

POLICY FORUM

Adolescent Health in North Carolina

Introduction

One in six North Carolinians are entering, in the midst of, or emerging from adolescence. Although the term “adolescent” is often considered to be synonymous with “teenager,” an age range of 10 to 20 years is widely held by experts to be a more appropriate interval defining this developmental stage, owing to differences in the times of onset and completion of puberty, the most important transformation during adolescence.

Most young people will begin adulthood in good health, equipped with the social and intellectual skills necessary to make invaluable contributions in many areas of society. Although all youths will confront myriad challenges as they work toward building this skill set, for some the challenges will prove insurmountable, adversely affecting their physical and psychological development.

The approach to preventing or mitigating adverse health-related events in young people has long been piecemeal, mainly targeting one or a handful of risk factors in a single setting. Although well-intentioned, the effectiveness of these focused programs is often limited because the behaviors and conditions they target have multiple causes. Problems such as unplanned pregnancy, overweight and obesity, and violent behavior among adolescents arise from disparate pressures—both internal and external—in a variety of settings, and their prevention requires an understanding of the factors in distinct social contexts (eg, family, school, and community) that foster the emergence of risk factors for risky behavior and substandard health.

Measures that focus solely on prevention are themselves limited. Studies have shown that, in a population of youths exposed to the same risk factors, some will and some will not experience poor development and health. These findings suggest that some circumstances and behaviors that occur simultaneously with exposure to risk factors might confer protection against adverse health-related events. Indeed, programs that protect young people by strengthening their relationships with family, schools, and the community, cultivating their interests and skills, and facilitating their empowerment have proven to be important components of successful strategies to ensure adolescents’ healthy development.

The point of departure for the policy forum of this issue of the *NCMJ* is the 2009 report by the North Carolina Institute of Medicine (NCIOM) Task Force on Adolescent Health (available at: http://www.nciom.org/projects/adolescent/adolescent_report.shtml), funded by The Duke Endowment. The NCIOM task force framed their mission in terms of the healthy youth development paradigm, which emphasizes the creation of evidence-based programs and policies that cultivate the growth of protective factors—connect- edness, skills, and empowerment—that reduce the prevalence of risk factors and promote the creation of protective factors among North Carolina youths.

In the policy forum of this issue of the *NCMJ*, clinical specialists, front-line public health professionals, and two closely involved stakeholders—a parent and an adolescent—build on the task force’s efforts by sharing their unique perspectives on how to improve the health of North Carolina young people and, in so doing, increase our youths’ chances for healthy, industrious, and fulfilling lives as adults. We invite you to review and reflect on the views expressed in these commentaries, and we welcome continued discussion of this importance topic in the correspondence section of future issues of the *NCMJ*.

Thomas C. Ricketts III, PhD, MPH
Editor in Chief

Scott C. O’Brien, MA, MPH
Managing Editor