

## **Society for Adolescent Health and Medicine (SAHM) 2013 Annual Meeting**

**Atlanta, Georgia, March 13-16<sup>th</sup>**

### ***We can all be healthy : achieving health equality for adolescents and young adults***

Adolescent health and medicine has a golden history in the US with its leading organization , SAHM, celebrating 45 years of supporting professionals to offer high quality care underpinned by the latest research .

This was my first year attending the conference and I was fortunate enough to have as mentor, Dr Nicola Gray, a Fellow of SAHM and a trustee of the UK Association of Young People Health (AYPH). I was representing the RCGP Adolescent Health Group which is a sister organization to AYPH.

The 4 day programme offers a dazzling array of plenary lectures, 'hot topics' –clinical updates , interactive workshops and research presentations with the opportunity to meet internationally renowned academics, clinicians and policy makers in an unprecedented fashion.

This report will summarize highlights from the conference taken from the sessions I personally attended , and which will be hopefully of relevance to a UK audience as we seek to learn from our trans Atlantic colleagues who have a longer history of developing adolescent medicine.

**Wed March 13<sup>th</sup>**

### **Special Interest Group (SIG) Teaching Adolescent Health**

This was a small group session of about 30 delegates. The key activity was to undertaking a group exercise: plan a curriculum on 'reproductive and sexual health ' (topic chosen by group) and decide upon objectives; best modalities to achieve goals, available resources.

check out : <http://www.prch.org> [physicians for reproductive choice and health]

Key learning points

- engage the audience as much as possible
- encourage sharing of good practice eg- 1 example of inviting health care students to be 'secret shoppers' : 1 participant spoke of med student in NYS who attempted to book appointments to procure a termination of pregnancy and then compared their experiences in class with other 'secret shoppers' (the ethical issues of such an activity not explored in this session)

### **Workshop: Qualitative research .Establishing causality**

A fascinating and cerebral talk covering models of causality from Hume, to Bradford Hill to Milles and Huberman. We wrestled with the great epistemological debates about whether causality can exist and how post-positivism and social constructionism jostle for place ,with the presenter, Dr Charles

Rogers, advocating Maxwell's Realist approach (2004). We concluded with a call to pay attention to the framework of any research project and to tie this into the data collection, interpretation and dissemination of results.

The workshops facilitated talking to other delegates with whom there was a common shared interest.

### **The Gallagher Lecture**

#### ***Achieving Health Equity : Naming racism and other systems of structured inequity***

***Camara Phyllis Jones MD, MPH PhD***

Assoc Prof School of Public Health(Emory University, Atlanta) and Morehouse School of Medicine

Dr Jones was invited at very short notice to give the opening address (the original speaker having fallen ill) and took the roof off with her talk. She was given a standing ovation as we all showed our respectful admiration for her and for her insightful, challenging and inspiring talk about recognizing the structural determinants of health, which lead to the social determinants of health with which we all so familiar .

She identified 3 dimensions of health intervention: at the level of

- health services (access, quality, acceptability, appropriateness)
- the social determinants of health – poverty, neighbourhoods, local environments
- the structural determinants of health- the 'isms': racism, sexism, heterosexism, capitalism

Deconstructing racism was the key emphasis of her address-constituted as

Institutionalized, Personally mediated, Internalized racism

Dr Jones used an allegorical tale to describe how these levels of racism occur and take root , and appeared to capture the audience's imagination and intellect with her narrative.

Please see the reference below to read more.

The talk was concluded with three calls to action

1. Put racism on the agenda; name it rather than use euphemisms and routinely monitor for differential exposures and opportunities, as well as outcomes, related to race
2. Attend to both what exists for example in the way health care is delivered with respect to people's health needs, and what is lacking from the delivery system ,or ignored
3. Organize collectively and be strategic in order to initiate change

Jones,CP. Going public. Levels of Racism: a Theoretical Framework and Gardener's Tale. *Am J Pub Health*. 2000 (9); 8; 1212-1215

### **Extended workshop (Institute): Critical evaluation of Mixed Methods Research (MMR)**

This was a 3 hour session offering an in-depth examination of the process of conducting MMR involving both a series of presentations by the panel with a practical task designed for the delegates. The talks were designed to focus the audience and to have everyone starting from the same place. We were then introduced to a very useful model for looking at how the 'qual' and the 'quant' methodologies can work together, depending on the relative emphasis and weight of each paradigm.

An approach known as 'simultaneous design' was proffered as the gold standard (Crabtree & Miller, 1992) which has been particularly tested in health settings.

We then divided into small groups and examined examples of MMR to determine whether we thought they had adhered to good practice as defined by GRAMMS: Guidance for Good Reporting of a Mixed Methods Study ( O'Cathain, Murphy, Nicholl, 2008)

The consensus was that interpretation of what constituted MMR was broad and both the standard and degree of blending of the 'qual' & 'quant' varied considerably.

### **Workshop : Primary care, Adolescents and Confidentiality : It takes more than the law**

A lively 2 hour session which recounted the personal and professional experiences of a group of clinicians and managers from the Monte Fiore Centre in the Bronx, New York to have policies enacted into daily practice. They emphasised the longevity of the project and the need to be focused, and patient, with a typical time period of 4 years to see a policy put into practice.

Although the story was rooted in the US context there were generic lessons to be learnt-the need for a champion supported by a band of enthusiasts who share the same commitment ,who can work at the highest level to procure 'buy-in' from those who have the power to make change happen.

I was heartened by the personal story and the feistiness of the speakers who were dogged in their determination to have personal information erased from the summary printout of the clinical consultation with a teenager, so that no record would be seen at home (by the parents who were paying for their child's health insurance). Various routes to procure healthcare access for low income youth were also shared.

### **Welcome Reception**

A fun informal session for meeting colleagues with a delicious array of hors d'oeuvres served. I love the conviviality of the Americans who do not stand on ceremony and make social connection easy. There was also a series of presenters advertising services, institutions and products manning stands in the Reception area who were eager to talk.

### **Film showcase : Shine the light/deep south**

AIDS as a social illness is disproportionately seen in the deep southern states , such as Georgia, and this moving film which had been shot nearby on location, with local people as actors ,was showcased at the SAHM meeting. The director had used a very natural narrative style, not usually seen in documentaries which tend to be more scripted and ‘managed’ with often a bombardment of facts and figures. ‘Hard facts’ were noticeably absent from this production. The effect was a film which was both profoundly moving and engrossing. Although it had been advertised , the audience as an entire unit was moved to see the director and several of the actors walk onto the stage once the credits had rolled, to discuss the film with the audience.

By now it was 2245 and the day had started at 0700 with registration at 0630...

### **Thurs March 14<sup>th</sup>**

I skipped the fun run-meeting at 0550 in the lobby (!) to commence the day with a Hot Topic Clinical Update: learning about the pitfalls of introducing a new immunization regime ; the pros and cons of providing OTC (over the counter ) contraception which is already available in more countries than it is not; and the politics and clinical consequences of food insecurity .

### **Coffee Meeting with co-authors of an international symposium**

A huge plus of the SAHM meeting is the facility of being able to meet with colleagues keen to collaborate on projects. I met a colleague from California , with another colleague from the UK, to discuss a joint symposium we are delivering in Istanbul which until then had been managed entirely by email . Air travel is of course a luxury and an environmental hazard, but there is no denying the advantages of face-to-face discussion and the creative energy that can spark.

### **Poster viewing**

A 1 hour session offering an opportunity to view an impressive array of posters of a universally high quality which were displayed to good effect promoting commentary and discussion.

### **Positive Youth Development (PYD)**

This was a 2.5 hour international workshop convened by a clinical academic from Thailand who had invited a group of colleagues to share their experiences of developing models of youth development which are derived from a resilience perspective rather than a risk perspective. This is a paradigm gaining ground in the UK but usually from within youth work rather than a health context where it has not yet gained momentum.

Dr Suriyadeo Tripathi presented work from his own university which had undertaken a National Survey of Life Assets among secondary school students. The work was commented upon by an audience who had themselves a history of working positively with young people including Professor Resnick who has played a pivotal role in articulating the importance of ‘connectedness’ to ground youth development and promote potential; Professor Linda Bearinger who has led a successful graduate programme for nurses working with young people now running for twenty years’; and Prof Bob Blom at Baltimore.

Do check out

<http://www.girleffect.org>

A tremendously powerful, pithy film which succinctly demonstrates the advantages of investing in young girls and retaining them in education, against the contrasting scenario of girls falling pregnant in their mid-teens and leading to a spiral of intergenerational health inequalities .

PYD can be looked at from many angles but can usefully be summarized as

‘I have, I can, I am’

### **The International Dinner**

This was an informal occasion where colleagues working across the globe meet annually to exchange news of projects, create new ideas, rekindle friendships and strike new ones. The event had been organized by Prof Deborah Christie who is London based (UCL) and was awarded the Adele Hofmann Visiting Professorship in Adolescent Medicine and Health for 2013. This award recognizes an individual for their expertise and teaching abilities in Adolescent Medicine and Health and provides an educational experience for healthcare providers who might otherwise not have the opportunity to benefit from the professor’s expertise.

### **Friday March 18<sup>th</sup>**

#### **Plenary Session 1**

This was an excellent session which showcased cutting edge research exploring strategies to reduce health inequalities. Race and socioeconomic status are so often confounded if the data is collected without due account of the importance of adequately representing multiple perspectives. Multivariate analyses can only account for variance if sufficient data is collected from minority populations , otherwise the data is skewed and results in erroneous conclusions. Presenting research which used a stratified sample ,Thorpe’s work from John Hopkins showed that ‘place’ (neighbourhood) as a social determinant carries more weight than ‘race’, a socially constructed, lived experience which is variously interpreted by others ( and the individual themselves).

Similarly mental health can be seen as proxy for other conditions or health behaviours, as justified by research which looked at the effects of living in different types of social housing.

#### **Hot Topics**

The final hot topics session was top-class. It included a presentation of a Swiss based European summer school teaching practitioners the principle of practising excellence in adolescent health

<http://www.unil.ch/euteach>

This talk was followed by a flawless and engaging talk by Deborah Christie on ‘Mindfulness; the new kid on the block?’ -despite centuries of being part of the wisdom traditions and concluded with a presentation on ‘Going globale-caring for adolescents in the digital age’. ‘Globale’ being a hybrid term comprising global and mobile. Prof Rich of Boston explored why young people are so attracted to

digital technology : combining their developmentally appropriate search for identity, connection, social justice, independence, and abstract thinking. His talk was a whistle stop tour of the pros and cons of growing up online 24/7 and of the challenge for healthcare practitioners (HCP) who are immigrants to this new world .

UK readers might be interested to hear of a Cardiff based organization

<http://www.wisekids.org.uk>

a charity which promotes innovative, safe and positive use of the internet and runs bespoke training courses for HCP and other professionals working with young people.

### **Special Interest Group: Chronic Illness**

Transition from paediatric to adult services continues to tax all rich income countries and I wanted to learn from the experiences of colleagues in Canada who had been involved in making changes to services for young people with long-term conditions.

There was a prevailing theme of 'just do it', rather than to be too bogged down in measuring and monitoring . This can create ethical dilemmas for staff and does not address the conundrum of securing funding for new initiatives which are untested. Nor does it preclude 'do no harm' if it is an untried scheme. However, there was a view from the audience that where young people are ill-served by services which do not respect their developmental needs trying something new might be better than doing nothing at all.

<http://www.gottransition.org>

### **Age assessment of young people (seeking asylum)**

Key message: this complex process has to be multi-factorial and cannot rely on any one method alone be that bone or dental age, cognitive reasoning, or evidence of social maturity.

**Saturday March 16<sup>th</sup>**

### **Teaching eating disorders prevention using case- method teaching approach**

This was a hands-on session using a 'real-life' example taken from the Boston Children's Hospital programme. I found it thoroughly enjoyable to be working with the raw materials and looking at how we might adapt, critique the teaching products –even if the session began at 0730 after a celebratory dinner with the Rochester Faculty the night before! This was truly active learning which completely brought to life the value of using the **case- method teaching approach**. The small group discussion-which we fed back to the larger group was stimulating and generated a series of ideas which members could try out in their own institutions.

Useful resources:

<http://www.yaleruddcentre.org> [training modules for HCP around promoting healthy living]

<http://www.AAP.org/stress>

## **Plenary session: Health Inequity across the globe: through the voices of young people**

For the first time in the history of SAHM meetings a group of young people from early adolescence to early adulthood were invited to take the stage and present their own perspectives. The six participants had prepared their own talks and were then open to questions from the audience. They offered a freshness to the conference theme and a different angle, although I was very surprised when they were asked to comment on their own personal narratives about dealing with adversity. I have seen this occur in a UK setting and been similarly uncomfortable. On both occasions I think that this is likely to be due to the audience not being adequately briefed. I think we need to learn from this and be mindful of the need to prepare audiences at question time and also give speakers the right to decline certain types of questions.

And so the SAHM meeting was concluded.

An impressive collection of speakers, delegates and colleagues brought together to think, consider, critique and reflect upon how we can improve health care services and their delivery, to all young people across the globe, in a conscious effort to begin to acknowledge, address, and reduce health inequalities.

I am grateful to the FPSA for the bursary which made it possible for me to attend the conference .

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Chair of the RCGP Adolescent Health Group

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