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# Use of Optimal Health Model to Address High-Risk Behavior

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# Department of Health and Human Services

*Leading  
Americans to  
Healthier Lives*

Optimal Health

*Promoting Health  
Across the  
Reproductive  
Lifespan*



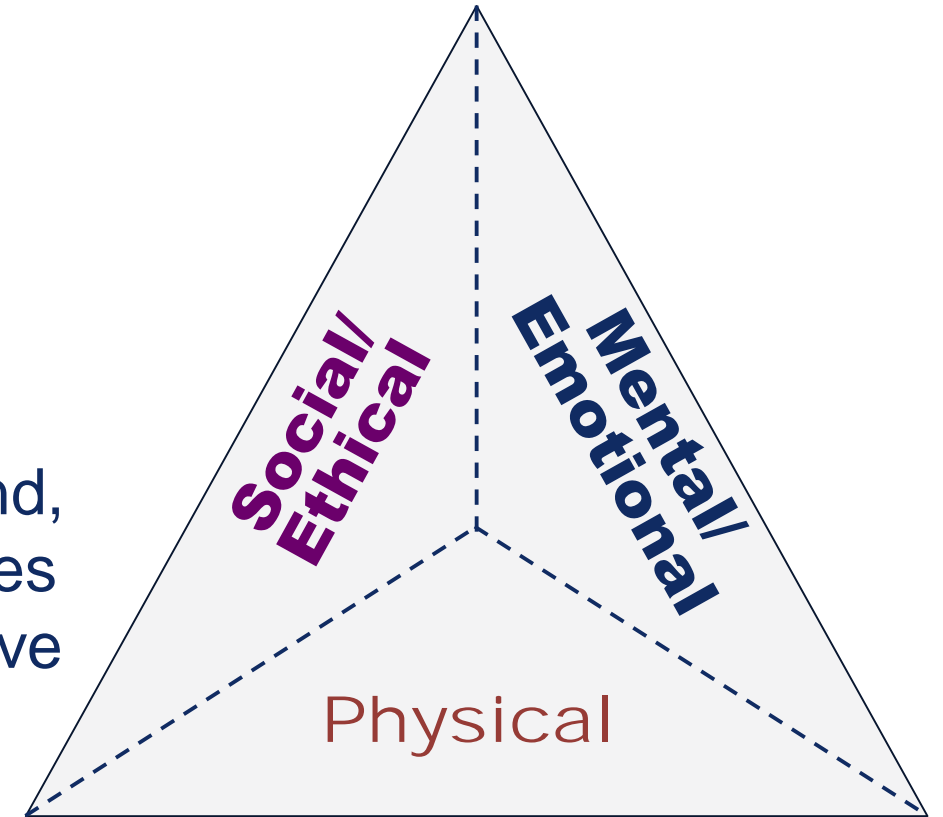
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# Optimal Health

“Optimal health is a dynamic balance of physical, emotional, social, spiritual, and intellectual health.

Lifestyle change can be facilitated through a combination of learning experiences that enhance awareness, increase motivation, and build skills and, most important, through the creation of opportunities that open access to environments that make positive health practices the easiest choice.”



O'Donnell, M. P. (2009) Definition of health promotion 2.0: Embracing passion, enhancing motivation, recognizing dynamic balance, and creating opportunities. American Journal of Health Promotion: September/October 2009, Vol. 24:1, pp. iv.



# Public Health

- Promote health
- Prevent disease
- Encouraging change in unhealthy behavior
- Focused on groups of people or communities

***“An ounce of prevention is worth a pound of cure”***

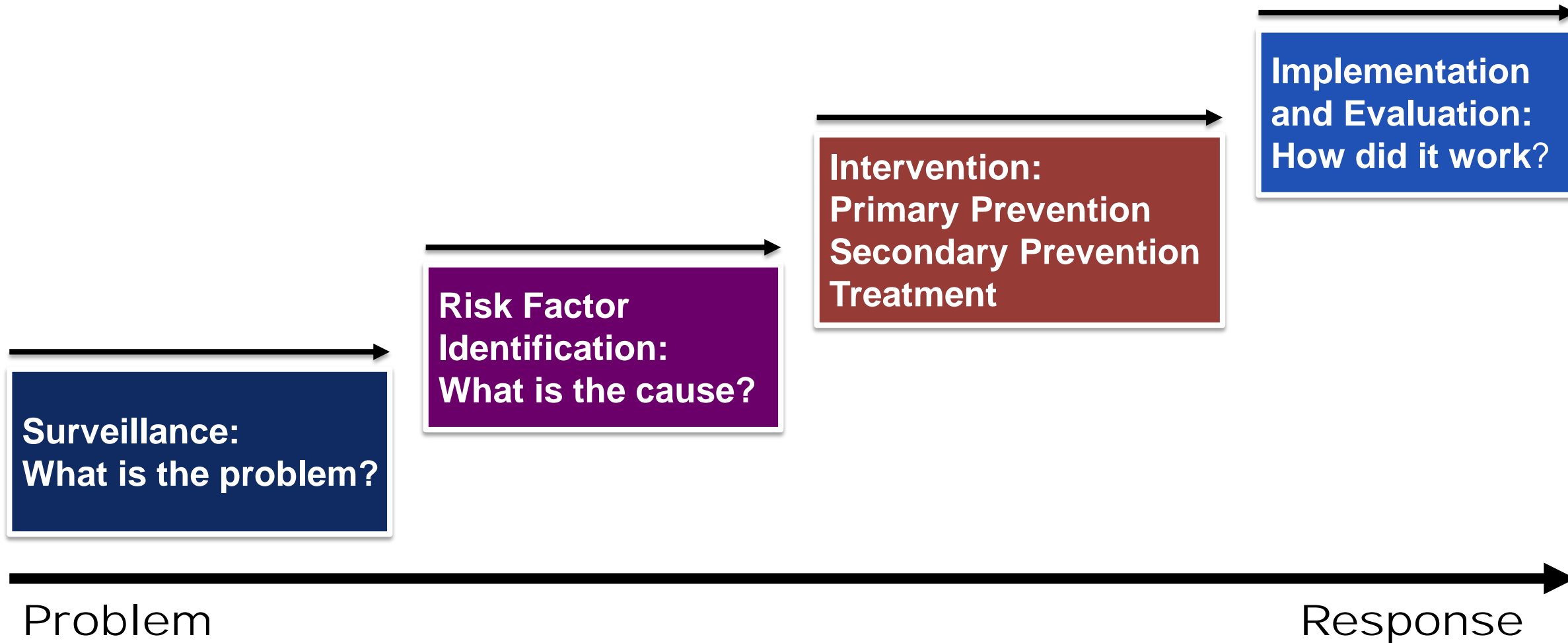
*Benjamin Franklin (1706-1790)*

***“Prevention is better than cure”***

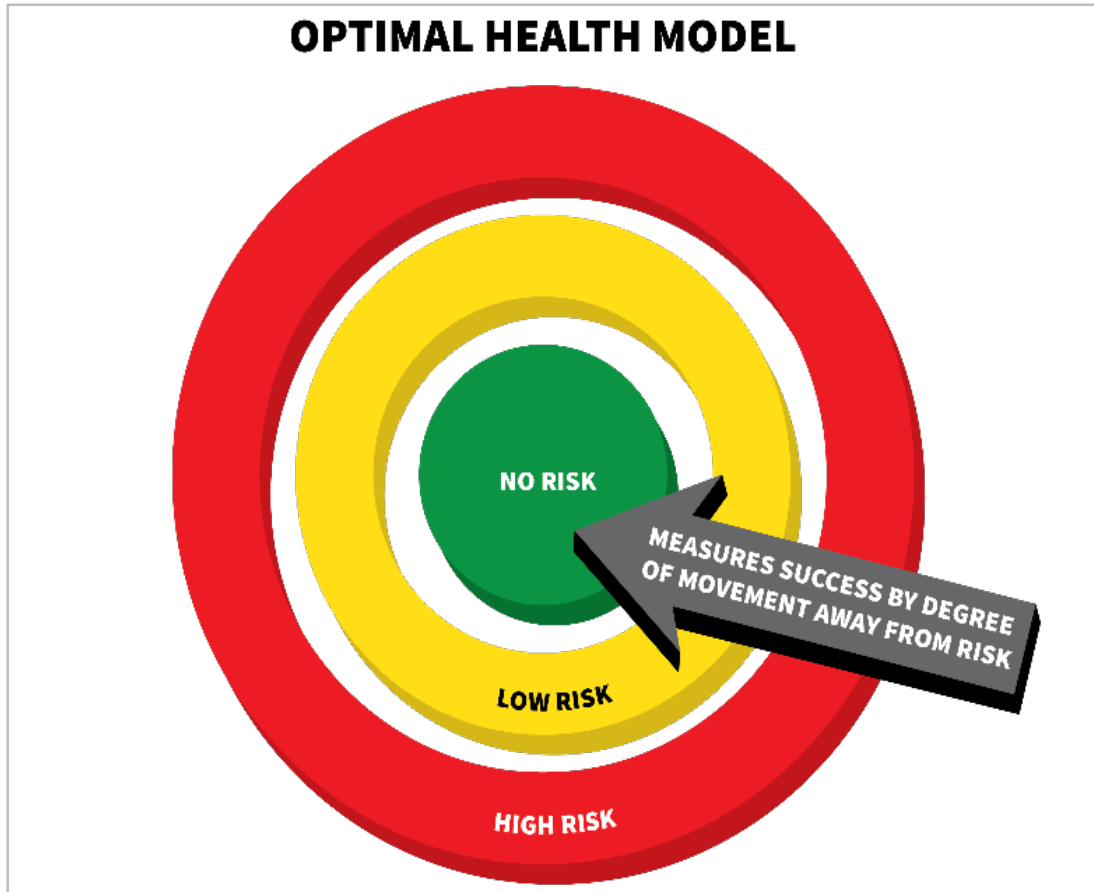
*Desiderius Erasmus (1466-1536)*



# Public Health Process



# Optimal Health Model - Intervention



## Treatment

Treat the illness or consequence of the high-risk behavior

## Secondary Prevention (risk reduction)

Reduce consequences of illness or high-risk behavior

## Primary Prevention (risk avoidance)

Prevent exposure to disease or onset of high-risk behavior



# High School Youth Risk Behavior Survey, 1991 & 2017

<b>ALCOHOL &amp; DRUGS</b>	<b>1991</b>	<b>2017</b>
Had at least 1 drink of alcohol on at least 1 day in the past 30 days	51%	<b>30%</b>
Had 4 (for females) or 5 (for males) or more drinks in a row, within a couple of hours, on at least 1 day in the past 30 days	N/A	<b>13%</b>
Used marijuana 1 or more times in the past 30 days	15%	<b>20%</b>
Used cocaine 1 or more times in their life	6%	<b>5%</b>
Were offered, sold, or given an illegal drug on school property in past 12 months	N/A	<b>20%</b>

N/A: Measure not available in 1991

<https://www.cdc.gov/healthyyouth/data/yrbs/index.htm>



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# High School Youth Risk Behavior Survey, 1991 & 2017

TOBACCO	1991	2017
Smoked cigarettes on at least 1 day during the past 30 days	27%	9%
Smoked cigarettes daily during the past 30 days	10%	2%

According to new federal data for 2019, the rate of vaping among teenagers has more than doubled since 2017, with [1 in 4 high school seniors](#), 1 in 5 high school sophomores, and 1 in 11 8<sup>th</sup> grade students reporting they had vaped in the past 30 days.

<https://www.cdc.gov/healthyouth/data/yrbs/index.htm>

<https://www.drugabuse.gov/news-events/news-releases/2019/09/teen-e-cigarette-use-doubles-2017>



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# High School Youth Risk Behavior Survey, 1991 & 2017

SEXUAL BEHAVIOR	1991	2017
Ever had sexual intercourse	54%	<b>40%</b>
Had sex in the past 3 months	37%	<b>29%</b>
Have had sexual intercourse with 4 or more partners in their lifetime	19%	<b>10%</b>
Had sexual intercourse for the first time before age 13	10%	<b>3%</b>
Drank alcohol or used drugs before last sexual intercourse*	22%	<b>19%</b>

\*Among students who were currently sexually active

<https://www.cdc.gov/healthyyouth/data/yrbs/index.htm>



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# High School Youth Risk Behavior Survey, 2013 & 2017

<b>DATING AND SEXUAL VIOLENCE</b>	<b>2013</b>	<b>2017</b>
Were ever physically forced to have sexual intercourse	7%	7%
Experienced sexual dating violence* during the past 12 months	10%	7%
Experienced physical dating violence* during the past 12 months	10%	8%

\*By someone they were dating or going out with, among students who dated or went out with someone during the past 12 months  
N/A: Measure not available in 1991

<https://www.cdc.gov/healthyyouth/data/yrbs/index.htm>



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How do we apply an optimal health model approach to these behaviors?



# Primary Prevention?

## Primary Prevention

- Avoiding risk is optimal to reducing risk
- Health outcomes are generally improved when behavior risks are avoided during adolescence



**Adolescents are capable of developing skills necessary to avoid risky behavior leading to optimal health.**



# National Institute on Drug Abuse

Surveillance:

What is the problem?

\_\_\_\_\_ has come to be seen as both a *health problem*,  
and as a *barrier to educational achievement*.



# National Institute on Drug Abuse

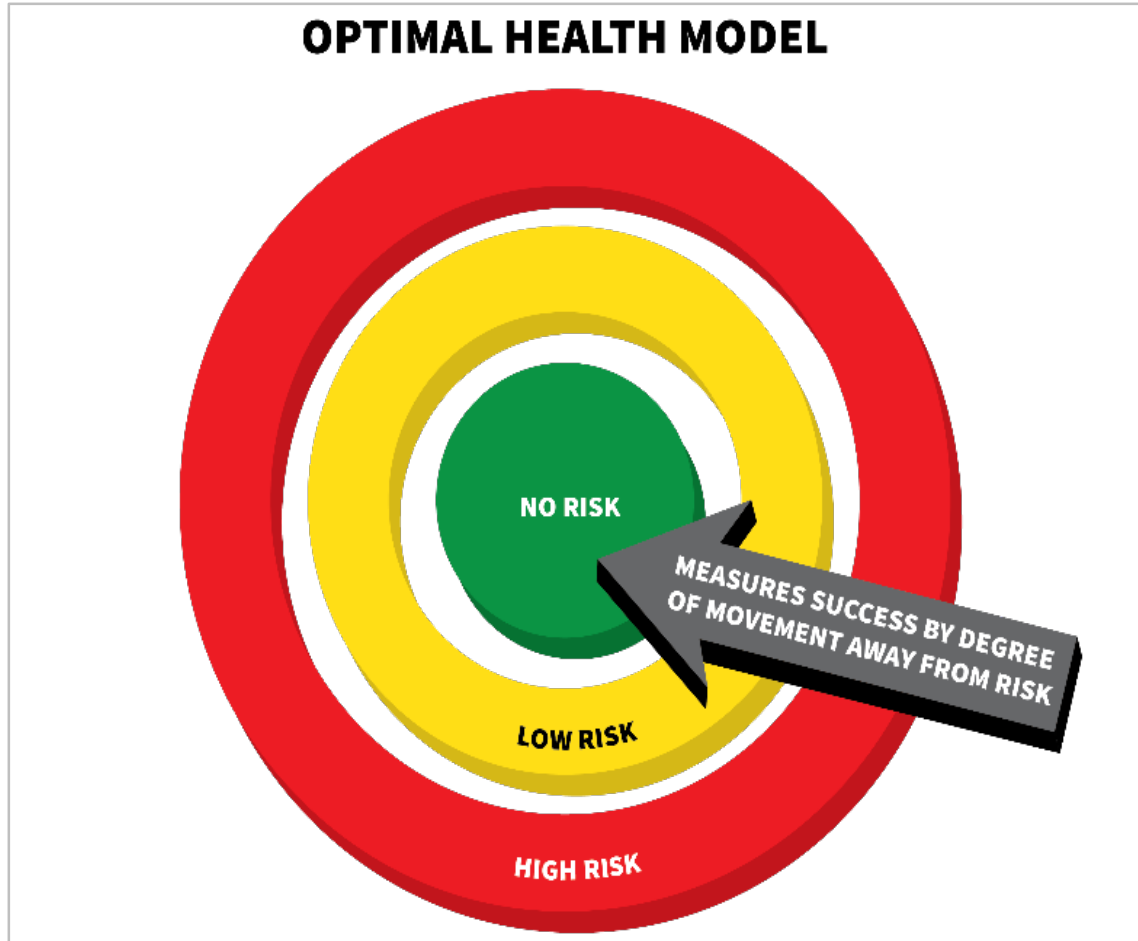
**Risk Factor  
Identification:**

**What is the cause?**

**Substance use** has come to be seen as both a **health problem** and as a **barrier to educational achievement**.



# Intervention



## Treatment

- Treatment for substance addiction

## Secondary Prevention (risk reduction)

- Limit the number of substances used
- Encourage return to non-use
- Circumvent the transition from substance use to substance abuse/dependence
- Needle exchange programs

## Primary Prevention (risk avoidance)

- Prevent onset of use of drugs and/or underage alcohol use



# Messaging – Marijuana (Virtual Assistant)



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# Messaging – Drugs (Above the Influence)



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# Messaging – Smoking (Don't Let Smoking Control You)



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# Current Approach

High-Risk Behavior		Message
Drug use		
Smoking		



# Current Approach

High-Risk Behavior		Message
Drug use		<i>“Risk Avoidance”</i>
Smoking		<i>“Risk Avoidance”</i>



# Risk Avoidance for Adolescents

In the United States:

- Nearly 9 out of 10 adult smokers started by age 18, and 99% started by age 26.\*
- Alcoholism is 4 times more common for people who begin drinking before age 14, compared to those who begin at age 21.\*\*
- Youth who use drugs at age 14 are 5 times more likely to become addicted than those who try drugs in later adolescence.\*\*\*

**Adolescents who start using tobacco, alcohol and drugs are more likely to become addicted than those who start as adults.**

*\*Surgeon General Report, 2012*

*\*\*Alcohol Use and Abuse, Harvard Health Publications, 2011*

*\*\*\*Partnership for a Drug-free America, 2010*



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# Messaging – Sexual Behavior (The Importance of Condoms)



This video was developed by teens for teens a few years back at a center that was part of a grantee network in NYC.



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# Current Approach

High-Risk Behavior		Message
Drug use	➔	<i>“Risk Avoidance”</i>
Smoking	➔	<i>“Risk Avoidance”</i>
Sex	➔	



# Current Approach

High-Risk Behavior		Message
Drug use	➔	<i>“Risk Avoidance”</i>
Smoking	➔	<i>“Risk Avoidance”</i>
Sex	➔	<i>“Use Protection”</i>





# High-Risk Sexual Behavior – Current Messaging

Surveillance:

What is the problem?

\_\_\_\_\_ has come to be seen as both a *health problem* and as a *barrier to educational achievement*.



# High-Risk Sexual Behavior – Current Messaging

**Risk Factor  
Identification:**

**What is the cause?**



**Unprotected sex** has come to be seen as both a **health problem** and as a **barrier to educational achievement**.





**Does Preventing  
Unprotected Sex**



**Primary Prevention**



# Intervention

## OPTIMAL HEALTH MODEL



## Treatment

Treat the illness or consequence of the high-risk behavior

## Secondary Prevention (risk reduction)

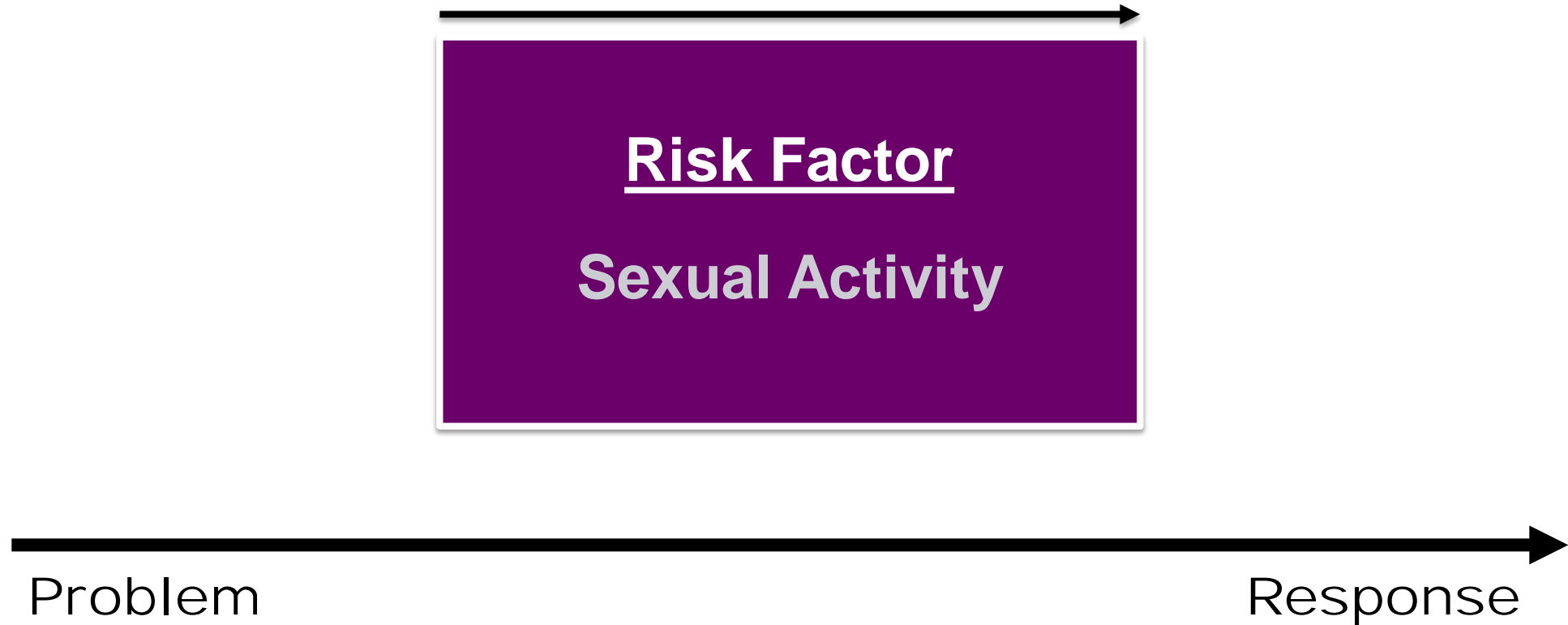
Reduce consequences of illness or high-risk behavior

## Primary Prevention (risk avoidance)

Prevent exposure to disease or onset of high-risk behavior

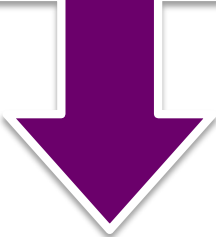


# Primary Prevention Public Health Approach



# High-Risk Sexual Behavior

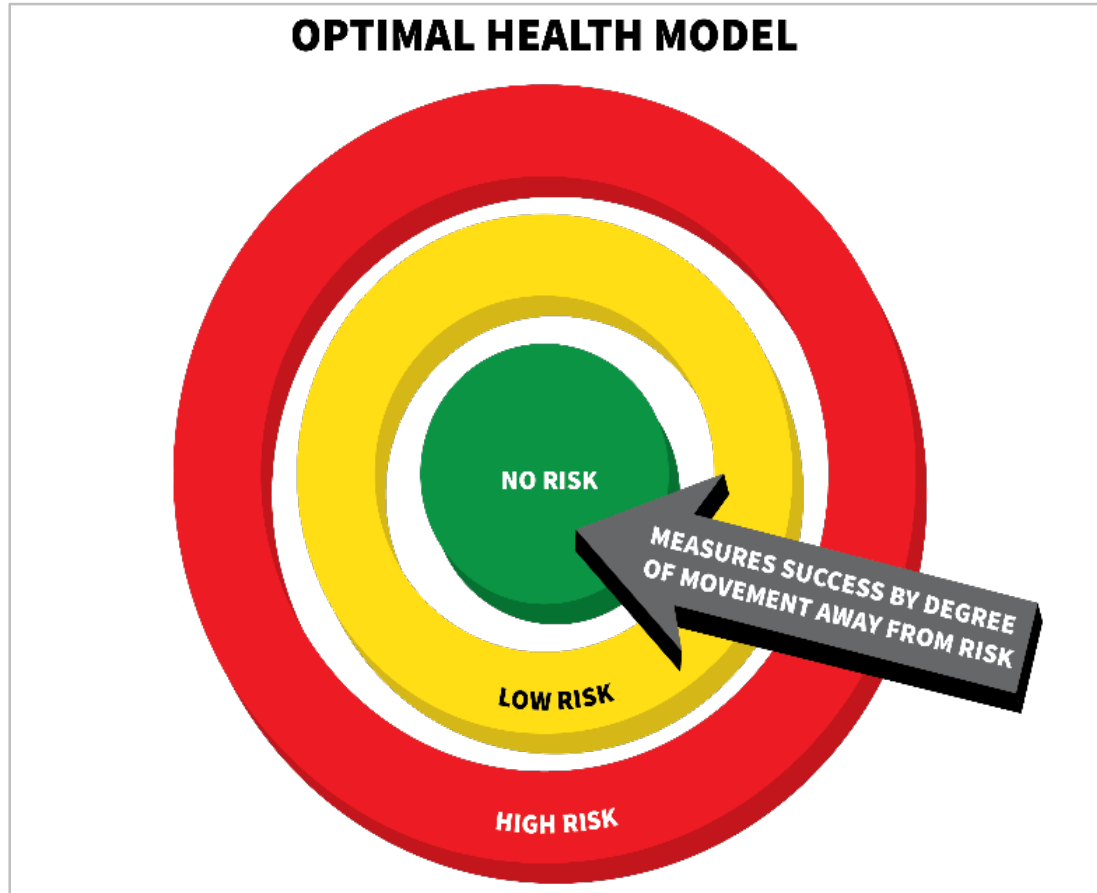
**Risk Factor  
Identification:  
What is the cause?**



**Early onset of sexual activity/multiple sexual partners** has come to be seen as both a **health problem** and as a **barrier to educational achievement**.



# Intervention



## Treatment

Treatment of STDs, prenatal and postnatal care

## Risk Reduction

Consistent and correct use of the male latex condom reduces the risk of sexual activity for STDs and pregnancy. Methods of family planning reduce the risk of pregnancy.

## Risk Avoidance (Prevention)

The most reliable way to avoid sexual risk is to abstain from sexual activity, or to be in a long-term mutually monogamous relationship with an uninfected partner.

<http://www.cdc.gov/condomeffectiveness/brief.html>



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# Primary Prevention Public Health Approach

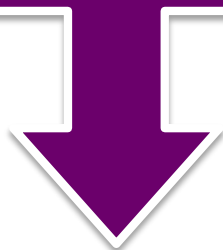
High-Risk Behavior		Message
Drug use	➔	<i>“Risk Avoidance”</i>
Smoking	➔	<i>“Risk Avoidance”</i>
Sex	➔	<i>“Risk Avoidance”</i>





# Risk reduction

Risk Factor  
Identification:  
What is the cause?

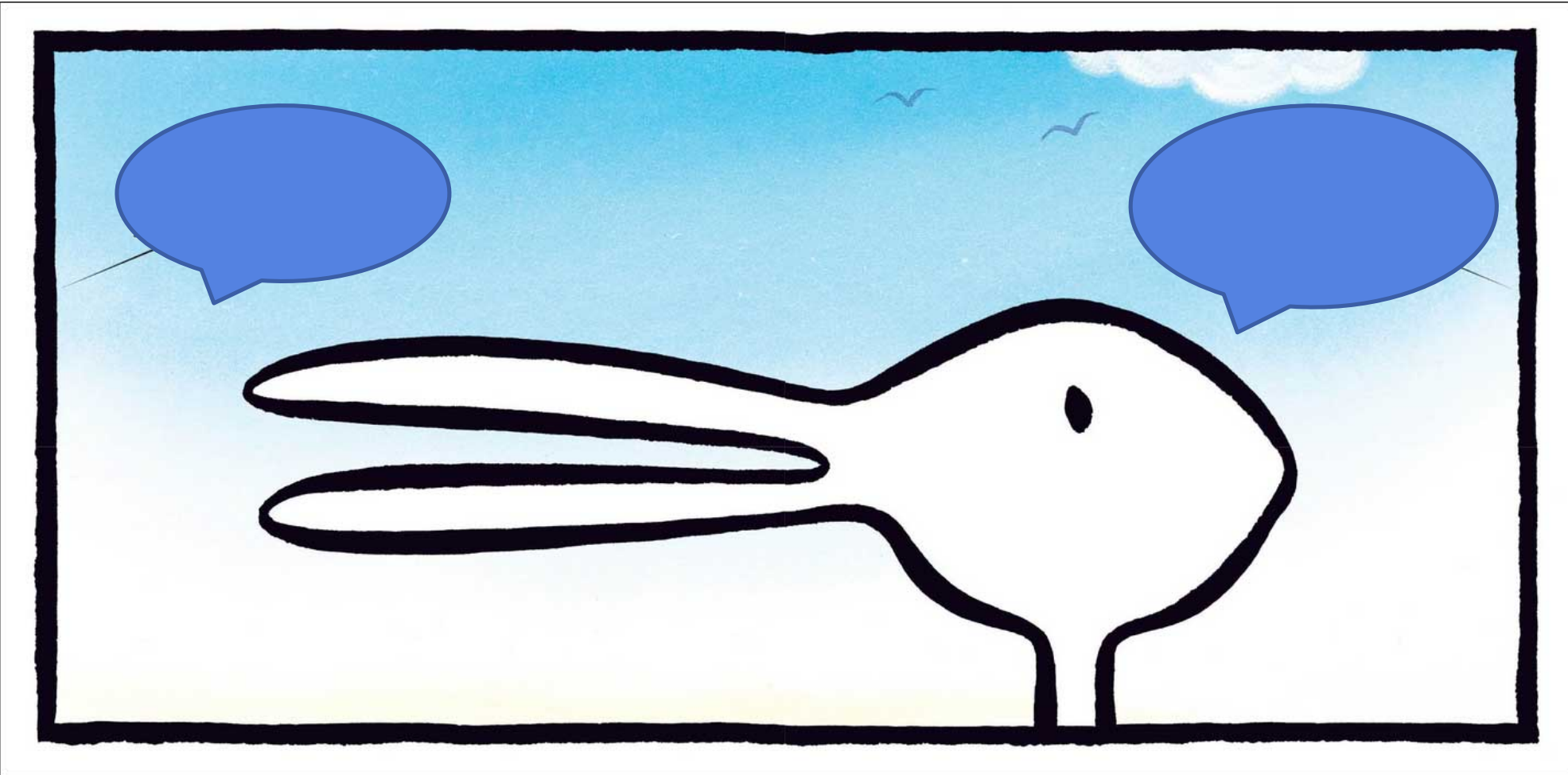


*Unprotected sex* has come to be seen as both a **health problem** and as a **barrier to educational achievement**.

OPTIMAL HEALTH MODEL



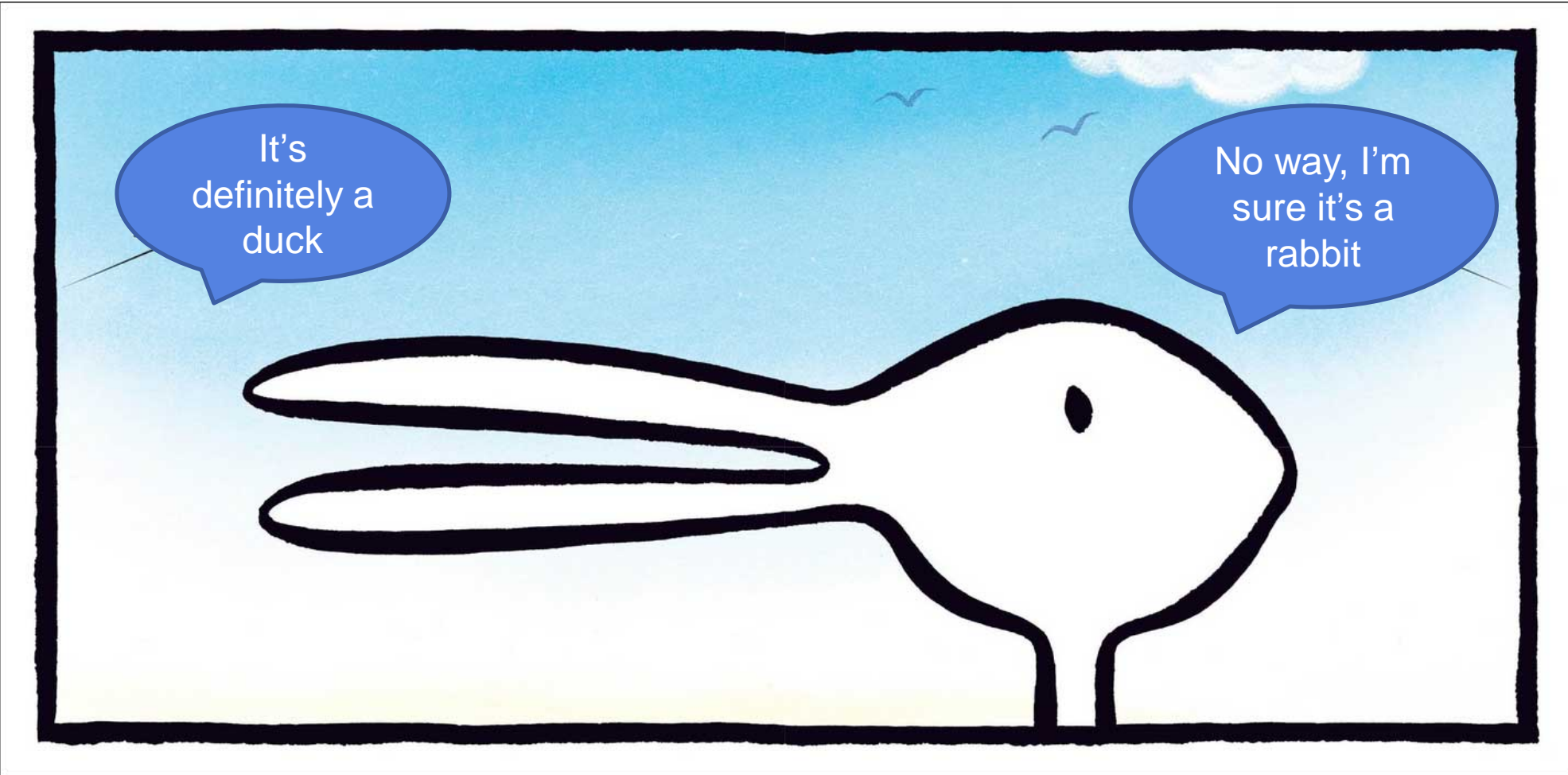
# Perspective Matters – Optimal Health for All Adolescents



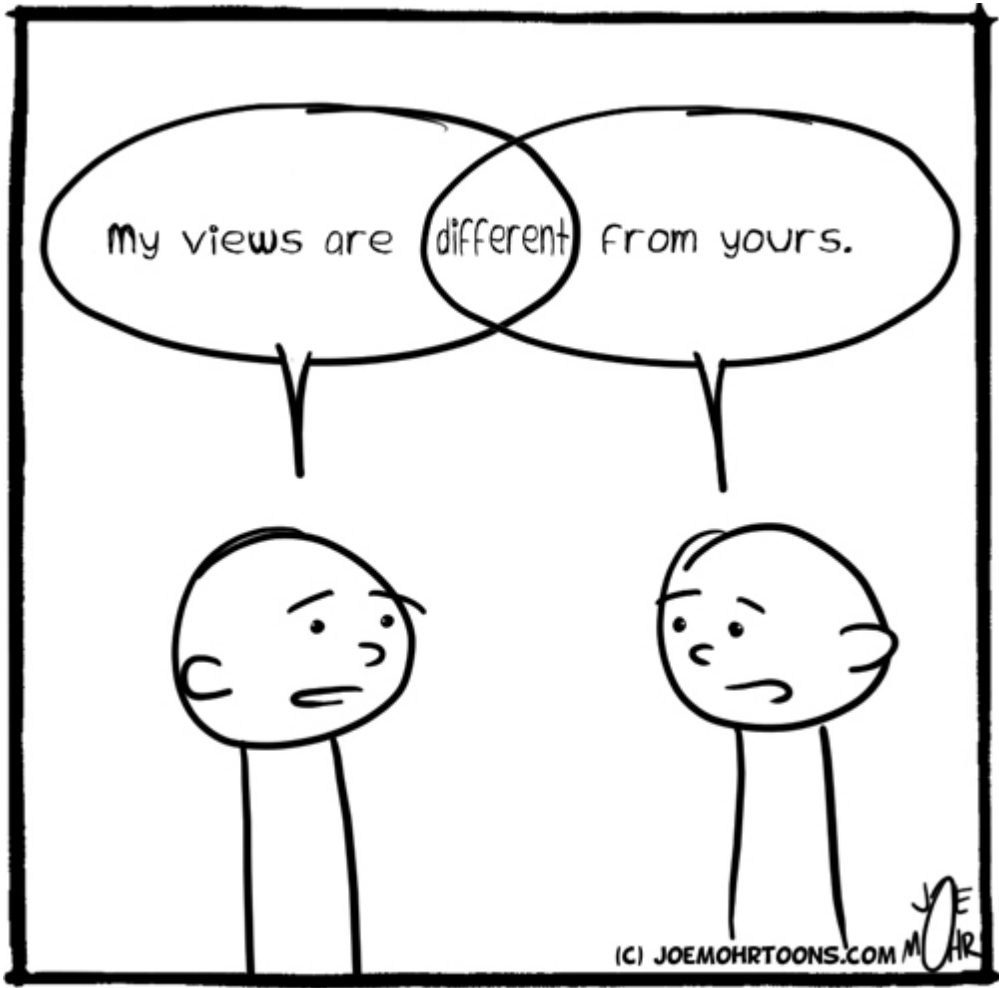
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# Perspective Matters – Optimal Health for All Adolescents



# Perspective Matters – Optimal Health for All Adolescents



# Partnering to Promote Positive Outcomes for All Adolescents

Are the programs we use designed to incrementally move populations away from risk toward optimal health?

Should we be content with an approach that seeks to reduce, but never to empower a population to eliminate the risk?



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# Partnering to Promote Positive Outcomes for All Adolescents

Should we be content with an approach that ignores optimal health prospects for those currently engaged in risk behaviors?

Can we agree to rethink current approaches related to adolescent health that are inconsistent with the optimal health model?



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# Action Steps for Optimal Health

Holistic focus with the aim of attaining the best possible health outcomes, and not merely the absence of disease:

- Focus on primary prevention/risk avoidance as the initial population-wide approach for all risk behavior
- Protection focus becomes more targeted to specific groups or individuals
- Recognize the importance of parents/supportive adults, values, and traditions to influence decisions
- Encourage support for optimal health from many sources (parents/supportive adults, community, school, media, health professionals)
- Share your ideas with OPA



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[www.hhs.gov/oah](http://www.hhs.gov/oah)



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