ADVANCING URBAN ADOLESCENT HEALTH

A National Landscape Analysis of Adolescent Health Initiatives Implemented by Large Metropolitan Health Departments Across the United States

Bisola Ojikutu MD, MPH, FIDSA
Commissioner Of Public Health, City Of Boston
Executive Director, Boston Public Health Commission

BOSTON PUBLIC HEALTH COMMISSION

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SUGGESTED CITATION

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EXECUTIVE SUMMARY

The Boston Public Health Commission conducted a national landscape analysis of adolescent health initiatives from December 1st, 2024 to May 30th, 2025.

Our goal was to understand how large local health departments (LLHDs) conceptualize, resource, prioritize, plan, implement and evaluate public health initiatives to promote adolescent health. The Boston Public Health Commission undertook this project to inform and improve their adolescent health efforts as well as to provide meaningful information to other large city and county health departments.

Our methods included internet research, contact outreach, and key staff interviews with 35 Big City Health Coalition members from December 2024-May 2025. A structured interview guide was used to interview at least 1 person in each of the 30 cities and counties who agreed to an interview. Four cities opted out of an interview due to a lack of adolescent health programming and one responded in writing. Ultimately, 49 interviews were conducted with 74 staff representing 30 Big City Health Coalition members.

We learned that LLHDs across the country take different approaches to the mission of improving adolescent health. Almost all health departments directly provide clinical, educational, and health promotion services, and/or fund other organizations to provide those services. Many health departments convene stakeholders, advocate for health policy, provide technical assistance, and inform overall adolescent health strategy for their regions. While budgets and staffing varied across health departments, most maximized their impact by tailoring their initiatives and priorities to the needs of their communities.

Our key findings were:

- Health departments utilize a variety of funding, staffing, and organizational structures to advance adolescent health, however almost all provide direct clinical and/or health promotion services to adolescents.
- Some LLHDs also serve as capacity builders, technical experts, and lead health strategists. These roles are particularly unique and impactful. Providing public health expertise to stakeholders can strengthen work across sectors and improve programmatic and health outcomes.
- Many LLHDs actively seek and incorporate the input of adolescents into their programming either formally or informally. When incorporated intentionally, youth voice increases the impact of adolescent health interventions. Some LLHDs also engage youth voice to support public health activism and to advocate for public health policies.
- Many LLHDs engage in unique and innovative partnerships with both local and international stakeholders to increase their impact. LLHDs that did so find that these unique partnerships, funding mechanisms, and ways of thinking opened possibilities to positively impact youth.
- LLHDs are eager for theoretical frameworks, strategic plans, and communities of practice to strengthen their work.

BACKGROUND

This project sought to summarize trends, identify best practices, and illuminate innovative ideas related to adolescent health initiatives led by large metropolitan health departments across the country. The core purpose of the project was to have these trends, best practices, and innovative ideas inform strategic planning efforts at the Boston Public Health Commission. A secondary purpose was to share back the results of this analysis with other city and county health departments to disseminate learning and improve the collective impact of adolescent health programs nationally.

Learning Strategy

This landscape analysis included cities and counties who are members of the Big Cities Health Coalition, a consortium of leaders of the nation's largest metropolitan health departments.[1] We conducted internet research on all 35 members' adolescent health initiatives, conducted key contact research and outreach, and interviewed relevant staff]from December 2024-May 2025. At least one adolescent health related staff member in 30 cities agreed to participate in an interview. A standardized, structured interview guide was used in all interviews. We asked questions that would help us understand how respondents conceptualized adolescent health, the activities they undertook to improve adolescent health, opportunities and challenges they face, and how they staff, fund, and evaluate that work (see Appendix I for interview guide). We conducted a total of 49 interviews that included 74 adolescent health related staff. Of the five cities that did not participate in interviews, four opted out due to a lack of adolescent health programming in their city and one chose to respond in writing. See Table I for a summary of participating and non-participating cities.

Contextual Factors that Influenced This Project

A factor that may have impacted our findings were federal budget and grant funding priorities. During the period from December 2024 through May 2025 while these interviews were conducted, the public health funding and political context changed rapidly. Many cities and counties rely on federal funding for their programming and respondents indicated that the new administrative climate would likely bring drastic changes to their work. Throughout the interview process and since then, as we have looked to confirm the accuracy of our statements and summaries, some individuals we interviewed roles and programs and initiatives that we describe in this report have been eliminated. We acknowledge the context of sharing this report in a time of deep uncertainty and instability for government public health initiatives, including those led by LLHDs.

[1] To save on space and improve ease of reading, from this point on all Big Cities Health Coalition members will be referred to as 'cities'. We acknowledge that 12 out of the 30 interviewed members are county health departments and that Washington, DC is a city/district that sometimes operates as a state as well.

Table 1. Big City Health Coalition Member Participation in Adolescent Health Landscape Analysis			
Cities interviewed	Counties interviewed	Declined interview due to lack of adolescent health work	Responded in writing
Austin, TX Baltimore, MD Boston, MA Chicago, IL Cleveland, OH Columbus, OH Denver, CO Detroit, MI El Paso, TX Houston, TX Long Beach, CA Nashville, TN New York, NY Philadelphia, PA San Antonio, TX San Francisco, CA Washington, DC	Mecklenburg County (Charlotte, NC) Marion County (Indianapolis, IN) Southern Nevada Health District (Las Vegas, NV) Los Angeles County (Los Angeles, CA) Shelby County (Memphis, TN) Alameda County (Oakland and Berkeley, CA) Maricopa County (Phoenix, AZ) Multnomah County (Portland, OR) San Diego County (San Diego, CA) Santa Clara County (San José, CA) Seattle-King County (Seattle, WA) Pima County (Tucson, AZ)	Milwaukee, WI Kansas City, KS Louisville, KY Dallas, TX	Oklahoma City, OK

FINDINGS: The Context and Organization of Adolescent Health Initiatives in Large Local Health Departments

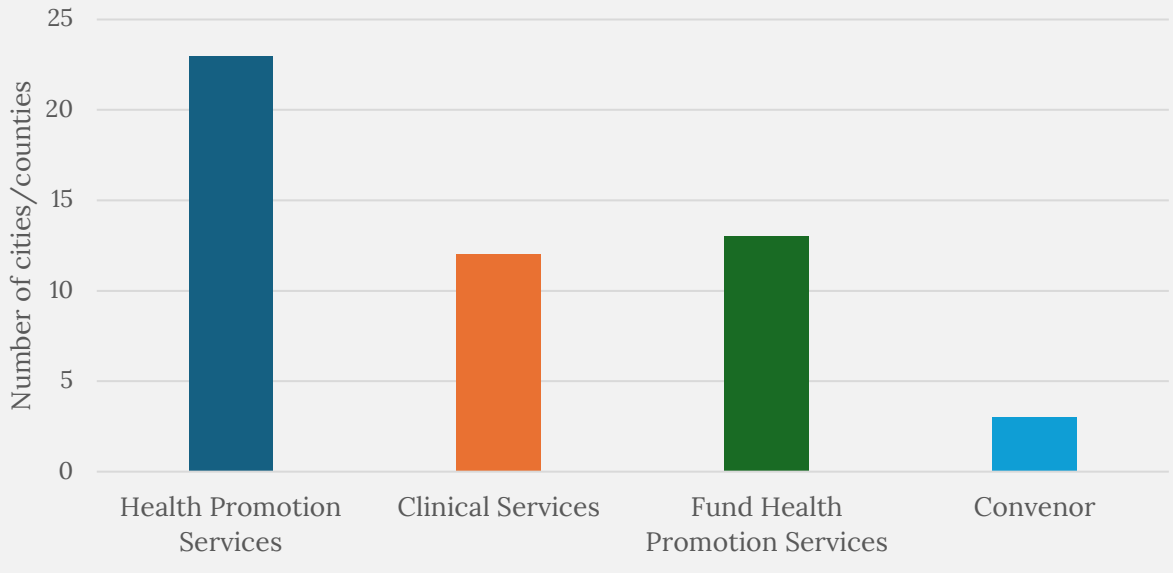
Self-Defined Roles of City Health Departments

97%

of city and county public health entities surveyed provide direct health promotion services, clinical services, or both.

Almost all (97%) of city health departments interviewed provide direct clinical, educational, and/or health promotion services. For those departments, providing direct health promotion programs (23 departments) and or clinical services (12 departments) is their primary role. Other primary roles for city health departments include funding other partners (e.g., community-based organizations) to directly provide health promotion services (13 departments) or serving as a convenor to bring together organizations and people around common goals. Many cities who play a funder role shared the importance of funding organizations deeply embedded in specific geographic, cultural, or ethnic communities and highlighted that sometimes non-city entities could advocate for their work and funding in ways that that public sector employees could not. Other cities interviewed described their core roles as serving as technical assistants or experts in their fields, strategy leads for adolescent health work in their city, policy advocates, and "gap fillers" (i.e., the entity poised to provide services that other sectors do not). See Chart 1 to see the frequency of primary roles summarized. Please note that some cities had multiple (two to three) primary roles.

Chart 1. Primary Roles Played by Public Health Departments



PERSPECTIVES FROM THE FIELD

The Roles of Local Health Departments

- *Inspired by a book called "Playing to Win" one public health leader has adopted the philosophy that the city health department should only embark on things they can do best: "**If you're going to do something, be #1."** (Cleveland)*
- *Another public health leader felt the role of the health department was to help coordinate adolescent health efforts. "**We see ourselves as a convener. We're not trying to do it all; we're trying to bring it all together."** (Minneapolis)*
- *Funding community-based organizations to implement adolescent health initiatives was also seen as a key role of many local health departments. Multiple leaders shared that **funding adults and youth embedded in community and not affiliated with the health department allowed their interventions to be more effective**. They also found that these organizations and individuals could also advocate for adolescent health issues in ways that city employees could not. (Multiple respondents)*

Table 2. Examples of Roles Played by City Health Departments from Interviews

Role	Example(s) from Participating City
Health Promotion Services	Condom distribution (many); health education programming (many)
Clinical Services	Consolidated and coordinated adolescent healthcare (Indianapolis); comprehensive health care through school based health centers and other school-based venues (many)
Convenor	Bring organizations and leaders together to strategize and take action on specific topics or initiatives related to adolescent health e.g., sexual health, mental health, youth strategic plan work (Minneapolis, Baltimore)
Technical Assistance	Tobacco focused public health experts serve as technical assistants/content experts/consultants to the public school district to ensure policies, education, and clinical guidance on tobacco are up-to-date and evidence informed. (New York City)
Chief Health Strategist	Lead strategic thinking and action in the city related to adolescent health (Oakland)
Policy Advocate	Support policy efforts to ban flavored tobacco products in their city (Colombus) or run a youth group whose focus is policy advocacy (Portland)
Gap Filler	Provide necessary services that no one in the community provides (Cleveland)

Organizational Structure & Staffing

Adolescent health work is organized in a variety of ways across local health departments. Two cities consolidated all adolescent health efforts into one division or center (Washington, DC and Nashville) while most cities have adolescent health split across at least two divisions (e.g., youth development and youth sexual health work might be housed together but youth tobacco prevention work is in another department or division). Some cities/counties noted that fragmentation and silos in their adolescent health work caused by structural and funding considerations make coordination and strategic work difficult. While many leaders noted programmatic silos as a barrier to doing their best adolescent health work, one interviewee in Las Vegas thought silos should exist within adolescent health because of how differently adolescent health workers should respond to certain public health challenges based on youth sub-cultures. In his words, "Kids who vape may not be the same kids who don't use condoms."

Some more unique structures of note include two counties (Alameda County (Oakland area), Los Angeles) who have a division within the public health department that is specifically focused on health and schools and one city (New York City) that has a school health division that is co-housed in the public health department and school district. Staff said that while this arrangement can sometimes be challenging, it also provides flexibility as well.

The size of staff dedicated to adolescent health varies widely across city health departments. This ranged from "zero FTE specifically focused on adolescent health" (San Francisco, Charlotte, Long Beach) to "everyone does adolescent health work" (Oklahoma City, Tucson). The mean number of adolescent health staff reported by interviewees was 17 employees and the median was 10 employees, within a range of 0-82 (summarized in Table III.) The data regarding staff dedicated to adolescent health should be understood within the context that interviewees answered the question very differently and that structural factors greatly affected the responses (e.g., if school-based health center clinicians or school nurses were included in the number). Many stakeholders interviewed weren't sure how to calculate this number because of how spread out their adolescent health work is across divisions.

Table 3. Number of Full Time Equivalent Staff (FTEs) Dedicated to Adolescent Health Work in City Health Departments

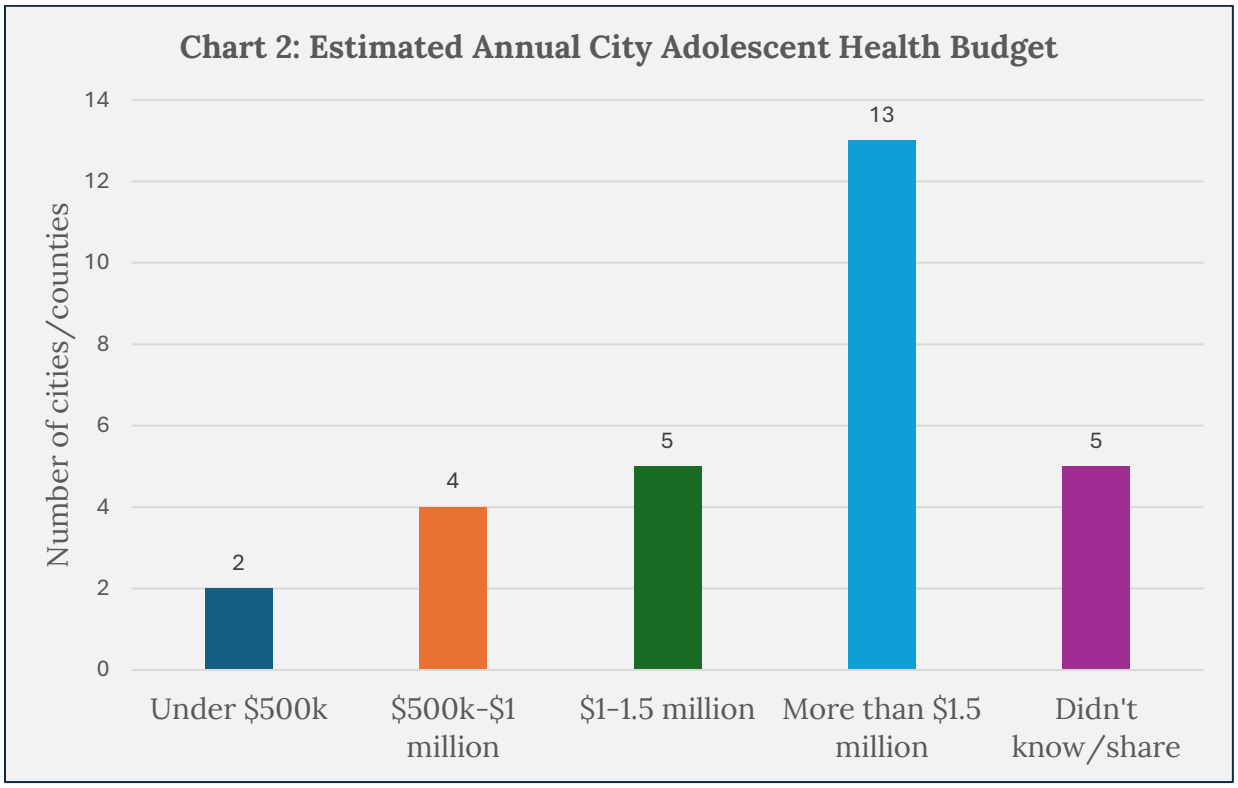
	Range	Mean	Median
Full Time Equivalent Staff	0 to 82	17	10

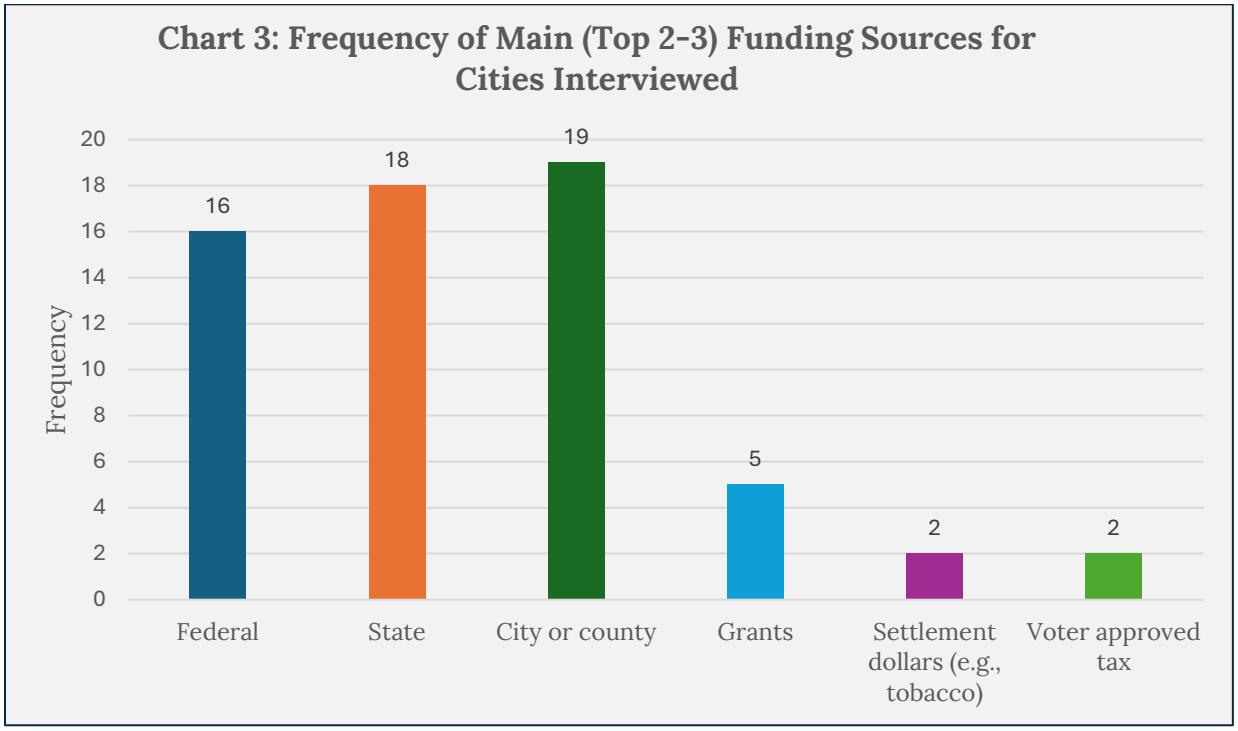
Budgets & Funding

Almost half (13) of the 30 cities interviewed had budgets for adolescent health of over $1.5 million. Eleven cities had smaller budgets focused on adolescent health and five cities did not share an adolescent health budget (see Chart 2). Many of those who did not share said they did not know how to estimate the adolescent health budget given how the work is organized at their city/county. One city (Tucson) named that they specifically aim to spend at least 10% of their programmatic budget on adolescents.

Most city and county adolescent health funding comes from federal and state grants and/or city and county general funds. Charts 3 and 4 show trends in how adolescent health work is funded across cities. Chart 3 describes the top 2-3 types of main funding for

cities' adolescent health work and Chart 4 shows the primary funding source for cities that identified a primary source (e.g., 80% of their operating budget or more) of their funding. Less common but named funding sources include lottery funding and local voter approved taxes (see Table 4 for descriptions of local voter approved taxes).





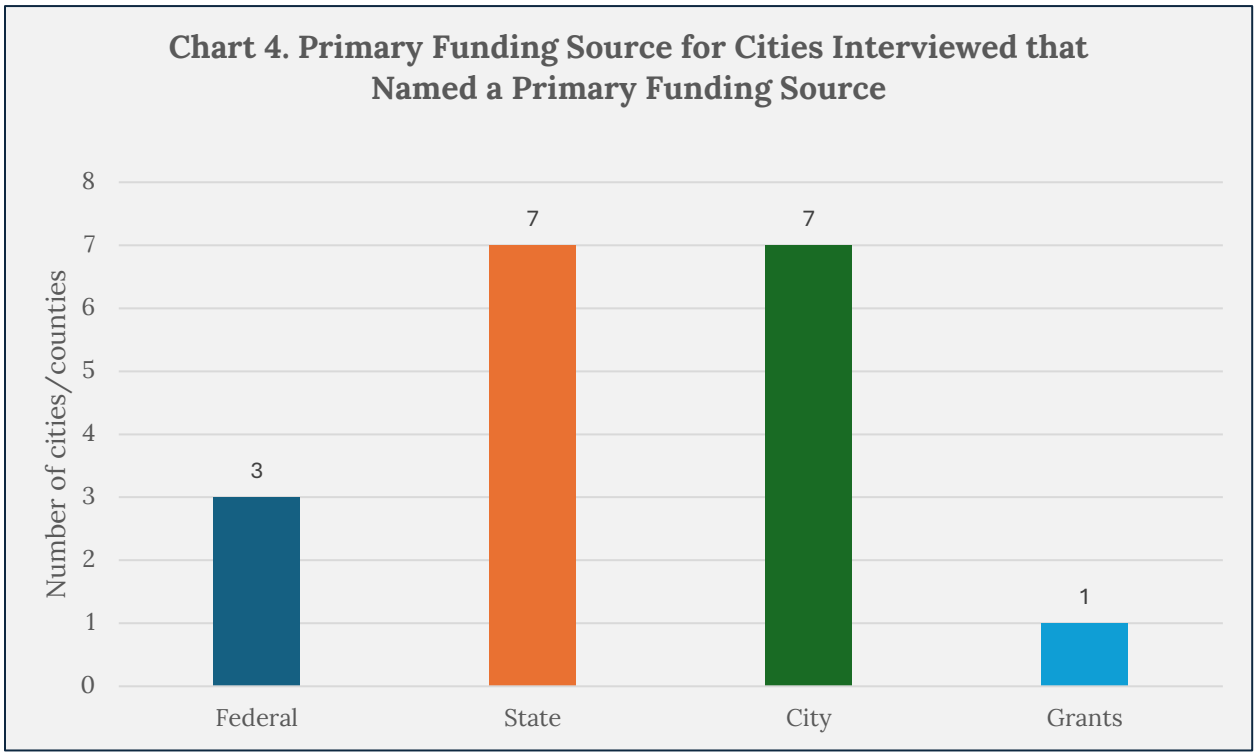


Chart 4. Primary Funding Source for Cities Interviewed that Named a Primary Funding Source
Number of cities/counties
0
1
2
3
4
5
6
7
8
3
7
7
1
Federal
State
City
Grants

Table 4. Examples of Voter Approved Taxes Funding Adolescent Health Initiatives

City	Tax Initiative	Type of Tax & Amount	Annual Funding Raised by Tax
Denver	Healthy Food for Denver's Kids – focused on access to healthy food and food-based education for Denver youth 0-18 and their families; funds things like community and school meal programs, food pantries, nutrition and garden education programs	Sales Tax – 0.08% (about a penny on $10)	$11-15 million
Alameda County (greater Oakland region)	Measure A (Essential Health Care Services Tax) provides funding for critical healthcare and public health, mental health, and substance abuse services for indigent, low-income, and uninsured residents including adolescents (including school health centers and an adolescent health center)	Sales Tax – 0.5% (for all of Measure A which also funds other essential services)	$3.4 million for essential health care and public health services
King County (greater Seattle region)	Best Starts for Kids – focused on initiatives that promote wellbeing in infancy, childhood, adolescence, and early adulthood (pregnancy and age 0-24); funds things like youth development, out of school time, mental health supports in schools	Property Tax - $0.19 per $1,000 of assessed value	$133 million

Respondents from two different cities (LA and Portland) described ways they think about and use funding related to substance use prevention and violence prevention. In LA, for example, they use substance use prevention funding to fund traditional substance use and abuse prevention work such as media campaigns about cannabis and fentanyl but they also fund wellbeing centers in schools that provide comprehensive support to high school students, positive youth development programming, and community based organizations who run neighborhood recreation centers that provide safe and fun places for adolescents.

PERSPECTIVES FROM THE FIELD

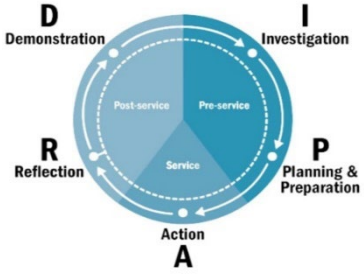
Budgeting and Organizing Adolescent Health Initiatives

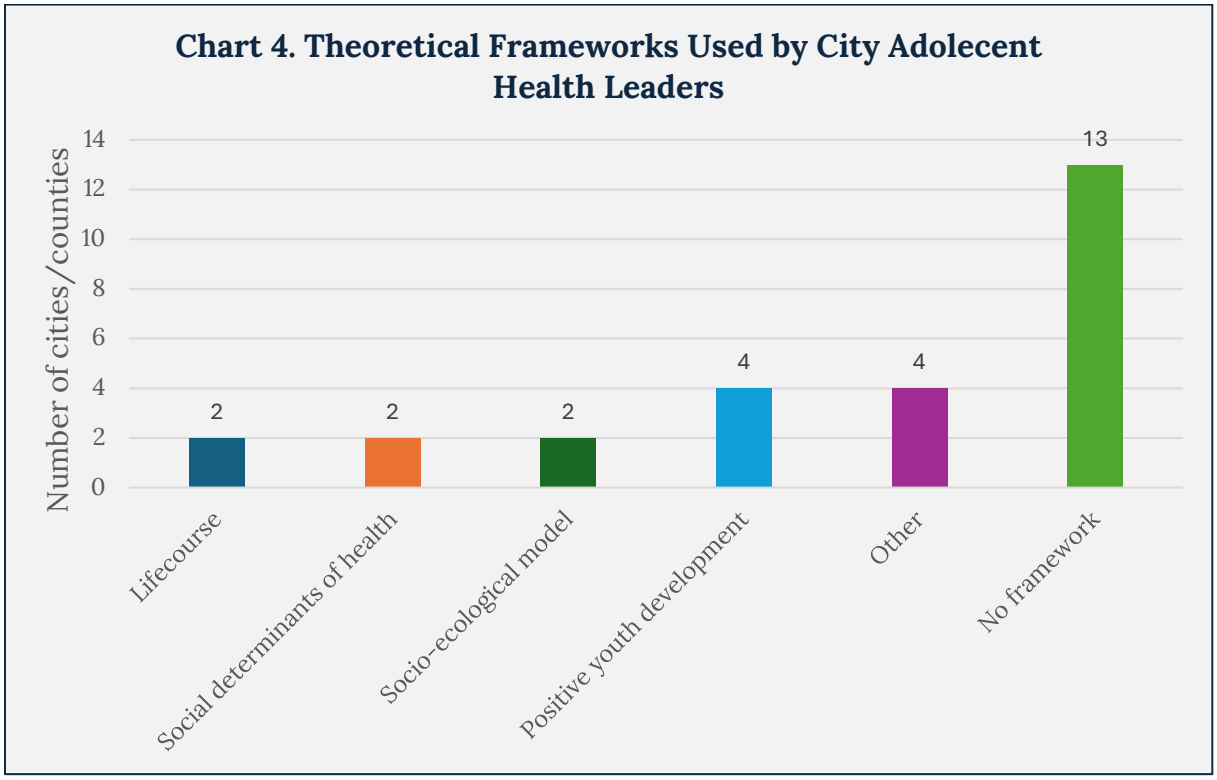
- *Some health departments dedicated funding to adolescents across multiple programs.* ***"We deliberately ensure that at least 10% of our program budgets are spent on adolescents****." (Tucson)*
- *Alternatively, other leaders emphasized the importance of targeted and distinct adolescent health initiatives.* ***"Silos for adolescent health topics should exist because the kids who vape may not be the same kids who don't use condoms."*** *(Las Vegas)*

Theoretical and Evidence-Based Frameworks

Overall, most respondents did not indicate they used a formal theory or framework to guide their adolescent health work. City adolescent health leaders most often use the following theoretical frameworks to guide their work: Positive Youth Development, Social Determinants of Health, Lifecourse theory, and the Socioecological Model. Less common responses included the Development Relationships framework, 40 Developmental Aspects, a Trauma-Informed Approach, a Harm Reduction Approach, and the Investigate, Plan, Act, Reflect, and Demonstrate (IPARD) service-learning framework (see Figure 1). Sixteen of the thirty interviewed cities said they do not use a particular theoretical framework or model to guide their work, though many commented that they should or would like to. Chart 4 provides a graphical summary of the use of frameworks.

Figure 1. IPARD framework from National Youth Leadership Council





Youth Focused Strategic Plans

Five cities interviewed have youth-specific strategic plans. These include a Youth Master Plan in Minneapolis, a Youth Strategy in Baltimore, a Youth Action Plan and Youth Bill of Rights in Seattle-King County, a Youth Strategic Plan written by youth in Long Beach, and a juvenile justice system transformation plan in Los Angeles: Youth Justice Reimagined. Two additional cities interviewed named a broader city public strategic plan that has specific youth elements: the Healthy DC Framework in Washington, DC, and Live Well San Diego, a collective impact action plan.

PERSPECTIVES FROM THE FIELD

Adolescent-Focused Goals from the Healthy DC Framework

- *Adolescents and young adults are socially, physically, emotionally supported by the environments in which they regularly engage (home, school, neighborhood, the internet*
- *Adolescents and young adults are successful in school and credentialing programs and ready for a career or higher education.*

In addition to these strategic plans, two cities interviewed (Houston and Minneapolis) have sought and received recognition from UNICEF USA as a Child Friendly City (in 2023 and 2024 respectively). UNICEF describes the Child Friendly City Initiative (CFCI) as "a transformative process through which local governments and stakeholders commit to advancing child rights, adopt sustainable child-centered local governance structures, and demonstrate results over time." (Figure 2 shows the overall process of becoming recognized as a Child Friendly City.) Both cities said the initiative helped bring disparate work together under one umbrella and brought a different perspective and some new partners to the work because of its focus on child rights. Houston was the first city to achieve the designation and staff at the Mayor's office who were interviewed said the project was extremely popular in the community. Both cities created an action plan as part of CFCI: Houston's Child Friendly City Initiative Action Plan and Minneapolis' Local Action Plan. Both cities advise other cities considering participation in the CFCI to consider what staffing the initiative will need and noted that it is a time-intensive process that does not come with funding from UNICEF. In Houston, the city hired a dedicated coordinator and felt this was essential to their success. In Minneapolis, they divided activities across already existing staff.

Figure 2. UNICEF Child Friendly City Initiative (CFCI) Process

FINDINGS: Adolescent Health Programs and Initiatives Implemented by Large Local Health Departments

The work of cities and counties who participated in interviews is multi-faceted. It can be organized in terms of topics, settings, types of interventions, and many other ways. This report seeks to organize LLHDs adolescent health initiatives in multiple ways to be of most use to readers. For this reason, the remainder of this report is organized by topic and type of intervention. However, other categories of interventions can be found with more detail in Appendixes 2-4:

- **Appendix II:** Selected health education interventions
- **Appendix III:** Non-clinical school-based public health interventions
- **Appendix IV:** Media-focused adolescent public health interventions

It is also important to note that due to the diversity and breadth of programs implemented by LLHDs, there are likely adolescent health initiatives not captured in this report.

Adolescent Health Work Focused on Sexual Health

Many cities interviewed have initiatives related to improving the sexual health of adolescents. Examples of ways city health departments are supporting adolescent sexual health include:

- Free and confidential STI testing and treatment in schools and/or clinics
- Health education programming during or outside of school time (evidence-based programs and homegrown programs depending on community, funding, and political environment)
- Access to Pre-Exposure Prophylaxis (PrEP, HIV transmission prevention medication)
- Access to contraception (at school-based health centers and/or clinics)
- Access to pregnancy termination services (last resort payor of any associated costs for termination)
- Public awareness and media campaigns related to positive sexual health messages

The most notable STI testing program for adolescents is one initially developed in Philadelphia that has been replicated in other cities like Minneapolis and Chicago (see case study on Philadelphia model here by the National Coalition of STD Directors). In this model, city health department staff conduct high school-based testing in all grades at all public high schools. In Philadelphia, the intervention consists of a brief presentation including a video about sexually transmitted infections (STIs) and STI testing. After the presentation every student goes to the bathroom with an STI test kit in a paper bag and decides whether to provide a urine sample for chlamydia and gonorrhea testing or not. Afterwards all paper bags, along with a brief survey, are collected from all students. All urine samples collected are then tested at the city health department's lab. Positive results are shared by phone or in person with the student in a private location at school and medication is provided at that time for chlamydia and/or a referral is made to a local health clinic for gonorrhea treatment. City health department staff follow up with students to ensure results, and any necessary treatments, are shared. They also provide anonymous partner notification and contact tracing. Philadelphia shared that typically 4-5% of males and 9% of females who opt in to testing are positive for an STI.

Chicago implemented this same STI testing strategy alongside a rights-based health education program called Chicago Healthy Adolescents & Teens (CHAT) in partnership with their local Planned Parenthood. In a quasi-experimental study they saw that students who received the rights-based health education intervention plus brown bag STI testing were much more likely to know their rights under Illinois law and more likely to have been tested for an STI. They were also more likely to get sexual health care outside of school and it helped students who were younger and male access this care. According to Planned Parenthood data, of clients who heard about their services from CHAT 55% were male, whereas only 7% of Planned Parenthood clients were male if they heard about it from another source. Additionally, those coming to Planned Parenthood because of CHAT were a full year younger at first visit (~16 years of age instead of ~17 years of age). Note: During the pandemic, Chicago changed the way they implemented the STI testing and have not gone back to the in-school model to date.

Both Philadelphia and Chicago city health departments provide free condoms to adolescents alongside these programs. Philadelphia provides free condoms at STI testing events, at schools, via discrete mailed envelopes, and for pick up at various locations throughout the city to anyone in the city who requests them including adolescents. Chicago also provides condoms through schools. They provide basic condoms at all middle schools and a variety of colors, styles, and sizes to all high schools. Of note, the Chicago Public Health Department will provide free condoms to private schools within the city as well as public and charter schools. They do this because they believe all adolescents face barriers to condom access regardless of family resource level.

Many cities provide some sort of health education programming. Baltimore and New York City have large, federally funded health education initiatives. Baltimore's UChoose initiative aims to reach 11,000 youth with evidence-based health education curricula through three different settings (schools, community-based organizations, and Title X clinics). New York City Teens Connection, based on what was originally the Bronx Teens Connection, trains public school teachers to teach evidence-based health education curricula and links each school with a community-based clinic. In an evaluation published in 2017 of the Bronx Teens Connection program, the program increased the number of teen clients at eight clinics by 25% over 4 years. Other health education initiatives of note include Seattle-King County's FLASH curriculum which the health department licenses and trains others on, and a homegrown STI-focused curriculum in Detroit designed specifically for girls called "We're Just Girls". Three cities mentioned being limited by state laws and political will regarding what they teach and only provide sexual health education taught by their cities' public health staff as opposed to a train-the-trainer model. See Appendix II for additional health education program descriptions, including those not focused specifically on sexual health.

Many cities provide direct access to STI prevention medication and contraceptives not previously mentioned. Tucson and San Francisco both mentioned providing adolescent access to PrEP (HIV transmission prevention medication) as a key part of their adolescent focused sexual health work. An example of contraceptive provision is New York City's Connecting Adolescents to Comprehensive Healthcare Program (CATCH) that trains school nurses and medical providers to provide on-site reproductive health services including pregnancy testing, emergency contraception and other birth control methods at schools that do not have school-based health centers. As of June 2025, 54% of NYC high school students have access to school-based reproductive health services through CATCH and school-based health centers.

In Chicago, the city public health department provides $2 million annually to three entities that provide services to terminate pregnancies or provide funding for pregnancy termination. The city is a last resort payer and will help individuals (including adolescents) pay for anything necessary these services that insurance and state funding doesn't cover (e.g., travel).

Many cities mentioned mass media campaigns aimed at increasing awareness of sexual health services and/or information. Las Vegas mentioned a mass media campaign they ran called Use Condom Sense that included videos and Instagram posts. Detroit's IDecide program that engages young people to make videos about their experiences using the clinic and contracting with a media company to get messages out via radio stations, digital platforms, and a local DJ influencer. They also use paid Tiktok ads to promote the clinic. And, finally Boston's Start Strong, program uses digital media to promote healthy relationships in an effort to prevent teen dating violence. The initiative challenges social norms around relationships and conflict resolution through media that is youth led, informed and co-developed.

Mental Health Focused Adolescent Health Work

Mental health was noted by many cities and counties as a high priority topic since the COVID-19 pandemic. Examples of ways city health departments are supporting adolescent mental health are through:

- Free teletherapy
- Increased access to mental health focused staff (social workers, psychologists) at schools and school-based health centers
- A localized mental health related search and resource website
- Social emotional learning programs
- Mental Health First Aid trainings
- Youth mental health summits
- Free grief counseling for adolescents
- Suicide prevention programming in schools
- Clinic and community-based prevention programming for repeat suicide attempts

Seattle and Boston have multi-million dollar initiatives focused on mental health. Best Starts for Kids (referenced in Table IV) is Seattle-King County's voter approved tax initiative focused on initiatives that promote wellbeing in infancy, childhood, adolescence, and early adulthood (pregnancy and age 0-24). The real estate tax raises $133 million a year. The tax funds youth development efforts, out of school time programming, and mental health supports in schools. Boston implemented several initiatives to support youth mental health through $21 million in ARPA funding. This funding was used to increase youth access to mental health services by growing the workforce of culturally responsive mental health professionals. The Boston Public School district also implemented healing centered, trauma-informed school system transformation with the goal of ensuring that school staff could support youth mental health. Boston also created several BIPOC youth-focused public awareness campaigns to reduce stigma associated with mental health including HeadsUp Boston, Cope Code Club and youth creative arts projects with the Family Van. Boston is also using funds to enhance mental health capacity for youth-serving organizations by providing mental health 101 trainings to adults serving youth in non-clinical, non-academic settings.

New York City and Charlotte are partnering with Talk Space to provide free teletherapy and unlimited texting to adolescents in their cities. New York City is in year two of a three-year demo period and shared they have been impressed so far by the number of youth that have enrolled. They could not share usage data yet but will eventually be able to. In Charlotte, the partnership was just established at the time of publication of this report so there is no data to report yet.

Two cities (San Francisco and one other) have Wellbeing Centers (or wellness centers) located in public high schools. These are non-clinical settings focused on being safe spaces within the school where young people can take a break and chat with a caring adult or supportive peer if they need it. They focus on substance abuse prevention, reproductive health, social and emotional wellbeing, and youth leadership. Many cities talked about recently prioritizing staffing schools and school-based health centers with additional mental health clinicians and support staff.

Las Vegas has a partnership with Credible Mind and created a valid, mental health and wellness related web platform that includes quizzes and a focus on local resources. The staff member who described their Credible Mind website noted that they have had 6,500 users within 6 months with no paid promotion and very light marketing. Based on analytics of the website, 13–17-year-olds were the biggest users of the resource so far.

Project Worth is a social emotional learning and youth leadership focused program in San Antonio. The program hosts a youth ambassador program that provides social emotional and leadership skill building. Additionally, Project Worth maintains the Dream San Antonio website for youth and families about how they can engage in social issue opportunities. The website has a calendar and listings of non-profits and programs so adolescents and their families know what's available to them and includes a dream board that displays youth dreams. Finally, Project Worth also includes "Let's Talk" workshops for caregivers and community-based organizations focused on social emotional learning and goal setting.

A number of cities, including El Paso, Phoenix, and Las Vegas, train members of their communities in Mental Health First Aid for Youth. Nashville, Denver, and Boston have also hosted Youth Mental Health Summits. DC provides free grief counseling services to adolescent residents. Tucson and Denver have school-based suicide prevention programming (You are Not Alone in Tucson and We Got This in Denver) and New York City is piloting an intervention with health centers focused on reducing repeat suicide attempts in Black, Indigenous, and People of Color (BIPOC) identifying youth.

Adolescent Health Work Focused on Substance Use Prevention

Many cities and counties address adolescent substance use. Examples of ways city health departments are working to reduce youth rates of substance misuse and abuse include:

- Educational programs in schools and out-of-school youth programs
- Technical assistance, training, and counseling guides for adults (schools, school districts, clinicians, and care givers)
- Mass media and social media campaigns (including those focused on specific youth subcultures)
- Youth coalitions that focus on topics like tobacco use prevention
- Positive youth development and recreational programming

Many cities provide health education directly to young people, either as components of a more comprehensive health education curriculum or as substance use focused programs. Columbus runs a program funded by the state Addiction Board and drug treatment centers. It includes direct education on substance use, misuse, and addiction but also covers financial literacy and job seeking support for high schoolers. This program occurs in multiple settings: elementary school, middle school, high schools and in the local juvenile detention center. The curriculum is geared towards young people in grades 3-12 and is age-appropriate. Youth who have completed the program have anecdotally shared positive job seeking and financial outcomes with facilitators.

Many city health departments provide some type of training or technical assistance to other youth-serving agencies, pediatricians, and caregivers. Phoenix provides workshops for grandparents and other adults who are at home in the afternoons with school aged youth. New York City, Chicago, and Portland all named providing technical assistance and content expertise on newer tobacco products and other substances as a role they play with schools and school districts. A number of cities named an example of helping schools and districts to ensure school policies related to student tobacco use or possession are aligned with a public health approach, providing treatment and counseling as opposed to punishment. New York City also developed a Youth Tobacco and E-cigarette Prevention Action Kit for pediatric clinicians, with guidance on screening, counseling, and treatment, as well as other resources for students and families, which schools have utilized in curricula and other activities. Los Angeles has a broader initiative called Reimagining Youth Substance Engagement where they provide strategic leadership and training for youth-serving adults to ensure that youth engagement on substance use and abuse is happening in evidence-based ways.

Some cities are using mass media and/or social media to spread messages and shift social norms about substance use. Los Angeles has several mass media campaigns focused on substance use including the Fentanyl Frontline Campaign, that in part aims to increase access to Naloxone by calling on citizens to save lives. Losa Angeles also fields a cannabis campaign that is particularly youth focused called “There are #BiggerChoices Than Weed”. Las Vegas has developed a unique vaping prevention program called BreakDown to address a youth vaping epidemic that has substantially reduced their youth vaping rates. To help them design the intervention, they went into all 32 high schools in their country and surveyed students, asking them 5 questions: 1) do you vape? 2) what is your favorite musical artist? 3) what time do you go to bed at night? 4) are you involved with extracurricular activities and what are they? and 5) who is the most popular person at your school/who should we follow on social media? The purpose of the questionnaire was to help the Las Vegas health department understand which groups of young people were vaping the most. Based on the survey, staff identified the group with the largest prevalence of vaping (high school athletes). They then developed a program using brand ambassadors from top high school athletic teams across the county. Youth who were recruited to be brand ambassadors applied and demonstrated their ability to actively engage social media users. Brand ambassadors were required to post once a month and were paid for each post. After the intervention, Las Vegas saw youth vaping reduce from 33% to 15.1%. The Las Vegas health department has subsequently applied the same programmatic approach to other topics (e.g., safer sex in the Latino rodeo youth subculture).

Many cities have youth coalitions focused on youth engagement and leadership related to substance use prevention. An example of a coalition strategies is in Phoenix where the county public health department runs multiple coalitions referred to as STAND (Students

Taking a New Direction of Tobacco Prevention). STAND is a youth led tobacco prevention work and includes a wide variety of youth, including those who would be at high risk for tobacco use. They have three regional groups within the county; each consists of about 55 youth led by a dedicated staff member.

Los Angeles takes a very broad preventative approach to substance use. While they have media campaigns, provide technical assistance, and do other activities related to substance use education and prevention activities, they also fund interventions that address other causes of substance use and abuse. With substance use prevention dollars they fund Wellbeing Centers in schools, youth development work including a public health youth advisory council, and provide funding to recreation centers that provide safe and fun places for youth to be.

Nutrition and Physical Activity-Focused Adolescent Health Work

Only a few cities specifically mentioned strategies that focused on the nutrition and physical activity of adolescents. Chicago and El Paso previously had restaurant focused initiatives that were aimed at increasing the availability of healthy food and drink options for children, including those 6-12.[2] Oakland runs the Ashland Youth Center, a community-based adolescent youth center that includes active recreation programming. Several other cities cited programs that provided opportunities for physical activity like midnight basketball leagues.

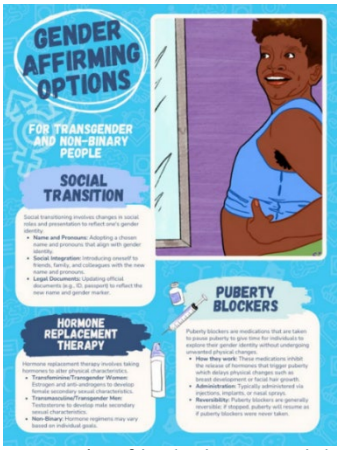
Denver implements the most comprehensive program focused on nutrition and physical activity compared to other LLHDs,. Denver has a voter approved tax initiative called Healthy Food for Denver's Kids. This is .08% sales tax raises $11-15 million a year that must be spent on food access and nutrition education for children 0-18 and their families. Funds are distributed through competitive grants to public schools in Denver, city and county agencies, and non-profit organizations, with an emphasis on serving low-income youth. Staff from Healthy Food for Denver's Kids shared that the funding has changed the food and snack environments in many places in Denver that serve youth and incentivized food suppliers to come up with more nutritious options to sell. This is driven by the fact that one of the requirements for funding is to provide food and snacks that meet nutrition guidelines set by the city health department.

LGBT+ Focused Adolescent Health Work

Some cities and counties identified intentional efforts to support LGBT+ health with specific programming and messaging. Examples of ways city health departments sought to reach LGBT+ populations included:

- Hosting an LGBT+ youth summit
- Providing access to gender affirming products and educational materials

Staff in Portland talked about hosting an LGBT+ summit for youth across five school districts. They named that sometimes it is politically easier for the public health department to host such events as opposed to the school district(s). The summit was co-organized by a youth planning committee.



Example of inclusive materials from Philadelphia

[2] While outside adolescence, this is a group that was of interest to the Boston Public Health Commission and was generally not named as a population of focus by cities.

Philadelphia provides youth with identity affirming products as part of its work (e.g., period products, clothing items, safer sex products) and recently commissioned new, more inclusive health education materials on topics such as consent, healthy relationships, and digital literacy. Boston provides mini-grants to three local community-based organizations to provide peer leadership programming for LGBT+ adolescents. The community based organizations also provide technical assistance to Boston to ensure its adolescent facing work was inclusive of LGBT adolescents.

Adolescent Healthcare Provision Work

Many city and county health departments provide direct clinical care to adolescents. LLHDs reported providing these services through schools or community settings or both. Some have robust school-based health center (SBHC) networks that provide comprehensive healthcare at a school, while others have simply added additional care providers like therapists to the school nurse model. Some health departments run community-based adolescent health centers. Examples of ways city health departments provide adolescent healthcare in school-based settings include:

- Increasing access to school nurses, therapists, sports physicals and other services through school (in person and telehealth)
- Coordinating and running school-based health centers that:
    - Provide contraceptives, STI testing, mental health, substance use counseling, dental services, eye exams and glasses, prenatal care
    - Connect students to community health, artistic, recreational, enrichment, and employment resources
    - Coordinate Youth advisory groups that do secret shopping, provide feedback, and lead school advocacy and health improvement projects (such as period product access initiatives)
    - May be open to the broader community including serving young people up to the age of 24 or being open outside of school hours (after school, during the summer) to provide care.

Examples of ways city health departments provide adolescent healthcare in community-based settings include:

- Coordinating and running adolescent health centers, “one stop shops” for all adolescent health needs.
- Providing free Uber rides to adolescent health clinics
- Creating media strategies to increase awareness and use of the clinic with influencers & advertising
- Using an adolescent champion model at health clinics and providing “teen carts” in clinics with things like chargers to make adolescents feel welcome.

Many cities provide clinical services directly to adolescents through schools, school-based health centers, and community-based clinics. Some health centers located in schools operate more like community clinics and were accessible for anyone in the neighborhood up to 24 years of age to receive services. Some cities have school-based health centers open in the summer.

Many school-based health centers have youth advisory groups. Youth advisory groups organize activities like “secret shopping” at school-based health centers to assess the quality of care and provide feedback about staff and systems. Youth advisory groups

also serve as ambassadors for the health center with the wider student body, and lead school health related advocacy projects like increasing access to period products. Within their school-based health center work, Portland is using a program called Comfort Promise to reduce pain and anxiety associated with injections related to vaccines and other medicines.

Unique community-based programming related to healthcare provision includes a one stop shop for adolescents in Indianapolis where health educators are in the lower level, pediatricians and nurse practitioners are on the first floor, and social workers and therapists are on the second floor. This set up supports immediate and direct referrals within the building. This center offers evening and weekend hours as well to provide more access. In Detroit the city has a contract with Uber and can provide free rides to the sexual health clinic and in Tucson they have a program to identify and train adolescent champions within community-based healthcare settings and also provide teen carts with things like chargers in clinics that serve teens.

Table 5. Selected Clinical Services Interventions

Intervention (City)	Description
YSURGE (Baltimore)	This is a research project focused on serving LGBT youth and opportunity youth better. The goal is to make people feel more welcome, to reach them more effectively, and to increase use and satisfaction with services.
CATCH Program (New York City)	School nurses and medical providers are trained to provide on-site pregnancy prevention services at 57 schools serving 79,000 students (about 25% of the high school population in New York City). A small group of health educators conduct does health education workshops in schools on a variety of related topics (healthy relationships, sexuality, STIs, birth control, knowing your rights in healthcare, etc.) alongside this program and refers to the on-site services. Evaluation has demonstrated increased use of more effective methods of birth control.
IDecide (Detroit)	IDecide provides comprehensive reproductive and sexual health services for youth 12 and up with no insurance requirements, a sliding scale, and free transportation for appointments via a city contract with Uber.
Sports Physicals and Wellness Program (Houston)	Staff partner with local hospital-based youth clinics to offer free sports physicals and to educate youth using the Nemours and Healthy Futures Program.
Action Health Center (Indianapolis)	This is a one stop shop for adolescent healthcare. There are 6 clinic rooms that are dedicated to adolescents. On the first floor are clinicians, on the second floor social workers, and in the basement health educators. Services are for people from birth to age 27 but most patients are pre-teens and teens. When you show up for your appointment you get something – bracelets, healthy snacks (popcorn, waters, ices). Patients are seen regardless of their ability to pay so that ability to pay/insurance isn't a barrier. Most people can

	get seen within 24 hours. It's like a "Walmart for adolescents." Adolescents can get most of their concerns addressed during their appointment. If someone is screened for anxiety or depression, they can immediately be referred upstairs or externally. They offer later hours and half days on second Saturdays which increases access to primary care hours.
School Health (Charlotte)	The 200 school nurses are employees of the health department. They have created a partnership with a health system to provide school-based virtual care at a laptop within the health room. Students can see a provider on a laptop quickly if they are sick or are needing mental health supports. Start-up costs were funded by Bank of America and ongoing funds are paid for by fees (insurance billing for those who have insurance). The health system partner had this set up for rural health and then money helped bring it to the schools in Charlotte.
School-based Health Centers (Boston)	They have a school-based health center (SBHC) in 8 priority schools with teams at each site ideally consisting of a nurse practitioner, a certified mental health provider, a community health worker, and an administrative assistant. Each plays a key role in promoting and providing services to the student body to support overall mental health, reproductive health education and access to support services in collaboration with school, district, and community resources. The SBHC program also partners with Boston Public Schools to provide site, district, and city-wide vaccines/clinics, support for completing required physicals, and connection with internal and external partners who provide STI and pregnancy prevention and support services, among many other services.
School-based Health Centers (Minneapolis)	They have a school-based health center in all major high schools, all but one of which are run by the city. They serve 4,000 youth per year with 12,000 visits. Youth advisory board representatives from all high schools meet bimonthly, do secret shopping and give feedback, champion the school-based clinic, do outreach events, and inform the work of the school-based health centers. They provide long-acting reversible contraceptives on site and schoolwide STI testing events modeled after Philadelphia schoolwide STI testing. They also focus on outreach outside of the clinics and have 25,000 out-of-clinic outreach encounters per year.
School-based Health Centers (Oakland)	The Alameda County School Health Center Model provides medical, dental, and behavioral clinical services, health education, and youth leadership. They operate full clinics in each school that serves the whole community up to age 24 including youth who aren't in school or who have

	graduated. Services are offered 2-3 clinic days per week and behavioral health is a coordinated effort across providers. Related but separate, they also have an Alameda County School-Based Behavioral Model and a guide for coordinating student support services in school settings.
Family planning & sexual health (Tucson)	In addition to the typical Title X programming, each clinic has an adolescent focused cart with things like information and phone chargers. They partner with Affirm AZ to create youth specific messaging. County clinical staff visits high schools to provide walk-in urgent care appointments and same day long acting reversible contraceptive options.
Student Health Centers (Portland)	There are nine Student Health Centers in high schools across the county. Anyone age 5-18 who lives in the county can go from the community; it is not limited to high school students. It is a full clinic with a nurse practitioner 4-5 days a week and a behavioral health and mental health services on site 2 days a week. They can order labs, sports physicals, annual physicals, do eye testing, and disburse medication. They have a dental unit that does general cleaning at one site year round and they do pop ups at other sites. They cover all reproductive health services and offer telehealth. Two clinics are open in the summer.
School Health Centers (San Francisco)	Voters created full service health centers in public high schools that provide health education and psychosocial services and counseling, see youth on site, and navigate other services. Most public high schools have a school nurse on site, at least one school social worker, and another mental health/social support staff who follows students and can do one-on-one and group interventions.
School-based partnerships (Seattle-King County)	Ten different healthcare agencies run 35 SBHCs in King County Public Schools. The city/county health department manages the funding and gets involved in the partnerships clinics have with schools and the district and data is collected across the system. School-based health centers provide comprehensive medical services including behavioral health. Seattle middle and high school school-based health centers are in the process of adding a new role to all school-based health centers that will be a non-clinical resource coordinator focused on mental health and an additional therapist. Seattle also supplements funding to support more school nurses than the state provides to the city public school district.

Other Adolescent Health Related Work

Some health departments had specific population or topic focus areas that stood out as unique and not neatly fitting into the prior sections. These include:

- Youth who are trafficked, runaway, or are unaccompanied minors
- Pool safety
- Parent workshops
- Period product access

Many LLHDs provide funding to programs for specific adolescent populations such as those who have been trafficked (San Francisco) and those who are unaccompanied minors (Oakland). Columbus delivers programming focused on swim lesson access and pool safety to prevent drownings and Houston has an initiative to make sports physicals more accessible to adolescents. Two LLHDs in Texas (Austin, Houston) have focused on parent workshops as another avenue to increasing sexual health, helping parents talk about these topics with their kids in an environment in which providing comprehensive sexual health education in schools is difficult.

Period product access was a focus of Philadelphia. Philadelphia's youth coalition did a survey of students and nurses in schools and found that 90% of nurses said there were period products in the schools but only 40% of students knew that. This launched a project for them to increase access to period products in Philadelphia schools and has subsequently led to the coalition supporting a community-focused project to increase access to period products. Seattle and Austin also have youth led period product access projects focused on school access.

Youth Engagement, Advisory Boards, and Coalitions

Many cities are engaging youth in some way in their work though not all are. LLHDs that engage youth allow them to co-design spaces and provide input on what's important to be budgeted for (Austin). Young people also were tasked with reviewing requests for proposal submissions and are summer interns helping make existing programs better or developing new ones (Denver).

PERSPECTIVES FROM THE FIELD

The Role of Youth Advisory Boards

- *Many LLHDs found that youth advisory boards were critical to their work, and LLHDs that didn't have boards wanted to establish them.* ***"The Child and Family Health Department should have a youth board overseeing its work."*** *(Philadelphia)*

- *Some LLHDs experienced challenges in recruiting youth that were representative of the most vulnerable communities.* ***"Youth advisory boards shouldn't make decisions. They should only advise. This is because the youth on these boards are often not the most in need or at risk youth."*** *(Las Vegas)*

Many cities have some type of youth-focused advisory board structure. These groups are organized in different ways and include groups made up of only youth, only youth-serving adults, and mixed youth and adult groups. Some cities have parallel youth-only and

youth-serving adult only groups that strategically interact while others only have one or the other. Groups that exist greatly vary in the scope of youth engagement from youth providing input to youth leading and designing initiatives. Youth advisory groups range in size from 7 to 102 youth members. Youth financial compensation ranged from $15-$30 per hour and non-financial compensation included transit, meals, community service credits, and letters of recommendation. Some youth were considered temporary employees while others received cash value cards and others were volunteers. Outputs included youth participation in policy advocacy, youth ambassadors for broader city changes, and youth-informed strategic plans and programming. Minneapolis and Baltimore are both cities that have parallel youth and adult groups while Philadelphia has a mixed youth and adult group but specifically makes sure that youth are the majority and youth select which adults join. Many cities talked about training adults who are involved on youth development and adultism.

Table 6. Example Youth Advisory Boards and Coalitions from Cities Interviewed

Name of Group (City)	Description
Youth Coordinating Board & Youth Congress (Minneapolis)	Youth Coordinating Board This body is almost 40 years old and focuses on optimizing health and wellbeing for the 0-24 period with a focus on early childhood, afterschool, and youth engagement. The purpose is to work upstream at the systems-level on behalf of the city's youth. It was formed by a state statute and unites the city, county, school district, and park board, all of which have their own governance structures in this effort. This is an adult board made up of 10 elected officials with the idea that they can make decisions and act on ideas and needs: 2 city council members, 2 county commissioners, 2 school board members, 1 park board member, the mayor, the presiding judge of juvenile court (this is a state employee), and the county attorney. Each position can have a designee. The group meets four times a year from 12-1:30pm and discusses issues affecting young people and bring together resources to help solve those problems. Youth Congress This group ensures that there is youth voice in all the city's initiatives to improve the health and wellbeing of youth. The Minneapolis Youth Congress has 35 youth members in grades 8-12, and has a limit of 60 youth members. They are recruited from all high schools in the city including public, charter, and private schools. Youth must apply and participate in an interview to join. A staff person oversees the youth congress and each of the six youth committees are staffed with a supporting adult. Youth are paid $15 per hour for meeting three times per month for 2 hours each time. They are trained, fed, and, if needed receive transportation assistance. Youth members are sworn into office by the presiding judge of juvenile court at city hall.

Revolution 4 Youth (Philadelphia)	The purpose of this group is to improve adolescent mental and sexual health for Philadelphia's youth. They have a slate of priorities, goals, and tasks but their main priority is improving access to period products in schools. This is a majority youth coalition but also includes youth serving adults. Current members include 16 youth members, aged 13-21 and 7 youth serving adults. A task force of nine youth created the name, vision, and mission for the coalition. Staff train all adult members on adultism, trans affirming and anti-racist allyship, and frame membership as a privilege and not an obligation. Youth members attend 2 hour monthly meetings on the last Tuesday of the month from 5-7pm. Youth co-chairs do additional work like social media posts for an additional 3-4 hours a week. Youth members get paid $5,000 per year ($2,500 at the beginning and $2,500 at end in checks) plus gift cards for the meetings and/or additional hours at a rate of $30 per hour.
Youth Sexual Health Initiatives & Youth Advisory Council (Baltimore)	Youth Sexual Health Initiative (YOSHI) The purpose of this coalition is to convene, coordinate, and connect organizations and initiatives in the city focused on youth sexual health. It consists of 15-20 organizations who participate in quarterly meetings to talk about what's going on regarding youth services in Baltimore City. Rather than doing report outs, the focus is on actions the group can take. There are working groups focused on topics like teen parents, youth with disabilities, and LGBT youth. Youth Advisory Council This group provides youth voice to city youth related initiatives. Members blog, do podcasts, get leadership training, and use social media related to youth health and wellbeing. It is comprised of 10 high school aged members who are recruited, trained, and meet twice monthly from 4-6pm, once in person and once virtually. Youth are paid $16 per hour. They get paid for trainings plus another hour for transportation time when in person. For in person meetings food is also provided. Two near-peer staff run this program.
Youth Advisory Council (Los Angeles)	This is a 2025 National Association of Counties and Cities Health Officials (NACCHO) award winning Model Practice which elevates youth involvement in the Los Angeles County Department of Public Health (DPH). Council members gain leadership and advocacy skills, provide consultation to programs, and develop public health experience while learning about issues that directly impact youth in their communities. Members contribute to strategic plans, public health information campaigns, assist in developing youth-oriented public health toolkits, participate in community events, and help guide the

	work of DPH. Requests for Youth Advisory Council input are made via an online form that is available on the DPH website. The Council includes 20-30 members ages 16-22 who meet monthly for 4 hours on Saturdays for trainings and presentations by DPH programs and consultants. They meet throughout the week to provide consultation and conduct public health work through their subcommittees from 4:30-6pm. Three times a year youth meet in person; staff pitch in to defray transportation costs and cover food costs. Council membership consists of three tiers– Youth Advisors (year 1); Senior Youth Advisors (2+ years) mentor Youth Advisors); and Council Coordinators (typically 3+ years) mentor the Senior Youth Advisors. Council Coordinators make administrative decisions in partnership with MCAH staff, including decisions about consultants, training and program operations. Compensation varies by tier. Council members become County vendors and are reimbursed for their services according to the project and they are not reimbursed per hour. Youth Advisors are required to complete an individual service-learning project (passion project) during their first year, with supervision from the Community Field Services Division staff, and support from staff and Senior Youth Advisors. Upon completion of their projects, Youth Advisors present their work to the Council during a Saturday session, when all Council members can learn from the experience. Council members are expected to work a minimum of 6-8 hours per week. They keep activity logs, which help the program to monitor their participation. Monthly, their supervisors sign off on logs before members are reimbursed. Each June, there is a culmination ceremony, during which Council members receive a certificate of completion, and their achievements are celebrated with program staff, DPH leadership and alumni.
Youth Advisory Council & STAND Coalition (Phoenix)	Youth Advisory Council (YAC) The council recruits new members each year. While many youth continue from previous years, they are required to re-apply. The council has become popular and competitive since its inception in 2021. In 2024-2025, 159 youth applied for 30 positions (up from 64 applicants the previous year). Their mission is to engage diverse youth from Maricopa County in shaping public health initiatives by sharing their unique perspectives and participation in government-level programming. Students Taking a New Direction for Tobacco Prevention (STAND) Coalition This is a diverse, youth-led tobacco prevention coalition made up of three regional groups (East, West, and Central), each supported by a staff member on the Youth Tobacco Team. There are currently 75 youth

	participants divided among the groups based on their regional proximity, with a cumulative participation goal of 60 to 90 youth.
Multnomah Youth Commission (Portland)	This is a city and county youth policy body. They make policy recommendations and suggest changes for the city/county. There are three subcommittees: 1) Education/Youth Voice, 2) Transit Equity and Environmental Advocacy, and 3) Youth Against Violence (violence prevention/mental health/safety). The Education committee has been working on school start time (to delay the start to 8:30 or later citing research on adolescent sleep cycles and improved school performance, mental health, and physical health with delayed start times). The Transit Equity committee is working towards youth access to free transit/transportation (to increase mobility/youth freedom); right now Portland Public High Schools have free transit passes but not all schools or districts in the county have free access to transit). Youth Against Violence is focused on youth safety; they partner with the police bureau to advise on youth-police relations and their service to youth communities. All projects are youth-led (their ideas, concerns, topics, and projects) using a Youth-Adult Partnership model. Youth are the ones talking to teachers and elected officials. Staff are there to support, connect, and provide backstopping, education, and skill building opportunities to help youth gain the skills and experience for government policy work. The Youth Commission is a diverse group of approximately 35 youth from all over the county, ages 13-21 (mostly high schoolers typically). Staff recruit youth by giving presentations at schools and community organizations that engage diverse groups of youth. They usually receive 60-70 applications and a selection committee made up of youth selects the 35 youth for a one-year term on the Commission. Youth can serve consecutive year terms and about half the group returns each year. Every month there is a 12 hour minimum requirement that includes weekly subcommittee meetings after school from 4:30-6 and a full group meeting every other Sunday. Agendas are created by youth and there are cochairs for each committee. These cochairs are elected and they create agendas and lead the meetings. Because this is a government advisory group, youth cannot be paid, but food and bus passes can be provided. Hours can count towards volunteer hours for high school and letters of recommendation are provided. The Commission mostly runs from September-June but there is an optional summer committee for those who want to continue work during the summer.
Teen Ambassadors Program (San Antonio)	Teen ambassadors determine issues they want to address and then plan and execute strategies to address those issues. They create campaigns, hold events to elevate an issue, engage social services, and volunteer with relevant organizations and initiatives. In meetings they develop leadership and social emotional learning skills and then apply those to these projects. The Seven Mindsets curriculum, consisting of online

	modules, supplements their leadership and social emotional learning and development. A teen mentor, a recent graduate of the Teen Ambassador program, is an 8-10 hour a week one-year position with the city. This person provides support to ambassadors, helps plan meetings, and brings in youth voice. There is a community based group and two school-based groups (one middle school, one high school). In 2024-2025 the program had 102 teen ambassadors from grades 7-12. The high school group meets during the school day, the middle school group meets afterschool on Wednesdays, and the community based group meets 1-2 times per month on Saturdays at lunchtime (11-1). Monthly meetings often include one more formal meeting, one social meeting and/or volunteer opportunity. Ambassadors do not receive compensation for attending meetings but receive meals and transportations reimbursement. They are compensated for completing the online Seven Mindsets curriculum and for taking baseline and follow up tests that assess growth in knowledge.
Community Advocate Teens of Today (San José)	Activities include making public comments at city meetings writing letters to the editor, working with city council members to pass legislation, participating in park clean ups, and hosting and attending conferences and events, all related to prevention and building community capacity. The group meets virtually once a month at 5pm with 20-25 active members who are high school aged youth from across the county with rolling recruitment. Meetings offer different trainings and discussions and all activities and projects are options. Members earn community service hours for their participation which helps them fulfill community service requirements for graduation. Occasionally participants earn gift cards for certain activities.
Adolescent Sexual Health Advocates (ASHA) (San José)	This group discusses sexual and reproductive health provision, the landscape of services, and shares information on policy that might impact youth and health services, and shares resources. They are guided by an action plan, are developing a youth resource guide that will include minor rights and services with a section for parenting teens and LGBTQ youth. Examples of their work include developing a Safety Plan form to be used by youth to prevent/prepare for crises (mental health, reproductive crisis, immigration, intimate partner violence, natural disaster) and a Guide for providers/advocates to assist with using the safety planning form with the youth they serve. The group meets quarterly.
Youth Advisory Council (Washington, DC)	The Youth Advisory Council (YAC) focuses on youth development and leadership in schools and communities. Its purpose is to support and cultivate a group of peer leaders and influencers on topics such as healthcare, health education, social media, and advocacy. Members have

	participated in the Association of Maternal and Child Health Programs (AMCHP) conference, where they led portions of the program. The Council meets virtually and in person on a weekly basis. It consists of 34 members from seven public and public charter high schools in Wards 1, 3, 5, 6, and 7. Weekly attendance typically ranges from 15 to 20 members. Meetings are held after school at the offices of one of the DC public libraries. Light snacks and refreshments are provided, and members are compensated at $17.50 per hour, the DC minimum wage, for approximately eight hours each month, with opportunities to earn additional income for outreach activities.
Peer Advisory Committee (Austin)	Youth focus on service learning projects related to sexual health that they plan in fall and implement in spring (examples: menstruation project, webinar). It consists of 15 youth who meet monthly during evenings or on Saturdays and attend a weeklong training in the summer, all in person. On the third Friday of each month they additionally meet for social Fridays. Youth are paid $15 per hour (roughly $2500 per year) through gift cards. Transportation is provided if needed with city vans.
Youth Advisory Board (Nashville)	High school students come together to talk about public health issues and create service learning projects. They get trained and work with public health professionals to make data-driven decisions about programs/initiatives they want to do. They also serve the role of providing youth voice to other programs. Mental health is their focus and they have been engaged in activities such as making a podcast, creating public service announcements, and doing community field days at health centers that provide opportunities for physical activity. Ten young people are on this board right now. Members volunteer their time.

SUMMARY

Several key findings arose from this landscape analysis. First, we found that health departments utilize a variety of funding, staffing, and organizational structures to advance adolescent health. While some LLHDs centralized their adolescent health work, most had adolescent health initiatives spread across multiple departments and programs in their organization. In such structures, coordination around adolescent health is often a key challenge. LLHDs also had a variety of programmatic areas of focus, including substance use and misuse prevention, reproductive health, and youth mental health. Notably, almost all LLHDs provide direct clinical and/or health promotion services to adolescents.

In addition to providing direct clinical and health promotion services, some LLHDs also serve as capacity builders, technical experts, and lead health strategists. These roles are particularly unique and impactful. Providing public health expertise to stakeholders can strengthen work across sectors and improve programmatic and health outcomes. For example, many LLHDs increase their impact by providing technical assistance to

community-based organizations or school districts on a variety of topics ranging from tobacco use to positive youth development principles. Similarly, developing and leading a strategic plan or initiative focused on youth health and wellbeing or serving as the convenor of different sectors help ensure that adolescent health efforts are led with a public health framework.

LLHD also demonstrate they can effectively engage young people to help co-design and co-lead public health initiatives. Many LLHDs actively seek and incorporate the input of adolescents into their programming. Most health departments had formal ways to incorporate youth voice, such as through youth advisory boards. LLHDs also shared that when incorporated intentionally, youth voice increases the impact of adolescent health interventions. Several LLHDs provided examples of working with youth groups and coalitions to engage youth in public health related activities such as policy advocacy and community-oriented service projects.

Many LLHDs engage in unique and innovative partnerships with both local and international stakeholders to increase their impact. LLHDs that did so find that these unique partnerships, funding mechanisms, and ways of thinking opened possibilities to positively impact youth. Partnerships within and outside of the health department, novel funding mechanisms like voter approved taxes, and different approaches to reaching specific groups of youth for targeted interventions all provide flexibility to city health departments' efforts.

Lastly, an interesting finding of this landscape scan was how eager LLHDs are to engage in new strategies and partnerships to enhance their impact. LLHDs sought theoretical frameworks, strategic plans, and communities of practice. While most health departments do not use formal theoretical or evidence-based frameworks to guide their work, most think they should and indicate an eagerness to learn more. Similarly, very few cities have strategic plans focused on adolescent health but those that do say they have been instrumental in their roles as strategists, convenors, and leaders. Most importantly, almost all LLHDs interviewed were interested in connecting with counterparts in other cities and counties to share best practices and improve their work.

CONCLUSION

City and county health departments lead a wide range of initiatives and programs to improve adolescent health outcomes in their communities. They take on different roles, employ a variety of funding strategies, and evaluate their efforts to ensure they are effective and responsive to their communities. We hope this report will serve to highlight these efforts and the different approaches to the work so that best practices, novel ways of thinking, and community can spread and grow among LLHDs in ways that support the staff and ultimately continue to improve the health and wellbeing of adolescents across the country.

APPENDIXES

Appendix I – Interview Guide

Intro/Get Started

1. First tell me a little bit about yourself. What's your role at the city/county health department and how long have you been working there?
2. Would you say you are the city/county health department's adolescent health lead? How is this work led and organized in your city/county?

Programs & Initiatives Aimed at Adolescents

3. Please tell me about the programs/initiatives focused on adolescent health led by your city health department. When you do please describe for me the structure, content, funding, partnerships, and evaluation.
4. Are there any partnerships related to this work that you haven't named already (e.g., other city agencies, nonprofit organizations, faith-based organizations, schools/districts, private companies, funders, youth groups, etc.)? If so, please tell me about them.
5. Are youth involved in determining priorities, programming, or evaluation? If so, for which programs and initiatives that you already described and how?
6. Are there any programs or initiatives you would like to implement that you are not able to for any reason? If so, what are they and what prevents you?

Org Context – Approach/Funding/Staffing

7. How would you describe your city health department's approach to improving adolescent health? Probe: What guides your work? Is there a specific framework, philosophy, or theory you use?
8. What are your biggest opportunities and challenges right now as a city health department related to improving adolescent health?
9. How many people/FTE are focused on adolescent health at your city health department?
10. How is your work funded (e.g., mostly with grants or city funding)?
11. If you're able to share, what is your approximate budget size (ballpark is fine)?
    a. Under $500k
    b. $500k - $1 million
    c. $1 million - $1.5 million
    d. More than $1.5 million
    e. Not sure
12. Do you feel you have the staff, funding, space, and other resources you need? Why or why not?
13. In your opinion, how much does your city value adolescent health work? What makes you say that?

Learning/Connections

14. What else do you think other cities should know about your work?
15. Is there anything I haven't asked you about that you would you like to know from other cities about their adolescent health work?
16. Are there any city health departments you think of as doing incredible work that we should be sure to talk to?

Appendix II – Health Education Interventions

Intervention (City)	Description
Austin Healthy Adolescent Program (Austin)	Program includes: • Health education at two public charter schools for grades 6-12 in a priority area of Austin, some out of school settings, and clinic settings. Evidence-based abstinence plus sexual health curricula (Positive Potential, Positive Prevention Plus, Plan A in clinic setting) are taught by public health department staff. • Peer Health Educators program in which15 students who attend the two public charter schools co-facilitate the health education programs alongside professional Health Educators. Peer Health Educators meet twice a month at the health department and participate in a weeklong training. They are paid $15 per hour/~$2500 a year via gift cards. • Teen fatherhood group that meets the second Tuesday of each month, is run by staff, and focuses on parenting skills, anger management, and sexual health. • Workshops for parents and caregivers in partner elementary schools in Austin Independent School District. Public health staff work with parent liaisons to put these workshops on that are about talking to your children about puberty and sexual health. Parents receive incentives to attend. • Note: the Peer Advisory Committee mentioned in the Youth Advisory Boards and Coalitions table is also part of this initiative.
UChoose (Baltimore)	Health education in the schools, communities, and clinics using evidence-based programs (e.g., Making Proud Choices). The health department trains Baltimore City Public School teachers, Title X clinic staff, and community-based orgs on the curriculum.
Health Resource Centers (Boston)	Health education centers in 9 high schools focused on sexual health, mental health, substance use, and inequities (Rights, Respect, Responsibility (3Rs) by Advocates for Youth, Life Skills, Break-free from Depression curricula). Centers include a drop-in space where studies can access materials and information about different health topics and get connected to care at school-based health centers or community health clinics. The Health Resource Centers' Peer Leadership Institute program engages youth leaders to teach their peers in community all of the content areas we cover, including substance use using the curriculum Voices Inspired by Boston's Emergent Youth (VIBE) which is specifically designed as a peer-to-peer model.

New York City Teens Connection (New York City)	Health teachers are trained to implement an evidence-based sex ed program (Reducing the Risk and Cuidaté for bilingual schools) and link all partner schools with a specific community-based clinic. Coordinators work in different districts who serve as a resource to health teachers and direct connection with clinics.
Chicago Healthy Adolescents & Teens (CHAT) (Chicago)	This is a rights-based health education intervention implemented by Planned Parenthood educators that also includes STI testing.
Sexual Risk Avoidance Education (Houston)	Staff introduce an evidenced based approach at schools or in other community-based settings to educate youth on how to avoid risks that could lead to nonmarital sexual activity. Projects use a Positive Youth Development (PYD) framework as part of risk avoidance strategies, to help participants build healthy life skills, develop individual protective factors that reduce risks, empower youth to make healthy decisions, and provide tools and resources to prevent, pregnancy and STI.
Health Education (Indianapolis)	Health educators go into health classes when the teachers don't feel confident on certain topics (e.g., smoking, vaping, STIs).
Public Health Advocate Camp and Peer Educator Project (San Diego)	The curriculum provides education on adolescent mental health, including recognizing signs of distress, alongside a range of public health topics and an introduction to careers in county public health. It follows a five-day format in which students learn about key health issues such as mental health, human papillomavirus (HPV), sexually transmitted infections (STIs), and tuberculosis. Participants also receive an overview of public health principles and career pathways. A five-day summer camp version is offered to rising 11th and 12th grade students in San Diego County. During the camp, students explore social determinants of health, analyze existing public health campaigns—such as the Soluna app and You Are Never a Bother—and provide feedback on what they find effective and how they would improve the messaging. They also attend panel discussions featuring County of San Diego public health professionals who share insights into their roles and career journeys. The camp concludes with participants creating a public health campaign product, such as a flyer or social media post, to demonstrate what they have learned. A condensed version of the curriculum is also delivered throughout the academic year in partnership with high schools that offer public health or health-related programs. In these settings, county public health staff participate as guest experts, while classroom teachers lead the majority of the instruction.
We're Just Girls (Detroit)	This is a youth sexual health education program focused on HIV/STIs for girls aged 13-24. It occurs for 1 hour each week

	for 8 weeks at 4 schools each semester with 4 retreat options over the summer (June/July/Aug) set up as a weeklong retreat version from Monday-Friday from 11:30/12 to 2:30/3 each day. The curriculum is homegrown and focused on topics such as: my body, the reproductive system, healthy relationships, HIV and STI prevention, consent, pregnancy prevention, goals and dreams. The program serves about 100 youth per year. Youth find out about the program via word of mouth, radio advertisements, and billboards. Youth who attend the program get swag (shirts, bags) and food (snacks during the school year, lunch during summer retreat weeks) and a $15-20 gift card to Taco Bell or Burger King if they come to at least 6 sessions.
Addiction Services Health Education Program (Columbus)	Educational sessions on alcohol and drug prevention and making healthy choices more generally led by health department staff using a state created curriculum. All programs include drug prevention, information about addiction in the family, coping skills, and social emotional learning and some cover additional topics: • YES – You're Extra Special (grades 3-5) • YES 2.0 (grades 6-8) • SUCCESS Program (8th grade with groups separated by sex) about sexual health and STI prevention • The Real Life Program (9th grade through age 21) about job readiness, healthy relationships, and STI prevention This program mostly happens in schools but also in other settings like the juvenile detention facility.
Rape Prevention Education Program (Washington, DC)	This program provides education on rape prevention for high school students and is funded through the DC Coalition Against Domestic Violence for implementation. A healthy relationships and consent version is available for middle schools upon request.
FLASH (Seattle-King County)	Health educators are in schools implementing the FLASH curriculum which was developed in Seattle-King County. County public health staff train people on this across the county and nationally. Four educators cover the whole county and train others.

Appendix III – Non-clinical school-based interventions to improve adolescent health

Intervention (City)	Description
Youth Development Network (Boston)	Case management program focused on reducing chronic absenteeism among students in grades 7–12 across Boston Public Schools, serving 200–300 students annually. Student participation is voluntary.
Condoms for Schools (Chicago)	This is a condom availability program for schools based on a city policy that says that the public health department will give condoms to schools at no cost and specifies that this is at every school serving grades 5+ and that condoms must be in an open and accessible location that students don't need to ask for. They have a total of 700 partners that include public and private middle and high schools. Condoms are provided via wall dispensers in low traffic but unblocked areas. At the middle school level basic condoms are offered and at the high school level more variety is offered.
Student Wellbeing Centers	There are 47 Wellbeing Centers with 80 staff across 45 high schools and 2 middle schools. The focus of these centers is substance use knowledge, prevention and limited remediation. Under this broad umbrella of prevention, the wellbeing centers delve further into reproductive health, stress management/mental health support, student advocacy, and leadership. This is a student-centered space on campus staffed by "Youth Educators," staff that have a master's degree (an MPH, MSW, or education related master's) two-four days a week. It serves as the first stop and they work closely with licensed providers (counselors/therapists) on and off campus. On the fifth day on about 2/3 of the sites, Planned Parenthood runs a clinic. This clinic is not funded via public health. Youth most often enter the clinic with questions on reproductive health, stress management or to get a condom, but once there, are engaged by the staff. They build relationships with the caring adults there who don't work for their school and they come for other things (stress management, substance use/prevention/harm reduction) and bring friends. Students come during lunch and breaks and on some campuses have limited access during class time. There are games, music, snacks, etc. It's a place to de-stress and unwind. Wellbeing Center staff teach classes at the schools aligned with the topics covered in the centers and talk about what the center is and why you'd want to come. They get confidential, accurate information.

	Within this program is a Peer Health Advocate Program where they recruit a cohort of 12 students who learn about public health topics and take on an advocacy project (put on a mental health fair, advocate for menstrual products in the school, anti-vaping campaigns). Students get a $500/year stipend check or a gift card (they choose which one).
Healthy Schools Project	This is work with some of the most under-resourced communities by census tract focused on substance abuse prevention, absenteeism, stress management/mental health, and vaccination. They work with school districts and provide some grant dollars and technical support (e.g., how to do key informant interviews). Most districts are focused on connectedness and chronic absenteeism. They're getting to the bottom of reasons for chronic absenteeism and trying to address the root causes.
Youth Mental Health First Aid Training (Phoenix)	A number of staff are trained in Youth Mental Health First Aid and the focus is on training caregivers, cafeteria workers, bus drivers, and all caring adults who might surround adolescents. They have led one Spanish language training and hope to complete more.
STI Testing in Schools (Philadelphia)	In this model, city health department staff do high school-based testing in all grades at all public high schools. The intervention consists of a brief presentation including a video about sexually transmitted infections (STIs) and STI testing. After the presentation every student goes to the bathroom with an STI test kit in a paper bag and decides whether to provide a urine sample for chlamydia and gonorrhea testing or not. All paper bags, along with a brief survey, are collected from all students. All urine samples collected are then tested at the city health department's lab. Positive results are shared by phone or in person in a private location at school and medication is provided at that time for chlamydia and/or a referral is made to a local health clinic for gonorrhea treatment. City health department staff follow up with students to ensure results and any necessary treatments are shared. They also provide anonymous partner notification and contact tracing. Philadelphia shared that typically 4-5% of males and 9% of females who opt in to testing are positive for an STI. See NCSD case study on Philadelphia model here.
Take Control Philly (Philadelphia)	Free condoms can be obtained at STI testing events and schools, sent via discrete mailed envelopes, or picked up at various locations throughout the city. These are available to anyone in the city who requests them including adolescents.

Appendix IV – Media-focused interventions for adolescent health improvement

Intervention (City)	Description
Cope Code Club (Boston)	Cope Code Club is a BIPOC focused public awareness campaign focused on mental health coping strategies.
Start Strong (Boston)	This is a youth-led violence prevention program that includes a web series, a podcast, media literacy education, and social media focused on healthy relationships and reducing teen dating violence prevention.
Heads Up Boston (Boston)	The "Heads Up" campaign was born from conversations with Boston adolescents. It is a campaign that empowers young people aged 14-18 to talk about their mental health, support one another, and seek help from trusted adults when needed. "Heads Up" urges young people to show up for each other and encourages more teens to give a Heads Up when they need support.
IDecide media work (Detroit)	IDecide provides comprehensive reproductive and sexual health services for youth 12 and up with no insurance requirements, a sliding scale, and free transportation for appointments via a city contract with Uber. To promote their clinic, IDecide engages in broad-based media work. They engage young people to make videos about their experiences seeking care at the clinic and amplify them, and they work with streaming radio and a local DJ on spreading messages. The city has a contract with a media company who develops a communication strategy and gets things onto the radio station, digital platforms, and this DJ. They also buy Tiktok ads.
Clarke County Thrive (Las Vegas)	This is a localized, evidence-based Google type platform for mental health and wellness. It includes quizzes, evidence-based sources and local resources that were customized by the health department. The department shared it with coalitions that include youth serving coalitions but haven't reached out to youth directly. Analytics show that 13-17 year olds are the biggest users of this resource. There were 6500 users in first 6 months with no paid promotion and very light communications posting. Users are ~50% female, 4% Spanish speaking, and most are 13-17 years old.
BreakDown (Las Vegas)	BreakDown is a youth vaping prevention program. To develop the intervention hey surveyed students in all 32 high schools, asking them 5 questions: 1) do you vape? 2) what is your favorite musical artist? 3) what time do you go to bed at night? 4) are you involved with extracurricular activities and what are they? and 5) who is the most popular person at your school/who should we follow on social media? Through this process they discovered that the youth subculture who was most vaping was high school athletes. They then developed a

	program using brand ambassadors from top high school teams across the county – the best football players from the best high school football team, etc. Brand ambassadors apply and must show they can generate at least 300 likes, 600 views, and 13 active comments on a vaping post to qualify. They are paid per post, and usually post once a month. They saw a reduction in youth vaping from 33% to 15.1%. While other areas saw some decreases in vaping during this same time period, there was a larger decrease in Las Vegas compared to other counties in Nevada.
Media awareness campaigns to reduce substance use and abuse (Los Angeles)	There are two current substance use related media campaigns that speak to adolescents: • Fentanyl frontline campaign which aims to increase awareness of and access to Naloxone. • Cannabis campaign which is particularly youth focused