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Global Adolescent Health Equity: A Brave New World



Social media in its many forms provides a voice for young people to actively engage with one another and often circumvent controlled forms of media and communication channels. At one end of the spectrum they can unfriend a parent from their Facebook page while at the other end they can use social networking sites to organize social and political action. The ubiquity of social media also means that the words and actions of people in the public eye are no longer suppressed or "not reported" with an instant outlet for public criticism, scorn, or outrage. Mobile phones, the internet, instant messaging, and new social networking sites are being used by the majority of young people in nearly all countries around the world [1].

The power of social media has created opportunities for young people to become active catalysts for change. For those that doubt the power of social media just look at the attempts to censor or restrict access to social networking sites in many countries where there is social unrest or the use of social media as a way to influence the outcomes of democratic processes [2].

Social media can also be a medium for positive health promotion using population focused social marketing [3]. There are also many examples of the increase in access to mental health support through e-therapy and guided self-help and apps for depression and anxiety [4].

The potential damage of these emerging technologies must also not be underestimated. For every positive website or YouTube video there is an alternative potentially negative and damaging one—consider the Pro-Ana movement, radicalizing vlogs, Instagram access to pictures of self-harm, or pornography [1].

The power to emotively and graphically publicize dangerous or damaging behaviors means images and opinions or social movements can go viral in minutes and as a result can contribute to changes in societal norms or expectations faster than ever before.

Excessive Screen time and internet addiction is an increasing concern contributing to poor sleep, cyberbullying, low self-esteem, and other mental health issues including school refusal [1,5].

Adolescents Are the Future

Adolescent health is no longer the minor speciality it was when the first program in adolescent medicine was opened at Boston Children's hospital in 1951.

About half the world's population is under 25 whilst the current generation of over 1.8 billion 10–24-year-olds is the largest cohort ever seen [6].

And we need to take good care of them because these young people are the future parents of our grandchildren and great grandchildren and for some great great grandchildren [7].

Young people have the potential to transform the future. They provide energy innovation productivity and progress. They hold onto hope when others give up.

Good News and Bad News

The rapid changes in economics, technology, social, and demographic structure have resulted in significant reductions in infectious diseases, infant, and maternal mortality [8]. According to the Centers for Disease Control and Prevention, in the first decade of the 21st century child deaths from unintentional injury in the USA dropped by nearly 30%. On the down side in this same decade death by suffocation in infants rose by 54% whilst poisoning deaths in adolescents nearly doubled [9].

It is important to remember the law of unintended consequences. We are vanquishing the killers of the 20th century however there has been a parallel emergence of noncommunicable diseases—the new dragons that we must set forth to vanquish [10].

This is why we all get up in the morning and go to work and why we are meeting in Seattle at #SAHM18. To support each other to learn and share and advocate for Global Adolescent Health Equity. To give every young person around the globe what they need to be successful.

Viner et al. clearly describe the Key structural factors that determine adolescent health [11].

These include national wealth and income equality. However, the racial wealth gap means that even in those countries which have achieved this it does not exist for all [12].

Young people also need safe and supportive families—which for many do not exist as a result of poverty or conflict.

Young people need safe and supportive schools and it is ironic that this is a difficult promise to keep in one of the richest countries in the world.

Young people must have access to education for all regardless of race, gender, sexuality, or income.

Young people need universal health care coverage that provides mental health services with the same parity of esteem as physical health [13].

Failing to do this is saving up trouble for the future; 70% of premature adult deaths reflect behaviors that began in adolescence [8].

We are seeing increases in mental health disorder, suicide, homicide, obesity, malnutrition gun violence, and RTA and precancerous cervical lesions worldwide [14].

Unmet mental health need contributes nearly half of the burden of disease in young people aged 10–24 years [15].

More teenagers and young adults die from suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia, influenza, and chronic lung disease, *combined* [16].

In the United States, 145 young people make a suicide attempt every hour. In a 24-hour period in the USA alone over 3,500 young people in grades 9–12 will have made a suicide attempt with 4 out of every 5 having given clear warnings [17].

Alcohol, tobacco, substance misuse, mental health problems, unsafe sex, risky and unsafe driving, and violence—including gun violence is largely preventable. Developmentally appropriate prevention policies and programs have shown short and long-term reductions in all of these behaviors [18].

SAHM's Role in Making a Difference

SAHM's vision is to be a leader in the promotion of health, well-being, and equity for all adolescents and young adults.

Each and every one of the attendees at the 2018 SAHM annual meeting is contributing to the delivery of optimal health and social development and emotional and physical well-being for all young people around the globe.

Our mission statement clearly sets out the steps by which we will achieve this vision.

To promote the optimal health and well-being of all adolescents and young adults by supporting adolescent health and medicine professionals through the advancement of clinical practice, care delivery, research, advocacy, and professional development.

This year and next year over half of the sessions are directly focused on clinical practice and care delivery and are offered throughout the 4 days of the conference.

In 2019 in Washington DC, we hope to offer a preconference day of Advocacy training.

This year we are offering Maintenance of Certification credit hours and plan to do so again in 2019.

Another major innovation this year was that all SAHM members were invited to be part of the Program Committee. 120 SAHM members reviewed workshops and 90 reviewed Hot Topic submissions.

For 2019 all SAHM members are again invited to be part of the Program Committee.

A quarter of the conference this year is devoted to research. This contributes to a global research agenda to advance adolescent and young adult health and ensure SAHM programs, products, and activities are based on the best evidence and practice available both across North America and at an international level.

SAHM will continue to be the trusted source for knowledge in research on adolescent and young adult health and focus increasingly on translational research in order to connect academic and clinical expertise and practice.

Steps Into the Future

Over the next 3 years I am inviting each and every one of you to join me and the SAHM leadership focusing on the 3 pillars of our strategic plan—Advocacy, Governance, Education.

Advocacy

In the last 12 months, the advocacy committee has worked on behalf of SAHM to advocate for programs that support children young people and families, and stand against political decisions that have the potential to undermine the health and well-being of young people and their families. Many of these political decisions discriminate against specific groups on the basis of nationality, gender, race, and income.

We have used the strengths and skills of members of SAHM to engage in leveraging partnership and linkages with the American Academy of Pediatrics, Council of Pediatric Subspecialties, the Advisory Committee on Immunization Practices, the Pediatric Academic Societies, and the American College of Obstetricians and Gynecologists along with several other organizations to have a voice on behalf of those that cannot speak for themselves [19].

With your help going forward we will continue to be a leading resource for advocacy in adolescent and young adults and the health professionals who care for them.

With your help going forward we will improve mechanisms to allow you the members to contribute to SAHM's advocacy resources for health professionals.

These efforts will ensure we increase the visibility of advocacy efforts to internal and external stakeholders.

Our explicit advocacy agenda will promote adolescent and young adult health nationally and internationally with clearly defined areas in order to help us focus our resources.

Education

With your help we will ensure that SAHM continues to be a leading resource for innovative education and professional development for all adolescent health professionals.

High quality education at the SAHM meetings is a priority for everyone that replied to the 2017 membership survey. We have already focused on improving the quality of educational and professional development activities offered at the 2018 SAHM Annual Meeting. We are committed to maximizing the effectiveness and usefulness of the adolescent medicine resident curriculum alongside the monthly SAHM webinars.

These are designed by expert professionals and are relevant for all adolescent health providers, training program faculty, professional school faculty, and students interested in adolescent health care.

We will explore and identify innovative educational and professional development activities that are of interest to members all year round. These innovations will contribute to building the profile and perception of SAHM and its annual meeting as the major international educational resource for adolescent and young adult health.

With your help we will evaluate the existing processes and procedures connected with our position papers.

This will include reviewing the current timeframes, introducing fast track, and improved peer review processes.

We need you to volunteer to join the committees that have oversight and track these position papers alongside Paula Braverman the director of publications and advise the BOD on identifying positions that require updating.

Governance

None of what has gone before or is to come is possible without a dedicated leadership team. I am honored to have had the

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