

Teen Health is Public Health

INTERVIEW WITH BETH MARSHALL, Dr.P.H.

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IN HIGH SCHOOL, BETH MARSHALL AND HER PEERS LEARNED ABOUT THE HIV/AIDS EPIDEMIC FROM WHAT SHE RECALLS AS “EXTREMELY OUTDATED MATERIALS” THAT EVEN USED AN OLD NAME FOR THE DISEASE. WHEN SHE WANTED TO LEARN MORE, MARSHALL SPOKE TO HER HEALTH EDUCATION TEACHER, WHO SHARED SEVERAL CURRENT BOOKS ABOUT THE EPIDEMIC. RECOGNIZING A DIFFERENCE BETWEEN THE MATERIALS THAT ENGAGED HER AND THOSE DISTRIBUTED IN THE CLASSROOM, MARSHALL DEVELOPED AN INTEREST IN HEALTH EDUCATION. THAT INTEREST EVENTUALLY LED HER TO PURSUE A DOCTORATE IN PUBLIC HEALTH AT THE JOHNS HOPKINS BLOOMBERG SCHOOL OF PUBLIC HEALTH, WHERE SHE NOW WORKS TO PROMOTE THE HEALTH AND WELL-BEING OF YOUNG PEOPLE.

I noticed some topics on the website of the Center for Adolescent Health that I hadn't thought of as public health issues before. One of those was bullying. Can you talk about that a bit as a public health problem?

I think part of the reason bullying has fallen under the purview of public health is that we now approach violence and violence prevention as a public health issue, not just a criminal justice issue. One of the major causes of mortality for young people is violence: More young people die from homicide than the next seven leading causes of death combined. There are huge health disparities around violence; for example, young men and particularly young men of color are more likely to be victims of violence.

Bullying is a type of violence. We also see that bullying is a predictive factor in many health issues—such as substance abuse, depression, and anxiety—for both young people and adults.

Are most of the topics your center is working on related to the school setting?

People who study adolescent health can't ignore schools as a setting because they are often where we implement the programs we develop for adolescents, including evidence-based programs for sexual and reproductive health, drug use prevention, and bullying prevention.

Public health researchers are also interested in schools because they contribute to adolescents' development. The way a school is structured, the way a school feels, can have an impact on a young person's behaviors. For instance, in schools where there are more positive relationships among the students and where students feel connected to the adults in the school building, students are less likely to engage in behaviors such as sexual risk-taking and drug and alcohol abuse.

Another topic described on your website as a health concern for teens is sleep. Can you talk about sleep from a public health perspective?

It's a pervasive myth that teens need only seven or eight hours of sleep a night. The truth is that adolescents need closer to nine or ten hours of sleep for optimal functioning. Studies show that when teens get less sleep than that, it has negative impacts on academics. It has impacts on motor vehicle accidents.

When we're sleep deprived, we have trouble thinking quickly because our synapses aren't connecting as quickly. And it's worse for adolescents because their brains are still developing; the different areas of their brains don't work together as efficiently as those in an adult's brain. Add sleep deprivation, and quick thinking becomes even more difficult.

We're putting young people in positions that make them very sleep deprived. They have really busy schedules and access to a lot of technology, and we start school really early in the morning for them. This makes things that can already be challenging for them more challenging.

Can research like this effect change?

There was some research done on injury prevention and how young people's brains function when they're alone versus when they're with peers. That research drove some of the graduated driver's licensing requirements we have today—it's a great example of how research influenced policy and influenced it pretty quickly.

While we have seen some jurisdictions that have shifted school schedules around so that schools start earlier for younger kids and later for older kids, there certainly hasn't been a national policy change or even a majority of states that have adopted policies like that.

A lot of our readers have firsthand experience with sleep deprivation—and also probably with another topic of interest to you and your colleagues: teen stress. But it seems that our society's attitude is that stress is just part of what it is to be a teen.

It is a part of what it is to be a teen, and it can come in all different forms. For some young people it is because of over-scheduling. Others may be having problems with peers, with dating, with fitting into the social structure. I think that young people's stress sometimes gets minimized. Adults might say, "Oh, if you had everything to worry about that I have to worry about," but that's a false dichotomy. While young people might not be worrying about the same issues as adults, their stress is just as real and has the same negative effects on their bodies.

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What we really worry about is chronic stress and not being able to manage that stress. There are some great programs we're trying to move into schools to help young people deal with stress on a daily basis. For example, there is some really good research about mindfulness interventions in schools. I think it will take a combination of teaching skills to young people in the classroom so that they can handle their own individual stress, and also shifting the climate of the school to a more supportive and calming environment. I think we all want school settings where the adults in the building treat students with respect and empathy.

Is there anything else you'd like to share about adolescent public health with our readers?

One thing that might be interesting for your readers is the Youth Risk Behavior Survey. Many of them have probably participated in this survey because almost all states conduct it. It's a sample, so not every school participates, but I'll bet many of your readers have.

One of the essential functions of public health is to monitor trends in health behavior. That survey is the main source of such data on adolescents at the national, state, and—for a lot of jurisdictions like Baltimore City—local level. The questions change somewhat over time, but the basic topic areas—unintentional injuries, alcohol and drug use, tobacco use, sexual and reproductive health, nutrition, and physical activity—stay the same. It's really interesting to show young people some of that data and talk about how they perceive it. Does it seem accurate from their perspective?

Is that data publicly accessible?

Yes. At CDC.gov/healthyyouth there is a tool called Youth Online where you can look at the data nationally, by state, or by locality; you can look at trends over time; you can look by gender, race, or grade. It's a useful tool for researchers, but it's also a really fun tool for young people to play with. Interestingly, young people often feel like everybody is participating in some behavior—except for them. By looking at this data, they can see that their perception is often not the reality at all. ■

Find publications related to adolescent health and more at www.jhsph.edu/adolescenthealth.