What is a STATE ADOLESCENT HEALTH COORDINATOR?

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State Adolescent Health Resource Center
What is a State Adolescent Health Coordinator?

COORDINATOR...

someone who helps groups work together in an organized way to achieve something.

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What is a State Adolescent Health Coordinator?

The State Adolescent Health Coordinator position has been part of the Maternal and Child Public Health system formally since the mid-1980’s. It’s a position that is not well understood and often vaguely defined. Yet, most state and territorial public health departments have had an Adolescent Health Coordinator position over the last 20-30 years.

The following is an overview of the State Adolescent Health Coordinator (AHC) role and position within state and territorial health departments across the U.S. This information is drawn from surveys of State AHCs (2010 and 2012) and technical assistance and training provided to State MCH Programs and State AHCs by the State Adolescent Health Resource Center (University of MN) for over a decade,

**Percentage of Time Dedicated to Adolescent Health.**

The AHC position is typically a fulltime position. Yet, many AHCs have other job responsibilities besides adolescent health. In 2010:

- 35% addressed adolescent health fulltime (100% of their time)
- 70% addressed adolescent health at least ¾ time (75 – 100% of their time)
- 24% addressed adolescent health < 50% time (most often at 10-20% of their time)

The focus on adolescent health within the AHC position has remained fairly constant, despite funding challenges. For example, from 2009 to 2010, AHCs noted the following change in focus:

<table>
<thead>
<tr>
<th>Remained the same</th>
<th>Increased</th>
<th>Decreased</th>
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<tbody>
<tr>
<td>50% of AHCs</td>
<td>30% of AHCs</td>
<td>17% of AHCs</td>
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The other public issues and areas that AHCs address when not 100% focused on adolescent health include:

**Reproductive and Child Health**
- Perinatal Health
- FASD
- Breastfeeding
- Family Planning
- Reproductive Health
- Family Home Visiting
- Early Childhood
- Child Health

**Related Populations**
- Children with Special Health Needs
- Young Adults
- Women’s Health

**School Health**
- School Health
- Coordinated School Health
- School Nursing

**Health Care**
- Health Care
- Immunizations
- Genomics

**Other**
- Health Disparities (across the lifespan)
- Management
- Finances, Grant Management
- Title V MCH Block Grant
What is a State Adolescent Health Coordinator?

Adolescent Health Coordinator Responsibilities.

Adolescent Health Coordinators are responsible for a wide array of public health activities including:

- **Sharing adolescent health resources** with others across the state. 94%
- Acting as a **focal point for adolescent health** within the agency. 94%
- Providing **adolescent health expertise** to other programs/initiatives that address issues that affect adolescents (e.g., school health, health care access). 92%
- **Managing programs** that address adolescent health issues. 89%
- Providing **technical assistance** to those who address youth health. 89%
- **Coordinating adolescent health activities** within the organization/agency. 83%
- Participating or leading efforts to strengthen adolescent health data. 83%
- Coordinating or participating in adolescent-focused **strategic planning and implementation**. 83%
- **Leading and managing** adolescent health **partnerships**. 81%
- Managing adolescent-health focused **grants and/or contracts**. 78%
- Building capacity of collaborative groups to work effectively on adolescent health issues. 72%
- Contributing and providing leadership to adolescent health **policy development**. 69%
- Conducting the **assessment and prioritization** of adolescent health issues. 58%
- Providing **training** to those who address youth health in the state. 58%
- **Managing** adolescent-focused **staff**. 44%
- **Evaluating** adolescent health programs. 39%
- **Other** - Leading a youth advisory group; Writing grants for adolescent health; Researching adolescent health issues; Building communication and collaboration across the state to improve efficiency and effectiveness. 11%
What is a State Adolescent Health Coordinator?

Adolescent Health Coordinator Role.

Given the wide array of job responsibilities, many Adolescent Health Coordinators have broad and often ill-defined roles. These roles typically fall into one of three types of positions:

1. **AHCs focused broadly on adolescent health.** They bring an adolescent focus to broader public health initiatives (e.g. chronic disease), address systems issues (e.g. technical assistance, training, needs assessments, strategic planning, building a positive youth development focus, collaboration).

2. **AHCs focused on specific adolescent health issues.** They manage adolescent programs at the local and regional level; teen pregnancy/sexual health is most frequent issue addressed. They manage grants, provide technical assistance and training, evaluate programs.

3. **AHCs with limited focus on adolescent health.** They act more as a focal point for youth issues within their agency. They often manage many other public health issues (e.g. perinatal health, family planning, child health) with adolescent health as an add-on issue or population.

Of course, there are always a few AHCs whose positions is a blend of the above - typically a position that addresses and manages a specific adolescent health program – teen pregnancy, for example – in addition to addressing adolescent health systems issues. The following is an overview of these AHC roles and positions:

**Broad-Focused Adolescent Health Coordinators**

1. Little definition to the AHC job (able to do almost anything).
2. Addresses health issues through partnerships with other people and programs within and outside of the state health agency. Is not responsible for managing a specific health issue.
3. Brings adolescent health expertise to many other people’s programs.
4. Addresses “systematic” issues that affect adolescent health (e.g. data, strategic planning, coordination of partnerships).
5. Often has little organizational power to coordinate; therefore, “coordinates” through connections and relationships with others.

**Typical Responsibilities:**

*Shares Expertise on Adolescent Health*

- Provides adolescent health expertise to programs and initiatives that address adolescents as one population among many.
- Coordinates Adolescent-Focused Resources
- Provides a coordinating presence within an organization that helps “weave together” or link adolescent health efforts.
What is a State Adolescent Health Coordinator?

Mobilizes and Leads Adolescent-Focused Partnerships
- Leads and manages partnerships with focused on adolescent health.
- Builds capacity of collaborative groups to work effectively on adolescent health issues.

Ensures Strategic Approach to Adolescent Health
- Conducts the assessment and prioritization of adolescent health issues.
- Coordinates or participates in strategic planning and implementation efforts focused on adolescents.
- Participates or leads efforts designed to strengthen adolescent health data.

Ensures Commitment to Adolescent Health
- Educates and “advocates” for adolescents and adolescent health (within the organization, outside of the organization) in order to strengthen commitment to youth issues.
- Acts as a focal point for adolescent health within the agency.
- Contributes and provides leadership to adolescent health policy development.
- Promotes a holistic approach to adolescent health.

Builds Knowledge and Expertise of Others to Address Adolescent Health
- Provides technical assistance and training to those who address youth health issues.
- Gathers information about adolescent health resources and distributes to others who address youth issues through newsletters, websites, etc.
- Facilitates the exchange the knowledge of adolescent health across the state.

Manages Adolescent-Focused Program(s)
- May manage Child and Adolescent Health sections/units (includes management of staff and budgets across the spectrum).

Issue-Focused Adolescent Health Coordinators
1. Manages programs that address specific adolescent health issues (e.g. teen pregnancy, abstinence, suicide).
2. Manages grants and grantees (programs funded through these grants).
3. Provides training and technical assistance to grantees.
4. May address broader adolescent health issues outside of their program in limited ways, especially if these issues are related to their adolescent health program.

Typical Responsibilities:
- Manages Adolescent-Focused Program(s)
  - Coordinates and/or manages programs that address adolescent health issues.
  - Manages adolescent health-focused grants, contracts.
  - May manage staff that run adolescent-health programs within the agency.
  - Provides technical assistance and training to funded grantees and programs.
  - Evaluates and provides quality improvement support to grantees and funded programs.

Shares Expertise on Adolescent Health
- Provides adolescent health expertise to programs and initiatives that address adolescents as one population among many on a limited basis.
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Ensures Strategic Approach to Adolescent Health
- Coordinates or participates in strategic planning and implementation efforts focused on the specific health issue(s) for which they are responsible.
- May participate in broader MCH needs assessments as an adolescent health expert.

Ensures Commitment to Adolescent Health
- Acts as a focal point for adolescent health within the agency.
- Contributes and provides leadership to adolescent health policy development for the health issue(s) for which they are responsible.
- Educates and “advocates” for adolescents and adolescent health (within the organization, outside of the organization), often with a focus on their specific health issue.
- Promotes a holistic approach to adolescent health.

Builds Knowledge and Expertise of Others to Address Adolescent Health
- May participate in providing adolescent health trainings outside of their programmatic health issue (often times in collaboration with others).

Limited Focus Adolescent Health Coordinators
1. Addresses and manages MCH programs that may include adolescents as a population or are somewhat related to adolescent health (e.g. child health, school health, newborn screening, family planning, mental health).
2. Limited time to focus on adolescent health specifically.
3. Typically seen as the adolescent health focal point or “go to person” within the organization.

Typical AHC Roles:

Manages Adolescent-Focused Program(s)
- Coordinates and/or manages programs that may include adolescent health issues.
- Manages grants, contracts that may touch on adolescent health issues.
- Provides technical assistance and training to programs funded to address health issues that broadly include adolescents as a population.

Shares Expertise on Adolescent Health
- Provides adolescent health expertise to programs and initiatives that address adolescents on a limited basis.

Mobilizes and Leads Adolescent-Focused Partnerships
- Leads and manages partnerships on health issues that may include adolescents as a population.

Ensures Strategic Approach to Adolescent Health
- Conducts or participates in assessments and strategic planning efforts that may include adolescents as a population.
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Ensures Commitment to Adolescent Health
- Educates and “advocates” for adolescents and adolescent health (within the organization, outside of the organization) in order to strengthen commitment to youth issues.
- Acts as a focal point for adolescent health within the agency.
- Contributes and provides leadership to policy development that touches on adolescents as a population.

Builds Knowledge and Expertise of Others to Address Adolescent Health
- Provides technical assistance and training to those who address health issues that may include adolescents as a population.

Adolescent Health Issues Addressed by Adolescent Health Coordinators.
AHCs work on a wide array of adolescent health issues, including:

- Youth development 64%
- General adolescent health 52%
- Personal Responsibility Education Program (PREP) 57%
- Comprehensive sexuality education 50%
- School health (including Coordinated School Health) 40%
- Adolescent health systems building 38%
- Reducing health disparities 36%
- Abstinence-only education 31%
- Violence prevention 31%
- School-based health centers 29%
- Mental health 29%
- Addressing and implementing Healthy People 2020 objectives 29%
- STDs/STIs/HIV/AIDS 26%
- Overweight/obesity prevention 26%
- Suicide prevention 24%
- Nutrition 21%
- Physical activity 21%
- Substance use/abuse 19%
- Injury prevention 19%
- Family planning 17%
- Health care 17%
- Tobacco 14%
- Chronic disease 12%
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Partnerships.
In addition, AHCs work with a wide array of people and organizations. While the list of partners is long, there are a few interesting highlights in these partnerships.

25% **work directly with youth**, including:
- Managing youth advisory committees/boards/councils.
- Staffing and facilitating a Governor’s Statewide Youth Council.
- Participating on other organization’s youth advisory committees/boards/councils.
- Working with youth on Youth Action Research projects.
- Managing teen focus groups.
- Coordinating or working with youth leadership programs.
- Partnering with youth for trainings.

53% **work directly with schools**, including:
- Collaborating with state Education Departments.
- Collaborating with local school districts and schools.
- Training.
- Funding for adolescent health programs in schools.
- Data support.
- Supporting and oversight of school-based clinic programs.

81% **work directly with local public health**, including:
- Funding for adolescent-focused programs and efforts.
- Training.
- Technical assistance, consultation and resource sharing.
- Supporting Adolescent Health Coordinators housed in local public health agencies.
- Data support.
- Needs assessment support.
- Partnering and collaboration on youth health issues.

74% **work directly with communities**, including:
- Trainings.
- Technical assistance and linking to resources.
- Building capacity for a Positive Youth Development approach to youth issues.
- Partnerships and collaboration on youth health issues.
- Health education outreach through communities and clinics.
- Managing youth health programs (funding and overseeing community-based programs).
- Creating and disseminating resources for local communities (e.g. toolkits).
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Location of Adolescent Health Coordinator Within State Agency.
In 2012, most AHCs (92%) were located within the Maternal and Child Health and/or Family Health unit or division of their state health, public health, or human service agency. Those located outside of MCH/FH areas were in units such as: Women’s Health Division, Office of Minority Health, Community/Environmental Health Sections.

Funding for Adolescent Health Coordinator Position.
Historically, Adolescent Health Coordinator positions were funded almost exclusively through federal Title V/ Maternal and Child Health Block Grant. As the AHC position has evolved over time, some positions have moved to other units within their public health agency (often due to re-organization of the agency or unit or funding sources) and resulted in additional funding sources. In addition, the stabilization of the Title V MCH Block Grant funding has caused many states to find other sources of funds for AHC positions. In 2010, AHCs positions were funded by:

- Title V MCH Block grant only 52%
- Title V MCH Block grant + other source* 18%
- State funds only 15%
- State funds + other source (not Title V)* 15%

* other sources include Coordinated School Health, Medicaid, TANF, Title X Family Planning, Marriage License fees.