

Why is youth health important?

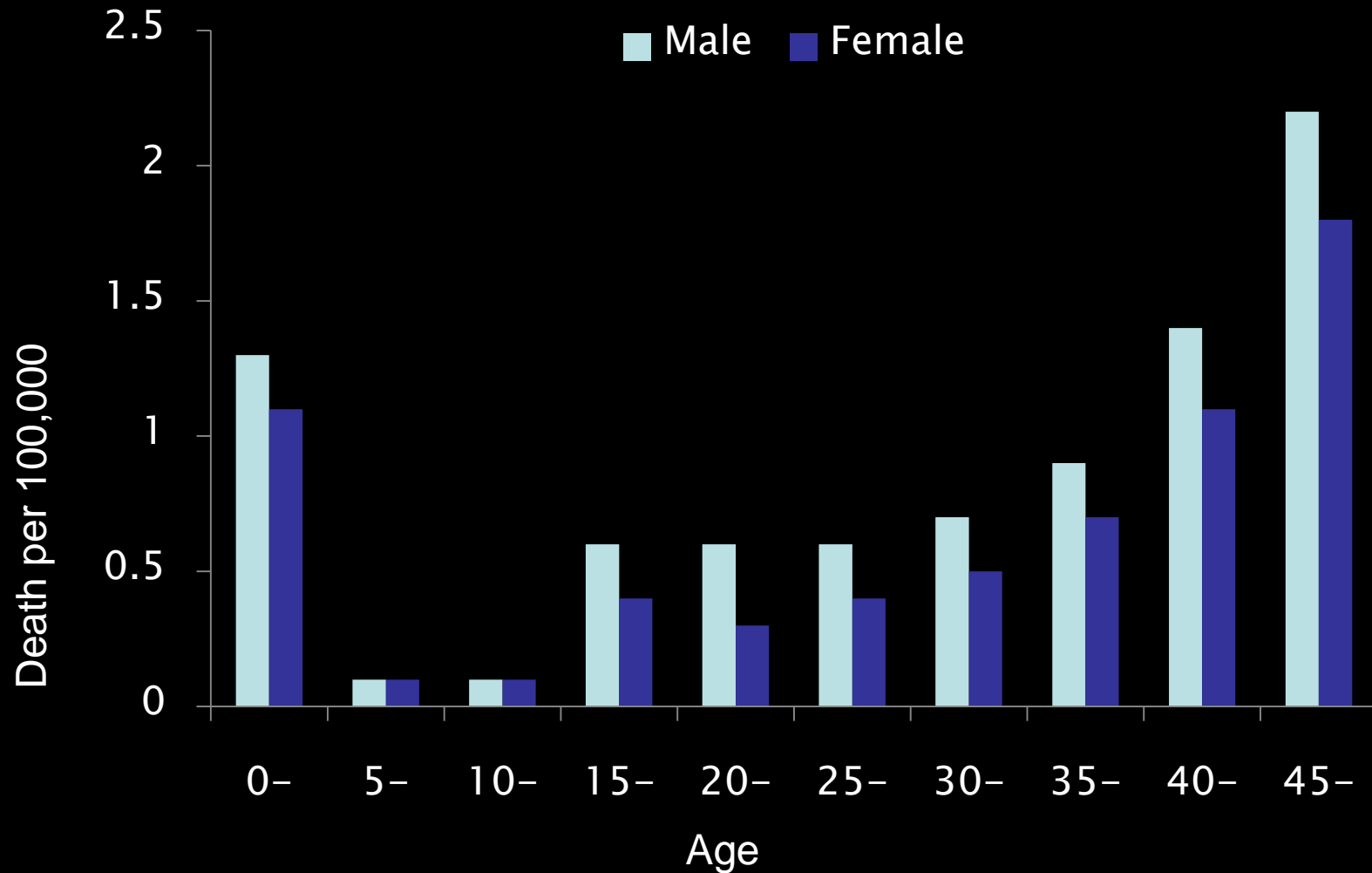


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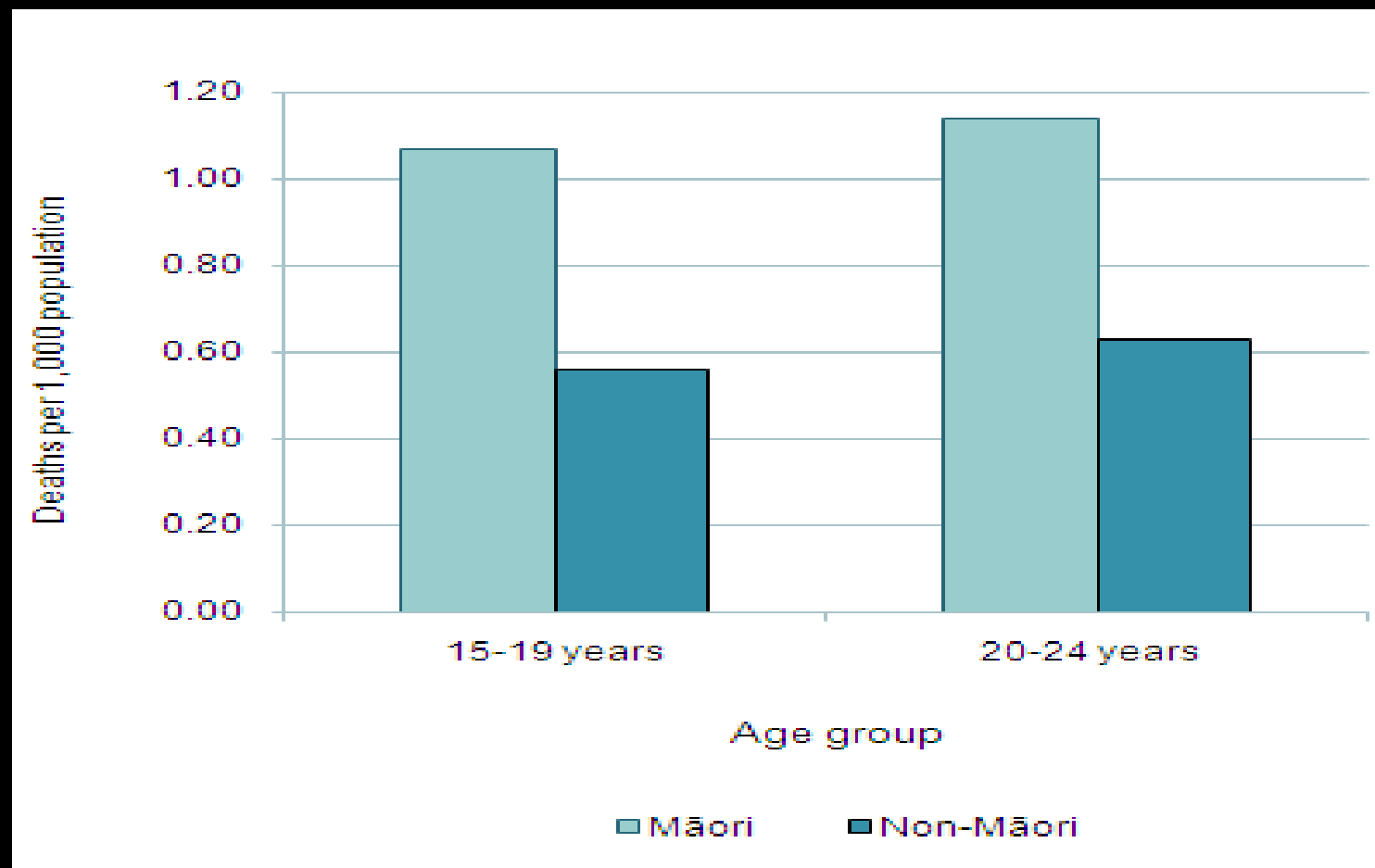
Is adolescence is the healthiest time of life?



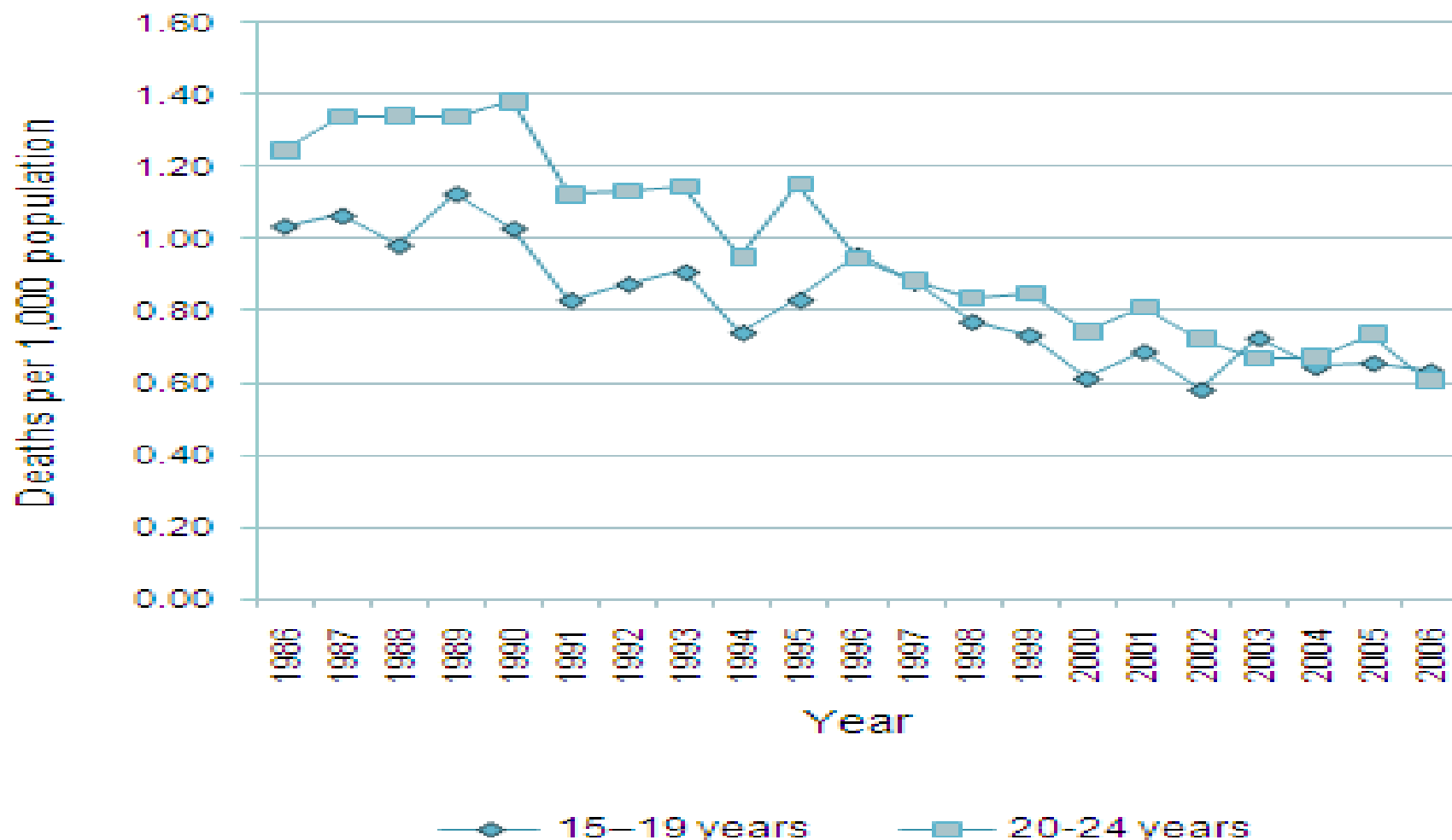
NZ Mortality rates by age group (2004)



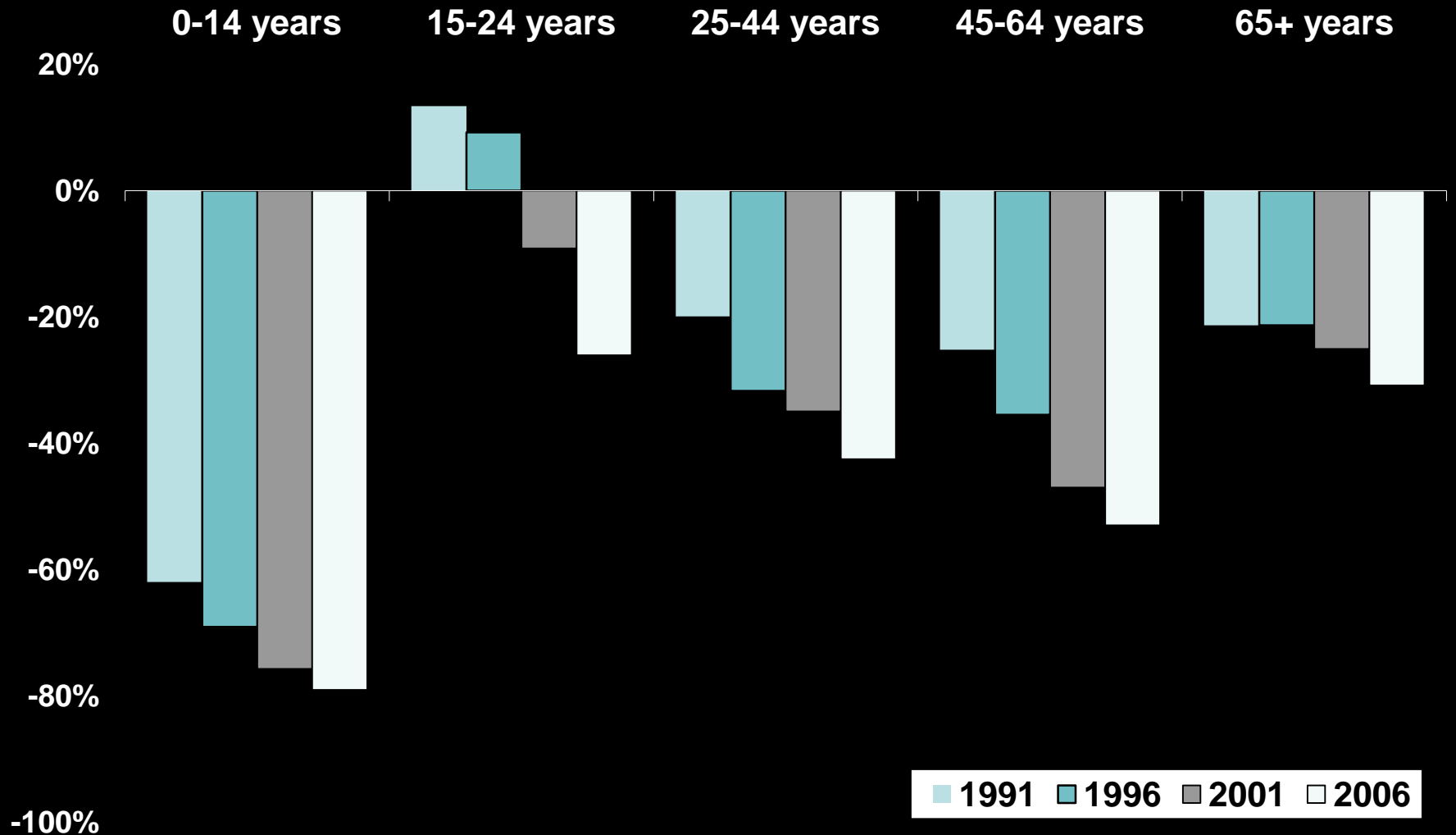
Mortality rates for Maori/Non-Maori (2004)



Age-specific death rate per 1,000 population: ages 15 to 19 and 20 to 24, 1986–2006



Percent Change in Mortality Rates since 1960 By Age



Adolescence is the healthiest time of life

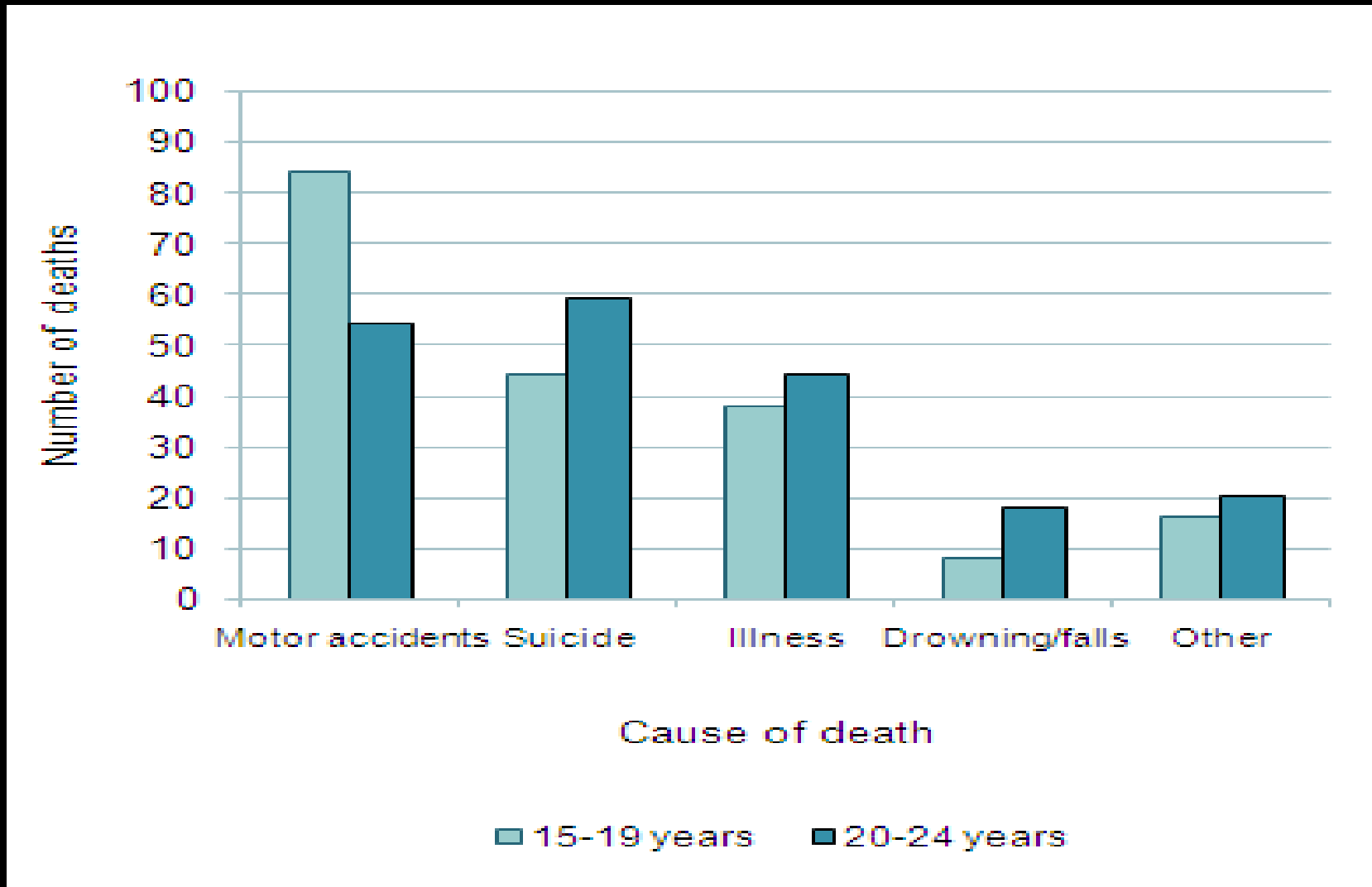
VS

Young people are the age group whose health status has improved least in the last 50 years

What are the main causes of mortality (death)
for young people in New Zealand?



Number of deaths of young people, by cause and age group, 2004



Morbidity or injury amongst youth

i) Persisting health problems from childhood

ii) Manifest Youth Health Problems

- Mental Health
- Substance Use
- Accidental injury
- 'Adult' Behaviours
- Lifestyle issues

Mental health

Prevalence mental health concerns increases through adolescence

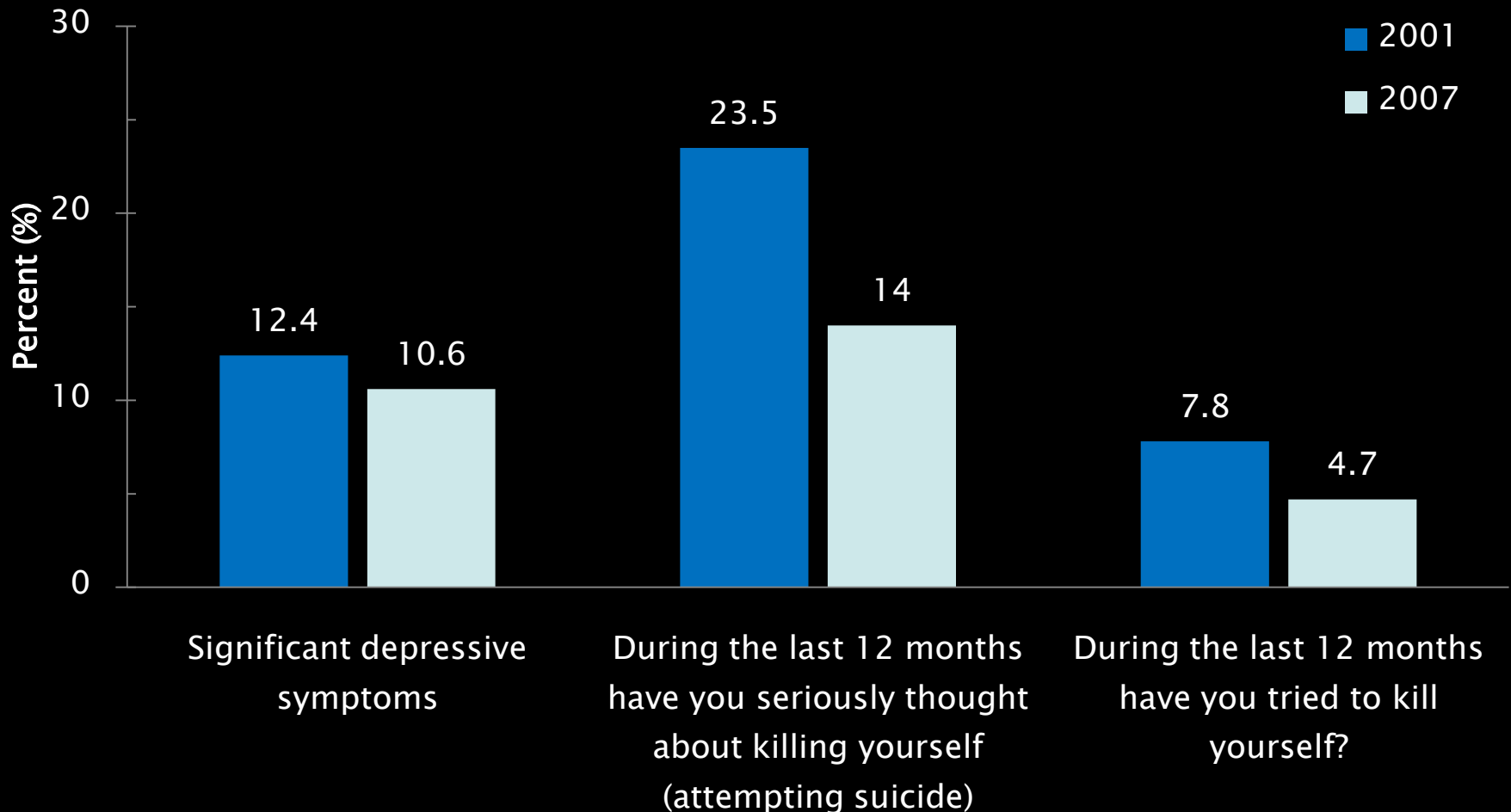
- Dunedin Multidisciplinary Health and Development Study: mental health problems (incl substance abuse):

11 years 18%

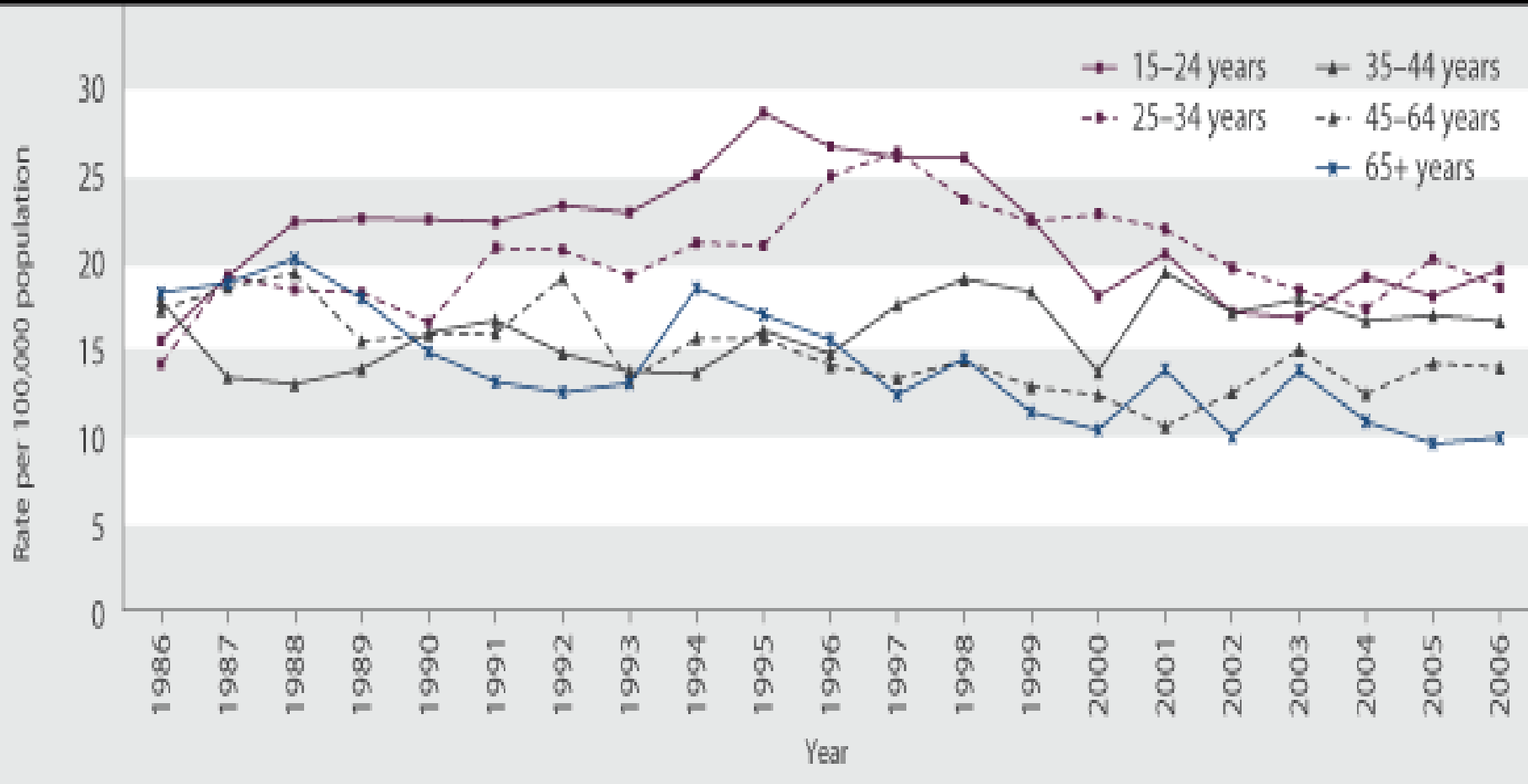
15 years 22%

18 years 37%

Depression Symptoms, Suicidal thoughts and Suicide attempts

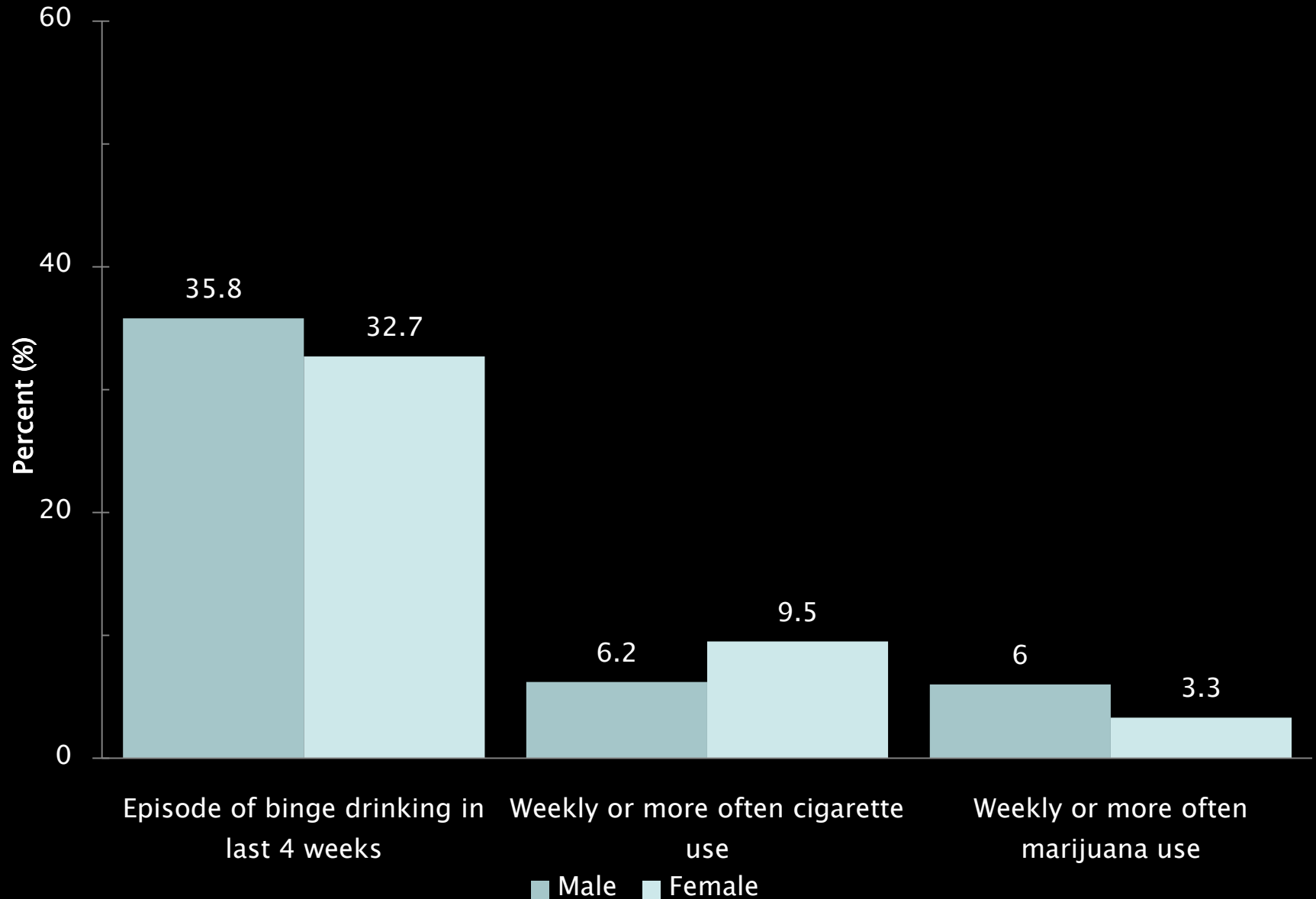


Suicide death rate, by age group, 1986-2007

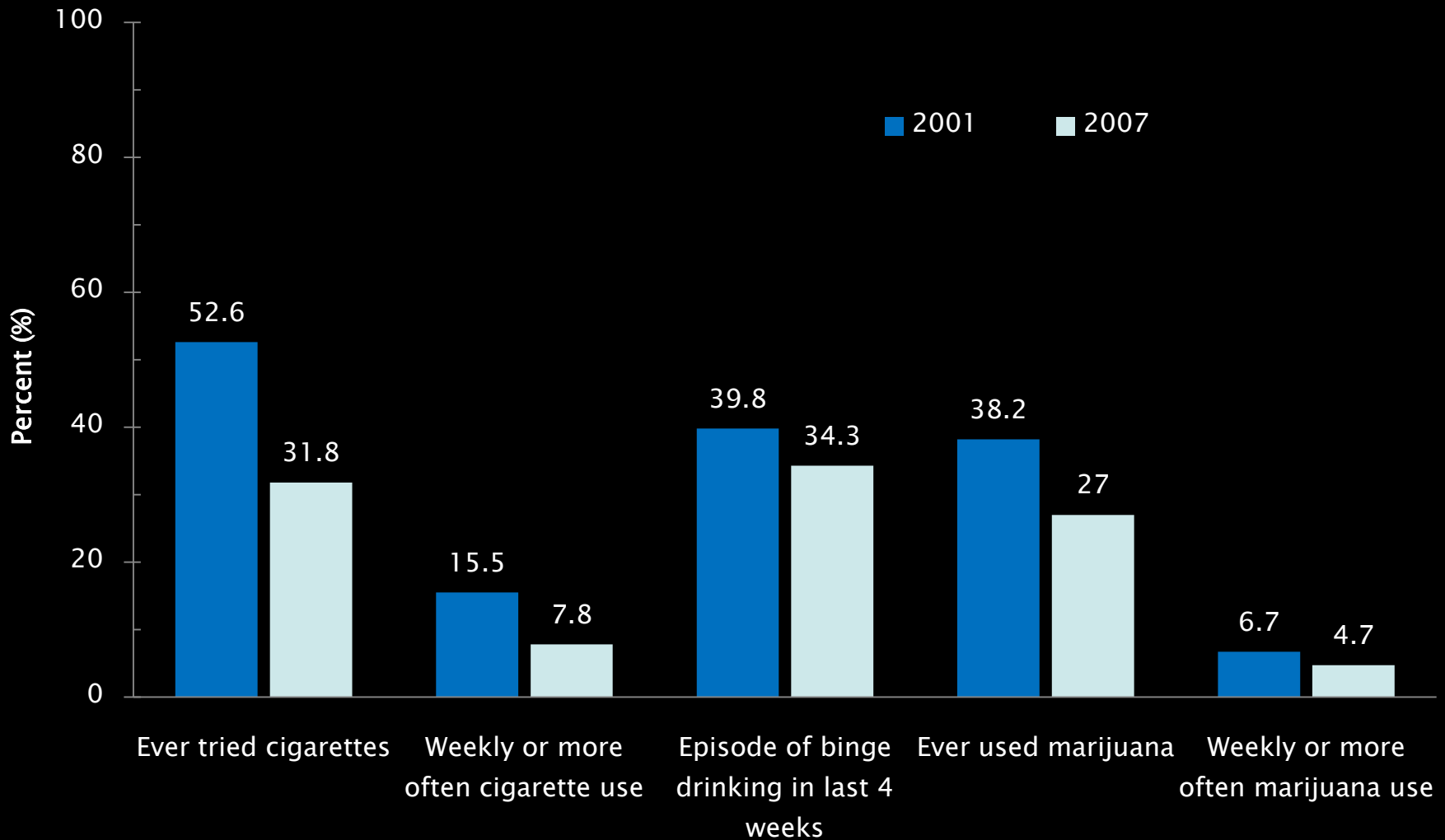


(The Social Report, 2010)

Substance use



Comparison of Cigarette, Alcohol and Marijuana Use – 2001 and 2007



Source: 2007 National Youth Surveys

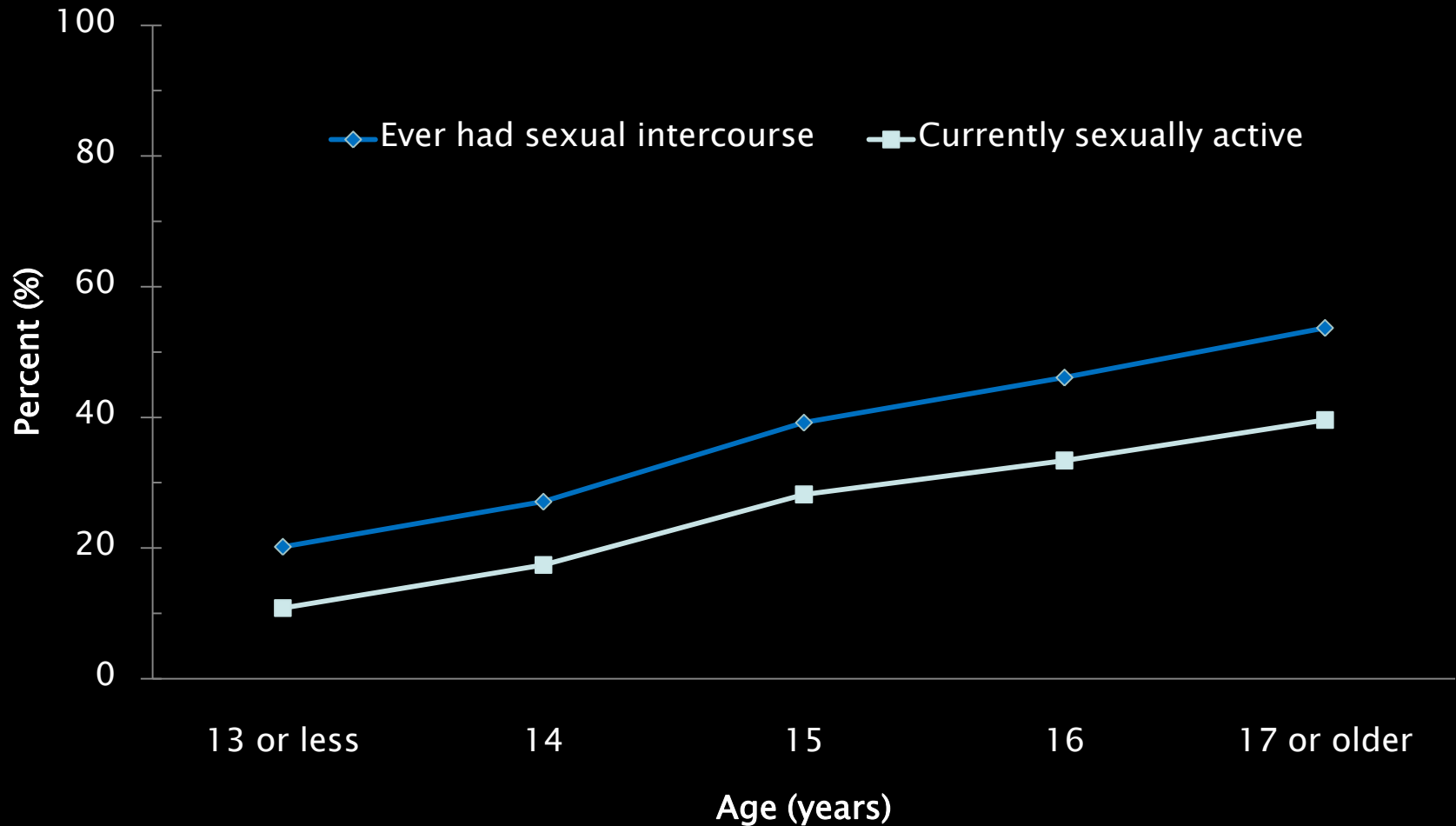
Sexual Health

38% of male students and 35% of female students reported ever having had sex

Eighty percent report using contraception most or all of the time

72% of students report using condoms most or all of the time to protect against sexually transmitted infections

Percentages of students who have had sex

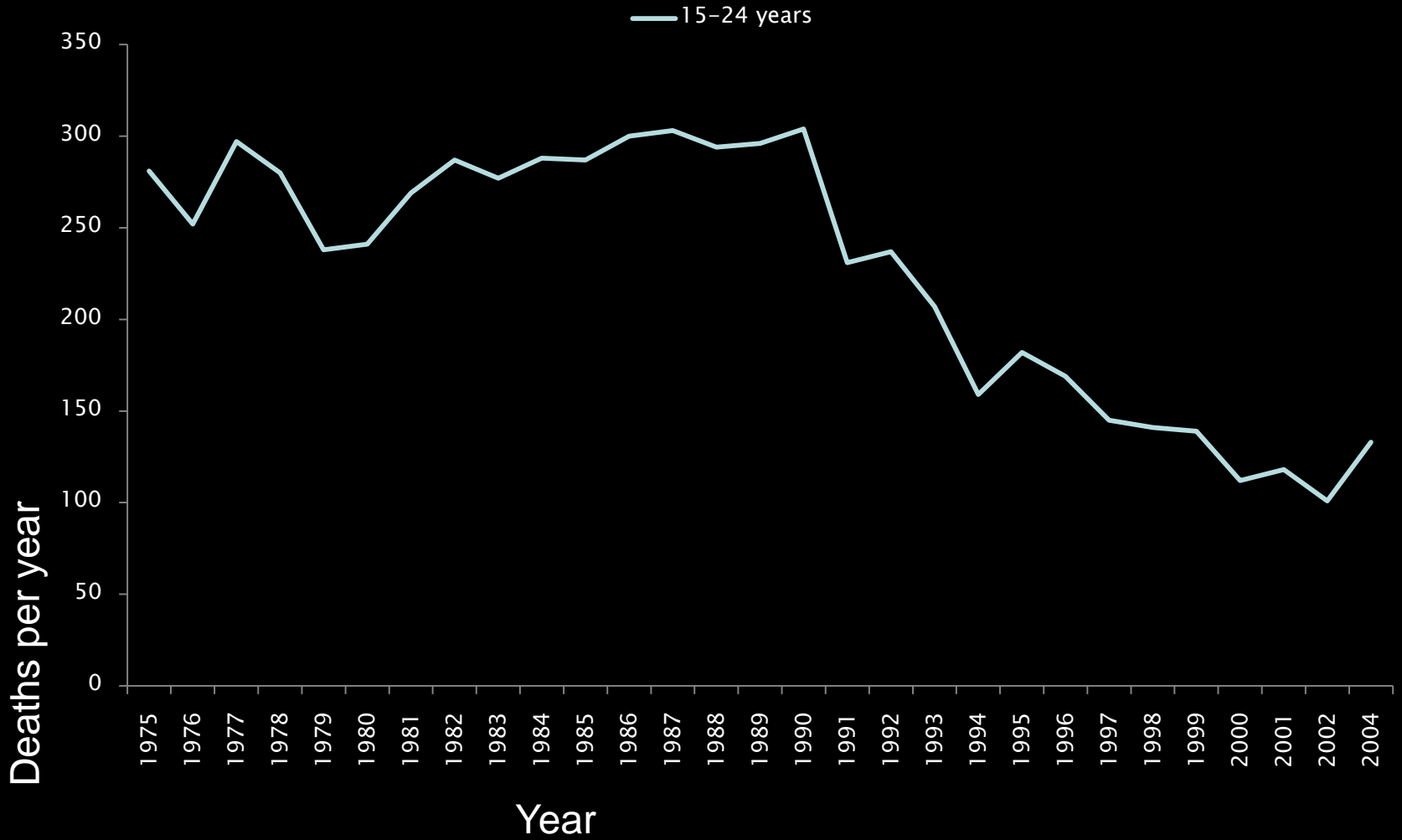


Source: 2007 National Youth Survey

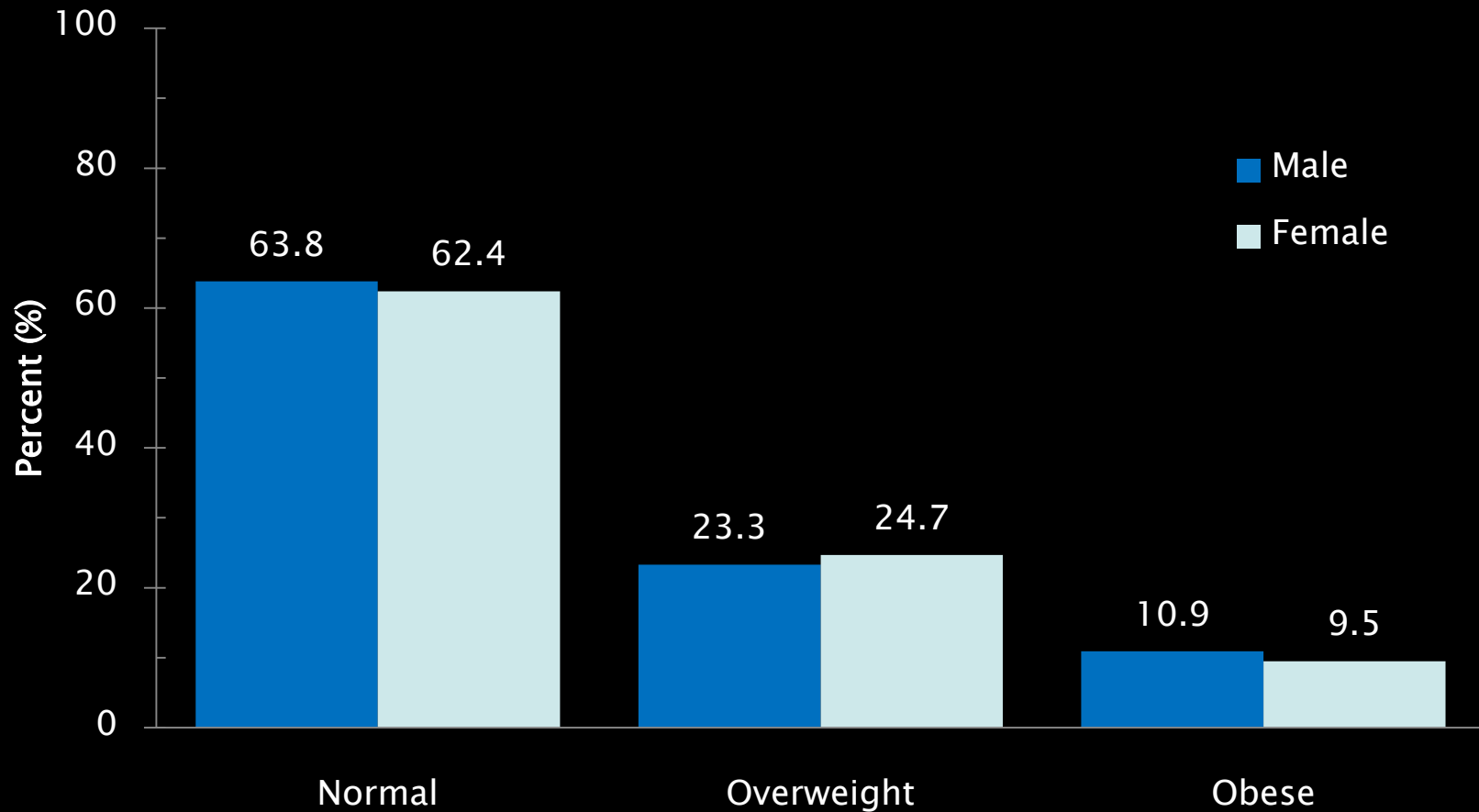
Health risks from motor vehicle use

- 75% of students always wear a seatbelt
- 23% of students reported that at least once during the last month they had been driven by someone who had been drinking
- 24% of students reported that during the last month they had been driven in a car dangerously
- Among students who drive, 8% had in the last month driven after they had drunk more than 2 glasses of alcohol in the two hours before driving

NZ MVC deaths 1975-2004



Body size



Violence

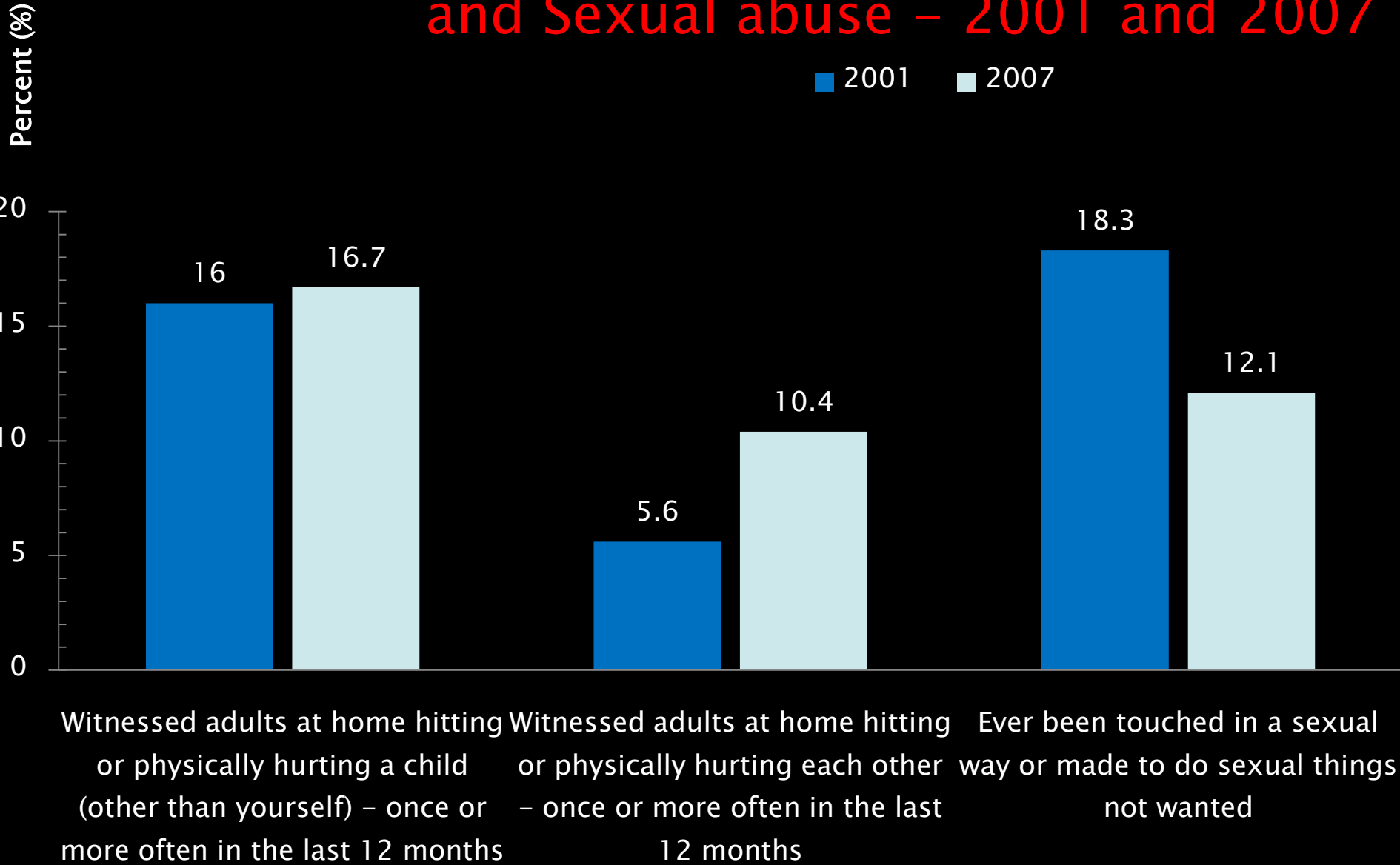
41% students (had been deliberately hit or physically harmed by someone in the past year)

One in five students report being in a serious physical fight in the last 12 months

6% report serious bullying (weekly or more often)

Those who witness violence in their home are significantly more likely to report serious depressive symptoms and suicide attempts

Witnessing violence within the home and Sexual abuse – 2001 and 2007





Disparities for Maori youth

- More likely to come from economically deprived environments (NZDep) lower decile schools and have overcrowded homes
- Almost twice as likely to attempt suicide
- 3 x more likely to use cigarettes and marijuana
- Less likely to consistently use contraception (74% vs. 87%)
- 2.5 x more likely to be obese (6% vs. 16%)
- Less likely to feel safe in their neighbourhoods (80% vs. 84%)



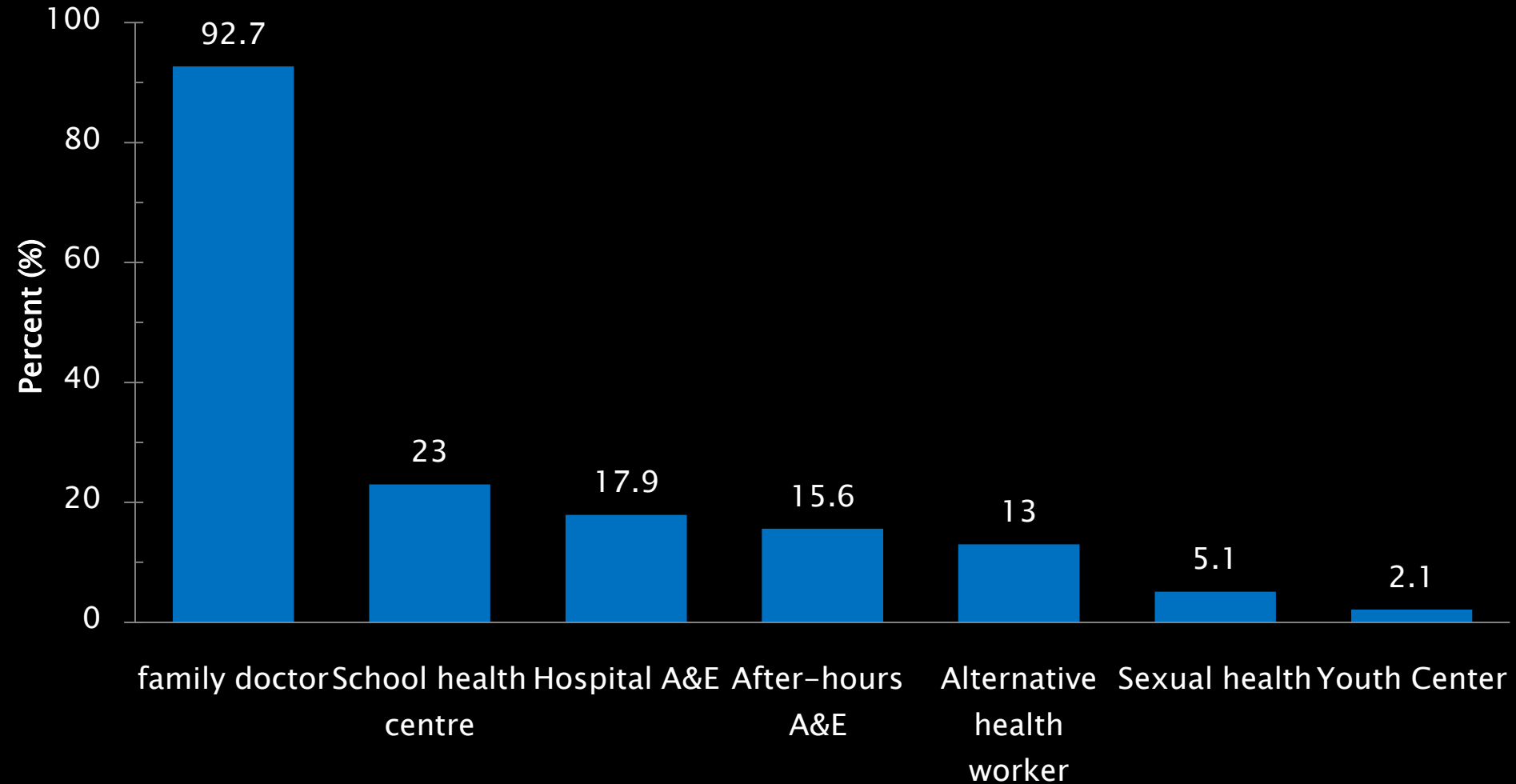
Disparities for Pacific youth

- More likely to move home frequently (22% vs. 8% of NZ European students)
- Less likely to eat breakfast (21% vs. 12%) and more likely to eat fast food (33% vs. 6%)
- More likely to be obese (males: 59.4% vs. 27.1%; females 61.8% vs. 27.6%)
- More likely to attempt suicide (5% vs. 2%)
- Less likely to use contraception (58% vs. 87%)
- Less likely to be able to access healthcare (males: 25.3% vs. 11.5%; females: 27.8% vs. 16.1%) and dental care (17.1% vs. 7.1%)

Access to healthcare



Health care services accessed in the last 12 months



Quality and Access to Health Care

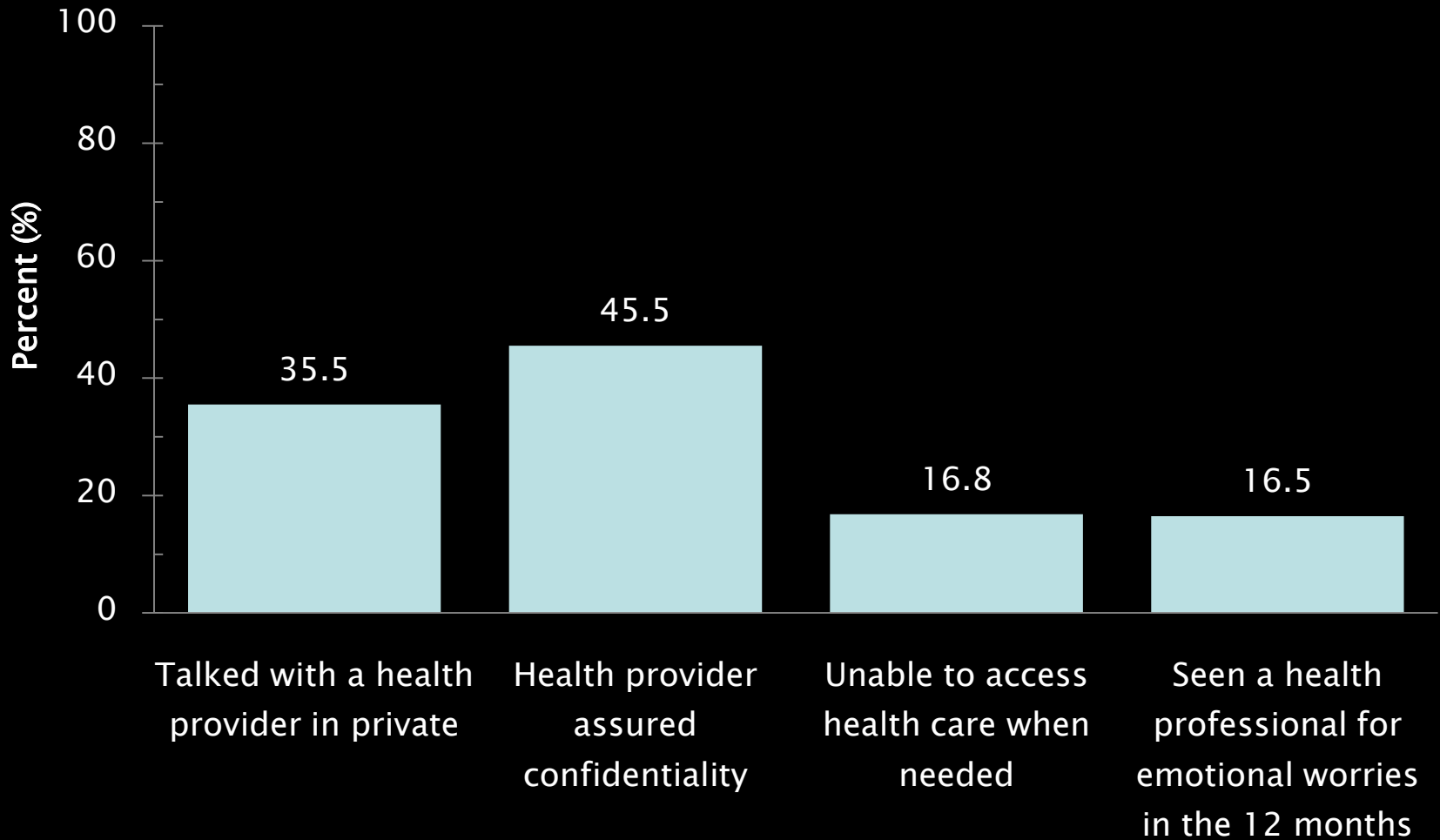
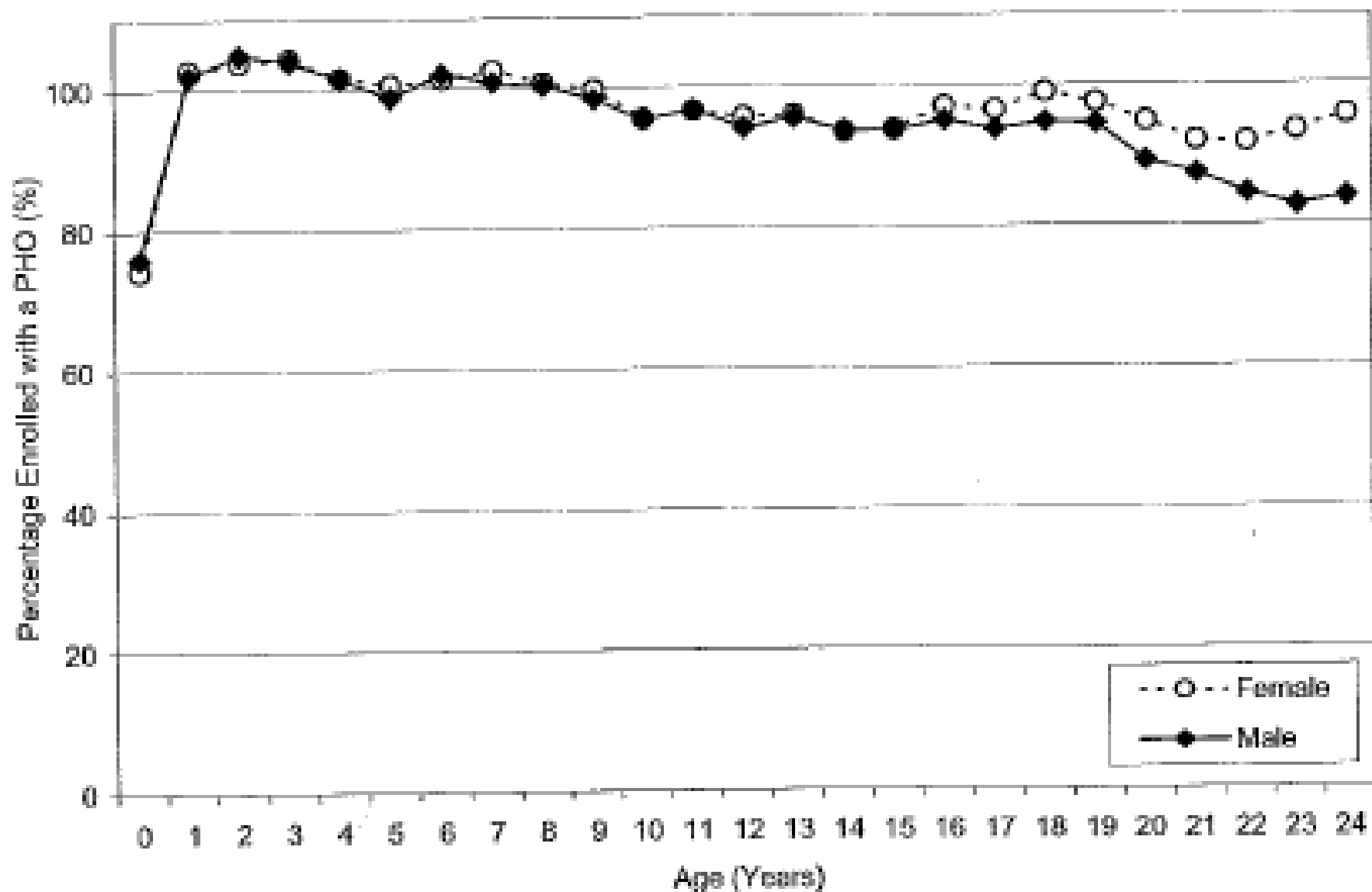
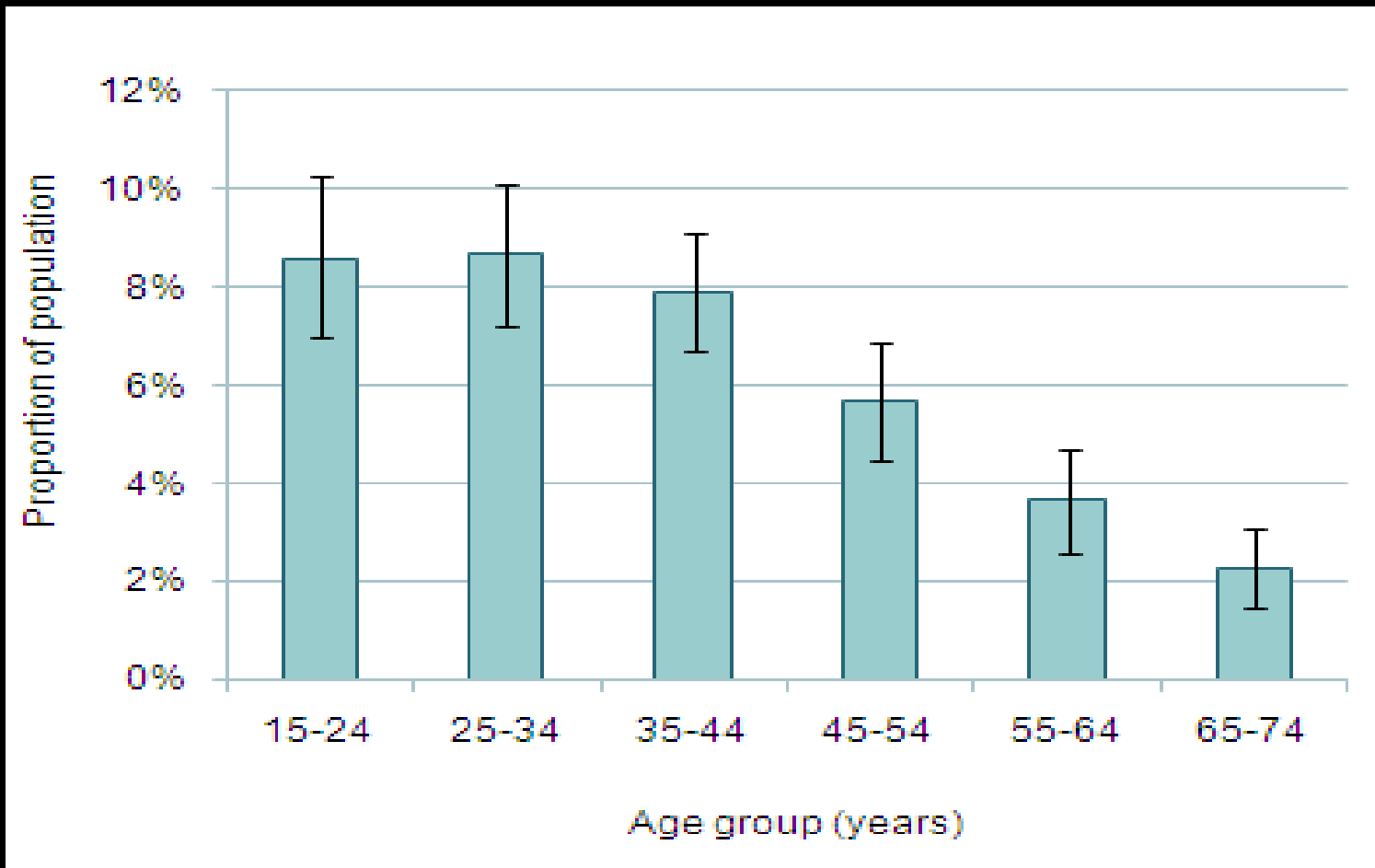


Figure 39. Proportion of Children and Young People 0-24 Years Enrolled with a PHO by Age and Gender, New Zealand October-December 2006



Unmet health needs

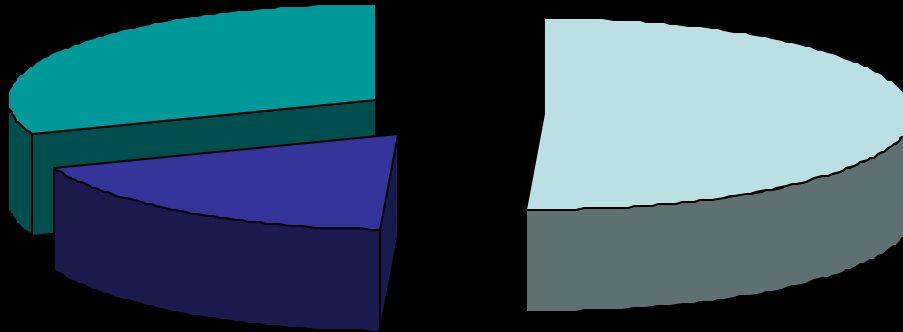


Proportion of people reporting an unmet need for a GP in the previous 12 months, by age group, 2006/07 (NZHS 2006)

The Importance of Youth Health

Manifest Youth Health Problems

Mental Health Problems, Substance abuse, Accidental injury, Problem behaviours



Risks for Later Disease

Tobacco
Obesity
Inactivity
Poor diet
Substance use
Sexual behaviours
Mental Health

Persisting Health Problems from Childhood

Chronic illness, survivors of prematurity & childhood cancer, Behavioural disorders



**Kicked out of school and suffering:
The health needs of youth attending
Alternative Education in New Zealand**

Terryann Clark PhD, MPH, RcpN
Jodi Smith & The Adolescent Health Research Group
University of Auckland

Background



Background

Methodology

International literature suggests that young people excluded from mainstream education are more likely to have poor health, educational and social outcomes

Results

Improving education is associated with improvements in overall wellbeing; physical, social & emotional health and vice versa

AE vs. Mainstream

Recommendations

Little information regarding this population in New Zealand, and inconsistent health care provision for AE students

Conclusions

(Granbaum et al,2000; MMWR,1994; Nutbeam et al,1993; Tresidder et al 1997; Stedman et al, 1989)

Background

Methodology

Results

AE vs. Mainstream

Recommendations

Conclusions

Survey



Health

Food & Activities

Substance use

Sexual health

Injuries & Violence

Ethnicity & Culture

Home

School/AE environment

Neighbourhood

Spirituality

Sample

Background

	Gender	
	N	%
Male	232	69.5
Female	102	30.5

Methodology

	Ethnicity	
	N	%
Maori	167	50.3
Pacific	96	28.9
NZ Euro	61	18.4
Other	6	1.8
Asian	2	0.6

Results

AE vs. Mainstream

Recommendations

Conclusions

	Age	
	N	%
≤ 13	20	6.0
14	101	30.1
15	166	49.6
16	48	14.3

All AE providers in Auckland and Northland invited and all but one agreed (47/48) = 98% response rate

In term 4 2009, there were 541 students enrolled in AE. 335 completed the survey = 62% response rate (5 declined, 187 were absent, 14 other reasons)



Results



Background



Home

Methodology

Most students live in deprived neighbourhoods (69%)

Results

42% say their families worry about not having enough food

38% moved home more than twice in the past year

AE vs. Mainstream

Half live in more than one home

Half have run away from home in the past year

Recommendations

72% say they get on well or very well with their family

Conclusions

Only 35% say they get enough time with their mum, and 30% with their dad

Background



Home

Methodology

“ it’s to the point where they [students] are far too distracted by things that are happening at home- instead of focusing on what we’re actually trying to teach them here in class.”

(AE tutor)

Results

AE vs. Mainstream

Recommendations

Conclusions

Background



Alternative Education

Methodology

92% felt a part of their AE

94% reported people at AE care about them a lot

78% report tutors go out of their way to help students

Compared to their previous mainstream school:

74% felt more comfortable and happy at AE

73% felt teachers cared more about them

77% felt tutors expected more of them

75% can learn more at AE

79% felt more hopeful about their future;
getting a job or going on course since attending AE

Results

AE vs. Mainstream

Recommendations

Conclusions

Background



Alternative Education

Methodology

Results

"...but our success is awesome when you consider where the kids have been and what they're doing. Our attendance is really good, our occupancy is really good. We get kids who come back 5 years down the track, and they were a 'little thug' when they were here, but they've got a job and maybe they are a parent now, they'll pop in and see the tutors."

(AE Coordinator)

AE vs. Mainstream

"

Recommendations

Conclusions

Background



Health

Methodology

83% report their health as excellent, very good or good

Results

45% had an injury that required a health professional

14% had a chronic long-term health condition (e.g. Asthma) and 6% have a disability

AE vs. Mainstream

Serious mental health concerns: high rates of conduct and inattention behaviours, depression (16%), self harm (37%) and suicide attempts (18%)

Recommendations

Poor access to healthcare: 58% reported difficulty accessing the healthcare they required, 20% were not able to get dental care when needed

Conclusions

Background



Health

Methodology

Results

*“he's got eczema, skin disorder from head to toe, you know, he's just covered and so this has just become the norm for the kids that...the child's sick you get it seen to”
(Health professional)*

AE vs. Mainstream

Recommendations

Conclusions

Background



Health risks

Methodology

Predictably high rates of risk taking and health compromising issues:

Results

Driving dangerously, driving while drunk or as a passenger with a drunk driver, low use of seat belts

Sexual risk taking behaviours: low condom and contraception use, high pregnancy

AE vs. Mainstream

Substance use: very high cigarette, alcohol and marijuana use

Recommendations

Violence: Significant exposure to family violence, fighting, and physical and sexual abuse

Conclusions

Background



Health risks

Methodology

“...the health issues for kids in AE are drug and alcohol. Are definitely the top of the list. But I understand though that underneath those major headings are actually deeper issues to do with mental health and self esteem, that sort of stuff.” (AE tutor)

Results

“At present I've got one of my girls which has come back to me, she's bloody pregnant, and she's pretty shattered about it cause the other guy's gone- and never coming back again. As much as we try and enforce the importance of contraception and the way things are, as soon as they leave here they get home and back to their same home lifestyle and things that they're surrounded by.”

AE vs. Mainstream

(AE tutor)

Recommendations

Conclusions



AE vs. Mainstream

Background



Access to healthcare

Unable to access healthcare when needed

Methodology

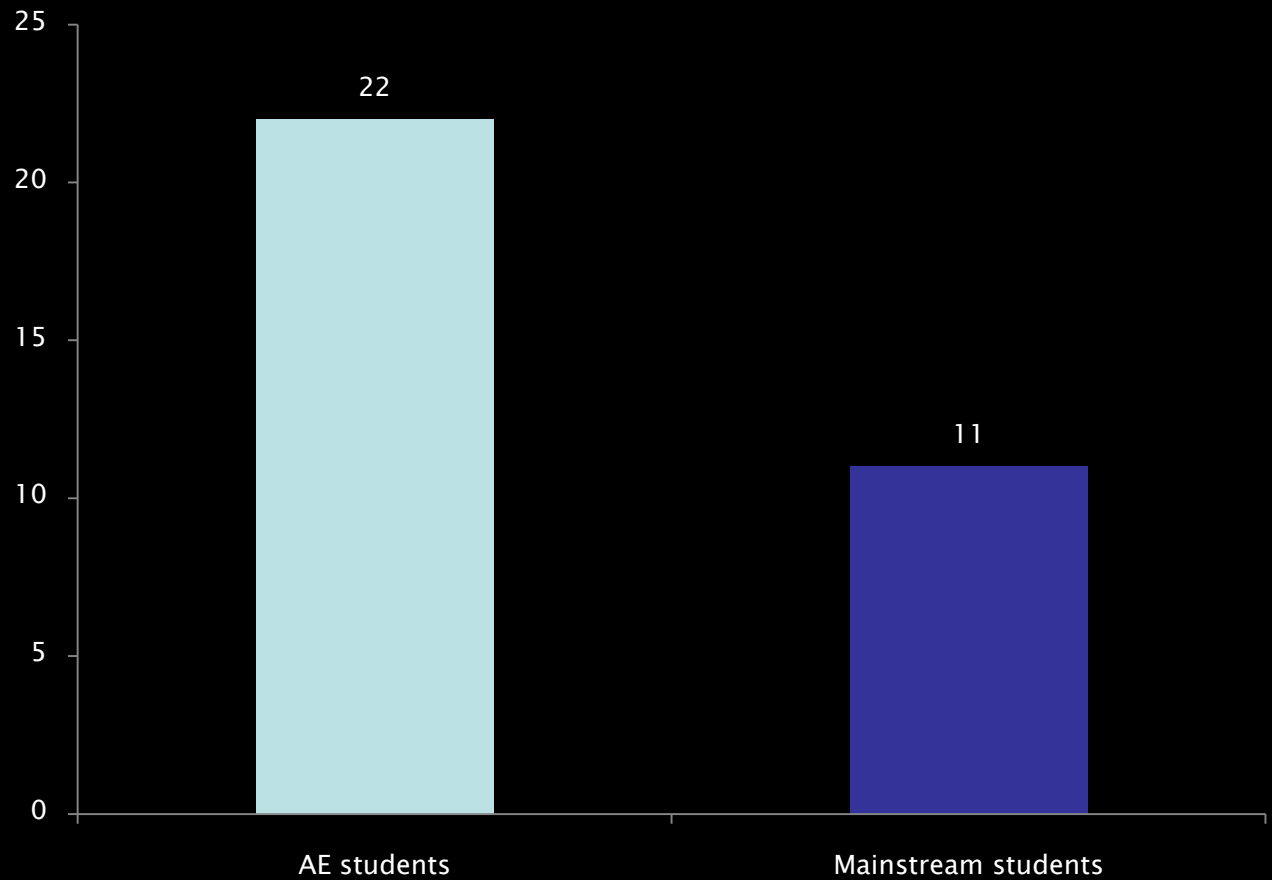
Results

%

AE vs. Mainstream

Recommendations

Conclusions



Background



Injury and Driving

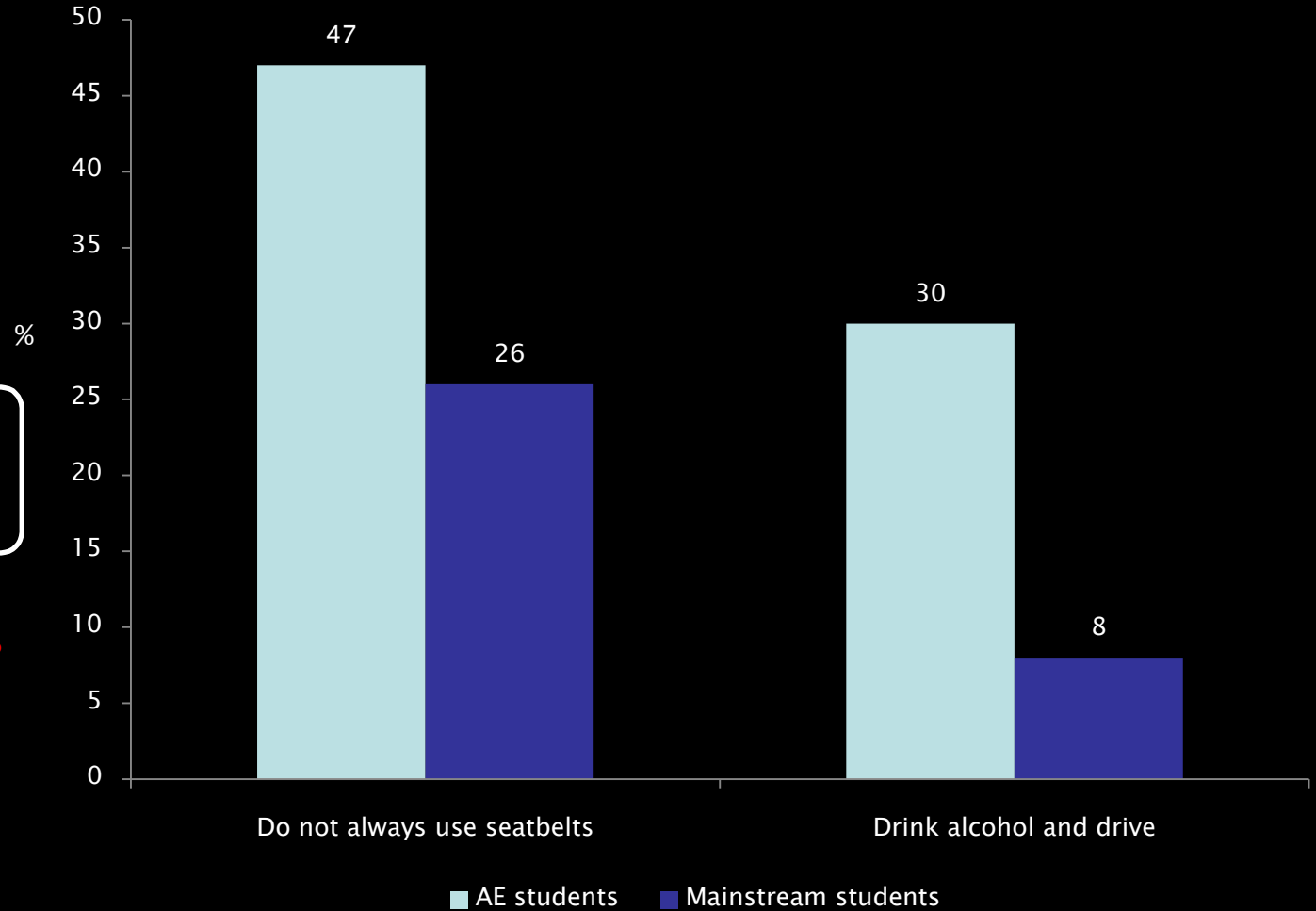
Methodology

Results

AE vs. Mainstream

Recommendations

Conclusions



Background



Mental health

Methodology

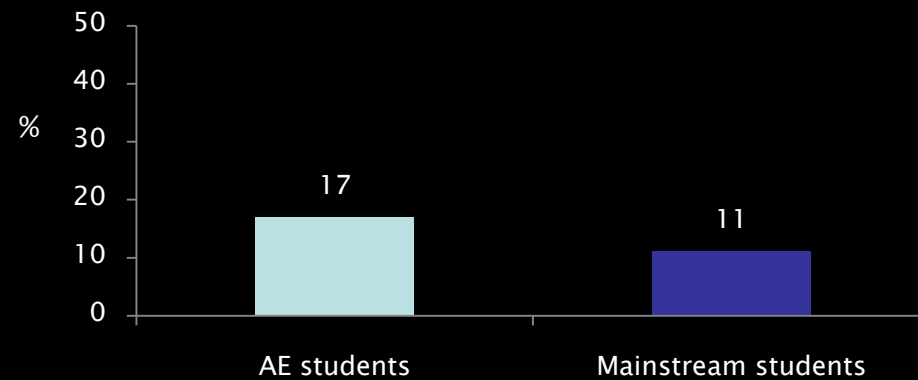
Results

AE vs. Mainstream

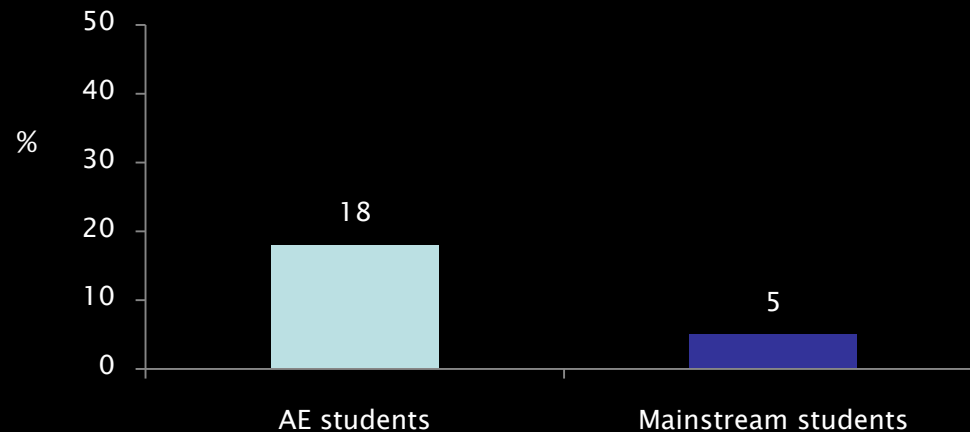
Recommendations

Conclusions

Depressive symptoms



Suicide attempt in the past year



Background



Substances

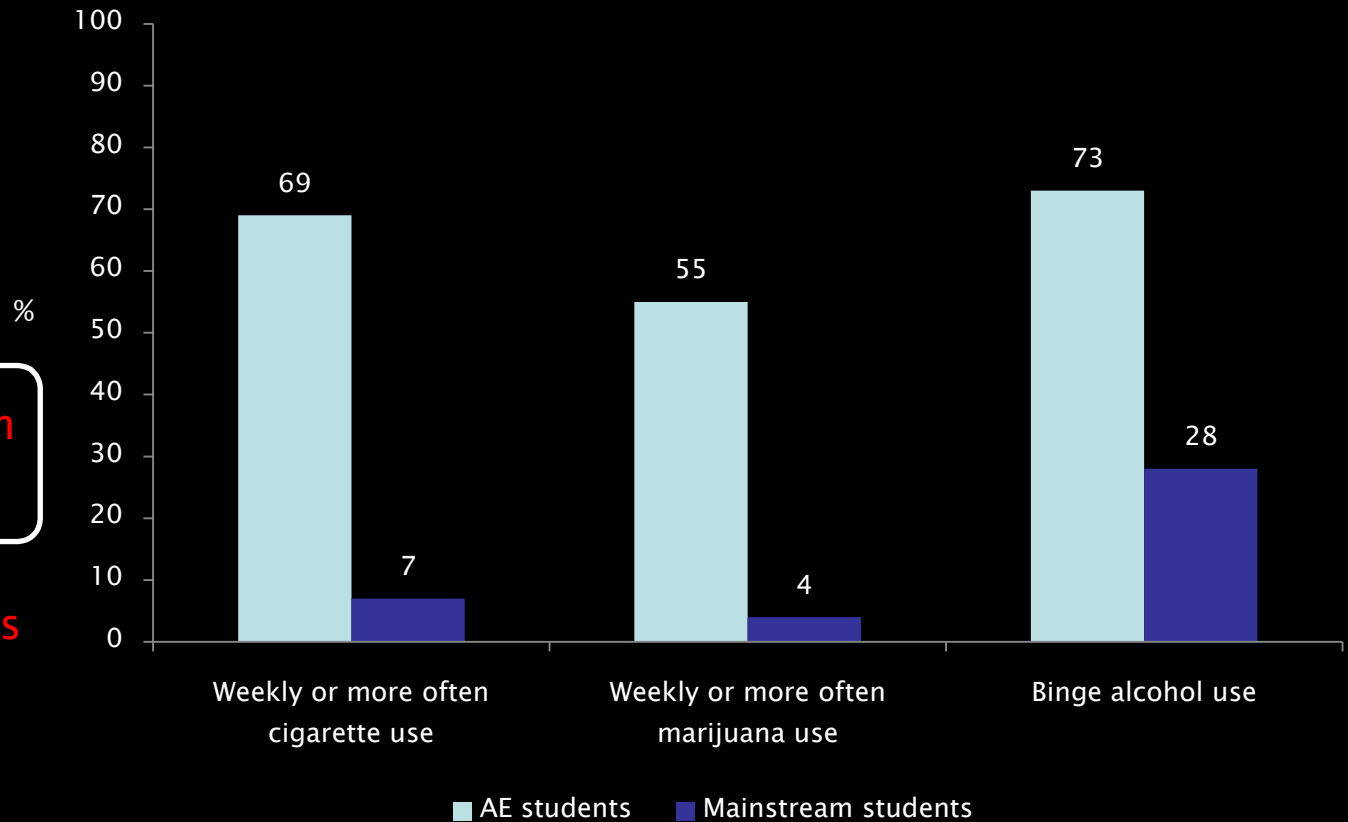
Methodology

Results

AE vs. Mainstream

Recommendations

Conclusions



Background



Sexual health

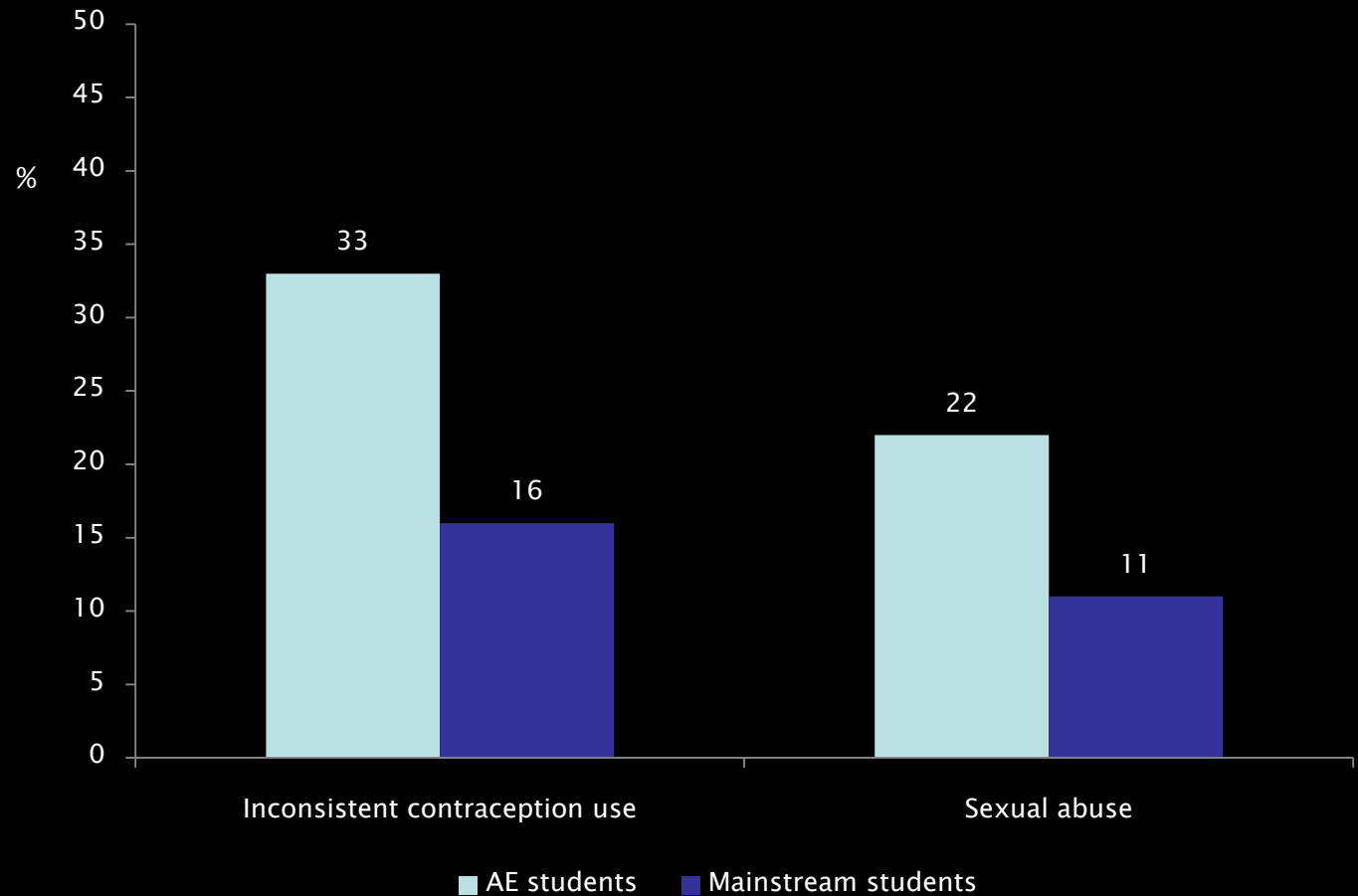
Methodology

Results

AE vs. Mainstream

Recommendations

Conclusions





Recommendations

Background



Recommendations

Methodology

Recommendation 1: Develop caring and supportive relationships with students to engage them in education, health and social services

Results

Recommendation 2: Improve interaction and communication with family/whanau

AE vs. Mainstream

Recommendation 3: Provision of free, consistent, high quality, youth appropriate, onsite primary health care for all Alternative Education students

Recommendations

Recommendation 4: Alternative Education facilities require collaborative models of health and social service delivery

Recommendation 5: Comprehensive and consistent health promotion policies and procedures are required in Alternative Education

Conclusions

Recommendation 6: Provide more training and workforce development for AE staff

Background



Conclusions

Methodology

AE students have significant health and social issues that affect their ability to learn and succeed in the AE environment

Results

Health and social services need to be responsive and work collaboratively with AE facilities

AE vs. Mainstream

AE students are vulnerable and appropriate resources and a skilled workforce must urgently address these issues

Recommendations

“Young people have to be given ... the courtesy and respect that they actually have a role in life...”

Conclusions

(Health Professional)



For more information/reports contact me at t.clark@auckland.ac.nz or on our website www.youth2000.ac.nz