



TAKE ACTION FOR ADOLESCENTS

A CALL TO ACTION FOR ADOLESCENT HEALTH AND WELL-BEING

OASH

Office of
Population Affairs



TABLE OF CONTENTS

- EXECUTIVE SUMMARY** _____ 01

- SECTION 1: FRAMING THE CALL TO ACTION** _____ 02
 - Overview of Adolescent Health and Well-being
 - Introduction of *Take Action for Adolescents*

- SECTION 2: DEFINING THE CALL TO ACTION** _____ 06
 - The Goals:
 - **Goal 1:** Eliminate disparities to advance health equity
 - **Goal 2:** Increase youth agency and youth engagement
 - **Goal 3:** Ensure access to safe and supportive environments
 - **Goal 4:** Increase coordination and collaboration within and across systems
 - **Goal 5:** Expand access to health care and human services
 - **Goal 6:** Strengthen training and support for caring adults
 - **Goal 7:** Improve health information and health literacy
 - **Goal 8:** Support, translate, and disseminate research

- SECTION 3: DEVELOPING THE CALL TO ACTION** _____ 25
 - Overview of Adolescent Health and Well-being

- SECTION 4: ALIGNING THE CALL TO ACTION** _____ 26
 - Alignment to HHS Strategic Goals
 - Alignment with Healthy People 2030

- SECTION 5: RESOURCE** _____ 28
 - *Take Action Toolkit*

- SECTION 6: ENDNOTES** _____ 29

LIST OF FIGURES

- FIGURE 1: SOCIO-ECOLOGICAL MODEL** _____ 04

- FIGURE 2: ALIGNMENT WITH HEALTHY PEOPLE 2030** _____ 27



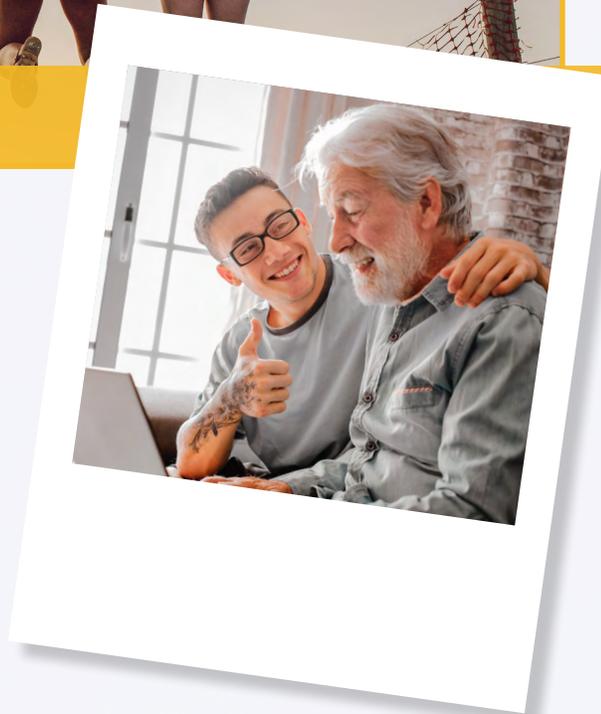
EXECUTIVE SUMMARY

Take Action for Adolescents – A Call to Action for Adolescent Health and Well-Being (“Take Action for Adolescents” or “Call to Action”) aims to ensure that all adolescents in the U.S. have the safety, support, and resources to thrive, be healthy, and have equitable opportunity to realize their full potential. *Take Action for Adolescents* is the result of extensive collaboration and input from allies and partners, including numerous agencies across the federal government, nongovernmental organizations and experts, and young people. The document provides actionable guidance to support and build on the strengths, talents, and potential of the 64 million and growing young people in the U.S.¹ It also aligns with several U.S. Department of Health and Human Services Strategic Goals and advances the adolescent health and well-being objectives outlined in Healthy People 2030.

The document outlines eight goals and aligned initial action steps that can help create coordinated systems, services, and supports that young people need to thrive. These goals are: 1) eliminate disparities to advance health equity, 2) increase youth agency and youth engagement, 3) ensure access to safe and supportive environments, 4) increase coordination and collaboration within and across systems, 5) expand access to health care and human services, 6) strengthen training and support for caring adults, 7) improve health information and health literacy, and 8) support, translate, and disseminate research. *Take Action for Adolescents* explicitly acknowledges that young people are diverse and that their health and well-being are impacted by individual, relationship, community, and societal factors.

This call to action is for the people and organizations in a position to enact positive change that will benefit young people, including policy makers; health care and human service providers and organizations; youth-serving professionals and organizations; parents, legal representatives, and caregivers; and researchers. It details initial action steps these audiences can tailor to help achieve each of the stated goals. Included throughout the document—and in the companion *Take Action Toolkit*—are examples of federal programs and resources that are focused on improving and supporting adolescent health and well-being.

Currently, many adolescents in the U.S. face challenges in obtaining the physical health care, mental health care, and human services they need to thrive, be healthy, and realize their full potential. The goals and steps within *Take Action for Adolescents* are not meant to be prescriptive or exhaustive. Instead, they are designed to inspire individuals and organizations to develop innovative approaches that break down silos, improve systems that impact young people, and identify policies, and programs that support young people. These types of investments in adolescent health can generate a “triple dividend”: benefits for adolescents now, for the adults they will become, and for the next generation.²



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SECTION 1: FRAMING THE CALL TO ACTION



OVERVIEW OF ADOLESCENT HEALTH AND WELL-BEING

VISION

All adolescents in the United States have the safety, support, and resources to thrive, be healthy, and have equitable opportunity to realize their full potential.

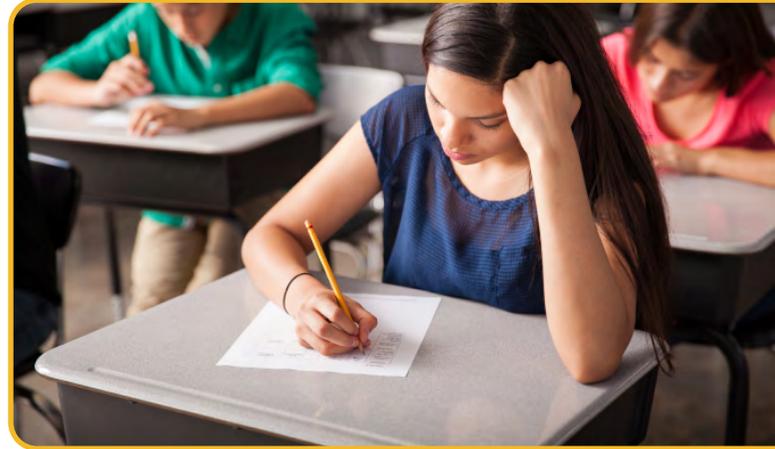
Take Action for Adolescents – A Call to Action for Adolescent Health and Development (Take Action for Adolescents or “the Call to Action”) advances the vision that all adolescents in the United States (U.S.) should have the safety, support, and resources to thrive, be healthy, and have equitable opportunity to realize their full potential. Achieving the breadth and scope of this vision requires intentional collaboration and coordination across all levels of society. Federal, state, tribal, local, and territorial governments and policy makers, in concert with young people, parents, legal representatives, caregivers, health care and human service providers and organizations, researchers, youth-serving professionals and organizations, and the private sector must work together to create systems that empower young people to make decisions related to their health and well-being and obtain the services and support they need.

The action steps outlined in this call to action are also informed by the following key principles, which were developed in collaboration with adolescent health experts and young people (see Section 3 for more information):

- **Access:** Access is the ability to connect with and use health and human services in a timely manner to achieve better health outcomes.³ Access to the full spectrum of health and human services is a key component of creating a strong, integrated system that promotes adolescent health and well-being. Ensuring full access includes reducing or eliminating financial and structural barriers to needed services. All people, including adolescents, deserve access to high-quality health care and human services. These services include physical and mental and behavioral health care.
- **Agency:** Agency addresses the ability of young people to employ their assets and aspirations to make or influence decisions about their lives and set their own goals, as well as to act upon those decisions to achieve desired outcomes.⁴ Supporting youth agency empowers young people to take meaningful action and make changes in their own lives, their communities, and the wider world.

SECTION 1: FRAMING THE CALL TO ACTION

- **Health Equity:** Health equity is a state in which everyone has a fair and just opportunity to attain their highest level of health and well-being. Health is a fundamental human right, and individuals' health and well-being are impacted by external social determinants of health including their environment, transportation, housing, education, and more. These social determinants may include discriminatory policies, practices, and prejudice based on a range of factors including, but not limited to, age, race, ethnicity, gender, gender identity, sex, sexual orientation, sex characteristics, disability status, socioeconomic status, geographic location, and immigration status. Achieving health equity requires continuous, concentrated effort to address structural barriers to health and well-being; historical and current inequities and injustices; and individual bias and discrimination.



- **Meaningful Youth Engagement:** Meaningful youth engagement involves inclusive, intentional, mutually respectful collaboration between young people and caring adults⁵ based on partnerships with adolescents in which power is shared. Youth engagement creates real and respectful avenues for adolescent voices and shared decision making. It is a participatory process that integrates young people's perspectives into the design, delivery, and evaluation of programs, strategies, policy making, and institutional change. To be most effective, adolescents need to be engaged meaningfully and authentically in all phases of work, from beginning to end.

- **Positive Youth Development:** Positive youth development (PYD) is a strengths-based approach that engages young people within their communities, schools, organizations, peer groups, and families in a manner that is productive, positive, and constructive.⁶ This framework recognizes the strengths of adolescents and strives to promote protective factors (access to health care and human services and strong, positive connections and support from family)⁷ in young people. PYD facilitates positive outcomes by promoting healthy, collaborative relationships between caring adults and young people and by connecting young people with opportunities. PYD approaches equip young people to be engaged in their communities, to be future leaders, and to thrive as healthy and well-functioning adults.

Throughout this document, we use the phrase "caring adults" to refer to people in a position to provide positive support to adolescents. It encompasses the professionals who shape or work in systems as well as parents, legal representatives, and caregivers. Take Action for Adolescents aims to build support for young people between the ages of 10 and 24. With this broad definition in mind, some older adolescents may find themselves both as a young person who could use support and as a caring adult in the position to support younger adolescents.



- **Quality:** Quality health care and human services are consistent with current professional guidelines and knowledge and increase the likelihood of desired health outcomes for individuals and populations.⁸ Quality services should be delivered along the prevention and treatment continuum, be culturally affirming, and be provided cohesively throughout a person's lifespan, regardless of their background, identity, or characteristics. Moreover, health care and human services must be person-centered and account for the unique needs of the individual to achieve the highest quality care and service delivery. It is essential that quality health care and human services avoid harm to people seeking care and assistance, reduce waiting times and delays in care and support, consider the needs of young people, and include the perspectives of individuals, families, caregivers, and communities.
- **Whole-Person Approach:** Focusing on the whole person means addressing the physical, behavioral, social, and environmental aspects of a young person's life, rather than individual risk behaviors or symptoms.⁹ This approach considers all the interconnected factors that impact a young person's well-being including physical, mental, intellectual, emotional, sexual, and social factors.

SECTION 1: FRAMING THE CALL TO ACTION

INTRODUCTION OF TAKE ACTION FOR ADOLESCENTS

What is *Take Action for Adolescents*?



This Call to Action articulates the vision and key principles and outlines the goals that, if achieved, will help address adolescents' diverse health and well-being needs. The action steps are designed to be adapted and customized as needed by policy makers; health care and human service providers and organizations; youth-serving professionals and organizations; parents, legal representatives, and caregivers; and researchers that work with and support young people.



While designed to specifically promote young people's health and well-being, the plan also acknowledges the intersecting and multifaceted aspects of adolescent life. Young people's development is interconnected with their environment. Some young people lack access to basic levels of safety, security, and support to thrive and must navigate environments that pose challenges, such as exposure to violence, abuse and neglect, food insecurity, lack of access to healthy activities, unsafe schools and communities, and climate change. These types of environmental challenges can compound and exacerbate issues related to mental health and well-being, substance use, sexual and reproductive wellness, and overall physical health.



This *Take Action for Adolescents* defines adolescence as the period from 10 to 24 years of age.^{10,11} It reflects the fact that adolescence is a time of enormous potential and opportunity when caring adults can nurture and facilitate young people's development. An expanded and more inclusive definition of adolescence is essential for developmentally appropriate framing of laws, social policies, and health care and human services systems.¹² This broader definition is also important because development and maturation of the brain's prefrontal cortex occurs primarily during adolescence and is particularly sensitive to environmental and social influences.^{13,14} This approach aligns with definitions of adolescence that have been used in previous seminal reports, strategic plans, and articles on adolescent health and well-being. This document will use the terms "adolescents" and "young people" interchangeably and recognizes that adolescents from ages 10 to 24 years have differing needs which should be addressed.



The Call to Action is built upon the socio-ecological model (**Figure 1**),¹⁵ which acknowledges that young people operate within complex systems. Individual, relationship, community, and societal influences frame and impact adolescent health and well-being.

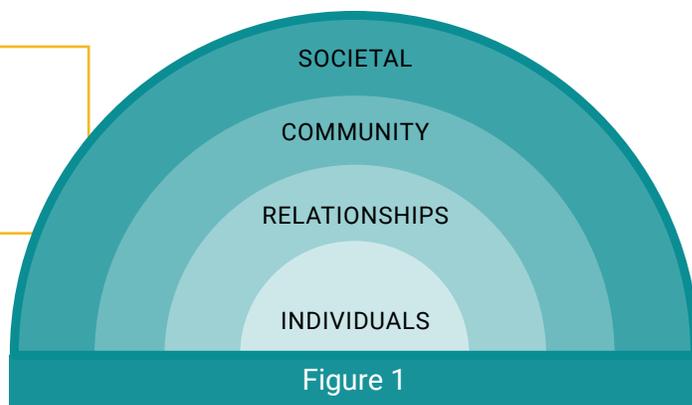


Figure 1

Take Action for Adolescents is not intended to capture every action step needed to address adolescent health and well-being, or to specifically address the goals or policy agendas of every sub-group of adolescents, caring adults, and youth-serving professionals and organizations. The action steps noted in this plan provide a place to start and should be tailored and expanded to reflect the needs and priorities of people who are historically underserved by health care and human services systems and local communities.

SECTION 1: FRAMING THE CALL TO ACTION

Who Is *Take Action for Adolescents* For?

This Call to Action is designed to motivate, energize, and inspire anyone—policy makers, health care and human service providers and organizations, youth-serving professionals and organizations, parents, legal representatives, caregivers, researchers—who has a role in providing adolescents with the safety, support, and resources they need to thrive, be healthy, and have equitable opportunity to realize their full potential. It does not aim to address every challenge facing adolescents. Rather, *Take Action for Adolescents* is designed to galvanize individuals, caring adults, professionals, organizations, and governments working to support young people in service of a shared vision to tailor, collaborate, and coordinate on proposed action steps to their specific community and system needs.

In this document, we will outline action steps that can be considered for implementation by the following audiences:

Policy Makers

Individuals, organizations, and governing entities at the federal, state, tribal, local, and territorial levels responsible for or involved in formulating policies.

Health Care and Human Service Providers and Organizations

Individuals who are trained and authorized to diagnose and treat physical and behavioral or mental health conditions and organizations who employ such providers. These professionals may include, but are not limited to, medical doctors, nurses, nurse practitioners, physician assistants, dentists, psychologists, clinical social workers, and case workers who are licensed by law to practice and provide support to young people seeking care and services.

Youth-Serving Professionals and Organizations

Professionals and organizations who work directly with young people ages 10 to 24 years to help them thrive and be well in one or more ways, such as physical, economic, academic, cognitive, social-emotional, sexual and reproductive, and other types of well-being. These professionals and organizations are not health care or human service providers or organizations.

Parents, Legal Representatives, and Caregivers

Family members or designated caring adults who are legally responsible for supporting adolescents. These individuals ensure young people are safe and healthy and equip them with the skills and resources they need to thrive and realize their full potential.

Researchers

Professionals and organizations who build the knowledge base to facilitate the improvement of adolescent health and well-being.

Take Action for Adolescents should also serve as a catalyst for others to create their own action plans to address the needs of the adolescents they serve. Policy makers, individuals, and organizations are encouraged to partner with young people and other professionals across diverse sectors (child welfare, education, health, juvenile justice, among others) to select, tailor, and implement specific goals and action steps from this Call to Action within their own communities.

Intended Outcomes and Benefits

Take Action for Adolescents aims to advance our country's progress toward achieving the "triple dividend" first articulated by the 2016 Lancet Commission^a—the idea that investments in adolescent health bring benefits for adolescents now, into future adult life, and for the next generation.¹⁶ The goals of this Call to Action are designed to improve systems that impact young people and make investments to support funding, policies, and programs. If fully addressed, the goals will improve our nation's ability to realize the triple dividend.

Structure of the Call to Action

- *Take Action for Adolescents* outlines eight goals to empower all adolescents to thrive, be healthy, and have equitable opportunity to realize their full potential. Each goal is described in a short introductory paragraph.
- For each of the eight goals, the document lays out opportunities, challenges, and initial action steps for adolescent health and well-being related to achieving that goal.
- The action steps provide concrete ideas for what parents, other individuals, and organizations can do to improve the health and well-being of adolescents.
- Boxes alongside each goal highlight federal resources and programs to inspire allies and partners when adapting the Call to Action to their setting.



^a The 2016 Lancet Commission was a convened panel of international experts on adolescent health who synthesized decades of research on adolescent health and well-being. This work informed approaches and thinking about adolescent health worldwide.

SECTION 2: DEFINING THE CALL TO ACTION



THE GOALS

Take Action for Adolescents outlines eight goals to support the vision that all adolescents in the U.S. have the safety, support, and resources to thrive, be healthy, and have equitable opportunity to realize their full potential.



Goal 1: Eliminate disparities to advance health equity



Goal 2: Increase youth agency and youth engagement



Goal 3: Ensure access to safe and supportive environments



Goal 4: Increase coordination and collaboration within and across systems



Goal 5: Expand access to health care and human services



Goal 6: Strengthen training and support for caring adults



Goal 7: Improve health information and health literacy



Goal 8: Support, translate, and disseminate research



GOAL 1: ELIMINATE DISPARITIES TO ADVANCE HEALTH EQUITY

This goal aims to achieve health equity by eradicating systemic disparities, addressing social factors that affect adolescents across their lifespan, and ensuring all young people can attain a state of good health and well-being.

The conditions or systems and environments in which people are born, grow, live, work, play, worship, and age that can contribute to or detract from the health of individuals and communities are called the “social determinants of health.”¹⁷ These determinants include economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community context.¹⁸ Significant differences in social determinants of health exist between racial and ethnic groups, which can contribute to poor health outcomes and health disparities.¹⁹ The social determinants need to be addressed in order to create environments that promote health and well-being for all.

SECTION 2: DEFINING THE CALL TO ACTION

Adolescents' health and social support needs are sometimes ignored or misunderstood and their perspectives dismissed. They often face bias and barriers related to their age and/or stereotypes about adolescence. Adolescents in the U.S. reflect many dimensions of identity including race and ethnicity,²⁰ gender, gender identity, sexual orientation, sex characteristics, disability status, socioeconomic status, geographic location, and immigration status, among other identities and characteristics, which result in unique health care and human services needs.²¹ This combination of identities can expose adolescents to multiple layers of bias and barriers that lead to further dismissal of adolescent perspectives. The groups experiencing this additional discrimination include some of the populations with the greatest need, e.g., lesbian, gay, bisexual, transgender, queer, and intersex [LGBTQI+] young people and adolescents with disabilities.



Opportunities

Eliminating health disparities is vital for advancing social justice and health equity and promoting the health, well-being, and prosperity of the U.S. adolescent population. Health disparities are differences in health outcomes which can affect many populations of adolescents including those from racial and ethnic minority groups, women and girls, people with disabilities, people who are LGBTQI+, people living in rural geographic locations, and people with lower incomes. It is essential to both reduce differences in the burden of disease, injury, violence, mental illness, and other challenges and create an environment in which all adolescents have a fair and just opportunity to attain their highest level of education, health, and well-being. An established and emerging body of evidence helps us understand causal linkages to many of the systemic drivers of disparities.²²

Health outcomes improve when we address the social determinants of health including racism, discrimination, housing, reliable transportation, job opportunities, income, and education. Effective policies have the potential to bring about systemic change and encourage accountability and collaboration between policy makers, health and human service providers and organizations, community leaders, youth-serving professionals and organizations, and more.

This work should be grounded in cultural humility, with the goal of rectifying power imbalances and developing mutually beneficial and person-centered partnerships to improve adolescent health and well-being. Acknowledging and addressing the multiple forces that shape social inequalities and discrimination will strengthen approaches to improve health equity.

Challenges

The data reveal that adolescents have very different experiences based on gender, racial, socioeconomic, and other inequities, highlighting specific challenges that warrant ongoing investigation and tailored health care and human services. According to the Youth Risk Behavior Survey (YRBS) Data Summary & Trends Report: 2011-2021 from the Centers for Disease Control and Prevention (CDC), female students fare more poorly than male students across almost all measures of substance use, experiences of violence, mental health, and suicidal thoughts and behaviors.²³ The report also found that young people identifying as lesbian, gay, bisexual, questioning, or another non-heterosexual identity (LGBQ+) are more likely to feel unsafe, experience bullying, and partake in behavioral risks than their peers identifying as heterosexual and cisgender.²⁴

When compared to national averages, people from racial and ethnic minority populations have more limited access to health care, receive lower quality care, and experience higher mortality rates.^{25, 26} They often have inadequate access to care and insurance coverage, which can contribute to health disparities.²⁷ Adolescents who align with multiple identities and who are themselves persons of color experience greater stress, which can drive health risk behaviors and result in serious adverse health effects.^{28, 29}

In addition to racial and ethnic minority populations, people with disabilities, or who are involved with the juvenile justice system, experiencing poverty, homelessness, and/or living in rural geographical locations typically have the greatest health needs.³⁰ Communities that are historically underserved by health care and human service providers may have lingering mistrust developed in response to historical experiences of neglect, abuse, and harm. There is also inadequate disaggregated demographic data that would help to fully illustrate the experiences of all adolescents. These data would enable a better understanding of the barriers to health equity and would support planning and delivery of accessible, equitable, and culturally and linguistically appropriate health care and human services.

SECTION 2: DEFINING THE CALL TO ACTION

The following action steps will help overcome these challenges and seize opportunities. The categorization is intended to direct the primary implementing partner, but action steps may be implemented by other working allies and partners:

Action Steps

Policy makers

To help eliminate disparities to advance health equity, **policy makers** can:

- Make investments to support programs that address basic needs (nutritious food, safe shelter, safety from violence and abuse) that impact a young person’s health and well-being.
- Champion policies that aim to prohibit all forms of discrimination—particularly discrimination against those who are historically and currently oppressed—and monitor enforcement of such policies.
- Invest in public health, health care, human services, education, and the range of systems that have a direct impact on young people’s health and well-being across communities and socioeconomic levels.
- Consider the unique needs of populations and individuals when designing policies and programs focused on improving the health and well-being of young people to ensure they are evidence-based and sensitive to the life circumstances of adolescents, including exposure to trauma, particularly for young people who are historically underrepresented due to their age, race, ethnicity, gender, gender identity, sex, sexual orientation, sex characteristics, disability status, socioeconomic status, geographic location, or immigration status.
- Create opportunities to hear from a wide swath of diverse and varied community members regarding the impact of proposed and enacted policies.
- Enact policies with the explicit aim to address the social (e.g., school, community), economic (e.g., livable wages), and environmental (e.g., housing, access to safe, reliable, and

affordable transportation) factors that negatively impact the health and well-being of young people.

- Invest in evidence-based prevention and intervention programs and policies that address structural barriers to health equity, enhance protective factors, and can lead to positive health outcomes.³¹
- Collect and analyze intersectional, disaggregated health data for young people to identify and address the root causes of health disparities, protective factors, and contributors to resilience.
- Educate the public on eligibility for human services, including financial assistance for health insurance coverage, and promote policies that allow for “no wrong door” (i.e., enrollment in any program will support adolescents in getting all supports they need) and cross-program enrollment.

Performance Partnership Pilots (P3) for Disconnected Youth

The **P3 for Disconnected Youth** initiative allowed up to 10 grantee organizations and their partners, together called “pilots,” to waive regulations, such as spending and performance requirements, and gain coordinated access to the discretionary funds of five federal agencies. Developed through a partnership between the U.S. Department of Labor’s Chief Evaluation Office and Employment and Training Administration, all pilots brought together multiple partners across different youth-serving agencies, including health providers, housing agencies, education providers, and workforce agencies.

Health care and human service providers and organizations

To help eliminate disparities to advance health equity, **health care and human service providers and organizations** can:

- Expand support for existing programs that enable recruitment and placement of health care and human service providers in areas that are historically underserved.
- Provide services such as emergency health services, specialized mental and behavioral health services, pediatric care, and other services for young people experiencing homelessness or involved in the child welfare or juvenile justice systems.
- Partner together to mitigate potential barriers to care (e.g., transportation issues, multiple enrollments for services programs, language, lack of community engagement) and provide screening for social determinants of health.
- Advocate for and conduct implicit bias and antiracism training for all providers, educators, and other caring adults mentoring and leading young people to recognize and address both individual and structural bias and racism.
- Employ community health workers and human service providers in the clinical setting to help patients navigate human services such as the Supplemental Nutrition Assistance Program (SNAP), Medicaid, Children’s Health Insurance Program (CHIP), and housing assistance.
- Employ adolescent-centered design and create and implement culturally responsive and linguistically appropriate educational materials, patient care strategies, and preventive programs and interventions.

SECTION 2: DEFINING THE CALL TO ACTION

Youth-serving professionals and organizations

To help eliminate disparities to advance health equity, **youth-serving professionals and organizations** can:

- Encourage the mobilization of community members across and within communities to address and collaborate on the social determinants of health through broad, cross-sector partnerships.
- Employ youth-centered design and create and implement **culturally responsive and linguistically appropriate** educational materials, patient care strategies, and preventive programs and interventions.
- Support and promote the strengths, assets, and social capital of every community by providing technical assistance and resources to train community members to support adolescents.

- Consult with and learn from leaders and members of the communities being served.
- Create and execute talent management and workforce development plans for outreach, recruitment, and retention of trainees and service providers whose cultural, gender, gender identity, sexual orientation, racial, and ethnic identities closely match the majority of clients and who demonstrate interest and skills in connecting with adolescents and promoting their development.

The HHS Health Resources and Services Administration (HRSA) Health Workforce Programs

HRSA's **Bureau of Health Workforce** offers scholarships and loan repayment to students and clinicians, as well as grants to organizations like schools, hospitals, and health centers to improve health workforce training, increase diversity, and advance health equity.



GOAL 2: INCREASE YOUTH AGENCY AND YOUTH ENGAGEMENT

As adolescents age, their role in society changes to include greater agency and responsibility.³² With this evolution in mind, this goal aims to provide adolescents with age-appropriate opportunities to use and build their talents and skills to advocate for their needs. This includes opportunities to make decisions about the health care and human services they receive and to shape the systems that support and affect their lives.

Opportunities

Young people know what they need and can be powerful advocates for their rights and individual decisions. They can be equipped with information to understand the risks and benefits of their behavior and its impact on their health and well-being. Involving young people in co-creating programs and policies builds their confidence, competence, and leadership skills and supports self-determination while providing opportunities to improve their own health and the health of their peers.³³ Engaging young people in the decision making/co-creation process and enabling them to share their experiences and ideas will inform and strengthen the policies and programs that affect them. Young people can also take on the roles of peer support workers and peer educators to deliver services to their peers. The action steps for Goal 2 strive to change the cultural narrative of adolescence from dramatic emotions, perceived invincibility, and inherent riskiness to a time of profound potential and opportunity where caring adults nurture, support, and help to optimize young people's development.

Challenges

Programs and services are often designed and implemented without input from young people. In the listening sessions and the youth town hall held to shape this plan, adolescent participants shared how the minimal efforts to involve them sometimes did not feel like authentic engagement. This issue is complicated by the power imbalance between young people and caring adults, as well as the fact that individuals and organizations often solicit input only from high-achieving young people or adolescents with the social capital to be connected to an individual or organization. While adolescents are numerous and diverse, not all of their perspectives are heard. In fact, the health and well-being concerns of some young people, particularly young people of color and LGBTQI+ young people, are sometimes ignored.³⁴ Many agencies and organizations do not have funds to compensate young people adequately for sharing their time and expertise, which can perpetuate inequities. This lack of intentional and equitable youth engagement can result in programs that do not serve the needs of their intended recipients.

SECTION 2: DEFINING THE CALL TO ACTION

The following action steps will help overcome these challenges and seize opportunities. The categorization is intended to direct the primary implementing partner, but action steps may be implemented by other working allies and partners:

Action Steps

Policy makers

To increase youth agency and youth engagement, **policy makers** can:

- Make investments to support paid internships for students to participate in adolescent health and well-being research, program development, and/or policy making in state and federal agencies.
- Involve young people as meaningful partners in user-driven design of programs, program evaluations and research studies, and services, where age appropriate.
- Engage young people in the policy making process by inviting them to share their stories and experiences and using this information to inform policy decisions.
- Encourage organizations to create paid opportunities for young people to work alongside caring adults and/or their peers and consider logistical flexibility (e.g., after-school hours, transportation) to enable meaningful participation from young people.
- Invest in school-based health centers and personnel and expand access to school-based health services and telehealth, including mental health services, to provide opportunities for young people to receive health care services and counseling.
- Make investments to support targeted trainings and resources for parents, legal representatives, and caregivers on the importance of youth agency and youth engagement in health care and other decisions.
- Advance policies that promote confidentiality of young people's health information and the ability to consent to services, where age appropriate.



Health care and human service providers and organizations

To increase youth agency and youth engagement, **health care and human service providers and organizations** can:

- Center the voices of young people—including adolescents with intersectional identities—in discussions of how to reduce barriers to accessing services and improve usability and coordination of services.
- Provide opportunities for young people to participate in the decision making process on issues that impact their health and well-being.
- Establish pathways for ongoing adolescent feedback and educate young people to develop health literacy and share reliable health information with peers.
- Teach young people how to navigate the health care system and obtain and use health insurance coverage.



SECTION 2: DEFINING THE CALL TO ACTION

Youth-serving professionals and organizations

To increase youth agency and youth engagement, **youth-serving professionals and organizations** can:

- Develop and disseminate information and images that empower young people and combat negative stereotypes and perceptions of adolescents.
- Develop resources and provide trainings for parents, legal representatives, and caregivers that provide information on the importance of young people being involved in their health and health decisions, where appropriate.
- Engage young people in designing, implementing, and evaluating programs and interventions and use their lived experiences to inform policy decisions.
- Establish and expand employer partnerships and mentoring opportunities (including peer-to-peer mentoring) to help young people develop key skills.
- Form Adolescent Advisory Boards and Community Advisory Boards that include young people with diverse perspectives and experiences who can share power, serve as leaders, and directly affect community-wide efforts to improve adolescent health and well-being.
- Invite young people to present, co-present, co-facilitate, and participate in professional conferences related to adolescent health and well-being programs, services, and research.

Parents, legal representatives, and caregivers

To increase youth agency and youth engagement, **parents, legal representatives, and caregivers** can:

- Create a safe and supportive environment for young people to ask questions of caring adults and discuss their mental and physical health care needs.
- Offer guidance to support young people in making health care and human services decisions.
- Encourage young people to think critically about what influences their lives and decisions (e.g., peer pressure, the media, social media).
- Encourage young people to participate in leadership and other extracurricular activities to foster connections, build skills, and increase self-confidence.



GOAL 3: ENSURE ACCESS TO SAFE AND SUPPORTIVE ENVIRONMENTS

This goal aims for all young people to have safe and supportive spaces in which they can live, learn, and belong.³⁶ Young people need to feel physically safe (i.e., free from violence, abuse, exploitation, and bullying) and mentally and emotionally safe (i.e., free to be themselves and discuss their emotional and physical needs, challenges, and goals).³⁷ Providing young people with safe and supportive environments in the places where they live, go to school, work, and play can reduce stress and improve health and well-being. Environment includes the natural environment (access to safe water, food security, exposure to floods and other natural disasters) and built environment (access to fresh fruits and vegetables, walkable communities, exposure to neighborhood violence).

Opportunities

Safe and supportive environments³⁸ such as homes, schools, neighborhoods, places of worship, and community-based programs can foster healthy adolescent development. These spaces can promote health and well-being by providing opportunities for recreation and exercise, access to PYD programs, accessible and adolescent-friendly health care and human services (including physical, mental, and behavioral health services), positive social interactions, spiritual growth, and learning. Safe environments are also important for community building and connectedness and are particularly important given the disruption, isolation, and loss caused by the COVID-19 pandemic.

Research demonstrates that young people who feel connected to caring adults and peers at school are significantly less likely than those who do not to report persistent feelings of sadness or hopelessness, to have seriously considered attempting suicide, or to have attempted suicide.³⁹ Supportive, positive, and responsive relationships with caring adults early in life can prevent or mitigate the detrimental impacts of trauma in young people, even if they live in stressful environments.⁴⁰ Some of these relationships can be forged through community-based adolescent programs, faith-based organizations, and positive and supportive connections to family members and significant others.

National Children's Mental Health Awareness Day

Held annually in May, Mental Health Awareness Day works to increase public awareness about the needs of children with serious mental illness and severe emotional disturbance. The day also demonstrates how children's mental health initiatives promote PYD, recovery, and resilience.

SECTION 2: DEFINING THE CALL TO ACTION

What Does “Safe and Supportive Environments” Mean?

In a safe and supportive environment, adolescents are physically and psychologically safe and protected from all forms of adversity and trauma including violence, abuse, exploitation, and injury; they have stability and consistency; they are treated fairly, have their rights respected, and can make decisions about their lives; they are free to practice their beliefs and express their identities; they have privacy; and they have the resources and opportunities to thrive.

Challenges

Adverse childhood experiences, such as abuse, neglect, poverty, pervasive bullying, and witnessing violence, as well as unfair and unjust differences in social determinants of health, can take a cumulative negative toll on an adolescent’s physical and mental health and well-being.^{41,42}

National Child Traumatic Stress Initiative (NCTSI)

This initiative raises awareness about the impact of trauma on children and adolescents as a behavioral health concern. **NCTSI** develops and implements evidence-based interventions to reduce the mental health impact of traumatic experiences on children and adolescents.

Some young people do not have access to basic levels of safety, security, support, and social connectedness to thrive.⁴³ Many adolescents are hampered by a lack of safe places to live, attend school, and interact digitally. There is also inequitable access to healthy food and adolescent-friendly, culturally competent health care, mental and behavioral health care, and human services. Some young people—particularly young people of color, those who are LGBTQI+, and adolescents from families with low incomes—face disproportionate risks associated with environmental hurdles like crime, violence, abuse, trauma, prejudice, and racism.

Moreover, there are no consistent guidelines about promoting access to safe and supportive environments across the sectors that serve adolescents. Research has demonstrated that an increasing number of adverse experiences in childhood, without balancing positive childhood experiences, may increase the risk of developmental differences and adult health issues, including diabetes, heart disease, depression, and substance use.^{44,45} Prolonged experience of adversity, such as physical or emotional abuse, chronic neglect, caregiver substance use or mental illness, exposure to violence, and/or the accumulated burdens of family economic hardship, lead to toxic stress—an excessive or prolonged activation of the body’s stress response systems.⁴⁶ This toxic stress can alter the architecture of an adolescent’s growing and malleable brain, increasing their risk of stress-related diseases and cognitive impairment later in life.⁴⁷

The following action steps will help overcome these challenges and seize opportunities. The categorization is intended to direct the primary implementing partner, but action steps may be implemented by other working allies and partners:

Action Steps

Policy makers

To ensure access to safe and supportive environments, **policy makers** can:

- Champion equal and equitable rights, policies, and legal frameworks to ensure all young people have privacy and non-discrimination protections without regard to race and ethnicity, sex, gender identity and sexual orientation, disability, and other demographic factors.
- Consider cultural, social, and geographic differences (i.e., rural, suburban, and urban) as well as climate impact when designing environments where young people live, heal, work, learn, and play. In the design process, consider “opportunity youth” (sometimes referred to as “disconnected youth”), those young people who are not enrolled in school, are experiencing homelessness, and/or who have run away from home.
- Support age-appropriate comprehensive consent and sexual health education that promotes gender equity and teaches healthy communication skills to foster a culture of respect, empathy, and healthy relationships.
- Create policies that promote **digitally safe environments**.

- Collaborate with local government agencies and non-profit organizations to work on reducing exposure to neighborhood violence and creating safe places for young people to walk, play, and socialize.



Suicide Prevention Resource Center

This web portal, supported by a **SAMHSA Center for Mental Health Services (CMHS)** grant, provides resources, programs, training, and research on suicide prevention best practices.

SECTION 2: DEFINING THE CALL TO ACTION

The What Works in Schools Program

CDC created the **What Works in Schools** Program to promote adolescent health and well-being through a focus on school connectedness. School connectedness reflects students' belief that peers and caring adults in the school support, value, and care about their individual well-being as well as their academic progress. CDC identified four school connectedness interventions that led to declines in negative health behaviors and experiences among students:

- Family/community mentoring programs
- Service-learning opportunities
- Student-led clubs to provide inclusive, supportive environments
- Professional development for educators on classroom management

Health care and human service providers and organizations

To ensure access to safe and supportive environments, **health care and human service providers and organizations** can:

- Work with adolescents to create environments where young people can comfortably discuss sensitive health issues in settings that are culturally responsive, inclusive of all adolescents, and reflective of the population served.
- Identify opportunities to hire providers and support staff—including administrators and receptionists—from the community being served and others with lived experiences relatable to young people.
- Ensure young people have access to ways to learn about and practice healthy coping skills and strategies for addressing exposure to violence, including family violence, intimate partner violence, trauma, and grief.
- Train health care and human service providers to recognize signs of family and intimate partner violence and provide appropriate resources for care.
- Train health care and human service providers on methods to create a supportive, confidential environment to facilitate open discussion with patients/clients and techniques to prevent physical and sexual harassment, violence, and bullying.

Youth-serving professionals and organizations

To ensure access to safe and supportive environments, **youth-serving professionals and organizations** can:

- Create and expand access to a wide variety of physically, financially, and geographically accessible early intervention, primary prevention, and recreational opportunities for young people such as accessible health centers, after-school sports clubs, and community service activities.
- Increase the number of adolescent-serving programs providing evidence-based care and services to serve a wider array of populations and communities, including LGBTQI+ adolescents and young people with disabilities.
- Train school staff to foster a welcoming and nurturing environment for all young people, increase school connectedness, and improve classroom management techniques.
- Implement comprehensive healthy relationship education including age-appropriate sexual health education and programs on consent and interpersonal communication skills.
- Teach and promote digital health literacy.
- Foster caring relationships and positive communication through parent/legal representative/caregiver education programs and training for school personnel and community program staff.
- Encourage peer group interaction that demonstrates trusted relationships and ensures that peers are trained on the prevention of physical and sexual harassment, violence, and bullying and on creating a supportive, confidential environment to facilitate open discussion.
- Collaborate with schools, community organizations, and/or law enforcement within communities to create programming on fostering and sustaining healthy interpersonal relationships.



Parents, legal representatives, and caregivers

To ensure access to safe and supportive environments, **parents, legal representatives, and caregivers** can:

- Provide opportunities for intergenerational learning, collaboration, and social connection, particularly for community improvement efforts.
- Create opportunities for adolescents to learn skills that prepare them to make positive decisions by using interactive and peer learning techniques.
- Deliver and reinforce education and supportive guidance for young people on consent and confidentiality, healthy relationships, and preventing sexual coercion and sexual violence.
- Encourage behavior and values that promote mutual respect by modeling positive, respectful interactions and involving young people in co-creating “ground rules” for activities.

SECTION 2: DEFINING THE CALL TO ACTION



GOAL 4: INCREASE COORDINATION AND COLLABORATION WITHIN AND ACROSS SYSTEMS

This goal aims to increase system coordination and collaboration across federal, state, tribal, local, and territorial systems that can improve outcomes for young people.⁴⁸ Young people will benefit from “no wrong door” policies (i.e., enrollment in any program will support adolescents in getting all the supports they need) and increased access to health care and human services resulting from coordination and collaboration among many interested parties. Coordination and collaboration are also needed among the various caring adults in a young person’s life—parents, legal representatives, caregivers, educators, medical providers, clergy, coaches, and others—to ensure sharing of data, information, and resources to support the young person’s strengths, needs, and challenges.

Communities Talk to Prevent Alcohol and Other Drug Misuse

This **nationwide initiative** provides community-based organizations, institutions of higher education, and statewide or state-based organizations resources and planning stipends to organize activities that raise awareness and educate young people, families, and communities about the potentially harmful consequences of alcohol and other drug misuse among young adults 12 to 25 years old. Held every year, Communities Talk events and activities mobilize communities to take action around underage drinking and substance use prevention and strengthen existing prevention programs.

Opportunities

Through coordination and collaboration, young people, caring adults, professionals, policy makers, researchers, and others who support young people can maximize resources, reduce duplication of efforts, promote quality and transparency, and create and sustain health equity. The American Academy of Pediatrics notes that coordinated efforts are at the core of improving the quality of adolescent health care, and that integrated health care delivery systems may lead to greater community orientation and more explicit consideration of adolescents’ needs.⁴⁹ Research demonstrates that improved health care and services coordination decreases unnecessary emergency room visits and preventable hospital admissions and readmissions, and therefore promotes higher quality of care, improved health outcomes, and lower costs.⁵⁰ Coordinating the support provided by health care and human services organizations, in addition to more equitable access to resources, is important for ensuring the health and well-being of all adolescents in the U.S.⁵¹

Challenges

There is no single, coordinated mechanism to access services that promote health and well-being for adolescents. The U.S. health care and human services systems are fragmented, poorly coordinated, and delivered in multiple public and private settings, often requiring patients—including adolescents—to visit a variety of health care centers, hospitals, providers, and professionals for different needs, including physical and mental health care and human services.⁵² While the barriers exist generally, they can be especially challenging to navigate for young people with disabilities and/or special health care needs who are transitioning from pediatric to adult care. Accessing human support services, such as assistance for food insecurity, housing instability, and domestic violence, creates additional layers of complexity. Gaps and overlaps in services lead to inefficiencies and confusion about how young people can access health care and human services.

Legislation and policies on adult and pediatric care often do not address adolescent health care and human services needs. Multiple and narrowly defined funding sources at the federal, state, tribal, local, and territorial levels discourage and prevent collaboration across and among funding agencies. Moreover, changing leadership and competing priorities across agencies often alter funding levels, which can interrupt programs and impact their ability to provide consistent support for adolescents.

The following action steps will help overcome these challenges and seize opportunities. The categorization is intended to direct the primary implementing partner, but action steps may be implemented by other working allies and partners:

The federal Interagency Working Group on Youth Programs, which consists of 21 federal departments and agencies, strives to increase collaboration in order to improve the delivery of health care and human services funded by the federal government.



SECTION 2: DEFINING THE CALL TO ACTION

Action Steps

Policy makers

To increase coordination and collaboration within and across systems, **policy makers** can:

- Prioritize sustainable and scalable investments of care models that have integrated mental and physical health services and facilitate equitable reimbursement and funding for a range of health services, including mental and behavioral health, sexual and reproductive health, dental, optical, and nutrition services.
- Create and maintain a widely available repository of adolescent health and well-being information, resources, and contacts at the federal, state, tribal, local, and/or territorial levels to promote and inspire collaboration and coordination. The federal website youth.gov can serve as a model for this type of activity.
- Establish shared goals and identify, promote, and make investments to support effective methods of and incentives for collaboration and coordination between non-traditional partners at different system levels, in the private and public sector, and across agencies and programs.
- Ensure improved data sharing and data interoperability between health, education, and human services systems.
- Solicit and adopt feedback from adolescents about how to reduce barriers to accessing health care and human services and how to improve coordination of health care and human services.

Health care and human service providers and organizations

To increase coordination and collaboration within and across systems, **health care and human service providers and organizations** can:

- Identify and implement strategies for co-locating other health care and human services needed by adolescents to increase accessibility.
- Maintain robust referral networks with adolescent health specialists and other adolescent-friendly providers in the community who can meet the wide array of health care and human services needs for young people.
- Revise intake forms and processes, based on feedback from young people – especially those who must navigate multiple systems – to reduce barriers for accessing care and services and better coordinate existing care and services.

Youth-serving professionals and organizations

To increase coordination and collaboration within and across systems, **youth-serving professionals and organizations** can:

- Expand support for Communities of Practice and bring professionals together to share research, knowledge, and best practices, support each other, and mentor peers.
- Foster collaboration between schools and community health and human services resources (i.e., housing, transportation, food assistance, etc.) while promoting awareness of legal reporting responsibilities, confidentiality restrictions, and consent for services.
- Leverage various connections that different youth-serving organizations (e.g., schools, community health and human services, faith-based groups) have with families to increase parents', legal representatives', and caregivers' awareness of services so they can better support adolescents in navigating different systems.
- Create a diverse and representative Community Advisory Board empowered to highlight gaps and overlaps in services and provide input to improve collaboration and coordination among state- and community-level partners.
- Identify and empower an adolescent health and well-being champion in the organization or community and align efforts with the State Adolescent Health Coordinator^a to manage and maximize investments in adolescent health and well-being.

Diversity and representation can refer to demographics and various roles, responsibilities, and perspectives within a community. In addition to providers from different sectors, it can be helpful to include young people and parents, legal representatives, and caregivers – especially as they are often the primary beneficiaries and navigators of these systems.

Parents, legal representatives, and caregivers

To increase coordination and collaboration within and across systems, **parents, legal representatives, and caregivers** can:

- Provide input to policy makers on how to improve coordination and accessibility of services and systems for adolescents.
- Engage in Community Advisory Boards and share lived experiences navigating health care and human services and offer suggestions for improving coordination and collaboration across disconnected systems.
- Support adolescents in navigating multiple complex systems to ensure they receive the care and services they need.

^a State Adolescent Health Coordinators manage adolescent health programming, services, and systems in 50 states and nine territories. They often are funded through the states' Title V and Maternal and Child Health (MCH) programs.

SECTION 2: DEFINING THE CALL TO ACTION



GOAL 5: EXPAND ACCESS TO HEALTH CARE AND HUMAN SERVICES

This goal aims to improve access to health care and human services to maximize quality, efficiency, and the patient/client experience for adolescents.

Studies have shown that the origin of most adult diseases can be traced back to childhood and adolescence. For example, 25% of adults with mood disorders had their first major depressive episode during adolescence.⁵³ Data from the 2021 Youth Risk Behavior Survey show that poor mental health and suicidal thoughts and behaviors have increased from 2011 to 2021.⁵⁴ In addition, most health care visits by adolescents are to seek treatment for conditions or injuries that could have been prevented if screened for and addressed at an earlier comprehensive visit.⁵⁵ Human services, such as SNAP, safe and supportive housing, Medicaid, CHIP, early care and education, and programs that support people with disabilities, can help promote protective factors and improve health.⁵⁶ Providing comprehensive adolescent health care that addresses physical and mental health, as well as human services, could reduce adolescent morbidity and mortality, support informed adolescent decision making, decrease adverse health outcomes in adulthood, and improve quality of life as adults.⁵⁷

Opportunities

Improving access to preventive health care and human services requires collaboration and alignment of activities across federal, state, tribal, local, and territorial governments, and youth-serving providers and organizations. School-based health centers and community-based health services, including Federally Qualified Health Centers (FQHCs), are important sources of health care and human services for many young people who do not have other providers. In addition, it is important to establish strong connections between schools and other youth-serving organizations and adolescent-friendly sources of care and services.⁵⁸

By strengthening primary care and integrating mental health including substance use disorder services into their care delivery platforms, these settings can deliver improved health care and human services for adolescents. Continuing to expand access to telehealth can also serve as a mechanism to increase access to essential care for adolescents, especially in areas where health care services are limited, such as rural geographic locations. Young people may also have increased eligibility for insurance coverage, even if their parents, legal representatives, caregivers, or family members are ineligible.

Teen Pregnancy Prevention (TPP) Program

Since OPA's **TPP Program** was established in 2010, funded organizations have served over 1.5 million young people across 41 states, Washington, D.C., Puerto Rico, and the Marshall Islands. The program has also trained more than 20,400 professionals, established nearly 20,000 community partnerships, and developed 56 innovative programs and products. The TPP Program has funded numerous grantee-written, peer-reviewed publications and independent evaluation studies that have significantly contributed to the field's knowledge of where, when, and with whom programs are most effective.



Challenges

Challenges to accessing health care and human services arise in two primary areas: access to and transitions in care and adequate numbers of trained providers. There is a lack of access to some essential health care and human services, including high-quality primary care services, adolescent medicine and mental health specialists and clinics, private and confidential counseling, screening for preventable health risk behaviors, nutritious food, adequate housing, and services for dating violence, as well as services tailored for specific groups of young people (young people living in rural communities, adolescents experiencing homelessness, young people who have run away from home, adolescents with disabilities, young people involved with the juvenile justice and child welfare systems, and LGBTQI+ adolescents).⁵⁹ Workforce challenges in health care and human services include a limited number of providers with expertise in mental health⁶⁰ and adolescent health to meet the ever-growing demand for health care,^{61, 62} professional burnout, high caseloads, high cost of professional education and training, and insufficient diversity in the workforce.

Young people report additional barriers that prevent them from accessing health care and human services. These barriers include limited health literacy, lack of awareness about available health care and human services, insufficient counseling and mental health care services, high cost of care, and limited health

insurance coverage.^{63, 64} Young people are also embarrassed to ask caring adults health-related questions and may be concerned about parents learning about services accessed under insurance. They express confusion about identification, documentation, paperwork, and lack of coordination across systems. They also face limited options for affordable transportation to access services that are outside of their residential ZIP code, neighborhood, or placement,⁶⁵ as well as language barriers and limited translation services for young people who speak English as a second language. These issues are compounded by evolving state-level consent and confidentiality protections for minors, and a lack of inclusion or consideration of the adolescent voice.^{66, 67} One result of these challenges is the persistently low rate of primary care usage among adolescents.

SECTION 2: DEFINING THE CALL TO ACTION

Medicaid Non-Emergency Medical Transportation (NEMT)

The assurance of transportation requirement, which includes **NEMT**, is important for Medicaid beneficiaries who need to get to and from covered medical services but have no other means of transportation. Federal law requires states to ensure that eligible, qualified Medicaid beneficiaries have NEMT to take them to and from providers. In addition, each state has the option of developing and implementing Medicaid waiver and demonstration programs, which potentially could provide coverage for additional transportation needs.

The following action steps will help overcome these challenges and seize opportunities. The categorization is intended to direct the primary implementing partner, but action steps may be implemented by other working allies and partners:

Action Steps

Policy makers

To expand access to health care and human services, **policy makers** can:

- Expand support for pediatric and adolescent primary care with a focus on preventive care and integrated mental health, substance use treatment, and human services.
- Make investments to support adolescent-specific services, scholarships, and fellowships to incentivize more health care and human service professionals in the fields of medicine, nursing, social work, and psychology to specialize in treating adolescents.
- Invest resources in training, retraining, and evaluating cross-cultural competencies to build a workforce that is equipped to care for diverse adolescent populations in a wide variety of settings.
- Create, expand, promote, and support school-based health centers that are accessible, convenient, developmentally appropriate, and adolescent-friendly; provide comprehensive preventive counseling and screening services; and prioritize confidentiality, where possible.
- Expand eligibility for young people to enroll in and maintain health insurance coverage, including Medicaid, CHIP, and the [Health Insurance Marketplace](#)[®].
- Encourage mobility through accessible, affordable, and equitable transportation options to reach health care and human services (e.g., safe walking paths, bike and car shares, subsidized bus and rail fares).
- Encourage greater transparency, access, and communication between electronic health record systems to improve the efficiency of care delivery and coordination for adolescents seeking health care and human services.

[Medicaid and School-Based Services](#), and its associated Technical Assistance Center, is a resource that helps states leverage Medicaid funding to support health services offered in school settings.

Health care and human service providers and organizations

To expand access to health care and human services, **health care and human service providers and organizations** can:

- Provide services and supports that are tailored to the developmental stages of adolescents including the transition to adulthood.
- Expand patient-centered medical homes (PCMH) where most of a young person's health care and human services needs can be coordinated in a primary care practice and ensure PCMHs and other integrated delivery systems exist in communities with lower incomes.
- Ensure health systems, health centers, and clinics are adolescent-friendly, free, accessible, and have providers with expertise in adolescent health and well-being.
- Advocate for more school-based health centers, school-based referral systems, and mobile health care vans for improved connections between schools and community sources of care.
- Increase patient/client awareness of and accessibility to health care and human service providers trained specifically in adolescent health and well-being.
- Increase access to digital health care⁶⁸ and human services for young people to support their self-care and self-management activities.

SECTION 2: DEFINING THE CALL TO ACTION

- Encourage adolescents or their parents, legal representatives, or caregivers to enroll in health coverage through employer-sponsored plans, student health plans, [Health Insurance Marketplace® plans](#), Medicaid, or CHIP. Ensure that young people and their parents, legal representatives, or caregivers understand that a young person under 21 might be eligible for free or subsidized care even if the parent, legal representatives, or caregiver is not eligible.
- Within clinical settings, employ patient navigators, community health workers, and social workers who can assist patients/clients with navigating and obtaining human services.

Do You Know Your Local Homeless Education Liaison?

Under the [McKinney-Vento Act](#), every local educational agency must appoint a local homeless education liaison to work with schools. The local liaison serves as the district's lead homeless education contact and some of their responsibilities include that:

- Young people experiencing homelessness are identified by school personnel through outreach and coordination activities with other entities and agencies.
- Young people and families experiencing homelessness receive referrals to health care, dental, mental health, substance use, housing, and other appropriate services.
- Parents, legal representatives, caregivers, and unaccompanied young people experiencing homelessness are fully informed of all transportation services available to McKinney-Vento students, including transportation to the school of origin, and are assisted in accessing transportation.

Preventing Youth Overdose (PYO): Treatment, Recovery, Awareness and Training (TREAT)

SAMHSA's [PYO TREAT](#) grant program improves local awareness among young people of risks associated with fentanyl, increases access to medications for opioid use disorder (MOUD) for adolescents and young adults screened for and diagnosed with opioid use disorder (OUD), and trains healthcare providers, families, and school personnel on best practices for supporting children, adolescents, and young adults with OUD and those taking MOUD.

Youth-serving professionals and organizations

To expand access to health care and human services, **youth-serving professionals and organizations** can:

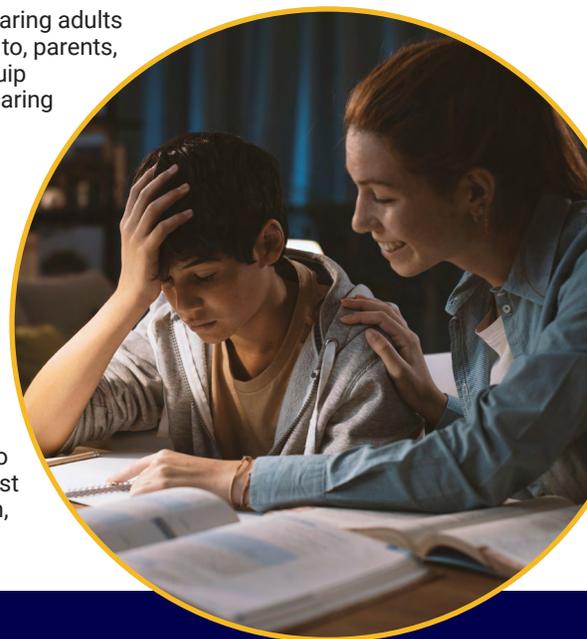
- Encourage state policy makers to advance laws that support young people's ability to access health care and human services.
- Collaborate with leaders, workers, and local navigators in community health care and human services to improve access to care, coordinate health care and human services, and leverage community expertise.
- Expand and replicate effective programs for young people that foster PYD, improve health outcomes, and address mental health, sexual and reproductive health, and other health care and human services needs using strengths-based communication strategies.
- Increase educational, training, and employment opportunities for young people to improve their earning potential over time and subsequently their ability to afford health care and human services.



GOAL 6: STRENGTHEN TRAINING AND SUPPORT FOR CARING ADULTS

This goal aims to strengthen access to high-quality information, training, and support for caring adults who provide care to and work with young people. Caring adults include, but are not limited to, parents, legal representatives, and caregivers who make sure adolescents are healthy and safe, equip them with the skills and resources to succeed as adults, and instill cultural values. These caring adults offer young people love, acceptance, appreciation, encouragement, and guidance. They provide the most intimate context for the nurturing and protection of adolescents as they develop their personalities and identities and as they mature physically, cognitively, emotionally, and socially.⁶⁹ The role of parents, legal representatives, and caregivers is critical but is sometimes underappreciated and taken for granted. Parents, legal representatives, and caregivers are integral to adolescent development and value formation, self-worth, and preparedness to navigate life as adults. Not every young person has parents, legal representatives, or caregivers that are willing and/or equipped to provide the care or emotional support that they need. Subsequently, the responsibility for providing this support may fall on other caring adults in the young person's life.

Adolescents experience rapid growth; have different patterns of health, illness, and disability than adults; look to caring adults for guidance and information; and are likely to depend on caring adults for access to care.^{70,71} It is critically important for caring adults to understand the evolving developmental needs and abilities of adolescents so they can best support their journey toward adulthood. When caring adults have the support, information, and skills they need, they are better equipped to understand young people's concerns and work with them to make informed decisions that will help them thrive.



SECTION 2: DEFINING THE CALL TO ACTION

Opportunities

Access to supportive and caring adults is critical to ensuring young people can thrive, be healthy, and have equitable opportunities to realize their full potential. Family/caregiver support, positive family/caregiver communication, caring adult role models, other supportive caring adult relationships, and parental involvement in schooling have been identified as positive supports that all young people need to succeed.⁷²

Caring adults provide safe and supportive relationships, a source of belonging, cultural identity and socialization, and connections that improve well-being.⁷³ Evidence shows that when caring adults have guidance and training to promote PYD, young people are more likely to avoid adverse outcomes and have healthy lifestyles.⁷⁴ Providing evidence-based information, training, and support for caring adults can help reduce individual biases around adolescent behaviors and more effectively address young people's trauma or other health issues.

Targeted training should also support adolescents who have been historically underserved by health care and human service professionals—including people of color and those within the LGBTQI+ community—as well as reduce stigma in providing care and services to adolescents in these communities. Youth-serving professionals who have varied backgrounds and life experiences can build rapport and trust with young people who have similar backgrounds or experiences. Educational and support initiatives should allow adolescents to share their perspectives and highlight issues they want the caring adults in their lives to understand.

Substance Use School Resource Guide

The [White House Office of National Drug Control Policy \(ONDCP\)](#) produced a [school resource guide](#) for teachers, administrators, and staff to help educate and protect students from substance use.

Challenges

Caring adults support young people in navigating a confusing array of information, misinformation, and disinformation related to health, public health, and human services. Multiple agencies, organizations, and providers deliver health care and human services. There is no one-stop-shop for adolescent health information or services, which can negatively impact access to care and services and health literacy among caring adults and adolescents. Working long hours, transporting young people to extracurricular activities, and other child and family caregiving responsibilities can frequently leave parents, legal representatives, and caregivers with limited time to navigate these complex systems and assist the adolescents in their lives.

Some family members also experience limited broadband services in their communities, language barriers, and/or limited to no accommodations for people with disabilities, all of which reduce access to services. Some parents, legal representatives, and caregivers may not be equipped with the requisite information or may lack the appropriate delivery skills. Further, some professionals are not trained in adolescent growth and development due to limited training budgets and professional development opportunities and are not always equipped with developmentally appropriate strategies. This issue can be further complicated by deeply entrenched views that adolescents are too young to understand health information or that obtaining this information will drive negative behaviors.

The following action steps will help overcome these challenges and seize opportunities. The categorization is intended to direct the primary implementing partner, but action steps may be implemented by other working allies and partners:

Action Steps

Policy makers

To strengthen training and support for caring adults, **policy makers** can:

- Support the implementation of flexible and accessible programs for caring adults to increase their awareness of adolescent development and improve their ability to support young people as they navigate their adolescence, and remove barriers such as high costs, lack of transportation and childcare, and in-person only delivery modes.
- Add information on adolescent health and development to higher education and certification programs for health, public health, social work, psychology, education, and law enforcement professionals who interact with young people.
- Disseminate and publish tools and resources on cultural humility and awareness, principles of PYD, recognizing and treating the health impacts of trauma in young people, and addressing racism and discrimination against adolescents who are historically underserved.
- Create an accessible central repository to house resources or links to resources for parents, legal representatives, and caregivers of adolescents to foster health literacy among caring adults and young people.



SECTION 2: DEFINING THE CALL TO ACTION



Health care and human service providers and organizations

To strengthen training and support for caring adults, **health care and human service providers and organizations** can:

- Create opportunities for health care and human service providers to train professionals about identifying trauma-related health needs and referring to specialty care as needed and for youth-serving professionals to teach clinicians about PYD.
- Provide tailored information for caring adults on websites and social media and in waiting rooms to support them in helping young people navigate available health care and human services.
- Provide targeted resources for expectant and parenting adolescents.

Youth-serving professionals and organizations

To strengthen training and support for caring adults, **youth-serving professionals and organizations** can:

- Provide peer support and mentoring for parents, legal representatives, caregivers, and youth-serving professionals.
- Provide skills training programs for parents, legal representatives, and caregivers to help them understand their young person's feelings and behaviors, serve as caring adult role models, and create safe, developmentally appropriate opportunities to help young people thrive.
- Work with community, faith-based, and national youth-serving organizations to provide information on available services and programs and ensure accessible and culturally affirming training for caring adults.
- Survey and assess providers and youth-serving professionals to understand the information and resource needs of caring adults and develop trainings on needs specific to the community or setting.
- Create or expand Community Advisory Board to include parents, legal representatives, caregivers, and youth-serving professionals to design, develop, implement, and evaluate policies, programs, and initiatives for young people and caregivers.
- Provide information, resources, and trainings on topics such as tools for staying in school, job skills, financial literacy, employment, and parenting to expectant and parenting adolescents.

Parents, legal representatives, and caregivers

To strengthen training and support for caring adults, **parents, legal representatives, and caregivers** can:

- Provide input to policy makers on how to best support caring adults in helping young people thrive, be healthy, and have equitable opportunities to achieve their full potential.
- Participate in available peer support and mentoring programs with other caring adults.
- Participate in available, effective programs to gain the skills and confidence needed to understand adolescent feelings and behaviors, serve as caring adult role models, and create safe, developmentally appropriate opportunities to help young people thrive.



Resources for Young People, Created by Young People

[Youth Engaged 4 Change \(YE4C\)](#) involves young people in creating adolescent-focused resources and opportunities that inspire and empower young people to make a difference in their lives and the world around them. YE4C also empowers young people to improve their knowledge and leadership skills. The YE4C editorial board developed content such as [“Health Insurance 101,”](#) [“Navigating Health Care as a Young Person,”](#) and [“Fact-Checking on Social Media.”](#)



GOAL 7: IMPROVE HEALTH INFORMATION AND HEALTH LITERACY

This goal aims to increase the literacy of young people and those who support them in services related to all aspects of health and well-being. Health literacy relies on accurate and reliable health information delivered in a way that is easy to access and understand.

Improved health literacy will empower young people with the knowledge and tools to make good decisions, advocate for themselves, and navigate complicated health care and human services systems. It will also help the caring adults in their lives provide informed guidance and support.

SECTION 2: DEFINING THE CALL TO ACTION

Opportunities

Ongoing access to accurate, reliable information that is easily understandable helps adolescents and caring adults make well-informed decisions to promote their health and well-being. Young people need to hear accurate messages from trusted sources to make informed decisions about their current and future health and well-being. Health literacy initiatives should incorporate adolescent perspectives and ideas. Adapting and updating existing materials can equip young people, professionals, and caregivers with evidence-based, culturally appropriate information, training, and skills, and reduce stigma and biases around adolescent behaviors. Moreover, these efforts may better serve young people who are historically underserved by health care and human services systems. Increasing the health literacy of young people and caring adults who surround them is an ongoing effort, as new research changes what we know and new tools change how we learn.

HHS SAMHSA Efforts to Prevent and Reduce Substance Use

National Prevention Week (NPW): Held in May, NPW promotes community involvement, resource sharing, and partnership engagement to increase public awareness of substance use and mental health disorders. In addition, NPW provides resources to communities so they can highlight their prevention successes throughout the year.

Talk. They Hear You. Campaign: The campaign aims to reduce underage drinking and substance use among young people under the age of 21 by providing parents and caregivers with resources to discuss substance use with their children.

Challenges

Not all adolescents possess the same access to health information, resources, and services, which may lead to gaps in education and health care. Young people do not always turn to someone they know for support; some turn to online sources and social media outlets for answers. Adolescents can access an enormous amount of information online, but they are also exposed to misinformation and disinformation. Many seek information, support, and social connections on social media platforms, particularly if they do not have access to a trusted caring adult or resource. The influence of social media on individual adolescents is determined by their individual strengths and vulnerabilities, as well as cultural, historical, and socioeconomic factors. Notably, the scientific literature demonstrates that social media has the potential to both benefit and harm adolescents.⁷⁵

Caring adults, including parents, legal representatives, caregivers, educators, and providers, may be ill-equipped, under-resourced, or otherwise uncomfortable discussing sensitive health care and human services issues. State laws that place limits on the content of health education and counseling can increase confusion among young people and parents, legal representatives, and caregivers.⁷⁶ Many young people and caring adults do not know where to get reliable health information and struggle to critically assess health-related information.⁷⁷

The following action steps will help overcome these challenges and seize opportunities. The categorization is intended to direct the primary implementing partner, but action steps may be implemented by other working allies and partners:

Action Steps

Policy makers

To improve health information and health literacy, **policy makers** can:

- Create a clearinghouse on adolescent health and well-being and promote it through a social media campaign directed at young people and their parents, legal representatives, and caregivers.
- Create free and easy-to-find information pathways for young people and their families by making investments to support additional computers in schools and public libraries and advocating for internet access for people who are historically underserved by health care and human services systems.
- Support training and technical assistance for federal, state, tribal, local, and territorial agencies and grantees to promote health literacy and combat misinformation and disinformation.



Health care and human service providers and organizations

To improve health information and health literacy, **health care and human service providers and organizations** can:

- Provide training for youth-serving professionals delivering health education to ensure they have access to current and accurate materials, understand adolescent development, and are empowered to answer young people's questions.
- Deliver youth-centered counseling and information that support understanding of medically accurate and clinically appropriate information, promote health literacy, and combat misinformation and disinformation.

SECTION 2: DEFINING THE CALL TO ACTION

- Provide accurate, understandable, easily available, and accessible⁷⁸ information for adolescents and their parents, legal representatives, and caregivers about all domains of young people’s development from early childhood through the transition to adulthood.



Youth-serving professionals and organizations

To improve health information and health literacy, **youth-serving professionals and organizations** can:

- Deliver school-based health education in elementary, middle, and high school that is high quality, medically accurate, and addresses issues of concern to young people.
- Encourage public education campaigns, podcasts, and social media content created or co-created by young people to educate their peers on health equity issues and life skills related to health and well-being.
- Direct young people, parents, legal representatives, caregivers, and professionals to accurate, understandable, reliable, youth-friendly information and platforms so they can validate and fact-check health-related information.
- Use credible trusted messengers such as spokespersons and influencers that young people identify with to conduct outreach across different platforms and deliver health information.

Parents, legal representatives, and caregivers

To improve health information and health literacy, **parents, legal representatives, and caregivers** can:

- Learn about health issues that affect today’s adolescents.
- Identify and correct misinformation and disinformation.
- Mentor young people in assessing the accuracy and reliability of information to strengthen their health literacy.
- Provide information for young people about credible resources, platforms, and spokespersons to raise awareness of accurate, reliable, youth-friendly sources of information.

Got Transition® Resource Center on Health Care Transition (HCT)

Funded by the HHS Health Resources Services Administration (HRSA) Maternal and Child Health Bureau (MCHB), **Got Transition®** is the national resource center on HCT. Its aim is to improve the transition from pediatric to adult health care through the use of evidence-driven strategies for clinicians and other health care professionals, public health programs, payers and plans, youth and young adults, and parents and caregivers.



GOAL 8: SUPPORT, TRANSLATE, AND DISSEMINATE RESEARCH

This goal aims to highlight the importance of deliberate, targeted efforts to support, translate, and disseminate research and data on the health and well-being of all adolescents to advance policies, programs, and practices.

Opportunities

Closing research gaps is essential to a national, data-driven effort to advance adolescent health and well-being. Research reflects the relationship of multiple identities and varying circumstances on different outcomes for young people and provides insight into the impact of protective factors and program interventions. Adolescent health and well-being-focused research would benefit from diverse qualitative and quantitative methodologies and the input and co-design efforts of young people (e.g., young people could help write and select research questions and topics). Listening to adolescents may provide more accurate and reliable information than secondary research (e.g., chart review) in understanding experiences with primary care.⁷⁹

Adolescents are eager to lend their voices and perspectives to all phases of the research and policy development process. Including adolescents in this work has the potential to improve data accuracy. Translating research findings from scientific language into universally available and understandable content improves the accessibility and usability of evidence-based interventions, policies, and programming for young people and the caring adults who support them.⁸⁰



SECTION 2: DEFINING THE CALL TO ACTION

Challenges

Health data are frequently not disaggregated by age, which can mask health care inequities for different populations. To date, data collection methodologies and research participation have yielded limited data on populations that are harder to reach or are historically underserved by health care and human services systems. This issue is due in part to a lack of effort by researchers, limited investment of resources to reach these communities, and logistical challenges which hinder participation (e.g., limited non-work time, lack of transportation, constrained monetary resources).⁸¹ Several national data sources like the CDC's National Survey of Children's Health, Youth Risk Behavior Surveillance System (YRBSS), and Behavioral Risk Factor Surveillance System provide a representative, aggregated view of the state of adolescent health and well-being issues. However, specific, targeted, local-level data are not always available and some states are opting out of implementing their own state YRBSS, which adversely affects policy makers' ability to monitor changes in health and well-being at the state and local levels.

Data are needed to develop comprehensive adolescent health and well-being quality measures that include health status and outcomes of care.⁸² For example, the National Committee for Quality Assurance has used access to care, immunization rates, and the rates at which adolescents have well visits as quality indicators, but these measures do not include preventive counseling and screening and disregard the fact that preventive services are often provided outside of well visits.⁸³

Further, many adolescent health data instruments are not yet collecting demographic data on race and ethnicity, sex, sexual orientation and gender identity (SOGI) and sex characteristics, disability status, and income, leading to a lack of disparity information for people of color, LGBTQI+ adolescents, people living with disabilities and health challenges, and adolescents living in households with lower incomes. Efforts to advance data collection among adolescent health data instruments will lead to improvements that benefit all adolescents.

The following action steps will help overcome these challenges and seize opportunities. The categorization is intended to direct the primary implementing partner, but action steps may be implemented by other working allies and partners:

Action Steps

Policy makers

To support, translate, and disseminate research, **policy makers** can:

- Develop, in coordination with federal, state, tribal, local, and territorial agencies and private and non-profit researchers, a detailed adolescent health and well-being research agenda that adopts a strengths-based PYD approach.
- Expand national and other surveys to address data gaps, especially for populations of young people who are underrepresented in current data collection efforts.
- Broaden data collection and access to data sources to provide insights by community and locality (such as ZIP code) on social determinants of health and well-being (e.g., graduation rates, number of health care facilities), positive outcomes, and opportunities.
- Require research on adolescents to be disaggregated by race and ethnicity, sex, sexual orientation and gender identity, sex characteristics, disability status, income, and geographic location.
- Make investments to expand existing public funding opportunities for researchers to address the needs of young people from historically underserved populations.
- Add a requirement to federal Funding Opportunity Announcements for research projects to include young people in research design as well as in the dissemination plan.
- Provide scholarships and/or fellowships to incentivize people of color and LGBTQI+ students to enter research professions to increase diversity, equity, and inclusion among practitioners and researchers.

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Health care and human service providers and organizations

To support, translate, and disseminate research, **health care and human service providers and organizations** can:

- Partner with researchers to investigate and expand available evidence on effective strategies for improving access and quality of health care and human services for adolescents.



SECTION 2: DEFINING THE CALL TO ACTION

- Translate and apply existing research into evidence-based guidelines for health care and human service providers to use when serving adolescents.
- Participate in policy forums to share practical insights about the actual impact of inadequate data on the quality of care and the potential value of accurate tailored data.



Youth-serving professionals and organizations

To support, translate, and disseminate research, **youth-serving professionals and organizations** can:

- Partner with researchers to develop and evaluate innovative, evidence-based programs designed to impact health behaviors and outcomes that are top priority for the adolescents in the community.
- Make investments to expand existing private funding opportunities for researchers to address the needs of young people from historically underserved populations.
- Develop goals and measurable objectives to monitor and collect information on the implementation of policies and programs and provide tools for implementers to measure progress toward executing the stated goals and objectives.
- Share information about effective programs designed to impact health behaviors and outcomes that are the top priority for adolescents in the community.
- Support research that investigates how to create, support, and monitor digital safe spaces for adolescents.

Researchers

To support, translate, and disseminate research, **researchers** can:

- Leverage existing and create new innovative data collection tools and surveillance methods.
- Collect and disseminate data to demonstrate how social determinants impact health with a goal of influencing effective, data-driven programs and policy outcomes.
- Provide technical assistance and guidance to federal, state, tribal, local, and territorial agencies, community-based organizations, and schools, colleges, and universities on how to conduct Youth-led Participatory Action Research—a method of involving young people in directing research projects.
- Invite caring adults who support young people and adolescents from the community to present at conferences focused on research and clinical services for adolescents to promote information sharing and collaboration.
- Support translation of research from academic and scientific language into materials that young people, caring adults, and professionals can access and understand and engage young people in the translation process.
- Compile and publish a handbook to guide caring adults qualified to conduct research on terminology, best practices, and action steps related to conducting research on adolescent health and well-being.
- Involve young people and caring adults in the design, implementation, analysis, and dissemination of research projects focused on adolescent health and well-being.
- Research and analyze existing coordinated care and delivery models that have successfully reduced fragmentation and replicate the components of those models to improve care coordination.



SECTION 3: DEVELOPING THE CALL TO ACTION



The Office of Population Affairs (OPA), which includes the Office of Adolescent Health, serves as an advisor to the Secretary and the Assistant Secretary for Health on a wide range of adolescent health and well-being topics. Section 1708 of the Public Health Service Act (42 U.S.C. § 300u-7) authorizes the Office of Adolescent Health to develop a national call to action to improve adolescent health.

OPA undertook a deliberate, iterative process to provide the most important, timely, and impactful information on adolescent health. OPA performed a literature review, conducted a landscape scan of adolescent health and well-being programs and initiatives, and reviewed seminal reports, strategic plans, and articles on child and adolescent health and well-being. OPA also led a qualitative research study which delivered findings on the current state and future vision of adolescent health and well-being based on 18 interviews with experts and 16 focus groups with over 100 participants from nine categories of allies and partners, including multi-sectoral youth-serving professionals, academics, researchers, clinicians, parents/legal representatives/caregivers, and young people. Adolescents made up 24% of the study sample and co-created the research questions used in the study. OPA centered the voices of young people by involving them from the beginning of the research process and compensating them for their time.

At the Society of Adolescent Health and Medicine's (SAHM) 2023 Annual Meeting, OPA gathered more feedback from adolescent health professionals by holding a panel discussion and presenting an overview of the Call to Action, background, vision, key principles, and goals. OPA conducted a gallery walk where adolescent health professionals provided input on the components of the plan; this feedback was included in future iterations of the Call to Action.

OPA also hosted a series of meetings with public and private working partners as part of an iterative process to obtain feedback and refine the Call to Action. These five engagement sessions gathered 58 participants including young people (who participated in a Town Hall), state adolescent health coordinators and policy staff, academics/researchers/clinicians, and national youth-serving organizations with diverse perspectives on adolescent health and well-being. In this phase, OPA collaborated with and received feedback from other federal partners through the federal Interagency Working Group on Youth Programs and its subgroup, the Adolescent Health Action Team.

This Call to Action is the result of extensive collaboration and input from working allies and partners. To develop this plan, OPA worked closely with other federal partners from the Administration for Children and Families (ACF), the Assistant Secretary for Planning and Evaluation (ASPE), the CDC Division of Adolescent and School Health (DASH), the Centers for Medicare & Medicaid Services (CMS), the Health Resources and Services Administration (HRSA), the National Institutes of Health (NIH), the Office of the Assistant Secretary for Health (OASH), the Substance Abuse and Mental Health Services Administration (SAMHSA), and both HHS and non-HHS members of the federal Interagency Working Group on Youth Programs and its subgroup, the Adolescent Health Action Team. External partners included academics; clinicians; state policy staff; community-based, faith-based, and other youth-serving professionals; advocates; parents, legal representatives, and caregivers; and young people affiliated with the ASPE-funded Youth Engaged for Change editorial board and other adolescent-focused organizations across the U.S.

SECTION 4: ALIGNING THE CALL TO ACTION



Take Action for Adolescents is aligned with the HHS Strategic Plan FY 2022-2026 and Healthy People 2030 which sets national objectives to improve health and well-being over the next decade.

ALIGNMENT TO HHS STRATEGIC GOALS

It aligns with several HHS Strategic Goals, namely:

Strategic Goal 1

Protect and Strengthen Equitable Access to High Quality and Affordable Healthcare

Strategic Goal 2

Safeguard and Improve National and Global Health Conditions and Outcomes

Strategic Goal 3

Strengthen Social Well-being, Equity, and Economic Resilience

Strategic Goal 4

Restore Trust and Accelerate Advancements in Science and Research for All

ALIGNMENT WITH HEALTHY PEOPLE 2030

This Call to Action also aligns with the adolescent health and well-being objectives set forth in **Healthy People 2030**, an HHS effort that identifies public health priorities to help individuals, organizations, and communities across the U.S. improve health and well-being.⁸⁰

***Take Action for Adolescents* echoes many of the Leading Health Indicators in Healthy People 2030, including:**

- Social Determinants of Health and Health Equity
- Health Behaviors and Health Conditions
- High Priority Public Health Issues
- Evidence-Based Interventions and Strategies
- Settings and Systems

Like Healthy People 2030, this document provides information about federal resources and programs to inspire allies and partners when adapting it to their setting. Figure 2 provides an overview of the commonalities between the Healthy People 2030 goals and the goals found in this Call to Action.

SECTION 4: ALIGNING THE CALL TO ACTION

Figure 2: Alignment with Healthy People 2030



SECTION 5: RESOURCES

The *Take Action Toolkit* serves as a companion resource for use by allies and partners to support implementation of action steps in collaboration with others—including young people.



TAKE ACTION TOOLKIT

A GUIDE TO IMPLEMENTING TAKE ACTION FOR ADOLESCENTS –
A CALL TO ACTION FOR ADOLESCENT HEALTH AND WELL-BEING



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