

The Case for Improving Adolescent Health:

Helping prepare adolescents for a healthy future



A report from the National Foundation for Infectious Diseases and Pfizer Inc.

Insights from Health Professionals Informed this Document

In December 2012, the National Foundation for Infectious Diseases (NFID), in collaboration with and with support from Pfizer Inc., convened a roundtable of independent experts to discuss the health of our nation's adolescents and conducted a series of one-on-one interviews with healthcare professionals. Insights from these experts helped to shape the information contained in this report. See pages 11-12 for a complete list of professionals who attended the roundtable or were interviewed for this paper.

Call to Action: Adolescent Health Needs to be a Higher Priority

Focusing on healthcare for the adolescent has the potential to pay long-term dividends. Unfortunately, little attention has been given to improving primary care to address adolescents' physical, behavioral, and sexual health needs.¹ Adolescents who do not receive annual wellness visits may be left unnecessarily exposed to both short- and long-term health risks, such as unintentional injuries and chronic diseases caused by obesity or smoking.^{2,3} Increasing annual visits may help protect adolescents and lead to reduced risk behaviors and better management of chronic diseases.²

The cost of missed opportunities to intervene in adolescents' health is great, not only on adolescent health, but also on our healthcare system. As an indicator of the under-representation of adolescent health in our national consciousness, only a small percentage of the millions spent in recent years on improving patient-centered primary care programs has been aimed at adolescents, according to The National Alliance to Advance Adolescent Health.^{1,4} Additionally, while our calendar includes more than 60 national health observances (e.g., American Heart Month, Men's Health Week, Celiac Disease Awareness Day), there is a paucity of days, weeks, or months reserved for adolescent health.⁵

Increasing awareness of adolescents' health needs would be a good first step toward having a positive impact on health behaviors at an early age. Good health habits instilled during adolescence may last a lifetime.⁶ Healthcare professionals can play a key role in helping adolescents make better health choices, but unfortunately many adolescents do not get annual healthcare visits.^{7, 8, 9, 10}

"This age range presents so many different challenges; it's not just about illness, it's also about wellness and psychosocial well-being. We want to make sure that we equip our adolescents to grow into happy, healthy adults."

Susan Tibbitts, Executive Director, Society for Adolescent Health and Medicine

A lack of connection between adolescents and the healthcare system is particularly troubling considering the wide range of health problems adolescents face:

- Based on 2009-2010 data from a representative population sample, nearly one-third of US children and adolescents (ages 2 to 19 years) are overweight, and about 17 percent are obese¹¹
- Within a probability sample study including 3,383 participants ages 12 to 19 years, there was a more than a two-fold increase in diabetes and pre-diabetes in adolescents from 1999 (9 percent) to 2008 (23 percent)¹²
- Many adolescents are not getting vaccinated as recommended,¹³ leaving them potentially vulnerable to vaccine-preventable diseases such as meningitis, whooping cough, and influenza, and infection with HPV
- According to 2009 data from The National Survey on Drug Use and Health, an estimated two million American adolescents may suffer from depression¹⁴
- Within a probability sample study including 3,383 participants ages 12 to 19 years, more than one-third of normal-weight adolescents had at least one risk factor for heart disease during the period 1999-2008; the rates were even higher for overweight and obese adolescents¹²

An annual preventive care visit or checkup provides an important moment and venue for proactive health guidance and intervention for adolescents. The American Medical Association, American Academy of Pediatrics, American Academy of Family Physicians, and the Society for Adolescent Health and Medicine all recommend annual wellness visits for adolescents as an essential part of good preventive care.^{15, 16, 17, 18}

Additionally, the US Department of Health and Human Services' Healthy People 2020 identifies nationwide health improvement priorities, such as increasing the proportion of adolescents who have had a wellness checkup in the past 12 months, to promote healthy behaviors across all life stages.¹⁹

“We set up the acute-care mentality beginning with adolescents, and if you want to fix the system you have to attack it in adolescence. We’ve got this great pediatric model, where the parents get them in to get their shots and their well care, and then at 13 it falls apart.”

*Dr. Litjen (L.J.) Tan, Chief Strategy Officer,
Immunization Action Coalition*

Even though annual checkups are widely recommended, as many as 25 percent to 30 percent of US adolescents do not get them.^{7, 8, 9, 10} Participation in an annual checkup can help young people learn to manage health problems for a lifetime. Of note, medical costs for overweight adolescents have been figured to be approximately \$14 billion per year.²⁰ The estimated average annual medical expenditure for a child or adolescent with diabetes is about \$9,000 per year, while the estimated spend for a child or adolescent without diabetes is only about \$1,500.²¹ About \$4 billion a year is spent to manage conditions related to HPV infections in the United States, second only to HIV in terms of costs associated with sexually transmitted infections.²²

Some risk factors for these conditions (e.g., unhealthy diets, lack of exercise, unsafe sex) and many others can be modified. Annual checkups can play a critical role and are a logical forum for addressing these adolescent health issues, and surveyed healthcare professionals say that teens are twice as likely to ask about important health topics like these during annual checkups compared to other types of visits (e.g., sick visits).²³

Teen Health Survey Explores Attitudes, Barriers to Adolescent Checkups

A teen health survey conducted by NFID, in collaboration with and with support from Pfizer Inc., confirms that there are reasons to believe annual checkups can and should become the norm (see sidebar on page four for more about the survey).

Virtually all teens surveyed (96 percent) said it is important to be in good physical health,²⁴ and when they need health information, one of their most trusted sources is a healthcare provider.²⁵ Physicians, however, may not appreciate their value to teens—for example, many of those surveyed thought teens trusted their friends most for health information,²⁶ when in fact, only 1 percent of teens surveyed said they trusted their friends the most for health information.²⁵

“One of the things that I think we’re all trying to do in adolescent health is begin to reach out to parents, to advise them, as well as their adolescent, what a health roadmap should be, and the first place to start is in your doctor’s office.”

*Dr. Vaughn I. Rickert, Donald P. Orr Chair in Adolescent
Medicine, Indiana University School of Medicine,
Department of Pediatrics*

Parents are also not always in step with adolescents. More than six out of 10 teens surveyed²⁷ say they worry a lot or a great deal about staying healthy, but only three out of 10 parents²⁸ thought their teens worry about it.

Unfortunately, the value adolescents place on their health and positive feelings they have towards getting health information from physicians may not always translate into regular annual checkups during adolescence. More than one-third of teen responders (34 percent) reported that they did not get an annual checkup due to scheduling; one in four teen responders reported that the need for an annual checkup was unclear.²⁹ Specific reasons selected for not getting an annual checkup ranged from the perception that they only need to see a doctor when they are sick or injured, or they do not need an annual checkup at their age, to being too busy, not being able to miss school/work, or having a parent that can’t miss work.

Adolescent Health Snapshot: Chronic Diseases, Risky Behaviors, Mental Health Issues, and Missed Opportunities for Immunization

“Essentially, all of the ‘health-damaging behaviors’ that last well into adulthood and contribute to most of the morbidity and mortality not only during adolescence but during young adulthood and adulthood have their onset during the second decade.”

Dr. Charles E. Irwin, Jr, Director of the Division of Adolescent and Young Adult Medicine, UCSF Benioff Children’s Hospital, University of California, San Francisco

Chronic Diseases

Some behavioral, lifestyle, and other choices made during adolescence can have long-term health risks and may lead to development of chronic diseases.^{2,6} Although it may not be surprising that adolescents make some poor health choices, there is also evidence to suggest that they place a relatively high degree of importance on their health,^{27,30} and it is reasonable to suggest that given the right guidance and resources at the right time, including counseling and intervention provided during an annual checkup, they can be guided toward healthier choices and actions. However, the current statistics on adolescent, and ultimately adult, health trends can be startling.

For example, in the 2009-2010 National Health and Nutrition Examination Survey (NHANES), more than 18 percent of US adolescents ages 12 to 19 years were found to be **obese**,¹¹ and research shows that obese children often become obese adults. Obese adults are then at greater risk for arthritis, sleep apnea, social stigmatization, and discrimination.^{31, 32, 33}

Obesity is also associated with the development of type 2 **diabetes**,³⁴ the most common type of diabetes in adults. So it is not surprising that pre-diabetes and diabetes rates have climbed in adolescents in the past decade.

About the Perceptions About Teen Health Survey

To better understand perceptions about teen health, the National Foundation for Infectious Diseases (NFID), in collaboration with and with support from Pfizer Inc., conducted a national survey, fielded by Harris Interactive, of more than 2,000 parents of teens, teens, and healthcare professionals. Harris Interactive conducted an online survey of 504 teens ages 13 to 17 years, 500 parents of teens ages 13 to 17 years, and 1,325 healthcare professionals, including pediatricians and primary care physicians (n=510) and nurse practitioners, physician assistants, registered nurses, and licensed practical nurses (n=815) in the United States. All respondents were sampled from the online panels maintained by Harris Interactive and its partners, invited by e-mail to be screened, and if qualified, participate in an online self-administered survey. Data were collected between December 27, 2012 and January 23, 2013. Data for all three surveys (teen survey, parent survey, and healthcare professional survey) were weighted.

If poor eating habits, weight management, and lack of exercise are not addressed during adolescence, diabetes rates may continue to climb, along with other cardiovascular disease (CVD) risk factors, as these adolescents become adults.¹² More than 25 million US adults over the age of 20 already have diabetes, according to data from the 2011 National Diabetes Fact Sheet.³⁴

Diabetes causes more cases of kidney failure and blindness in adults than any other disease and increases the risk of stroke, heart disease, and other serious complications. Currently, 20 percent of every US healthcare dollar is spent on care for people who have diagnosed diabetes.³⁵

Atherosclerosis, a process that underlies a majority of CVD, can begin as early as childhood. Based on data from a 1999-2008 cross-sectional NHANES survey, nearly four in 10 (37 percent) normal-weight adolescents have at least one of the following cardiovascular risk factors: pre-hypertension/hypertension, borderline or high LDL, low HDL, or pre-diabetes/diabetes. At least one of these risk factors is even more present in overweight (49 percent) and obese (61 percent) adolescents.¹²

Though we often do not see the effects of atherosclerosis—such as heart disease—until at least middle age, a study of soldiers who died of combat or unintentional injuries between 2001 and 2011 reported that the process leading to these heart attacks can be underway even at a young age. Autopsies in more than 3,000 service members ages 18 to 59 years showed an overall prevalence of coronary atherosclerosis of 8.5 percent; the average age of those affected was approximately 30 years.³⁷

The personal price in terms of health is not the only issue—bad health may also be expensive for society. By the time today's adolescents reach mid-

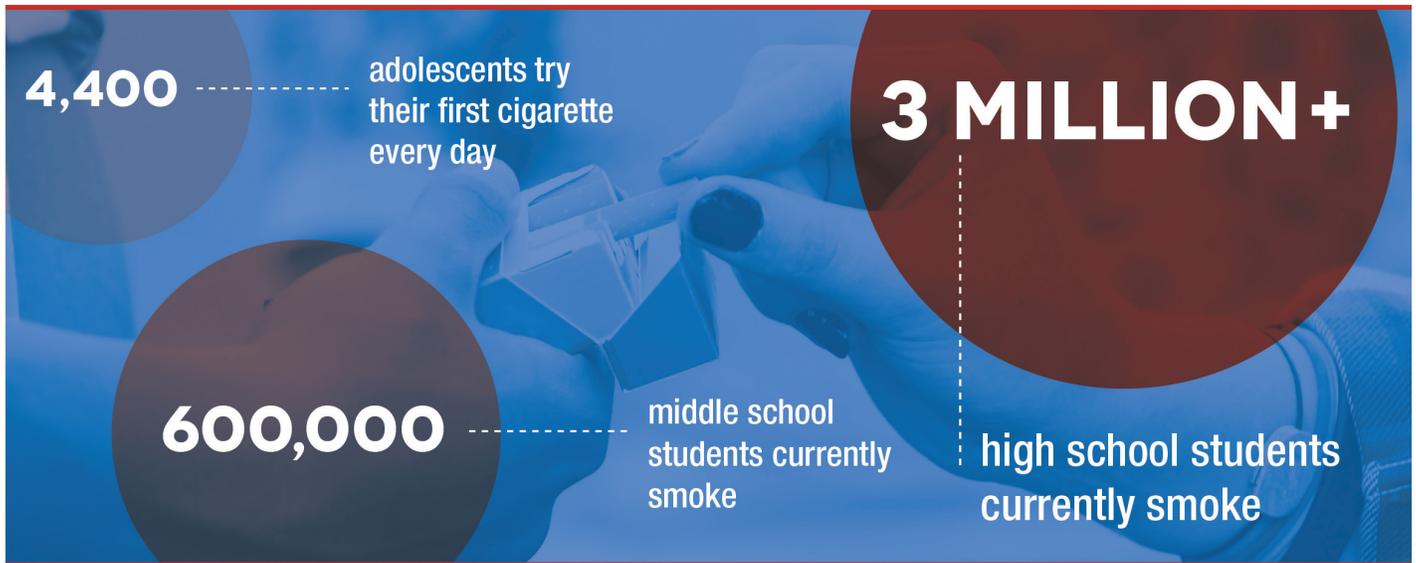
dle age, the economic burden caused by current rates of overweight adolescents has been simulated to reach \$254 billion in direct medical costs and lost wages due to death or lost work time.³⁸

Risky Behaviors

Another important reason for annual checkups is the opportunity to address high-risk behaviors. In a 1997 nationally representative sample survey of adolescent boys and girls, about 75 percent of adolescents reported at least one identified health risk, ranging from abuse to alcohol and drug use, bingeing and purging, lack of exercise, and high stress.³⁹ And behaviors established during adolescence may contribute to death, disability, and social problems. These include alcohol and drug use, smoking, unhealthy diets, inadequate physical activity, and sexual behaviors that contribute to unintended pregnancy and sexually transmitted infections.⁴⁰

We all know the surgeon general “has determined that smoking is hazardous to your health.”⁴⁴ Seven in 10 adults who have ever smoked started by age 18,⁴⁵ so it is easy to see why this is a habit that needs to be addressed during adolescence. Cigarette smoking in young people can lead to nicotine addiction, reduced lung function and growth, asthma, and early cardiovascular damage.⁴⁴ According to 2001 data collected by the US Department of Health and Human Services, more than 1.5 million US adolescents begin to smoke every year, with

Figure 1



thousands trying their first cigarette every day (Figure 1).⁴⁶

Adolescent pregnancy and childbirth cost US taxpayers an estimated \$9 billion a year in direct and indirect costs. There were more than 400,000 babies born to adolescents in 2009. Only about 50 percent of these adolescent mothers will receive their high school diploma by age 22.⁴⁷

Adolescents and young adults ages 15 to 24 account for an estimated 10 million new **sexually transmitted infections** (STIs) every year.⁴⁸ Data from the 2003-2004 NHANES survey found that among girls 14 to 19 years of age, approximately one in four had evidence of an STI; STI acquisition was soon after sexual initiation and among adolescents with few lifetime sex partners.⁴⁹ This underscores the importance of having discussions about safe sex practices and vaccinating adolescents before they become sexually active.

Vaccine-Preventable Diseases

Vaccines administered during the adolescent years can be an important determinant of future health. Four vaccines are routinely recommended in adolescence by the CDC's Advisory Committee on Immunization Practices (ACIP). Meningococcal vaccine helps protect against a leading cause of bacterial **meningitis**. HPV vaccine helps protect

against infection by a virus that is a major cause of cervical and other cancers, as well as genital warts. Tdap vaccine boosts immunity from childhood vaccines against **whooping cough, tetanus, and diphtheria**. In addition, ACIP recommends that all adolescents be immunized against **influenza** (flu) annually.⁵⁰

Although vaccination, especially flu vaccine, is becoming more commonplace outside of health-care professional offices, the annual checkup is an excellent opportunity for adolescents to get all needed vaccines in one place, at one time, as appropriate. Physicians surveyed in the Perceptions About Teen Health survey report that teens are more than twice as likely to ask about vaccines during an annual checkup than at other types of health visits.²³

Having an opportunity to talk to a physician or other healthcare professional about vaccines is also key. Fewer than half of parents surveyed (46 percent)⁵¹ and only one in four teens surveyed (25 percent)⁵² said they were aware of all the recommended vaccines for teens. Moreover, four in 10 teens surveyed⁵³ and just over three in 10 parents surveyed⁵⁴ believe that vaccines are not as important for teens as for babies. However, school-aged children have the highest flu infection rates;⁵⁵ adolescents 16 to 21 years of age, along

with infants less than 1 year, have higher rates of meningococcal disease than other age groups;⁵⁶ and HPV prevalence is estimated to be as high as 64 percent in adolescent girls.²²

Mental Health

According to Healthy People 2020 statistics, as of 2010, one in five children in the United States had a mental health disorder, with **ADHD** being the most common.⁵⁷ More than half a million adolescents have an **eating disorder**,⁵⁸ and in 2009, nearly two million US adolescents reported a **major depressive episode** during the previous year.¹⁴

At school, a child with depression can have difficulty concentrating, following directions, or completing assignments. The ability to plan, organize, and concentrate can all be impaired, which can have a negative effect on academic performance. A depressed child or adolescent might withdraw, become socially isolated, or have more fights.⁵⁹

Mood disorders, such as depression, can be very costly to society. In 2006, inpatient hospitalization costs for children and adolescents 10 to 17 years of age with mood disorders, such as depression, were approximately \$903 million.⁶⁰

In the Perceptions About Teen Health survey, the majority of teens⁶¹ and parents⁶² agreed that good physical health and emotional well-being are tightly interrelated. Unfortunately, 30 percent of parents surveyed⁶³ and 40 percent of teens surveyed said they never discuss mental health with one another.⁶⁴

Physical and Mental Health Can Affect Academic Performance

Primary care interventions can lead to reduced health-risk behaviors in adolescents, the benefits of which can extend beyond health, such as increased opportunity for educational success.¹ Health-risk behaviors, such as early sexual initiation, have been linked to lower educational aspiration and attainment in adolescents.⁶⁵ Physical activity has been shown to have cognitive functioning benefits that may result in academic achievement.⁶⁶

A large majority of physicians (85 percent),⁶⁷ teens (83 percent),⁶⁸ and parents (89 percent)⁶⁹ surveyed agree that getting good grades in school is impor-

tant or very important to a teen's emotional well-being.

While parents, school professionals, and others can have an impact on one or more of the many issues discussed here, healthcare professionals are in an excellent position to help address all of them. They can counsel adolescents on changing habits and behaviors that lead to certain health problems and treat problems that already exist.

Millions of US Adolescents May Be Missing Out on Annual Checkups, and the Opportunity to be Screened for Potential Health Risks^{70, 71}

By the optimistic estimates of one report, one in three adolescents misses his or her annual check-up.⁷ However, in other estimates, the rate jumps to more than six in 10.⁷²

The US Department of Health and Human Services Healthy People program, which sets healthcare goals for the nation, reports that 26 percent to 32 percent of adolescents do not get an annual check-up.⁷ Another report assessing 2000-2004 data, sponsored by the Agency for Healthcare Research and Quality, reports that 62 percent of adolescents did not have a preventive care visit in the previous 12 months. Adolescents in low-income homes or without insurance were even less likely to have a checkup.⁷²

"We'd like to think that every adolescent gets a well visit every year, but I don't think that actually happens. It's up to us as healthcare providers to encourage that to occur."

Dr. Carol J. Baker, Professor of Pediatrics, Baylor College of Medicine

In the Perceptions About Teen Health survey, 67 percent of teens surveyed⁹ and 79 percent of parents surveyed⁸ said there was an annual checkup within the last year, but physicians said that just 49 percent of their teen patients come in for an annual checkup.¹⁰ By any estimate, many adolescents are missing the annual comprehensive examination called for by health experts.

Value of Adolescent Checkups Affirmed by Health Authorities

Adolescent checkups should be the foundation of adolescent health. Preventive healthcare checkups provide an opportunity because they include a thoughtful mix of examination, tests, and discussion among the healthcare professional, the adolescent, and his or her parents¹⁶ (Table 1). According to the American Academy of Pediatrics, among the many topics to be addressed at annual checkups are physical growth and development, social and academic competence, emotional well-being, risk reduction, and violence and injury prevention.¹⁶ The American Medical Association recognizes that “annual [adolescent] visits offer an opportunity to reinforce health promotion for both adolescents and their parents.”¹⁵

Table 1. Comprehensive Elements of a Preventive Care Adolescent Checkup⁷³ (American Academy of Pediatrics, 2008)

History

Physical examination (e.g., height, weight, body mass index, blood pressure) and vision and hearing screenings, as appropriate for age

Developmental and behavioral assessments (e.g., psychosocial and behavioral assessment, alcohol, and drug use)

Vaccination per AAP Committee on Infectious Disease annual schedule

Blood tests, if healthcare provider deems appropriate (e.g., checking cholesterol, hematocrit/hemoglobin)

Screening for sexually transmitted infections and cervical dysplasia, if healthcare provider deems appropriate

Time for healthcare professionals to provide guidance, and adolescents or their parents to ask questions and discuss areas of concern

Dr. Charles E. Irwin, Jr, Director of the Division of Adolescent and Young Adult Medicine at the UCSF Benoiff Children’s Hospital at the University of California, San Francisco said an emphasis on patient-healthcare provider communications should be established early on.

“I actually think the seeds of this relationship are planted long before adolescence. Pediatricians often act as the doctor of the parent, not the doctor of the child.”

To address this, Dr. Irwin suggests,

“When young people hit—whether it be 10, 11, 12, 13—there has to be a discussion with the parents on how clinical practice is going to change.”

The Society for Adolescent Health and Medicine (SAHM) stresses the importance of the confidential aspect of adolescent checkups. SAHM advocates that, beginning in early adolescence, at least a portion of every visit be alone with the patient. This private time can help to encourage adolescents to share complete and honest information with their healthcare providers.⁷⁴

As noted by CDC Associate Director for Science, Immunization Services Division, National Center for Immunization and Respiratory Diseases, Shannon Stokley,

“Educating adolescents directly has been a lower priority because parents still need to give their consent for the treatment of minors. But the reality is that it makes good sense to provide adolescents with that educational foundation, because at some point they’ll become adults and will one day make these decisions.”

While teens (96 percent),²⁷ parents (94 percent),⁷⁵ and physicians (97 percent)⁷⁶ surveyed all agreed that teens should have a say in their own health, 61 percent of parents still wanted to be in the exam room during the entire checkup.⁷⁷ Nonetheless, most physicians surveyed (84 percent) said having a parent in the room can restrict the conversation.⁷⁶

Teen Health Survey Identifies Additional Barriers to Annual Checkups

While teens, parents, and healthcare professionals seem to recognize how important it is for teens to be healthy, each group holds certain misconceptions that are barriers to the regular primary and preventive care services that are essential to adolescent health.

In simplest terms, teens and their parents surveyed did not value the annual checkup enough to prioritize it every year. Changing this perception is an important objective if preventive health for teens is to be improved (Table 2). Based on the Perceptions About Teen Health survey, a majority of teens believe that if they feel healthy, there is no need to see their doctor, and their busy lives and academic obligations take priority over a healthcare visit.²⁸

One in four parents surveyed (25 percent)⁷⁸ said that teens' lifestyle choices will not affect their future health, and one in five teens surveyed (20 percent)²⁴ agreed. In this case, teens knew better than their parents, but not by much. Too many chronic illnesses have their roots in adolescence to let this perception go unchallenged. Healthcare professionals surveyed agreed with many reasons why annual checkups are important for teens (Table 2).

Table 2. Reasons Cited by HCPs Surveyed in the Perceptions About Teen Health Survey for Teens to Get Annual Checkups⁷⁹

Increasing obesity rates
Increasing awareness of diseases affecting teens
Vaccinating teens
Managing chronic diseases that are becoming more common in teens
Educating and providing resources to prevent teen pregnancy
Identifying teens who smoke or use alcohol; providing counseling and resources
Stress levels
Providing an opportunity for teens to talk about serious problems

Healthcare System Barriers Also Need to be Addressed

Motivating adolescents, parents, and healthcare professionals to prioritize adolescent health, including annual checkups, is key, but only part of the solution. Our healthcare system also includes barriers to optimal primary care of adolescents that must be addressed (Table 3).

Table 3. Recognized and Potential Barriers to Delivery of Primary Care Services to Adolescents

Healthcare professional time constraints ⁸⁰
Inadequate reimbursement ⁸⁰
Insufficient training and education ⁸⁰
Lack of information about how to access treatment resources ⁸⁰
Lack of dissemination of research that supports positive treatment outcomes and negative effects of failure to intervene ⁸⁰
Maintenance of relationships between pediatricians with families and community institutions, such as schools or child care providers ²
Lack of infrastructure for delivering care, as well as the tools, strategies, and commitment to offer adolescent services ¹⁸
Adolescent-unique communications challenges, e.g., adolescents prefer technology-based communication, which is a challenge for the healthcare system because it is not widely adopted and has privacy concerns ⁸¹

National Association of School Psychologists Director of Professional Development and Standards, Dr. Eric Rossen, added, "There are many individuals who influence an adolescent's life. It would be fruitful to band together as a community of professionals—teachers, school psychologists, coaches, community leaders, physicians, and others—to discuss appropriate and effective ways to work with adolescents to improve their physical and mental health. We would all benefit from improved collaboration among an adolescent's primary healthcare provider, family, and the other professionals who support that adolescent's health."

Support from a variety of stakeholders will be needed to remove these barriers. For example, insurers should continue to adopt plans and reimbursement models that support delivery of primary care services. Medical societies should consider devoting more resources to training focused on best practices for counseling adolescents about issues including smoking cessation and the effects of alcohol and poor nutrition.

Streamlining our healthcare system and medical record management systems are broad-based issues that cut across all patient ages. Electronic and portable medical records have become essential in today's society. Adolescents also may change providers as a normal part of the maturing process, moving from pediatricians to internists or family physicians, and for girls, to gynecologists. It is imperative that their medical records can move with them.

While commitment from a range of stakeholders is needed, a key first step is to secure the demand for regular checkups from adolescents, their parents, and their healthcare providers. With this demand in place, other stakeholders will have an impetus to act.

"School nurses see various health issues with adolescents in school every day. So, for the high school nurse, adolescent health is critically important, and knowing that adolescents tend to not see their healthcare provider on an annual basis, the high school nurse has an opportunity of delivering strong messages on the importance of them taking over responsibility for their health."

Nichole Bobo, Director of Nursing Education, National Association of School Nurses

Call to Action: Adolescent Health Stakeholders Need to Step Up for Checkups

The current health of US adolescents, and the evidence on how it will affect their futures, points to the need to improve adolescent healthcare. Placing greater emphasis on annual adolescent checkups would represent an immediate major step forward.

All groups concerned about the well-being of adolescents should consider what they can do to help in this effort. This includes medical societies, community organizations, professionals with regular contact with adolescents (e.g., teachers, school nurses, coaches, clergy), and of course, parents, other adult family members, and healthcare professionals.

"[High school coaches] don't know the proper message to send. And I really think there's a lack of resources for them to point to. And they do have this impact on the kids, and sometimes they spend more time with adolescents individually than their parents do. So they have this opportunity, but they don't know themselves there's an education gap between 'what I know as a coach' and how to pass on the proper information about nutrition or about sleep."

Bobby Ferraro, Executive Director, National High School Coaches Association

It is important to develop programs that have a measurable impact on adolescent health. While making broad, sweeping changes is optimal, instituting incremental changes focused on smaller advances is more realistic and can also drive change. As a nation, we must band together to:

- Change the attitudes of adolescents and their parents to encourage them to prioritize preventive health and annual checkups
- Emphasize the importance of better communication around and during the annual checkup
- Emphasize the need for adolescents to take a greater role in managing their own health
- Identify opportunities to engage others in supporting better adolescent health

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