AMCHP White Paper
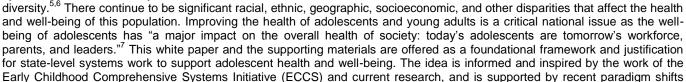## Making the Case: A Comprehensive Systems Approach for Adolescent Health & Well-Being

INTRODUCTION

Adolescence is an age of opportunity. It is a dynamic and exciting time where physical development allows young people to create a new sense of self and cognitive development brings enhanced capacity to look at problems from multiple perspectives, to analyze and think deeply about the world, and to come up with new, innovative solutions. Adolescence is generally defined as the period of life ranging from 10 to 24 years of age, which includes the more nuanced categories of *youth* for those 10 to14 years, *adolescents* for those aged 15 to19 years, and *young adults* as those aged 20 to 24 years.[1,2] During this period, social and moral development expand and young people are exposed to new idea s and new possibilities through parents and siblings, peers, teachers, doctors, religious leaders, media, and other personal, social, and environmental influences. Although there is

great opportunity, there are also multifaceted endocrine, neural, and social changes during and after the pubertal transition that make adolescents extremely susceptible to impulsive and risky behavior, as well as psychological, physical, and emotional challenges.[3,4] Adolescents find themselves in a unique position, ready to take on more responsibility, but not always certain of how to manage the volatility and change within themselves and society. With support, care, and involvement of parents, health care providers, other adults, schools, community services, and other local and state-level systems, we can help ensure that our youth not only avoid the many risks that surround them but also gain the skills needed to navigate the circumstances and complexities of life to become well-equipped, successful adults.

The number of adolescents in the U.S. is expected to grow by almost one million by 2010 and also increase in diversity.[5,6] There continue to be significant racial, ethnic, geographic, socioeconomic, and other disparities that affect the health and well-being of this population. Improving the health of adolescents and young adults is a critical national issue as the well-being of adolescents has "a major impact on the overall health of society: today's adolescents are tomorrow's workforce, parents, and leaders."[7] This white paper and the supporting materials are offered as a foundational framework and justification for state-level systems work to support adolescent health and well-being. The idea is informed and inspired by the work of the Early Childhood Comprehensive Systems Initiative (ECCS) and current research, and is supported by recent paradigm shifts related to the priorities and issues facing adolescents—particularly the life course perspective which conceptualizes the longitudinal influence of socio-environmental determinants on health and acknowledges that different life course periods each provide the opportunity for interventions to improve health outcomes. In this time of economic uncertainty, states are being forced to reduce or even cut important health programming and services. The current tensions from a lack of resources at the state and federal levels, as well as the challenges that youth face, are real and contribute to a sense of urgency for federal and state entities to work to allocate resources to effectively address the unique needs of adolescents so that they can develop healthy life-long behaviors.[8]

ECCS

Purpose & Goals:
- "…To support States and communities in their efforts to build and integrate early childhood service systems
- …To promote the health and well-being of children from ages 0 to 5
- ...Develop systems that more effectively meet the needs of children and families…"

Grants: Since 2003, when the first grants were issued, 49 States, the District of Columbia, Guam, the Republic of Palau and the Commonwealths of Puerto Rico and the Mariana Islands have participated in ECCS.

"ECCS has served as a vehicle for bringing together [public and private agencies and organizations, parents and communities, and others] who are working hard to address all the areas of a child's life that are critical to their health and well-being."

Information from ECCS website: www.state-eccs.org.

The AMCHP Emerging Issues Committee is proposing that by developing this model, states can broaden their approach, channel the tension and challenges toward the creation of innovative solutions, and reach out across divisions and sectors to create a comprehensive systems approach aimed at providing youth and their families with more well-integrated services and resources. Developing a comprehensive system for adolescents is a prudent use of existing state and national resources, because it promotes partnerships and collaboration between people and organizations that work to address adolescent health and well-being. An adolescent comprehensive systems approach provides a cutting edge opportunity to help young people and their families safely navigate the complex biological, behavioral, cognitive, and social factors that impact their lives.

THE NEED TO FOCUS ON ADOLESCENTS

Public health has long focused on the needs of children as a way of investing in a lifetime of health and well-being. This focus, supported by a wealth of research, shows that investment in early childhood development (birth to age 5) is a cost-effective way to lay the foundation for a lifetime of successful learning, sound physical and mental health, responsible civic engagement, and economic productivity.[9,10,11] There is often an assumption that early investment is enough—a belief that young children who enter middle childhood with a strong foundation will have what they need for a healthy and productive adulthood. However, research demonstrates this to be a faulty premise. In fact, while early investment is good, evidence shows the skills acquired in one stage of the life cycle affect the productivity of learning in the next stage, and that when early interventions are followed up with later interventions the results are much more favorable.[12,13] The transformation from childhood to adolescence and then to young adulthood involves a multitude of changes: pubertal and cognitive transitions, changes in relationships (family, peers, romantic), identity transitions (self definition, ethnic identity), along with school and work transitions. If we can agree that early investments to improve the health and well-being of the early childhood population begins the process of ensuring future potential, then we can also agree that investments in the adolescent population are a necessary capitalization on those earlier investments along the life cycle continuum, which will help ensure a sound and healthy workforce, increased civic engagement, and strong leadership among youth.[14,15]

Developing efficient and functional infrastructures and systems, and expanding states' capacity to address the unique opportunities and challenges facing adolescents, can help states enhance their efforts to support young people's growth, development, safety, and well-being throughout the transitions.

PURPOSE OF THIS DOCUMENT

The goal of this white paper is to raise awareness and stimulate a consensus building dialogue among AMCHP members, Title V programs, and partners around the need for a comprehensive systems approach to adolescent health. The AMCHP Emerging Issues Committee and the Adolescent Health Work Group support the current work and adolescent health achievements of state public health agencies, but also seek to support the advancement of new concepts, values, and practices.

Adopting and supporting a systems approach will:
- Protect and leverage the current investment in early childhood by continuing this support into adolescence;
- Create partnerships among federal, state, and local service providers that will strengthen the adolescent health infrastructure both nationally and at the state and local levels;
- Identify effective ways to coordinate and deliver new and existing adolescent systems of care;
- Foster the development of cross-service systems that serve the needs of adolescents and families;
- Establish an important link or bridge within the life course health model where the adolescent population is viewed as part of an integrated lifespan continuum rather than a singular and separate point with a series of independent rather than interdependent needs; and,
- Support significant improvements in the health, safety, and well-being of adolescents.[16]

THE THEORY BEHIND "SYSTEMS THINKING"

Theoretically systems thinking is a holistic approach that recognizes that the component parts of a system are very much inter-related, and that incorporating many parts of a larger system can produce more creative, flexible, and responsive approaches.[17,18] The foundation of public health is built on the principle that health and illness are viewed in the context of causes and conditions that go beyond the biology and the behavior of the individual and are interrelated with ecological, mental, social, and political factors. Public health works to identify and bring together multiple agencies and stakeholders to "systematically unravel the complex web of mediating and moderating factors" to intervene at the community and population level.[19]

In spite of the stated need and logical development of systematic approaches for public health, in recent years the United States has seen systems developed (e.g. governmental public health systems) that often function in "silos" – the opposite of systems thinking. Systems thinking requires an examination of the links and connections between the various components of a system, and promotes organizational communication and collaboration in order to avoid the silo effect and develop integrated and multifaceted approaches. Translated into practice, the theory aims to enhance the positive effects that component parts have on each other by connecting them and strategically integrating their work.

> **Silo Effect:** The silo effect is a phenomenon that occurs when component parts of a system fail to communicate with each other – often resulting in duplication of efforts and inefficient use of resources.

Recognizing that programs and services for mothers, adolescents, children, and families perform better if there is a sound infrastructure to support them, the Maternal and Child Health Bureau (MCHB) of the Health Resources and Services Administration (HRSA) includes "infrastructure building" as an important program component. *Infrastructure,* as it relates to public health and other social programs, refers to "the physical elements, organizations, and people needed to run projects."[20] The primary activities of the infrastructure building, for MCHB, are systems development, systems building, and systems integration. Systems development in public health has been used to create a unifying framework that explains the various components of the system that interact (or should interact), for measuring public health systems performance, and for establishing the science base for future work.[21] There is a need to define and implement a comprehensive systems approach for adolescents by first identifying the parts of the system where there are overlapping goals and objectives and linking the parts in a way that improves the policies, services, and resources targeted at adolescents and their families.

> **Infrastructure: "Today, 'infrastructure' refers to the physical elements, organizations, and people needed to run projects in different societal arenas."**
>
> (Timpka et al. 2009)

MATERNAL AND CHILD HEALTH PROGRAMS & EARLY CHILDHOOD COMPREHENSIVE SYSTEMS

The Early Childhood Comprehensive Systems (ECCS) Initiative, funded by the Maternal and Child Health Bureau's (MCHB) Community Integrated Services Systems Program (CISS), is a great example of how systems building supports and sustains service delivery. The ECCS Initiative brings together the many existing separate systems, services, and funding streams that serve young children and their parents and creates an infrastructure to emphasize their interconnectedness, facilitate and support active learning, and focus on shared decision making. The end result is better outcomes for children. Under this model states receive funding to achieve two specific goals: 1) provide leadership for the development of cross-service systems integration partnerships for early childhood, and 2) support states and communities to build early childhood service systems that address the five core service components:

- Access to Health Care and Medical Homes;
- Social-Emotional Development and Mental Health;
- Early Care and Education;
- Parenting Education; and,
- Family Support. [22]

States engage in a planning phase in which they clearly delineate a shared vision and a set of goals and objectives, and identify the deficits and the gaps in the current service systems. Then they strategically plan for addressing those gaps by potentially redirecting resources, pooling funds, creating processes and service delivery pathways, etc. All of this is aimed at better meeting the needs of children and families and creating a system that is easier to navigate and more effective in improving the health of young children.

APPLYING ECCS PRINCIPLES AND MODELS TO THE ADOLESCENT POPULATION

Materials and models developed as part of the ECCS Initiative, as well as the principles of systems thinking and other models of public health systems, could be adapted and applied to adolescent health and well-being as part of the life cycle continuum to enhance existing services, resources, and supports. Systems development would provide the means to strategically link and connect the various components and systems that do important work for the adolescent population, and promote organizational and inter-agency communication. Application of ECCS principles, adapted to meet the needs of adolescents and supported by a sustainable funding source, would also protect the investment of the ECCS work and help ensure that youth continue to develop into strong, healthy adults.

The approach may integrate elements of an array of programs and issues: physical health and medical care, mental health, social services, education, public safety, family involvement, substance abuse, violence prevention, and job training and skills development. It is important to consider that youth with special health care needs face the same kinds of challenges as all youth, but that they are more intense and therefore unique and targeted supports and services must be in place to help them successfully transition into adulthood. A continuum of preventive, intervention, youth engagement, treatment, and maintenance services implemented throughout various settings should be considered. Incorporating these elements as well as youth asset building can help enhance efforts to improve health outcomes for all adolescents and young adults and promote successful transitions into adulthood.[23] *(See Appendix A for a visual representation of these concepts.)*

ADOLESCENT HEALTH: A CURRENT REALITY

Public Health for many years has focused on adolescent health and well-being. Healthy People 2010, a comprehensive set of disease prevention and health promotion objectives for the nation, outlines the 21 Critical Objectives for Adolescents and Young Adults in the following areas: mortality, unintentional injury, violence, mental health and substance use, reproductive health, and prevention of chronic disease during adulthood. In addition, the Title V MCH Block Grant highlights adolescent health through its state performance measures spanning these six focus areas in addition to access to health care. At the midpoint review of Health People 2010, there had been little progress in most areas, which resulted in a call for "broad, population-based efforts to improve adolescent health."[24] The majority of risk-taking behaviors and health conditions do not occur in isolation and many are preventable through services, programs, and asset building approaches that work to engage youth and promote healthy behaviors. Services, resources, treatment, education, and prevention efforts are all crucial for improving the health and well-being of youth, thus there is a dire need to approach adolescent health from multiple perspectives.

The reference document that accompanies this paper further discusses the contexts or social determinants that influence the health of adolescents, and explores the intricacies of adolescent health and development in order to reinforce the need for a comprehensive systems approach. Data are presented to underscore some of the current realities of adolescent health related to the following categories: mortality and morbidity, violence, mental health, substance use, reproductive and sexual health, chronic disease, access to quality health services during adolescence and through the transition into adult care, socioeconomic status, family issues, school and educational status, work opportunities, and youth culture. When considering all of the components in developing a comprehensive systems approach, it is of great importance to keep in mind the unique needs of youth with special health care needs and to connect with programs and services that successfully support them and their families. Additionally, it is important to consider issues around disparities related to race and ethnicity, sexual orientation, socioeconomic status, geography, age, and other subgroups that may have disproportionate risk of poor health outcomes. Programs and services should be age and developmentally appropriate, and culturally responsive in order to be able to successfully support youth and their families.

ADOLESCENT DEVELOPMENT & WHAT ADOLESCENTS NEED FOR HEALTH AND WELL-BEING

In addition to the data, it is crucial to understand the physical, intellectual, psychological, emotional, and social development of adolescents, and to examine which assets facilitate adolescent health and well-being and promote successful transitions into adulthood. Careful articulation of the assets will result in more purposeful and effective program and system development for youth. The Institute of Medicine's (IOM) report on youth development described a framework for the personal and social "assets" that youth need for healthy development and well-being.[25] The reference document that accompanies this white paper further discusses this framework.

Not only do young people need traditional epidemiological supports for health (prevention, health promotion, and access to health care/services), they also need developmental supports.[26] Youth programs formerly based on a risk or deficit model are now being developed using a positive youth development framework that incorporates protective factors and nurtures adolescents' internal assets.[27] 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 four key areas needed to create a healthy and successful life: a sense of competence, usefulness, belonging, and empowerment.[28] Previously, adolescent development was thought to be stage-based and invariant. Now, an ecological model grounds development in the contextual factors of a young person's life and can be utilized to help frame the interaction between adolescent development and their environments. The young person is at the center of the model with some set of strengths and weaknesses – biologically, cognitively, and socially – and is surrounded by and profoundly influenced by the family environment, the school environment, peers, the community, laws and policies, historical events, economic events, and the media.[29]

ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS

Healthy People 2020, which will continue the goals set out in Healthy People 2010 to advocate for improvements in the health of every person in our country, will place increased emphasis on some of the environmental and social determinants of health described by the ecological model.

In order to address the many different social determinants and ecologic levels of adolescent health and well-being it will be essential to build on existing partnerships as well as link with new partners and stakeholders. For example, the National Initiative to Improve Adolescent Health (NIIAH) has goals that overlap with the mission of a comprehensive systems approach and the expertise and the experience of the members could be leveraged to inform the development of the approach.

Another partner is the Centers for Disease Control and Prevention (CDC) as their work has focused on (1) preventing the major sources of morbidity and mortality among adolescents, (2) preventing key health-risk behaviors that contribute to poor health outcomes, and (3) promoting and establishing healthy behaviors during adolescence that prevent or delay the onset of disease in later life stages. CDC takes into account the fact that adolescents live within a large social system in which their health choices are influenced by their family, friends, community, and society. CDC recognizes and is dedicated to addressing the substantial racial, economic, gender, and geographic disparities in both health behaviors and health outcomes that exist among adolescents and could provide a great deal of resources and support.

This section only presents a couple of partners with overlapping goals and perspectives that AMCHP could engage and leverage in the promotion and development of a comprehensive systems approach for adolescents. There are many additional partners that should be considered when seeking support and moving forward. (*See the recommendations section at the end of this document for additional information about potential partners.*)

THE IMPORTANCE OF FAMILY INVOLVEMENT

Both public health practice and research demonstrate that positive parent involvement in an adolescent's life has beneficial effects. Continued involvement of parents in the care and transition of adolescents and young adults into adulthood is an important component of a comprehensive systems approach.

CRUCIAL SYSTEMS, SERVICES, AND RESOURCES FOR ADOLESCENTS

Young people intersect with many systems and service domains in their communities during the course of their everyday lives. Services that are particularly important for adolescents include the monitoring of growth and development; health care, including reproductive and mental health care; and opportunities to develop their internal assets including empathy, leadership, critical thinking, and meaningful relationships. Ideally youth-serving systems and resources should address adolescents' physical, educational, social, and emotional needs. Youth-serving systems include such entities as healthcare, human services, labor, education, child welfare, public health, public safety, mental health, the faith community, family resource and youth service centers, and courts and juvenile justice. Coordination among the various youth serving systems is critical for optimal adolescent health and well-being. Due to the fact that many poor health outcomes result from co-morbid conditions, coordination of efforts between youth-serving systems may result in peripheral impacts that improve an adolescent's overall health status.

Furthermore, funding for adolescent health and development is limited and coordination among youth-serving organizations is often lacking, yet burden-shifting strategies include calls for increasing interagency/organization coordination. Lastly, while all these systems impact adolescent health and development, in many states, there is no one oversight body with ultimate accountability, which often results in duplication of efforts, strategies focused on single issues, poor communication, and ineffectiveness. A comprehensive systems approach would help ameliorate these challenges and provide solutions to increase effectiveness.

MCH PROGRAMS AS INNOVATORS FOR A COMPREHENSIVE APPROACH TO ADOLESCENT HEALTH AND WELL-BEING

Within state public health agencies, adolescent health leadership is traditionally assumed by the Title V Maternal and Child Health (MCH) program. Maternal and child health is "the professional and academic field that focuses on the determinants, mechanisms, and systems that promote and maintain the health, safety, well-being, and appropriate development of children and their families in communities and societies in order to enhance the future health and welfare of society and subsequent generations."[30] To meet the goal of assuring the health of all women, children, youth and families, MCH programs have a vested interest in the health and safety of adolescents, since they are integral to family health and fit within the broader MCH/family health developmental framework.

With appropriate technical capacity, Title V agencies in states play essential leadership roles for the development and implementation of adolescent health-based strategies that involve coordinating programs and multiple state agencies. 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, in particular youth with special health care needs. Challenges with transitions from adolescence to adulthood are even more pronounced for youth with special health care needs. Leadership for addressing these challenges has come from state Title V Children and Youth with Special Health Care Needs programs. While progress has been made, resources, coordination, and collaboration have been insufficient and an increased focus on these issues is needed as part of a comprehensive approach. State MCH programs also work to address health disparities faced by youth of varying ethnic and cultural backgrounds, rural and urban youth, and socially vulnerable youth.[31]

While Title V agencies are responsible for improving the health of adolescents and young adults, they face a number of challenges to accomplishing this work. These challenges include categorical funding streams for programs; limited human and financial resources and increased competition for these resources; re-organization of state agencies and youth-focused programs; changing political perspectives about adolescent health issues; challenges to cross-agency partnerships and collaborations; competing frameworks that guide youth-focused program development and implementation; and limited data and surveillance systems. In the 1990s, selected states were provided with focused resources and leadership to develop a more comprehensive and coordinated approach to adolescent health. Some of the states have been able to create a sustainable system that supports youth; however, a significant number of states have not been able to achieve this level of coordination due to the many obstacles. Even those with established efforts grapple with the challenges listed above. In order for states to most effectively address youth health issues, there is a great need to build on state successes and learn from the challenges in order to create strong adolescent health programs and establish a strategic and comprehensive approach that can be employed by all states.

MCH programs, often through the work of state Adolescent Health Coordinators, facilitate action to improve adolescent and young adult health through task forces, community groups, and other partners. Coordination of activities among implementing agencies and community groups at the state level reduces duplication of efforts and contributes to an interagency approach to adolescent health and well-being. States currently have excellent means for targeting health protection and disease prevention efforts toward the adolescent population, such as: an integrated plan for comprehensive school health and education plans, comprehensive health planning efforts, Title V block grant plans, and categorical plans. There is a need to expand and institutionalize the coordinated work that some states have been able to leverage to address adolescent health issues to more effectively reach young people and support them through the transitions from childhood to adolescence and subsequently from adolescence into adulthood.

THE MCH CALL FOR A COMPREHENSIVE SYSTEM FOR ADOLESCENT HEALTH[32]

The complexity of adolescent health and development clearly speaks to the need for a comprehensive approach to address these needs. As a result, the Emerging Issues Committee's Adolescent Health Work Group solicited input from state level partners through a survey developed to explore states' thoughts about the concept of a comprehensive approach for adolescents, the key components that should be incorporated, and anticipated benefits and barriers (S*ee Appendix B for survey questions.*)

Overall, the states that responded were supportive of developing a comprehensive systems approach for addressing adolescent development and well-being (*see reference document for more details about respondents*). A comprehensive system was described as an ideal mechanism to reach consensus on a vision for the health and well-being of adolescents, to increase and improve public/private partnerships, and to avoid duplication of programs and services. Several state respondents thought that the development of a comprehensive system addressing adolescent health and well-being would protect the investments being made in early childhood at federal and state levels. This system would bridge early and later investments to create a lifespan

continuum of comprehensive systems which would positively influence the long-term health trajectories of adults and communities. States expressed a clear need for increased communication and collaboration among a broad range of stakeholders. One respondent said, "there are many departments, inside and outside of public health that serve adolescents…for the most part, it seems like departments would like to work together to avoid duplication of services, fill gaps, and mitigate confusion at the local level…" However, there are clear challenges in an environment of decreased funding, increased responsibility and focus on outcomes, and many feel that they have to "protect their programs" given the current infrastructure and funding sources. Some respondents stressed the importance of communication and collaboration among state agencies, social service agencies, and tribal health organizations. Some of the barriers to implementing comprehensive approaches for adolescents indentified by states include: getting support from all of the key stakeholders; lack of clarity regarding language, leadership, and responsibility for adolescent health; and lack of sustainable resources/funding to support the work.

> **"…there are many departments, inside and outside of public health that serve adolescents…for the most part, it seems like departments would like to work together to avoid duplication of services, fill gaps, and mitigate confusion at the local level…"** – *Survey Respondent*

Respondents also identified key elements for a comprehensive systems approach for adolescent health and well-being. A comprehensive system should focus on the physical, mental, social and emotional health for all adolescents including special needs populations, while also paying particular attention to health disparities of various subgroups. It should extend beyond the traditional problem-based approach to include a holistic approach that aims to meet all needs of adolescents. Positive youth development principles, such as youth leadership, adult-youth partnerships, civic involvement, and other opportunities for youth were mentioned as possible strategies that could offer a broader framework that serves the needs of young people, promotes positive outcomes, and supports transition into a healthy, productive adulthood. Respondents also spoke of the need to engage, not only public health agencies in this effort, but all entities that interact with youth, including education, health care, law enforcement, social services, local community-based organizations, workforce/career development services, parents, families, and others. State respondents suggested the need to involve elements of governance, finance, family/parent leadership and communication, standards and accountability, monitoring and evaluation, and provider/practitioner support into the comprehensive systems approach.

It is clear that the priority health issues for adolescents reflected in the Title V state performance measures and Healthy People 2010, as well as the social and environmental determinants emphasized in Healthy People 2020, cannot be addressed by the health sector alone; but rather must be approached with dedicated support from various systems and sectors.[33] There are large systemic challenges that must be addressed in order to make lasting change – including infrastructure and resource development, service coordination, law enforcement, and policy change.[34] AMCHP's Emerging Issues Committee and Adolescent Health Work Group believe that defining effective models and implementing a comprehensive systems approach for adolescent health will better engage youth, enhance their overall health and well-being, and help MCH programs advance their key goal of assuring the health of all women, children, youth and families, including those with special health care needs.

RECOMMENDATIONS & NEXT STEPS

Based on the group's research and expertise, the Emerging Issues Committee believes that a comprehensive systems approach is an innovative way to bridge investment across the life cycle, increase collaboration within and among agencies to strengthen programs and reduce fragmentation, and provide states with a model for effectively and efficiently addressing the needs of young people. The Emerging Issues Committee makes the following recommendations:

RECOMMENDATION 1: Advance the concept to the Maternal and Child Health Bureau (MCHB) and other federal partners to encourage them to bring in experts, e.g. internal experts, state partners, research institutes, and advocacy organizations, to define a state-level approach for creating a comprehensive system for adolescents by building on the lessons learned through ECCS and state adolescent health models, and exploring other exemplary frameworks for systems development (see below for considerations and potential partners).

Considerations for Recommendation 1: Federal Partners Working to Improve Adolescent Health

- **Centers for Disease Control and Prevention (CDC)** addresses adolescent health in a broad range of programs across the agency. CDC can provide AMCHP with valuable resources in the form of surveillance data, program development and intervention research findings that will support the development and implementation of a fully integrated program for adolescent health. CDC's ability to provide the scientific evidence to AMCHP is critical to their ability to support programs at CDC and across the Department of Health and Human Services (HHS) that are aiming to improve adolescent health. AMCHP is in the unique position to help expand the research and impact of CDC's scientific capacity to other HHS Agencies as well as linking the expertise of other HHS agencies to support and expand the research capacity of CDC. CDC and AMCHP can work together to promote integrated approaches targeting those at highest risk and those who bear the substantial burden of morbidity and mortality to improve health.
  - The CDC collaborates with several HHS agencies and other federal partners on issues affecting adolescents including: the National Institute of Child Health and Human Development, Maternal & Child Health Bureau, ASPE, United States Department of Agriculture, Food and Drug Administration, National Transportation Safety Administration, Title X, SAMHSA, and the Department of Education.

- **Interagency Working Group on Youth Program** is a federal partnership that includes 12 federal agencies: U.S. Departments of Agriculture; Commerce; Defense; Education; Health and Human Services (Chair); Housing and Urban Development; Justice (Vice-Chair); Labor; the Interior; and Transportation; the Corporation for National and Community Service; and the Office of National Drug Control Policy. It was formally established by Executive Order 13459, Improving the Coordination and Effectiveness of Youth Programs, on February 7, 2008. The group is responsible for promoting the achievement of positive results for at-risk youth through three key activities related to decision making, promoting promising and effective practices that support youth, and promoting enhanced collaboration at the federal, state, and local levels as well as with faith-based and community organizations, schools, families, and communities.

- **Coordinating Council on Juvenile Justice and Delinquency Prevention** is established by law as an independent body within the executive branch of the federal government. The Council's primary functions are to coordinate federal juvenile delinquency prevention programs, federal programs and activities that detain or care for unaccompanied juveniles, and federal programs relating to missing and exploited children. It includes nine ex-officio members and nine non-federal members who are juvenile justice practitioners. The ex-officio members are the Attorney General; the Secretaries of Health and Human Services, Labor, Education, and Housing and Urban Development; the Administrator of the Office of Juvenile Justice and Delinquency Prevention; the Director of the Office of National Drug Control Policy; the Chief Executive Officer of the Corporation for National and Community Service; and the Assistant Secretary for Immigration and Customs Enforcement, Department of Homeland Security.

- **Shared Youth Vision** is a partnership among the U.S. Departments of Education, Health and Human Services, Housing and Urban Development, Justice, and Labor; the U.S. Social Security Administration; and the Corporation for National and Community Service, which seeks to create a collaborative approach to prepare youth for success in a global, demand-driven economy, to serve at-risk youth, including dropouts, foster youth, juvenile offenders, children of incarcerated parents, migrant youth, American Indian and Alaska Native youth, and youth with disabilities. The mission of the Shared Youth Vision Partnership is to serve as a catalyst at the national, state and local levels to strengthen coordination, communication, and collaboration among youth-serving agencies to support the neediest youth and their healthy transition to successful adult roles and responsibilities.

- **Substance Abuse and Mental Health Services Administration (SAMHSA)** has initiatives in the Child, Adolescent, and Family Branch that focus on comprehensive mental health service programs, systems of care, partnerships for youth transitions, child and adolescent mental health and substance abuse state infrastructure grants, and councils on coordination and collaboration. There may be great opportunity at the federal level to link goals and work collaboratively to develop a comprehensive system.

Considerations for Recommendation 1: Key Partners and Existing Models

Key AMCHP Partnerships to Consider

- **Partners in Program Planning for Adolescent Health (PIPPAH)** is an initiative of the Maternal and Child Health Bureau designed to promote an adolescent health agenda among key professional disciplines likely to encounter adolescents and their families. PIPPAH addresses the development of organizational infrastructure at national and state levels that can effectively address adolescent health issues and encourages the growth of collaborative efforts

ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS

across disciplines and professional organizations on behalf of adolescent health and well-being. PIPPAH partners include: the American Academy of Pediatrics, the American Bar Association, the American College of Preventive Medicine, Healthy Teen Network, National Association of County and City Health Officials, National Conference of State Legislatures, and the National Institute for Health Care Management Foundation.

- **National Initiative to Improve Adolescent Health (NIIAH)** is a partnership between the Maternal and Child Health Bureau, Office of Adolescent Health and the Centers for Disease Control and Prevention, Division of Adolescent and School Health. The goals of the partnership are to elevate the national and state focus on the health, safety, and well-being of adolescents and young adults (aged 10 to 24 years) and foster cooperation among various partners, including states, for attaining critical health objectives for adolescents and young adults.

- **National Stakeholders Collaborative (NSC)** is a partnership between the Association of Maternal & Child Health Programs, the National Alliance of State and Territorial AIDS Directors, the National Coalition of STD Directors, and the Society of State Directors of Health, Physical Education and Recreation. The NSC designs and implements capacity-building opportunities that bring together state health and education agency staff to strengthen communication and collaboration to improve HIV, STD, and unintended pregnancy prevention among school-aged youth.

- **National Coordinating Committee on School Health and Safety (NCCSHS)** was formed by the Secretaries of the Department of Education and the Department of Health and Human Services and shortly after was joined by the United States Department of Agriculture. The NCCSHS was established in order to bring together federal departments and national non-governmental organizations in support of quality coordinated school health programs in U.S. schools.

Frameworks/Models to Build On:

- Early Childhood Comprehensive Systems Initiative
- Nebraska's State Adolescent Comprehensive System
- AMCHP's Conceptual Framework for Adolescent Health
- Healthy and Ready to Work Initiative
- NIIAH Goals
- Healthy People 2010 and 2020
- SAMHSA's Systems of Care
- Forum for Youth Investment's *Ready by 21* Approach
- Konopka Institute for Best Practices in Adolescent Health and National Adolescent Health Information and Innovation Center, UCSF's *Improving the Health of Youth: A Guide for State-level Strategic Planning and Action* [35]

RECOMMENDATION 2: Encourage AMCHP leadership to work with the Maternal and Child Health Bureau (MCHB) and other federal partners to consider strategies for providing strong leadership to states in their efforts to develop comprehensive systems that support the positive development, health, safety, and well-being of adolescents and young adults. This should include:
- Identifying gaps in services and funding which serve as barriers to systems building;
- Defining specific outcomes that the comprehensive systems approach aims to achieve;
- Creating monitoring and evaluation tools to help states track progress and assess efficiency and effectiveness to show impact;
- Developing additional resources, tools, and technical assistance for conducting state-level environmental scans which assess existing funding and services potentially available for coordinated comprehensive system development; and,
- Developing evidence-based tools and strategies for capacity building that include promoting collaborative efforts and developing systems.

Supporting Rationale for Recommendation 2: In order to move forward with this work, key partners must come together to develop supports and tools, including specific outcome measures, which will allow states to move forward with developing, implementing, and evaluating a comprehensive approach. Learning from ECCS, it is clear that in order to sustain the efforts states must be able to document progress related to specific outcomes and show the impact of the systems development. Monitoring and evaluation support is needed from the beginning of the initiative.

....

RECOMMENDATION 3: Engage the Maternal and Child Health Bureau (MCHB), other federal partners, and State Title V MCH leadership to secure sustainable, integrated funding for a state comprehensive systems approach to adolescent health and well-being to build on the existing ECCS work. This would not be a carve-out of the Title V MCH Block Grant nor another siloed funding stream, but rather additional resources to support and enhance the critical efforts of systems development at the state level.

....

Supporting Rationale for Recommendation 3: Securing a funding stream for this work will be crucial since state resources are limited and often restrictive. Learning from past experience, stakeholder buy-in is key for developing and implementing a successful and effective system. MCH leadership needs to be engaged early in the process to ensure that the funding approach and proposed work are appropriate and feasible.

....

RECOMMENDATION 4: As needed, seek input and utilize the expertise of AMCHP's Adolescent Health Work Group in ongoing follow-up and advisory work.

....

Supporting Rationale for Recommendation 4: The Adolescent Health Work Group is made up of members and experts in the field of adolescent health and can serve as a resource and support for this work.

ACKNOWLEDGEMENTS

Appendix A. *This conceptual model was developed by a subgroup of the AHWG to create a visual representation of some of the concepts discussed in this white paper.*

Conceptual Framework:
A Comprehensive Approach for Adolescent Health & Well-Being

Systems

Systems that help build/support positive settings for youth

- Education system
- Health system
- Workforce investment system for youth & adults
- Political system
- Child welfare
- Public safety (police, safety laws & regulations)
- Juvenile justice system
- Voluntary organizations serving youth and families
- Media

Characteristics of effective systems:

- Committed leadership
- Quality stewardship
- Informed decision-making
- Collective accountability

- Offer a broad spectrum of services (and deep)
- Cross traditional professional and bureaucratic boundaries
- Are flexible
- See child in context of family and family in context of the environment
- Staffs highly skilled and committed
- Adolescents and families perceive staff as caring, respectful and trustworthy
- Services are coherent and easy to access and use
- Programs work to reduce the barriers for families and adolescents who may have difficulty accessing the program but are needy
- Staff able to redefine their roles to respond to serious, but sometimes unarticulated, needs.

Settings

Settings in which youth develop assets

- Families
- Schools
- Communities/neighborhoods
- Health services (public health & clinical care)

Features of positive settings

- Physical and psychological safety
- Appropriate structure
- Supportive relationships
- Opportunities to belong
- Positive social norms
- Support for efficacy and mattering
- Opportunities for skill building
- Integration of family, school and community efforts

Youth Assets

Intellectual development

Physical development

Psychological and emotional development

Social development

Health Outcomes

Improved adolescent physical, mental, and emotional health & safety

Improved adult outcomes

Sources:
- IOM (2002). Community Programs to Promote Youth Development, National Academy Press, Washington, DC
- A Collective Responsibility, A Collective Work: Supporting the Path to Positive Life Outcomes for Youth
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Appendix B. Getting the State-Level Perspective – Survey Questions.

AMCHP, as part of its Emerging Issues Committee/Adolescent Health Work Group, is analyzing the lessons learned from the State Early Childhood Comprehensive System (ECCS) Initiative and its potential application to adolescent health. In this effort, they would like input from state MCH professionals regarding this analysis.

> **Background:**
> The purpose of ECCS is to support States and communities in their efforts to build and integrate early childhood service systems that address the critical components of access to comprehensive health services and medical homes; social-emotional development and mental health of young children; early care and education; parenting education and family support.
> ECCS efforts involve a broad range of public and private agencies and organizations, parents and communities who share the goal of promoting the health and well-being of children from ages 0 to 5. ECCS has served as a vehicle for bringing together a tremendous number of people who are working hard to address all the areas of a child's life that are critical to their health and well-being. The goal is to develop systems that more effectively meets the needs of children and families.

1. **What do you think about the concept of expanding the work of the Early Childhood Comprehensive System (ECCS) to develop a comprehensive systems approach for addressing adolescent (ages of 10-24) development and well-being?** What would be the benefits of a comprehensive approach? What factors would help states move towards implementing a more comprehensive approach (facilitating factors), and what barriers exist that might make this work difficult? (***Note: the intent is not to replace current systems of service (family, community, education, health, workforce, political, and juvenile justice) but to facilitate the formation of effective working partnerships to meet all the needs of all adolescents).***

2. **When you think of an integrated system of services (comprehensive system) for adolescent development and well-being, what are the components that you would include?** (i.e. think of core concepts of adolescent development, priority issues, and domains (health, education, juvenile justice, social services) that are most important for supporting healthy development and successful transitions for young people (ages of 10-24)).

3. **What gaps do you see in your state service systems for adolescents?**

4. **What kind of statewide systems capacity development have you done in your state? What would help facilitate this process?**

5. **How high a priority is the adolescent population in your agency/ public health department/ organization?** (Consider how well adolescents' needs are addressed in existing programs, whether or not adolescents are addressed as a separate population, etc.)

   What does your agency/ health department/ organization need to help raise awareness about adolescent development and well-being and make adolescents a higher priority?

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The Goal of the Emerging Issues Committee (EIC) Adolescent Health Work Group (AHWG): The EIC created the Adolescent Health Work Group to work towards defining a comprehensive system for adolescent health and well-being by framing the issues and providing justification for systems work at the state level. A primary purpose of this white paper is to serve as a tool and resource for the Association of Maternal & Child Health Program (AMCHP) members and other public health leaders in their states to raise awareness and build consensus about the need for and the components of a comprehensive systems approach to adolescent health and well-being.

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