A Conceptual Framework for Adolescent Health

A Collaborative Project of the
Association of Maternal and Child Health Programs and the
National Network of State Adolescent Health Coordinators

With Generous Support
from the Annie E. Casey Foundation

May 2005

Introduction

Adolescence is a crucial developmental period characterized by marked physical, emotional and intellectual changes, as well as changes in social roles, relationships and expectations, all of which are important for the development of the individual and provide the foundation for functioning as an adult.[1]

The development of healthy adolescents is a complex and evolving process that requires: supportive and caring families, peers and communities; access to high quality services (health, education, social and other community services); and opportunities to engage and succeed in the developmental tasks of adolescence.

Long-term experience, both within the U.S. and internationally, has shown that when public health infrastructure includes an individual unit or focal point for a specific population group, policies, programs, services and supports for the designated group are greatly enhanced. Maternal and child health (MCH) and family health programs within public agencies are natural partners and leaders in addressing the special health needs and considerations of adolescent populations. Such programs bring expertise in the administration of a variety of programs affecting families, as well as strong collaborative relationships with providers, families and others to the field of adolescent health.

A Partnership for Adolescent Health

Recognizing both the importance and the promise of more extensive collaboration, the Association of Maternal and Child Health Programs (AMCHP) and the National Network of State Adolescent Health Coordinators (NNSAHC) established a collaborative initiative, the Partnership for Adolescent Health (the Partnership), with funding from the Annie E. Casey Foundation, to collaboratively strengthen the capacity of U.S. states and territories to support effective adolescent health programs.

AMCHP is a national, nonprofit organization representing state public health agency leaders who administer state and territorial MCH/family health programs, including the Title V MCH Block Grant, and a range of other related programs such as WIC, family planning and adolescent health programs. AMCHP membership also includes academics, advocates, community-based health professionals and families interested in family health programs and issues. AMCHP's goals are: (1) improve national policy and resources for maternal and child health, particularly through Title V of the Social Security Act; (2) strengthen public accountability, leadership and capacity in states for maternal and child health and family-centered, culturally competent community systems; and (3) continuously improve AMCHP's organizational capacity to fulfill its mission and achieve its vision.

NNSAHC is a national network comprised of public health professionals working in or with state MCH/family health programs as the designated state adolescent health coordinator. NNSAHC's goals are to: provide leadership, advocacy and consultation on adolescent health; formally support and strengthen sharing of ideas and strategies among state adolescent health coordinators; and strengthen the capacity of state adolescent health coordinators and partners to effectively support healthy youth. Under Title V funding for SPRANS (Special Projects of Regional and National Significance), the coordinator position has been enhanced and expanded so that currently nearly every state MCH/family health program includes or is linked to an adolescent health coordinator position. Formerly known as the State Adolescent Health Coordinators Network, the Network changed its name in March 2005 to reflect the national leadership and support provided by the Network's structure for state level adolescent health coordinators as well as national adolescent health partners and initiatives.

Through the Partnership the leadership of AMCHP and NNSAHC came to the consensus that together they could identify and build ownership for a common vision for adolescent health, and identify the strategies and resources for implementing this vision in public health agencies and maternal and child health programs.

This vision is presented in the following *Conceptual Framework for Adolescent Health.* Developed collaboratively with national and state experts in the field of adolescent health, including AMCHP and NNSAHC members, the framework provides a theoretical basis for the Partnership and state MCH/family health programs to address adolescent health.

Methodology

Definitions, concepts and principles presented in the Conceptual Framework build on AMCHP and NNSAHC's work to date to identify priority areas in adolescent health, including:

- **Key Informant Interviews** – Conducted with 26 individuals in 20 state MCH/family health programs. Sixteen individuals identified themselves as adolescent health coordinators (AHC); 10 identified themselves as MCH/Title V directors (MCH). There were five states in which both the MCH director and the AHC were interviewed; three of these were conducted independently and two were conducted jointly. There also was one joint interview with two adolescent health coordinators.

- **Stakeholder Interviews** – Conducted with known leaders and experts in the field representing a wide range of policy, program, and research stakeholders, including national organizations and federal agencies.

- **2001 State Adolescent Health Coordinator Survey** – Conducted with adolescent health coordinators from 46 states and two territories by the National Adolescent Health Information Center (NAHIC), University of California, San Francisco.[2]

In addition, the development of this document was influenced by three important consensus documents, reflecting key objectives, performance measures and indicators for adolescent health:

- **The 21 Critical Objectives for Adolescent Health**, as identified by the National Initiative to Improve Adolescent Health by the Year 2010. [3] (Note: these include data used to measure five of the U.S. Surgeon General's *10 Leading Health Indicators*.)

- **Title V Performance Measures**, both core and state. Of the core measures, two specifically focus on adolescent health, while many others relate to adolescents as well as other age groups. There are a total of 162 state/territorial Title V performance measures that cover, at least in part, the adolescent population. All states/territories have at least one such measure.[4]

- **Investing in Adolescent Health: A Social Imperative for California**, which includes 27 adolescent health indicators. Particularly noteworthy are indicators that reflect a youth development approach, including indicators of "resiliency and healthy development" and "healthy choices." This document was prepared by NAHIC in conjunction with the California Adolescent Health Collaborative.[5]

The Conceptual Framework provides a theoretical basis for the AMCHP/NNSAHC Partnership and MCH/family health programs to address adolescent health at the state and national level. To this effect, the Partnership has developed two tools to operationalize the Conceptual Framework. These related tools are:

- The Partnership Agenda, which establishes long-term goals and objectives for the AMCHP/NNSAHC Partnership for Adolescent Health;

- The *System Capacity for Adolescent Health: Public Health Improvement Tool*, a tool to assist state maternal and child health programs in assessing capacity for adolescent health and identifying priorities for quality improvement in six key areas.

The Conceptual Framework, Partnership Agenda, and System Capacity tool are intended to be living tools. All three resources represent extensive input and review by AMCHP and NNSAHC members, and a consensus of each organization's leaders at this time. These tools in no way exhaust all the possibilities for achieving the Partnership's vision for adolescent health. Each resource will be reviewed regularly and revised as appropriate to reflect changing environments and emerging issues.

Key Terms and Definitions

Throughout this framework key terms are used that are critical to any discussion of adolescent health. Since definitions of these terms vary widely in the literature, the Partnership's working definition for each is provided below.

Adolescence

Age-Range: Adolescence is defined as the period of life ranging from ages 10-24, during which individuals make the developmental transition from childhood to adulthood. Adolescence is characterized by marked physical, emotional and intellectual changes, as well as changes in social roles, relationships and expectations, all of which are important for the development of the individual and provide the foundation for functioning as an adult.[6]

Expert opinion about the age range for adolescence varies by organization and agency. For example in *Bright Futures,* the Health Resources and Services Administration's guidelines for health supervision, the age range for adolescence is defined as 11-21 and subdivided into three stages: early (11-14); middle (15-17); and late (18-21).[7] The Centers for Disease Control and Prevention, on the other hand, defines the age range for adolescents as 10-19 and refers to 20-24 year olds as young adults, but often groups adolescents and young adults together.[8] Recognizing that 20-24 year olds have many developmental and health needs similar to adolescents, along with some unique needs that are not yet well addressed in public health programs, the Partnership has chosen to be more, rather than less inclusive, defining the age range for adolescence as 10-24 years.

Vulnerable Populations: The terms adolescents, youth, and young persons are used interchangeably in this framework. They are used in their most comprehensive sense, referring to the whole population of youth, including subgroups such as youth with special health care needs, youth of varying ethnic and cultural backgrounds, or socially vulnerable youth (for example: gay, lesbian, or bi-sexual; homeless; abused youth; substance-abusing youth, or teen parents). It is also crucial to recognize the needs and challenges of youth who are vulnerable as a result of health and other disparities resulting from a wide range of complex and intertwined cultural factors such as race, ethnicity, gender, socioeconomic status, educational attainment and geographic factors that influence health status.

Much consideration was given to the emphasis of vulnerable subgroups of adolescents in this work, particularly adolescents with special health care needs. Children and youth with special health care needs are a priority population within maternal and child health programs, with 30 percent of Title V/MCH block grant funds allotted to states obligated for services for children with special health care needs (CSHCN). This mandated allotment of funds has allowed for an effective, organized focal point in public health agencies to provide and promote family-centered, community-based, coordinated care and systems of service for such children and their families.

Recognizing that MCH/family health programs and staff, including adolescent health coordinators, need to be responsive to this population, this document attempts to incorporate references to special health and other needs as appropriate to specific concepts presented here.

At the same time, youth with special health care needs also have needs that are common to all adolescents. In addition, other vulnerable sub-groups of adolescents do not have the benefit of organized coordinating agencies or systems with committed funding. Therefore, the Partnership has chosen to present a vision for all adolescents, recognizing but not fully addressing all the different sub-groups of adolescents who face unique challenges.

Adolescent Health

Adolescent health is the state of optimal physical, emotional, cognitive, social and spiritual well-being in youth aged 10-24 years old.[9, 10] (See *Healthy Adolescents* below for characteristics of and factors contributing to healthy adolescents.)

Healthy Adolescents

Healthy adolescents are characterized by an ability to realize individual potential around critical developmental tasks, including the ability to:

- Form caring, supportive relationships with family, other adults and peers.
- Engage, in a positive way, in the life of their communities.
- Engage in behaviors that optimize wellness and contribute to a healthy lifestyle.

- Demonstrate physical, cognitive, emotional, social and moral competencies.
- Demonstrate resiliency when confronted with life stressors.
- Demonstrate increasingly responsible and independent decision-making.
- Experience a sense of self-confidence, hopefulness and well-being.

The development of healthy adolescents is a complex and evolving process that requires supportive and caring families, peers and communities; access to high quality services (health, education, social and other community services); and opportunities to engage and succeed in the developmental tasks of adolescence. These supportive factors must be available to adolescents generally, but must also be available on an individualized basis to effectively serve adolescents, including those with disabilities and other specialized needs.[11-14]

Youth Development

Youth development is both a philosophy and an approach to policies and programs that serve young people. The youth development approach is predicated on the understanding that all young people need support, guidance, and opportunities during adolescence, a time of rapid growth and change. With this support, they can develop self-assurance in the four areas that are key to creating a happy, healthy, and successful life:[15]

- A sense of competence: being able to do something well
- A sense of usefulness: having something to contribute
- A sense of belonging: being part of a community
- A sense of power: having control over one's future

There are a number of commonly used and cited youth development philosophies, but all recognize that focusing on the development of assets and competencies in youth is the best means for fostering health and well-being and for avoiding negative choices and outcomes. Among the essential elements of the youth development approach are the following:[16]

- Youth are viewed as a valued and respected asset to society;
- Policies and programs focus on the evolving developmental needs and tasks of adolescents, and involve youth as partners rather than clients;
- Families, schools and communities are engaged in developing environments that support youth;
- Adolescents are involved in activities that enhance their competence, capacity, caring, character and civic engagement;
- Adolescents are provided an opportunity to experiment in a safe environment and to develop positive social values and norms; and,
- Adolescents are engaged in activities that promote self-understanding, self-worth, a sense of belonging and resiliency.[15-23]

A Conceptual Framework For Adolescent Health

Why Focus on Adolescent Health?

While the health and well-being of all age groups is important, the developmental nature of adolescence leads to special considerations and needs for this population.[24-25]

Rapid growth and development in adolescence leads to new needs, such as those related to: changes in body proportions, size, weight and image; emotional changes; new sleep patterns and needs; developing sexuality and reproductive functioning; and social/peer pressures.

Adolescence is a period in which many life-long patterns of behavior are established, including health promotion/disease prevention behaviors and care-seeking patterns. The extent to which health and other services are available, accessible and culturally acceptable to teens can affect adult care-seeking and other health-promoting activities.

Adolescent health provides the foundation for adult health status. Preventable health problems in adolescence can become chronic health conditions in adulthood. Adolescent obesity, low-calcium intake, sexually transmitted infections, smoking, and substance abuse, for example, can all result in serious, long-term health conditions later in life.

Adolescence, like other developmental stages, has its own unique epidemiology. It is important to develop population-based data on adolescents and to use this data to develop sound policies and programs specifically targeted to the needs of youth.

Societal messages to youth are often confusing and contradictory, adding to the difficulty of successfully navigating the transition to adulthood. Mixed messages and expectations from adults, including media imagery, regarding adolescent independence, responsibilities and sexuality, for example, make it all the more important to provide supports and interventions to help guide youth as they grapple with life's new complexities.

Adolescence is a period of unique challenges, particularly for vulnerable youth including those with disabilities and special needs. Social pressure to "fit in" may lead to painful exclusion, which may have long-term psychosocial consequences. Promoting inclusion and social acceptance is particularly critical at this developmental stage.

Adolescent health provides the foundation for adult health status.

The Role of Public Health

An underlying assumption of the Partnership, as reflected in the "Guiding Principles" section of this framework, is that public health has a critical role to play in assessing and addressing the health of adolescents. Consistent with core public health functions, the public health approach to adolescence focuses on assessment, policy development and assurance.[26] The *Conceptual Framework for Adolescent Health* is organized around the core public health functions and incorporates basic public health principles, as well as some principles based on the youth development philosophy. One useful starting point for understanding public health roles related to adolescents is provided in the following version of "Ten Essential Public Health Services to Promote Adolescent Health," an adaptation of related frameworks for adolescent health, MCH/family health, and public health as a whole.[27-30]

Ten Essential Public Health Services to Promote Adolescent Health

1. Monitoring and assessing adolescent health status to identify and address adolescent needs, as well as opportunities for health promotion.

2. Diagnosing and investigating health problems and hazards, as well as related individual, family and community risk and resiliency factors affecting adolescents.

3. Informing and educating families, youth and the general public about adolescent health and development issues.

4. Mobilizing community partnerships among policy makers, health care providers, youth, families, the general public and others to identify and address adolescent health issues.

5. Providing leadership for priority-setting, planning and policy development to support community efforts that promote and maximize the health of adolescents.

6. Promoting and enforcing legal requirements that promote and protect the health and safety of youth and ensure public accountability for their well-being.

7. Linking youth and their families to health and other community services, and assuring access to comprehensive, quality systems of preventive, primary and specialty care.

8. Assuring the capacity and competency of the public health and personal health workforce to effectively address adolescent health, developmental needs and the needs of individuals with disabilities.

9. Evaluating the accessibility, quality and effectiveness of personal and population-based adolescent health services for youth with the full range of typical and special needs.

10. Supporting research, demonstrations and related evaluations that develop new insights and approaches to promoting and addressing adolescent health and development.

MCH/family health programs provide a logical home for adolescent health within state health agencies.

The Relationship of Adolescent Health to State MCH/Family Health Programs

The Partnership recognizes the importance of both incorporating adolescent health as an essential part of MCH/family health and designating an adolescent health focal point within state MCH/family health programs. It also recognizes the importance of assuring a MCH/family health program within each state health agency.

Acknowledging that there are various ways to configure state health agencies in this era of changing health systems and government streamlining, the Partnership specifically affirms its support for: (1) a strong MCH/family health program (i.e., an organizational unit) within each state health agency and (2) a designated adolescent health coordinator within each MCH/family program.[31] Within this context, the health needs of adolescents can best be served when the MCH/family health program as a whole adopts the basic framework of the 10 essential public health services for adolescents, while at the same time supporting and working with the adolescent health coordinator.

This position is based on several considerations:

- MCH/family health programs provide a logical home for adolescent health within state health agencies: adolescent health is integral to family health and fits well within the broader MCH/family health developmental framework. At the same time, adolescence brings its own unique issues that require special attention and expertise.

- Long-term experience both within the U.S. and internationally has shown that when public health infrastructure includes an individual unit or focal point for a specific population group, policies, programs, services and supports for the designated group are greatly enhanced. This is true for the maternal and child health population as a whole, which is why states designate MCH/family health units. Similarly, designating an adolescent health coordinator within each MCH/family health unit can greatly enhance efforts to address adolescent health.

- Over the years, the federal Maternal and Child Health Bureau has successfully supported integrating a special focal point for adolescent health within MCH/family health programs, through efforts such as: (1) the use of SPRANS grants that assist state MCH/family health programs in developing and enhancing adolescent health coordinator positions; (2) the development of national adolescent health resource centers to assist states and others in addressing the health needs of adolescents; and (3) the development and implementation of state Title V performance measures focused on outcomes for youth.

While the exact job description of the adolescent health coordinator varies from state to state, the role is very much in keeping with and should be informed by the 10 essential services for adolescent health. In addition, the Partnership believes that the health needs both of adolescents and the broader MCH/family health population can best be served by designating an adolescent health coordinator who has the expertise and the mandate to work closely with others in the MCH/family health program in order to:

- Integrate and/or coordinate existing MCH/family health efforts that address adolescents.
- Promote and develop new MCH/family health policies, programs, and services that address additional adolescent health issues.
- Provide expertise in adolescent health and development as well as youth development to inform broader policies, programs and services that include adolescents in the target population.
- Forge partnerships within public health, with other state agencies, and with a broad array of other societal institutions, as well as with youth and families, in order to develop comprehensive, coordinated state and community efforts to address the needs of youth.

The health needs of adolescents can best be served by designating an adolescent health coordinator who has the expertise and the mandate to integrate and/or coordinate existing MCH/family health efforts that address adolescents.

Guiding Principles

The following guiding principles should serve as a foundation for the development of policies and programs to maximize the health and lives of adolescents:

1. Public Health has a critical role to play in assessing and addressing the health needs of adolescents. Through the core functions of assessment, assurance and policy development, public health programs provide leadership and oversight to help assure that adolescent health and development are appropriately addressed population-wide. The public health role is comprehensive and inclusive. Services range from population-based health promotion, disease prevention and youth development activities, to development of systems of care and assuring personal health services for both acute and chronic conditions. In addition, while public health addresses the needs of the adolescent population as a whole, it also plays a significant role in assuring the health of population subgroups such as youth with special health care needs, youth of varying ethnic and cultural backgrounds, or socially vulnerable youth (e.g., gay, lesbian, or bi-sexual; homeless; abused or substance-abusing youth; teen parents).

2. The youth development philosophy provides an essential framework for adolescent health policies and programs. The youth development approach has contributed to overall knowledge of adolescent health and development by articulating the assets and competencies, as well as the environmental factors, that help youth develop and maintain their optimal health and well-being as they successfully make the transition to adulthood. Adolescent health and youth development go hand-in-hand. Youth who, with support from their families and communities, successfully engage in the developmental tasks of adolescence are more likely to experience a sense of well-being, withstand life's stresses, choose health promoting behaviors, and avoid activities and behaviors that can lead to negative health and life outcomes. In short, youth who succeed in the developmental tasks of adolescence lay the foundation for health and well-being in their adult lives.

The youth development philosophy/framework is both consistent with and complementary to the fundamental public health approaches of health promotion and disease prevention. By combining all three approaches — health promotion, disease prevention and youth development — public health can more effectively meet the health and developmental needs of adolescents.

3. Services and programs for adolescents should be culturally competent, assessing and addressing the range of racial, ethnic, gender, socioeconomic, educational attainment, and geographic factors that influence health. Cultural values are determined by multiple factors in an adolescent's life.[32] The complex interactions of these factors determines the degree to which programs and services for adolescents appropriately address their circumstances and provide needed support and services within the context of their cultural beliefs and values. Program and policy development must recognize that assessing the impact of cultural factors on an adolescent patient's health is an integral aspect of developing sound programs and policies to maximize the health and lives of young people. Cultural factors are especially important in our pursuit of the total elimination of health disparities in racial and ethnic communities.[33]

4. It is important to involve youth and their families in planning policies and programs for adolescent through family-centered and community-based strategies. An emphasis on "family-centered" and "community-based" programs and services recognizes the importance of both families and communities in

guiding youth and providing supportive environments in which to develop.

For youth who lack supportive families, the role of community — including institutions and organizations providing caring, adult mentors — is heightened. For some youth, in their transition from early to late adolescence, the concept of "family-centered" is transformed as they assume increasing independence and responsibility for making decisions about health behavior as well as seeking and utilizing services.

For others, the role of family may continue to play a significant role in accessing programs and services. Families of adolescents with significant disabilities may need enhanced supports to establish and implement appropriate transition plans aimed at maximizing independence while meeting health and safety needs. Families whose cultural beliefs embrace continued collective responsibility for an adolescent's health may need tailored supports and services that respect cultural beliefs while respecting the individual adolescent's needs.[34]

These complex and varying factors necessitate the involvement of youth and their families in developing programs and policies to provide the hands-on perspective necessary to identify the needs and concerns of youth and guide decisions about effective courses of action. Developing active partnerships with youth and families helps to assure that strategies, programs and policies are relevant and responsive to their needs and their cultural beliefs. It is therefore critical to develop structures and mechanisms — such as adolescent health advisory councils or committees — that routinely engage youth and families, representative of their communities, in policy and program decisions.

5. Collaboration across public and private societal institutions is essential to meeting the needs of adolescents. To most effectively address adolescent health, public health needs to maximize partnerships with traditional partners (e.g., families, schools, human services) as well as reach out to non-traditional partners that have an interest in promoting the well-being of youth (e.g., justice, labor, housing, parks and recreation, vocational rehabilitation, religious organizations). Not only do other societal institutions play an essential role in shaping the environment in which youth live, but they often hold key resources that can be directed to policies and programs promoting the health and development of adolescents.

The National Initiative to Improve Adolescent Health by the Year 2010 identifies the following societal institutions as ones that "exert a remarkable influence on the behavior and health of young people:"

- Parents and families
- Media
- Schools
- Post-secondary institutions
- Health care providers
- Employers
- Community agencies
- Government agencies
- Religious organizations

Schools and educational institutions and organizations play an especially important role in the lives of young people. Every school day, over 54 million children — over 95 percent of all 5 to 17-year olds — attend nearly 117,000 public and private schools in the United States.[35]

School staff, including school-based health providers, are often the first to detect physical, emotional, and developmental problems among school age children and youth. School-based programs can also reach youth in their communities through strategies such as after-school and civic programs. School-based programs reach kids where they spend most of their time, and data confirm they can positively influence health behaviors; improve student achievement; and even improve children's access to care.[36]

Acting in collaboration, these institutions can have a substantial impact on the "well-being of young people.[37]

6. Sound data and surveillance systems provide the foundation for sound policies and programs. Strong data and analytic capacity, including capacity in MCH epidemiology, are needed to assess health status, identify needs, develop appropriate programs and policies, target services, and evaluate interventions. Sound health statistics provide an understanding of where we stand in terms of health as individuals, as subgroups, and as a society.[38]

For adolescents in particular, there is a need for better age-specific data on risks, assets, and protective factors at the individual, family and community levels. There is also a need for data that permits characterization of subgroups within the adolescent population to create a more accurate picture of the wide range of health needs of adolescents, including racial and ethnic disparities among adolescents.

7. Comprehensive and coordinated strategic planning provides the foundation for effective adolescent health agendas. Strategic planning is a critical part of developing effective adolescent health agendas. In times of limited resources and compet-

ing demands, multi-year, comprehensive, needs-based planning increases the likelihood of success. It also provides an excellent basis for building and strengthening the diverse partnerships that are necessary to adequately meet the health needs of youth.

Ideally, strategic planning for adolescent health should take place at several levels, including: planning specifically focused on adolescent health programmatic efforts; incorporation of adolescent concerns into planning for children and youth with special needs; planning for the MCH/family health unit as a whole; and agency-wide planning and comprehensive state planning around youth issues.

Realistically, where comprehensive strategic planning for adolescent health may not exist, adolescent health related programs and other programs with adolescent health components should coordinate and collaborate to ensure they are consistent with and complimentary to each other.

8. Developmentally-appropriate and scientifically-supported health programs and services are essential to meet the varying and evolving needs of adolescents. Although adolescence has been defined here as ages 10-24, there are multiple critical development periods within this age range that necessitate careful development of policies and programs to deliver services and programs appropriate to the changes and varying needs of young people in this age range. This requires recognition that children making the transition to adolescence have different physical and emotional development needs than older adolescents. Young people with special physical or mental health needs, or in other vulnerable situations may have different needs than their cohorts of the same age. And services and programs delivered to young people throughout this crucial developmental period should also help to prepare them physically and emotionally for healthy adulthood.

Addressing the developmental needs of adolescents also involves respecting and protecting them as individuals within the context of their families and communities. Concerns about privacy can profoundly impact an adolescent seeking health services and education. Lack of confidentiality[39] is a significant barrier to accessing services. For clinicians, assuring confidentiality can contribute to an accurate diagnosis. Adolescents who do not believe in their confidentiality withhold information; delay entry to care, or even refuse care for health services related to sexuality, substance abuse, or emotional problems, three leading causes of morbidity and mortality in adolescents, as well as other issues.[40]

And finally, programs and policies addressing the needs of adolescents with programs and services should be scientifically supported to ensure the most effective outcome to maximize the health and lives of young people. While the evolving needs of adolescents demand an evolving and growing policy and program agenda to address those needs, policies and programs should strive to build a body of evidence, through rigorous evaluation strategies, or be based on programs, policies, and practices already proven effective within their target population.[41]

9. Accessibility is paramount to the success of any public health program, particularly those targeting youth. Health programs and services targeting youth must be offered in times and places where they are accessible. For most youth, schools and educational settings are key venues for reaching them with services and programs. Programs and services targeting youth must also be available and coordinated with community services and programs that touch the lives of youth outside of school including social and welfare services, workforce settings, juvenile justice, community service settings, civic settings, and within religious communities.

Access is especially critical for youth without health coverage who have limited access to care and underutilize the health care system as a result.[42]

10. All program and policy development to maximize the health and lives of youth should work towards reducing and eliminating disparities. Minorities are the fastest growing segment of the population. Most adolescent minority populations are growing faster than white populations.[43] A large body of literature has documented significant racial and ethnic disparities in health care and health outcomes, with minority Americans generally receiving less health care and suffering worse health. Many minority Americans, especially those with limited English proficiency, face barriers to accessing health programs and services.

Other factors such as gender, socioeconomic, educational attainment, and geographic factors also play a significant role in the health status of adolescents. Disparities in education opportunities, teen pregnancy prevention efforts,[44] and other types of social and health services for adolescent boys versus girls are increasingly well-documented. Geographic factors play a major role in the availability and accessibility of health services and programs for rural and frontier states.[45] And educational attainment and other socio-economic factors of families are also related to disparate conditions for adolescents and their families.

Addressing the needs of an increasingly diverse population has become a major challenge to clinicians, health systems and plans, and public policymakers,[46] but should remain in the forefront of our efforts to help adolescents achieve optimal health and improve the quality of their lives.

Vision Statements

Based on the preceding discussion of definitions, the need for an adolescent health focus, public health roles, the relationship of adolescent health to MCH/family health, and guiding principles, the AMCHP/NNSAHC Partnership for adolescent health developed three related but distinct vision statements: for adolescents, state MCH/family health programs, and national and federal partners supporting adolescent health work in states:

Vision for Adolescents
The Partnership is committed to creating a nation in which:

- All youth are raised in positive environments, with caring adults who nurture and promote their health and development.
- All youth feel safe and supported and are positively engaged in the lives of their families, peers and communities.
- All youth have timely access to appropriate, high-quality health, education, social and other community services as needed to support their optimal healthy development and assure their well-being.
- All youth thrive during their adolescence.

Vision for State MCH/Family Health Programs
The Partnership is committed to creating a nation in which:

- All state public health agencies have strong, capable, highly effective and sustained MCH/family health programs that address the needs of women, children, youth and families, including children/adolescents with special health care needs.
- All state MCH/family health programs have one or more dedicated adolescent health staff, including an adolescent health coordinator who works cooperatively both within the MCH/family health program and with other programs and agencies to develop strong, highly effective and sustained policies and programs that are responsive to the needs of adolescents and their families.
- All state MCH/family health programs support and work collaboratively with their adolescent health staff to effectively carry out the "Ten Essential Public Health Services to Promote Adolescent Health."
- All state MCH/family health programs incorporate the Partnership's guiding principles in developing and implementing adolescent health programs and policies.
- All state MCH/family health programs effectively assure that youth are seen as valuable members of their communities whose health and development needs are recognized and supported as a policy priority at the community, state and national levels.

Vision for National Support
The Partnership supports a national environment in which:

- Youth are seen as valuable assets whose health and development needs are recognized and supported as a policy priority at the community, state and national levels.
- Collaboration between state level programs and services targeting youth is encouraged and expected by federal agencies, and other private and public agencies with fiscal responsibility for adolescent health services and programs.
- Private and public agencies at the community, state, and national levels recognize their joint responsibility to work together to maximize the health and lives of youth.

Conclusion

As noted in the introduction, this framework is a consensus document, reflecting a unified sense of purpose and a common vision for adolescent health within state public health agencies, particularly MCH/family health programs. AMCHP and NNSAHC continue to work together to build state capacity to support effective adolescent health programs.

For more information on the AMCHP/NNSAHC Partnership for Adolescent Health, and other related activities and products, contact the AMCHP Adolescent and School Health Program.

This brief was prepared by **Amy Fine**, MPH, consultant and **Rena Large**, MEd, CHES, senior program director. Development of this document was supported by funding from the Annie E. Casey Foundation. For more information, contact AMCHP at 202-775-0436.

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Acknowledgements

This framework was developed between 2000 and 2002, and subsequently reviewed and updated by the members, elected leaders, and staff of the Association of Maternal and Child Health Programs and the National Network of State Adolescent Health Coordinators with extensive input and support from many partners. Although many partners have contributed to this effort, we would like to extend special thanks to the following partners for their extensive contributions and support:

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May 2005