



PROGRESS REVIEW

Adolescents and Young Adults

DEPARTMENT OF HEALTH & HUMAN SERVICES ■ PUBLIC HEALTH SERVICE ■ July 9, 1998

The Assistant Secretary for Health and Surgeon General chaired the second cross-cutting review of progress on achieving the Healthy People 2000 (HP2000) objectives for the health of adolescents and young adults. Organized by the Centers for Disease Control and Prevention, the progress review centered on three themes--excess mortality, critical behaviors, and the development of objectives for Healthy People 2010. Half of the HP2000 objectives for adolescents and young adults are moving toward the year 2000 targets. However, one-quarter of the objectives for this age group lack sufficient data to make an assessment. Of the 69 HP2000 objectives that address the health of adolescents, particular attention was focused on the following during the overview and discussion. The bold numbers indicate the priority area and objective in *Healthy People 2000*.

9.3b Among youth aged 15-24, the rate of motor vehicle crash deaths decreased from 36.9 per 100,000 in 1987 to 28.8 in 1996, a decline of 22 percent. The HP2000 target is 26.8 per 100,000. During the same period, alcohol-related motor vehicle crash deaths among 15-24-year-olds declined by 40 percent, from 21.5 per 100,000 in 1987 to 12.9 in 1996 (Objective **4.1b**). The HP2000 target is 12.5 per 100,000.

6.1a,-b Preliminary data show that the suicide rate for youth aged 15-19 was 9.5 per 100,000 in 1997, compared with 10.2 in 1987. There was little variation in the rate in the intervening years. The HP2000 target is 8.2 per 100,000. The suicide rate for males aged 20-34 also changed little between 1987 (25.2 per 100,000) and 1997 (22.7). The HP2000 target is 21.4 per 100,000.

7.9,-a Physical fighting among adolescents aged 14-17 declined from 137 incidents per 100 students per month in 1991 to 115 incidents per month in 1997. The HP2000 target is 110 incidents per 100 students per month. Among black males aged 14-17, physical fighting decreased from 207 incidents per 100 students per month in 1991 to 175 incidents per month in 1997. The HP2000 target is 160 incidents per 100 students per month.

7.10b Weapon-carrying by youth aged 14-17 decreased from 107 incidents per 100 students per month in 1991 to 74 incidents per month in 1997, surpassing the HP2000 target of 88 incidents per month. Among black youth aged 14-17, weapon-carrying declined from 134 incidents per 100 students per month in 1991 to 84 incidents per month in 1997. This, too, surpasses the target (105 incidents per student per month.)

4.6 The proportion of young people aged 12-17 years who used alcohol in the previous month declined from 33 percent in 1988 to 21 percent in 1997. The HP2000 target is 12.6 percent. The proportion of those aged 18-20 using alcohol in the previous month also

declined, from 55 percent in 1994 to 53 percent in 1997, well short of the target of 29 percent. After a decrease between 1988 and 1992, marijuana use by adolescents aged 12-17 and young adults aged 18-25 began increasing in 1993, and the 1997 rates of usage were considerably higher than the target levels. However, the rates of current cocaine use by both groups in 1997 were lower than the rates of usage in 1988, and the targets for reductions in cocaine use have been met. Cigarette smoking among 12-17 year-olds declined from 23 percent in 1988 to 20 percent in 1997. The HP2000 target is 6 percent.

4.7 In each of the years from 1989 to 1997, about a third of high school seniors reported a recent occasion of heavy drinking (5 or more drinks). The HP2000 target is 28 percent. Among college students, the proportion of occasional heavy drinkers varied little from 1989 to 1997, remaining at about 40 percent. The target is 32 percent.

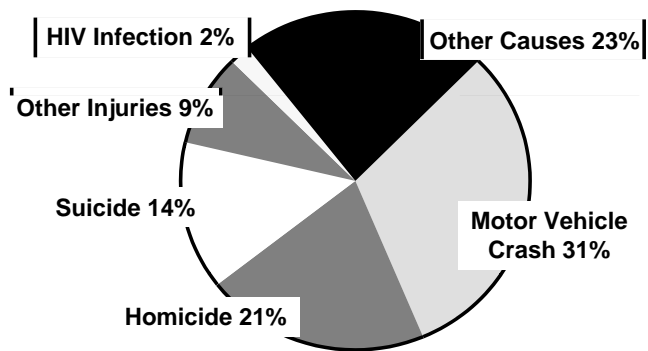
4.9 Between 1989 and 1997, there was a slight decline in the proportion of high school seniors who perceived parent and peer disapproval of substance abuse: for occasional marijuana use, the decline was 16 percent; for experimentation with cocaine, 1.8 percent; for smoking, 8 percent. The proportion who perceived disapproval of heavy drinking stayed much the same during that time span.

5.1 For females 10-14 years of age, the rate of live births declined from 1.4 per 1000 in 1990 to 1.2 in 1996. For those aged 15-17, the rate declined from 37.5 per 1000 in 1990 to 33.8 in 1996. The decline in live births was substantial for black teenagers aged 15-19, whose rates went down 19 percent between 1990 and 1996, to reach 91 per 1000. There is considerable variation by region in teenage birth rates, with rates lowest in the northeast and midwest and highest in the south and southwest.

HIGHLIGHTS

- The four leading causes of death for adolescents and young adults aged 15-24 are motor-vehicle crashes, other unintended injuries, homicide and suicide. Suicide rates for young men are more than 3 times those for young women.
- The consistent decline in smoking once seen among young Blacks has now reversed. The proportion of young Blacks who smoke has gone up in the past few years from 13 percent to 23 percent.
- One half of all new HIV infections are diagnosed in those under 25 years of age.
- While birth rates among young black and Hispanic women have declined recently, they are still about 3 times the white rate.
- The proportion of students in grades 9-12 who participated in daily physical education declined from 42 percent in 1991 to 25 percent in 1995, a decrease of 40 percent.
- Only one in four youths meets the dietary guidelines recommendations to reduce fat to 30 percent or less of total calories and saturated fat to less than 10 percent of total calories.
- Between 1991 and 1997, the percentage of students fighting declined by 16 percent. The percentage carrying weapons dropped by 31 percent over this period.
- The rate of condom use among young black males has sharply increased in recent years.
- Forty states now have an adolescent health coordinator.

Leading Causes of Mortality Among 15 - 24 Year Olds



Source: CDC/NCHS National Vital Statistics System, 1995

Draft Critical 2010 Objectives for Adolescents and Young Adults, National Rates

Incidence	Baseline	Prevalence	Baseline [†]
Motor vehicle fatalities	28.8*	Safety belt use	21.7%
Suicides	9.5*	Riding with drinking driver	38.8%
Homicides	20.1*	Injurious suicide attempts	2.8%
Physical fighting	115**	Binge drinking	32.6%
Weapon-carrying	74**	Use of any illegal drugs	53.7%
Pregnancies, ages 15-17	NA	Used any tobacco product	37.6%
Unintended pregnancies, ages 15-24	NA	Chlamydia	5.4%
		Ever engaged in intercourse	53.1%
		Used condom last intercourse	54.4%
		Overweight/obese	24.0%
		Vigorous physical activity	63.7%
		HIV infection	NA

* Per 100,000
** Incidents per 100 students/month
† Percentage of adolescents
"NA" - Not Available
Sources: *Healthy People 2010 Objectives: Draft for Public Comment; Healthy People 2000 Review 1997; Morbidity and Mortality Weekly Report, Volume 47, SS-3*

19.2 The prevalence of chlamydia among females 15-19 years of age decreased from 12.2 percent in 1988 to 5.4 percent in 1996. For those females aged 20-24, the prevalence dropped from 8.5 percent in 1988 to 3.4 percent in 1996. The latter decrease achieves the HP2000 target, which is 5 percent for each group.

5.5 In 1997, 23 percent of in-school sexually active females aged 15-17 had abstained from sexual activity for the previous 3 months, as had 34 percent of sexually active males aged 15-17. The proportions abstaining have varied little since 1990. The HP2000 target for each group is 40 percent.

5.6 In 1997, 85 percent of in-school, sexually active females aged 15-17, used some form of contraception during their most recent intercourse, compared with 78 percent in 1990. Eighty-one percent of high school males in 1997 used a contraceptive at most recent intercourse, a slight decrease from 83 percent in 1991. The HP2000 target for each group is 90 percent.

1.2 Overweight prevalence in adolescents aged 12-19 rose from 15 percent in 1976 to 24 percent in 1994, an increase of 60 percent. The HP2000 target is 15 percent.

PARTICIPANTS

American Academy of Pediatrics
American Medical Association
Carnegie Corporation
Centers for Disease Control and Prevention
Department of Education
Health Resources and Services Administration
Institute for Youth Development
Maine Department of Education
Maryland Department of Health and Mental Hygiene
National Institutes of Health
National Latino Children's Institute
Office of Disease Prevention and Health Promotion
Office of Minority Health
Office on Women's Health
Substance Abuse and Mental Health Services Administration
University of Minnesota
University of Wisconsin
Vermont Department of Health

FOLLOW-UP

- Explore ways to strengthen family communication and the role of parents in their children's education.
- Seek to expand opportunities for young people to participate in after-school sports and other activities.
- Encourage school systems to include instruction in nutrition, daily periods of physical education, and training in parenting.
- Expand data collection activities to close the gaps in tracking the health status of young adolescents aged 10-14.
- Ensure coordination among federal agencies to achieve a more complete portrayal of the dimensions of substance abuse and mental health problems of adolescents and to identify opportunities for intervention.
- Disseminate the message that risk behaviors are inter-related and so create opportunities for employing various holistic approaches to reach at-risk youth.
- Form alliances with the media to influence the integration of public health messages in programming directed at adolescents and their parents.
- Work with religious and other social institutions to guide adolescents toward achieving healthy lives.
- Increase research to identify protective factors that work to prevent adolescents from engaging in risky behaviors.
- Develop community partnerships to support the welfare of adolescents, using approaches that take advantage of culturally diverse perspectives.

(This Progress Review was rebroadcast on November 4, 1998)



David Satcher, M.D., Ph.D.

Assistant Secretary for Health and
Surgeon General