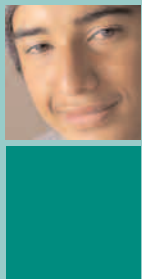


Healthy Youth Development **POLICY**



The Healthy Youth Development Prevention Research Center collaborates with community-based, youth-serving organizations to promote youth development through research, training and advocacy.



Obstacles to evidence-based policy

Michael Resnick, PhD – PRC Director

We are working in a time when far more emphasis is given to the idea of evidence-based policy than its actual implementation. Why? The World Health Organization gives us insight into this through its 1998 definition of ‘public health’: the art of using science in the context of politics to accomplish optimal health for the greatest number of people.

Our current political context has produced this time of profound disconnect between evidence and policy.

Here are a few of these evidence-policy disconnects, and there are many. Analyses from the Guttmacher Institute demonstrate that almost all declines in pregnancy among older teens are due to more frequent and consistent contraceptive use, which also explain most of the pregnancy rate declines among younger teens.

From the June 22, 2006 issue of the *New England Journal of Medicine*, we see carefully developed evidence that use of condoms reduces risk of transmission of HIV, gonorrhea, Chlamydia and herpes simplex virus in women and men. New evaluations demonstrate that condoms do reduce the risk of transmission of HPV infection in women. As further noted in the accompanying editorial ‘Condoms and sexually transmitted disease infections’ by Steiner and Cates, promotion of condom use must be part of a more comprehensive

approach to risk reduction, that not only includes ‘A&B’ of the ABC’s (abstain, be faithful, use condoms), but other evidence-based approaches to promoting sexual and reproductive health.

Clearly, this must include assurance that our young people have access to medically accurate, age-appropriate, comprehensive sex education where the weight of evidence derived from rigorous evaluations shows us what works and with whom, to reduce early and unprotected intercourse, teen pregnancy, abortions, and births.

But access to evidence-grounded education is far from the norm for our young people.

Here are further examples: Syntheses of evidence from researchers Dr. Douglas Kirby, Dr. John Santelli and colleagues, and others, continue to provide us with well documented, replicable prevention information. But despite the stated desire to prevent teen pregnancies, births, STIs and abortions in the US, no support for such evidence-based sex education is heard from the highest levels of the current administration. Instead, we see expensive investment in strategies that are unsupported by rigorous evaluation and replication including from the latest Mathematica evaluation of abstinence-only education strategies.

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Obstacles to evidence-based policy

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In global terms, according to the UN Population Fund, provision of effective contraception for the more than 200 million women who lack such access would, in and of itself, prevent approximately 23 million unplanned births, 22 million induced abortions, and some 14,000 pregnancy-related deaths annually. But access to effective contraception is hampered by policies promulgated by the United States through restrictions it places on the funding of clinics, and the provision of comprehensive pregnancy prevention and options.

In the United States, contraception itself is under attack, despite a solid, well-documented body of research that shows us the preventive benefits of contraception and birth control. Budgets have been sent repeatedly to Capitol Hill with out increases for Title X family planning, despite the known effectiveness of these clinics and persistent evidence of unmet needs in our communities. This comes at a time when declines in unintended pregnancies have ground to a halt, with marked difference by social class: unintended pregnancy rates are up 30% among poor women, in contrast to ongoing declines among more affluent women. Poor women are 4 times more likely to have an unintended pregnancy, to give birth, and 5 times more likely to have an abortion than their more affluent counterparts.

The disconnect between evidence and policy continues.

How encouraging it would be if the research on comprehensive sex education and pregnancy prevention were used the way sleep research has been adopted by so many school districts. Start-times changed, as we understood more about the relationship between adolescents' sleep cycles and learning. In the best of all

worlds we would see the same translation of research into application, related to sexuality education and family planning.

But we do our scientific work in the context of politics. In many of our communities, both here and abroad, this comes at a price - - one that our communities, and our young people can ill afford.



Personal and policy implications of the exuberant adolescent brain

Glynis Shea, Communications Coordinator

In the past five years neuroscientists have made remarkable progress in understanding the ongoing development of the human brain during adolescence. Scientists now know that the brain does not complete its physical growth – in fact dramatic changes still occur – until after the age of 24.

These findings show that adolescence is a critical time period in the process of brain development. The pre frontal cortex (sometimes referred to as the CEO of the brain that controls decision making, as well as other higher order functions) goes through a period of growth, where synaptic connections are rapidly created. Next the brain goes through a “pruning” process where the connections that are most frequently used remain, but other—less well-established connections – are pruned away. Thus brain researchers note that the capabilities of the adolescent brain are in a “use it or lose it” state.

This science has profound implications for the youth field. In the late 1990s the US Supreme Court ruled, based on testimony from brain researchers, that youth were not eligible for the death penalty based on the state of their brain development. They argued that decision-making capacity, the domain of the pre-frontal cortex, was still forming during adolescence, meaning that young people should not necessarily be legally held to the same level of accountability as adults, where presumably, brain architecture has completed development. The suit was successful; adolescents are no longer eligible for death penalty sentences.

Of concern to many in the youth community is how this information could be used to restrict the rights of youth; the logic used to protect youth from the death penalty also has profound implications for their access to reproductive health services and information, educational requirements, military enlistment, driving licensures,

Exuberant adolescent brain

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voting, and employment, to name a few.

Knowing that adolescent brain development continues into the mid-20s, particularly in the prefrontal cortex, offers numerous insights on adolescent behavior – “That’s why they do that ...”

More importantly, this information can guide how parents, policy makers and the youth serving community support the healthy development of young people. Since we know, for example, that decision-making skills are being formed, parents, adults, schools and youth programs can provide opportunities to practice making those decisions. Caring adults can act as a sounding board and fresh set of eyes for youth in the process of weighing alternatives considering consequences and seeking best options.

Adolescent brain research is an emerging field with more questions than answers.

Programming and policy implications are not fully evident. Encouragingly, communications research reveals that the public’s understanding of the adolescent brain actually makes them a more receptive audience to the need for youth development approaches and opportunities.

This information demands action from the youth-serving community. Parents, health professionals and other adults can all promote positive adolescent development through the following:

Encourage everyone who works with or supports youth to better **understand and appreciate adolescent development** – including the development of the brain.

Discuss brain architecture and development in productive, applied ways. Focus energy on ideas and ways to support healthy adolescent development.

Be answer-ready. If someone does ask “is it true adolescents can’t make decisions?” be prepared to offer context and direction.

Remember that many factors affect our ability to make decisions – moods, knowledge and environmental concerns to name a few. For adolescents, the brain’s exuberant development is one of those factors.

Support adolescents’ decision-making by:

- Making available all the information adolescents need to make good decisions
- Being present and available to help young people work through the pros/cons and implications of their decisions.
- Providing adolescents with safe and positive ways to practice and experience decision-making because such opportunities will serve them now and in the future.



Eliminating fear-based policy

Lynn Bretl, Policy Coordinator

Like many of you, we at the PRC have become increasingly concerned, and often disheartened, about shifts in political climate. At all levels of government, there is a growing culture of governance based on ideology. It is particularly disturbing here in Minnesota, a state that has a long history of progressive thinking. Our citizens have always seemed to understand that providing stability for our most disadvantaged citizens is in

everyone’s best interest. But somehow that shared vision has been eroded by decision makers who are unsupportive of Hubert Humphrey’s famous observation that “the moral barometer of a nation is the way it treats its most vulnerable members.”

One of our concerns is the level of political debates in America. Our political arena no longer appears to be a place where ideas are debated with respect and with a true intention of bettering the

common experience. Disagreements are too often framed in intensely personal terms meant to both discredit and destroy the opposition.

On one level, this change makes some sense. As a nation and a state, many are afraid. We are keenly aware of threats about which we had little concern six years ago. We want to protect our families and keep our children safe. But we are not our best selves when we act out of

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Fear-based policy

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fear. Limiting information and opportunities for young people is contrary to what the research tells us is necessary for optimal youth development. Fear-based programs and legislation cheat our young people out of the potential for opportunities to make meaningful contributions to our communities.

Research on adolescent brain architecture and development is being described as justification for policies that aim to limit adolescents' access to information and opportunities. Again, this is counter to what the research actually shows – that adolescents need multiple opportunities to test and practice their decision making skills and values system in a safe and nurturing environment. People understand this in the context of early childhood development but not necessarily in terms of adolescents.

We can all agree that exposing young children to as many opportunities as possible for exploration and learning in a safe and age-appropriate environment

is essential for their brain development. Why, then, it is such a leap for people to agree that the same is necessary for the developing adolescent brain? This is where the fear creeps in, and we stop seeing eye-to-eye in policy debates and program development.

The National Campaign to Prevent Teen Pregnancy has a publication entitled “While the Adults are Arguing, the Teens are Getting Pregnant”. This title alone speaks volumes about the challenges we face as advocates for young people, and it calls us to rise above the name-calling and finger pointing to reinstate an authentic dialogue around adolescent health policies. We must hold our elected official – and ourselves – accountable for creating a shared vision for the health and well being of young people.

We have to challenge ourselves to remember that, no matter where one lands on the political spectrum, we do all share a common goal – protecting and nurturing our children and adolescents, using programs, policies and practices that work.

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PRC

What is a PRC?

For over 20 years, the Centers for Disease Control and Prevention have worked to eliminate health disparities and create healthy communities by funding *Prevention Research Centers (PRCs)* throughout the United States.

The Healthy Youth Development Prevention Research Center, housed at the University of Minnesota, Department of Pediatrics, is one in a network of 33 academic centers whose main objective – as a PRC – is to link science to practice through collaborations with public health agencies and community-based organizations.

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