



ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS

## REQUEST FOR APPLICATIONS TO PARTICIPATE IN A PRECONCEPTION HEALTH FOR ADOLESCENTS ACTION LEARNING COLLABORATIVE

Application Deadline – Friday, September 4, 2009

### PROMOTING REPRODUCTIVE HEALTH ACROSS THE LIFESPAN

The Association of Maternal and Child Health Programs (AMCHP), along with many state maternal and child health programs, recognizes that health trajectories, including reproductive health, are developed over the course of an individual's lifetime<sup>1</sup>. In an effort to promote reproductive health across the lifespan, AMCHP's Adolescent and Women's Health Teams have formed an Adolescent & Women's Health Practice Collaborative (AWHPC). The initial project for the Collaborative is a Preconception Health for Adolescents Action Learning Collaborative. In this effort, AMCHP's AWHPC will work in partnership with state maternal and child health program and educational partners to promote preconception health strategies for adolescents.

### PRECONCEPTION HEALTH - MAKING THE CASE FOR ADOLESCENTS

In the simplest terms, the preconception period is the time before a pregnancy occurs. Preconception health efforts, then, are those strategies aimed at promoting the health of and preventing disease among women, men, and families in the period before a pregnancy occurs. Given that 4 out of 10 girls in the US are pregnant before the age of 20<sup>2</sup>; 1 out of 4 teenage girls in the US between the ages 14-19 has a sexually transmitted disease<sup>3</sup>; and that among females ages 13-24, the main route of HIV/AIDS transmission is through heterosexual contact<sup>4</sup> (85% of the cases), focusing on reproductive and sexual health of adolescents is a critical need.

Improving preconception health, however, can result in improved reproductive health outcomes overall, not exclusively pregnancy outcomes. Because the public health community has spent many years working to prevent pregnancies among adolescents, promoting the concept of preconception health may seem like an unlikely and contradictory concept, yet preconception health is a relevant concept to integrate into interventions targeted to adolescents. In light of these statistics and more recent research regarding the current state of adolescent reproductive and sexual health<sup>5</sup>, building state-level capacity to design and promote programs and activities that

#### ABOUT AMCHP

*The Association of Maternal and Child Health Programs is a national resource, partner and advocate for state public health leaders and others working to improve the health of women, children, youth and families, including those with special health care needs.*

*AMCHP supports state maternal and child health programs and partners by helping states build successful programs through such efforts as providing capacity building and technical assistance, disseminating best practices, convening leaders to share experiences and ideas, and advising states about involving partners to reach our common goal of healthy children, healthy families, and healthy communities.*

<sup>1</sup> Halfon, N., and Hochstein, M. (2002) Lifecourse Health Development: An Integrated Framework for Developing Health, Policy and Research. *The Millbank Quarterly*, Volume 80, Number 3, Pages 433-479.

<sup>2</sup> Facts and Stats. National Campaign to Prevent Teen and Unplanned Pregnancy. Available at <http://www.theodora.com/teddy/newyork/teenage.html>

<sup>3</sup> Centers for Disease Control and Prevention. Data from the National Health and Nutritional Examination Survey (NHANES) 2003-2004 Available at <http://www.cdc.gov/nchs/nhanes.htm>

<sup>4</sup> Centers for Disease Control and Prevention. Cases of HIV Infection and AIDS in the United States and Dependent Areas, 2007. Available at <http://www.cdc.gov/hiv/topics/surveillance/resources/reports/2007report/default.htm>

<sup>5</sup> Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report, *Sexual and Reproductive Health of Persons Aged 10 -24 Years – United States, 2002-2007*. Available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5806a1.htm>

support the reproductive and sexual health of adolescents is a critical need. In fact, as recent data points to a leveling off of improvements in and an actual decline in adolescent health related to many key health issues in addition to reproductive and sexual health such as mortality, violence, suicide and mental health, substance use, exercise, diet and overweight<sup>6</sup>, there is a critical need to expand efforts to address health promotion and prevention needs more holistically.

AMCHP and other organizations along with many state maternal and child health programs, defines adolescence as the period of life ranging from ages 10 – 24<sup>7</sup>. As a development period, this stage of human development is differentiated by distinct changes –internal changes such as physical, emotional and intellectual growth, as well as external changes such as transformed social roles, relationships, expectations, and opportunities. Health behaviors initiated during adolescence can have a great impact not only on future reproductive outcomes, but also on present and future health. Engaging in unsafe sexual behaviors, for example, place young people at risk for unintended pregnancy, HIV infection and other sexually transmitted diseases (STDs), which affect not only their current, but also their future reproductive and sexual health. Likewise with other risk behaviors, such as use of tobacco, alcohol and illicit drugs, that can contribute to potential threats to the health of adolescents.

In 2006, the Centers for Disease Control and Prevention (CDC) released Recommendations to Improve Preconception Health and Health Care – United States (Preconception Care Guidelines) in the Morbidity and Mortality Weekly Report.<sup>8</sup> The CDC believes that implementation of the ten recommendations included in the report will result in improvements in access to care, continuity of care, risk screening, appropriate delivery of interventions, and changes in health behaviors of men and women of reproductive age. The guidelines promote the use and implementation of educational materials, programs, and services that raise awareness and increase healthy behaviors related to sexual behaviors and relationships, substance use, mental health, nutrition/physical activity, safety, and injury prevention. Adolescent health programs and services address many of these key issues, and therefore provide great opportunities for incorporating the preconception health guidelines by developing and integrating new strategies. By focusing on health promotion and disease prevention among adolescents and implementing the guidelines in innovative ways, states can contribute to improving sexual and reproductive outcomes, and overall health and well-being in women across the life span. AMCHP, with the support of the Centers for Disease and Control and Prevention’s Division of Adolescent and School Health (DASH) and Division of Reproductive Health (DRH), is interested in working with a small cadre of innovative states who would like to explore the idea of integrating preconception health recommendations into their adolescent health efforts. Additional support for this project is provided by Association of State and Territorial Health Officials (ASTHO) with funding from the Centers for Disease Control and Prevention’s National Center on Birth Defects and Developmental Disabilities (NCBDDD).

## **THE ACTION LEARNING COLLABORATIVE (ALC) MODEL**

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AMCHP has used the ALC model since 1996 to address a range of topics including; Medicaid and SCHIP reforms, smoking cessation, perinatal HIV transmission, and perinatal disparities. AMCHP uses the ALC to strengthen partnerships and promote collaboration at the state level and improve family health programs. The ALC model brings together multi-disciplinary teams for an 18-24 month period to analyze a problem in maternal and child health, identify resources, learn how to apply problem-solving techniques to that issue, review promising practices from other teams and create plans to address specific public health problems. The ALC has resulted in innovative strategies that have improved maternal and child health programs and practice at the state and national levels.

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<sup>6</sup> Mulye, T.P., Park, J.M., Nelson, C.D., Adams, S.H., Irwin, C.E., and Brindis, C.D. (2009). *Trends in Adolescent and Young Adult Health in the United States*. Journal of Adolescent Health, 45 (8-24).

<sup>7</sup> A Conceptual Framework for Adolescent Health, <http://www.amchp.org/MCH-Topics/A-G/Documents/conc-framework.pdf>

<sup>8</sup> Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report, *Recommendations to Improve Preconception Health and Health Care --- United States*. Available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5506a1.htm>

## **The Preconception Health for Adolescents ALC process is designed to:**

- Increase awareness and knowledge of the preconception health guidelines and the essential role the adolescent health community plays in implementation;
- Build the capacity of state health and education agencies to collaborate to strengthen reproductive and sexual health promotion efforts;
- Build the capacity of state health agencies to integrate reproductive and sexual health efforts to complement and support school-based programs and policies;
- Facilitate active support, integration, use and dissemination of the Preconception Health Guidelines;
- Provide capacity building assistance to states to enable them to more effectively address adolescent reproductive and sexual health;
- Facilitate change in knowledge, attitudes, practices, and policies;
- Provide “lessons learned” for other states interested in taking this approach.

## **ALC TEAM REQUIREMENTS**

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The AWHPC will work collaboratively with up to 5 ALC state teams to implement preconception health efforts targeted toward adolescents into existing public health and education programs. Each ALC team will be charged with creating strategies to implement the CDC Recommendations to Improve Preconception Health and Health Care among adolescents in their state. ALC teams will focus specifically on one or more of the following four selected CDC preconception health recommendations:

### Recommendation #1: Individual responsibility across the lifespan - “reproductive awareness”

- Develop, evaluate and disseminate reproductive life planning tools
- Develop, disseminate and evaluate individual health education materials

### Recommendation #2: Consumer Awareness

- Develop, evaluate and disseminate age-appropriate educational curricula and modules for use in school health education programs
- Integrate reproductive health messages into existing health promotion campaigns
- Design and conduct social marketing campaigns to develop messages for promoting preconception health knowledge and attitudes, and behaviors

### Recommendation #4: Interventions for Identified Risks

- Increase health/education provider awareness concerning the importance of ongoing care for chronic conditions and interventions for identified risk factors
- Disseminate existing evidence-based interventions that address risk factors (i.e., alcohol misuse, HIV/AIDS, smoking, STD, obesity)

### Recommendation #8: Public Health Programs and Strategies

- Develop and support public health practice collaborative groups to promote shared learning and dissemination of approaches for increasing preconception health

Research points to eight core implementation characteristics necessary to introduce new methods: relevance, relative benefits, concordance, simple to use, testability, visible results, adaptability, and knowledge that can be generalized.<sup>9</sup> Given the nature of the ALC model – taking research to practice –AMCHP and the selected ALC teams will be exploring how well these implementation characteristics are met by this approach. Team requirements, then, also include:

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<sup>9</sup> Fixsen, D.L., Naoom, S.F., Blasé, K.A., Friedman, R.M., & Wallace, F. (2005) Implementation Research: A Synthesis of the Literature. Florida: University of Florida. Downloaded from [www.fpg.unc.edu/~nirn/resources/publications/Monograph/pdf/Monograph\\_full.pdf](http://www.fpg.unc.edu/~nirn/resources/publications/Monograph/pdf/Monograph_full.pdf)

- Transferring lessons to the future by contributing to the development and application of promising approaches in the field of adolescent and reproductive health;
- Sharing products, results and experiences gained from ALC work in an on-going manner with other participating teams and national, state, and local entities;
- Evaluating ALC efforts - in order to help ALC teams and others fully understand how the ALC works and to let states know if/how well their approach is meeting stated needs and goals or objectives; and,
- Participating fully in sponsored ALC activities, including completing state team assessment, participating in pre-meeting orientation call and webinar(s), attending one on-site meeting, participating in follow-up and support activities, including bi-monthly conference calls, and all evaluative efforts.

## ALC TEAM COMPOSITION

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The ALC teams should include multidisciplinary members and include appropriate non-traditional partners. Teams will work to assure community engagement, buy-in and commitment to developing and implementing action plans, and strategies that include preconception health principles in programs, resources, and/or services for adolescents. AMCHP, with additional support from ASTHO, will provide funds for 5 teams each consisting of 5 members to participate in an in-person ALC meeting. Teams can bring up to two additional members at their own expense. The team traveling to the in-person meeting must be comprised of the following individuals:

### 1. Required Organizational Representation

- MCH or Women’s Health Director or Designee (State Public Health Agency)
- State Adolescent Health Coordinator or Designee (State Public Health Agency)
- Education Agency Representative (DASH-funded HIV Coordinator)

### 2. Additional Team Members

Your overall team composition should be based on the scope of the work you are proposing in your project strategy. In determining the additional members of your travel team, consider the following:

- **Consumer representative or community organization.** Program coordinator/manager of a relevant local or state program/organization/coalition who works to address issues related to preconception health and health care interventions.
- **Stakeholder representation.** These individuals can be from any organization relevant to the work you propose, including: youth advisory group, the local health department, local/state government bodies, community-based organizations, tribal community organizations, family planning, academia, managed care organizations, the faith community, etc.

**ALC Timeline**

RFA Orientation [Question and Answer] Call:  
Monday, August 17, 2009  
Time: 3:00 – 4:00 pm EST

Applications Due: Friday, September 4, 2009 at  
5:00 pm EST

Teams Announced: Friday, September 25, 2009

Team Orientation Call: Friday, October 2, 2009

Two Pre-Meeting Webinars: Thursday, October 8,  
2009 and Thursday, October 22, 2009

In-Person Meeting: (Location TBD) November 11 –  
13, 2009

On-going Support and Technical Assistance:  
November – May 2010 (and beyond)

## WHAT CAN YOU EXPECT FROM AMCHP?

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- Travel support for 5 team members to attend one onsite meeting of the ALC;
- Seed money to support team activities (\$2,500);
- Ongoing intensive technical assistance from ALC staff to develop and implement an action plan to implement the CDC’s Recommendations to Improve Preconception Health and Health Care;
- A forum to network, share ideas and problem solve with colleagues nationwide working on similar issues; and,
- Information from leading national experts in the fields of preconception health and adolescent health.

## APPLICATION PROCEDURE

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- Applications need to address the Components I-VI (described below).
- The page limit for Components I-V is five pages; Components VI & VII are stand-alone one-page documents.
- To be considered eligible, applicants are required to complete and submit all required pieces.
- Submit all required application materials by email by 5:00 pm EST to **Sharron Corle at [scorle@amchp.org](mailto:scorle@amchp.org)**.
- The full application must be received by close of business on Friday, September 4, 2009.
- Applications received after the deadline, **Friday, September 4, 2009**, will not be considered.

**Please Note:** You will receive notification of receipt of application no later than one week following submission. If you have not received a notification of receipt by Friday, September 4, 2009 please contact, Sharron Corle at [scorle@amchp.org](mailto:scorle@amchp.org).

For any additional questions, contact: Sharron Corle - Associate Director, Adolescent Health at AMCHP  
E-mail: [scorle@amchp.org](mailto:scorle@amchp.org) Phone: (202) 266-3036

## APPLICATION COMPONENTS

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### I. STATEMENT OF NEED

- Overview of the problem:** This section should include an overview of the status of adolescent reproductive and sexual health in your state, which should include data and statistics related to teen pregnancy, HIV and STD, and sexuality education policies/programs. You may also include data and statistics related to other adolescent health issues, such as obesity/physical activity, substance use, or mental health.
- Rationale:** This section should articulate the need your team plans to address with this opportunity. You may also want to include the CDC Preconception Health Recommendation you think your team will address based on your state data. Make sure to identify the age range for the population group your project will target. AMCHP, along with many state maternal and child health programs, defines adolescence as the period of life ranging from ages 10 – 24.<sup>10</sup> Many organizations, however, including the CDC, are moving toward more nuanced categories of youth within the adolescence age range: *youths* for those 10 -14 years, *adolescents* for those aged 15-19 years, and *young adults* for those aged 20-24 years.<sup>11</sup>

### II. EXPECTED BENEFITS

- Project Strategy:** This section should include your team's thoughts on a broad goal for your project along with strategies on how your team might meet this goal. Consider linking your goal to the data from your Statement of Need Section and the potential CDC Preconception Health Goal that is most relevant to your efforts.

### III. OPPORTUNITIES

- Current Efforts:** This section should include a description of current state activities related to preconception health and adolescents. Consider the question of how your identified rationale and proposed goal and strategies relate to these efforts. This section should also describe the current situation in your state/program that can facilitate your efforts, e.g., resources, pending legislation, programmatic work, relationships, etc.
- Current Collaboration:** This section should identify existing or potential partnerships and community allies that you believe will be key to your planning and implementation efforts. Consider the question of the benefits of collaboration on these issues.
- Current Capacity:** This section should explain the specific assets/capacity of your team members to address your proposed strategy.

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<sup>10</sup> A Conceptual Framework for Adolescent Health, <http://www.amchp.org/MCH-Topics/A-G/Documents/conc-framework.pdf>

<sup>11</sup> Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report, *Sexual and Reproductive Health of Persons Aged 10 -24 Years – United States, 2002-2007*. Available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5806a1.htm>

#### IV. OBSTACLES

- a. **Barriers:** This section should state some challenges (specific to your state) you think your team might experience and how you plan to address them. Please be specific, e.g., if time or money are barriers, discuss specifics about how they are barriers to this work.

#### V. SUSTAINABILITY

- a. **Impact:** This section should describe your team’s plan to integrate preconception health and adolescent health efforts (beyond the 18 months of participation in the ALC).
- b. **Resources:** This section should identify resources needed (including partnerships, issue champions, financial resources, training, and dissemination), and resources which might be available to sustain your team’s long-term efforts.

#### VI. TEAM ROSTER

- a. Clearly identify a team roster, including two team co-leads.
- b. Provide detailed contact information of each team member, their expertise relevant to your team’s proposed ALC work, and their role(s) and responsibility(s) on the team (Sample Team chart attached in Appendix A).

#### VII. LETTER OF COMMITMENT

- a. Provide a letter written from convening organization and the required team members that clearly indicates a commitment to the team requirements and the length of the project. Additional letters of commitment from other organizations included on the team roster are encouraged.

### APPLICATION CHECK LIST

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- Does your application have the following required pieces and meet the criteria?

- I. STATEMENT OF NEED
- II. EXPECTED BENEFITS
- III. OPPORTUNITIES
- IV. OBSTACLES
- V. SUSTAINABILITY
- VI. TEAM ROSTER
- VII. LETTER OF COMMITMENT

- Does your team include all the necessary team members included as required team members?

### SELECTION PROCESS

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Applications will be rated on the following evaluation criteria:

#### Statement of need – 40 points

- ▶ Has applicant identified target age range?
- ▶ Extent to which applicant has demonstrated the need of the targeted age range.

#### Readiness- 40 points

- ▶ How well does the applicant address current related adolescent health efforts and collaborations?
- ▶ How well does the applicant address current opportunities related to these issues?

#### Team roster-10 points

- ▶ Does application include all required team members?

- ▶ Does application identify team member roles and responsibilities?

#### Diversity – 5 points

- ▶ Geographic diversity
- ▶ Age range diversity

#### Checklist-5 points

- ▶ Does application have all the required pieces (I – VII)?
- ▶ Does application include all the necessary team members included as required team members?
- ▶ Does application address all the required criteria?

**Appendix A:** Example of chart detailing team composition. Please include the information you think best communicates why you have assembled your team.

<b>Name &amp; Title (Travel/Non Travel Team)</b>	<b>Contact Information</b>	<b>Relevant Expertise</b>	<b>Role(s) &amp; Responsibility(s) on the Team</b>
<p>1. <b>Jane Smith, MPH</b> Women’s Health Director (AMCHP member) Travel Team</p>	<p>State Health Department Address Email Phone</p>	<p>Jane is the Director of the Children &amp; Families Section that houses the Teen Pregnancy Prevention programs as well as the Family Planning programs. Jane makes recommendations and requirements for the betterment of the services provided throughout the state.</p>	<p>Co-lead Will be the primary convener of the team, guiding the action planning process, and ensuring that the ALC team activities are complementary to other activities already occurring</p>
<p>2. <b>John Smith, MSW</b> Adolescent Health Coordinator (AMCHP Member) Travel Team</p>	<p>State Health Department Address Email Phone</p>	<p>John manages maternal &amp; child health projects focused on the adolescent population and provides assessment, technical assistance, policy development, implementation and consultation.</p>	<p>Co-lead Will ensure all necessary stakeholders are at the table and engaged throughout the process</p>
<p>3. <b>Joe Smith, MEd</b> (Education Agency) Travel Team</p>	<p>State Education Agency Address Email Phone</p>	<p>Joe is responsible for preventing HIV STD and teen pregnancy in school aged youth in our state.</p>	<p>Will be involved with meeting planning and participation, connecting the team to school health staff, and facilitating the connection to Extended Learning Staff at DESE</p>
<p>4. <b>Jen Smith, PhD</b> Director of Children &amp; Youth with Special Health Care Needs Section Travel Team</p>	<p>State Education Agency Address Email Phone</p>	<p>Jen is the Director of the CYSHCN section in the health department. John is particularly interested in sexual and reproductive health issues for youth in transition.</p>	<p>Will assist in implementing activities</p>
<p>5. <b>James Smith</b> State Youth Advisory Council Member Travel Team</p>	<p>Youth Advisory Council Address Email Phone</p>	<p>James is 19 years old and has been a very active member of the State Youth Advisory Council (YAC) for 3 years. The YAC has provide guidance related to reproductive and sexual health marketing materials aimed at young people, as well as programs and policies related to these issues</p>	<p>Will provide the youth perspective in team strategizing and planning, and connect the team to the Youth Advisory Council and other peers</p>



# AMCHP PHAW Framework

## Preconception Health for Adolescents: A Prevention and Health Promotion Strategy for Wellness Across the Lifespan

### Opportunities: Preconception Care Guidelines (CDC)

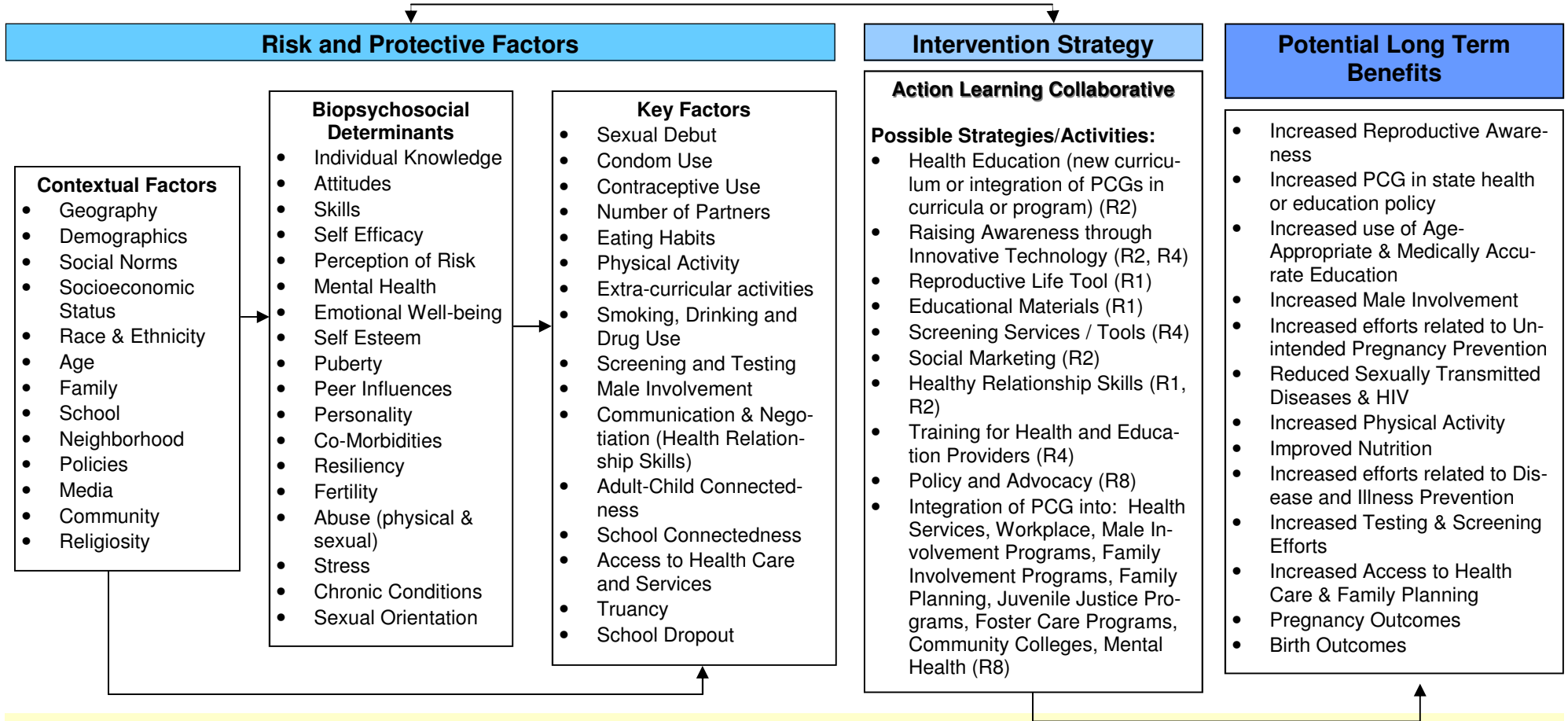
**Recommendation #1 (R1): Individual responsibility across the lifespan - “reproductive awareness”:** Develop, evaluate and disseminate reproductive life planning tools. Develop, disseminate and evaluate individual health education materials.

**Recommendation #2 (R2): Consumer Awareness -** Develop, evaluate and disseminate age-appropriate educational curricula and modules for use in school health education programs. Integrate reproductive health messages into existing health promotion campaigns. Design and conduct social marketing campaigns to develop messages for promoting preconception health knowledge and attitudes, and behaviors.

**Recommendation #4 (R4): Interventions for Identified Risks -** Increase health/education provider awareness concerning the importance of ongoing care for chronic conditions and interventions for identified risk factors.

**Recommendation #8 (R8): Public Health Programs and Strategies -** Develop and support public health practice collaborative groups to promote shared learning and dissemination of approaches for increasing preconception health. Incorporate preconception care efforts into existing public health and education programs.

The **strategy** should be informed by and designed to impact identified **risk and protective factors** of the target audiences in order to achieve identified **outcome** (s).



### Key Elements

Life Course Framework • Preconception Care Guidelines • Health Promotion • Prevention • Evidence-Based • Disparities Focus • Documentation • Evaluation • Sharing Lessons Learned • Professional Development • Capacity Building

**Guiding Values** • Leadership • Creativity • Innovation • Integration • Collaboration • Communication • Problem Solving