



Summary of “TAG in Action” Session 2015 American Public Health Association (APHA) Annual Meeting November 2, 2015 – Chicago, IL

The U.S. Department of Health and Human Services Office of Adolescent Health (OAH), has launched Adolescent Health: Think, Act, Grow SM (TAG), a national call to action to promote adolescent health. During a session at the 2015 American Public Health Association (APHA) Annual Meeting in Chicago, OAH highlighted several examples of “TAG in Action” at the local and state levels.

The session opened with comments from Regina Davis Moss, Ph.D., MPH, who reiterated APHA’s commitment to supporting programs that best promote the healthy development of adolescents. Assistant Surgeon General, Rear Admiral Patrick O’Carroll, MD Acting Deputy Assistant Secretary for Health and Regional Health Administrator for HHS Region X spoke about the critical importance of supporting adolescents and finding opportunities to promote health during the second decade of life. After providing an update on TAG at the national level, OAH Director Evelyn Kappeler moderated a panel featuring the following speakers and programs:

- Audra Bishop, Youth and Young Adult Unit Supervisor and State Adolescent Health Coordinator, Colorado Department of Public Health and Environment – Colorado 9to25 and Nkem Nwankwo, Youth Advisor, Colorado Department of Public Health and Environment – Colorado 9to25
- Suzanne Elder, former Director, Partnerships to Improve Community Health, Cook County Department of Health (Illinois)
- Sue Catchings, Chief Executive Officer, Health Centers in Schools (East Baton Rouge, Louisiana)

All the speakers underscored that young people are public health’s greatest resource for promoting adolescent health – they know the issues best and have creative ideas to push the envelope for change.

Opening Remarks from Regional Health Administrator O’Carroll

With a lighthearted beginning, Dr. Patrick O’Carroll asked, “How many here have been adolescents?” Nearly every hand went up amid chuckles. The question and subsequent response highlighted the universality of adolescence. O’Carroll noted adolescence is no more challenging than any other life stage; however, it is still a period of tremendous growth and change.

“At age 10, children are leading the lives their parents have laid out in front of them,” he said, “But at age 20, this is no longer the case – they’re making lots of decisions and internalizing them for their own lives.”

O’Carroll compared and contrasted the progress made in promoting the healthy development of adolescents versus that of young children. The shifts in adolescence are of the same caliber as those experienced in early childhood, but adolescents receive considerably less support for their healthy development. In the last few years, investment in programs and policies supporting young children has increased, with policymakers, pediatricians, community service professionals, educators, and others presenting a unified message that early childhood is important. A similar movement has occurred for the elderly, for whom strides have been made in developing tailored and coordinated health care systems. In contrast, adolescents receive minimal support from health and other fields in navigating this important transition in their life.

Lest someone think that this lack of support is because adolescents are more difficult to work with, O’Carroll pointed out that many of the characteristics stereotypically assigned to adolescents (e.g. moodiness, self-centeredness) apply even more so to toddlers. He noted supporting adolescents in making healthy decisions is essential because the patterns of behavior and risk-taking adolescents establish now have significant implications for their future health and well-being.

Overall, Dr. O’Carroll argued that now is the time to rally around supporting a better adolescence for our nation’s young people. The infrastructure already exists to make changes– from the vast number of professionals working with youth, to parents, to the use of new media. He closed by noting, “TAG emphasizes the many players who can support adolescents.”

TAG Recap from OAH Director Kappeler

Before introducing the panelists, OAH Director Evelyn Kappeler provided background information on OAH and the development of TAG. Since it was established in 2010, in addition to its grant programs, OAH was tasked with developing a national plan for promoting the health of adolescents. OAH developed TAG in response to that mandate, gathering input from multiple stakeholders. The stakeholders’ input led to the development of [Five Essentials for Healthy Adolescents](#). Kappeler noted new TAG resources have been released, including the [TAG Playbook](#), the [TAG Toolkit](#), and a new [TAG section](#) on the OAH website. She also referenced the Youth Engagement Summit held for TAG, which inspired the current 2015 TAG in Action session at APHA. The Youth Engagement Summit not only highlighted how much youth wanted to be involved in advocating for their health, but how much their involvement enriches efforts to improve their health.

Presentation from Audra Bishop and Nkem Nwankwo

The first panelists, Audra Bishop and Nkem Nwankwo, represented [Colorado 9to25](#), a collective, action-oriented network of youth and adults funded by the Colorado Department of Health to promote positive outcomes for all youth in Colorado. Groups involved in Colorado 9to25 include the Colorado Office of Preparedness, Colorado Department of Education, Denver Health and Hospitals, the University of Colorado Denver Health Sciences Center, and the University of Denver. Youth and Young Adult Unit Supervisor and State Adolescent Health Coordinator Bishop said, “When the program started, we knew it would be good for the young people, but we didn’t realize how good it would be for our program.”

Bishop described how the network grew out of the question, “What does positive youth development look like, and what does it mean to us?” By asking and discussing these questions, they were able to better align policies for how adults and youth communicated and interacted with each other to maximize authentic youth engagement. This discussion process led to youth identifying the need for better youth systems building as a priority. Systems that had frequent interactions with youth, such as juvenile justice, education, and health, were not communicating and coordinating. The lack of coordination meant that youth were falling through the cracks and having poorer outcomes. In Colorado, youth pushed for a broader community approach. This led to the development of Colorado 9to25 and its five key goals aimed at helping youth reach their full potential.

Youth Advisor Nwankwo built on Bishop’s introduction and shared that Colorado 9to25 is an opportunity for youth and youth-serving systems. Similar to the TAG five essentials, Colorado 9to25 provides the space for youth and adults to talk about how best to ensure youth are safe, educated, connected, healthy, and contributing to the community so they can reach their full potential. As a youth advisor, Nwankwo works closely at facilitating this communication process. The principles of positive youth development are embedded in all of Colorado 9to25’s work, and it does not stop there. Nwankwo stressed that individuals must carry those principles back to their respective organizations.

Both Bishop and Nwankwo emphasized that a key lesson from the coalition is that for the process to be sustainable, stakeholders need to understand and buy into positive youth development principles and that action has to drive the stakeholders’ work. Currently, Colorado has called on the state government to create legislation for stronger youth systems and is seeking funds for regional hubs across Colorado.

Presentation from Suzanne Elder

At the time of the APHA conference, Suzanne Elder was working for the Cook County Department of Health and previously worked with the Chicago Department of Public Health. Her presentation focused on her work in Chicago and the development of [*Chicago’s Action Plan for Healthy Adolescents*](#).

Similar to TAG’s approach, the Chicago Department of Public Health convened a group of public health experts to establish a call to action for adolescent health. In addition to convening public health experts, they gathered a group of youth advisors to shape the discussions. Together, the group defined 40 measurable goals and strategies for accelerating and promoting the health of youth.

As she described the group’s achievements, Elder noted that people often think of true innovation as the intersection of three areas: business, people, and technology. However, as this group exemplified, a great deal of progress can be made at the intersections of even two of these areas. She also noted that deviance does not necessarily equate to a problem. In particular, Elder emphasized the ability of youth to exemplify positive deviance by finding the outlier situations that push the envelope toward scalable and sustainable solutions.

For Elder, finding outliers means looking at people and situations differently, something that youth are adept at doing. She said, “What works for adults may not work for teens and vice versa.” To illustrate her point, Elder provided several examples of information campaigns that youth helped develop. One campaign involved the slogan, “Chicago wears condoms,” which sought to foster safer sex practices

among young people to prevent teen pregnancies and STDs. Another campaign looked at how the conversation about teen pregnancy might be different if teen males were the ones who got pregnant instead of teen females. Both campaigns featured jarring graphics that caught the eyes of viewers. While adults had negative reactions to the campaigns, Elder said that the campaigns promoted considerable discussion among youth.

Presentation from Sue Catchings

The final panelist, Sue Catchings, is the Chief Executive Officer of Health Centers in Schools, which operates in Baton Rouge, Louisiana. In her tenure, she has supported the creation of school-based health centers, serving approximately 42,000 students on 97 campuses across East Baton Rouge. She began her remarks with a history of the school based health center system. In 1996, a national alliance was formed to promote school-based health centers (SBHCs). Louisiana formed its own alliance and was funded to set up a SBHC system. Their work spurred other communities to adopt SBHCs because these programs keep students healthy, which in turn helps them stay in school. Another support for SBHCs was the use of school nurses to have adequate staffing to guide the school in health planning and support.

One of the unique aspects of the Health Centers in School is its linkages to the hospital system and their ability to provide primary and specialty care for a multitude of students. To ensure that the right linkages are in place, Catchings said the staff in Louisiana SBHCs make it a point to communicate with students. In Baton Rouge, they gather 9th and 10th graders from every school to design the programs that will be implemented in the SBHCs. They host a student youth council where the youth provide input and design programs that are then carried out on campuses. For example, students identified the need to improve awareness of how to handle stress and to increase mental health services. In choosing to address mental health, these SBHCs are working toward the Healthy People 2020 priorities.

The student youth council also discussed how they could better communicate in diverse ways to diverse communities, allowing for better engagement. The SBHCs include teens in the hiring process, having them weigh in on the adult job candidates with whom they would be working. Like the speakers before her, Catchings emphasized the necessity of inclusive youth engagement that allows teens to speak for themselves. "It's not all about what [adults] want. Youth are the experts about what they need," Catchings said.

Question and Answer

After the presentations, audience members had the opportunity to ask questions.

To Elder: In your presentation, you shared that some young people had been involved in the legislative process and helped draft bills. How did that come about and how did you support them?

Response from Elder: This particular young person who took charge of drafting the legislation was a young adult. She had observed the changes in the Affordable Care Act and was noticing some effects on the community. She asked if she could make it her capstone project, and we said yes. When thinking

about youth, it is important not to forget young adults. This particular young adult was able to engage teens in the legislative process too.

To Catchings: How do youth and SBHCs work together to become advocates for youth issues?

Response from Catchings: First, we ensured that we really did have a diverse pool of participants in our youth council. We specified criteria to look for youth who were not always the traditional leaders, but rather may have been struggling and needed some opportunities. Once we had pulled together our youth council, we prepared them: taught them the skills they would need and showed them how government works. Another strategy was to use a fishbowl group. In a fishbowl, the inner circle leads the discussion while the outer circle listens. For us, we put youth in the middle and the adults on the outside. This means that the youth speak to the adults, but the adults cannot speak, they have to focus on listening without responding.

To Bishop and Nwankwo: How do you handle conflicting advice from youth? How do you encourage youth to talk to parents who may be upset by strategies being used to promote health?

Response from Bishop: With regard to conflict, we let adults know ahead of time that we work with a diverse panel of youth, which includes adolescents from all parts of the state (rural and urban) and all walks of life. We remind the adults that these diverse experiences will be reflected in the discussions. Additionally, it is important to create a relationship so youth come back, keep sharing their opinions and continue to shape messages to reach everyone. With regard to adults, we think that training is important, particularly in terms of helping them understand what positive youth development is and adolescent development in general.

Response from Nwankwo: It is also important to realize that just because you have conflicting input, that does not mean that the youth disagree completely. They may just be saying it differently or adding another layer to the discussion. With regard to parents, we teach youth to be their own advocates and to help explain their actions. What parents may not realize is that even though they may have faced similar issues as a teen in the past, the approach for dealing with those same issues may differ now because of the different contexts teens are living in.