



State Adolescent Health Coordinator SURVEY

April 2012

State Adolescent Health Coordinators (SAHCs) provide leadership within state public health agencies to improve adolescent health, safety, and well-being, while also offering information and consultation to other organizations and agencies regarding comprehensive adolescent health. The first SAHCs emerged in state public health agencies in the late 1970's and early 1980's. These positions evolved initially, and are still funded today primarily by federal Title V/ Maternal and Child Health Block Grant funds, a state block-grant program administered the Health Resources and Services Administration's Maternal and Child Health Bureau (HRSA/MCHB). However in the last decade, these positions have evolved with support from multiple state and federal funding sources.

NNSAHC is a national volunteer led network that unites SAHCs responsible for coordinating an adolescent health program/policy direction. The SAHC position and role varies greatly by state in their responsibilities and areas of focus, but all NNSAHC members are committed to the health and wellness of adolescents. SAHC assessments were conducted first in 1996, with follow-up assessments in 1999, 2001, 2005/2006, and 2010 as a tool to describe the variety of adolescent health efforts in states under the leadership of SAHCs and to identify their emerging needs for technical assistance and training. Historically, NNSAHC conducts these surveys with assistance from key national partners including the Association of Maternal and Child Health Programs (AMCHP), the National Adolescent Health Information and Innovation Center (NAHIIC) at the University of California, San Francisco, and the State Adolescent Health Resource Center (SAHRC) at the University of Minnesota.

This current assessment continues that tradition to assess the key focus areas under the leadership of SAHCs. The 2012 assessment was administered in February 2012 via an online SurveyMonkey tool, and made available to 58 states and territories with an identified SAHC or adolescent health contact (in absence of or vacancy in the SAHC position).¹ Forty states and one territory responded to the 2012 assessment.

This summary provides primarily a snapshot 2012 assessment responses, although where possible, 2012 survey data is included where appropriate to provide a broader multi-year snapshot of funding sources and locations of AHC positions, as well as SAHC experience, skills and focus areas.

A few highlights about the work of the SAHCs in 2012:

- More than half of SAHCs have worked in adolescent health (54%) and public health (66%) for more than a decade; about 20% have worked in the field of adolescent health and public health for more than 20 years.
- The majority of SAHCs have graduate level degrees. The most common are: clinical (both MD and RN), public health, and administrative specialties.
- Most SAHCs take a broad approach to their adolescent health work, reporting their main focus as: youth development (64.3%), general adolescent health (52.4%) and adolescent health systems building (38.1%).
- More than a third of SAHCs engage youth in their work in some way.

¹ Administered with assistance from SAHRC, with support from the Health Resources and Services Administration, Maternal and Child Health Bureau, Office of Adolescent Health.

State Adolescent Health Coordinator 2012 SURVEY

Section 1: SAHC Positions & Tenure

Location Within State Agency

In 2012, most (92%) SAHCs are physically 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 not located within the Maternal and Child Health and/or Family Health unit or division report being located in units such as: their state Office of Minority Health, their women's health division, or their community/environmental health sections.

Funding for SAHC Positions

Historically, SAHC positions evolved out of federal Title V/ Maternal and Child Health Block Grant funds to states. As the SAHC position has evolved in states and territories, 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 many positions are now funded with Title V/MCH Blockgrant funds and some other source. In a few cases, SAHC positions are funded by a source other than Title V/MCH Blockgrant funds.

Reported Funding for SAHC Positions	As of August 2010 ¹
	% of respondents
Title V Blockgrant only	51%
Title V and some other source	17%
State Funds Only	14%
State Funds and some other source (other than Title V)	14%
Other sources reported:	
Medicaid	8%
Coordinated School Health Funds	5%
Marriage License Fees	2%
TANF	2%
Title X Family Planning	2%

SAHC Tenure

2012 respondents bring extensive experience and tenure to their SAHC role. While most respondents (84%) have been in their current position for less than 10 years:

- More than half have worked in adolescent health (54%) and public health (66%) for more than a decade;
- About 20% have worked in the field of adolescent health and public health for more than 20 years.

2012 Respondents – Reported Tenure			
Years	In current Position ¹	In Adolescent Health	In Public Health
< 1 yr	4		1
1-2 yrs	7	5	3
3-5 yrs	9	4	5
6-9 yrs	13	9	5
10-14 yrs	6	10	8
15-19 yrs	1	5	11
20-25 yrs		6	4
26-35 yrs		2	5

Degrees and Certifications

The majority of SAHCs have graduate level degrees. The most common are: clinical (both MD and RN), public health, and administrative specialties. SAHCs also bring a wide range of other expertise to their roles. See attached profile of SAHC focus areas and topic/skill expertise for state specific focus and specialties.

SAHC Backgrounds (as of 4/2/12) ¹		
Discipline	% of SAHCs	Including
Nursing	36%	RNs, BSNs and various other nursing degrees
Administration	18%	Health, public, non-profit and business administration
Public Health	16%	MPH, MSPH
Social Work	16%	MSSW, MSW, LCSW-BACS, LMSW
Medical	9%	MD, DO
Education	14%	Preschool, K-12, Secondary, Montessori, Educational Leadership, Health Education
Other Specialties		Biology Chemistry Child Development Communications Dance Family Relations International Health Linguistics Nutrition Organizational Development Psychology Therapeutic Recreation

State Adolescent Health Coordinator 2012 SURVEY
Section 2: SAHC Focus Areas Summary

Focus for Current SAHC Adolescent Health Work

While most SAHCs report taking a broad approach to their adolescent health work, many are responsible for a wide range of adolescent health programs and service areas.

Focus of current adolescent health work reported by 2012 Assessment Respondents	Response Percent	Response Count
Broad Adolescent Health Focus		
Youth development	64.3%	27
General adolescent health	52.4%	22
Adolescent Health Systems Building	38.1%	16
Engage youth in current work in some way	31.0%	13
Adolescent Health Issue / Service Areas		
Personal Responsibility Education Program (PREP)	57.1%	24
Comprehensive sexuality education	50.0%	21
School health (including coordinated school health)	40.5%	17
Reducing health disparities	35.7%	15
Abstinence-only education	31.0%	13
Violence prevention	31.0%	13
School-based health centers	28.6%	12
Mental health	28.6%	12
Addressing/implementing Healthy People 2020 objectives	28.6%	12
STDs/HIV/AIDS	26.2%	11
Overweight/obesity prevention	26.2%	11
Suicide prevention	23.8%	10
Nutrition	21.4%	9
Physical activity	21.4%	9
Substance use/abuse	19.0%	8
Injury prevention	19.0%	8
Family planning	16.7%	7
Health care	16.7%	7
Chronic disease	11.9%	5
Immunizations	11.9%	5
Tobacco	14.3%	6
Conditions with disabilities	7.1%	3

State Adolescent Health Coordinator 2012 SURVEY

Section 3: SAHC Focus Areas & Topic/Skill Expertise

SAHC Current Adolescent Health Focus Areas, April 2012

	Addressing HP2020 Objs	Adolescent Health Systems Bldg	Youth Engagement	General adolescent health	School health	Youth development	Reducing health disparities	Chronic disease	Conditions with disabilities	Injury prevention	Violence prevention	Suicide prevention	Mental health	Substance use/abuse	Tobacco	PREP program	Abstinence-only education comprehensive sexuality education	Family planning	STDs/HIV/AIDS	Overweight/obesity prevention	Nutrition	Physical activity	Health care	School-based health centers	Immunizations	Other Focus Areas Primary Skill Expertise* Primary Topic Expertise* (*in addition to corresponding highlighted areas left)
Kansas	•	•			•	•					•	•					•								Teen Pregnancy, adolescent development, grant writing, SMART objectives.	
Kentucky	•				•	•										•	•								Strategic Planning Data and surveillance. Teen Pregnancy, Adolescent Development, Teen Pregnancy and Parenting	
Louisiana																										
Maine				•	•										•									•	Interdisciplinary teams, quality improvement, collaboration, program implementation. Teen pregnancy/prevention, adolescent development, sexuality education, social determinants of health, reproductive health	
Maryland			•	•		•	•										•		•						Training & Education. Adolescent Development, Teen Pregnancy Prevention	
Massachusetts			•			•										•	•								Strategic planning, program development, community engagement. Teen pregnancy prevention, pregnant and parenting teens, adolescent development, youth leadership/empowerment, adolescent sexual health education	
Michigan				•	•								•			•	•	•					•	•	Coordinated School Health. Content expertise, facilitation, grant writing, program development and monitoring, budget oversight. Teen pregnancy prevention, adolescent growth and development, health education.	
Minnesota	•			•		•	•						•												Teen pregnancy/ sexuality, crisis intervention	
Mississippi	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•		•	•	•	•	•	•	•	•	Advocacy. Coalition Building, Advocacy Planning, Social Marketing. Transitioning Youth into Adulthood	
Missouri		•		•	•	•										•			•						Program planning, coordination, management, evaluation; system capacity building; collaboration with partners/advisory committees. Preconception health, wellness for adolescents), life course	
Montana																										
Nebraska		•		•		•						•				•	•								Strategic planning. Teen pregnancy, life course health	
Nevada		•		•		•	•									•	•		•						Adolescent educator, Epidemiology, Strategic Planning	

State Adolescent Health Coordinator 2012 SURVEY

Section 3: SAHC Focus Areas & Topic/Skill Expertise

SAHC Current Adolescent Health Focus Areas, April 2012

	Addressing HP2020 Obj's	Adolescent Health Systems Bldg	Youth Engagement	General adolescent health	School health	Youth development	Reducing health disparities	Chronic disease	Conditions with disabilities	Injury prevention	Violence prevention	Suicide prevention	Mental health	Substance use/abuse	Tobacco	PREP program	Abstinence-only education comprehensive sexuality education	Family planning	STDs/HIV/AIDS	Overweight/obesity prevention	Nutrition	Physical activity	Health care	School-based health centers	Immunizations	Other Focus Areas Primary Skill Expertise* Primary Topic Expertise* (* in addition to corresponding highlighted areas left)
New Hampshire																										
New Jersey		•	•		•											•	•	•								Collaboration & partnerships; developing skills in systems building in the upcoming year
New Mexico		•	•	•	•	•																				Promote meaningful youth engagement via peer to peer or youth-adult partnership via trainings and providing technical assistance. Positive Youth Development as it relates to adolescent health risk and resiliency factors, Public Health Approach using the socio-ecological model.
New York				•		•										•	•	•								Data analysis, program and policy development
North Carolina																										
North Dakota					•										•						•	•				School nursing
Ohio	•	•		•	•		•	•		•	•		•	•						•	•	•		•		Strategic Planning
Oklahoma	•	•			•	•				•	•	•	•	•	•	•	•	•	•	•	•	•		•		Data Analysis, Classroom Education. Teen Pregnancy Prevention, Underage Drinking Prevention
Oregon	•	•	•	•	•	•						•	•			•	•			•	•	•	•	•		Policy, data and evaluation, systems development and planning. School-Based Health Centers, Youth Sexual Health, Adolescent Health Care Policy
Pennsylvania	•					•							•	•		•	•	•	•							Teen Pregnancy
Puerto Rico																										
Rhode Island						•										•										Access to Care. Strategic planning, data analysis, research, policy development. Teen pregnancy prevention, access to care, coordinated school health.
South Carolina			•							•	•			•		•										SC State Alliance for Sexual Health co-chair. Teen pregnancy.
South Dakota										•		•					•						•			Coordinated School Health Services specific to SD Health KiCC program

