Adolescents' Dermatologic Health in Outlandia: A Call to Action

The Report on Adolescents' Dermatologic Health in Outlandia (2010), issued by Secretary of Health Dr. Polly Galver, served as a platform to increase public awareness on the importance of dermatologic health for adolescents. Among the major themes of the report are that dermatologic health is essential to general health and well-being and that profound and consequential dermatologic health disparities exist in the state of Outlandia. Dr. Galver stated that what amounts to a silent epidemic of acne is affecting some population groups--restricting activities as schools, work, and home--and often significantly diminishing the quality of life. Dr. Galver issued the Report on Adolescents' Dermatologic Health as a wake-up call to policymakers and health professionals on issues regarding the state's dermatologic health.

What are the major concerns that inspired this statewide call to action?

The Outlandia Secretary of Health (2010) reported that:

- Acne, or pimples, in adolescence are alarmingly pervasive; it is 5 times more common than the common cold.
- American adolescents, particularly those in poverty, receive too little dermatologic care, which results in unnecessary disease and discomfort for the youth as well as excessive school absenteeism.

Dr. Fran Shields is the Director of the Acne Eradication Program and an expert on adolescent dermatology. Her program (2009) notes that:

- Facial blemishes can predispose adolescents to significant problems including infection, poor body image, low self-esteem, and overly long bangs.
- Visible acne can impair adolescents socially and have far-reaching ramifications.
- Acne is progressive and cumulative and becomes more complex and costly to treat over time. Therefore, problems that were preventable in early adolescence can escalate to irreversible damage over one's lifespan.

Research Findings

Given the following adolescent health statistics on the frequency of disease occurrence and disparities in dermatological care access, it is evident that improving adolescents' dermatologic health is an arena ripe for health policy discussions. Research findings highlighting each of these areas appear below:

- Zits (acne) are the single most common chronic disease of adolescents (Outlandia Department of Health, 2010).
- Approximately one in four middle school students and three-quarters of high school students have at least one pimple (Acne Eradication Program, 2009).
- A child suffering from severe acne may have difficulty with school attendance, which compromises their mental and social well-being (Reinhardt and Callahan, 2007).
- Approximately 1 in 10 children between the ages of 12 and 18 have at least one visit to a doctor because of acne (National Dermatologic Health Study, 2005).
- Children living in poverty suffer the same levels of acne, but are only one-half as likely to obtain a dermatologic visit as their affluent peers (Acne Eradication Program, 2009).

- One in four adolescents living in poverty have not seen a dermatologist before completing high school (National Dermatologic Health Study, 2005).
- Only about one in five adolescents enrolled in Medicaid received a single dermatologic visit in a year (National Dermatologic Health Study, 2005).
- Over one-third of the State's population lives over five miles from a store that sells benzoyl peroxide products (Outlandia Department of Health, 2010)

Dermatologic Health of Outlandia's Youth: Challenges and Opportunities

One of the primary indicators of acne is age between 11 and 21. Approximately one in five Outlandians is between 11 and 21 years of age (U.S. Census Bureau, 2010). Therefore, a high percentage of the Outlandia population is in a high risk group for acne.

In a recent study, Halberstam, French, and Ramsey (2009) conducted health assessments on a sample of 6,827 9th through 12th graders in 4 public high schools. Results of this research include:

- Almost three in four children (70%) exhibited mild to moderate acne.
- Fifteen percent were in urgent need of dermatologic care.

While Outlandia has begun to address the dermatologic needs of its youth, many opportunities remain in the areas of prevention and access to dermatologic care.

The Outlandia Department of Health (ODH) has begun a program to distribute facial cleansers to high schools to encourage students to wash their faces after physical education classes. The ODH is also developing programs to educate health care providers on the importance of the early detection of acne and timely treatment or referral, including the importance of collecting and maintaining dermatologic information on general health records.

Currently, Outlandia has 56 dermatologists statewide (Outlandia Department of Health Professions, 2010). In addition, just 18 Outlandia dermatologists accept Medicaid (Outlandia Department of Medical Services, 2010). Dermatology associations assert that reimbursement rates offered by Medicaid are deterring the addition of sufficient numbers of new providers.

Recommendations for Future Action

- Implement and expand all of the above-mentioned efforts that have been enacted to prevent acne and improve access to dermatologic care.
- Insure access to dermatologic care for all youth by increasing the number of dermatology graduates, encouraging dermatology graduates to return to their respective communities to practice, and make available ongoing education about dermatology to pediatric primary care providers.
- Place a high importance on insurance coverage for dermatologic health services.

Conclusions

As the most widespread, chronic adolescent health condition, pimples is costly to youth, families, and the state. In addition, poor dermatologic health in adolescence, if untreated, sets the stage for a domino effect of negative outcomes. Clearly, continued support for statewide efforts

to increase dermatologic care access and acne prevention in Outlandia will be necessary to improve the skin health of our adolescents and provide an unprecedented opportunity to positively affect both the health and emotional outcomes of Outlandia's youth.

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The emphasis on the report and the Secretary of Health is a distraction from the main points.

What are the major concerns that inspired this statewide call to action?

The Outlandia Secretary of Health (2010) reported that:

By organizing the information around the source, rather than the ideas, you break up text that should go together. If information about the effects of acne, for example, is scattered throughout the brief, the reader will have a harder time remembering it.

Acne, or pimples, in adolescence are alarmingly pervasive; it is 5 times more common than the common cold. American adolescents, particularly those in poverty, receive too little dermatologic care, which results in unnecessary disease and discomfort for the youth as well as excessive school absenteeism.

Dr. Fran Shields is the Director of the Acne Eradication Program and an expert on adolescent dermatology. Her program (2009) notes that:

The name of the program will suffice; the name of the Director is extraneous. Since you wouldn't include the ideas of someone who is *not* an expert in the topic, you don't need to assure the reader of the source's expertise.

- Facial blemishes can predispose adolescents to significant problems including infection, poor body image, low self-esteem, and overly long bangs.
- Visible acne can impair adolescents socially and have far-reaching ramifications.
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Don't tell the reader that it's evident; make it evident by presenting it in a convincing way.

Unless it is important for the reader to know different terms for the same condition, stick to one term. If you want the reader to know that zits and pimples are alternative terms for acne, give that information near the beginning of the brief.

Choose one way to present statistics in a single sentence (e.g., one-quarter and three-quarters; one in four and three in four; or 25% and 75%).

It's awkward to use a gender-neutral possessive with "child." Consider rephrasing the sentence to avoid using "their" or "his/her." Using "children" will streamline the sentence.

Again, because this brief is organized around the source of information, it mixes data on prevalence, effects, and access to care. It's too hard for the reader to follow the argument when all of this information is jumbled together.

The same information could be conveyed in one sentence instead of three.

In a recent study, Halberstam, French, and Ramsey (2009) conducted health assessments on a sample of 6,827 9th through 12th graders in 4 public high schools. Results of this research include:

- Almost three in four children (70%) exhibited mild to moderate acne.
- Fifteen percent were in urgent need of dermatologic care.

Does the reader really need to know the sample size? If not, leave it out. Anyone who wants further details on this study can get the citation from the end notes and look it up.

While Outlandia has begun to address the dermatologic needs of its youth, many opportunities remain in the areas of prevention and access to dermatologic care.

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The phrase "in addition" is misleading and unnecessary. What you really want to say is that only 18 out of those 56 accept Medicaid.

If there are specific associations you can cite, do so; otherwise leave out the vague attribution and simply state that low reimbursement rates are a possible cause.

"Deterring the addition of sufficient numbers of new providers" could be said more simply, with fewer syllables.

Recommendations for Future Action

- Implement and expand all of the above-mentioned efforts that have been enacted to prevent acne and improve access to dermatologic care.
- Insure access to dermatologic care for all youth by increasing the number of dermatology graduates, encouraging dermatology graduates to return to their respective communities to practice, and make available ongoing education about dermatology to pediatric primary care providers.
- Place a high importance on insurance coverage for dermatologic health services.

The first bullet point is vague and wordy. If the recommendation is to support existing efforts, you could say something more specific, like "expand existing efforts to educate health care providers."

The second bullet point contains three different, but related, ideas. Consider separating them so that they all stand out.

What does it mean to "place a high importance on" something? What you really want is for policymakers to *do* something.

Conclusions

As the most widespread, chronic adolescent health condition, pimples is costly to youth, families, and the state. In addition, poor dermatologic health in adolescence, if untreated, sets the stage for a domino effect of negative outcomes. Clearly, continued support for statewide efforts to increase dermatologic care access and acne prevention in Outlandia will be necessary to improve the skin health of our adolescents and provide an unprecedented opportunity to positively affect both the health and emotional outcomes of Outlandia's youth.

Oops, the subject and verb don't agree! If the term "acne" was used throughout the brief, instead of switching around from the singular acne to the plural pimples or zits, the writer might be less likely to make this mistake.

There is no need to state that this idea is clear.