



2022, Issue 5: October

Dear state adolescent health colleagues,

“American teenagers today face an array of health risks that are fundamentally different from those which afflict children and adults. How can we help our youth?”

In 2000, those words introduced *Growing Absolutely Fantastic Youth*, a monograph by the University of Minnesota’s Division of General Pediatrics & Adolescent Health and the Konopka Institute for Best Practices in Adolescent Health (SAHRC’s predecessor). At the time, we were talking about 25 years of research and growing interest in resiliency and protective factors, known today as a positive youth development (PYD) framework.

One of the few things that hasn’t changed in the last quarter-century is that adolescents have fundamentally different needs than children or adults, and those needs are intricately tied to significant physical, emotional and social development, growth and changes that take place in adolescence, changes second only to infancy.

Mindlessly scrolling through my Facebook feed last week, I came across this timely post: “The only thing harder than parenting a teen is actually being one.”

I needed this reminder. The difference for us caring adults is that we, theoretically, have developed some of the skills to navigate the roller coaster.

Our culture remains ambivalent about the experience of being an adolescent: we occasionally expect them to act and perform like fully-functioning adults, and we rarely afford them opportunities to participate in the public sphere and be taken seriously. We really can’t have it both ways.

Last month, thanks to support from the Association of Maternal and Child Health Programs’ workforce development funding and staff, we co-hosted an in person meeting in Minneapolis with more than 40 representatives from the Adolescent Health workforce from 29 states and territories, including Alaska, Puerto Rico, American Samoa, Palau, and the Mariana Islands.

It clarified some things for us. One, no amount of virtual connection can replace the buzz of being in the same room with colleagues. And two, our group brings huge energy to the challenge of upping each jurisdiction’s understanding of the key developmental tasks of adolescence. When we incorporate this lens into policies and programs that meet young people where they are at, American culture proactively acknowledges the roller-coaster and helps us ride it together.

That’s where you come in: superhero, champion, advocate of young people. Trying to understand young people through a developmental lens is your mission. Helping others see it, too; that’s your superpower.

To those of you who couldn’t join us in Minneapolis, we missed you. And we hope this edition of *Connections* bottles and shares some of that energy and provides some tools to help you and your colleagues sharpen your development lens and understanding of young people.

On behalf of the State Adolescent Health Resource Center Team,

[Lynn Bretl](#), MPP

Director, State Adolescent Health Resource Center at the University of Minnesota

Share this newsletter with colleagues, grantees and other partners! Anyone may subscribe to SAHRC Connections by [signing up here](#).

developmental stages & tasks

Keeping these developmental tasks of adolescents and young adults front and center will help you in every aspect of your job.

What does that look like in practice?

- Think about developmental tasks ahead of your young people, and build supports they need into everything you do (caring supportive relationships with adults, opportunities to experiment, purposeful and fun learning and engagement, opportunities to build on youth strengths).
- Look at situations from young peoples' perspectives, considering their development both in how you assess and respond to the situation.
- Connect your grantees and partners to professional development resources that help them center adolescent development in their work.

Understanding Adolescence
a developmental lens

EARLY ADOLESCENCE	MIDDLE ADOLESCENCE	LATE ADOLESCENCE / EMERGING ADULTHOOD
10 – 14 Grades 5 – 9	15 – 17 Grades 9 - 12	18 – 24 Post high-school

Developmental tasks

- Adjust to new physical sense of self (including body image)
- Adjust to a sexually maturing body and feelings
- Develop and apply abstract thinking skills
- Define a personal sense of identity
- Adopt a personal value system
- Renegotiate relationship with parents/caregivers
- Develop stable and productive peer relationships
- Meet demands of increasingly mature roles and responsibilities

One small step for young people....

You might be thinking, "Easier said than done," but taking one small step is easy: think right now about an adolescent or young adult you know. How does that individual express their identity, sense of self, and changing relationships? Think about their clothing choices, friends, street art, music, hair styles, transportation methods, communication styles, etc.

Given what you observe about them, what developmental tasks do they seem to be working on? Now ask yourself:

- How could your program better support that process of discovery?
- How can you build the [fundamental requirements of healthy youth development](#) into your programming?
- How are you involving youth in programs and policies that respond to their evolving needs?

Applying this developmental lens takes patience and practice. Read on to learn how your peers are doing this.

tips from your colleagues

At the September meeting we mentioned above, we met with state adolescent health coordinators (SAHCs) and other state public health agency staff focused on AYA health from 25 states, Puerto Rico, American Samoa, Northern Mariana Islands and Palau. From our many heartfelt discussions about serving young people, these specific tips emerged:

Help others see AYA with a developmental lens.

Your passion for designing programs that meet the changing developmental, needs of young people is justified. Adolescence is a key developmental stage on in the life course trajectory and what young people do, learn, get, experience, try in this stage of life will carry through to all kinds of health, academic, and social outcomes throughout their life.

The main tip from seasoned SAHCS? "Jump in every open door" to help others see the importance and benefits of acknowledging this key stage in human development, including at events, grantee meetings, personal conversations, and staff meetings. Be ready to share resources and tools with others to help them think about their youth-focused work using a developmental lens.

Find your people.

partner with them, elevate each other's work, and share ideas and resources, and build a collective buzz around building in the foundational supports young people need into EVERY program. One place to find like-minded adolescent and young adult champions is through the NNSAHC website's [profiles of SAHCs](#) and other state public health agency staff focused on adolescent health.

Adapt (steal) others' innovative ideas.

Do you have a mandate, job duty, or performance measure to manage but don't know where to start? Ask your fellow State Adolescent Health Coordinators.

For example, the **Missouri** Department of Health and Senior Services (MDHSS), Adolescent Health Program developed [Connect with me](#) cards to help adults to connect with youth whenever an opportunity presents itself. The idea was borrowed from Alaska's [Talk Now Talk Often Campaign](#), a statewide effort developed to help increase conversations with teens around healthy relationships, to engage Teen Outreach Program (TOP) clubs (youth) in giving feedback as a TOP community service-learning project.

And Alaska borrowed from **Oregon**. Specifically, Alaska's Division of Public Health adapted the [Oregon Health Authority Adolescent and School Health Program's Youth Participatory Action \(YPAR\)](#) model to engage youth to redesign the model's life course pregnancy prevention work to be exclusive of mental health and gender identity. In partnership with youth and key state partners through the [My Best Alaskan Life](#) project, a youth designed tool was pilot tested in 2020, and will be pilot tested for use in school based health centers in 2022, with hopes of launching the tool statewide in 2022.

Find other great ideas to borrow and adapt:

- [NNSAHC Website – States-in-Action Compilations](#)
- [Association of Maternal and Child Health Programs Innovation Hub](#)

Listen to your local partners.

If you don't even know what you don't know about on-the-ground needs of young people, find local partners to help you assess youth needs.

For example, the **West Virginia Title/V MCH Adolescent Health Initiative** contracts with 8 regional adolescent health coordinators (AHCs) via community orgs (United Ways, Medical Center, WVU) to assess youth needs in their communities and implement tailored programming to meet ongoing and emerging needs of young people in the community. While the state Title V/MCH program funds the regional AHC salaries, the AHCs themselves engage community organizations, schools, and other stakeholders to provide funding and resources for local activities which nurtures community and parent/family buy-in and vested interest in the work. Regional AHCs also develop strong relationships with youth groups such as STARS (Super Teens Achieving Regional Success) to engage young people. (Read more: WV MCH [Adolescent Health Initiative website](#), WV's Regional Structure featured as a [Think Act Grow state in action](#)).

Listen to young people and let them lead.

Stakeholder engagement is key to sustaining successful programs and policies. Your AH colleagues in other states: hire young adult interns to help with program planning, establish state level youth advisory boards, incorporate youth into existing adult advisory boards, require grantees to do the same, partner with other agencies and organizations to engage their youth advisors, and host youth town halls or summits. Some of the specific youth engagement efforts we discussed at our SAHC meeting included:

- **Youth Alliance for a Healthier Alaska (YAYA)**, a diverse statewide youth advisory council, ages 14-18, advises the Alaska Division of Public Health Adolescent Health program, other Division of Public Health programs, and youth serving organizations on youth needs; reviews materials created for teens by youth serving organizations; and creates interventions designed to improve the lives of adolescents in Alaska.
- **Puerto Rico Consejo Asesor Juvenil / Youth Advisory Council (PRYAC)**, a youth advisory council, ages 14-22, collaborates with the PR maternal, child and adolescent health program and other entities seeking input on projects and educational materials, including videos or flyers. They participate in committees, MCAH needs assessment, and represent youth at AMCHP events and other partner events.
- **Missouri's Adolescent Health Program**, requires all **Teen Outreach Program contractors** to "authentically engage youth advisors to benefit the program and agency through development of a youth advisory council, adding youth to existing councils or boards, or through other DHSS-approved community specific strategies to engage youth in an advisory capacity."

Other robust examples of youth engagement in state public health programs:

- [State Public Health Youth Advisory Structures](#) – SAHRC's catalog of profiles of state public health youth advisory structures, supporting documents, reports, and tools from 17 state public health youth advisory structures can help you get started.
- [Partnerships with Youth and Young Adults](#) – This AMCHP brief describes strategies Title V/MCH and other public health partners use to engage youth in meaningful ways (including

Center equity and name racial injustice.

As professionals devoted to improving the health and well-being of young people, we can't do our work without acknowledging racism as a key social determinant of health. We see the impact of structural racism on Black, brown, indigenous and other youth of color (BIPOC) – in lack of access to health and mental health services, in lack of opportunities for young people to engage in resource-poor communities, in disparate education opportunities.

Ensuring that young people have the foundational supports they need means calling out and addressing the structures that perpetuate racism, seeking out and listening to the voices of BIPOC youth, and leveraging their strengths. This might look like:

- Seeking advice and recommendations from youth and stakeholders in historically underserved/marginalized communities about the needs of young people.
- Seeking out opportunities within and across agencies to bring your adolescent development lens to broader racial equity work (such as statewide Social Determinants of Health committees).
- Providing trainings to your adolescent and young adult focused grantees, such as Implicit Bias training.
- Participating in anti-racism and health equity trainings and professional development opportunities.

One example of how a state program is centering equity and naming racism: **Massachusetts Office of Sexual Health and Youth Development** [centers racial justice and reproductive justice through its partnerships and services](#), offering annual Reproductive Justice framework trainings to MDPH-funded organizations, and requiring grantees to participate in trainings and develop reproductive justice action plans to support the integration of reproductive justice principles into their service delivery.

Learn more about the impact of racism on the development of young people:

- [Traumatic Impact of Racism on Young People \(including key concepts about adolescent development impacted\)](#), American Academy of Pediatrics
- [The Intersection of Anti-Black Racism and Adolescent Development](#), National Scientific Council on Adolescence (NSCA), summarizes research on how racism and related inequities impact key developmental milestones of adolescence and offers recommendations to support Black youth within key social contexts of the middle and high school years.

Future issues of *Connections* will explore how state adolescent programs are embedding equity and anti-racism practices into their adolescent and young adult health work. **If you are embedding equity and anti-racism into your adolescent and young adult health work, please connect with [Lynn Bretl](#) to share your work.**

developmental lens tools

Tools from SAHRC

[Developmental Stages of Adolescence fact sheets \(PDF\)](#) >

These are brief summaries of the developmental stages and tasks of adolescence. Spanish adaptations available thanks to the Colorado Department of Health and Environment's Title V/Maternal and Child Health Program.

- Early Adolescence 10-14 [English](#) | [Spanish](#)
- Middle Adolescence 15-17 [English](#) | [Spanish](#)
- Late Adolescence 18-24 [English](#) | [Spanish](#)

[Understanding Adolescence, SAHRC YouTube Video Series](#)

1. [The Basics \(21:03 minutes\)](#)
2. [Development Tasks - Body \(25:04 minutes\)](#)
3. [Developmental Tasks - Sense of Self, Relationships \(32:56 minutes\)](#)
4. [Understanding Adolescence \(Now What?\) \(20:04 minutes\)](#)
5. [Video Series Embedded Links and Tools](#)

[Understanding Young Adults, SAHRC YouTube Video Series](#)

1. [Young Adults and the Role of MCH Programs \(14:10 min\)](#)
2. [10 Things MCH Should Know About Young Adults \(Tips for understanding and work with young adults\) \(18:49 min\)](#)

[Adolescent Developmental Timeline Activity - Facilitator Instructions and Materials](#)

An activity designed by SAHRC specifically for SAHCs and MCH professionals to lead small groups through an exploration of the stages of adolescent development and apply it to their work.

[Adolescent Developmental Lens Case Study Exercise](#)

An activity designed by SAHRC for individuals or groups to analyze youth behaviors that are traditionally misunderstood and responded to incorrectly by adults through a developmental lens, and to identify developmentally appropriate strategies for use by participants, organizations and communities with and/or

SAHRC's 7-page overview of the fundamental supports and opportunities youth need, including recommendations to help state-level professionals build Positive Youth Development into their public health strategies.

Tools from the field

[What Neuroscience Tells Us About the Teenage Brain](#) (2022) A new article released by the American Psychological Association discusses the teenage brain and how the narrative is changing from "risk machines who lacked the decision-making powers of a fully developed prefrontal cortex" to "cognitive, behavioral, and neurological flexibility that allow teens to explore and adapt to their shifting inner and outer worlds".

[The Developing Brain: Implications for Youth Programs](#) (2015) This Child Trends brief examines brain research findings and implications for programs serving youth.

[Adolescent Development Toolkit](#) for youth serving professionals including guides, articles, fact sheets, videos, narrated presentations, and related websites. Assembled by the ACT for Youth Risk and Thriving in Adolescence Program Work Team, a collaboration of Cornell University, Cornell Cooperative Extension, New York State 4-H Youth Development, and external stakeholders.

[Teen Years Explained: Taking Everyday Action to Support Healthy Adolescent Development \(2010\)](#) First published in 2010 by the Center for Adolescent Health, Johns Hopkins Bloomberg School of Public Health, this guide incorporates the latest research about physical, emotional, cognitive, sexual, spiritual, and identity formation development in adolescence. This essential resource includes real-life tips and strategies and was developed with state and national partners, including Maryland's State Adolescent Health Coordinator.

[Adolescent Development Explained](#) (2021) The Office of Population Affairs worked with the Johns Hopkins University, Bloomberg School of Public Health, Center for Adolescent Health to create this guide, building on Teen Years Explained. It examines the major developmental changes that occur in adolescence and provides suggestions on how parents and caring adults can support young people as they navigate through this critical period.

about sahrc

The State Adolescent Health Resource Center (SAHRC) works to build a national network of states and territories in which adolescents and young adults (AYA) are bedrock priorities in practice and policy. Created by MCHB in 2000 to elevate AYA health as a state-level priority within the Title V/MCHB structure, we offer workforce development in the form of ongoing responsive leadership, technical assistance, research-based resources, and community-building opportunities. This newsletter is funded through SAHRC's partnership with The Adolescent and Young Adult Health – National Resource Center ("the Center") which also includes the [National Adolescent Health Information Center](#), the [Association for Maternal and Child Health Programs](#), and the [National Improvement Partnership Network](#). The Center is supported by the Maternal and Child Health Bureau, Health Services and Resources Administration, USDHHS cooperative agreement U45MC27709, Adolescent and Young Adult Health Capacity Building Program. The contents don't necessarily represent the views of or an endorsement by HRSA, HHS, or the U.S. Government.



SAHRC respectfully [acknowledges](#) that the University of Minnesota stands on traditional Dakota lands. We #HonorNativeLand and you can too. [Find out whose land you're on.](#)

Copyright © 2022 State Adolescent Health Resource Center - U of M, All rights reserved.

Want to change how you receive these emails?
You can update your preferences or unsubscribe from this list.