Adolescent health in state Title V programs

An environmental scan of past activities and preview of the future of adolescent health in Title V

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Presenter Disclosure

Iliana White

No relationships to disclose
About AMCHP

• Mission
  – Support state maternal and child health programs and provide national leadership on issues affecting women and children

• Vision
  – A society where healthy children and healthy families live in healthy communities

• Core values
  – Leadership, Social Justice, Diversity, Equity, Integrity, Partnership & Empowerment, Honesty
• **Who we serve and represent**
  
  – MCH directors, CYSHCN directors, and other public health leaders who work with and support state maternal and child health programs

  – Academic, advocacy and community based family health professionals, as well as families themselves
• **How we do our work**
  – Disseminate best practices
  – Advocate on our member's behalf in Washington
  – Provide array of technical assistance
  – Convene leaders to share experiences and ideas
  – Advise states about involving partners to reach our common goal of healthy children, healthy families, and healthy communities
Today’s Session

- Role of Title V in supporting and advancing adolescent health across all states
- Title V block grant transformation in the past year
- Federal resources that are supporting efforts in adolescent health
History Lesson: Title V

Maternal & Child Health Services Block Grant

• Dates back to its inception through the 1935 Social Security Act
  – Only Federal program that focuses solely on improving the health of all mothers and children

• Adolescent health investments
  – State adolescent health coordinator, statewide programs for adolescents, and/or linkages to programs serving this population
Math Lesson: Title V

V = MCH
Purpose of the AH Env. Scan

• Increase understanding of state adolescent health programming under Title V
  – Identify activities through states’ block grant reporting
  – Extrapolate items that specifically address health issues of adolescents
• What is the **breadth** of Title V programming in adolescent health? What is the **capacity** of states?
Research Questions

• What Adolescent Health activities are Title V programs engaged in?
• What kinds of adolescent health issues are Title V programs addressing?
• What can we learn about adolescent health in the states from Title V Block Grant reports?
Framework of Title V Reporting

• National Performance Measures (NPMs)
  – Measures that ALL states must report on
  – At time of this scan, there were 18 NPMs

• State Performance Measures (SPMs)
  – Measures that each state has identified as additional priority areas
  – Selected by each state
  – Used to gauge progress towards achieving state-specific goals
Methods

• Analysis of state block grant applications and narratives (2011-12)
  – National Performance Measures, State Performance Measures, and any activities with keywords *adolescent, youth, or teen*

• Analysis of adolescent-specific State Performance Measures

• Analysis of data from March 2014 State Adolescent Health Coordinators’ survey
Prior to FY 2016

NATIONAL PERFORMANCE MEASURES
Selected National Perf. Measures

- **NPM 6** → The % of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence

- **NPM 8** → The rate of birth (per 1,000) for teenagers aged 15 through 17 years

- **NPM 16** → The rate (per 100,000) of suicide deaths among youths aged 15 through 19

NOTE: these are the former measures
Summary of Findings: NPM #6

• How are states addressing successful transition into adulthood for youth with special health care needs?
  – Systemic approaches

• Most common approaches by states
  – Participation in Statewide Collaborations & Coalitions
  – Development of Trainings & Curricula
  – Practical Transition Tools (checklists, etc.)
Summary of Findings: NPM # 8

• How are states addressing teen birth rates?
  – More focus on behavior-change interventions

• Most common approaches by states
  – Personal Responsibility Education Programs (PREP) and Abstinence Education programs
  – Evidence-based interventions
  – Trainings, Surveillance, Family Planning, Reproductive Health, Outreach, Education
Summary of Findings: NPM #16

• How are states addressing teen suicide prevention?
  – Both systemic and intervention approaches

• Most common approaches by states
  – Suicide Prevention Trainings
  – Collaboration with Statewide Coalitions
  – Outreach To/Collaboration With Schools
NPM Activities

• Activities under NPM 6 (transition for YSHCN) are more *systemic*

• Activities under NPM 8 (teen birth rate) are focused on *interventions* (specifically behavior change)

• Activities under NPM 16 (teen suicide rate) combine both systemic approaches *and* interventions
STATE PERFORMANCE MEASURES
SPM Review

- Measures that each state has identified as additional priority areas
- Selected by each state
- Used to gauge progress towards achieving state-specific goals
Summary of SPM Findings

• What adolescent health **issues** have states chosen to address with their SPMs?
• What adolescent-specific issues and themes are **most common** across state program activities?
• How many states have SPMs that address specific adolescent **health outcomes**?
SPMs: Issue Areas

• What adolescent health issues have states chosen to address with their SPMs?
  – Wide variety of issues and approaches are included under SPMs

• What adolescent-specific issues and themes are most common across states’ activities?
  – Teen Pregnancy Prevention and Reproductive Health are the most common issues
  – Positive Youth Development appears as an activity AND an outcome
<table>
<thead>
<tr>
<th>Activity</th>
<th>Percentage</th>
<th>States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teen Pregnancy Prevention</td>
<td>18.64%</td>
<td>20</td>
</tr>
<tr>
<td>Reproductive Health</td>
<td>18.64%</td>
<td>19</td>
</tr>
<tr>
<td>School Health</td>
<td>13.56%</td>
<td>14</td>
</tr>
<tr>
<td>YSHCN</td>
<td>12.71%</td>
<td>13</td>
</tr>
<tr>
<td>Obesity/Overweight/Healthy Weight</td>
<td>11.86%</td>
<td>12</td>
</tr>
<tr>
<td>Positive Youth Development</td>
<td>11.86%</td>
<td>13</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>10.17%</td>
<td>12</td>
</tr>
<tr>
<td>Hunger/Healthy Food/Food Assistance</td>
<td>8.47%</td>
<td>8</td>
</tr>
<tr>
<td>Injury Prevention</td>
<td>6.78%</td>
<td>7</td>
</tr>
<tr>
<td>Youth Leadership</td>
<td>6.78%</td>
<td>7</td>
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</tbody>
</table>
# Measures vs. Activities

## Top 10 Issue Areas Addressed in Adolescent-Specific SPMs:

<table>
<thead>
<tr>
<th>Issue Area</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Reproductive Health</td>
<td>Includes pregnancy/birth rates, STDs, contraception, prenatal care, preconception care</td>
</tr>
<tr>
<td>2. Substance Abuse</td>
<td>Includes alcohol and drugs</td>
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<tr>
<td>3. Weight/Physical Activity/Nutrition</td>
<td></td>
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<tr>
<td>4. Interpersonal Violence</td>
<td>Includes bullying, fighting, intimate partner violence</td>
</tr>
<tr>
<td>5. Tobacco</td>
<td></td>
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<tr>
<td>6. Access to Health Care</td>
<td>Physical, preventive services, mental health, oral health, school-based, insurance, services for LGBT/runaway youth, immunizations</td>
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<tr>
<td>7. Unintentional Injury</td>
<td></td>
</tr>
<tr>
<td>8. YSHCN</td>
<td></td>
</tr>
<tr>
<td>9. Mental Health Status/Depression</td>
<td></td>
</tr>
<tr>
<td>10. Positive Youth Development</td>
<td>Includes school connectedness</td>
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</tbody>
</table>

## Top 10 Types of Activities Conducted Under SPMs:

<table>
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<tr>
<th>Activity</th>
<th>Description</th>
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<tr>
<td>1. Teen Pregnancy Prevention</td>
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<td>3. School Health</td>
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<td>4. YSHCN</td>
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<td>5. Obesity/Overweight/Healthy Weight</td>
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<td>6. Positive Youth Development</td>
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<td>8. Hunger/Healthy Food/Food Assistance</td>
<td></td>
</tr>
<tr>
<td>9. Injury Prevention</td>
<td></td>
</tr>
<tr>
<td>10. Youth Leadership</td>
<td></td>
</tr>
</tbody>
</table>
Analysis of SPMs

Issues reflected in SPMs vs. Activities outlined

• Reproductive Health/Pregnancy Prevention are #1 across both SPM and activities
• Activities with/in schools are popular across states, but only 3 states have SPM related to school health
• Positive Youth Development (PYD) shows up in more activities than SPM because it can be applied to address any issue, but only 4 states have a SPM on PYD.
Issue Area vs. Activity

POSITIVE YOUTH DEVELOPMENT
As a State Perf. Measure

• State Performance Measure # 7 - The degree to which the Bureau of Family Health Services promotes a positive youth development model.

• State Performance Measure # 7 - The degree to which selected organizations incorporate the Positive Youth Development Model (PYDM) in the services provided to adolescents.

As an Activity

• Continued work with [state] Youth Suicide Prevention Coalition.

• Incorporate "youth matter" concepts into various program such as family planning, school health, risk behavior reduction, injury prevention, etc.

• Arrange for technical assistance and training opportunities for stakeholders at meetings/conferences on PYD strategies in adolescent health programming.

SPMs from 2 of the 3 states that specifically referenced PYD

Activities from states that did not have a SPM specific to PYD
What This Scan Taught Us

• Breadth of activity

• Prevalence of Youth Leadership programs = application of Positive Youth Development research

• Positive Youth Development is both a content area AND a strategy—unique in that way

• Achievement of high level of buy-in on PYD approaches and programs
Environmental Scan:
Addressing the Needs of Adolescents in State Title V Programs

Introduction
In the life course, adolescence constitutes an extended developmental period and an important bridge between childhood and adulthood. This period encompasses youth from 10 to 24 years of age, and overlaps with both childhood and adulthood, and is marked by significant physical, cognitive, and psychosocial development. In addition, behaviors that begin in adolescence are likely to persist into adulthood; making adolescence a critical determinant of health in the adult years and an important area of focus for maternal and child health (MCH) programs.

From the establishment of Title V in 1935, state programs served adolescents as part of the population of all children ages zero to 18. In the 1960s, physicians began to recognize the unique developmental traits and health care needs of adolescents, and since 1975 the U.S. Department of Health Services published a report that formally recognized these distinctions. The report outlined adolescent health behavior, prevalent adolescent health challenges, services available for this population, and an analysis of future trends. With the conversion of Title V to a block grant in 1981, states began establishing positions dedicated to adolescents within their MCH departments, these positions became known as state adolescent health coordinators.

Title V programs continue to play key roles in promoting the health of adolescents—whether by funding a state adolescent health coordinator position, managing statewide programs targeting adolescents, linking programs within and outside of the state health agency that address adolescent health issues, or all of these.

Despite the long history of adolescent health work in Title V, no recent analysis of specific activities in state Title V adolescent health programs exists. This analysis is more relevant now than ever before. The 2015 transformation of the Title V MCH Services Block Grant has significant implications for the role of Title V programs in promoting the health and well-being of adolescents. The proposed Title V MCH Block Grant guidance, which will be finalized in January 2015, identifies adolescents and young adults up to age 24 as a distinct and specific population domain; and select measures broaden the definition of children to include adolescents up to age 19 (dependent on national data sources); expands health care transition objectives to encompass youth without as well as youth with special health care needs and requires that at least one national

* In research and to public health, adolescence is often divided into developmental periods such as preadolescence (emphasizing ages 10-14) and young adulthood (emphasizing ages 15-24), or even more specifically, early adolescence (10-14), middle adolescence (15-19), and late adolescence (18-24). For the purposes of this report the term adolescence will be used and will refer to ages 10-24.
Acknowledgements

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Impact on Adolescent Health Efforts

BLOCK GRANT TRANSFORMATION
Measureable Results

• Emphasis on performance and state & federal accountability

• Refined National Performance Measurement System
  – Demonstrate the contributions and impact of Title V programs on health outcomes
  – Allow flexibility for states in meeting their unique MCH population needs
  – 15 NPMs address key national MCH priority areas
Alphabet Soup

• NOMs ➔ National Outcome Measures
  – Reflective of population health status
    • Percent of adolescents ages 13 -17 whom have received at least 1 dose of HPV vaccine

• NPMs ➔ National Performance Measures
  – Intended to drive improved outcomes relative to one or more indicators of health status
    • Percent of adolescents, ages 12 through 17, with a preventive medical visit in past year

• ESMs ➔ Evidence-based or -informed Strategy Measures
  – Assess the impact of State Title V strategies and activities towards NPMs
Raising the Visibility

• New NPMs represent 6 MCH population health domains:
  – Women/Maternal Health
  – Perinatal/Infant Health
  – Child Health
  – CYSHCN
  – ADOLESCENT HEALTH
  – Cross-cutting or Life Course
Raising the Visibility

- States required to select 8 of out the 15 new NPMs for its Title V program to address
- At least one NPM must be selected from each of the 6 MCH domains
  - Adolescent Health is one of the domains
<table>
<thead>
<tr>
<th>NPM #</th>
<th>National Performance Priority Areas</th>
<th>MCH Population Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Well woman care</td>
<td>Women/Maternal Health</td>
</tr>
<tr>
<td>2</td>
<td>Low risk cesarean deliveries</td>
<td>Women/Maternal Health</td>
</tr>
<tr>
<td>3</td>
<td>Perinatal regionalization</td>
<td>Perinatal/Infant Health</td>
</tr>
<tr>
<td>4</td>
<td>Breastfeeding</td>
<td>Perinatal/Infant Health</td>
</tr>
<tr>
<td>5</td>
<td>Safe sleep</td>
<td>Perinatal/Infant Health</td>
</tr>
<tr>
<td>6</td>
<td>Developmental screening</td>
<td>Child Health</td>
</tr>
<tr>
<td>7</td>
<td>Injury</td>
<td>Child Health and/or Adolescent Health</td>
</tr>
<tr>
<td>8</td>
<td>Physical activity</td>
<td>Child Health and/or Adolescent Health</td>
</tr>
<tr>
<td>9</td>
<td>Bullying</td>
<td>Adolescent Health</td>
</tr>
<tr>
<td>10</td>
<td>Adolescent well-visit</td>
<td>Adolescent Health</td>
</tr>
<tr>
<td>11</td>
<td>Medical home</td>
<td>Children with Special Health Care Needs</td>
</tr>
<tr>
<td>12</td>
<td>Transition</td>
<td>Children with Special Health Care Needs</td>
</tr>
<tr>
<td>13</td>
<td>Oral health</td>
<td>Cross-cutting/Life course</td>
</tr>
<tr>
<td>14</td>
<td>Smoking</td>
<td>Cross-cutting/Life course</td>
</tr>
<tr>
<td>15</td>
<td>Adequate insurance coverage</td>
<td>Cross-cutting/Life course</td>
</tr>
</tbody>
</table>
New NPMs with focus on AH

• Rate of hospitalization for non-fatal injury per 100,000 children ages 0 through 9 and adolescents ages 10 through 19

• Percent of children ages 6 through 11 years and adolescents ages 12 through 17 years who are physically active at least 60 minutes per day

• Percent of adolescents, ages 12 through 17 years, who are bullied

• Percent of adolescents with a preventive services visit in the last year
ADDITIONAL FEDERAL INVESTMENTS
Improve adolescent (and young adult) health by strengthening the capacity of state Title V programs and health professionals.

Collaborative partnership

- UCSF’s Division of Adolescent and Young Adult Medicine (Lead)
- AMCHP, University of Minnesota’s State Adolescent Heath Resource Center, & University of Vermont National Improvement Partnership Network
AYAH Collaborative Improvement and Innovation Network—CoIN

• Aim → increase access to and quality of preventive services for AYAs
  – Employ collaborative learning, quality improvement methods, and data-driven innovation
• First cohort launched Fall 2015
AYAH Nat’l Resource Ctr—Support to States

• Community-level Integration:
  – Extending the CoIN’s reach, the Center provides intensive support for integrating health care delivery and public health systems

• Data & Measures:
  – Support state MCH programs adopting the adolescent well-visit National Performance Measure

• Best Practices:
  – Identify and disseminate up-to-date evidence-based practices (EPB) relevant to AYA health care
  – Support implementation of EBP through training and technical assistance
For more information

• AYAH National Resource Center
  – http://nahic.ucsf.edu/resources/resource_center/

• General resources on Title V efforts for adolescent (and young adult) health
  – www.amchp.org