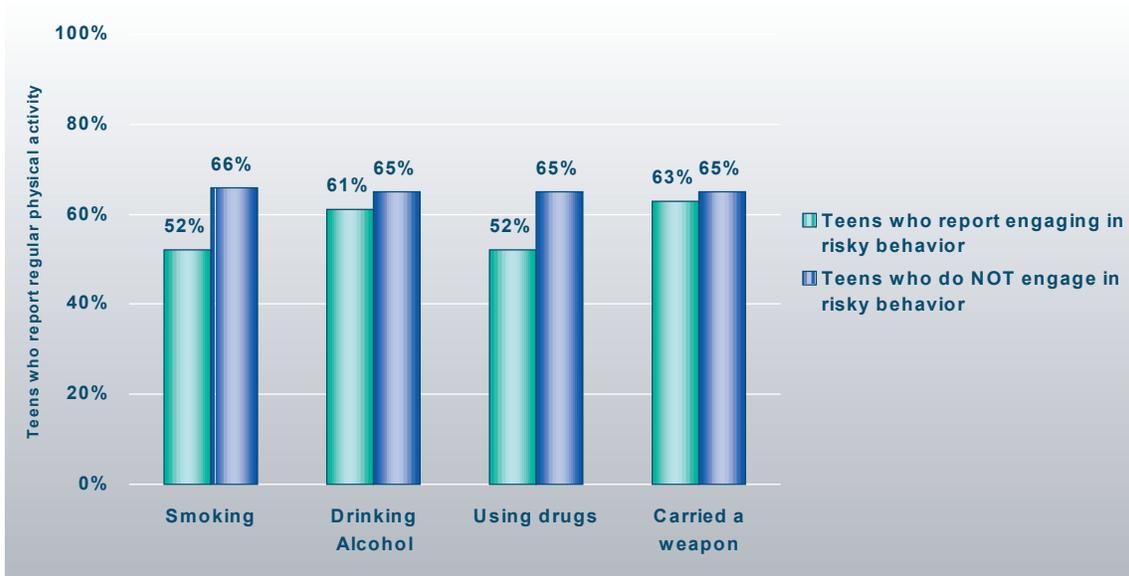
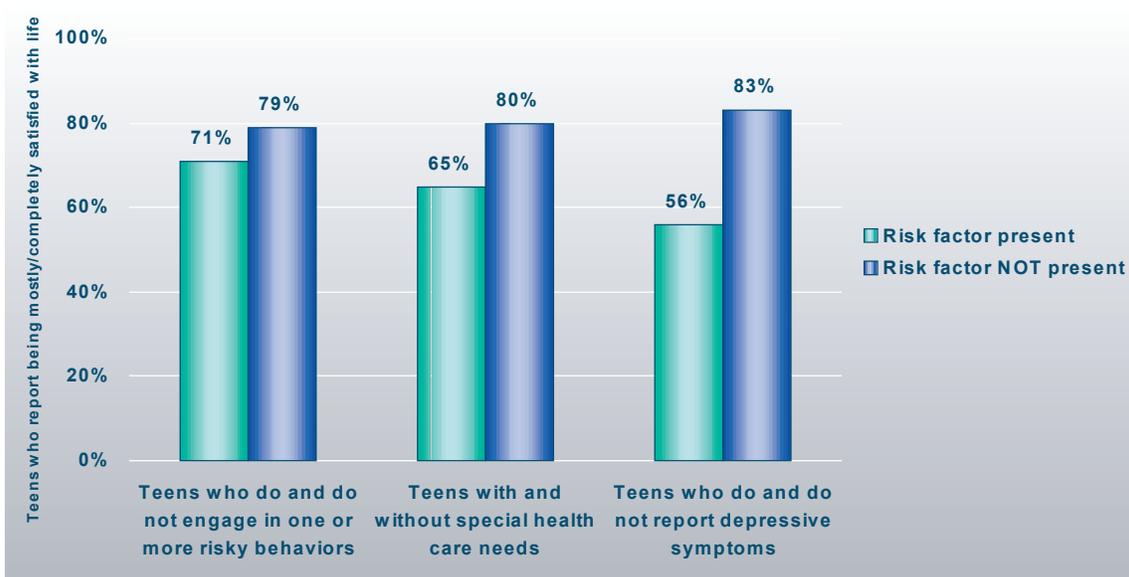


Chart 6: Percentage of teens who report being mostly /completely satisfied with life by presence or absence of different risk factors



1.3 ADOLESCENT RESILIENCY AND PROTECTIVE FACTORS

Adolescence is a turbulent time. Positive friendships, school involvement and engagement in community activities can provide teens with support to help them navigate this period of transition and growth. These are some of the protective factors that build resiliency. Other protective factors come from within, such as self-confidence and problem solving skills.

When we examine our three populations—teens engaging in one or more risky behaviors, teens with special health care needs, and teens with depressive symptoms—a consistent pattern emerges. These adolescents reported **less** confidence in handling life's problems, **less** confidence in their ability to change their lives in positive ways, **less** involvement in community activities and **less** connection to school. Moreover, their friends are **more** likely to be engaged in risky behaviors.

Results indicate that most teens with or without one of the risk factors examined here struggle with their confidence in handling their problems and being able to change their lives in positive ways (Charts 7-10).

- Few teens in the three risk groups report routinely feeling confident in their ability to handle the problems in their lives—about 1.5 to 3.3 times fewer teens than their non-risk group counterparts.
- Fewer than one in ten teens with depressive symptoms (9%) and fewer than one in five teens engaging in one or more risky behaviors or who have a special health care need reported feeling routinely confident in their ability to handle the problems in their lives. Those who smoke or use drugs are the least confident.

Community activities provide teens with a break from the rigors of school work, a chance to meet new people and opportunities to explore issues and learn new skills. Research conducted in the 1990s concluded that youth were most likely to engage in risky behaviors after school, before parents came home from work and evening activities began.⁹ As a preventive measure, schools and communities have developed after-school programs, in hopes of keeping youth out of trouble and off the streets. These efforts appear to have made a difference in how adolescents spend their time.

- Sixty-seven percent of teens report having participated at least once a week in an outside activity.

⁹ Zill N, Winquist Nord C, Spencer Loomis L. Adolescent Time Use, Risky Behavior and Outcomes: An Analysis of National Data. A report for the Office of the Assistant Secretary for Planning and Evaluation, 1995.

- Sixty-two percent of teens who are currently engaging in one or more risky behaviors participate in outside activities compared to 71% of teens who do not engage in risky behaviors. Teens with depressive symptoms are least likely to engage in outside activities (60%) (Chart 11).

Another important support system for adolescents is school. Less school affiliation is associated with depressive symptoms, having a special health care need or engaging in one or more risky behaviors. Seventy-one percent of teens without depressive symptoms report feeling connected to their school compared to 50% of teens with depressive symptoms. The difference is nearly as significant for teens with special health care needs (53%) compared to teens without special health care needs (70%) (Charts 12 and 14).

A key protective factor against participation in risky health behaviors is having peers who do not engage in these behaviors. Parents are often concerned about the friends their teens make. They fear that their children will hang out with the wrong crowd and be pressured to engage in risky behaviors. While it is true that adolescents who engage in one or more risky behaviors (e.g., smoking, drinking, drug use) are less likely to spend time with peers who do not do the same, it is unclear whether the risky behavior of some teens causes others to act similarly, or if teens simply associate with those who also engage in the same risky behaviors as they already do.

- Our study confirms that adolescents engaging in one or more of the four risky health behaviors examined here have peers who participate in these behaviors.
- Only 14% of the teens who are engaged in one or more risky behaviors in our sample say that *none* of their peers are themselves smokers or drink regularly. This contrasts with 55% of teens who do not engage in risky behaviors.
- A similar pattern emerges among teens with special health care needs and teens with depressive symptoms. Both groups report that more of their friends are engaged in risky behaviors than those who are not (Charts 13 and 15).

Chart 7: Percentage of teens who report having confidence in handling life problems by presence or absence of different risk factors

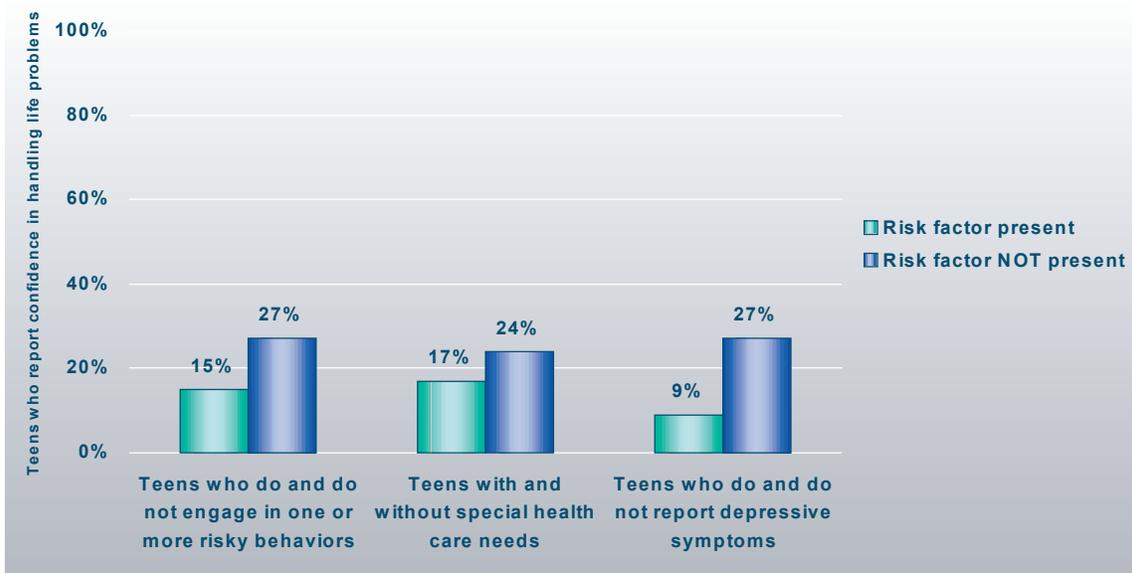


Chart 8: Percentage of teens who report having confidence in the ability to change life by presence or absence of different risk factors

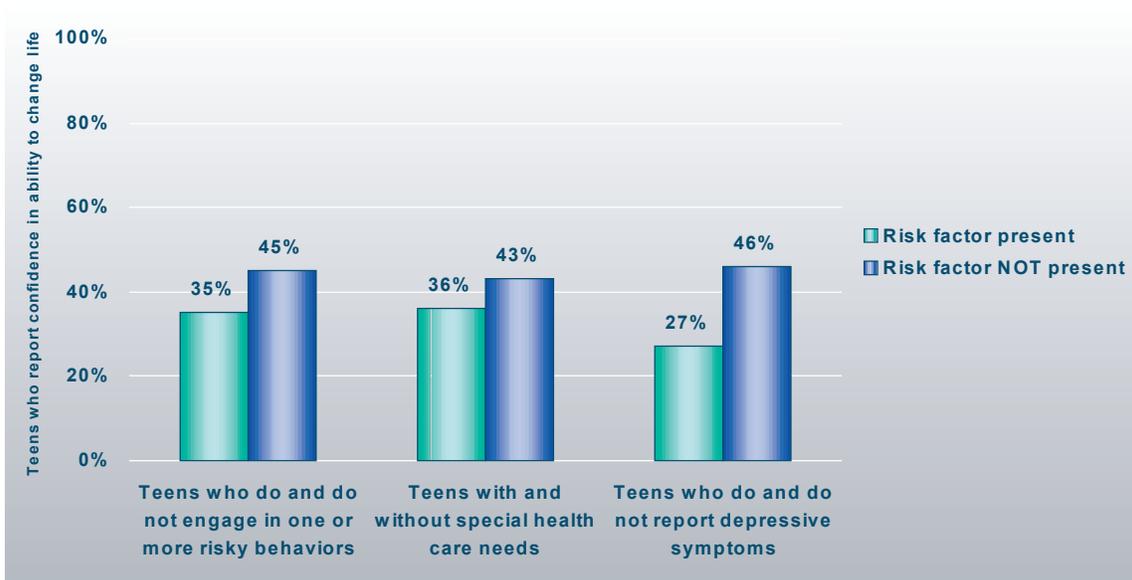


Chart 9: Percentage of teens who report having confidence in handling life problems by presence or absence of different types of risky behaviors

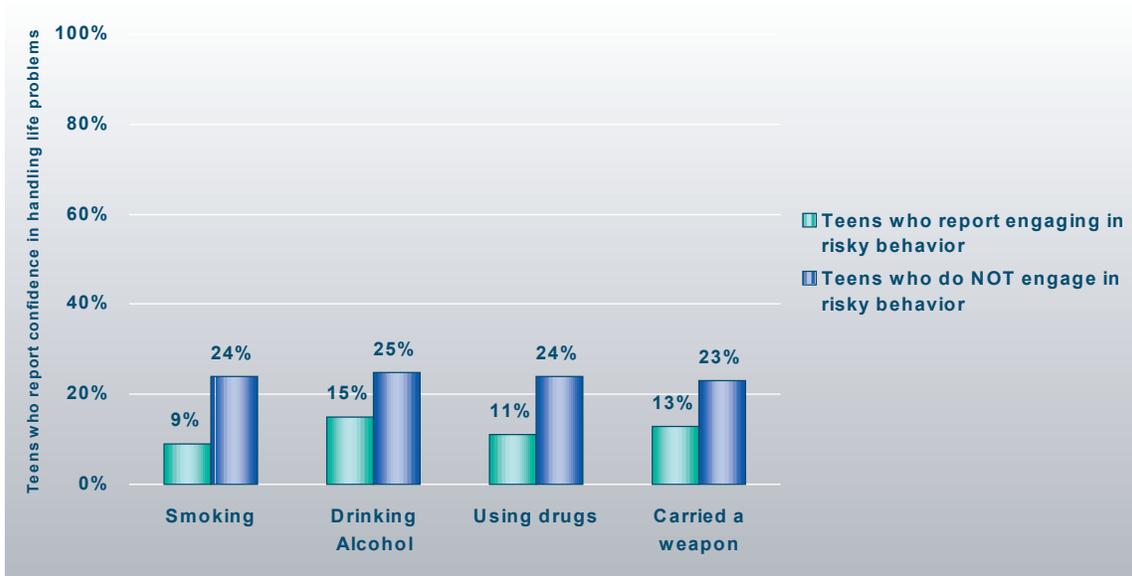


Chart 10: Percentage of teens who report having confidence in the ability to change life by presence or absence of different types of risky behaviors

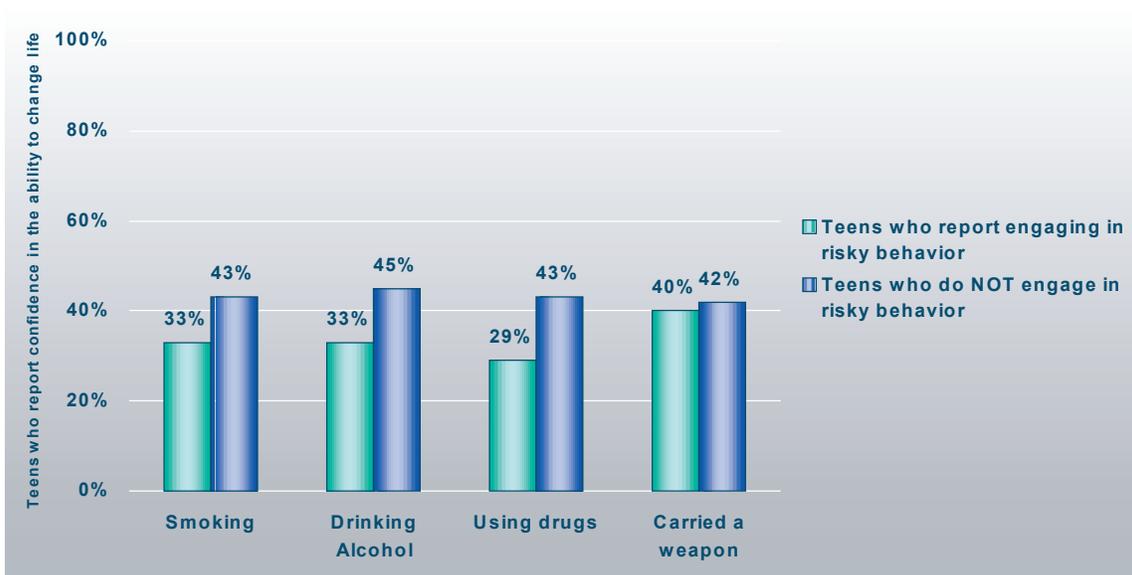


Chart 11: Percentage of teens who report involvement in community activities by presence or absence of different risk factors

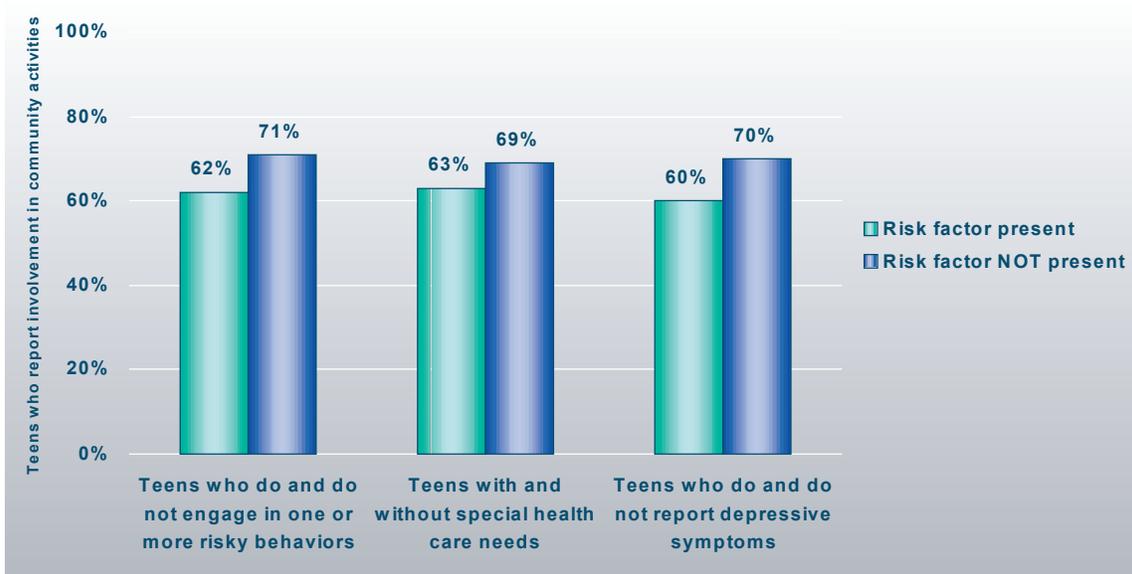


Chart 12: Percentage of teens who report feeling connected to school by presence or absence of different risk factors

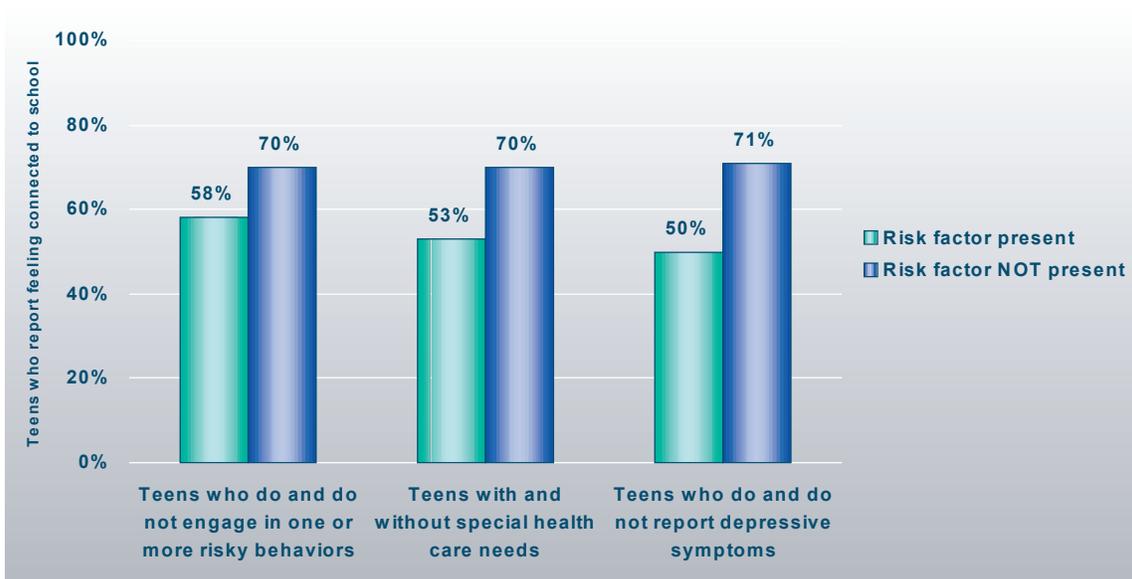


Chart 13: Percentage of teens who report that their friends don't currently smoke or drink alcohol regularly by presence or absence of different risk factors

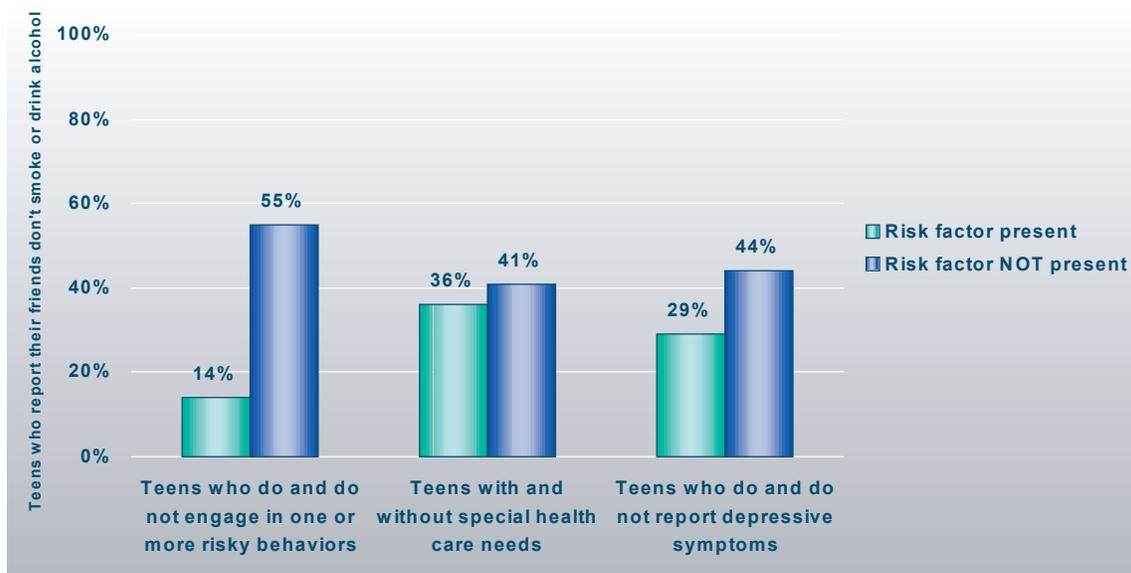


Chart 14: Percentage of teens who report feeling connected to school by presence or absence of different types of risky behaviors

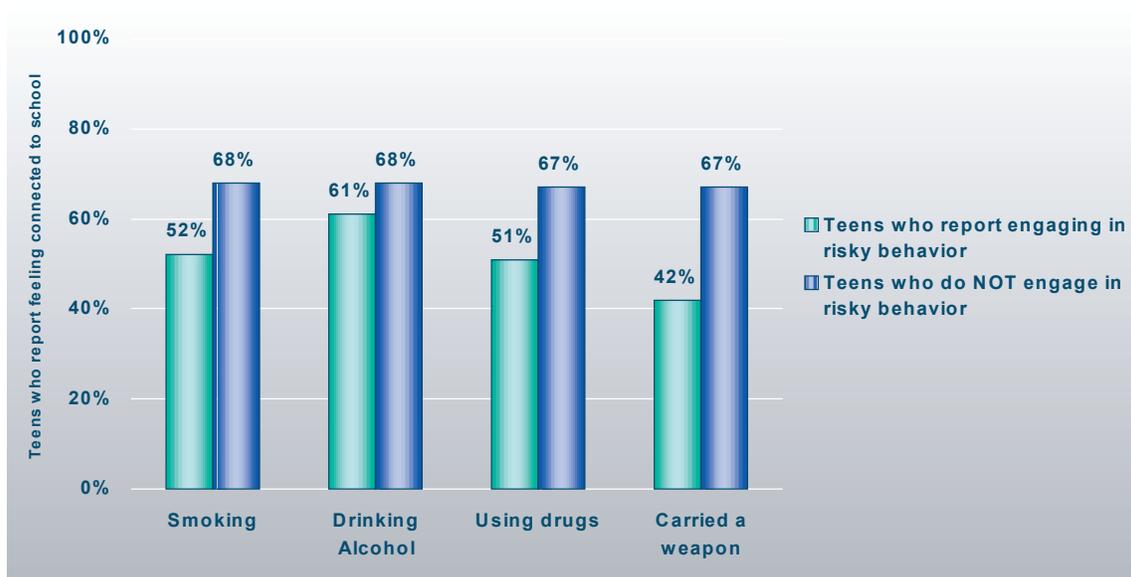
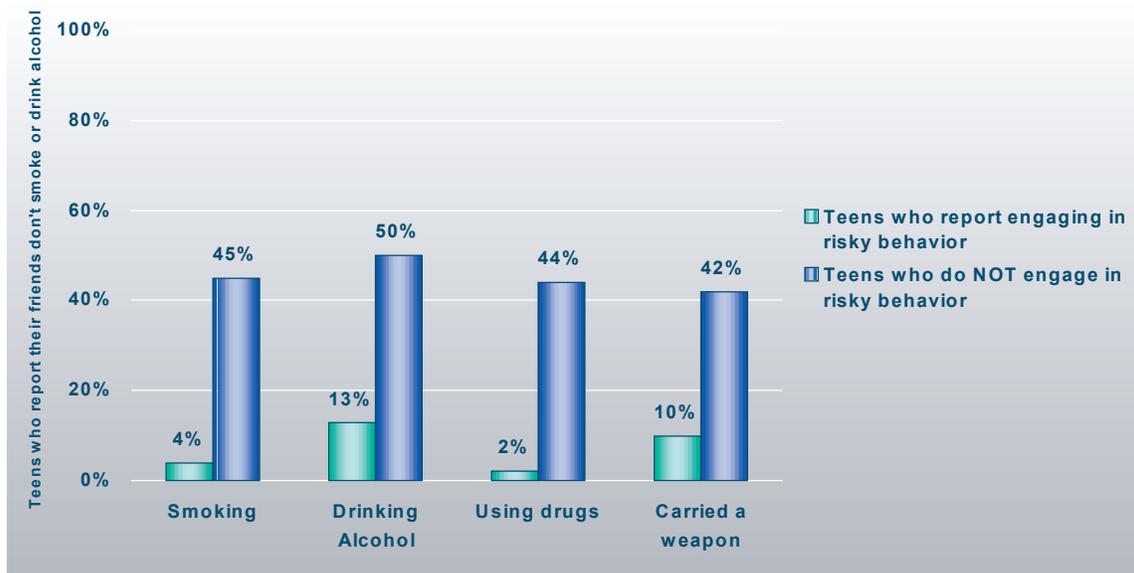


Chart 15: Percentage of teens who report that their friends don't currently smoke or drink by presence or absence of different types of risky behaviors



Toward a Teen-friendly and Supportive Health Care System

2.1 OVERVIEW

Doctors and other health care providers can assume that at least one of every two adolescents they see has a chronic condition, experiences symptoms of depression or is currently engaging in risky health behaviors. Despite this, numerous studies document health care provider discomfort in working with teens and discussing issues of relevance to their well-being, such as risky behaviors and emotions. Adolescent health needs and the skills necessary to work with this group are not emphasized in medical training. As a result, many practitioners have not honed the knowledge and skills to make their practices teen friendly and to address teens' unique health needs.

The health care system has an opportunity to positively impact the lives of adolescents. Studies show that teens trust their doctors and other health care providers and turn to them for guidance and advice on their health and managing their lives. To better serve adolescents, the health care system must become more teen friendly. This means providing opportunities for private and confidential visits, encouraging teens to talk openly and share their feelings, and taking time to provide information about health risks and healthy behaviors. Our findings paint a picture of a health care system that is failing many teens on these fronts.

While reports document that few adolescents receive the range of recommended preventive care, these reports rarely obtain information directly from teens. Here we report on teen-reported use and experience with health care and to the extent to which they are receiving recommended preventive screening and counseling. As in Chapter 1, we examine these issues for teens who do and do not fall into one of three groups: participates in one or more risky health behaviors, has a chronic condition or special health care need or reports symptoms of depression.

2.2 ADOLESCENT USE AND ACCESS TO HEALTH CARE SERVICES

In order to benefit from preventive screening and counseling services, teens need time with their health care providers—separate from other visits prompted by acute problems. Health care providers have many opportunities to positively impact the health of adolescents:

- Ninety-two percent of teens reported having one or more visits to a health care provider in the past year. Over two-thirds reported visits when they were sick or injured (68%) and a similar proportion reported seeing a health care provider in the past year for a check-up or when they were not sick (63%).

Not surprisingly, teens with special health care needs report the most frequent contact with health care providers.

- Not only are adolescents with chronic conditions and other special health care needs more likely to have seen a health care provider during the past year, they also visited their health care providers, on average, 2.5 times more frequently than teens without chronic health problems (6.7 vs. 2.7 visits) and were five times more likely to report being hospitalized in the last year (15% vs. 3%).
- Over 80% of teens with special health care needs reported seeing a health care provider during the last 12 months when sick or injured compared to 64% of non-special need teens (Charts 16 and 17).

The frequency of contact between teens with chronic health problems and the health system means that this group may be more vulnerable to quality gaps and access barriers. At the very least, these adolescents are apt to be more sensitive to the responsiveness of the system to their needs. Teens with symptoms of depression and those engaging in one or more risky behaviors also had more visits with a health care provider than their counterparts who either did not experience depressive symptoms in the last 12 months or did not engage in risky behaviors.

Approximately one third of all teens reported a somewhat to a big problem getting health care services that they or their doctor thought were necessary. The three populations under study all reported more problems getting care than their counterparts.

- Forty-seven percent of teens with depressive symptoms and 44% of teens with special health care needs reported problems getting services compared to 32% of teens without depressive symptoms and 33% of teens without a special health care need. (Chart 18).

Dental care is often overlooked as an essential aspect of health care. Experts recommend that teens have an annual dental visit. Over 20% of the teens in our sample did not visit a dentist, with teens with special health care needs being the least likely to have visited a dentist (Chart 19).

Chart 16: Percentage of teens who report having a visit to a doctor or other health care provider when sick or injured by presence or absence of different risk factors

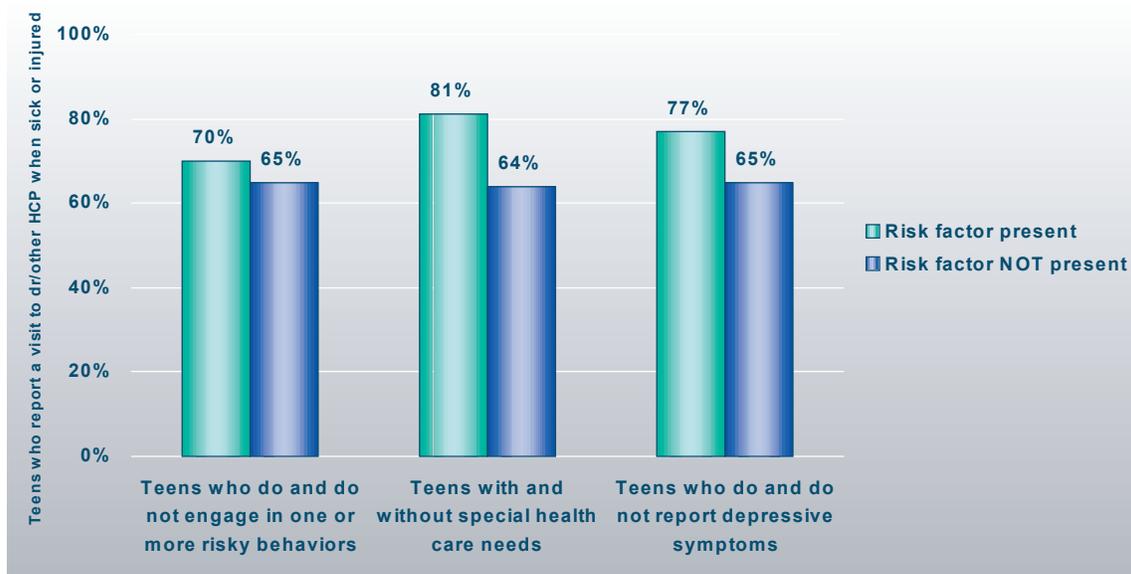


Chart 17: Percentage of teens who report being hospitalized in the past year by presence or absence of different risk factors

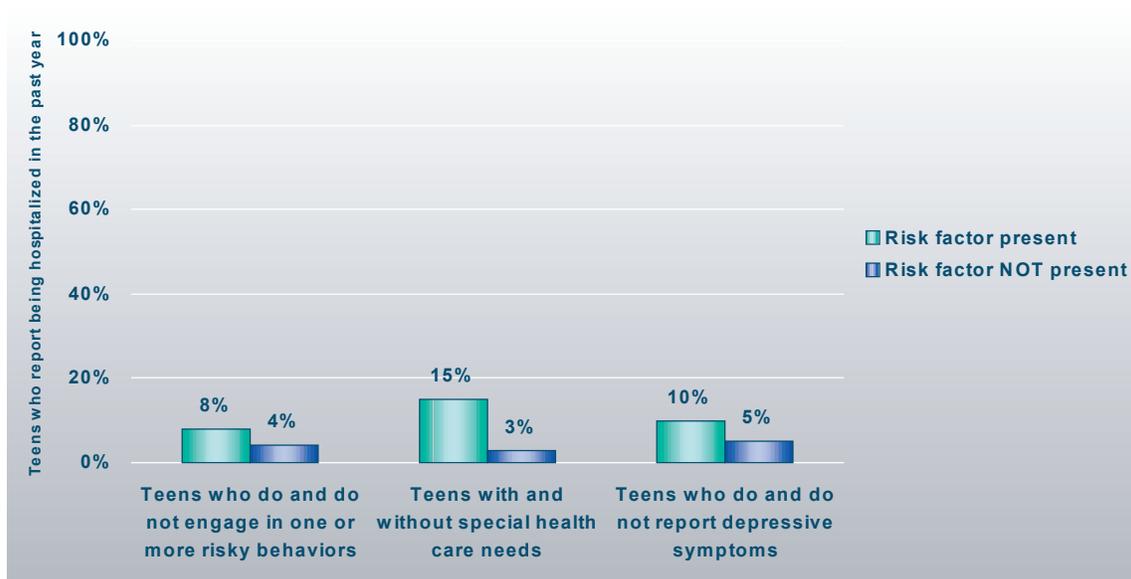


Chart 18: Percentage of teens who report they had a problem getting needed care by presence or absence of different risk factors

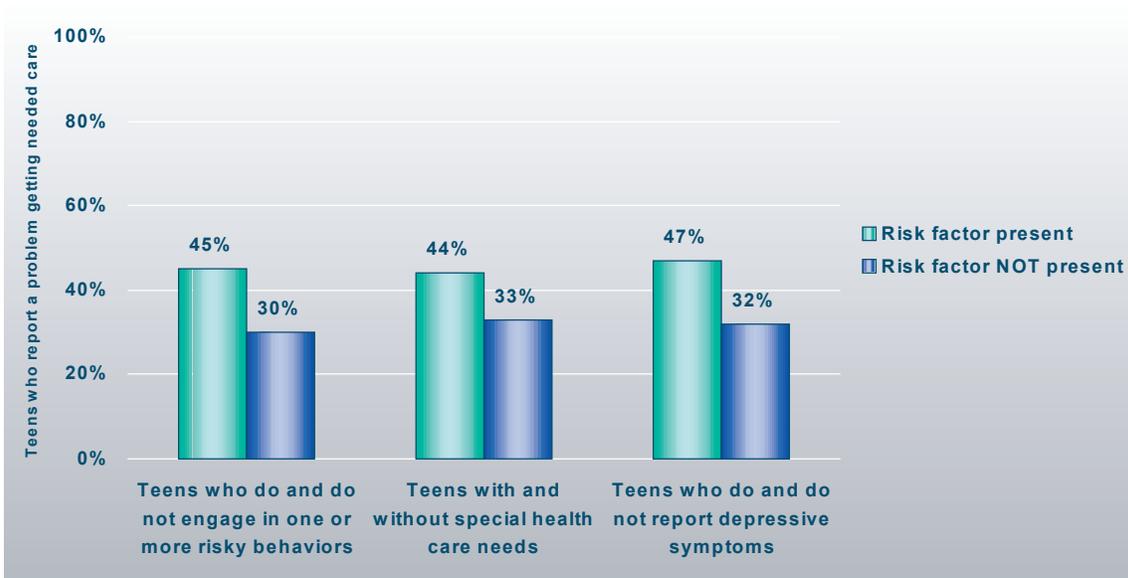
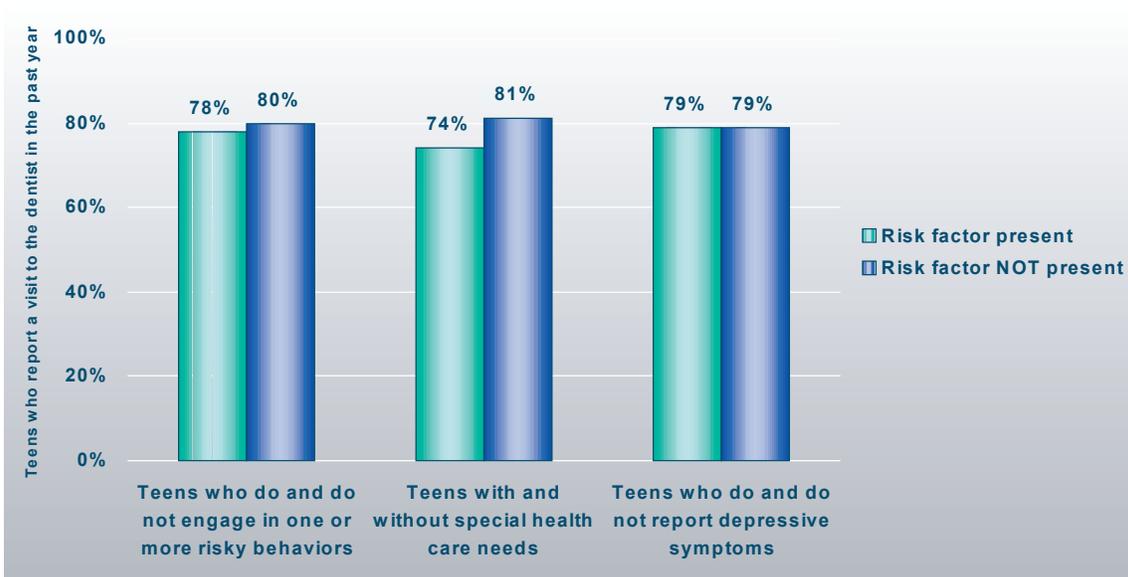


Chart 19: Percentage of teens who report a dental appointment in the last year by presence or absence of different risk factors



2.3 ADOLESCENT EXPERIENCES WITH HEALTH CARE PROVIDERS

A good relationship with a doctor or other health care provider can make a significant difference in a teen's health. When adolescents trust their health care providers and feel cared for and listened to, they are more able to explore the difficult issues they face. They also are more likely to welcome and initiate conversations that providers may avoid such as discussions about sex, drugs and confusing emotions. Our findings reveal a system that is operating sub-optimally for teens in this arena, particularly for teens with the greatest needs for health care services.

- Fewer than 22% of adolescents agreed that their health care provider(s) did each of the following:
 - Made it easy for them to be open
 - Listened carefully
 - Made sure they understood any risks to their health
 - Made it easy to ask questions
 - Made it easy to share feelings
 - Gave them a chance to talk
 - Made them want to see him/her again

Among the relationship attributes listed above, teens were most likely to agree that providers listened carefully to them and least likely to agree that their providers made it easy to share feelings and gave them a chance to talk.

- Teenage girls were consistently less likely than boys to agree that they experience the above qualities in their health care provider.
- Teens engaging in two or more of the four risky behaviors assessed in this study (smoking, drinking, carrying a weapon and drug use) were half as likely as all other teens to agree that they experienced each of these qualities in their relationship with their health care provider (11%).

Good communication includes ease in sharing concerns and confidences with a health care provider and feeling that sufficient time was given for the visit. Our teen risk groups were less comfortable being open with their provider, especially those with symptoms of depression or who participate in risky health behaviors.

- Only 48% of adolescents with depressive symptoms said they could talk openly with providers compared to 65% without depressive symptoms.
- Fifty-five percent of teens who report engaging in one or more risky health behaviors felt they could be open in contrast to 64% of those who did not.
- Nearly 60% of adolescents with special health care needs say they can talk openly with providers.
- Adolescents who smoke or use drugs were least likely to report feeling that they could talk openly with their health care providers (Charts 20 and 21).

Overall, about half of all teens report that their doctors and other health care providers do not spend sufficient time with them.

- Less than half of all teens engaging in one or more risky behaviors (46%) felt that their health care provider spent sufficient time with them while only two in five teens with depressive symptoms agreed that sufficient time was spent (42%). This proportion increased to 53% for teens with special health care needs.
- The proportion is even lower for adolescents with the types of chronic conditions or special health care needs that impact their ability to function or require the use of specialized services such as mental health treatment and counseling. For these teens, only 35% and 40%, respectively, felt that their doctor or other health care providers spent sufficient time with them (Charts 22-24).

Chart 20: Percentage of teens who report that they could talk openly with their doctor or other health care provider by presence or absence of different risk factors

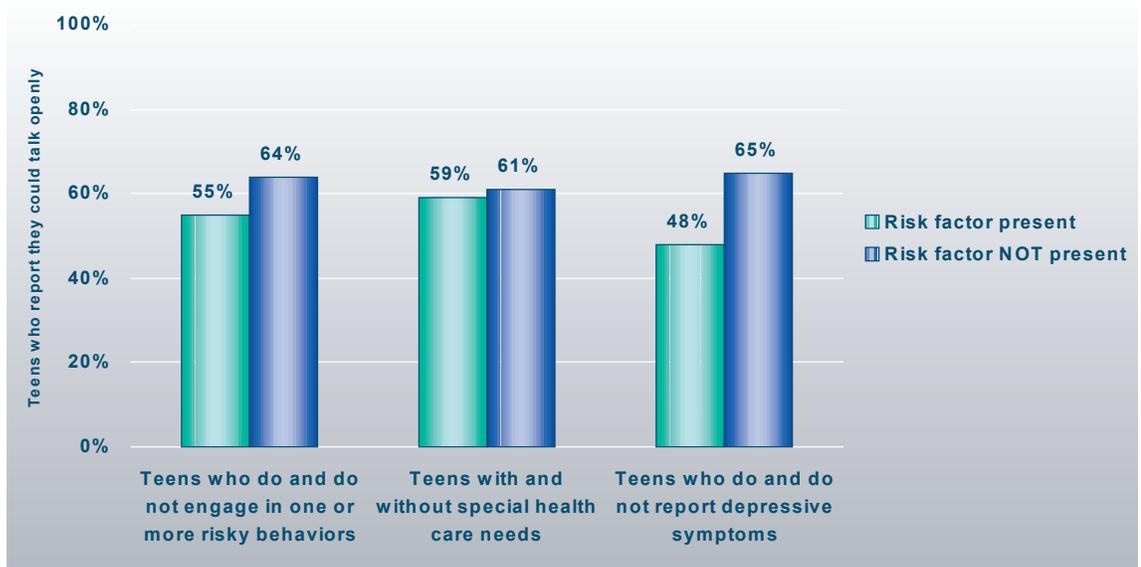


Chart 21: Percentage of teens who report that they could talk openly with their doctor or other health care provider by presence or absence of different types of risky behaviors

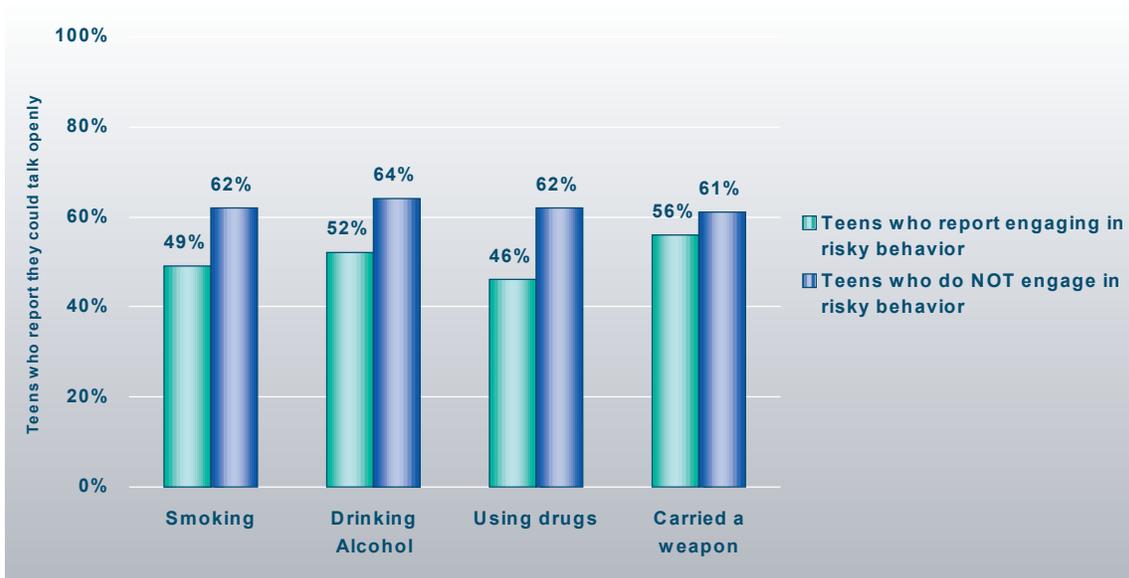


Chart 22: Percentage of teens who report that their doctor or other health care provider spent enough time with them by presence or absence of different risk factors

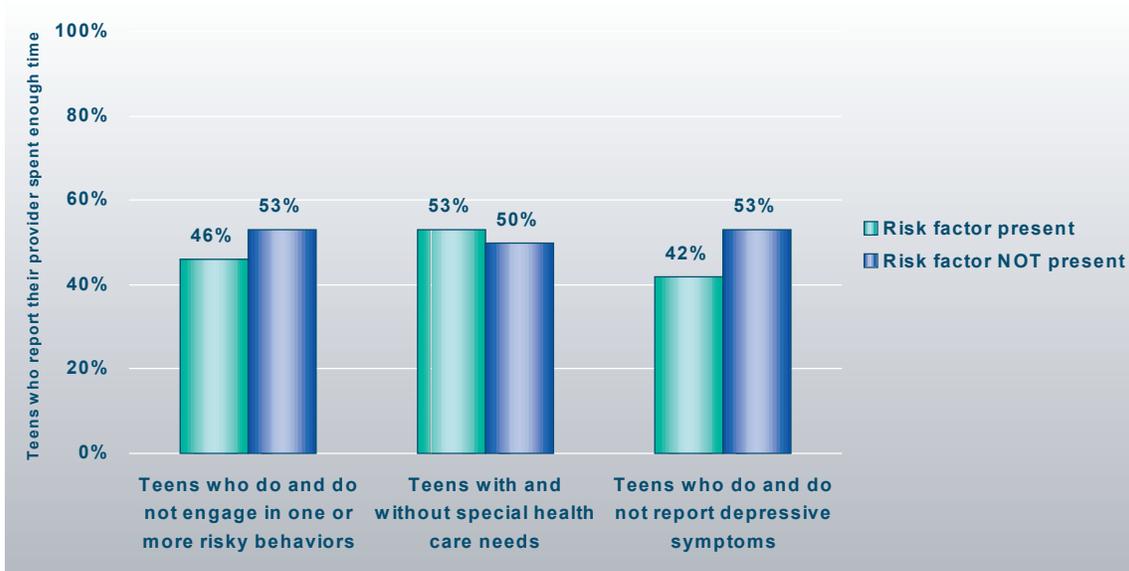


Chart 23: Percentage of teens who report that their doctor or other health care provider spent enough time with them by presence or absence of different types of risky behaviors

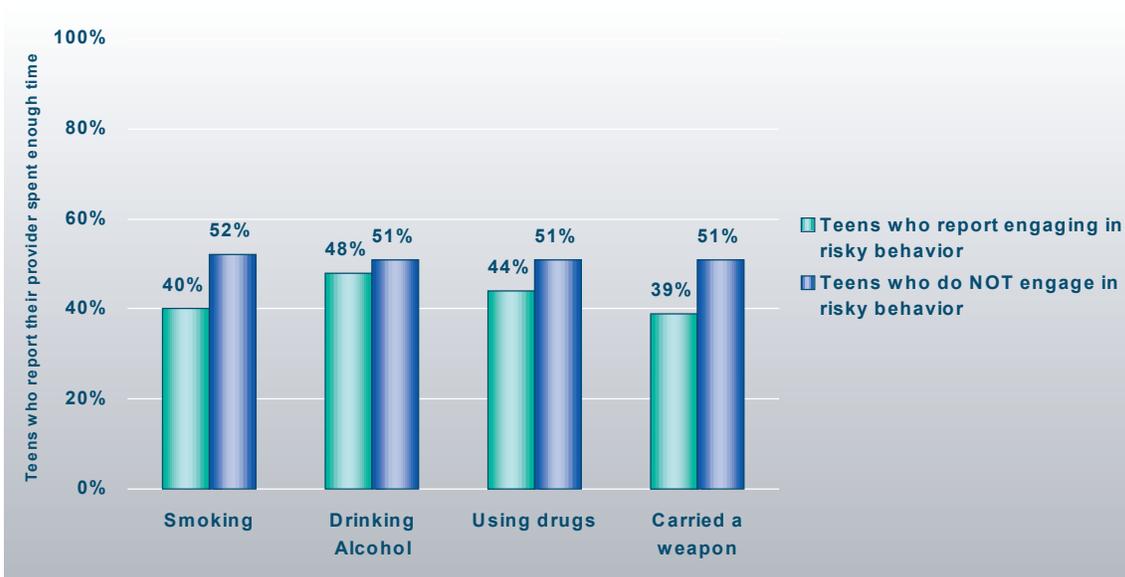
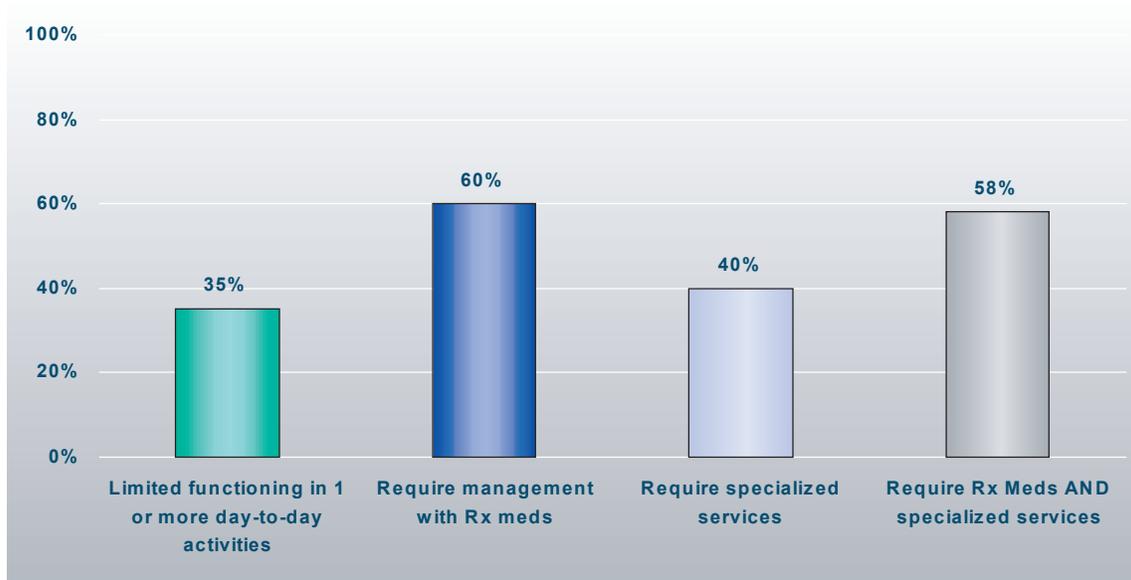


Chart 24: Percentage of teens with special health care needs who report that their doctor or other health care provider spent enough time with them by type of special need



2.4 PROVISION OF RECOMMENDED PREVENTIVE CARE SERVICES

A central role for doctors and other health care providers is the provision of routine preventive screening and counseling. The American Academy of Pediatrics, the American Medical Association and the federal Maternal and Child Health Bureau all recommend routine screening and counseling for risky health behaviors and emotional well-being as well as counseling to promote healthy behaviors such as regular physical activity.

Below we examine the provision of basic aspects of recommended care, including screening and counseling for smoking, alcohol use, drugs and emotions and ensuring teens have private time to talk with their doctors about these and other sensitive issues. In general, while some groups of teens fare better than others, our findings show large gaps between recommended preventive care and care actually received by teens.

In order to encourage preventive screening and counseling, national guidelines recommend that adolescents have private and confidential visits. This means that teens have time alone with their doctor and are told explicitly that the visit and everything discussed is confidential and will not be shared with their parents or others. By ensuring a private visit, health care providers create an environment that encourages discussion about a teen's risky behaviors and overall health.

- Adolescents with private, confidential visits are 1.6 times more likely to report feeling that they can talk openly with their doctors or other health care providers.
- Doctors and other health care providers are more likely to talk with teens who do smoke, drink alcohol or use drugs about these issues when they meet privately with teens (Charts 25 and 26).
- Three out of five adolescents report seeing their doctor or health care provider for a check-up or preventive care visit in the past year.
- Only 28% of teens had both a private and confidential visit in the last 12 months. Among the three risk groups we examined, **all** reported more private, confidential visits than the average for the group overall. However, the proportion still remains well under half—34% of teens engaging in one or more risky behaviors, 39% of teens with special health care needs, and 31% of teens with depressive symptoms reported having a private, confidential visit. Sadly, no more than 50% of teens engaging in risky health behaviors had confidence that their visit was indeed confidential even if they were told that it was by the doctor. This was especially true for teens who smoke or use drugs (Charts 27-31).

- Among those who did visit their doctor or other health care provider, almost two-thirds (65%) felt that health care providers helped them understand risks to their health (Chart 32). The proportion was even higher for those teens who reported a private, confidential visit (75%). Teens with depressive symptoms were least likely to report that their provider helped them understand the risks to their health (58%) (Chart 32).

Doctors and other health care providers are missing opportunities to counsel teens on how to avoid or stop behaviors that threaten their health.

- Only 12% of teens who were current smokers said that the doctor talked to them about quitting smoking and only 11% of teens who reported binge drinking said that the doctor talked to them about drinking. In many of these cases, the health care provider did not ask about and was not aware that the teen smoked or drank alcohol.

Overall, few adolescents report that their doctors or other health care providers have talked with them about key preventive care topics. The topics most likely to be discussed are those relating to physical activity, diet and weight.

- Fewer than half of teens report discussions with their doctors about preventive care topics. Younger teens are consistently less likely to report discussions on most of these and other key topics, such as smoking and alcohol use.
- Encouragingly, doctors and other health care providers were more likely to talk with the teens in our risks groups about the range of preventive care topics.
- Health care providers were most likely to talk about feelings, emotions and moods to teens with depressive symptoms (37%) and to teens with special health care needs (45%) The overall proportion, however, remained under 50% (Charts 33-36).

Chart 25: Percentage of teens who report that they can talk openly with their doctor or other health care provider by presence or absence of a private and confidential visit

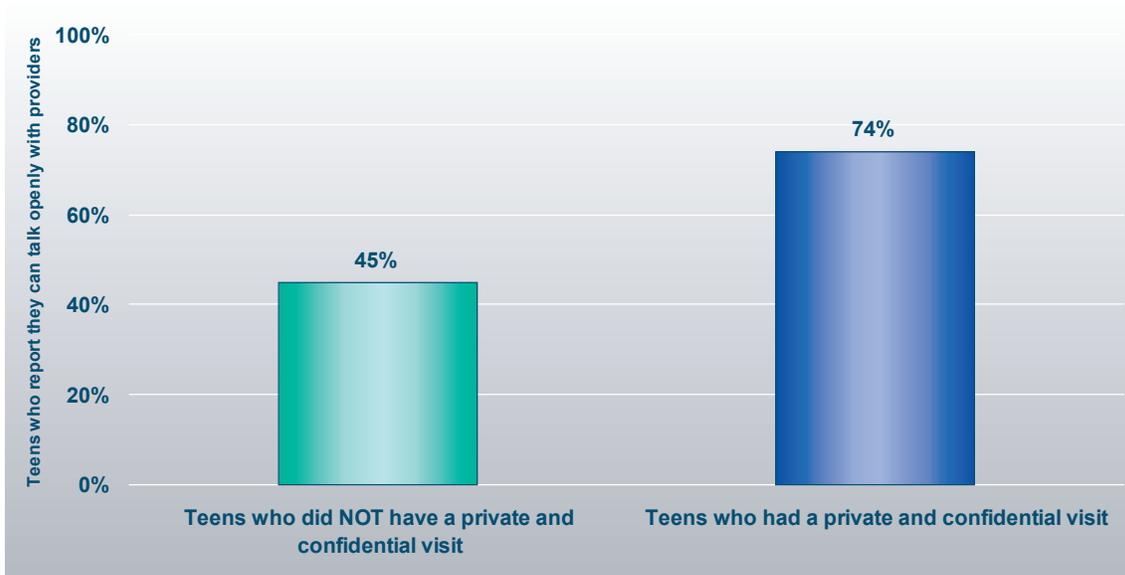


Chart 26: Percentage of teens who report that their doctor or other health care provider talked with them about risky behaviors

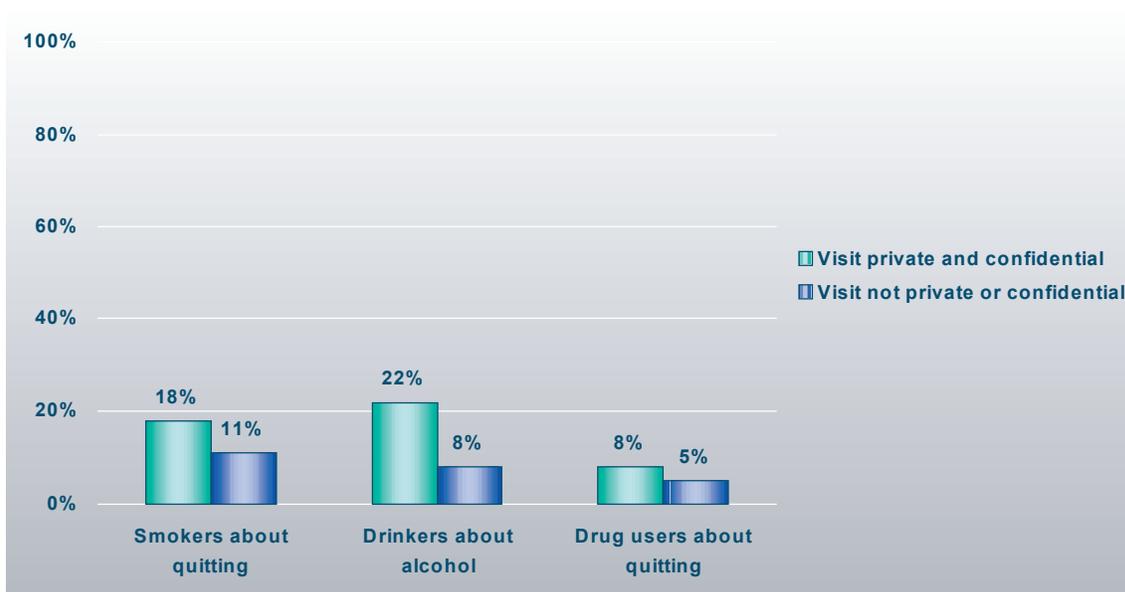


Chart 27: Percentage of teens who report a well-visit in the past year by presence or absence of different risk factors

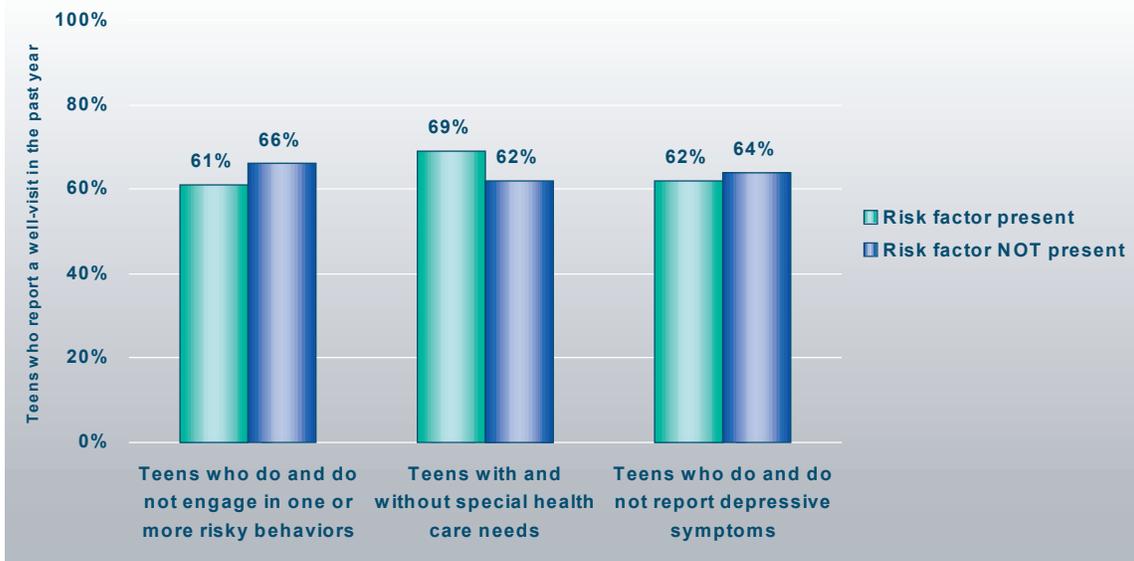


Chart 28: Percentage of teens who report a well-visit in the past year by presence or absence of different types of risky behaviors

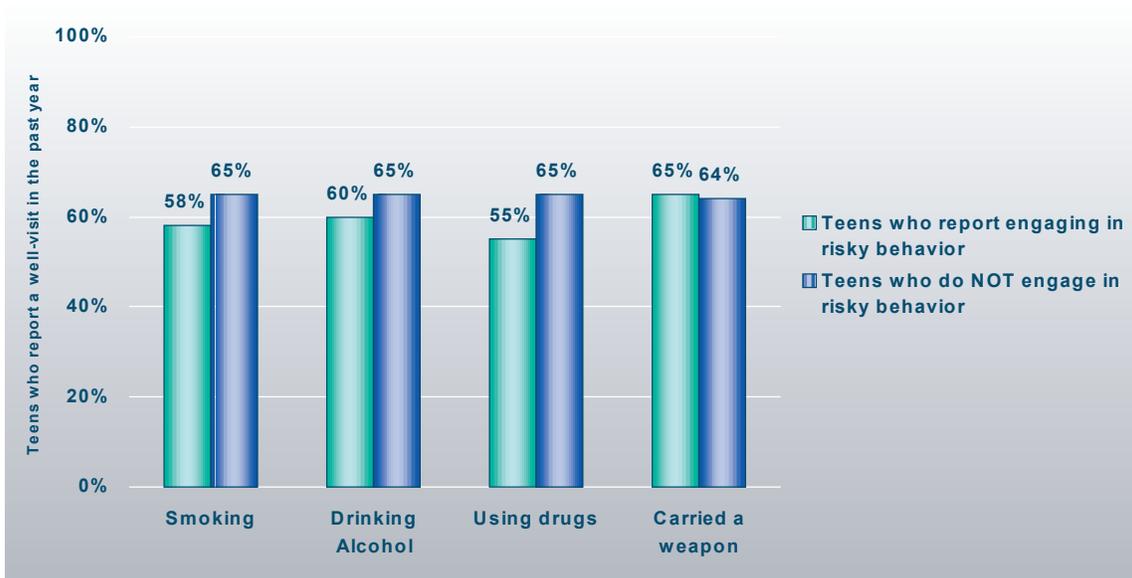


Chart 29: Percentage of teens who report they had a private and confidential visit by presence or absence of different risk factors

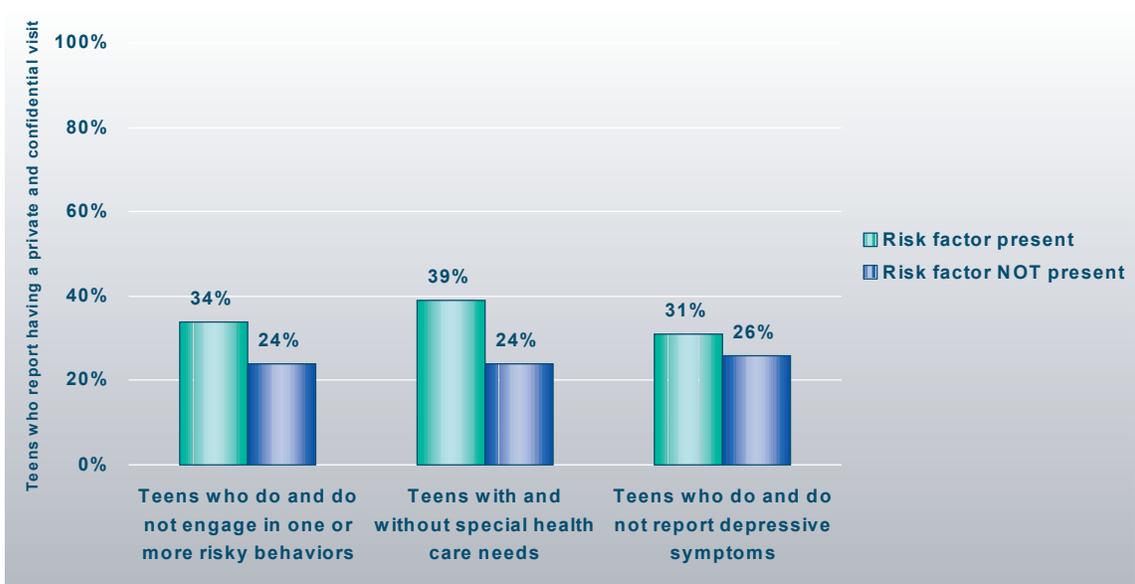


Chart 30: Percentage of teens who report they had a private and confidential visit by presence or absence of different types of risky behaviors

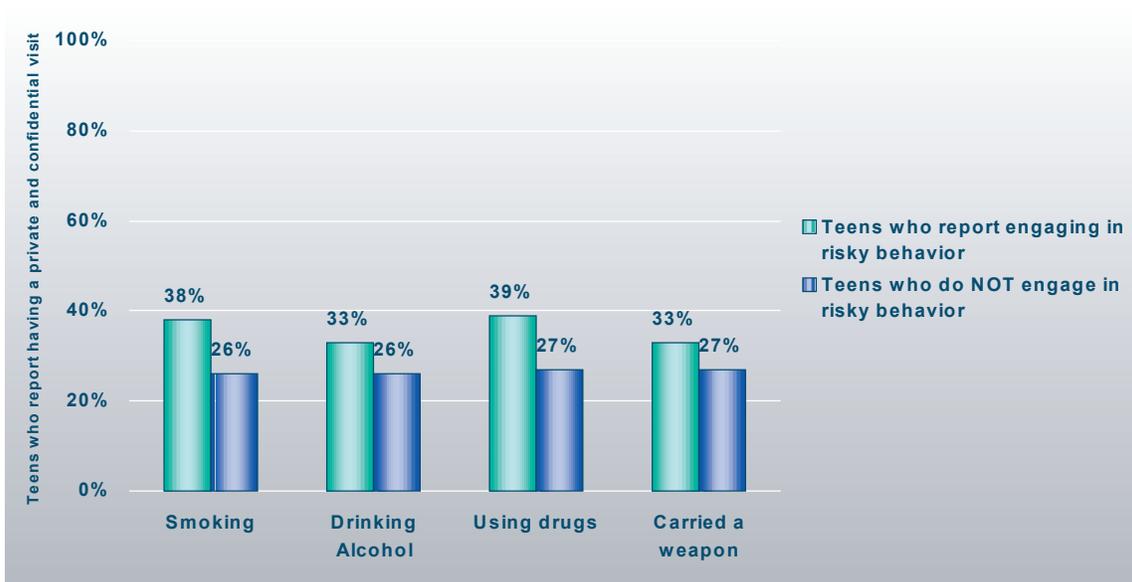


Chart 31: Percentage of teens who report that they believe that their visit was confidential by presence or absence of different types of risky behaviors

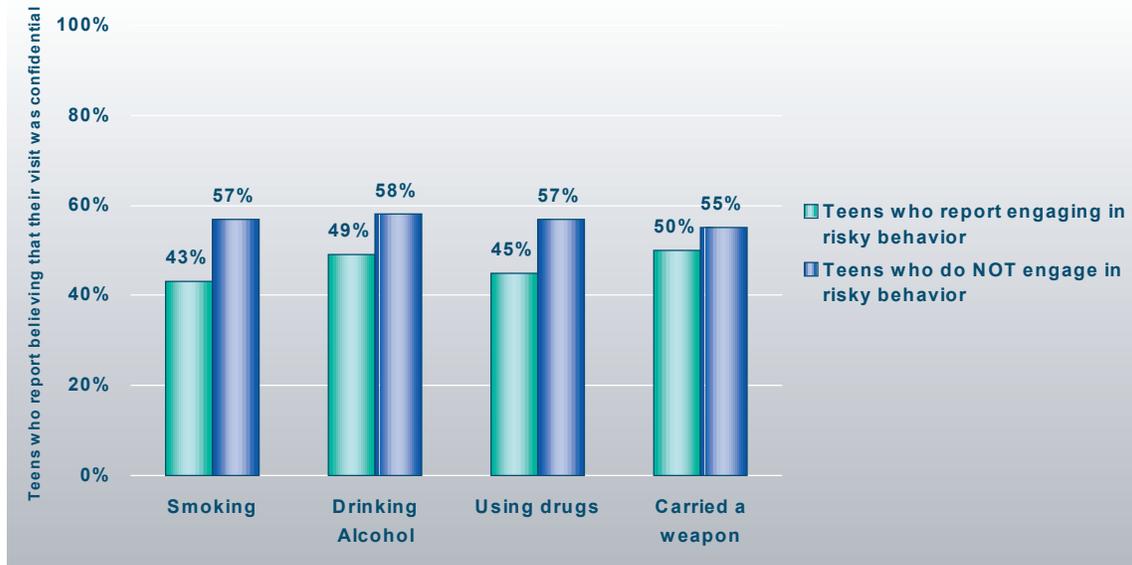


Chart 32: Percentage of teens who report that they were helped to understand health risks by presence or absence of different risk factors

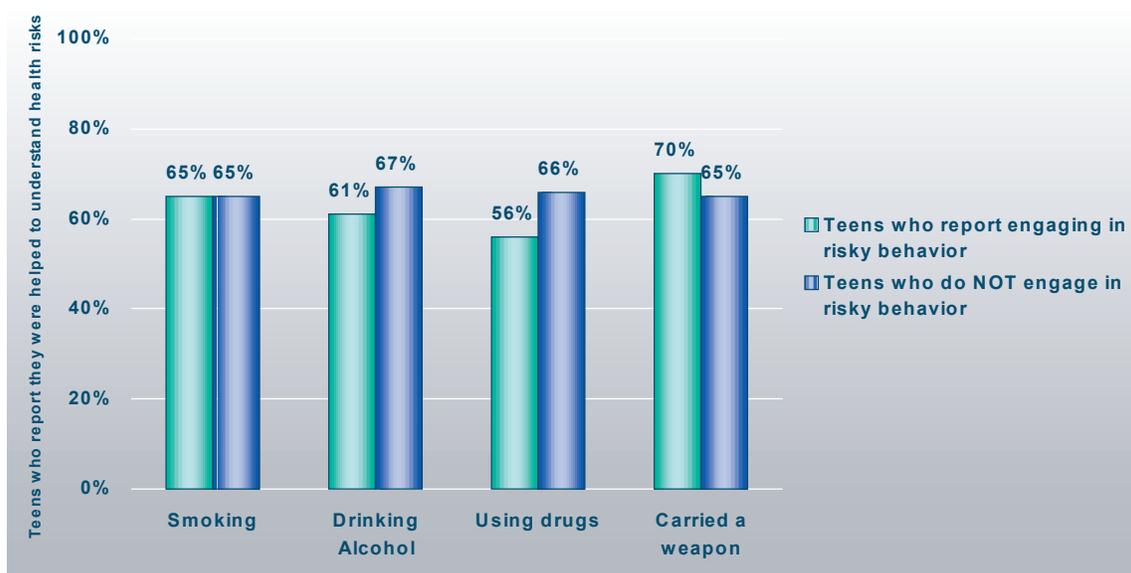


Chart 33: Percentage of teens who report that their doctor or other health care provider talked with them about physical activity, diet and weight

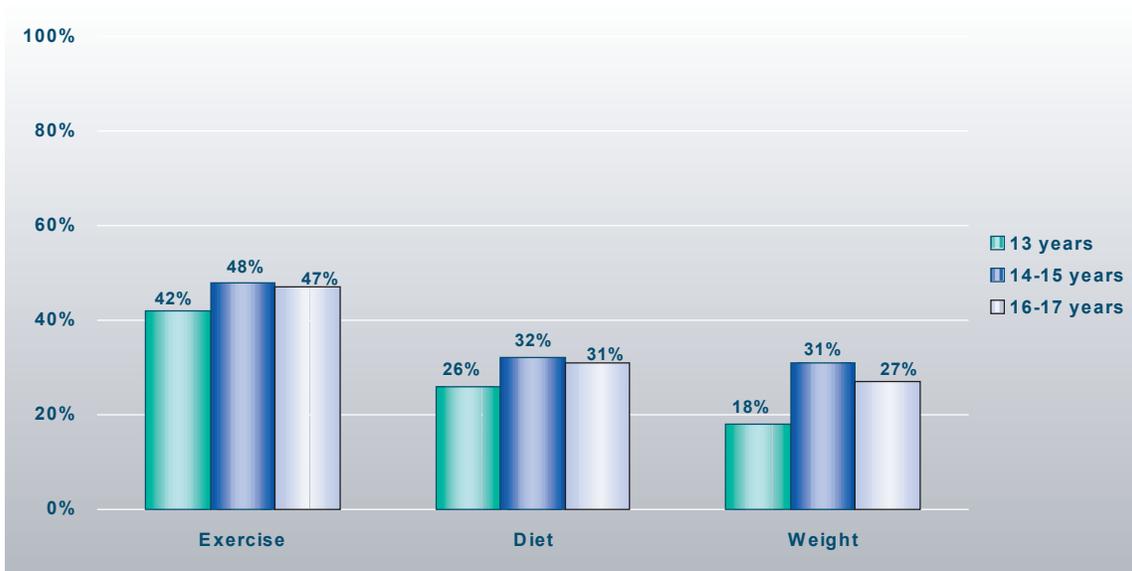


Chart 34: Percentage of teens who report that their doctor or other health care provider talked with them about emotions, smoking, alcohol and drugs

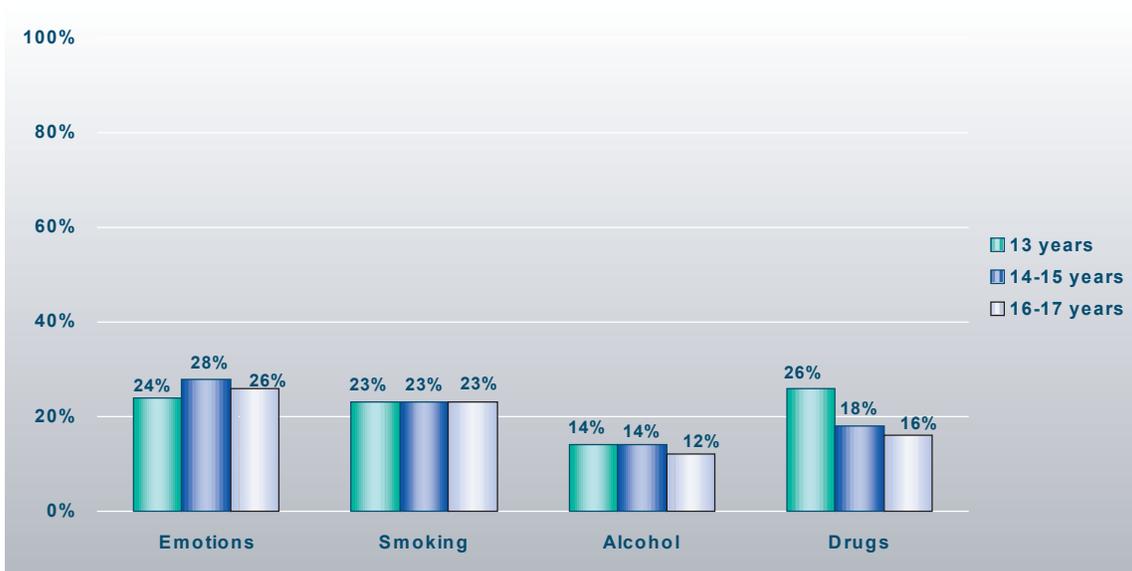


Chart 35: Percentage of teens who report that their doctor or other health care provider talked about physical activity by presence or absence of different risk factors

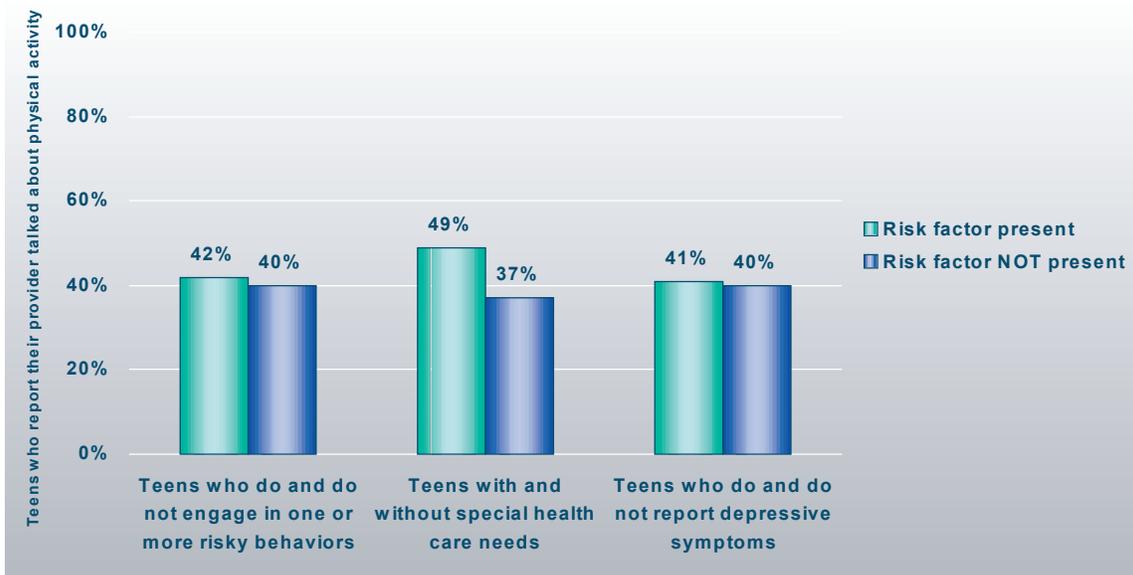
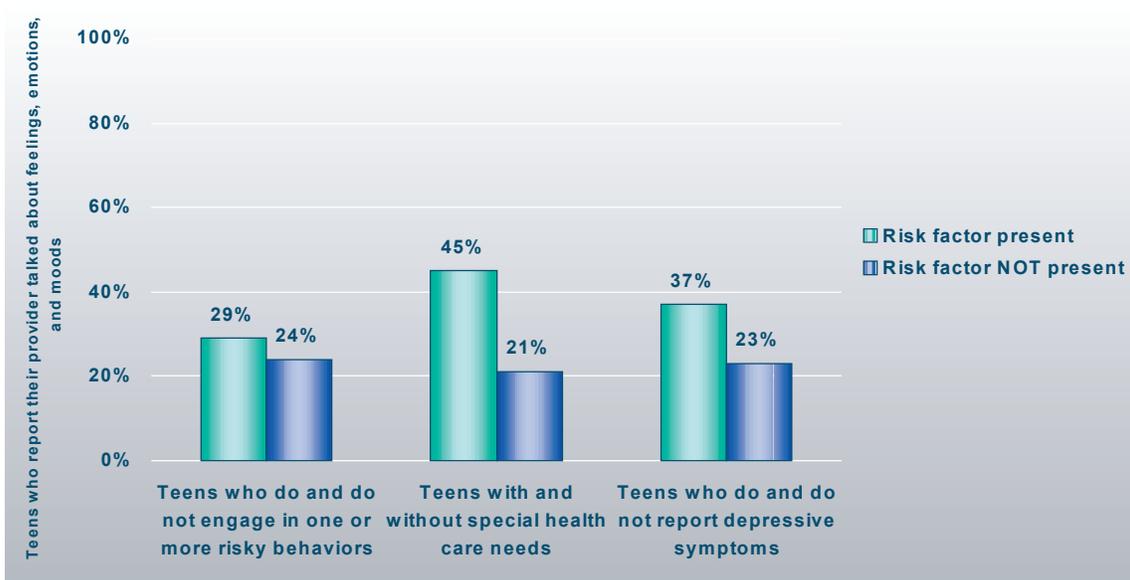


Chart 36: Percentage of teens who report that their doctor or other health care provider talked about feelings, emotions, or moods by presence or absence of different risk factors



Conclusion: A Portrait of Adolescents in America

Adolescents need support and guidance as they navigate one of the most difficult periods of life. While all young people face challenges during these years, some struggle more than others. At least one of every two teens experience significant risks to their emotional or physical well-being. Many teens do not feel a part of their schools and are not involved in their communities. Others lack confidence in their ability to handle the problems and changes in their lives.

In many ways, the health care system is failing to protect the health of adolescents. Teens are no longer children, but they are not yet adults. They are transitioning from a pediatric health system to one that treats adults. Based on our findings and those of other studies, neither system is well-equipped to meet their needs. We must pay attention to the gaps in care identified in this report, especially for teens who are taking risks and engaging in unhealthy behaviors such as smoking, those that already have a chronic condition and the many teens that experience symptoms of depression. At a minimum, the health care system must commit to early identification and the provision of recommended preventive screening and counseling services to these young people. This means routinely asking about and discussing difficult topics such as depression, smoking and alcohol use.

To achieve even this basic goal, the health care system must become more teen friendly and provide a safe, accessible and supportive atmosphere for teens to get counseling and guidance about their health. For example, private and confidential health care visits can make a difference in how much information adolescents share with their providers. Fewer than two out of five teens in any group we examined reported having a private and confidential visit with a health care provider in the past year. We can, and should, do better.

We also can do more to educate teens about how to access and use the health care system and become more active consumers of health care. Adolescents say they trust their doctors. We should capitalize on this trust and help them learn how to talk with their doctors and other health care providers about depression, smoking and risky behaviors.

Many adolescents are healthy, make good decisions and seek guidance about participation in risky activities. But the majority of teens need extra support as they make the critical transition from childhood to adult lives. The health care system, along with families, schools, communities and peers, can play a critical role.

About The Survey

BACKGROUND

The teen survey was conducted as a part of The Robert Wood Johnson Foundation (RWJF) National Strategic Indicators Project. This project was designed to address two broad objectives:

1. To provide RWJF with a snapshot of health and healthcare today
2. To establish baseline indicators of health system performance in major topical areas in which the Foundation operates

The project sought to develop a stable hierarchy of measures to guide program planning and evaluation. The National Strategic Indicators Project uses established survey research items and scales, groups them into computed performance measures that represent understandable concepts of interest to the public, and aggregates those measures into broad concepts that address policy goals for the health system.

Information was collected for a total of eleven online populations (N=9,400):

- Adolescents (age 13 to 17)
- A random sample of all adults, age 18 and over
- Adult populations for each of the following chronic conditions: arthritis, asthma, coronary artery disease, depression, Type 2 diabetes, hypertension
- Parents of children with asthma
- Caregivers of people who recently passed away
- Caregivers of people with Alzheimeris or other serious chronic conditions

The online sample was drawn from approximately one million individuals recruited to participate in an online survey panel (70% recruited via online sources, and 30% using random digit-dialing and mailed requests).

The online panel was stratified into groups according to age, gender and education, based on 2000 U.S. Current Population Survey distributions. Random samples were sequentially drawn from the one million person sample frame for purposes of survey administration. E-mail invitations and reminders were sent 3,000 at a time until target sample sizes were completed. Each invitation included a link to the online survey and a unique 5-digit access code that ensured that only one survey was taken from an individual computer, and that each invited participant only took the survey once. Only those respondents who completed at least 80% of the survey items were considered in the analyses.

SURVEY ITEMS AND SCALES USED

All survey items and scales were selected using three primary criteria:

- Items and scales are stable over time and between surveys
- Items and scales have demonstrated validity
- Items and scales are comparable between this particular sample and sources of benchmark data to check the external validity of the sample

Measures of health, health behaviors and health care quality were created using single or multiple survey items. As needed, items were re-coded to create proportions along a 0-100 continuum for ease of reporting and to standardize all scores for comparability.

Measures with multiple items were combined in one of three ways:

1. A mean score was computed and a cut-off point assigned, so that people who fell above the cut-off were assigned a score of 100
2. A certain number of positive responses were required, for example 3 out of 4, in order to qualify for a score of 100
3. Responses across all items had to be positive to score 100

With few exceptions, responses of "I don't know" or "Refuse to answer" were counted as missing data.

OVERVIEW OF THE ADOLESCENT SURVEY

The majority of items in the adolescent survey were drawn from the FACCT Young Adult Health Care Survey, the Child Health Illness Profile Adolescent Edition and the Youth Risk Behavior Surveillance Survey.^{10,11,12} A total of 38,452 invitations to participate in the adolescent survey were sent out. A total of 3,224 responded to the invitation (8%) and 2,053 completed the survey (5%). In order to have a data set that is more reflective of the general U.S. population, the data set was weighted to be as representative of adolescents age 13 to 17 in the U.S. as possible. See Table D for a summary of the demographic characteristics of the weighted adolescent sample.

¹⁰ Young Adult Health Care Survey ©. FACCT- Foundation for Accountability, 1999.

¹¹ Child Health and Illness Survey ©. The Johns Hopkins University, 2000.

¹² YRBSS Website. Youth Risk Behavior Surveillance Survey- United States, 2001. <http://www.cdc.gov/nccdphp/dash/yrbs>.

Table D: Demographic characteristics of the weighted adolescent study sample (n=2000)

		Percentage of adolescents in sample
Gender	Boys	49%
	Girls	51%
Age	13-14 years	40%
	15-16 years	40%
	17 years	20%
Grade in School	7 th Grade	9%
	8 th Grade	21%
	9 th Grade	22%
	10 th Grade	21%
	11 th Grade	19%
	12 th Grade	8%
Race/Ethnicity	White	66%
	African-American	15%
	Hispanic	14%
	Other	5%

Our online sample draws from a population of adolescents who use the Internet. Teens in this study do report engaging in fewer risky behaviors and are less likely to report symptoms of depression than is estimated by the Youth Risk Behavior Surveillance Survey (YRBSS) conducted by the U.S. Centers for Disease Control and Prevention with teens who are in high school. This is not unexpected since the online survey included over 30% of adolescents not yet in high school, and this group is less likely to engage in risky behaviors compared to older teens. Also, unlike the YRBSS, our study did not include teens over 17 (more likely to engage in risky behaviors). For this and other reasons, we do not use this survey to provide estimates of risky behaviors of teens in America. It should be noted that we do observe similar variations in risky behaviors as the YRBSS across groups of teens according to their gender, age and racial affiliation. See Tables E-G for an overview of findings from the 2001 YRBSS on key teen risk factors also examined in this study.

**Table E: Teen behaviors and emotional well-being by grade in school:
2001 YRBSS weighted data**

	Percentage of teens in 2001 YRBSS sample
Teens who report they had at least one drink of alcohol on one or more of the past 30 days	
9 th Grade	41%
10 th Grade	45%
11 th Grade	49%
12 th Grade	55%
Teens who report they smoked cigarettes on one or more of the past 30 days	
9 th Grade	24%
10 th Grade	27%
11 th Grade	30%
12 th Grade	35%
Teens who report using drugs	
9 th Grade	26%
10 th Grade	30%
11 th Grade	30%
12 th Grade	33%
Teens reporting symptoms of depression	
9 th Grade	29%
10 th Grade	27%
11 th Grade	29%
12 th Grade	27%

**Table F: Teen behaviors and emotional well-being by gender:
2001 YRBSS weighted data**

	Percentage of teens in 2001 YRBSS sample	
Teens who report they had at least one drink of alcohol on one or more of the past 30 days	Boys	49%
	Girls	47%
Teens who report they smoked cigarettes on one or more of the past 30 days	Boys	29%
	Girls	28%
Teens who report using drugs	Boys	33%
	Girls	26%
Teens reporting symptoms of depression	Boys	22%
	Girls	35%

**Table G: Teen behaviors and emotional well-being by racial affiliation:
2001 YRBSS weighted data**

	Percentage of teens in 2001 YRBSS sample
Teens who report they had at least one drink of alcohol on one or more of the past 30 days	
White	50%
African-American	33%
Hispanic	49%
Other	39%
Teens who report they smoked cigarettes on one or more of the past 30 days	
White	32%
African-American	15%
Hispanic	27%
Other	25%
Teens who report using drugs	
White	30%
African-American	23%
Hispanic	31%
Other	29%
Teens reporting symptoms of depression	
White	27%
African-American	29%
Hispanic	34%
Other	32%

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