



Presidential address

Cultivating Connectedness and Equity: A Call to Action for the Global Adolescent Health Community



The Society for Adolescent Health and Medicine (SAHM) is the most influential and largest organization of multidisciplinary, professional adolescent and young adult providers in the world. Each of us has our own inherent value, unique skills, and undeniable talents to improve the physical and psychological health and well-being of all adolescents and young adults; to share and learn from each other methods of improved clinical care, health promotion, education, and research; to advocate for all adolescents and young adults; and to support, connect, collaborate, and cultivate our relationships and friendships, and care for each other. We are also here to reaffirm our commitment to stand against discrimination, intolerance, violence, and hatred directed at any group regardless of their race, ethnicity, culture, sexual orientation, nationality, age, religion, gender, or gender identity both in the United States and around the world [1]. It is through this commitment, our mission, and advocacy, we can improve the psychosocial and physical health and well-being of all adolescents and young adults. To our members who are not able to be with us at the annual conference this year, we miss you, we support you, and we remain connected to you.

The theme of this year's conference is "Cultivating connections: the importance of relationships in adolescent and young adult health." We are privileged that one of the pioneer experts on connectedness is SAHM's immediate past president, Dr. Michael Resnick. Connectedness refers to a sense of interpersonal closeness with the broader social world or with other individuals and is characterized by feelings such as caring, belonging, trust, value, and respect [2]. This definition encompasses the nature and quality of connections both within and between multiple layers of the social ecology and includes an adolescent and young adult's relationships to family members, friends, school, community, institutions, and society. Dr. Resnick also states that connectedness includes close connections to moral and spiritual meaning [3].

Why do adolescents and young adults need connectedness to other individuals, families, community, and society? It is through these connections and relationships, our adolescents and young adults discover, develop, and define their social, cultural, and moral identities. Thus, it is a critical time for communicating messages of altruism, inclusion, acceptance, and optimism. Connections, including spiritual connections, are also important because they are key determinants of their health and well-being and can be protective against an array of health risk behaviors [2,3]. Supportive connections are associated with better physical

and mental health outcomes resulting in improved overall health and resistance to stress and disease. Connectedness of individuals and their families to community and society can also increase a person's sense of belonging or "mattering" to a group [4]. Unsupportive connections or social environments may encourage maladaptive coping behaviors, stress, and disease [2,3,5]. While peer-peer connections are of great importance in adolescence, parent-adolescent and family connectedness still have a prominent impact on adolescents [4]. Although adolescence can be a time of independence, many adolescents still want close relationships with their parents and other caring adults, like their health care providers, and rely on them for support and guidance.

The importance of family connectedness is demonstrated at an exhibit at the Red Cross Museum in Geneva, Switzerland, called Restoring Family Links. It states that human beings are social beings who are defined by their links with each other. When those links are broken, they lose part of their identity and bearings. Giving and receiving news and finding one's loved ones again are elements of stability that are even more essential during crisis situations. We see loss of connections through the crises of mass incarceration and immigration policies. Both of these issues have been expressed concerns of SAHM members.

Mass incarceration is increasing in the United States. The United States is home to 5% of the world's population, but 25% of the world's prisoners [6]. Inmates are also disproportionately people of color [6]. In 2016, SAHM published a position statement on youth justice systems, recommending a paradigm shift toward resources that address the antecedents of high-risk criminal behaviors [7]. SAHM also recommended that funds be diverted away from the construction of privatized, for-profit prison complexes to address the antecedents of imprisonment. Incarceration and detention have also become prominent features of some immigration policies.

Threats to connectedness through immigration policies are exemplified in a Photovoice project that was conducted with Latino adolescents [8]. We asked them to take photos of "What I wish my doctor knew about my life." At a community forum, our Latino adolescents asked community participants what feelings were evoked when they saw their photo. When a photo of a police car was shown, some forum participants said it made them feel "safe." Some African-American participants did not feel safe and actually stated that they feared for their safety. Some Latino adolescents shared that they also did not feel safe, but that

they were also fearful that they would come home from school one day and find that their mother or father had been deported. The concerns of safety, fear, justice, and discrimination transcend socioeconomic status and education such that, as an African-American woman and physician, I am also concerned about the safety of my young adult son and adolescent daughter. There are thousands of adolescents and young adults like mine who, despite their talents, strengths, and contributions, are vulnerable every day because they are judged by the color of their skin and not by the content of their character. We should continue to support and cultivate healthy connectedness at all levels of the social ecology and encourage communities and societies to care about and care for all their citizens.

Connectedness has become a dynamic process, and a new dimension has emerged. Connectedness is now also defined as the degree to which people are connected by technology such as the Internet, email, and social media [9]. In this sense, our connectedness and communities have become global. As technological advances continue to become an integral aspect of our adolescents' culture, education, and social life, we see an overwhelming amount of new opportunities for teens to connect, communicate, and interact with each other. While we have new opportunities to promote local, national, and global connectedness through social media and the Internet, it is also necessary to explore the benefits and potential pitfalls of social media in relation to connectedness [10]. Through vivid, real-time technology, and digital and social media, our adolescents and young adults are increasingly shaped by our local, national, and global connectedness. Thus, it is important that we are concerned not only about what is happening on our side of the world but also connected to what is happening globally.

SAHM's greater involvement in global adolescent issues does not mean that we will abandon the unique domestic challenges and opportunities that are within any of our respective countries or local communities. We want to support SAHM members to work locally regardless of the country they are in and to support and strengthen efforts to improve global adolescent health. Our goal is to collaborate and learn ways to improve the health and well-being of all young people.

There are many similarities among us regardless of our country of origin. No matter where we reside, we are all part of the global society, and global health refers to all of us. Our adolescents and young adults share the same developmental characteristics and similar concerns. Young people, whether they are born and reside in Asia, Africa, North America, South America, Antarctica, Europe, or Australia, all start out as children and must navigate and transition through puberty into adolescence and young adulthood, often encountering challenging conditions. Adolescents and young adults are impacted by their connectedness to others, institutions, and society. All adolescents want to be loved, respected, and cared for and have their basic needs of food, clothing, shelter, and safety met. Adolescents and young adults worldwide have been one of the most neglected generations. However, this is changing across the globe. This has to change! We now have for the first time, the largest generation of adolescents and young adults in human history, and they demand more attention and action. Some of the organizations leading this increased global attention and action are the United Nations (UN), the World Health Organization, and the Lancet Commission. According to the Lancet Commission, we now have 1.8 billion individuals between the ages of 10–24 years, who now represent 25% of the world's population [11].

The Lancet Commission states that we must transform our views of adolescents and young adults to a resiliency and positive youth development framework and think of them not as a big problem, but a huge opportunity. This generation of adolescents and young adults can transform all our futures; there is no more pressing task in global health than ensuring they have the resources to do so [11].

Major challenges for adolescents and young adults worldwide within their own contexts include youth unemployment, armed conflict, promotion of unhealthy life styles and obesity, less stable families, environmental degradation, and mass migration [11]. Armed conflict can lead to mass migration and refugee crises. Refugees are defined by the UN as persons who have been forced to flee their country because of persecution, war, or violence. They have a well-founded fear of persecution for reasons of race, religion, nationality, political opinion, or membership in a particular social group [12]. They are recognized under the UN statutes as deserving of protection. We are all vulnerable to needing aid from one of our neighbors or allies in the world. Adolescent and young adult refugees are particularly vulnerable to lost connections and abuse such as human trafficking. To assist, we must cultivate connections and build bridges with our neighbors, not walls. We must tear down the walls that separate us. Who are our neighbors? Our neighbors are the people placed in our path who we have the opportunity to touch and help.

An opportunity lies in addressing the different health challenges faced by adolescents across the world. The Lancet Commission classifies three main burdens for adolescents clustered by regions [11]. Most of the global adolescent population (51%) comes from multiburden countries, such as India and countries in Africa, that are fraught with infectious and vaccine preventable diseases, undernutrition, and sexual and reproductive health needs. The Lancet Commission refers to these conditions as diseases of poverty [11]. Thirty-seven percent of the global adolescent population comes from countries such as Australia and those in North America that are burdened with noncommunicable diseases categorized as physical disorders, mental health disorders, and substance use disorders. Twelve percent of the global adolescent population comes from the injury-excess countries within Central and South America and parts of Europe, where violence, including armed conflict, self-harm and suicide, and unintentional injury including traffic accidents predominate as the leading causes of morbidity and mortality [11].

The leading causes of mortality worldwide for adolescents and young adults aged 10–24 years are also described in the Global Burden of Disease Study [13]. Overall, among males and females aged 15–24 years, the top two leading causes of death globally are road injuries and self-harm/suicide, respectively; among 10- to 14-year-olds, they are HIV/AIDS and road injuries [13]. Other leading causes of death include interpersonal violence, drowning, intestinal infectious diseases, tuberculosis, and lower respiratory infections. There are some differences by gender. Among females aged 15–24 years worldwide, the leading cause of death is self-harm or suicide; for 10- to 14-year-old females, the leading cause of death is HIV/AIDS. Globally, among males aged 10–24 years, the leading cause of death is road injuries [13]. U.S. data depict a similar epidemiology for U.S. mortality among 10- to 24-year-olds as the Global Burden Disease Study; motor vehicle crashes and suicides are the leading causes of death [14]. The similarities in morbidity and mortality worldwide can lead to the development of common strategies.

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