Adolescent Health Data Detail Sheet

FY26 MCH Title V Needs Assessment

IOWA Health and Human Services

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Contents

Adolescent Well Visit

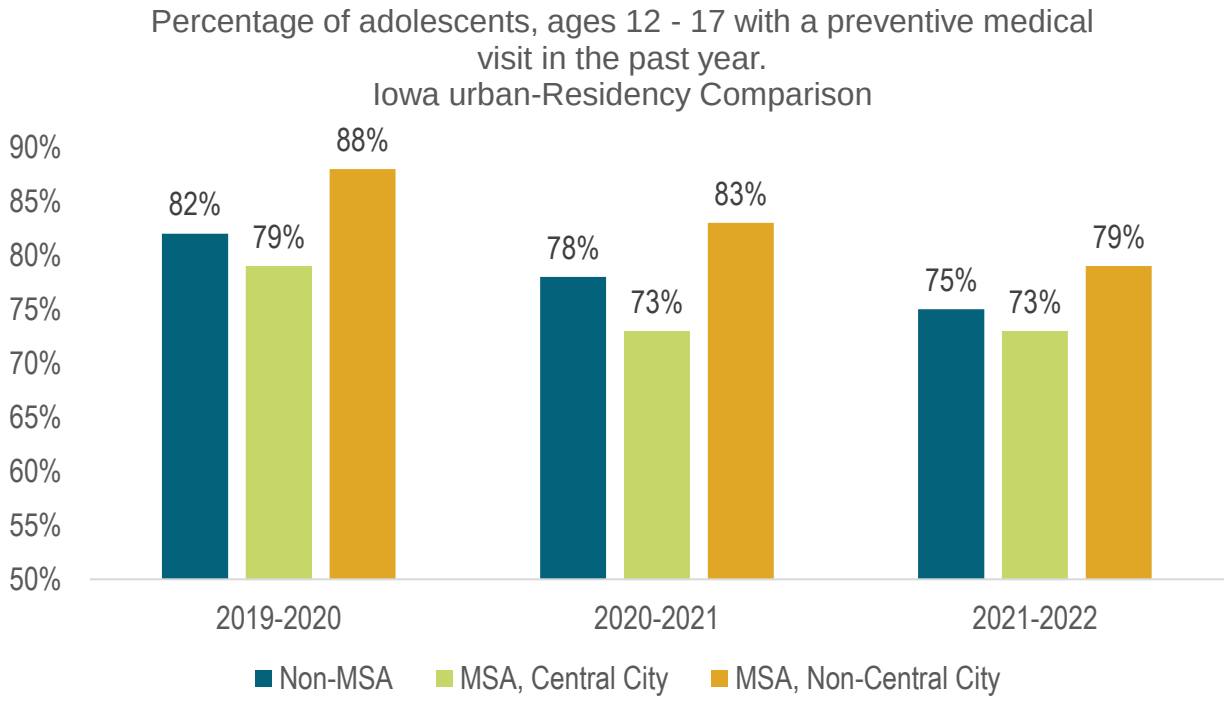
The percentage of adolescents, ages 12 through 17, who had a preventive medical visit (well visit) in the past year.

Why – Annual preventive well visits may help adolescents adopt or maintain healthy habits and behaviors, avoid health-damaging behaviors, manage chronic conditions, and prevent disease.

What – Since 2019, the percentage of adolescents in Iowa receiving preventative well visits within the last year has been trending downward but is still higher than the nationwide average.

Data Note – This data is obtained from the National Survey of Children's Health (NSCH), 2019-2023. NSCH data are reported by a parent or guardian with knowledge of the health and health care of the sampled child. This measure was affected by a 2018 wording change to the item assessing receipt of medical care in the past year, with the previous wording restored in 2019.

A more comprehensive collection of adolescent well-visit data is needed. The results of the National Survey on Children's Health are helpful, but they only capture a sample of the children in the state and could be expanded. Many data fields had numbers too small to report, making it difficult to make comparisons and identify trends.



Source: National Survey of Children's Health (NSCH) 2019-2023

Health Disparity

Urban Residency

Why – Looking at the percentage of adolescents receiving preventative well visits by urbanicity might expose trends linked to socioeconomic barriers, such as limited access to transportation or proximity to medical care providers.

What - In Iowa, all three residency classifications have seen a decrease in the percentage of adolescents receiving a preventative medical visit, with the greatest decrease seen outside of metropolitan city centers (MSA, Non-Central city) from 88% in 2019-2020 to 79% in 2021-2022.

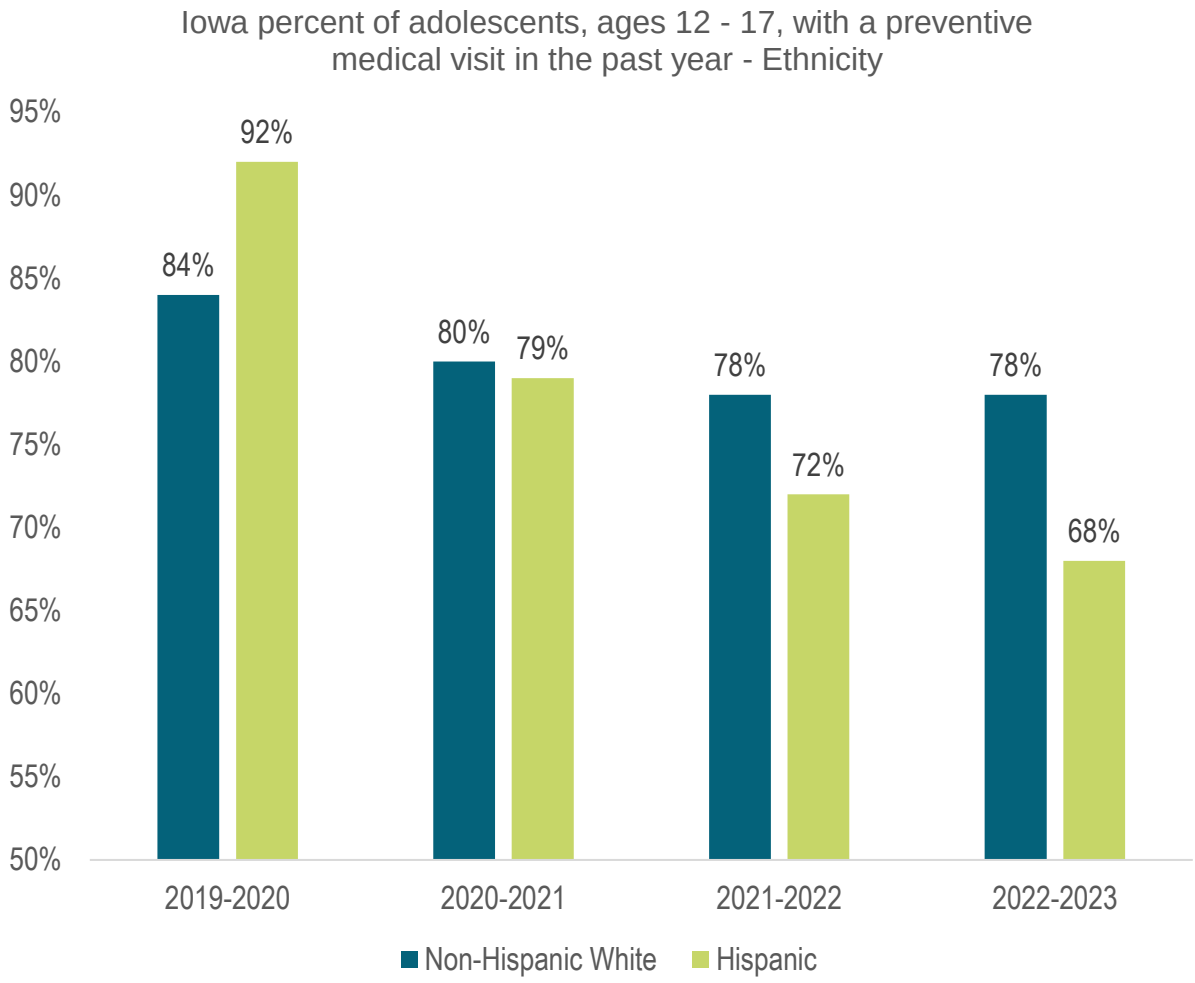
Data Note – This data is obtained from the National Survey of Children's Health (NSCH), 2019-2022. NSCH data are reported by a parent or guardian with knowledge of the health and health care of the sampled child. This measure was affected by a 2018 wording change to the item assessing receipt of medical care in the past year, with the previous wording restored in 2019.

Ethnicity

Why – There are many determinants of health that may influence why an adolescent is not receiving an annual preventative medical visit. Narrowing disparities and improving well-visit adherence among adolescents will require the combined efforts of researchers, policymakers, clinicians, and other stakeholders.

What - In Iowa, preventative visits have been decreasing amongst both Non-Hispanic White adolescents and Hispanic adolescents. There has been a significant decrease among Hispanic adolescents, however, from 92% in 2019-2020 to 68% in 2022-2023.

Data Note – This data is obtained from the National Survey of Children's Health (NSCH), 2019-2022. NSCH data are reported by a parent or guardian with knowledge of the health and health care of the sampled child. This measure was affected by a 2018 wording change to the item assessing receipt of medical care in the past year, with the previous wording restored in 2019. Additional race and ethnicity data is not available at this time due to limitations in sample size, and caution should be used when interpreting results.



Source: National Survey of Children's Health (NSCH) 2019-2023

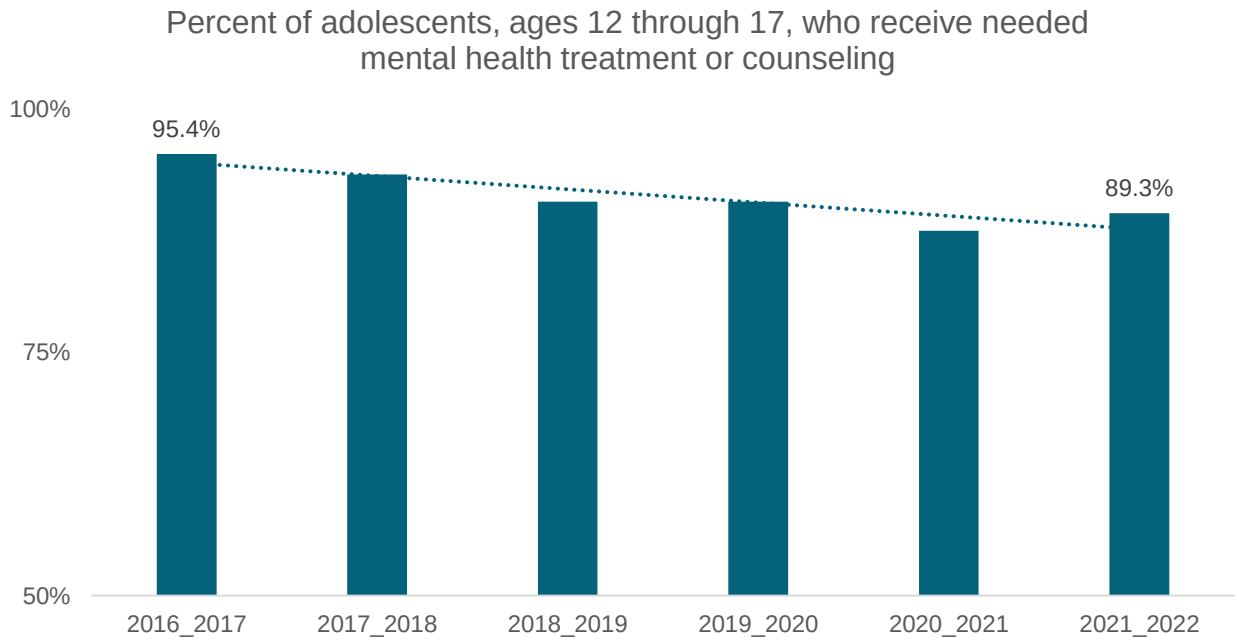
Mental Health Treatment

Percent of adolescents, ages 12 through 17, who receive needed mental health treatment or counseling.

Why –1 in 6 U.S. youth aged 6–17 experience a mental health disorder each year, and it is estimated that only about half receive necessary treatment. In Iowa, 37,000 adolescents aged 12–17 have depression. If a mental health condition remains untreated, it can negatively impact an adolescent's development, school performance, relationships, and long-term health outcomes. (NAMI, 2021)

What – The percentage of adolescents, ages 12 through 17, who receive needed mental health treatment or counseling in Iowa was trending downward from 95% (2016-2017) to 89% (2021-2022). 2022-2023 saw an increase to 96%. In Iowa, there is little difference between private insurance and Medicaid coverage for the percent of adolescents, ages 12 through 17, who receive needed mental health treatment or counseling.

Data Note – Data surrounding adolescents who receive needed mental health treatment or counseling who are uninsured is not reportable due to the limited sample size and federal suppression guidelines.



Source: National Survey of Children's Health (NSCH) 2016-2023

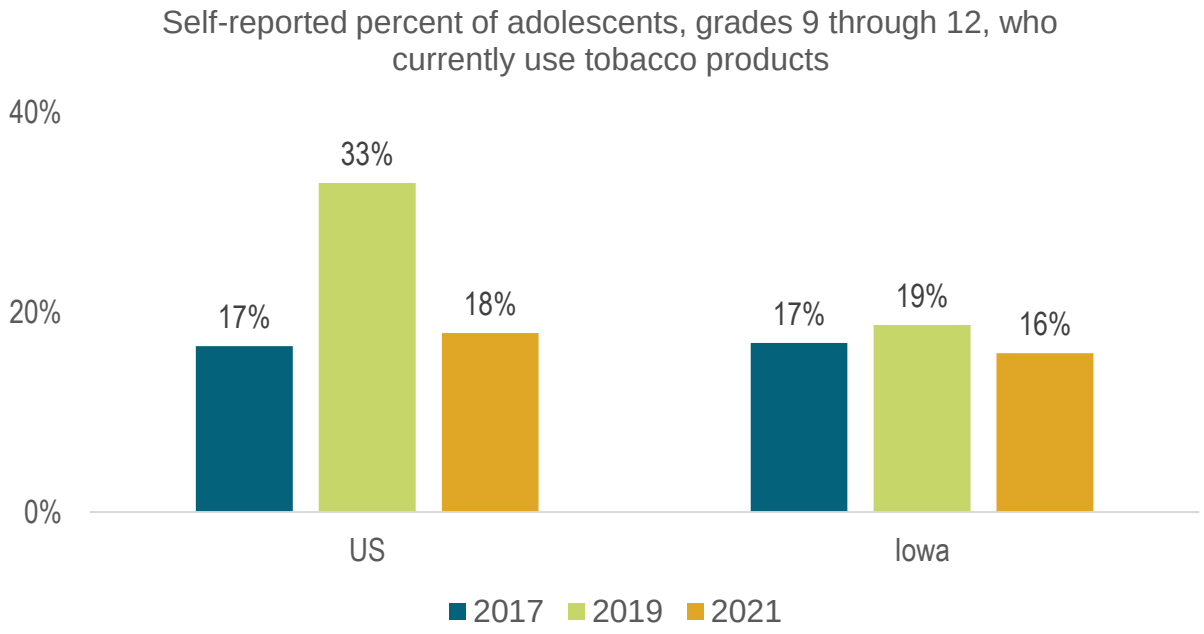
Tobacco Use

Percent of adolescents, grades 9 through 12, who currently use tobacco products.

Why – Tobacco is the leading preventable cause of death for Iowans, taking the lives of more than 5,100 adults each year. Tobacco use usually begins during adolescence, so preventing tobacco product use among youth is essential to decreasing its use in adulthood. Tobacco use during adolescence is associated with high-risk behaviors, such as substance use, depression, and other mental health conditions, and lower educational attainment.

What – Both the national and Iowa estimates of the percentage of adolescents, grades 9 through 12, who currently use tobacco products have increased since 2017, and both saw a peak in 2019. Iowa did not experience the sharp increase between 2017 and 2019 that was seen nationwide.

Data Note - In June of 2020, Iowa Governor Reynolds signed legislation that increased the state minimum age to purchase tobacco, alternative nicotine, and vapor products from 18 to 21 years, reflective of the federal minimum age. Youth Risk Behavior Surveillance System (YRBSS) data surrounding tobacco use specific to Iowa is not available for years 2013 and 2015.

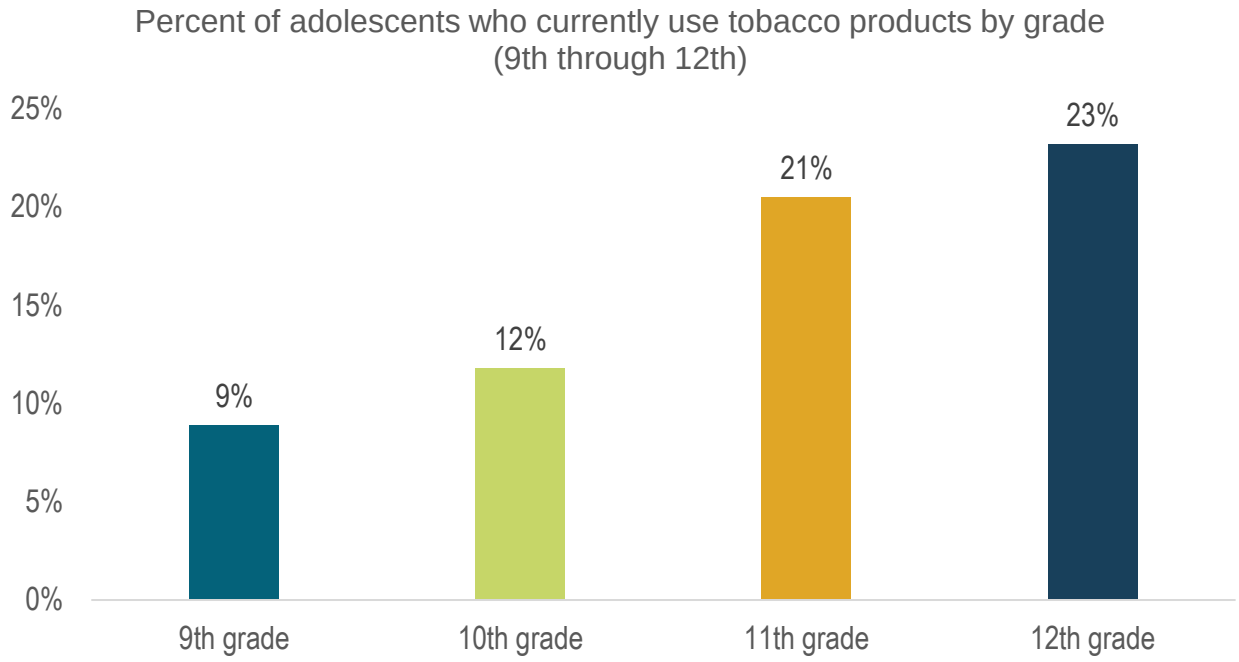


Source: Youth Risk Behavior Surveillance System (YRBSS) 2017-2021

Health Disparity – Grade Level

Why – Tobacco use is still the single greatest preventable cause of death and disease in Iowa. Combating early tobacco initiation and use is paramount to preventing an estimated 5.6 million premature adolescent deaths that are projected from smoking-related diseases nationally.

What - Iowa adolescents in 11th (21%) and 12th (23%) grade report higher rates of tobacco product usage than their 9th (9%) and 10th (12%) grade counterparts.



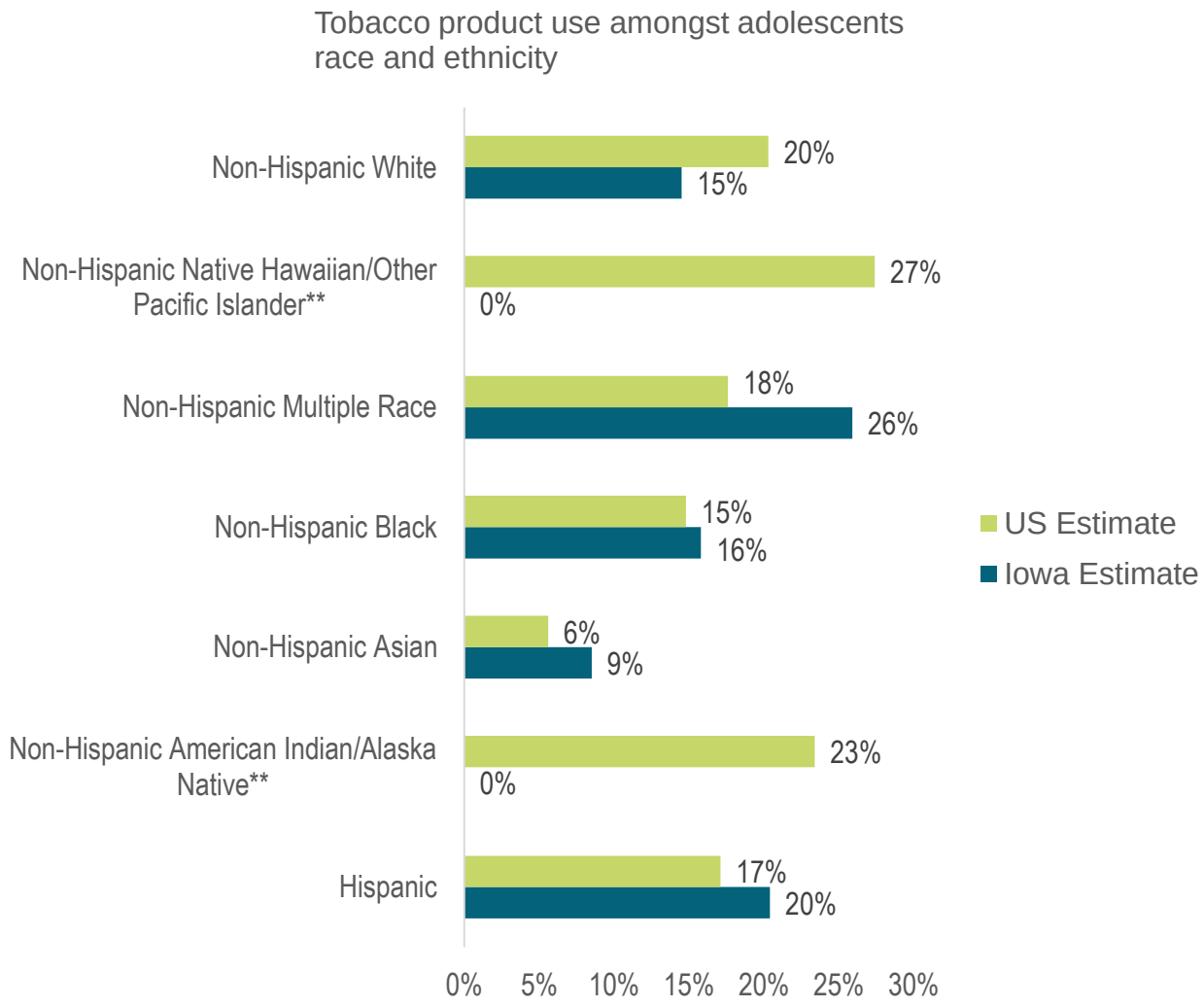
Source: Source: Youth Risk Behavior Surveillance System (YRBSS) 2021

Health Disparity – Ethnicity

Why – The wide disparities that exist surrounding the use of tobacco products have been documented among the largest U.S. racial/ethnic groups. Apart from the three most populous groups (non-Hispanic whites, non-Hispanic blacks, and Hispanics), however, little is known about tobacco use among youths from other racial/ethnic groups.

What – Adolescent minorities in Iowa are more likely to use tobacco products than their peers nationwide. However, Non-Hispanic White adolescents in Iowa were found to have been less likely to use tobacco products. Iowa data was not available for Non-Hispanic White adolescents or Non-Hispanic American Indian/Alaska Native adolescents.

Data Note – Additional race and ethnicity data specific to Iowa is not available at this time due to limitations in sample size, and caution should be used when interpreting results.



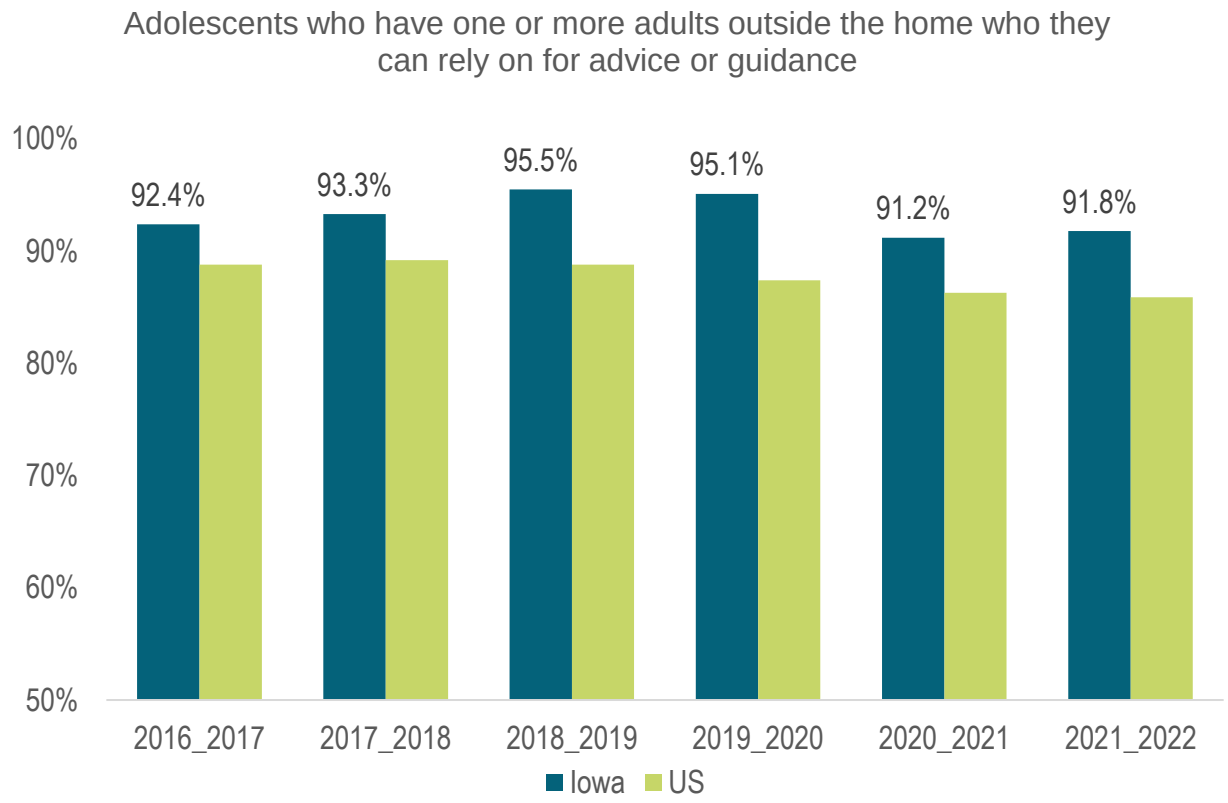
Source: Youth Risk Behavior Surveillance System (YRBSS) 2021

Adult Mentor

Percent of adolescents, ages 12 through 17, who have one or more adults outside the home whom they can rely on for advice or guidance.

Why – Adolescents who have mentors use them as sources of guidance, emotional support, and advice. Studies have shown that adolescents with mentors have higher grades and better school attendance, are more likely to graduate high school and pursue higher education and appear to be less likely to engage in risky behaviors.

What – Iowa has a significantly higher percentage of adolescents who report having an adult mentor outside the house than the nationwide average. Both nationwide and Iowan averages have been trending downward since 2018-2019, but both saw a slight increase in 2022-2023.

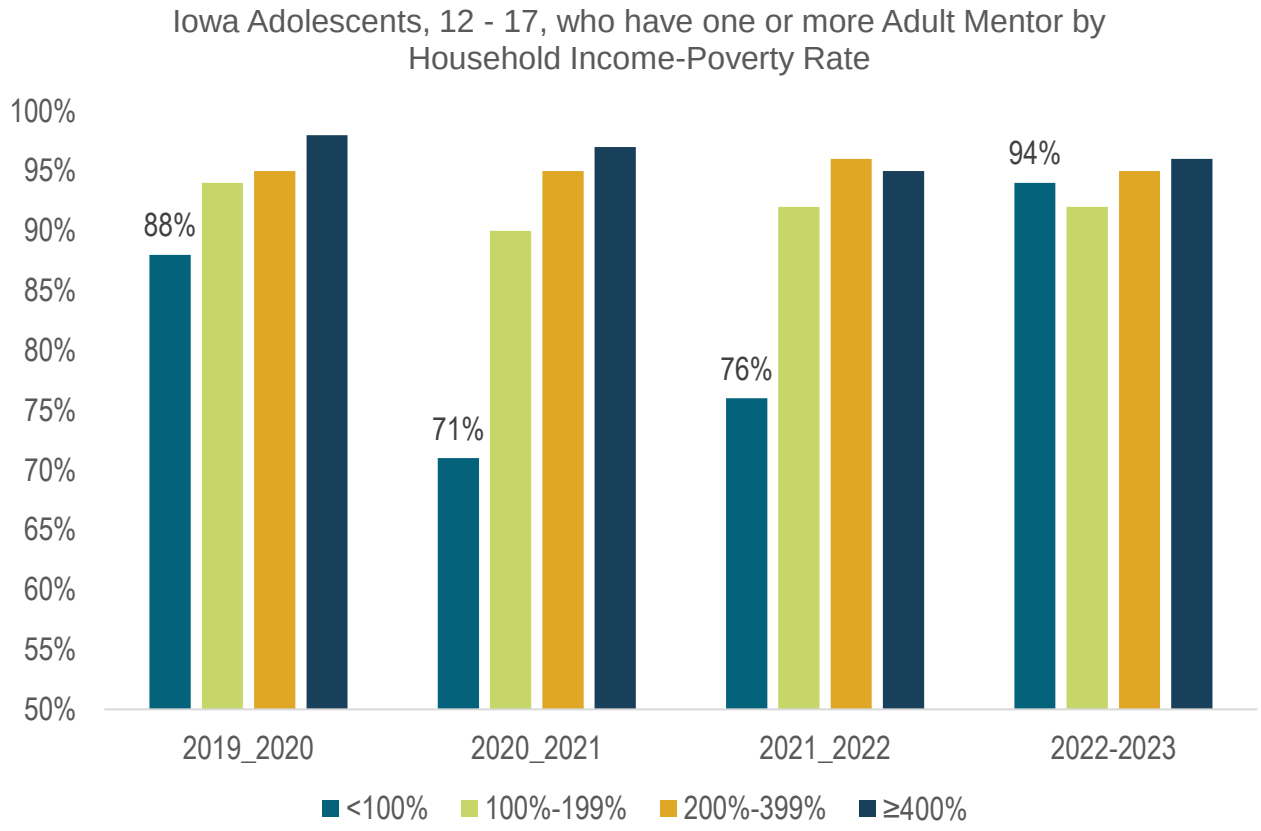


Source: National Survey of Children's Health (NSCH) 2016-2023

Health Disparity – Household Poverty-Income Ratio

Why – There are disparities in the portion of youths that have a mentor according to gender, race and ethnicity, age, ability, and household income. Adolescents from lower-income families and/or neighborhoods are less likely to have access to natural mentors during this critical period of development.

What –In Iowa, the likelihood of an adolescent having an adult mentor increases as the household income-poverty ratio increases. Averages have stayed consistent from year to year in categories other than <100%, which has seen a notable decrease from 2019-2020 (88%) to 2021-2022 (76%) but increased from 2022-2023 (94%).

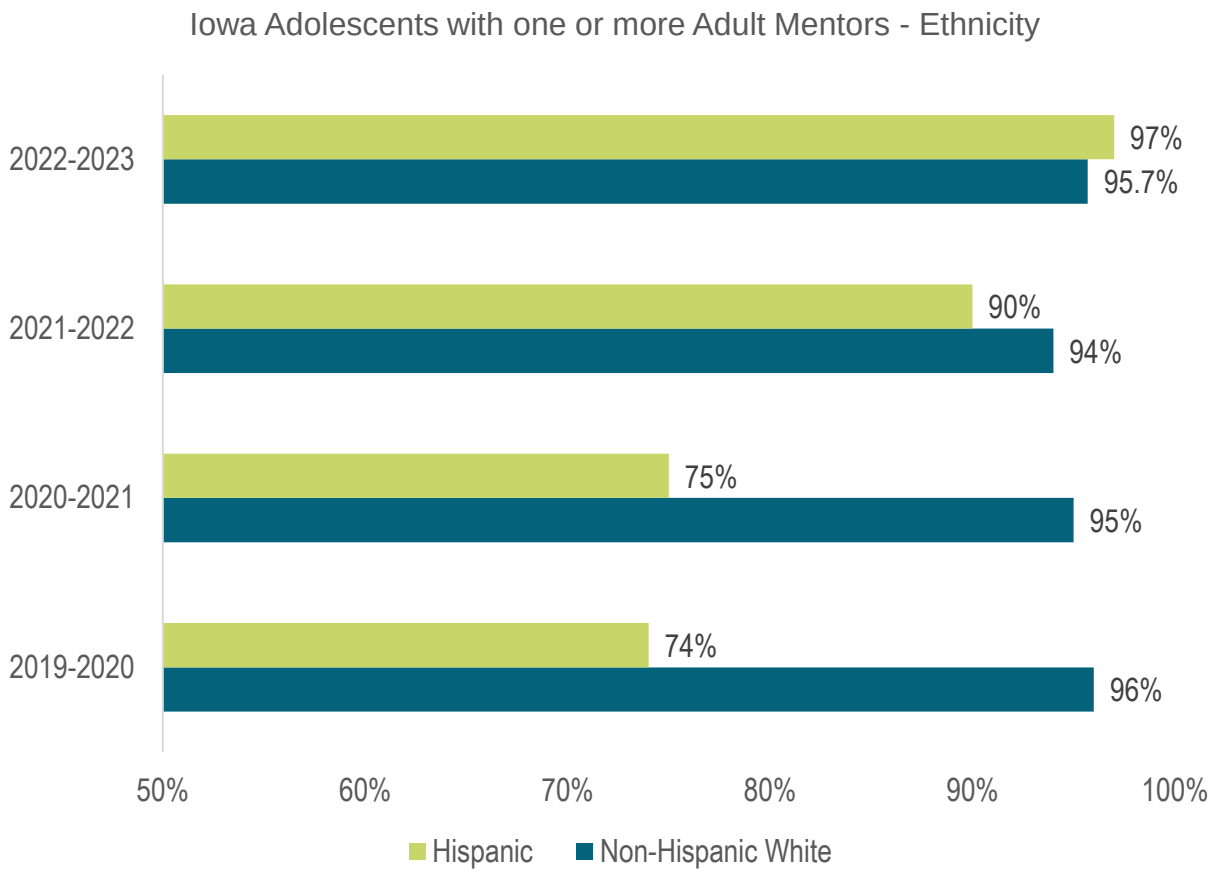


Source: National Survey of Children's Health (NSCH) 2019-2023

Health Disparity – Non-Hispanic White and Hispanic

Why – There are disparities in the portion of youths that have a mentor according to gender, race and ethnicity, age, ability, and household income. Adolescents from lower-income families and/or neighborhoods are less likely to have access to natural mentors during this critical period of development.

What – In Iowa, from 2019-2021, Non-Hispanic White adolescents are more likely to report having one or more adult mentors outside their home than Hispanic adolescents. However, Non-White Hispanic adolescents have reported a slight decrease from 2019-2020 (96%) to 2022-2023 (95%), whereas Hispanic adolescents have reported a large increase in recent years, jumping from 75% in 2020-2021 to 97% in 2022-2023.



Medical Home

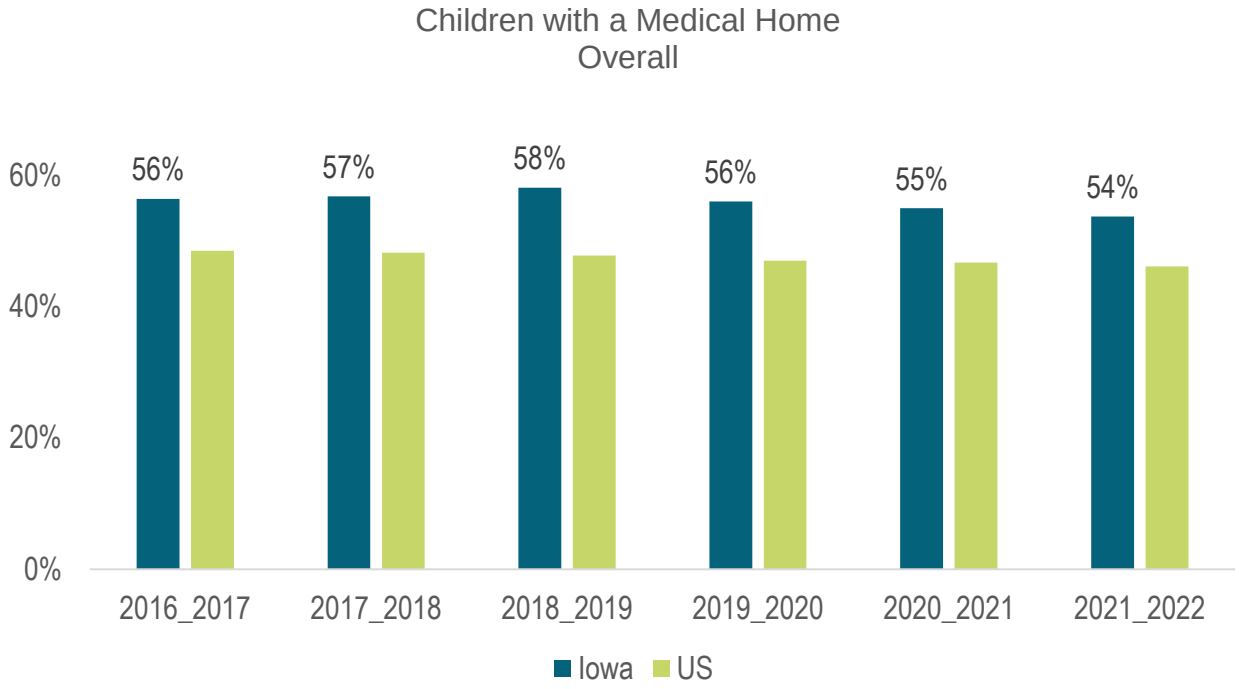
Percent of children with and without special health care needs, ages 0 through 17, who have a medical home.

Overall

Background – A medical home is a way of providing complete primary care that builds strong relationships between patients, doctors, medical staff, and families. It goes beyond just the doctor's office and includes things like communication, family support, and access to specialist care and educational services. There is evidence to support that both children with and without special health care needs benefit when utilizing the medical home care model. What is a Medical Home?

Why - Having a Medical Home is associated with improved health outcomes for the population, increased satisfaction for children and families, and decreased cost of care.

What – Iowa has seen a slip decrease in overall children with a medical home from 2018-2019 (58%) to 2021-2022 (54%). Looking at the percentage of children (0-17) who have a medical home overall, Iowa has consistently outperformed the national average since 2016-2017.



Source: National Survey of Children's Health (NSCH) 2016-2022

Personal Doctor

Background - A personal doctor or nurse is one of the five components of the overall medical home measure. A child's "personal doctor or nurse" could be one or more healthcare professionals who have an established relationship with the child and their family and are familiar with the child's health history. A "health care professional" is defined as a general doctor, pediatrician, specialist doctor, nurse practitioner, or physician's assistant.

Why - A child's personal doctor or nurse can deliver individualized care, help the family navigate through a complex health care system to ensure the child receives the care they need can often limit the need to refer to other specialists, and be an integral part of a multidisciplinary care team to address all the health needs of a child.

What – Iowa performs better than the national average when looking at the percentage of children (0-17) who have a personal healthcare professional, but has remained consistent from 2016-2017 (76%) to 2021-2022 (77%). (Table 1. Page 15)

Usual Source of Sick Care

Background - A "usual source of sick care" refers to a regular point of contact or health care provider that a child usually goes to first when they need medical attention due to illness or a parent or caregiver needs advice about their child's health. (HRSA)

Why - Having a usual source of care is related to having seen a physician during the last year, having received preventive health counseling, and having lower levels of unmet needs.

What – Iowa has seen a decrease in the percentage of children with a medical home from 2016-2017 (85%) to 2021-2022 (81%) (Table 1. Page 15). However, Iowa performs better than the national average when looking at the percentage of children (0-17) who have a usual source of sick care.

Family-Centered Care

Background - Patient- and family-centered care is an approach to the planning, delivery, and evaluation of health care that is grounded in mutually beneficial partnerships among health care providers, patients, and families. It redefines the relationships in health care by placing an emphasis on collaborating with people of all ages, at all levels of care, and in all healthcare settings. In inpatient- and family-centered care, patients and families define their "family" and determine how they will participate in care and decision-making. A key goal is to promote the health and well-being of individuals and families and to maintain their control. What is PFCC?

Why – Across all Family Centered Care (FCC) models, the consistent goal is to develop and implement care plans in partnership with families. Research shows that FCC leads to better health outcomes, wiser allocation of resources, and greater satisfaction.

What – Iowa performs better than the national average when looking at the percentage of children (0-17) who have a medical home overall. There has been a slight decrease, however, in Iowa from 2016-2017 (91%) to 2021-2022 (88%). (Table 1. Page 15)

Referrals

Background - A referral is a request from one physician to another to assume responsibility for the management of one or more of a patient's specific conditions.

What – Referral access is important for addressing unmet health and social needs. Communication and coordination are essential; all care providers need to collaborate to establish shared care plans and develop a clear understanding of each other's roles to provide comprehensive care.

Why – The national average of children without special health care needs, ages 0 through 17, who receive needed referrals has been consistent from 2019-2022. Iowa saw a slight trend upward from 2016-2017 (84%) peaking in 2019-2020 (87%). Iowa's percentage of children who receive needed referrals has been trending downwards from 2019-2022 and is now (81%), slightly below the national average. (Table 1. Page 15)

Care Coordination

Background - Care coordination, a key element for the delivery of quality primary care, involves deliberately organizing patient care activities and sharing information among all of the participants concerned with a patient's care to achieve safer and more effective care. This means that the patient's needs and preferences are known ahead of time and communicated at the right time to the right people across units or sites of care to provide safe, appropriate, and effective care to the patient.

Why – By centering on the comprehensive needs of the child and family, care coordination can improve the quality of services, reduce healthcare costs, and decrease the burden on family and other caregivers.

What - Iowa's percent of children who receive needed referrals has been trended downwards from 2016-2017 (80%) to 2021-2022 (72%).

Table 1: Medical Home Model

	Personal Doctor	*Usual Source of Care*	*Family-Centered Care*	*Referrals*	*Care Coordination*
2016 - 2017	76%	85%	91%	84%	80%
2017 – 2018	77%	84%	91%	84%	76%
2018 – 2019	78%	85%	91%	85%	75%
2019 – 2020	76%	81%	89%	87%	77%
2020 – 2021	76%	80%	88%	82%	71%
2021 - 2022	77%	81%	88%	77%	72%