



07-07

STATEMENT OF POLICY

ADOLESCENT HEALTH PLATFORM

Policy

The National Association of County and City Health Officials (NACCHO) supports the development and implementation of an adolescent¹ health care platform.²

NACCHO supports comprehensive preventive services to meet the health care needs of adolescents. These comprehensive services should address issues such as depression, youth suicide, homicide, sexually transmitted infections, unintended pregnancy, access to contraception, prevention of sexual abuse and injury prevention, and tobacco and other substance use and abuse. Because school-based and primary care health services offer only part of the solution to help combat these health concerns, implementation of an adolescent health care platform should take place in multiple traditional and non-traditional health care settings.³

Development of such a platform should begin by addressing the basic unmet preventive care needs of adolescents such as effective harm-reduction interventions, age-indicated immunizations, health care screenings and testing, injury prevention, and obesity prevention and weight management. Comprehensive care and standardized health care screenings and development of adolescent health visits will help adolescents overcome the barriers that keep them from receiving the full spectrum of preventive services and will help providers overcome the operational barriers that prevent delivery of these critical services.

Justification

Adolescents are a high-risk population group and are often limited in their ability to obtain effective preventive health care due to numerous barriers. There is no coordinated adolescent health care visit nor is there agreement of the major medical, nursing, and public health organizations of what ages comprise “adolescence.” An adolescent health care platform is needed to assess this age-group for the conditions that contribute to major rates of morbidity, hospitalization, and mortality. Adolescence is a complicated stage of life that poses unique and complex challenges to preventive care. In addition, an increasing number of important vaccines have been targeted at this age-group [e.g., conjugate meningococcal vaccine (MCV4), tetanus-diphtheria-pertussis (TDAP), human papillomavirus (HPV).]

Adolescents, because of their generally more robust health status, are often overlooked in health care unless they have an acute illness that requires emergency attention. This means that many

adolescents reach adulthood having had limited contact with primary care. During this time, many will engage in unhealthy practices and miss out on multiple preventive health services, public health education messages, and primary care interventions that can help them later in life. Over the past 30 years, adolescents are the only population in the United States that has not experienced improvement in their health status.⁴ With an abundance of preventive services, such as immunizations and anti-smoking campaigns, being tailored toward adolescents, it is imperative that the public health community develop an adolescent health care platform as soon as possible.

¹The World Health Organization uses the 10-19 year age range to define adolescence, with further divisions for early adolescence: 10-14 years, and late adolescence: 15-19 years.

²Adolescent health care platform is an umbrella approach to coordinate, streamline, and align the spectrum of treatment and care needed by this specific age-group.

³Non-traditional health care sites include entities such as sexually-transmitted infection clinics, urgent care centers, health fairs, pharmacies, religious institutions, and correctional facilities.

⁴Irwin Jr, Charles E.; Burg, Scott J.; Uhler Cart, Courtney. America's adolescents: where have we been, where are we going? *Journal of Adolescent Health*, Volume 31, issue 6 – Supplement (December, 2002), p. 91-121.

Record of Action

Adopted by NACCHO Board of Directors July 11, 2007