Adolescence is a period of:

- Significant physical, cognitive, social, and emotional development
- Risk-taking, driven by biological changes and complex social dynamics, that includes substance use, reckless driving, and unprotected sex
- Incomparable opportunity to promote healthy behaviors, as the habits developed during this period continue into adulthood

Adolescents experience distinct health challenges:

- Young people living with HIV are the least likely to know their status, receive care, and have a suppressed viral load
- Young people aged 15-24 account for half of the 20 million new STIs that occur in the US each year
- One third of high school students feel persistently sad or hopeless

Adolescents face unique barriers in accessing health services:

- Stigma, embarrassment, and confidentiality concerns, particularly as it relates to sexual health services
- Inability to pay
- Lack of transportation
- Conflicts between clinic and school schedules

Local health departments promote the health, safety, and well-being of adolescents

Local health departments (LHDs) play a critical role in ensuring adolescents receive affordable, high-quality health services and safe, appropriate, medically accurate health education. As the opioid epidemic rages alongside record-high rates of sexually transmitted infections (STIs), adolescents are facing new and heightened risks, and local public health is responding and adapting to meet their needs.

LHDs address adolescent health holistically, but their activities don’t always align with their priorities

While the education sector is the most common partner for LHDs’ adolescent health work, challenges or limitations in these partnerships were reported.

- Mental and behavioral health providers are the most desired partner, with substance use disorder (SUD) treatment providers not far behind
- Policymakers and national organizations, including NACCHO, should consider how to support LHDs in building relationships with mental, behavioral, and SUD treatment providers including through funding opportunities, capacity building assistance, and dissemination of best practices

LHDs partner across sectors to advance adolescent health, but partnership gaps and challenges remain

- The Sentinel Network is a critical mechanism for engaging the local perspective and assessing efforts, needs, challenges, and successes related to HIV, STI, and hepatitis prevention and care
- Opinion to all LHDs, the Sentinel Network has over 100 members from over 40 states and the District of Columbia.

Methodology

To assess LHDs’ adolescent health priorities, programs, partnerships, and needs, NACCHO surveyed a convenience sample consisting of HIV, STI, and Viral Hepatitis Sentinel Network members in May 2018. Of the 114 members, 64 responded to the assessment for a response rate of 56%. Sentinel Network members comprised of LHD staff working in HIV, STI, and viral hepatitis programs, are recruited through NACCHO’s communications channels and invited to join LHDs in the Sentinel Network. Although not nationally representative, members work in LHDs of varied sizes, geographic locations, and settings.

For the purposes of this survey, adolescent(s) refers to young people between 10-19 years of age.

HIV, STI, & Viral Hepatitis Sentinel Network

With funding from...public health departments and national organizations, including NACCHO, should consider how to support LHDs in building relationships with mental, behavioral, and SUD treatment providers including through funding opportunities, capacity building assistance, and dissemination of best practices.

LHD partnership successes:

- With funding from the state, our HIV/STD program participates in the chlamydia and gonorrhea screening project at the juvenile facility.
- We have strong relationships with school nurses in many of the schools.
- Collaborating with local faith based organization on a needle exchange program
- Our collaborative approach to youth violence prevention

Conclusions

LHDs are advancing adolescent health and well-being holistically in partnership with diverse stakeholders. However, significant barriers—including insufficient or inflexible funding, limited staff capacity, and low prioritization of adolescent health—inhibit many LHDs from addressing upstream factors impairing adolescent health and designing and adapting programs and services to be responsive to young people in their communities. We must ensure that local public health has the resources and partnerships to comprehensively promote and protect the health, well-being, and safety of our nation’s youth.

References