

The Role of Local Health Departments in Adolescent Health

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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 load¹



Young people aged 15-24 account for **half of the 20 million** new STIs that occur in the US each year^{2,3}



1 in 7 high school students have misused **prescription opioids**⁴



One third of high school students feel persistently **sad or hopeless**^{3,4}

Adolescents face unique barriers in accessing health services:



Stigma, embarrassment, and confidentiality concerns, particularly as it relates to sexual health services³



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 age-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.

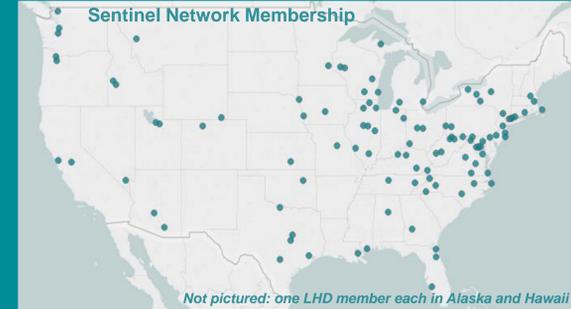
Methodology

To assess LHDs' adolescent health priorities, programs, partnerships, and needs, NACCHO surveyed a convenience sample consisting of its 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 direct outreach to LHDs in geographic areas underrepresented 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

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



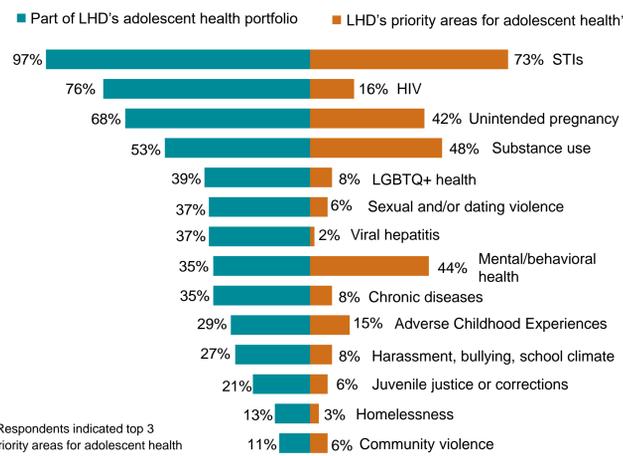
LHDs address adolescent health holistically, but their activities don't always align with their priorities

LHDs address adolescent health and well-being holistically, recognizing the upstream factors (e.g., Adverse Childhood Experiences (ACEs), homelessness, violence) that increase risk for HIV/STIs, unintended pregnancy, substance use, and other negative health outcomes.

Sexual health is central to LHDs' adolescent health work: STIs, HIV, and unintended pregnancy are the most common components and STIs and unintended pregnancy are leading priorities.

Mental and behavioral health is the 3rd highest priority, and is the only area for which more LHDs consider it a priority than report it as a component of their adolescent health portfolio. This suggests LHDs may not have the resources of flexibility to comprehensively address mental and behavioral health, including substance use.

Adolescent Health Activities vs. Priorities



Most Sentinel Network members work in LHD HIV, STI, and/or hepatitis programs, which may have biased responses.

In the past 3 years, adolescent health priorities have changed for 51% of LHDs, primarily due to the opioid epidemic

More than half of LHDs reporting a recent shift in priority areas for adolescent health referenced substance use in their response. Many also cited factors impacting substance use, including mental health and violence, underscoring the importance of addressing adolescent health holistically.

Why and how have priority areas for adolescent health changed at LHDs across the US?



While substance use is a leading priority, the infectious disease consequences of the opioid epidemic are not

The increase in injection drug use associated with the opioid epidemic is contributing to the spread of infectious diseases, notably HIV and hepatitis C virus (HCV). Between 2010 and 2015, acute HCV infections nearly tripled and the Centers for Disease Control and Prevention identified 220 counties at risk for an outbreak of HIV or HCV among people who inject drugs.^{5,6} While substance use was rated the 2nd highest priority for adolescent health, **only 2% consider viral hepatitis a priority** and only 15% have any hepatitis programs or services directly targeting adolescents.

Survey instrument included the opioid epidemic and rising STI rates as examples of why priorities may have shifted, which may have biased responses.

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

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.

LHD partnership successes:



LHDs face similar barriers in advancing adolescent health and well-being

LHDs across the country report similar barriers to advancing adolescent health and well-being in their communities. **The most common barriers include:**



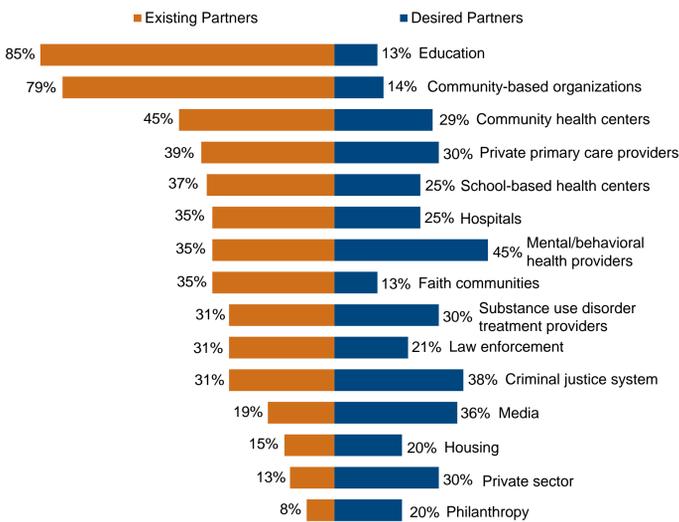
In our community it seems that adolescent health often falls through the cracks.

When asked about technical assistance needs, LHDs most commonly reported the following topics: **youth engagement and youth-adult partnerships; implementing or improving sexual health education; supporting LGBTQ youth; and substance use prevention, referrals, and/or treatment.**

Addressing these needs would enable LHDs to better leverage community partners and resources, reach and respond to adolescents, prevent negative health outcomes, and target efforts, ultimately maximizing program impact.



LHD Adolescent Health Partnerships



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 impacting 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.

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