



## Editorial

## The Distinguished Dozen: 2021 *Journal of Adolescent Health* Articles Making Distinguished Contributions to Adolescent and Young Adult Health



The *Journal of Adolescent Health* (JAH) is the official publication of the Society for Adolescent Health and Medicine. One of the Society's primary goals is the development, synthesis, and dissemination of scientific and scholarly knowledge unique to the health needs of young people. Last year, we initiated a strategy to amplify important contributions to the field culminating in the inaugural JAH Distinguished Dozen [1]. The process of selection of articles is based on results of peer review. JAH now asks all peer reviewers, "Does this manuscript merit special consideration in the journal's monthly and/or annual collections of particularly important research?" Reviewers who responded affirmatively are provided with the opportunity to offer explanatory comments. In total, 303 scientific articles were published in JAH during the 2021 calendar year. Of these, 112 articles were nominated by at least one peer reviewer, and 22 articles were nominated by two or more. The journal's Editor-in-Chief and Associate Editors reviewed these nominations and selected one dozen articles to be highlighted for making distinguished contributions to the field of adolescent and young adult health. The 2021 JAH Distinguished Dozen are summarized below.

### COVID-19–Related Articles

We continue to receive many articles focused on understanding the impact of the COVID-19 pandemic on adolescent and young adult populations, as well as research related to COVID vaccination. The following articles made distinguished contributions in this area.

*Early Adolescent Substance Use Before and During the COVID-19 Pandemic: A Longitudinal Survey in the ABCD Study Cohort.* Pelham III W, Tapert S, Gonzalez M, McCabe C, Lisdahl K, Alzueta E, Baker F, Breslin F, Dick A, Dowling G, Guillaume M, Hoffman E, Marshall A, McCandliss B, Sheth C, Sowell E, Thompson W, Van Rinsveld A, Wade N, Brown S

The Adolescent Brain Cognitive Development Study collects data from almost 8,000 young adolescents (10.5–14.6 years) at 21 study sites across the United States. Pelham et al. used three rounds of the study between May and August 2020 to evaluate changes in substance use during the early months of the COVID-19 pandemic relative to prepandemic surveys among the same

adolescents during 2018–2020 [2]. This study was based on self-reports of whether the adolescents had used alcohol, nicotine, cannabis, or other substances over the past 30 days. Interestingly, after adjusting for age, there was no significant change in overall substance use, although alcohol use decreased and use of nicotine and misuse of prescription drugs increased.

*Parent and Peer Norms are Unique Correlates of COVID-19 Vaccine Intentions in a Diverse Sample of U.S. Adolescents.* Rogers AA, Cook RE, Button JA

Rogers et al. examined attitudinal (perceived severity of COVID-19, vaccine-related concerns) and interpersonal (parent and peer norms) factors associated with adolescents' intentions to receive the COVID-19 vaccine [3]. Survey findings from a diverse sample indicate that adolescents' perceptions of parent and peer norms regarding the COVID-19 vaccine were distinct correlates of adolescent willingness to receive the vaccine. These norms were associated with vaccine intentions directly and indirectly through adolescents' beliefs about the vaccine's safety, efficacy, and necessity. Adolescents perceived parental norms were particularly salient for informing adolescents' vaccine intentions. Research findings suggest that interventions to reduce COVID-19 vaccine hesitancy among adolescents should focus on adolescents' perceptions of what parents and friends think as key leverage points, in addition to promoting accurate knowledge about the vaccine.

### Mental Health and Substance Use

The US Surgeon General recently called for protecting youth mental health [4]. The following articles made a distinguished contribution in areas of mental health, substance use, and adolescent resilience.

*Social Media Use and Depressive Symptoms Among United States Adolescents.* Kreski N, Platt J, Rutherford C, Olsson M, Odgers C, Schulenberg J, Keyes K

Kreski et al. analyzed survey data collected by Monitoring the Future among eighth and 10th grade students ( $n = 74,472$ ) between 2009 and 2017 to assess the relationship between daily social media use and depressive symptoms [5]. The rigorous analyses used risk stratification and control of confounding variables to examine this association. The researchers found that daily social media use increased in boys and girls between 2009 and 2017. However, contrary to popular belief, daily social media

**Conflict of interest:** The authors have no conflicts of interest to declare.

use was not a strong or consistent risk factor for depressive symptoms. This study highlights the many unexplored aspects of social media that may impact youth mental health, including adolescent behaviors and experiences, social media platforms and applications, and stages of development. These findings also provide a foundation for future research and have opened up important discussions on social media use and its impact on youth mental health. Much work is needed in the future to understand both the potential positive and negative effects that social media may have on youth mental health.

*Black Youth's Experiences With Feelings of Worthlessness, Parent Relationships, and Suicide: Findings From a National Probability Survey.* Goodwill JR

Goodwill used a nationally representative probability sample of US households to assess whether feelings of worthlessness and parent relationships were associated with suicidality for Black adolescents, while also examining whether youths' experiences are consistent across gender groups [6]. Black girls reported more suicidal ideation and attempts than Black boys. Black girls also reported more feelings of worthlessness, whereas boys reported fewer fights with their parents. Multivariate analyses indicated that feelings of worthlessness were associated with significantly greater odds of suicidal ideation, planning, and attempts both for Black girls and boys. The frequency of fighting with parents was associated with greater odds of all three suicide outcomes for girls and ideation only for boys. Receiving verbal affirmation from parents is associated with significantly lower odds of suicide ideation among girls but not boys. This research fills an important gap in current literature and provides useful insights toward better addressing mental health needs of Black boys and girls and a broader understanding of their place in the landscape of mental illness morbidity. These issues are well-explored with attention to intersectional experiences of Black boys and girls.

*The Association Between Same-sex Marriage Legalization and Youth Deaths by Suicide: A Multimethod Counterfactual Analysis.* Kennedy A, Genç M, Owen PD

Kennedy and co-authors used data from all 36 Organisation for Economic Co-operation and Development countries from 1991 to 2017 and parallel suicide rate data from the Global Burden of Disease study to examine whether same-sex marriage legalization is associated with youth suicide rates [7]. Using an advanced estimation method involving machine learning, the authors found that same-sex marriage legalization was associated with a statistically significant decrease in youth suicide of almost 18%. The impact was larger for men than that for women. Available data did not allow for examination of sexual minority youths specifically. The authors conclude that same-sex marriage legalization should be considered as a policy tool to reduce youth suicide.

*The Course of Weight/Shape Concerns and Disordered Eating Symptoms Among Adolescent and Young Adult Males.* Glazer KB, Ziobrowski HN, Horton NJ, Calzo JP, Field AE

Glazer et al. described the longitudinal course of weight concerns and disordered eating behaviors among males across adolescence and young adulthood using prospective assessments of 4,489 US males, aged 11–18 years at baseline in the Growing Up Today Study [8]. They assigned mutually exclusive categories of behaviors—including bulimia nervosa/purging disorder, binge eating disorder, muscularity concerns with product use, muscularity concerns only, thinness concerns only, and both muscularity and thinness concerns—and then

estimated the probability of stability, resolution, or transition to different weight concerns and/or disordered eating behaviors across consecutive survey waves. The predominant trajectory for adolescent and young adult males who endorsed high levels of weight concerns was a transition from a desire for thinness to preoccupation with muscularity. This study is critical to our understanding of the importance of preoccupation with muscularity in males over time.

*Recreational Marijuana Legalization and Adolescent Use of Marijuana, Tobacco, and Alcohol.* Coley RL, Kruzik C, Ghiani M, Carey N, Hawkins SS, Baum CF

In this timely analysis, Coley et al. used Youth Risk Behavior Survey data from 1999 to 2017 to assess whether states' liberalization of marijuana access laws is associated with patterns of adolescent marijuana, alcohol, cigarette, and e-cigarette use [9]. Adolescents' self-reports of substance use in the past 30 days were linked to state-level data on implementation of recreational marijuana laws, medical marijuana laws, and marijuana decriminalization laws, as well as policies relating to other substances. Using rigorous difference-in-difference regressions and relevant controls, they found no evidence that recreational marijuana laws are associated with increased likelihood of adolescent marijuana use. Conversely, they identified a modest association with decreased frequency of use. There were also modest, positive associations with the likelihood of e-cigarette use, although increases were small. However, the authors note that, although the findings suggest minimal effects, longer-term monitoring of adolescent substance use after laws are implemented is necessary. Richter and Vuolo go further, stressing the importance of learning from tobacco and e-cigarette control efforts [10]. They note the powerful protective effects of restricting youth exposure and access, and urge that all marijuana legalization legislation include restrictions on youth access and reductions in tetrahydrocannabinol dose to less addictive levels.

*A Cross-country Network Analysis of Adolescent Resilience.* Höltge J, Theron L, Cowden R, Govender K, Maximo S, Carranza J, Kapoor B, Tomar A, van Rensburg A, Lu S, Hu H, Cavioni V, Agliati A, Grazzani I, Smedema Y, Kaur G, Hurlington K, Sanders J, Munford R, Colomeischi A, Panter-Brick C, Sarathamani S, Boratne A, Avudaiappan S, Patil R, Borualogo I, Katisi M, Jefferies P, Ungar, M

Adolescence is a life period when resilience, a critical component of well-being, is either developed and strengthened or not. When trouble strikes, young people draw on a mix of individual, relational, community, and cultural resilience resources. This multicountry network study drew on data from a total of almost 19,000 young people (mean age 15.7 years) in studies conducted in 14 countries drawn from all six World Health Organization regions that had used the Child and Youth Resilience Measure to study which of the 17 resources included in that measure were most important and whether their importance varied by country [11]. The study showed that the interplay of social-ecological resources, including individual skills; peer, caregiver, and community support; and educational aspirations and opportunities matter for adolescent resilience, with caregiver support being the most central across multiple countries.

## Articles Informing Clinical Care

The following four articles made distinguished contributions useful to informing adolescent and young adult clinical care.

*Ensuring Adolescent Patient Portal Confidentiality in the Age of the Cures Act Final Rule.* Xie J, McPherson T, Powell A, Fong P, Hogan A, Ip W, Morse K, Carlson J, Lee T, Pageler N

**Editorial:** The Quality Chasm Widened by the Impact of the Cures Act on Adolescent Confidentiality. Perry M, Gray SH

**Commentary:** Twenty-First Century Cures Act Final Rule and Adolescent Health Care: Leadership Education in Adolescent Health (LEAH) Program Experiences. Ford C, Bourgeois F, Buckelew S, Emans S, English A, Evans Y, Irwin Jr. C, Richardson L, Sherer S, Short S, Sieving R, Simpson T, Tanaka D, White K

Xie et al. describe the early steps of addressing inappropriate guardian access to confidential adolescent patient health information via an institution's electronic patient portal [12]. Initial screening at one institution revealed that 62% of adolescent accounts were erroneously registered with a guardian's email account. Using a quality improvement framework, multiple attempts over eight weeks corrected this error in 12% of cases; 88% of adolescent accounts were deactivated. In the context of the US Cures Act Final Rule and increased health information sharing, the institution's experience ensuring confidentiality in adolescent portal accounts is timely and relevant. A linked editorial by Perry and Gray and a commentary by representatives from all seven Leadership Education in Adolescent Health Programs highlight concerns that current electronic health record and electronic health information sharing systems are not capturing opportunities to improve adolescent health care and health outcomes [13,14]. Systems are not supporting parent-teen communication regarding routine health care in a way that facilitates adolescents learning to manage their own health and health care as they approach adulthood, while simultaneously supporting adolescents' access to and information about confidential health care when needed. New systems creatively designed to place electronic health information sharing within a developmental context are needed.

*The Impact of Chest Binding in Transgender and Gender Diverse Youth and Young Adults.* Julian JM, Salvetti B, Held JJ, Murray PM, Lara-Rojas L, Olson-Kennedy J

Julian et al. examined chest binding trends among adolescents and young adults and provided insights into how chest binding impacts chest dysphoria and life satisfaction using a national online survey [15]. Results indicate that most participants reported learning to bind online and were not connected to any type of gender care or community center. Participants who engaged in chest binding reported less "misgendering" than participants who report nonbinding. In addition, a significant correlation was identified between increased chest dysphoria and lower life satisfaction. This study addresses a paucity of research on chest binding among transgender and gender-diverse adolescents and young adults. Importantly, it highlights the need for improved education for medical providers and parents/guardians regarding chest binding to support those who experience chest dysphoria or discomfort.

*Screening Pediatric Medical Patients for Suicide Risk: Is Depression Screening Enough?* Horowitz L, Mournet A, Lanzillo E, He J, Powell D, Ross A, Wharff E, Bridge J, Pao M

**Editorial:** Screening for Suicide Risk in Hospital Admissions: What are the Next Questions? Gardner W, Pajer K

This US study of 600 hospitalized adolescent patients (mean age 15.2 years) addressed the important question of whether relatively simple screening for depression using the Patient Health Questionnaire—Adolescent Version (PHQ-A)—or even the shortcut of merely asking PHQ-A item 9, which asks how often in

the past two weeks the adolescent has had "thoughts that you would be better off dead, or of hurting yourself in some way?"—could identify adolescents who would meet the criteria for high risk of suicide under the much fuller Ask Suicide-Screening Questions and the Suicidal Ideation Questionnaire-Junior [16]. Unfortunately, the short answer is no. Depression screening alone failed to detect over 30% of those at risk of suicide, and more than half of those who screened positive for suicide risk using the Suicidal Ideation Questionnaire-Junior were not picked up by the single PHQ-A item 9 question. Results raise the important question of whether specific screening for suicide risk, above and beyond depression screening, is warranted. A related editorial by Gardner and Pajer suggests potential ways to reduce the burden on the health system from the longer Ask Suicide-Screening Questions and especially related to its higher false positive rate [17]. It also urges that suicide attempts, rather than self-reported suicidal ideation, be used as the gold standard in future studies because suicidal ideation is only a weak predictor of completed suicide. The editorial's authors also stress that, to be beneficial, screening for suicide risk must be performed by competent, trained staff and result in effective inpatient and community-based treatment.

*Reasons for and Logistical Burdens of Judicial Bypass for Abortion in Illinois.* Ralph LJ, Chaiten L, Werth E, Daniel S, Brindis CD, Biggs MA

**Editorial:** Forced Parental Involvement in Youth Abortion Creates Obstacles to Access, Even With Judicial Bypass. Hasselbacher L, Truehart A

More than half of US states have laws mandating parental involvement in abortion decisions for adolescents aged 17 years and younger. Judicial bypass is the alternative to parental involvement in all but one of these states. Ralph et al. used data from the Illinois Judicial Bypass Coordination Project to quantify logistical burdens associated with judicial bypass and to examine the sociodemographic and household characteristics of 128 eligible and study-consenting minors who were represented by one of the staff attorneys between January 27, 2017, and January 31, 2019 [18]. Eighty-five percent of minors were aged 16 or 17 years; a majority were Black or Latina (59%), lived with one parent (54%), and reported this as their first pregnancy (80%). Fear of being forced to continue the pregnancy, pregnancy interfering with education, and feeling unready to be a parent were among the top reasons for seeking judicial bypass. In an accompanying editorial, Hasselbacher and Truehart point out that even in a state like Illinois, with an active and robust judicial support system, judicial bypass creates obstacles; burdens may be even greater in states with stricter requirements or less support [19]. The COVID-19 pandemic may compound these challenges. A recent commentary by Bryson et al. urges adolescent health care providers to engage in advocacy at local and national levels to protect adolescents' access to comprehensive, confidential, and equitable reproductive health care [20].

In conclusion, we are delighted to highlight these twelve 2021 JAH articles and accompanying editorials that collectively make distinguished contributions to the field of adolescent and young adult health. We are committed to publishing important high-quality science to inform programs, practices, and policies that will improve the health and well-being of all young people. We note among our Distinguished Dozen two highlighted articles based on research conducted in multiple countries and 28 authors with primary institutional affiliations outside of the United States. Furthermore, several highlighted articles provide valuable

insights into health disparities among young people and can help to inform future research and strategies to achieve health equity. We would like to express sincere appreciation to our peer reviewers who contributed to the selection process. Congratulations to all contributing authors. JAH presents this collection in the spirit of our mission to synthesize and disseminate important scientific and scholarly knowledge unique to the health needs of young people.

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