

Citations for TAG Website Sections

After School Section

About four out of five adolescents ages 12 to 17 reported participating in at least one after-school activity in a recent survey.¹

¹ The Child and Adolescent Health Measurement Initiative. (2012). *National Survey of Children's Health 2011/12*. Retrieved July 22, 2013, from <http://childhealthdata.org/browse/survey?q=2456&r=1>

After School and Community Programs: Making a Difference

After school, summertime, and community programs support multiple aspects of adolescent health and healthy development, including physical health, cognitive development, and socio-emotional health.

Professionals from these groups are encouraged to take action on one or more of the roles and responsibilities identified below that can promote adolescent health.

Benefits of after-school, summertime or community programs

- During after school activities, children develop social skills, improve academic performance, and establish strong relationships with adults.¹
- Participation in club activities is linked to higher academic performance and self-esteem,² and participation in sports is linked to higher social competence.²⁻⁴
- Sports participation is also linked with better health and lower likelihood of obesity.^{5,6}
- After school and community programs provide youth with safe, enriching environments to grow and develop skills outside of school and can provide youth with a sense of accomplishment.
- They can also provide a safe space for adolescents to congregate.
- Peer-to-peer relationships formed during these out-of-school time settings are as critical to adolescents' overall health and well-being as the presence of supportive adults and information and resources.

¹ Gartland, D., Bond, L., Olsson, C. A., Buzwell, S., & Sawyer, S. M. (2011). "Development of a multi-dimensional measure of resilience in adolescents: The Adolescent Resilience Questionnaire." *BMC Medical Research Methodology*, 11. Retrieved July 29, 2013, from <http://www.biomedcentral.com/1471-2288/11/134/>

² Fletcher, A. C., Nickerson, P., & Wright, K. L. (2003). "Structured leisure activities in middle childhood: links to well-being." *Journal of Community Psychology*, 31(6), 641-659.

³ Schaefer, D. R., Simpkins, S. D., Vest, A. E., & Price, C. D. (2011). "The contribution of extracurricular activities to adolescent friendships: New insights through social network analysis." *Developmental Psychology*, 47(4), 1141-1152. Retrieved July 19, 2013, from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3134619/pdf/nihms-294155.pdf>

⁴ Kort-Butler, L. A., & Hagemen, K. J. (2011). School-based extracurricular activity involvement and adolescent self-esteem: A growth-curve analysis. *Journal of Youth & Adolescence*, 40, 568-

581. Retrieved July 19, 2013, from

http://digitalcommons.unl.edu/cgi/viewcontent.cgi?article=1197&context=sociologyfacpub&ei-redir=1&referer=http%3A%2F%2Fscholar.google.com%2Fscholar%3Fq%3Dclub%2Bparticipation%2Bself%2Besteem%2Bacademic%26btnG%3D%26hl%3Den%26as_sdt%3D0%252C21%26as_ylo%3D2009%26as_vis%3D1#search=%22club%20participation%20self%20esteem%20academic%22

⁵ American Academy of Pediatrics—Committee on Nutrition. (2003). Prevention of Pediatric Overweight and Obesity. *112*(2), 424-430. Available at:
<http://pediatrics.aappublications.org/content/112/2/424.abstract>

⁶ Drake, K. M., Beach, M. L., Longacre, M. R., MacKenzie, T., Titus, L. j., Rundle, A. G., et al. (2012). "Influence of sports, physical education, and active commuting to school on adolescent weight status." *Pediatrics*, *130*(2), e296-e304. Retrieved July 19, 2013, from
<http://pediatrics.aappublications.org/content/130/2/e296.abstract>

Education Section

Support social and emotional development. Provide all school staff with training on the rapid and profound social and emotional development of adolescents. Teach students how to develop and maintain healthy relationships with both peers and adults, which will help minimize bullying and other harmful interactions. Establish procedures that encourage safe reports of bullying and ensure policies are in place to handle these issues. Teach conflict-resolution and anger management skills, which helps mitigate behavioral challenges and manage classrooms in positive ways.¹

Be a resource on health to students and their families. Inform students of health resources available through the school. Encourage parent involvement and promote regular communication between school and home. Share information with families through newsletters, emails, school website, and parent meetings on normal developmental milestones for adolescents, how to encourage healthy behaviors, and how to help their children avoid risky behaviors.

Implement annual health and safety assessments and coordinate with community efforts. Conduct annual assessments to identify strengths and weaknesses of health and safety policies. Develop an improvement plan and collaborate with teachers, parents, students, public health agencies, and the community to promote health-enhancing behaviors that mitigate risk and maximize protective factors.²

Ensure schools are environmentally-healthy settings for learning.³ Regularly monitor the school's environmental health to ensure it is free from toxins and other potential hazards, that it is clean, and that the building and classrooms are safe and in good repair. Provide clean and safe water for drinking and washing, minimize unnecessary noise, and be certain indoor and outdoor areas are well-lit. Test air quality for carbon dioxide and dampness and use green cleaning products.

¹ Terzian, M.; Hamilton, K.; Ling, T. (2011). *What Works for Acting-Out (Externalizing) Behavior: Lessons from Experimental Evaluations of Social Interactions*. Child Trends. Available at:
<http://www.childtrends.org/wp-content/uploads/2013/01/Externalizing-Behavior.docx>

² Centers for Disease Control and Prevention. *School Health Index: A Self-Assessment and Planning Guide*. Middle school/high school version. Atlanta, Georgia. 2012. Available at: <http://www.cdc.gov/healthyyouth/shi/>

³ Coalition for Healthier Schools. (2013). *Towards Healthy Schools 2015: Progress on America's Environmental Health Crisis for Children*. Available at: <http://www.healthyschools.org/HealthySchools2015.pdf>

[QUOTE BOX]

“Healthy, active, and well-nourished children are more likely to attend school, be engaged, and be ready to learn.”¹ –Health in Mind Report

¹ Healthy Schools Campaign, & Health, T. f. A. s. (2012). *Health in Mind: Executive summary*. Retrieved July 22, 2013, from http://healthyamericans.org/assets/files/Health_in_Mind_Exec_Summary_Recs.pdf

Faith-based Community Section

In 2012, 42 percent of 8th graders and 28 percent of 12th graders in the US attended a religious ceremony at least once a week.¹

¹ Child Trends Databank. (2014). *Attendance at religious services*. Available at: <http://www.childtrends.org/?indicators=religious-service-attendance>

Health Care Professionals Section

According to data from the United States Census, about one-third of adolescents may be missing annual checkups that could help keep them healthy.¹

¹ United States Census Bureau. *Medical Expenditure Panel Survey*. Retrieved July 22, 2013, from <http://www.census.gov/econ/overview/mu0900.html>

The Health Care Field: Making a Difference

The majority of American children enter adolescence and continue through in good health, but adolescents benefit from health care tailored to this unique developmental period. Healthcare professionals are encouraged to adopt one or more of the roles below to enhance the delivery of healthcare services to adolescents.

- Preventive healthcare services during adolescence can help protect them into adulthood. Unfortunately less than half of all children and adolescents receive the recommended number of preventive care visits and many do not receive all the screening and counseling services and immunizations recommended for adolescents.¹
- Positive health behaviors, such as exercising regularly and eating nutritious meals, are often established during this period as well.
- The recent trend to establish patient-centered medical homes shows some promise for improving overall quality of patient health and producing better experiences² and should be tested with adolescents.

¹ Starfield, B., L. Shi, J. Macinko. 2005. "Contribution of Primary Care to Health Systems and Health." *Milbank Quarterly*. 83(3): 457–502

² Peikes D, Zutshi A, Genevro J, Smith K, Parchman M, Meyers D. (2012) *Early Evidence on the Patient-Centered Medical Home*. Final Report (Prepared by Mathematica Policy Research, under Contract Nos. HHS290200900019I/HHS29032002T and HHS290200900019I/HHS29032005T). AHRQ Publication No. 12-0020-EF. Rockville, MD: Agency for Healthcare Research and Quality.

Public Health Section

Conduct or provide data for community health assessments. Use assessments to identify and describe adolescent health needs, including measuring and tracking adolescent health outcomes. Assessments of local needs may have been completed in response to grant requirements, community-based initiatives, or by tax-exempt hospitals. Be sure adolescent health needs are included as assessments are conducted or updated. Use and refer to state and local health departments which routinely collect and maintain data and have benchmarks for adolescent health trends. Utilize national objectives such as Healthy People 2020¹ and data on adolescent health that are readily available to inform local assessments and plans.

¹ Office of Adolescent Health, U.S. Department of Health and Human Services. *Healthy People 2020*. Available at: <http://www.hhs.gov/ash/oah/resources-and-publications/healthy-people-2020.html>

Did You Know Promo box

Although adolescents are generally healthy, several public health problems either start or peak during adolescence, including:¹

- Suicide
- Motor vehicle crashes, including those caused by drinking and driving
- Substance use and abuse
- Smoking
- Sexually transmitted infections, including human immunodeficiency virus (HIV)
- Teen and unplanned pregnancies
- Homelessness

¹ Office of Adolescent Health, U.S. Department of Health and Human Services. *Healthy People 2020*. Available at: <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=2>

For Families page

Did You Know? Box

Adolescents with parental oversight, connectedness, communication, and/or support are less likely to engage in risky behaviors than youth without those supports?¹⁻³

¹ Smetana, J. G., Campione-Barr, N., & Metzger, A. (2006). "Adolescent development in interpersonal and societal contexts." *Annual Review of Psychology*, 57, 255-284. Retrieved April 9, 2014, from http://www.researchgate.net/publication/7449567_Adolescent_development_in_interpersonal_and_societal_contexts/file/79e41505b59b6afc39.pdf

² DiClemente, R. J., Wingood, G. M., Crosby, R., Sionean, C., Cobb, B. K., Harrington, K., et al. (2001). "Parental monitoring: Association with adolescents' risk behaviors." *Pediatrics*, 107(6), 1363-1368.

³ Simpson, A. R. (2001). *Raising Teens: A synthesis of research and a foundation for action*. Cambridge, MA: Harvard School of Public Health. Retrieved April 3, 2014, from http://hrweb.mit.edu/worklife/raising-teens/pdfs/raising_teens_report.pdf

Parents, Families and Guardians: Making a Difference

Parents, grandparents, family members, and guardians may not always know the role they should play in promoting the health of the adolescents in their care.

Although parents may sometimes feel irrelevant in the lives of their older children¹⁻³ and shifts in parenting approaches are needed to accommodate adolescents' increasing autonomy, adolescents who report parental oversight, connectedness, communication, and/or support are less likely than adolescents who report not having those resources from their parents to engage in risky behaviors.⁴⁻⁶ Adolescents report that they want to receive advice from their parents.⁷

¹ Schaefer, D. R., Simpkins, S. D., Vest, A. E., & Price, C. D. (2011). "The contribution of extracurricular activities to adolescent friendships: New insights through social network analysis." *Developmental Psychology*, 47(4), 1141-1152. Retrieved July 19, 2013, from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3134619/pdf/nihms-294155.pdf>

² Kort-Butler, L. A., & Hagemen, K. J. (2011). "School-based extracurricular activity involvement and adolescent self-esteem: A growth-curve analysis." *Journal of Youth & Adolescence*, 40, 568-581. Retrieved July 19, 2013, from http://digitalcommons.unl.edu/cgi/viewcontent.cgi?article=1197&context=sociologyfacpub&sei-redir=1&referer=http%3A%2F%2Fscholar.google.com%2Fscholar%3Fq%3Dclub%2Bparticipation%2Bself%2Besteem%2Bacademic%26btnG%3D%26hl%3Den%26as_sdt%3D0%252C21%26as_ylo%3D2009%26as_vis%3D1#search=%22club%20participation%20self%20esteem%20academic%22

³ American Academy of Pediatrics—Committee on Nutrition. (2003). Prevention of Pediatric Overweight and Obesity. *112*(2), 424-430. Available at: <http://pediatrics.aappublications.org/content/112/2/424.abstract>

- ⁴ Smetana, J. G., Campione-Barr, N., & Metzger, A. (2006). "Adolescent development in interpersonal and societal contexts." *Annual Review of Psychology*, 57, 255-284. Retrieved April 9, 2014, from http://www.researchgate.net/publication/7449567_Adolescent_development_in_interpersonal_and_societal_contexts/file/79e41505b59b6afc39.pdf
- ⁵ DiClemente, R. J., Wingood, G. M., Crosby, R., Sionean, C., Cobb, B. K., Harrington, K., et al. (2001). "Parental monitoring: Association with adolescents' risk behaviors." *Pediatrics*, 107(6), 1363-1368.
- ⁶ Simpson, A. R. (2001). *Raising Teens: A synthesis of research and a foundation for action*. Cambridge, MA: Harvard School of Public Health. Retrieved April 3, 2014, from http://hrweb.mit.edu/worklife/raising-teens/pdfs/raising_teens_report.pdf
- ⁷ Albert, B. (2012). *With one voice: America's adults and teens sound off about teen pregnancy*. Washington, DC: The National Campaign to Prevent Teen and Unplanned Pregnancy. Retrieved July 28, 2014, from http://thenationalcampaign.org/sites/default/files/resource-primary-download/wov_2012.pdf