

ADOLESCENT HEALTH HIGHLIGHT

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Fast Facts

1. Adolescents should have an annual physical exam, as well as twice-yearly dental checkups.¹
2. Seventy-three percent of adolescents had an annual physical in 2012.³
3. Data have indicated that less than half of adolescents discuss health-related behaviors or spend time alone with a clinician.⁴
4. Adolescents who are uninsured face challenges in obtaining recommended and needed care: 45 percent of those without insurance had an annual checkup in 2012, compared with 76 percent of adolescents with insurance.⁵
5. The Affordable Care Act, passed in 2010, aims to improve health care access for the entire population, including adolescents. The law expands health insurance coverage for adolescents, and offers new support for preventive services, innovative models of care, and clinical training.⁶

Health Care Services

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As any parent can attest, adolescence is a period of major physical, psychological, and social development. This growth brings new opportunities and challenges for improving health and preventing disease. As adolescents move from childhood to adulthood, they increasingly assume individual responsibility for daily health habits, such as diet and exercise. During this period, too, adolescents who already have chronic health problems take on a greater role in managing those conditions. Initiation of risky behaviors is also a critical health issue during adolescence.² Trying on adult roles and behaviors is normal and healthy in these years, but some adolescents experiment in ways that jeopardize their health and safety in the short-term and contribute to chronic disease in adulthood. Risky behaviors often initiated in adolescence include unsafe sexual activity, unsafe driving, and use of substances, including tobacco, alcohol, and illegal drugs.

Against the backdrop of the Affordable Care Act, this *Adolescent Health Highlight* makes a research-based case for why adolescents need health care services. It presents recommendations from leading medical authorities on what specific health services adolescents need and how these services can be provided for maximum benefits. This *Highlight* also looks at the data showing the proportions of adolescents currently receiving needed services and examines the barriers preventing some young people from obtaining care.

Ideally, receiving health care services helps adolescents adopt or maintain healthy habits and behaviors, avoid health-damaging behaviors, manage chronic conditions, and prevent disease. Receipt of services can help prepare adolescents to manage their health and health care later, by developing skills

such as managing a clinical relationship with a doctor, nurse, or other health care provider. Adolescents' experiences with health care services are most beneficial when they receive services through a well-coordinated system and by clinicians trained to serve adolescents.²

What health care services do adolescents need?

The *Bright Futures* guidelines, released in 2008 by the American Academy of Pediatrics and endorsed by other professional medical organizations, recommends that adolescents have an annual checkup starting at age 11.¹ The visit should cover a comprehensive set of preventive services, such as a physical examination, discussion of health-related behaviors, and immunizations (see Table 1).

Bright Futures recommends that the annual checkup include discussion of several health-related topics, including healthy eating, physical activity, substance use, sexual behavior, violence, and safe behavior behind the wheel, both as a driver and passenger. Because adolescence is a time when symptoms of many mental health disorders first emerge,² *Bright Futures* also recommends screening for mental health disorders and emotional and behavioral problems as part of an annual checkup (see Table 1).¹ This screening for adolescents is also supported by the U.S. Preventive Services Task Force, an expert panel whose recommendations are considered the "gold standard" given its rigorous review of the evidence about preventive health services in the nation. Its recommendations for adolescents also address reproductive and mental health.⁷

Table 1: Recommendations for the adolescent annual checkup (ages 11-19)

Annual Checkup Components	
<ol style="list-style-type: none"> Physical examination and immunizations Screening for physical problems (e.g., vision & hearing screening; selected laboratory tests) Review of medical history and of key developments since last visit Monitoring of development (information obtained through the medical examination, by asking questions and through general discussion) Observations of parent-youth interaction Discussion of the following priority issues and areas 	
Priority Issue	Areas
Physical growth and development	Physical and oral health; body image; healthy eating; physical activity
Social and academic confidence	Connectedness with family, peers, and community; interpersonal relationships; school performance <i>For ages 18-19:</i> Job performance
Emotional well-being	Coping; mood regulation and mental health; sexuality
Risk reduction	Use of tobacco, alcohol, or other drugs; pregnancy; sexually transmitted infections (STIs)
Violence and injury prevention	Seatbelt and helmet use; guns; bullying <i>For ages 11-14:</i> Riding in a vehicle with a driver impaired by substance use; interpersonal violence (fights) <i>For ages 15-17:</i> Driving (graduated license) and substance abuse; interpersonal violence (dating violence) <i>For ages 18-19:</i> Driving and substance abuse; interpersonal violence (dating violence, stalking)

Adolescents should have a comprehensive annual checkup starting at age 11.

Recommended adolescent immunizations include: meningitis; tetanus, diphtheria, pertussis; and human papillomavirus (HPV).

Adapted from Hagan, J. F., Shaw, J. S., Duncan, P. M., Eds. (2008). *Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents*. 3rd ed. Elk Grove Village, IL: American Academy of Pediatrics.

Information for families about the *Bright Futures* clinical guidelines is available from: <http://www.brightfuturesforfamilies.org/home.shtml>

Confidential care can influence adolescents' willingness to seek care related to sensitive issues, such as sexual activity, alcohol and drug use, and mental health.

Bright Futures also recommends that adolescents receive the full set of vaccines according to the schedule established by the Centers for Disease Control and Prevention (CDC).^{1,8} Recommended adolescent immunizations include three vaccines that were introduced in the past decade and are specifically intended for the adolescent population: meningitis; tetanus, diphtheria, and pertussis; and human papillomavirus (HPV). In addition, the CDC recommends that adolescents receive an influenza vaccine annually and catch-up vaccines for those adolescents who missed immunizations recommended for younger children (see Table 2).⁸ *Bright Futures* recommends that adolescents visit a dentist twice a year for preventive dental care, consistent with recommendations of the American Academy of Pediatric Dentistry.^{1,9} The adolescent dental visit involves an examination, as well as screening and counseling about oral health habits, such as brushing and flossing. During the dental screening, other relevant behaviors should be covered, including tobacco use, diet, and risk of injury to the mouth, such as through participation in sports.¹⁰

Table 2: Recommended vaccinations for adolescents, as of January 16, 2013

Immunizations	11-12 years	13-18 years	
DTaP/Tdap (Diphtheria, tetanus, pertussis)	√*	Catch up	
HPV (Human papillomavirus)	√√√	Catch up	
MCV4 (Meningococcal conjugate)	√	Catch up	Booster at age 16
HepB (Hepatitis B)	Catch up		
Polio			
MMR (Measles, mumps, rubella)			
Varicella (Chickenpox)			
HepA (Hepatitis A)	For those meeting CDC's risk criteria		
Pneumococcal	Recommended annually		
Influenza			

* Check marks denote number of doses.

Adapted from: Centers for Disease Control and Prevention. 2013 *Recommended Immunizations for Children from 7 through 18 years old*.

Available from : <http://www.cdc.gov/vaccines/who/teens/downloads/parent-version-schedule-7-18yrs.pdf>

Adolescents should have well-coordinated, comprehensive, and continuous care that is easily accessible and responsive to the variety of needs they may have.

How should adolescent health care services be provided?

Bright Futures and several national reports offer recommendations for how to deliver services that recognize the unique issues of adolescence. In its 2008 report, *Adolescent Health Services: Missing Opportunities*, the Institute of Medicine stated that services should be accessible, acceptable, appropriate, effective, and equitable.² *Bright Futures* cites the value of incorporating confidential care or “time alone” with a clinician as part of a larger effort to make services acceptable and effective for adolescents.¹ Having this time alone recognizes adolescents’ growing independence and helps them prepare for the adult responsibility of managing their health. Additionally, confidential exchanges with a clinician can influence adolescents’ willingness to seek care related to sensitive issues, such as sexual activity, alcohol and drug use, and mental health. When confidentiality is not assured, adolescents may not share critical information with clinicians or may avoid seeking care altogether.² At the same time, *Bright Futures* also recognizes that parents continue to play an important role in helping adolescents make safe and healthy choices, through having a close relationship with their adolescent and

monitoring adolescent activities. Therefore, *Bright Futures* calls for clinicians to encourage parent-child communications that foster healthy choices.¹

Bright Futures also endorses the “medical home” model developed by the American Academy of Pediatrics for all children and adolescents.^{1,11} This model envisions well-coordinated, comprehensive, and continuous care that is easily accessible and responsive to the variety of physical and mental health needs that an adolescent may have. Thus, the definition of medical home care covers many aspects of health care services, from the way clinicians deliver services to how services are organized and financed.¹¹ A medical home is especially important for adolescents who need special health care services, such as asthma management. The Affordable Care Act supports the medical home models not only for adolescents with special needs, but for other adolescents and their families as well.¹¹

Many innovative service delivery systems across the country are implementing these recommendations. Some systems encompass a team of specialists and can offer many health services—from nutrition counseling and diabetes treatment to gynecological and mental health services—in the same setting. This type of care coordination helps avoid the need for adolescents to shuttle between different clinics to address their health issues. Other systems create an inviting atmosphere by combining clinical services with a place for adolescents to socialize and for specific groups of adolescents (e.g., those who are HIV positive) to meet. For example, school-based health centers, by being located where adolescents spend several hours each day, offer a range of services that are easily accessible to many adolescents.² The Affordable Care Act has the potential to improve services for adolescents by supporting these and other innovative programs, as well as by expanding health insurance coverage and clinical training.⁶

Do adolescents receive needed services?

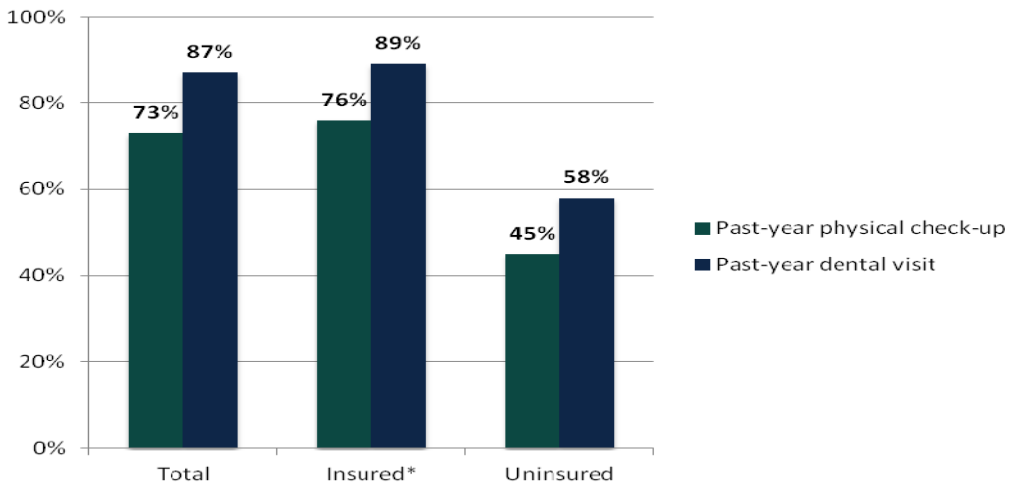
As described below, most adolescents get the recommended annual physical and dental checkups, and increasing numbers are receiving the recommended immunizations. However, studies still show that there is room for improvement.

Annual checkups. In 2012, 73 percent of adolescents ages 12-17 received an annual checkup in the previous year, although percentages from national surveys vary, with some estimates as low as 38 percent.^{3,4} Checkup rates are lower for uninsured adolescents. In 2012, 76 percent of 12- to 17-year-olds whose families had insurance coverage had an annual checkup in the previous year, compared with 45 percent of their peers whose families did not have insurance coverage (see Figure 1).³ While recent figures for dental checkups are unavailable, in 2012, 87 percent of U.S. adolescents ages 12-17 received at least one dental visit in the previous year.³

Care systems that have a team of specialists in the same setting can help avoid the need for adolescents to shuttle between different clinics to address their health issues.

Most adolescents get the recommended annual physical and dental checkups, and increasing numbers are receiving the recommended immunizations; however, there is still room for improvement.

FIGURE 1: Percent of adolescents (12-17) who received a physical checkup or dental visit in the past year, by insurance status, 2012



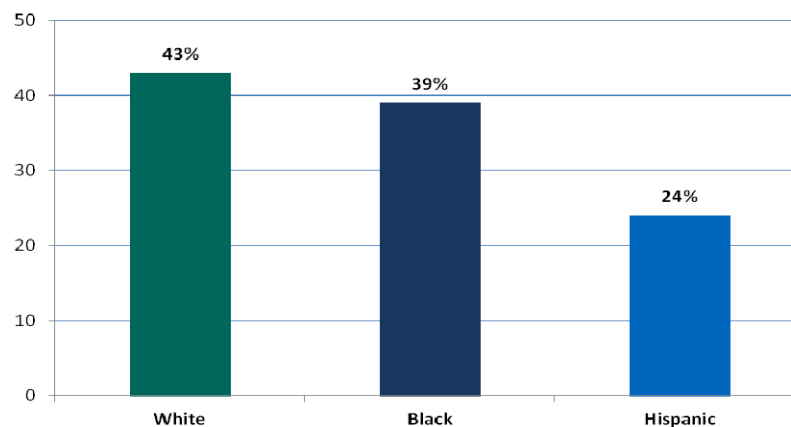
Source: National Health Interview Survey, 2012

Among adolescents who obtain annual checkups, few receive the recommended preventive guidance related to behavior, such as use of tobacco, alcohol and drugs, and engagement in other risky activities.

Preventive services and confidential care. Among adolescents who obtain annual checkups, few receive the recommended preventive guidance related to behavior, such as use of tobacco, alcohol and drugs, and engagement in other risky activities. Among adolescents with a past-year checkup, between 2001 and 2004 (the latest years for which these data were available), only 40 percent spent time alone with a clinician, decreasing the likelihood of addressing sensitive issues, such as sexual behavior and substance use.⁴ Fewer females than males received confidential care (37 percent and 42 percent), and fewer younger adolescents received confidential care (29 percent of 12- to 14-year-olds, compared with 53 percent of 15- to 17-year-olds).⁴ Receipt of confidential care also varied by racial/ethnic group. For instance, about 20 percent fewer Hispanic than white adolescents reported receiving confidential care, while black adolescents received confidential care at levels similar to white adolescents (see Figure 2).^{4,12} Additionally, less than half of adolescents overall received guidance about other issues, such as healthy eating (49 percent) and seatbelt use (31 percent).⁴

In recent years, rates have improved dramatically for all three adolescent-specific immunizations.

FIGURE 2: Percent of adolescents (12-17) who received confidential care with a past-year physical checkup, by race/ethnicity, 2001-2004



Source: Medical Expenditure Survey Panel, 2001-2004

In 2012, nearly one in 10 young people between the ages of 12 and 17 was uninsured. This proportion differed by racial and ethnic groups.

Immunizations. Vaccination rates are generally encouraging. Rates improved dramatically in recent years for all three adolescent-specific immunizations. Between 2007 and 2012, for instance, the percentage of 13- to 17-year-olds who had received at least one dose of the vaccine increased for meningitis (32 to 74 percent); tetanus, diphtheria, and pertussis (30 to 85 percent); and human papillomavirus (25 to 54 percent¹³ among girls).¹⁴⁻¹⁶ For adolescents needing catch-up immunizations, data are even more encouraging: rates for two of these vaccines—Hepatitis B and MMR (measles, mumps and rubella)—reached the national goal of 90 percent for 13- to 15-year-olds.¹⁶

Specialty services. In addition to preventive services usually delivered by a primary care clinician, many adolescents require specialty services.² In 2009-2010, approximately 18 percent of those between the ages of 12 and 17 were reported to have a special or elevated health care need due to conditions such as asthma or diabetes.¹⁷ Adolescents with special needs require specific care, which may involve a complex set of services, often from multiple health care specialists.

Receipt of care in a medical home. “Medical home” care represents an approach to health care defined by the American Academy of Pediatrics that centers on community-based primary care that is ongoing, comprehensive, and easily-accessible, as well as family-centered and culturally-effective, as noted earlier in this Highlight.¹¹ In 2007, slightly more than half (54 percent) of 12- to 17-year-olds received health care that met the medical home criteria—although this also means that 46 percent were not receiving medical home care.^{17,18} Even fewer adolescents with special health care needs received medical home care; in 2009-2010, only 43 percent of those in this category received care that met these criteria.¹⁷

Why don't all adolescents receive needed care?

Lack of insurance. The percentage of adolescents with insurance coverage has increased over the past two decades due to expansions in public insurance programs, including Medicaid and the Children’s Health Insurance Program (CHIP).¹⁹ Still, in 2012, nearly one in 10 (nine percent) young people between the ages of 12 and 17 was uninsured. This proportion differed by racial and ethnic groups; for example, 16 percent of Hispanic adolescents were uninsured, compared with 6 percent of white adolescents and 7 percent of black adolescents.³ Uninsured adolescents have lower rates of receiving recommended services, including checkups and higher rates of delays in medical care or unmet need for dental care (see Figure 1).³ Even when adolescents have health insurance coverage, many are “underinsured,” meaning they have limited benefits or large co-payments for some services. For example, limitations on mental health benefits, such as an annual cap on the number of counseling visits, make it difficult for some adolescents to obtain needed mental health services.²

Lack of clinicians trained to serve adolescents. Many clinicians—from pediatricians to social workers to nutritionists—have little or no formal training in the unique health issues of adolescence.² Clinicians often are not comfortable discussing sensitive issues with adolescents in areas such as sex, alcohol and drug use, and mental health. This situation may partly explain why rates of recommended screening and counseling for these behaviors are so low.²

Focus on acute or short-term care. The nation’s current health care system is largely structured to focus on immediate problems, such as treating short-term illness. The system is less adept at promoting healthy behaviors and helping adolescents manage chronic conditions, thereby missing key opportunities to improve health in adolescence and into

Many clinicians—from pediatricians to social workers to nutritionists—have little or no formal training in the unique health issues of adolescence.

adulthood.² Preventive services are generally poorly reimbursed, making it especially challenging for clinicians to provide adolescents all of the recommended preventive services.²

Finally, many groups of adolescents face extra challenges in obtaining care. In addition to adolescents with special health care needs, these groups include adolescents who are homeless; lesbian, gay, bisexual, or transgender; served by state child welfare or juvenile justice systems; and/or in families that have recently immigrated.² Among these adolescents, lack of information about where to get care and potential concerns with stigma may serve as additional barriers to care.²

Provisions of the Affordable Care Act include expanding private and public insurance coverage, and improving access to preventative services.

How does the Affordable Care Act affect adolescents?

The Affordable Care Act brings major changes to the health care system and may help improve many aspects of health care services for adolescents. Provisions of the law expand health care coverage, increase payment rates for primary care clinicians, increase access to preventive services, strengthen clinical training, and support different models of service delivery. Provisions of the Affordable Care Act include:^{6,20}

- *Expanding private and public insurance coverage*, including allowing states to expand Medicaid eligibility. The Affordable Care Act also prohibits private plans from imposing preexisting condition exclusions for children, which will improve access to services for vulnerable populations, such as adolescents with chronic conditions.
- *Increasing access to preventive services in private plans*, by requiring plans to cover, without cost-sharing, the preventive services recommended by *Bright Futures*, the U.S. Preventive Services Task Force, the Women’s Preventive Health Service Guidelines, and the immunizations recommended by the CDC.
- *Improving access to preventive services in publically funded programs*, by increasing payments for Medicaid providers, increasing federal payments for states that cover preventive services in their Medicaid programs without cost-sharing, and ensuring that plans in state exchanges offer the equivalent of the benefits and cost-sharing available in the Children’s Health Insurance Program (CHIP) for those children and adolescents who may lose eligibility for that program.
- *Supporting clinical training in areas such as primary care and interdisciplinary care*, which could improve clinicians’ skills in delivering preventive services and specialty services.
- *Supporting innovative models of service delivery*, such as integrating physical and mental health services, improving coordination of specialty services, and taking other innovative approaches described above; the law specifically supports the expansion of school-based health centers and the medical home.

It will take a concerted effort to ensure that provisions of the Affordable Care Act and other innovations in health care services address the unique needs of adolescents.

Taken together, these and other provisions can help adolescents obtain recommended services, reduce service fragmentation, and alleviate the shortage of clinicians skilled in serving adolescents.⁶ However, not all provisions are specific to adolescents. Therefore, it will take a concerted effort to ensure that provisions of the Affordable Care Act and other innovations in health care services address the unique needs of adolescents.

Resources

The Child Trends [DataBank](#) includes brief summaries of well-being indicators, including several that are related to the receipt of health care services among adolescents:

- Children with special health care needs: <http://www.childtrends.org/?indicators=children-with-special-health-care-needs>
- Health care coverage: <http://www.childtrends.org/?indicators=health-care-coverage>
- Immunization: <http://www.childtrends.org/?indicators=immunization>
- Unmet dental needs: <http://www.childtrends.org/?indicators=unmet-dental-needs>
- Well-child visits: <http://www.childtrends.org/?indicators=well-child-visits>

The Childs Trends LINKS database summarizes evaluations of out-of-school time programs that work (or not) to enhance children's development.

The Childs Trends [LINKS](#) (Lifecourse Interventions to Nurture Kids Successfully) database summarizes evaluations of out-of-school time programs that work (or not) to enhance children's development. The LINKS database is user-friendly and directed especially to policy makers, program providers, and funders.

- Programs related to health care services can be found by selecting the Health Status/Conditions box under Physical Health.
- Programs related to substance use, social/emotional health, reproductive health, and relationships can be found by selecting those boxes, respectively.

Evaluations of programs proven to work (or not) in supporting adolescents with chronic health conditions are summarized in various fact sheets. Some facts sheets specific to particular health conditions are:

- Mental health, physical health and nutrition, reproductive health and sexuality, and substance use among adolescents:
 - Adolescent males: [What works for male children and adolescents: Lessons from experimental evaluations of programs and interventions](#)
 - Adolescent females: [What works for female children and adolescents: Lessons from experimental evaluations of programs and interventions](#)
- Increasing family income and parental employment: [What works for increasing family income and parental employment: Lessons from experimental evaluations of programs and interventions](#)

Information about the Children's Health Insurance Program eligibility in each state can be found through the website of the Centers for Medicare & Medicaid Services (<http://www.medicaid.gov/>).

Other resources are available to help adolescents and their families learn more about the many recommended services for adolescents and health insurance choices.

- *Bright Futures* can be accessed from the website of the Maternal and Child Health Bureau, which supported the development of these guidelines (http://brightfutures.aap.org/pdfs/guidelines_pdf/1-bf-introduction.pdf). Additionally, the *Bright Futures* website offers information and resources for families (<http://www.brightfuturesforfamilies.org/home.shtml>).
- Adolescents covered by the Medicaid program have access to the Early and Periodic Screening, Diagnoses and Treatment service, Medicaid's comprehensive benefit for children and adolescents (<https://www.cms.gov/medicaidearlyperiodicscrn/>).
- Vaccine schedules are available from the Centers for Disease Control and Prevention (<http://www.cdc.gov/vaccines/schedules/index.html>)
- For uninsured adolescents, Insure Kids Now! (<http://www.insurekidsnow.gov/>) helps direct families to insurance options.

- The Affordable Care Act includes provisions to improve the affordability of and access to care for families with children and adolescents (<http://www.healthcare.gov/foryou/family/index.html>).
- Information about the Children’s Health Insurance Program eligibility in each state can be found through the website of the Centers for Medicare & Medicaid Services (<http://www.medicaid.gov/>).

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