

The Society for Adolescent Health and Medicine (SAHM) Annual Meeting 2013 - USA

"We Can All Be Healthy: Achieving Health Equity for Adolescents and Young Adults"

The SAHM meeting attracts health professionals and researchers who work with - and for - young people, from all over the world. They attend to:

- Find out about new clinical developments in practice and medicines;
- Expose themselves to new ideas about practice, research and policy; and
- Network with like-minded people.

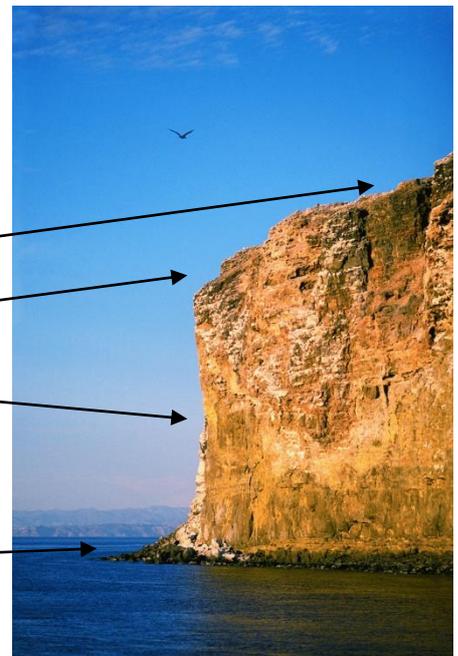
Every year we all go home with an extra dose of enthusiasm for our work, and with plenty of good ideas to work from.

Gallagher Lecture

"Achieving Health Equity: Naming Racism and Other Systems of Structured Inequity"

Dr Camara Jones (from Emory University, in Atlanta, Georgia, USA) presented a 'cliff analogy' about the way that we approach the health of our people:

- Social determinants of healthⁱ = keeping people away from the edge of the cliff;
- Primary risk preventionⁱⁱ = a fence on the cliff edge (but the population pushes against it);
- Secondary risk preventionⁱⁱⁱ = a 'safety net' half-way down the cliff
 - some people fall through the holes, so we make it a trampoline
 - but some people bounce up and down and never get back up on to the cliff);
- Health services = the ambulance at the bottom of the cliff.



She then demonstrated how the cliff is actually in 3D, and the 'third dimension' relates to equity:

- Social determinants of health relate to differences in life expectations and opportunities;
- Primary/secondary risk prevention relates to access to care;
- Health services relate to quality of care.

To apply this, as an example, to road traffic accidents - one of the major causes of death in young people:

- The health services may be in casualty (or indeed in jail!);
- The secondary prevention relates to using seat belts and having air bags;
- The primary prevention to good driver training programmes, and
- The social determinants to youth-friendly policing.



There are different ways in which we can take action to improve life for young people, to keep them away from the edge of the cliff. The 'Healthy People 2020' plan in the USA now includes a set of ideas for improving young people's health:

- Promoting 'connectedness' of young people to their families, schools and communities;
- Improving educational achievements, reducing the supply of drugs, increasing safety;
- Preventing harassment of young people on the basis of their sexual orientation or gender identity – but it doesn't say anything about preventing racial harassment?



Dr Jones had developed a way of understanding and explaining racism as a model with 3 levels. She had a very interesting story to tell about a gardener, that really explains a lot about racial differences and this model. You can see it at <http://youtu.be/ktj4jGmUs6Y> :



Level of Racism	Meaning	The Gardener's Tale example
Institutionalised racism	Different access to goods, services and opportunities for people of different races	Historical separation of the seeds Solution – Enrich the soil for all, and mix the boxes
Personally-mediated racism	People making assumptions about the abilities, motives and intents about people of different races	The gardener plucks the pink blossoms out Solution – Training for the gardener, and our hope that our children will act better towards each other
Internalised racism	Acceptance of negative messages about their own abilities and value/worth by people of different races	The pink flower doesn't want pink pollen any more – it prefers red Solution – Reinforcing the value of all young people among communities

We must monitor **the opportunities available** to young people of all races, as well as monitoring their outcomes and growth. We must avoid pruning the weed, instead of **pulling it out at its roots**. Institutionalised racism is the root.



Hot Topics Discussed at SAHM – During the meeting, speakers get the chance to make the audience aware of different young people's health issues in short presentations

1. "Food Insecurity" (Alicia Dixon-Docter, Seattle, USA)

Food insecurity, where a family does not get regular supplies of nutritious food, is not something that is restricted to developing countries or those affected by disasters. People in 'rich' countries like ours can also experience 'food insecurity'. An explanation of the concept of 'food insecurity' can be found at <http://youtu.be/z76ljy6uNZk> . Poor families in the USA may make choices about their priorities, for example, that it is better to buy satellite television than nutritious food. Fruit and vegetables might actually become a treat: constant pizza may sound exciting and exotic, but quickly becomes boring if it is served everyday.



2. “The Return of Whooping Cough?” (Jennifer Liang, Atlanta, USA)

The USA is seeing cases of whooping cough, or ‘pertussis’, a condition most associated with babies, in children aged 7-10 and in teenagers. There was a change in the vaccine used for babies several years ago, and it is unclear whether it covered children for the long time period needed. The vaccines do work well. It is important to make sure that all ‘booster’ vaccinations for whooping cough/pertussis are taken.



3. “Supplying Contraceptives Over-the-counter” (Daniel Grossman, San Francisco, USA)

The USA is considering whether they should supply contraceptives from pharmacies without the need for a prescription. In many countries of the world, contraceptives can be supplied in this way. The UK is doing some pilot trials of this. The positive argument is that it would increase access to contraception. Studies done in countries where it is available ‘over-the-counter’ have not shown that it leads to girls having sex earlier, or having unprotected sex. Women, including teenage women, are supportive of the change. Whether there would be an age restriction on the supply is not yet known.



4. “The Place of ‘Mindfulness’ in Young People’s Health” (Deborah Christie, London, UK)

During this talk, we were all asked to turn off our phones for 15 minutes – some people found it a lot more difficult than others! Deborah Christie wanted us to concentrate on the moment, rather than distracted. It is a way of creating your own ‘quiet amid the chaos’. A great explanation is given at this link <http://youtu.be/oMlaSCxZPN4>. It is practised by many different people, including soldiers in Iraq. Anyone can do it. It has been shown to help people with the pain of arthritis and irritable bowel syndrome. It can help you to let go of self-critical thoughts. It is thought to boost both physical and emotional systems. It’s not easy to do, although it’s very simple. If you say ‘But I haven’t got time to be mindful’, you will actually make up the time. In conclusion we were asked “Are you ‘mind full’, or mindful?”



5. “Going Globale” (Michael Rich, Boston, USA)



Michael Rich asked “Why are young people using so much media?” Various answers might be:

- It’s a fertile place for development
- It’s a place to seek experiences
- It can give independence
- It can help to form identity
- You can make connections

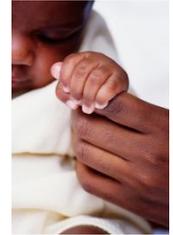
He pointed out that FaceBook is now the third largest nation on Earth, with over 1 billion people visiting monthly. Three-quarters of the world (6 billion) is connected to the Internet, and 5 billion of those connected people are in developing countries. Many young people are using phone access to the Internet: there is a concern that it’s leading to less sleep, and poorer sleep, as the phone is never turned off and texts might come in at any time. He also talked about Internet and video game addiction disorders, and the struggle to have them recognised as real problems for some young people. He talked about a global experiment on media abstinence, where a group of people stopped using all media for a period of time. You can see a similar study here <http://withoutmedia.wordpress.com/> - it’s really hard to do! The issue of violence and watching media was also mentioned: the growing evidence of how violent media programmes and games can lead to fear/anxiety (which could make you a victim of violence), desensitisation (not being bothered about violence, which could make you a bystander who doesn’t act), and increased aggression (which could make you a person who gets violent with others). It ended with a call to empower ‘digital natives’ (young people), and to guide ‘digital immigrants’ (parents/adults) with evidence.

You can see more about Michael Rich and his Center for Media and Child Health at <http://www.cmch.tv/>

6. “The ‘Second Decade’ Project” (Patrick O’Carroll - Seattle, USA)

Work to improve the first decade of life (that is, life for children aged 0-10) began in the nineteenth century as a social movement. It was a reaction against the death of so many babies and young children. As a result, since 1900 there has been a 95% drop in infant deaths, and a 99% drop in mothers’ deaths in childbirth.

Patrick O’Carroll pointed out that in the second decade (from age 11-20), many important personal decisions are made that affect the rest of life. These include whether to smoke, drink, take exercise, have sex, make decisions about sexuality, and whether or not to take various risks. Many preventable adult deaths thus have their roots in the teenage years (e.g. smoking and later disease).



Unlike the first decade, there is no systematic programme of health visits etc to monitor young people and families. A framework is needed that includes research, making policy, setting standards, and looking at the environment. You can find more information about the project at

http://www.hhs.gov/ash/oah/news/assets/second_decade_summit_summary.pdf

Health Equity and Inequity Across the Globe: Through the Voices of Adolescents and Young Adults

The last session of the meeting was led by young people from local secondary schools, a college and a university. Each of them had chosen an issue about health that they felt was very important. Important points from these presentations included:

Healthy eating and exercise – The first topic, with plenty of great messages about the importance of diet;

Disparities – That it was difficult for young people from poor families to take part in after-school clubs and activities because some young people had to look after younger siblings until parents came home from work, and/or the activities cost too much to do (local dance classes could cost up to \$1200/year and cheerleading \$600);

Substance Use – Role models for local young people from rap music were putting references to drugs into their lyrics, and endorsing alcohol products. Cigars were popular among young people: a particular brand called ‘Black Mild’ had a range of flavours, among which ‘apple’ and ‘wine’ flavours were commonly bought. He told a story of a young friend who asked in the shop for an apple, and was automatically given a pack of cigars!

John Henryism – We were made aware of this term, which is named after a man who worked himself to death to beat a steam engine. This condition is prevalent among black men, where the stress of trying harder all the time leads to long-term health risks. You can find out more about this at <http://www.workhealth.org/risk/rfbjh.html>

Impact of the Environment – This showed how the environment is crucial in promoting health. In a poor community near a motorway, there were abandoned houses, no safe bicycle routes to school, and that the nearest grocery shop was 6 miles away from the community (where nobody has a car).

Community Strengths – Every community has strengths. This might be a great teacher at the local school, an active church, or just simply people who help each other. Recognising these strengths promotes resilience.

This meeting inspires each participant to do more over the next year to improve young people’s health. This first youth-led session will no doubt lead to more young people’s participation over the coming years.



Nicola J Gray – April 2013

Explanation of Terms

ⁱ Social determinants of health – “The social determinants of health are the conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries.” (World Health Organisation – see more at http://www.who.int/social_determinants/en/)

ⁱⁱ Primary (risk) prevention – Something done to prevent a bad health effect happening e.g. taking exercise and eating healthily to prevent heart disease.

ⁱⁱⁱ Secondary (risk) prevention – Something done to prevent further bad health effects in someone who has already experienced one e.g. giving medicines to people who have had a heart attack that will prevent future heart attacks.