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SCHIP works to help adolescents get the targeted health care they deserve, but states must pay more attention to outreaching to teens and their parents.

Increase in Obesity Among American Young is Leveling Off

The percentage of children and adolescents categorized as obese and overweight has leveled off in the middle of this decade, but no one knows if this is the beginning of a trend or a one-time phenomenon.

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Adolescents Deserve Special Attention in SCHIP Outreach Programs

Public health program administrators and health care policy makers should consider treating adolescents as a distinct group that requires age-specific policies and practices and tailored outreach, benefits and services strategies, according to the National Academy for State Health Policy (NASHP). In its recent Briefing on SCHIP and Adolescents, NASHP noted that adolescents are more likely to be uninsured than younger children and have distinct needs.

As has been frequently noted, adolescents are more likely to engage in high-risk behaviors as they get older, and some of those behaviors can affect their health and safety. Additionally, an estimated \$700 billion is spent annually on preventable adolescent health problems, particularly with:

- Pregnancy
- Sexually transmitted infections
- Motor vehicle injuries
- Substance abuse
- Unintentional injuries, and
- Mental health problems.

According to the U.S. Census Bureau, about 13 percent of adolescents ages 12 through 17 were uninsured in 2006, compared to 11 percent 11 years old or younger. The statistic is even more striking for young people in poverty, the briefing noted. Adolescents also seek office-based health care less frequently than other age groups. As they gain a sense of autonomy, the Academy said, they need to be able to participate more in health care decisions.

But, according to the Academy, little is known about how the State Children's Health Insurance Program (SCHIP) particularly serves adolescents, helping them overcome barriers to care. One of the few

published studies found that "after uninsured adolescents enrolled in SCHIP, they had increased access to care and improved quality of care, leading to fewer unmet health needs." SCHIP-enrolled adolescents also were more likely to have a single source for health care such as a family physician -- important to receiving preventive services. SCHIP also is associated with reducing racial and ethnic disparities in access to care.

SCHIP now enrolls 4.1 million children and adolescents a year, the NASHP authors report, but very few states target adolescents, yet experts believe that outreach programs are essential for getting youth into SCHIP and Medicaid. Since in most states, parents or guardians are the ones who fill out the applications, they too must be targeted.

The briefing paper outlines some "best ways" to reach youth and their parents, including: partnering with community sites adolescents frequent, such as schools and malls; training hotline operators and others to answer questions likely to come from adolescents; targeting special populations, such as the homeless, runaways, and minorities; streamlining enrollment procedures, and advertising coverage especially tuned for the needs of adolescents.

Administrators should pay special attention to preventive care, mental health services, dental care, and reproductive health. Confidentiality is crucial, the authors note, as many adolescents will seek health care on the condition that their privacy will be honored. SCHIP programs should take into account the state laws that allow adolescents to consent for their own care under specific circumstances.

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Because SCHIP incorporates both the program components and flexibility needed to reach and enroll adolescents, it has shown some success in serving adolescents during its first decade. More effort, the report urges, would be effective.

The State Health Policy Briefing may be found at http://www.nashp.org/Files/shpbriefing_adolescents.pdf

Increase in Obesity Among American Young is Leveling Off

The seemingly inexorable increase in the percentage of obese children in the U.S. appears to have flattened out, according to a new study, published in the current *Journal of the American Medical Association*. According to the authors, it is not clear whether the change is the beginning of a new trend or a statistical artifact.

According to the study by researchers at the National Center for Health Statistics of the Centers for Disease Control and Prevention (CDC), the proportion of 2-to-19 year olds who are overweight has stopped rising for the first time since the 1980s. The percentage of high BMI for age among children and adolescents showed no significant changes between 2003-2004 and 2005-2006, according to Cynthia L Ogden and her colleagues. Even if the leveling off continues, the prevalence of overweight among American children remains high, and that could mean years of serious health problems as they grow older.

The study included weight and height measurements from a sample of 8,165 children collected as part of the 2003-2004 and 2005-2006 National Health and Nutrition Examination Surveys. The measurements were converted to a body weight index (BMI), the weight in kilograms divided by height in meters squared, the common metric for categorizing weight.

Obesity is defined as having a BMI at or above the 95th percentile on growth charts. In the 1960s and 1970s, only 5 percent of children in the United States were obese. The figure now is 15.5 percent. Overweight is defined as the 85th percentile. Currently, 31.9 percent of American children qualify as either obese or overweight, and 11.3 percent were above the 97th percentile, characterized as very obese. The good news is that there is no statistically significant change in those figures since 1999, which leads the researchers to conclude that the plateau may be real and not a temporary pause.

Additionally, the flat results cut across gender, race and ethnic lines, although older non-whites continued to have higher rates of obesity than did whites.

The research did not explore why the increase has halted. Words

of caution were provided in a *JAMA* editorial by Cara B. Ebbeling and David S. Ludwig. They pointed out that BMI may not necessarily be the best measure for characterizing weight issues or in predicting future health problems. "Historical cohort studies document an association between childhood BMI and chronic disease in childhood," they wrote, "but optimal levels of BMI for long-term health are not known."

"It is too early to know whether these data reflect a true plateau or a statistical aberration in an inexorable epidemic, and pre-existing racial/ethnic disparities show no sign of abating," they wrote. "On one point there is no uncertainty: without substantial declines in prevalence, the public health toll of childhood obesity will continue to mount, because it can take many years for an obese child to develop life-threatening complications." The journal article may be found at <http://jama.ama-assn.org/cgi/content/full/299/20/2401>. The editorial may be found at: <http://jama.ama-assn.org/cgi/content/full/299/20/2442>.

Meanwhile, a study published in the June issue of *Pediatrics*, put part of the blame for overweight teenagers on their parents. The report, by researchers at the University of Minnesota, said that while parents can recognize that their teenage children are overweight and talk about dieting, they do not encourage "healthy things" at home to encourage weight management, such as changing diets and increasing their children's physical activity. Encouraging dieting alone produced poorer weight outcomes over five years, the researchers said.

Minor Consent Laws Are Imperative for Adolescents But Accidental Breaches in Privacy Still Occur

In every state, a person below the age of consent cannot make their own decisions about health care without the permission of their parents for most medical procedures, but state and federal laws carve out exceptions for sensitive services, commonly called minor-consent laws. With these exceptions come promises of confidentiality, wrote Harriette B. Fox and Stephanie J. Lamb of Incenter Strategies, in a fact sheet, *State Policies Affecting the Assurance of Confidential Care for Adolescents*, published by the National Alliance to Advance Adolescent Health. The study enumerates the variations in state minor-consent laws and discusses an administrative practice that can lead to breaches in confidentiality.

As is widely understood, confidentiality of medical records is considered vital to serving adolescents because securing parental consent is difficult in some circumstances, and in other instances impossible for fear of embarrassment, disapproval, or even punishment, the authors wrote. If adolescents are sure of confiden-

tiality, they would be more inclined to seek needed health care. For instance, data show that requiring parental consent for birth control discourages adolescents from seeking family planning services but not from having sex.

The report's analysis of state statutes shows that "27 states allow some minors the right to consent independently for general medical care". Twenty-three states permit minor consent only for adolescents who meet specific criteria, which, depending on the state, might include adolescents who are high school graduates, serving in the military, pregnant, married or legally emancipated from their parents. All states allow minor consent, typically for adolescents 12 or older, for at least one service. Minor consent for STD services is permitted in all states, although the age of consent is 14 in five states, and 16 in one. Minor consent for substance abuse treatment is authorized in the vast majority of states, but for family planning services and for outpatient mental health services, is permitted in only about half the states.

Federal law permits minors to consent to some types of family planning services without parental consent at federally funded family planning clinics when services are being reimbursed by Medicaid.

"Importantly, however, even where parental notification is not required, the right to consent independently for services is not sufficient to guarantee confidentiality," the report noted. "Administrative and billing practices used by Medicaid and private insurers may eviscerate the confidentiality protections made possible by minor consent laws," the authors wrote. The major problem is the practice of mailing explanation of benefits (EOB) statements to publicly insured individuals or privately insured policyholders. The EOBs usually contain a description of the services, the date and the provider's identity.

Practices vary, the study found. Commercial insurers are required in almost every state to mail EOBs to the policyholder. State Medicaid programs are usually not required to do so, but the survey found that states do send them for fee-for-services recipients while managed care organizations (MCOs) usually do not. Practices in the State Children's Health Insurance Program (SCHIP) vary, depending on the type of program.

"In nearly all states, the confidentiality of Medicaid-insured adolescents would be compromised if either the MCOs in which they were enrolled or the Medicaid agencies themselves mailed EOBs home," the report said. Breaches in confidentiality are less frequent, the survey found, for patients in MCOs, as the MCOs usually have the option not to do mailings and most do not. One state, Minnesota, forbids the mailings for sensitive services.

Medicaid-served adolescents enrolled in primary care case management systems or who are on a fee-for-service basis are more likely to have their confidentiality violated. State Medicaid agen-

cies have discretion in whether to mail the EOBs, and the survey found that most do, and a few are required to do so by law. The most common reason offered for the practice is that it ensures that the state is in compliance with federal regulations to combat fraud. Mailing EOBs is not specifically required by the federal legislation, but the states view mailings as an inexpensive and simple way to verify services. The authors said there are other strategies that would not threaten privacy and would be more efficient.

"To maintain confidentiality protections afforded under federal and state law, the services for which minors are able to consent should need to be excluded from EOB mailings by states and participating MCOs," the authors said. Only Florida has done so.

The full report may be downloaded in pdf format from <http://www.incenterstrategies.org/jan07/factsheet5.pdf>.

WORTH NOTING

Peer Relationships Crucial in Quitting Smoking

A person is more likely to quit smoking if those around him or her quit too, according to a study from Harvard University and the University of California, San Diego. Researchers plotted a densely interconnected social network of 12,067 people among subjects in the Framingham Heart Study and found clusters of smokers and non-smokers in the cohort extending to three degrees of separation. Whole groups of people were quitting smoking at the same time, they reported in the *The New England Journal of Medicine*. Having a spouse quit smoking decreased a person's chances of smoking by two-thirds. Smoking cessation by a sibling decreased chances by 25 percent; cessation by a friend reduced chances by 36 percent, and having a co-worker in a small office quit cut the chances by 34 percent. "Smoking behavior spreads through close and distant social ties," the researchers reported, "groups of interconnected people stop smoking in concert, and smokers are increasingly marginalized socially." The study was funded by the National Institutes of Health and the Robert Wood Johnson Foundation. The abstract to the report may be found at: <http://content.nejm.org/cgi/content/short/358/21/2249>, and the full report at <http://content.nejm.org/cgi/content/full/358/21/2249>.

Teenagers Do Not Engage in Oral Sex to Preserve Their Technical Virginty

According to a commonly held belief, adolescents engage in oral sex rather than vaginal sex to maintain their technical virginity. But a study by the Guttmacher Institute--the first of its kind--finds that is not so. The survey of more than 2,200 males and females between the ages of 15 and 19, found that those who identified

themselves as virgins were far less likely to have engaged in oral sex than those who had had intercourse. According to the study, which was posted on the Guttmacher website and will appear in the July issue of the *Journal of Adolescent Health*, teenagers become sexually active in many ways simultaneously. While previous studies had indicated that oral sex was increasing among adolescents as an alternative to intercourse, the sampling size of those studies was small and not nationally representative, the Institute researchers said. The Guttmacher study found that 55 percent of teens admitted to have engaged in oral sex while 50 percent said they had vaginal sex. Oral sex was far more common among those engaging in intercourse than those who were not. The data came from the National Survey of Family Growth. The complete Guttmacher study may be found at http://www.guttmacher.org/pubs/JAH_Lindberg.pdf?sid=ST2008051901235.

MAY NEWS ALERTS

The following information appeared during the month of May in the News Alerts Section of the website of the Center for Health and Health Care in Schools, at www.healthinschools.org

May 27, 2008

Senate Votes to Block Medicaid Changes

The U.S. Senate voted Thursday, May 22, to postpone new rules formulated by the Bush Administration that would have cut \$13 billion over the next five years from Medicaid payments to the states. The bill passed by a 75-22 voice vote, enough to override a promised veto. A majority of Republicans broke ranks to vote for the measure, which was included in the Iraq and Afghanistan war spending bill. The changes in the rules would have taken effect this year, but the moratorium pushes them back into April 2009, when a new administration would be in the White House. Meanwhile, on May 21, the House had shown its support for a moratorium by passing stand-alone legislation (H.R. 5613) with similar provisions by a veto-proof majority, as well as including the provisions in its war-spending bill. Differences between the Senate and House versions of the war bill could delay final passage for months. The administration said the new rules would eliminate payments it doesn't think appropriate for Medicaid, but the changes are opposed by governors of all 50 states, which would have to pick up the financial burden.

The Houses' stand-alone legislation may be found at <http://thomas.loc.gov>. Enter H.R. 5613 under Bill Search.

May 22, 2008

Teenage Girls Who Exercise May Get Protection from Premenopausal Breast Cancer

Women have long been advised that exercise lowers the risk of

premenopausal breast cancer. A study published by the Journal of the National Cancer Institute has found that starting exercise as young as 12-years-old provides some protection for later in life. The study tracked 64,777 nurses in the Nurses' Health Study II, asking about their leisure-time physical activities from age 12 to the present. During the six years of the study, 550 of them developed breast cancer. "The women who regularly engaged in high amounts of physical activity during adolescence and early adulthood had a lower risk of premenopausal breast cancer than women who engaged in less activity," the study found. The physically active women were 23 percent less likely to develop cancer, and the biggest impact was regular exercise from ages 12 to 22. Women who exercised vigorously (for example running for three hours and 15 minutes per week or who walked for 13 hours) had the lowest risk. The study may be found at: <http://jnci.oxford-journals.org/cgi/content/abstract/100/10/728>.

May 20, 2008

Senate Subcommittee Hears Plans to Aid Children With Food Allergies

The U.S. Senate Subcommittee on Children and Families held hearings May 14 on ways to protect children with food allergies. An estimated 12 million Americans--2.2 million of them school-age children--have food allergies, some of them potentially fatal. Anthony S. Fauci, director of the National Institute of Allergy and Infectious Diseases (NIAID) at the National Institutes of Health, said research funding for food allergies has increased from \$1.2 million in fiscal year 2003 to \$13.4 million in 2008. NIAID-supported research includes basic and preclinical research on the immune mechanisms involved, research to understand the epidemiology and genetics of the allergies, and clinical studies to treat and prevent them, he said. The Food Allergy & Anaphylaxis Network (FAAN) unveiled a five-step program to improve the lives of those with allergies, including guidelines for schools. Dr. Hugh Simpson, president of the American Academy of Allergy, Asthma and Immunology, told the senators his organization supported FAAN's initiative.

The initiative can be found at http://www.foodallergy.org/medial_press_releases/FAAN_Unveils_Five_Steps.pdf and the Senate subcommittee's page on the hearings is at http://help.senate.gov/Hearings/2008_05_14/2008_05_14.html.

May 13, 2008

States are Backing Away from Abstinence-Only Programs and are Looking for Alternatives

Health and government officials are working to end abstinence-only programs and seeking to expand other types of sexual education initiatives in the face of mounting evidence the programs do not work, according to a Medical News and Perspectives article in the May 7, 2008 issue of the Journal of the American Medical Association. Many states now refuse to take funding for

the programs because of restrictions that come with the money, according to the article. “By 2005, there were more than 800 programs funded with over \$1.5 billion,” said John Santelli of the Columbia University Mailman School of Public Health, “and increasingly professionals, parents, policy makers, and adolescents have been raising concerns.” The concerns have led to pressure to revamp sex education programs, he said. Abstinence only--the requirement that schools teach that abstinence from sex is the only way to avoid pregnancies, sexually transmitted infections and other health problems--began in 1982 and became a major factor in sex education in 1996, part of the conservative movement’s social issues program. President Bush’s 2009 budget, which cuts funding for HIV/AIDS and sexually transmitted disease (STD) prevention functions, allocates \$204 million to abstinence-only initiatives. Much of the money goes to the Community-Based Abstinence Education Program aimed at adolescents. Recipients must agree not to take other funding--even non-federal--for more extensive programs. Multiple studies, particularly one by Mathematica Policy Research Inc., a non-partisan group, concluded the programs have “no measurable impact on initiation rates, ages of first intercourse, or numbers of partners, no impact on pregnancies, births or STDs.” A 2004 Congressional review also charged the programs were replete with scientific inaccuracies. Seventeen states now have declined to apply for the funds, and more than 20 insist on greater scientific rigor in the programs they do employ.

The *JAMA* article may be found by subscribers at <http://jama.ama-assn.org/cgi/content/full/299/17/2013>. The Mathematica study mentioned in the article is at <http://aspe.hhs.gov/hsp/abstinence07/report.pdf>.

May 2, 2008

Almost 70 Measles Cases Reported in U.S. Since January

Measles, the once-common childhood disease declared eliminated in the U.S. in 2000, has made a comeback. According to the Centers for Disease Control and Prevention (CDC), from January 1 through April 25 of this year, 64 confirmed cases of the highly contagious disease have been reported, the highest number since 2001. The outbreaks are still ongoing in Arizona, New York, Michigan and Wisconsin. CDC said 10 of the patients acquired the disease abroad and the others caught measles from one of them. Only one of the patients had been inoculated; 14 were too young for vaccination. Many of the rest of the children were not vaccinated because their parents objected, the CDC reported. The disease still is common worldwide and in 2005, 311,000 children under the age of 5 died from measles. Symptoms include rash, high fever, coughing and runny nose. Complications include ear infections, pneumonia, encephalitis and even death. CDC said the case “remind us that it is important to vaccinate children and adults to protect them against measles.”

The CDC study may be found at <http://www.cdc.gov/Features/MeaslesUpdate/>.

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