STATEMENT OF POLICY

Comprehensive Adolescent Health

Policy
The National Association of County and City Health Officials (NACCHO) supports national, state, and local public health approaches that protect and promote the health of all adolescents. NACCHO affirms the need for a comprehensive approach to health throughout life and recognizes the unique health needs of adolescents.

NACCHO recommends that local, state, and federal public health agencies:
- Provide and advocate for comprehensive health services to meet the unique health care needs of adolescents regardless of age, race, ethnicity, gender identity, sexual orientation, disability, physically identifying characteristics, national origin, religion, language, or socio-economic background.
- Provide adolescents access to timely confidential healthcare services without a requirement for parental/guardian consent or notification.
- Build capacity for adolescents to manage their own health and healthcare needs.
- Utilize positive youth development (PYD) approaches to improve the health and wellbeing of adolescents by enhancing positive youth assets and resiliency.

Justification
Adolescence is the developmental phase of life when an individual makes the transition from a child to an adult. It is marked by significant biological, cognitive, social, and emotional changes. Universally, there is no standard definition of what ages comprise “adolescence,” but the World Health Organization states that the most consistent range is between the ages of 10 to 19 years, with further divisions for early adolescence: 10-14 years, and late adolescence: 15-19 years.1 This corresponds with the age range used by Healthy People 2020 (HP2020) in defining national public health objectives for adolescents.2

Adolescents comprise 42 million diverse individuals who represent all races, ethnicities, socioeconomic backgrounds, and geographic areas.3 It is estimated that the total number of adolescents in the U.S. population will rise to 45 million by 2050, but in the same timeframe, the overall percentage of this population will decline by 2%. Concurrently, there will be racial and ethnic shifts, such that minority populations will represent a larger proportion of this group with the white population decreasing from 54% in 2014 to 40.3% in 2050.4

While 82.7% of this age group is marked in ‘excellent or very good health’ by the Centers for Disease Control and Prevention (CDC), adolescents are in a transitional period where they begin to engage in risky behaviors that can lead to lasting poor health outcomes. For example, males are more likely to engage in substance abuse while females are likely to develop unhealthy
eating habits. The leading causes of death in this group are from unintentional injuries, homicide, and suicide, all of which are preventable. By establishing healthy practices, such as utilizing preventative health care services, adolescents can improve their health in many ways.

Numerous barriers to healthcare exist, especially in marginalized populations, which contribute to lack of care such as deficiency of insurance coverage, poor access to services, and unreasonable costs. For example, among adolescents age 10 to 17 years old, 2% did not have a usual place for preventive care, 21% did not have a well-child checkup, and 12% did not have a dental visit in the past 12 months. However, these percentages mask differences in utilization by race and ethnicity, poverty level, and insurance status. In 2014, Hispanic adolescents were more likely not to have a well-child checkup in the past year at 27.8% compared to non-Hispanic white (19.7%) and non-Hispanic black (18.0%).

Unless adolescents have an acute illness requiring emergency treatment, they are generally overlooked in the healthcare system as they are more inclined to be healthier. Therefore, many adolescents reach adulthood having had limited contact with a primary care physician, as evidenced by the previous statistics. Without primary care visits during this time, many youth will fail to receive public health education messages and important interventions, including the increasing number of vaccines targeted to this age-group [e.g., conjugate meningococcal vaccine (MCV4), tetanus-diphtheria-pertussis (TDAP), human papillomavirus (HPV)].

A comprehensive adolescent healthcare approach is recommended in order to confront the increasingly diverse needs of this group. A unique outlook is required to meet the needs of this population regardless of age, race, ethnicity, gender identity, sexual orientation, disability, physically identifying characteristics, national origin, religion, language, or socio-economic background.

Specific needs vary amongst this population as demonstrated in the examples below.

- As males age, they are less likely to see a doctor or seek treatment compared to females.
- Minority populations, in general, have higher rates of chronic health conditions and have less access to healthcare than their white counterparts.
- Sexual minority youth (those who identify as LGBTQ), are at increased risk for stigmatization and bullying violence and they experience higher rates of suicide and sexually transmitted diseases.

Local health departments play an essential role in organizing the broader public health system’s efforts to improve overall adolescent health as well as engage youth to strengthen and build capacity of healthcare programs in communities. The advantages of receiving care are infinite and it is imperative that this population has access to a holistic healthcare package yet, many adolescents aren’t willing to seek care unless they are assured it is confidential. Doctor-patient confidentiality is deeply woven into the rubric of the U.S. healthcare system by creating a space for individuals to confidently seek medical care without fear that their health issues or private concerns will be disclosed to others. This right to a protected confidential relationship should naturally extend to adolescents seeking care.
Adolescents who seek education and services for sexually transmitted infections and other communicable diseases; reproductive health; mental and behavioral health; and sexual and physical abuse need prompt confidential access to care in order to protect their own health and the health of others. In addition, confidentiality must be maintained consistently and expansively. For example, healthcare insurance billing statements, immunization records listing STI-related immunizations, and the explanation of benefit statements that are accessible to parents or legal guardians that list service outlined above, can compromise confidentiality and present an obstacle to care.

While confidentiality is a key component of care for adolescents, building capacity of youth to manage their care often requires engagement by others involved in the care of adolescents to aid in making important healthcare decisions. The social, health, and behavioral challenges faced by adolescents can be mitigated through community support and interventions offered by families, schools, local health departments, healthcare providers, churches, and other community agencies. Adolescents’ receptiveness to outside influences presents public health professionals with the opportunity to develop and implement initiatives that are designed to equip adolescents with healthy behaviors that they can carry into adulthood.

Prevention practitioners have long recognized the importance of promoting emotional, behavioral, and cognitive development in youth in order to facilitate their successful transition into adulthood rather than focusing on avoiding problem behaviors. The Positive Youth Development (PYD) approach focuses on building competence (in one’s self and actions), confidence, connection (to family, school, community, caring adults, etc.), character, and caring/compassion (in youth), enhancing their ability and desire to make positive contributions to society as well as their own lives. Programmatic initiatives that strive to integrate concepts of PYD into practice will assist local health departments in their efforts to improve adolescent health at the local level. These efforts include providing direct services, health promotion activities for youth, policies, and funding streams. LHDs that are able to include PYD concepts, such as the participation of youth in program and service planning and implementation, have a greater chance of promoting strong social connections, building self-confidence, and enhancing internal assets among youth in their respective communities.

As more evidence arises on the impact of comprehensive healthcare approaches, the more important confidentiality in adolescent healthcare and the advantages of incorporating Positive Youth Development strategies will be in communities. Local health departments will be better equipped to develop appropriate responses to promote and expand health policy and preventive services to ensure optimal health for all adolescents.

References


**Record of Action**

Proposed by NACCHO Maternal, Child and Adolescent Health Workgroup

Approved by NACCHO Board of Directors March 2, 2017