

A Conceptual Framework for Adolescent Health

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

December 2002



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 State Adolescent Health Coordinators' Network (SAHCN) 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.

SAHCN is a national network of public health professionals working in or with state MCH/family health programs as the designated state adolescent health coordinator. SAHCN's goals are: (1) provide leadership, advocacy and consultation on adolescent health; (2) formally support and strengthen sharing of ideas and strategies among state adolescent health coordinators; and (3) 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.

Through the Partnership the leadership of AMCHP and SAHCN 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 SAHCN 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 SAHCN'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/SAHCN 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 Policy Agenda for Adolescent Health, which establishes goals and objectives for the AMCHP/SAHCN Partnership, and the Core State Capacities to Provide the 10 Essential Public Health Services to Promote Adolescent Health, which identifies key elements that must exist in public health and MCH/family health programs to support effective state adolescent health programs.

The Conceptual Framework, Policy Agenda and Core Capacities Project are intended to be living tools. All three documents represent extensive input and review by AMCHP and SAHCN members and the 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 tool 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 subdividing 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 or substance-abusing youth; or teen parents).

Much consideration was given to the emphasis of certain sub-groups 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 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 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, without fully addressing all the different sub-groups of adolescents who face unique challenges.

Adolescent Health^{9,10}

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

Healthy Adolescents¹¹⁻¹⁴

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.

Youth Development¹⁵⁻²¹

Youth development is both a philosophy and an approach to policies and programs that serve young people. The underlying philosophy of youth development is holistic, preventive and positive, focusing on the development of assets and competencies in youth as 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:

- Youth are viewed as a valued and respected asset to society.
- Policies and programs are focused 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.
- Adolescents are engaged in activities that promote self-understanding, self-worth, a sense of belonging and resiliency.

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.

A CONCEPTUAL FRAMEWORK FOR ADOLESCENT HEALTH

Why Focus on Adolescent Health?^{22,23}

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.

- *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.²⁴ 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.²⁵⁻²⁸

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.

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.²⁹ 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.

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

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.

...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...

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.

Guiding Principles

The following guiding principles serve as a foundation for the development of the Partnership's policy agenda for adolescent health:

(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 bisexual; 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. The youth development philosophy is both consistent 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) In keeping with other MCH policies and programs, services to adolescents should be family-centered, community-based and culturally competent. The emphasis on the concepts of family-centered and community-based 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. It should be noted that as youth make the transition from early to late adolescence, the concept of family-centered must also be transformed, so that the adolescent assumes increasing independence and responsibility for making decisions about health behavior as well as seeking and utilizing 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. Finally, cultural competency is particularly important in light of rapidly changing demographics in the U.S., with increasing cultural, racial and ethnic diversity among children and youth.

(4) It is important to involve youth and their families in planning policies and programs for adolescents. Youth and their families 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. It is therefore critical to develop structures and mechanisms – such as adolescent health advisory councils or committees – that routinely engage youth and families in policy and program decisions.

(5) Collaboration across societal institutions (public and private) is essential to meeting the needs of adolescents. To most effectively address adolescent health, public health needs to reach out beyond its traditional partners (e.g., families, schools, human services) to other key stakeholder agencies, organizations and community institutions 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 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

Acting in collaboration, these institutions can have a substantial impact on the “well being of our young people.”³⁰

(6) Sound data provides 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. 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. Data should allow for permitting characterization of subgroups within the adolescent population.

(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 competing 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 necessary to adequately meet the health needs of youth. Ideally, strategic planning for adolescent health should take place at several levels, including: planning focused on adoles-

cent 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. Plans developed at the various levels should be both consistent and complementary.

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 Partnership has developed three related but distinct vision statements: (1) for adolescents, (2) state MCH/family health programs and (3) the Partnership.

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 work/s 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 the Partnership for Adolescent Health

The Partnership is committed to assuring that:

- AMCHP and SAHCN maintain a strong, collaborative relationship that enables them to effectively address adolescent health and development issues nationwide.
- AMCHP and SAHCN work collaboratively to strengthen and assist state MCH/family health programs and their adolescent health coordinators in achieving the vision for state MCH/family health programs.
- AMCHP and SAHCN work collaboratively with their own members as well as with national partners from other sectors to assure that youth are seen as valuable assets whose health and development needs are supported as a policy priority at the community, state and national levels.

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 SAHCN continue to work together to build state capacity to support effective adolescent health programs.

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

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ACKNOWLEDGMENTS

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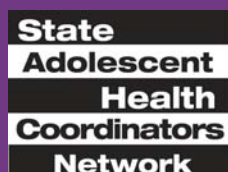
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A Conceptual Framework for Adolescent Health



December 2002