



PULSE

A BI-MONTHLY NEWSLETTER FROM THE ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS

Adolescent/Young Adult Health

November/December 2015

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From the President

By Sam B. Cooper III, LMSW-IPR



Although it has been many years since I have worried about passing a chemistry quiz or “getting a tardy” for running just the slightest bit late (OK, maybe it was the fourth time in two weeks...), some of those memories seem as fresh as the traffic jam I faced on the drive in this morning. I know that what seemed to be insurmountable challenges of those days were overcome with the support and nurturing adults in my life. Parents, grandparents, teachers, scout leaders and faith leaders all played different parts, but in the end, provided a net of support for many of us. It is hard to imagine how I would have handled the new challenges that our teens and young adults face today.

Heightened attention to body image, physical and cyber bullying, community and intimate partner violence, and global terrorism are touching the lives of our youth. Maternal and child health leaders must incorporate culturally appropriate and trauma informed care to strengthen social networks and develop new support systems that can meet the needs of America’s youth. This issue of *Pulse* includes timely resource information that can be used in your states and communities. Contributors have outlined best practices and targeted initiatives that can make a difference.

Of course, to make any of these efforts have the greatest possibility for success, we need to pull in our young “contributors” from our own backyards, neighborhoods and schools. The freshest thinkers, debaters, rebels, and agents for change are right in our midst and are the best resource for facing the future ahead. Through your partnerships, hope and promise for better times are ahead!

Slàinte,
Sam



ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS

From the CEO.

**By Lori Tremmel Freeman,
BS, MBA**
Chief Executive Officer, AMCHP



Adolescent health is often front and center for me and my family because of our teenage twins. Yet, our family is very fortunate to experience excellent health, have access to quality health insurance and medical providers, to live in a community that has exercise trails and parks readily available, to feel safe walking, biking and playing outside, to have food and housing security. We all know that many families and the adolescents living in those households do not have these same things we so often take for granted. Let's face it, being an adolescent is hard enough without these additional burdens.

Whenever I'm curious about something and need a rather unbiased answer, I always turn to my kids. I find they are usually refreshingly honest when I ask their opinions about something – in fact, almost to a fault! When I asked my kids about adolescent health in general, their responses were surprising. They don't see the point of routine doctor visits at all. My son says the doctor treats him 'like I'm five years old.' He added that it's just as easy to go to the grocery store to have his blood pressure taken anytime he wants or even to do an eye test. The thing that was most impressionable to my daughter about the adolescent doctor visit was the reflex test of all things. She says, "the only thing the doctor does is the same exact thing every year... she whops me on the knee and gets the identical result she did last year. What is the point of that?"

Admittedly, I was taken aback both by their candor and their disregard for the well visit. Obviously, given the field I'm in, I took their responses seriously as a teachable moment. Explaining and educating why it's important to see the doctor, why and how we need to keep up with our vaccination boosters, what the HPV vaccine is meant to do for them now and later in their lives, and that monitoring one's health now is a great prevention strategy for staying healthy as an adult was news to them at the age of 16. I felt a bit disappointed that my husband and I were left to our own devices to advocate for the doctor visit. I mean, shouldn't there be some shared responsibility here with the medical providers also?

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From the CEO CONT.

If adolescent health is a priority, which we know it is as evidenced by #10 of the national performance measures – Adolescent well-visit (percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year) – then we truly need to respect their perspectives and perceptions about these visit. My kids honestly could not describe the value of going to the doctor every year. They are not treated like adults and they don't really receive even a cursory attempt at providing information about the well visit or why it's even necessary. I've a feeling they are not in the minority opinion here.

Fortunately, you'll learn more through this issue of *Pulse* about the number of ways we are working actively in adolescent health and teen pregnancy to improve our systems for this important population. For example, the Adolescent and Young Adult Health National Resource Center (AYAH-NRC) provides the opportunity for state MCH programs to participate with key partners in a new Adolescent and Young Adult Health Collaborative Improvement and Innovation Network (AYAH CoIIN). This past summer, I had a chance to visit with the five states participating in the CoIIN including Iowa, Mississippi, New Mexico, Texas and Vermont. I was particularly fascinated with the inclusion of young adult representatives from each of the state teams. Their maturity and ability to articulate the needs of their population was really refreshing and I'm excited to see how their continued participation drives the process and outcomes for this CoIIN. These young adults want most of all to be taken seriously, for their thoughts and opinions to be sought, to have a chance to influence their own outcomes, and through their experience with leadership roles to help their peers to have better experiences. They were absolutely amazing to watch and interact with – fully present at the meeting and participatory. I was proud to think of them as future leaders of their communities!

So, as I learned from the dinner conversation about adolescent health with my kids AND from the young adults from Iowa, Mississippi, New Mexico, Texas, and Vermont, let this be an important and sobering reminder for us all. We must continually engage with the people we are trying to help. We must listen – and hear – their needs. We need to better understand their opinions and perspectives and what MATTERS to them most. And, we need to be open, willing and flexible enough to allow this feedback to inform our search for solutions and improvements moving forward.

Feature

Tobacco to 21: Let's Raise the Age

By Sen. Brian Schatz
*United States Senate,
State of Hawai'i*

With the help of organizations like AMCHP, our nation has come a long way in the fight to improve the health of infants and children. As we continue to make progress, I believe one of the next big fights will be to raise the minimum legal tobacco age of sale to 21. By raising the age, we can protect children and their families while saving millions of lives.



This year, my state of Hawai'i was the first to pass legislation, raising the minimum legal tobacco age of sale from 18 to 21. It was a proud day in our state, and I am confident that other states will follow our lead with the passage of time. But some states may be slow to the mark or may be beholden to tobacco interests. That is why we need a federal law raising the age of sale to 21 in every state across the nation. With the support of AMCHP, I have introduced legislation to do just that.

Right now, tobacco use is responsible for roughly half a million deaths each year and 95 percent of adult smokers begin smoking before they turn 21. It is estimated that raising the smoking age to 21 would result in 200,000 fewer premature deaths, 50,000 fewer deaths from lung cancer, and more than 4 million more years of life for those born between 2000 and 2019. Those numbers are staggering and they tell me that we must raise the age of tobacco sale to 21 and we must do it now.

Our bill also is intended to help stop the growing epidemic of e-cigarettes by limiting the sales for those under 21. When it comes to e-cigarettes, we are seeing an explosion of use among middle and high schoolers. From 2013 to 2014, the use of e-cigarettes tripled among middle and high school students – from 780,000 to nearly 2.5 million students. We must stop this trend now.

The truth is that this issue is not complicated. Raising the tobacco age would help to reduce the chance of a young adult becoming addicted to tobacco and prevent young adults from exposing their friends, family, and potentially

Feature CONT.

Tobacco to 21

children to their addiction through secondhand smoke.

As we all know too well, progress does not always come easily. The tobacco companies are powerful and have lobbyists that will be fighting against this bill. That is why I want to thank AMCHP for supporting my bill and helping to build the grassroots support to get it passed.

Now is the time to stop the spread of tobacco use among our children. We have a solution; now all we need is the political will to make a change. We can and must protect our kids as they grow and develop. Our country has come a long way in the fight against tobacco, but we still have a long way to go.

Feature

The National Adolescent and Young Adult Health Resource Center: Helping States Improve Preventive Services for Adolescents and Young Adults

By Jane Park, MPH

Resource Center Coordinator,
National Adolescent and Young Adult
Health Information Center, UCSF



With the Title V MCH Services Block Grant transformation, many states are focusing on National Performance Measure #10, the percent of adolescents aged 12-17 with a well-visit in the past year. The [National Adolescent and Young Adult Health National Resource Center](#) (“AYAH-NRC”) – supported by the Maternal and Child Health Bureau (MCHB) – was established in September 2014 to help state improve receipt and quality of preventive services among adolescents and young adults, with a special focus on efforts to address this measure.

The AYAH-NRC is housed at the National Adolescent and Young Adult Information Center (known as “NAHIC” to many in the AMCHP community), at the University of California, San Francisco, in close partnership with:

- Association of Maternal & Child Health Programs
- University of Minnesota State Adolescent Health Resource Center
- University of Vermont National Improvement Partnership Network

How does the AYAH-NRC help states?

The AYAH-NRC work is organized around five areas: access; quality; integration; equity; and accountability. In our first year, our primary focus has been on launching the Adolescent and Young Adult Health Collaborative Improvement & Innovation Network (AYAH CoIIN). Outside the CoIIN, we’ve been developing tools and resources and [leading workshops](#) and webinars for states and other partners. Following the successful CoIIN Summit in September, we are focusing on creating tools and technical assistance for all interested states.

A quick glance at our resources:

Available now!

- Two-page [fact sheet](#) on evidence base for AYA preventive services.
- Clinical tools for delivering preventive services to young adults (click [here](#) for the 2013 version, updated 2015 version coming very soon).
- [Comparison](#) of rates of preventive services across national surveys.
- Annotated list of [national data sets](#) with health care access and utilization data for adolescents and young adults.
- [Presentations](#) from the CoIIN Summit in September 2015: covering access, youth engagement, quality improvement, and lots more!

Coming very soon!

- A compendium of promising strategies to improve access to care and increase receipt of preventive visits, based on interviews with high-performing states (for an overview of promising strategies, click [here](#)).
- A “menu of measures” for projects in clinical practices to improve health care for adolescents and young adults.
- Skills-building session at AMCHP, Saturday morning, Jan. 23. The session will address: health care needs and experiences, youth health care literacy, leveraging missed health care opportunities, youth-centered care, incentivizing and training providers, and more.
- A spiffed up [website](#).

Feature CONT.

NAHIC

Over the next months, visit our website and stay tuned for information, as we create resources and provide assistance to state MCHB programs and their partners. Visit our booth at AMCHP and let us know how we can help!

For yet more information – browse the [AYAH-NRC website](#): from there you can link to a range of tools and resources from all four partners and learn a little more about us.

Feature

Diverse MCH Partners Collaborate to Advance Adolescent and Young Adult Health

By Iliana White, MPH
Senior Program Manager,
Adolescent Health, AMCHP



How can we ensure adolescents receive annual well-visits and preventive services? How can we address the unique developmental and health-related needs of young adults transitioning from adolescence? In what ways can we rapidly improve the quality of preventive services for adolescents and young adults? These are three overarching questions that cascaded over the numerous activities during the in-person launch of the Adolescent and Young Adult Health Collaborative Improvement and Innovation Network (AYAH CoIIN). Funded through the Health Resources and Services Administration (HRSA) Maternal and Child Health Bureau (MCHB), the AYAH CoIIN aims to identify and implement evidence-based strategies to increase the access and quality of preventive health care visits for adolescents and young adults. In late September, the AMCHP child & adolescent health team and its partners under the [Adolescent & Young Adult Health National Resource Center](#) hosted a two-day meeting that took place in Rockville, MD, which included project officers and leadership from MCHB, experts from the National Resource Center, faculty from the University of Michigan [Adolescent Health Initiative](#), and staff from [Young Invincibles](#). The goal of the summit was to facilitate collaborative learning and peer sharing through sessions on collective impact, quality improvement models for public

Feature CONT.

AYAH CoIIN

health, and comprehensive approaches to improve access to and quality of care for AYA preventive visits.



Feature CONT. AYAH CoIN

Interdisciplinary teams from five states (Iowa, Mississippi, New Mexico, Texas and Vermont) were engaged in interactive activities and action planning focused on increasing access to preventive services, ensuring AYA-appropriate service delivery, and high-quality clinical practice for these distinct populations. Team members included MCH/Title V leaders, state adolescent health coordinators, medical providers, Medicaid/payer representatives, medical providers, quality improvement advisors, epidemiologists, community organization representatives, and youth advocates and leaders themselves. For many of them, this marked the first time they have partnered with one another in this fashion to advance adolescent and young adult health across their state.

Throughout the two days, AYAH National Resource Center staff provided key content on issues influencing access and quality of services, including developmental differences between adolescents and young adults, opportunities allotted as a result of the Affordable Care Act, and similarities between applying quality improvement (QI) methods in public health and health care delivery settings. States had the opportunity to share the current landscape of access and quality for AYAs in their communities, as well as express their motivation and goals for the CoIN. Teams also were guided to apply the content learned from the faculty presentations into state-level strategies to increase utilization of preventive services and improve the quality of

the clinical encounters for youth. Another key highlight of the summit was the series of presentations facilitated by the youth advocates and leaders, many of whom are still in high school or college. The youth candidly shared effective ways to engage and empower AYAs to advocate for their healthcare, as well as how to make the service delivery and setting more appropriate and inviting to their needs.

Participating states have been carrying the momentum of the summit forward, working alongside National Resource Center staff, to implement the lessons learned into their state-level projects.

Feature Adolescent Health: Think, Act, Grow – TAG in Action

By Emily Novick

*U.S. Department of Health and Human Services,
Office of the Assistant Secretary for Health, Office of
Adolescent Health*

Anyone who has been, known, or raised a teenager knows that adolescence is a challenging time. It also is a critical period for learning, change and growth. The good news is that caring adults can intervene in the teen years to help set the course for life-long health.

In recent years, the United States has seen declines in the teen birth rate, smoking, and substance dependency as well as improvements in academic achievement for younger adolescents. Most of the 42 million American teens are healthy, but some adolescents are sidelined by obesity, binge drinking, school dropout, mental health disorders and other problems.

Adolescent Health: Think, Act, Grow (TAG) is a national call to action to make adolescent health a priority. TAG is a comprehensive, strengths-based, positive youth development approach to adolescent health. Its goals are to raise awareness about the importance of adolescent health, engage youth serving organizations and caring



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Feature CONT.

TAG in Action

adults in adolescent health promotion, get adolescent health on the national agenda, and spur action.

“TAG is for all who care about young people and want to be a part of promoting adolescent health today and into the future”, said Evelyn Kappeler, Office of Adolescent Health (OAH) director. “We know that positive influences, relationships, and healthy development during these years can set a trajectory for good health throughout life.”

TAG was developed with input from leaders of more than 80 organizations from six youth sectors. They all agreed that all adolescents need these “Five Essentials”:

- Positive connections with supportive people
- Safe and secure places to live, learn and play
- Access to high-quality, teen-friendly health care
- Opportunities to engage as learners, leaders, team members and workers
- Coordinated, adolescent and family centered services

The group then developed research-based, practical action steps and resources for professionals, family members and teens. We hope you’ll use these action steps to expand and energize existing youth programs, build collaborations across agencies and sectors, develop state plans for adolescent health, and jump start new activities on the state and local level.

Some of the free resources you can download from the OAH website and use to put TAG into action in your community include:

- Current national and state data on American teens
- Videos with messages for caring adults
- TAG Playbook with the Five Essentials, specific action steps and resources
- TAG Toolkit with sample Tweets, Facebook and blog posts, slides, banners and more
- HHS Services Locator

How can you join the TAG Team?

- Go to <http://www.hhs.gov/ash/oah/tag/> and Join TAG to receive e-mail updates
- Follow OAH on Twitter at @TeenHealthGov and use #TAG42mil
- E-mail us at TAGteam@hhs.gov to share your ideas and order Playbooks

Feature

AAP Addresses Issues Relating to Concussions in Youth Football

By Greg L. Landry, MD, FAAP
Faculty, University of Wisconsin School of Medicine and Public Health; Co-author of the AAP policy statement and member of the AAP Council on Sports Medicine and Fitness



There has been increased media attention paid to the injuries associated with American football, particularly catastrophic injuries and sport-related concussions. The incidence of these injuries is higher in American football than most other team sports, in part, because of tackling. Because of the concern for injuries in tackle football, some are calling for a ban on tackling in youth football. On Oct. 25, the American Academy of Pediatrics (AAP) released a Policy Statement, *Tackling in Youth Football*, which reviews the medical literature regarding injuries associated with tackling and offers recommendations.

In the policy statement the AAP determined that there was inadequate evidence to ban tackling in youth football. In most studies of injuries in youth football, the injury rate is lower than the rates reported in studies of older players. Removing tackling from football altogether would likely lead to a decrease in injuries but would be a fundamental change in the way the game is played. The authors pointed out that a ban could lead to older players learning proper tackling techniques when they are bigger, stronger and faster and this could lead to an increase in injuries to the older players. Furthermore, the statement emphasizes the importance of learning proper tackling technique with the head up and calls for zero tolerance for head to head hits and leading with the head. Efforts should continue to make the game safer at all levels. Coaches should do everything possible to reduce the number of impacts to the head. The AAP encourages communities to offer non-tackling football leagues where parents prefer to not have their son or daughter exposed to the collisions associated with the tackling leagues. There is no data on youth flag football and studies should be performed in the future to ensure that flag football has a lower risk for injury compared to tackle football. Although definitive scientific evidence is lacking, strengthening the cervical musculature will likely reduce the risk of concussions in football by

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Concussions in Youth Football

limiting the acceleration of the head after impact. The final recommendation from the AAP was to encourage football programs to hire athletic trainers when possible as they may be able to reduce injury rates and can improve management of injuries when they occur.

Team sports have many benefits for youth and offer another opportunity for physical activity. Parents should attend youth football practices and games and make sure that the coaches are teaching good tackling technique with the head up. Full contact practices should be kept to a minimum. There should be a culture of zero tolerance for leading with the head and head to head hits.

Feature

Addressing the Mental Health Needs of Adolescent Males of Color through SBHCs

By **Jesse White-Frese**
Executive Director, Connecticut Association of School Based Health Centers, Inc.



African-American and Latino males are half as likely to receive mental health services compared to non-Hispanic White youth, yet both groups experience emotional and behavioral problems that often result in school and social issues. In 2011, the Connecticut Association of School Based Health Centers (CASBHC) conducted a study to understand how African-American and Latino young men perceive and experience available mental health services, particularly services offered through School Based Health Centers (SBHC), as SBHCs are generally more accessible to adolescents than community-based services.

African-American males are among the most underserved populations with respect to mental health services. Approximately 13 percent of African-American youth have a diagnosed depressive disorder. Among African-American and Latino adolescent males, less than 10

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Addressing Mental Health

percent make use of outpatient mental health services. Of those that initiate community-based mental health treatment, the majority drop out after two to three sessions. The fragmentation of mental health services has been highlighted as a unique barrier faced by African-American males in accessing mental health services.

SBHCs are well positioned to address barriers to care and are able to provide easily accessible comprehensive medical, mental health, and dental services because they are on site in the school, serving students in grades pre K-12. The sites are comprehensive primary care facilities licensed as outpatient clinics or as hospital satellites. The medical practitioners are licensed to assess, diagnose, and treat medical problems including illness and injury, chronic disease management, immunizations, provide prescriptions, health education, and referrals for specialty care. The mental health clinicians are trained to provide assessment, diagnosis, and treatment of mental health issues; crisis intervention; substance abuse; collaborative care management; health education; and case management. A unique feature of comprehensive SBHCs is the ability to integrate medical and mental health care within the same site.

A summary of findings from the study indicated that:

- SBHCs remove or mitigate barriers to mental health treatment for African-American and Latino adolescent males including lack of transportation, lack of insurance, and stigma.
- SBHCs provide an atmosphere of safety, confidentiality and trust; characteristics that are of paramount importance to adolescent males.
- The most important factor in the success of the mental health services offered by school based health centers is the staff, perceived by students as open and nonjudgmental.
- In Connecticut School Based Health Centers (SBHC), African-American and Latino adolescent male students utilize mental health services at an average of 13 visits per student in the SBHC. When African-American and Latino adolescent males initiate mental health treatment in community settings, the majority drop out after two to three sessions.
- Greater access to appropriate mental health services can lead to better outcomes for adolescent males of color, such as higher graduation rates, fewer

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Addressing Mental Health

encounters with the juvenile justice system, and reduction in health care disparities.

For more information, contact the Connecticut Association of School Based Health Centers at 203-230-9976.

Feature

Delaware Emphasizes Adolescent Physical and Mental Health through School Based Health Centers

By Midge Barrett, Kathy Cannatelli and Valerie Woodruff

Delaware School Based Health Alliance

In 1984, a delegation of Delaware leaders including the supervisor of School Health Services from the Department of Education and the director of the Health Department attended a session of the Southern Governor's Association where they engaged in an intriguing discussion about School Based Health Centers. They brought this idea back to Delaware and sparked change. In 1985, Delaware opened its first "demonstration" school based health center in Middletown High School, funded by the Title V MCH Services Block Grant and led by a visionary principal who later became a champion for the centers as the secretary of the Department of Education. Soon the center caught the attention of Gov. Mike Castle who included state general funds in the budget to open three more centers. Then Gov. Elect Tom Carper made school based health centers a centerpiece of his administration and included funds in his budget for a center in every high school in Delaware. The centers have been operating as a vital part of the adolescent health care system in Delaware for 30 years and the legislature has maintained its commitment to state funding each year. The centers are operated by hospital based health systems with administrative oversight by the State Division of Public Health. The Department of Education is an important partner to ensure effective coordination with the education system. Each school district and its community leaders and parents participated in the original planning of the centers and continue to offer support and leadership.

Feature CONT.

Delaware SHBCs

The Delaware centers also are referred to as "Wellness Centers," which conveys one of the central tenets of the Delaware model – helping students reach and maintain a state of physical and mental health. The principles at the core of the Delaware model since the beginning include:

- Services are available to all students – not just uninsured or low-income students. Leaders recognized that all youth need a system that addresses their need for access to services that is different from the adult health care system.
- Services are multidisciplinary – including medical and nursing care, nutrition and mental health services.
- Services emphasize health promotion and health literacy to help students prepare for healthy adult living.
- Centers are part of the school and work collaboratively with the school nurse and other school staff to create a total school health environment.
- Centers provide reproductive health services if approved by the school administration and school board.

While the centers have enjoyed wide support from parents, students, health care providers and policymakers, more needs to be done. The lessons learned in high schools need to be transferred into middle schools, most centers need more mental health and nutrition services to meet need and demand, administrative costs of collecting third party insurance payments have created some access barriers for students, and level funding has caused some erosion in services. The newly formed Delaware School Based Health Alliance is working with many constituents to address these concerns and to expand and improve school based health centers.



Feature

The Affordable Care Act and Prevention Benefits for Adolescents

By Atyya Chaudhry, MPP
Policy Analyst, Health Reform Implementation, AMCHP



In the United States, there are approximately 42 million adolescents (ages 10-19), making up about 14 percent of the population. While adolescence is generally a time of good health, access to appropriate preventive health care services is important to set adolescents on a path of optimal health through adulthood. With the passage of the Affordable Care Act (ACA) there have come many reforms to health insurance coverage and benefits for all populations including adolescents, recognizing their unique needs. The ACA includes an important provision that expands access to preventive services including contraceptive coverage.

Preventive Services – What’s in it for adolescents?

The ACA eliminates cost sharing (co-pays or coinsurance) in most health insurance plans for services recommended by the United States Preventive Services Task Force (USPSTF), immunizations recommended by the Centers for Disease Control and Prevention, and evidence-informed preventive care and screenings recommended in the comprehensive guidelines supported by the Health Resources and Services Administration (HRSA) (i.e., *Bright Futures*). The Bright Futures guidelines recommends annual adolescent well-visits starting at the age of 11. The adolescent well-visit can include immunizations and preventive services within physical and behavioral health. See the chart of preventive services that are covered through the ACA.

Contraceptive Coverage

In addition to the preventive services covered without cost sharing or co-payment, the ACA also expands access to contraception coverage at zero cost sharing under most insurance plans. Contraceptive methods approved by the Food and Drug Administration (FDA) must be covered without charging a co-payment or coinsurance. FDA-approved contraceptive methods include hormonal methods, barrier methods, implanted methods, emergency

Recommended Preventive Service:	Recommended for (relative to adolescence):
Alcohol and drug use assessments	Adolescents
Behavioral assessments	10 to 17 years
Cervical dysplasia screening	Sexually active females
Depression screening	Adolescents
Dyslipidemia screening for those at high risk	10 to 17 years
Height, weight and body mass index (BMI) measurements	10 to 17 years
HIV Screening	Adolescents at high risk
Immunization vaccines	Various ages, more info here
Medical history	10 to 17 years
Oral health risk assessment	10 years
Sexually transmitted infection (STI) prevention counseling and screening	Adolescents at higher risk
Tuberculin testing for those at high risk of tuberculosis	10 to 17 years
Blood pressure screening	Adolescents
Hematocrit and Hemoglobin screening	Adolescents

Source: Preventive care benefits for children, U.S. Dept. of Health and Human Services, <https://www.healthcare.gov/preventive-care-children/> and American Academy of Pediatrics, https://www.aap.org/en-us/professional-resources/practice-support/Periodicity/Periodicity%20Schedule_FINAL.pdf

contraception, sterilization procedures, and patient education and counseling. There are some employers that are exempt from providing contraceptive coverage, find out more [here](#).

In addition to covering contraceptive methods, the ACA included funding for several teen pregnancy prevention programs. This includes funding for the Personal Responsibility Education Program (PREP), Pregnancy Assistance Fund, and restored funding for the Title V Abstinence Education Block Grant. Through these funding opportunities, recipients can deliver a variety of pregnancy prevention programs, and increase access to health care and social services.

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Adolescent ACA Benefits

Recognizing the importance of adolescent health and preventive services, the Title V Maternal and Child Health Services Block Grant included a National Performance Measure on the adolescent well visit – the percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year. The ACA represents a significant opportunity to improve access to preventive health care for adolescents. As states proceed with implementing the ACA, state MCH programs and their partners can ensure that the health reform law is serving adolescents as intended by considering the following:

- Are adolescents and their families or guardians of adolescents aware of the array of preventive services and benefits available to them with zero cost sharing through their health insurance?
- Are adolescents and their families or guardians aware of confidential health services?
- Are preventive services available in a wide-range of settings that serve adolescents, such as school and community-based health centers, family planning clinics, and physician offices? It is especially important to ensure access to care for special populations of youth including youth in foster care, child welfare and the juvenile justice systems, homeless youth, low-income young adults with special health care needs, and pregnant or parenting teens.
- Is there coordination among state-level public or private agencies that serve adolescents and their families (such as WIC, Title X, school-linked health centers, among others)?

For more information on the ACA, please visit [The Affordable Care Act: A Working Guide for MCH Professionals](#).



The FUTURE is NOW: Integrating MCH Transformations

Register Today for AMCHP 2016! Early Bird Rates End Dec. 18!

Don't miss out on an amazing opportunity to connect and network with more than 800 public health officials who share an interest in maternal and child health. The AMCHP 2016 Annual Conference will be held Jan. 23 to 26, at the Hyatt Regency Washington in Washington, DC. [Click here](#) to register.

Feature

Futures Without Violence Offers Healthy Relationship Resources for Adolescent Education

By Lisa Sohn

Program Director, Health, Futures Without Violence

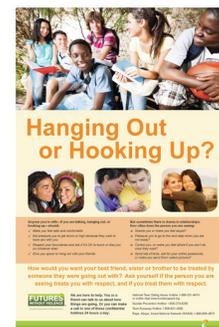
For almost two decades, Futures Without Violence has operated the National Health Resource Center on Domestic Violence, supporting health care professionals, domestic violence experts, survivors, and policymakers at all levels as they improve health care's response to domestic violence. The center is funded by a grant from the [Family Violence Prevention & Services Program](#), Family & Youth Services Bureau, Administration for Children and Families, U.S. Department of Health and Human Services, and is a member of the [Domestic Violence Resource Network](#).

FUTURES developed several resources for practitioners and advocates of adolescent health. Materials are free for download as well as



available in hard-copy for free, with a shipping fee of \$10. ***Hanging Out or Hooking Up*** is a suite of resources aimed at educating teens on healthy and unhealthy relationship behaviors. A poster, safety card, Clinical Guidelines on Responding to Adolescent Relationship Abuse and related Train the Trainer curriculum are all available in hard copy and electronic download [here](#).

The ***Hanging Out or Hooking Up*** poster was designed for display in a range of health sites serving adolescents including school-based health centers, school nurses offices, teen clinics and pediatricians offices. The poster identifies aspects of both healthy and unhealthy relationships, encourages talking to a health care provider if the reader or someone they know has questions or is experiencing abuse. The bottom of the poster refers patients to several resources for further support.

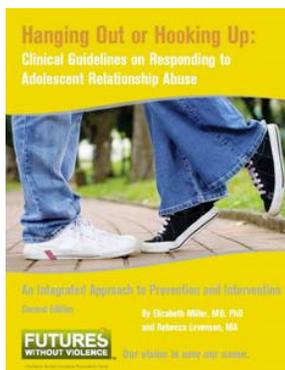


Feature CONT. Futures Without Violence



Hanging Out or Hooking Up also has a safety card for teens. The card challenges all teens to consider how their boyfriend/girlfriend treats them, identifying dynamics of healthy relationships and signs that may indicate abuse. The card explores how to confront excessive text messaging and identifies dynamics of consensual versus pressured sex including the ability to use birth control. Tips are provided to those wanting to support a friend who may be facing relationship abuse.

The card is written in gender-neutral terms and may be used by females, or males in either heterosexual or LGBTQ relationships. The card lists national toll-free hotlines for support specific to dating abuse, suicide prevention, teen runaway, rape, incest and abuse. This eight-panel card folds up to the size of a business card and is available in English and Spanish.



Hanging Out or Hooking Up: Clinical Guidelines on Responding to Adolescent Relationship Abuse – An Integrated Approach to Prevention and Intervention are guidelines focused on the transformative role of the adolescent health care provider in preventing, identifying and addressing adolescent relationship abuse (ARA). Health

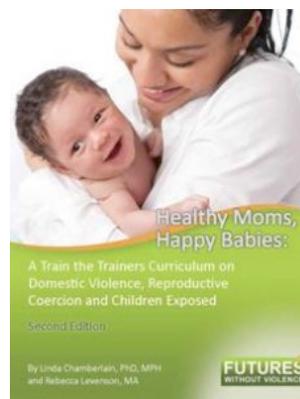
care providers can help by providing prevention messages about healthy relationships and helping those exposed to abuse.

An accompanying Train the Trainer curriculum provides training, tools, and resources to help health providers address the complex and sometimes uncomfortable issue of relationship quality with adolescents. These tools were designed to facilitate safety assessment and supported referrals to domestic violence programs.

Who's Got Your Back? Is a safety card designed for college-aged women and men. The card details the high prevalence of sexual

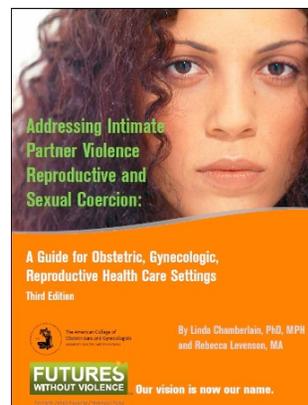


assaults on campus, defines consent and offers strategies about how to increase personal safety and prevent sexual assault. Information is included on what to do following an assault, emergency contraception, how to support friends, and tips for male allies. A QR code is provided for the safety app "Circle of 6," and referrals are given for the National Sexual Assault Hotline and Planned Parenthood for further support. Clinical guidelines for using the safety card in campus health centers are coming soon.



Healthy Moms Happy Babies Curriculum includes data driven conversations that address staff barriers to discussing domestic violence with clients. These topics include personal exposure and/or vicarious exposure to violence, fear of child welfare reporting and lastly staff seeing DV screening forms as a data collection function rather than a tool to support conversations

about safety and healthy relationships safety planning and referral. This curriculum comes with a Healthy Moms, Happy Babies poster and Healthy Moms, Happy Babies safety cards that serve as a prompt for home visitors by providing quick phrases to improve discussions with women about the impact of domestic violence on their parenting and children.



Addressing Intimate Partner Violence, Reproductive and Sexual Coercion: A Guide for Obstetric, Gynecologic and Reproductive Health Care Settings focuses on the transformative role of the reproductive health care provider in identifying and addressing intimate partner violence (IPV) and reproductive coercion. The Guide offers a discussion on the magnitude

of IPV and reproductive coercion; overview of the health impact; guidelines for implementing routine assessment and intervention; policy implications and system responses;

Feature CONT.

Futures Without Violence

and provides validated assessment tools. The Guide specifically examines how IPV and reproductive coercion impact contraceptive use and birth control sabotage; condom use; unintended pregnancy; and the role of pregnancy coercion, including exposure to STIs. The latest data in each of these areas is explored, in addition to identifying tools to help launch health care responses.

To learn more about Futures Without Violence, visit their website at www.FuturesWithoutViolence.org. What questions or needs do you have addressing healthy relationships in adolescence? Please share them with us! E-mail Andria Cornell, senior program manager for women's health, at acornell@amchp.org.

Feature

Making the Case for LARC as a Tool to Prevent Teen Pregnancy

By Emily Eckert

Program Associate, Health Reform Implementation, AMCHP

There are [43 million women](#) (aged 15-44) at risk of having an unintended pregnancy in the United States. Upwards of [99 percent](#) of these women have used contraception in their lifetime, but many of these women use contraception imperfectly or inconsistently, common behaviors that can lead to an unintended pregnancy. Though there has been an overall decline in unintended pregnancies since 1990, the United States continually ranks highest in [teen birth rates](#) among other developed nations.

The simple reality is that many women struggle with timing and spacing pregnancies, especially teens. Though the vast majority of teens report using some form of birth control the last time they had sex, [less than 5 percent](#) are using the most effective methods. Numerous recent reports have found that long acting reversible contraceptives (LARC), which are typically intrauterine devices or implants, are the most effective method for preventing unplanned pregnancy. These methods merit strong consideration in policy discussions on reducing the national teen pregnancy rate.

Feature CONT.

The Case for LARC



43%

About 43% of teens ages 15 to 19 have ever had sex.



4 in 5

More than 4 in 5 (86%) used birth control the last time they had sex.



5%

Less than 5% of teens on birth control used the most effective types.

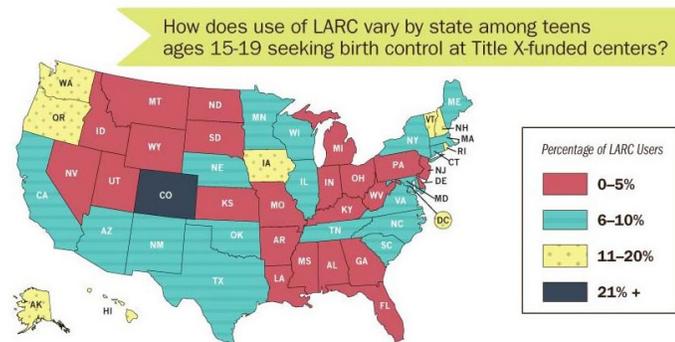
Unplanned pregnancies contribute substantial costs to the health care system, with teen pregnancy alone costing [\\$9 billion](#) in taxpayer money. Investing early in preventive methods to help teens avoid unplanned pregnancies can help save billions of dollars down the road while creating healthier generations of Americans. Numerous health care organizations are advocating for LARC use among teens to help curb the cycle of poverty that teenage pregnancy supports.

The [American Academy of Pediatrics](#) (AAP) has recommended that LARC methods be considered “first-line contraceptive choices for adolescents.” The [AAP report](#) concludes that the “effectiveness and safety of LARCs, coupled with anticipated cost savings to patients, their families, and society, should stimulate pediatricians to take on this challenge to prevent unintended pregnancies,” and encourage politicians to enact effective policies. Similarly, the [American College of Obstetricians and Gynecologists](#) (ACOG) describes LARC as a “first-line” options for adolescents based on their “top-tier effectiveness, high rates of satisfaction and continuation, and no need for daily adherence.”

In addition to these national recommendations, some states are already reaping the health and financial benefits of investing in teen LARC programs. Arguably the most successful example comes from Colorado, where the state [Family Planning Initiative](#) succeeded in using private funds to provide LARC methods free of charge to young, low-income women. This program, present in 28 Title X-funded health centers across the state, increased LARC use among 15-24 year olds by 14.9 percent. This increase in LARC use led to a 39 percent reduction in the Colorado

Feature CONT. The Case for LARC

[teen birth rate](#), and a 42 percent reduction in abortions for women ages 15-19. Similar statistics are found in the St. Louis [Contraceptive CHOICE Project](#), which offered adolescents age 15 to 19 years of age their choice of contraceptive method at no cost. Seventy-five percent chose a LARC. Young women who chose the pill, patch or ring had pregnancy rates [20 times higher](#) than that of the LARC users. These two state examples demonstrate that removing financial and other access barriers to LARCs can help reduce abortion and teen pregnancy.



SOURCE: Title X Family Planning Annual Report, United States, 2013

MCH professionals have a special role to play in this work. Title V staff can connect women of reproductive age with providers that offer the full range of contraceptive services. Title V staff also can help women [navigate](#) their insurance options to reduce the cost of accessing LARC and other forms of birth control. The [Affordable Care Act](#) (ACA) and other insurance reforms have the potential to make contraceptives available to more women without cost sharing. Expanding access will in turn reduce the number of unintended pregnancies and improve the health of women of reproductive age. For more information on contraceptive coverage and the health care law, visit the [National Women's Law Center](#) website.

Feature 2015 MCH WORKFORCE ACADEMY: Leading in a Transformative Environment to Improve Population Health

Aug. 26 - 28 | Denver, CO



The National MCH Workforce Development

Center sponsored a learning opportunity for state MCH leaders focused on change management themes related to health improvement for maternal and child health populations. The Academy structure was designed using adult-learning principles, including the requirement that all Academy Scholars apply and be accepted for participation, complete assignments prior to the start of the Academy in preparation for the training, and make a plan for sharing what they learned with their home agencies. All sessions included both peer and expert-led learning. Learning was reinforced throughout the Academy with small group discussions and applied action tools.

The Academy learning objectives were:

- Understand and describe population health
- Identify and describe Title V's existing/newly defined role in population health/population health activities
- Understand and articulate how population health outcomes are measured and evaluated
- Understand the importance of building collaborative relationships/partnerships to achieve population health
- Learn techniques to establish and sustain partnerships to engage in community-based, population health initiatives
- Learn adaptive change techniques to lead in a transformative environment
- Understand and apply Implementation Science concepts to achieve population health goals
- Build networks with peers to improve population health

The Academy attracted 40 Scholars from 24 states and territories, representing all 10 DHHS regions. The Scholars' professional roles were diverse, including Title V directors, division and unit heads, as well as CYSHCN directors, staff members, and family representatives.

Feature CONT.

MCH Workforce Academy

Scholars were asked to provide feedback on the five plenary sessions and six breakout sessions, using questions in 5 point scales and open-ended queries. The response rate was 78 percent. The mean for all sessions was 4.5 (range 3.8-5.0). Scholars strongly agreed (4.7 out of 5.0) that they are confident that they “can understand and describe population health” and that they “can identify and describe Title V’s existing/newly defined role in population health/population health activities” (4.6/5.0). Feedback was also requested for the overall design and impact of the Academy. In response to “The Academy will help me engage meaningfully/lead my state in transforming population health” Scholars strongly agreed (4.6). In response to “The Academy helped me better connect my state/territory work/Block Grant to population health” the mean was 4.7.

Four clear themes emerged about what Scholars valued most from their Academy experience:

- Specific tools and the hands on opportunity to explore and apply them
- Targeted and focused topics, all within the domain of population health
- High quality presentations
- Interaction with peers, both to learn from one another, and to network for the future. Of the few comments about what could have made the Academy more

effective, a frequent comment was about the benefits of even more time to interact with presenters and peers.

One key workforce development training outcome is the intention to apply knowledge and skills. At the end of each day, Scholars were asked about intention to apply what they had learned; the 31 Scholars responding to this evaluation survey generated 44 examples. There were four major themes:

- **Multi-Sector Engagement:** The Academy increased awareness that population health challenges require partnerships across sectors. Scholars commented how they will use tools from the Academy to engage partners to collectively work toward improved population health outcomes.
- **Adaptive Leadership/Change Management:** Scholars reported that they planned to act on what they learned about approaching technical versus adaptive situations. One planned to, “address the adaptive question and not get derailed with technical questions.”
- **Health Impact Assessment (HIA):** Attention to HIA stimulated new ways to think about population health. One Scholar noted that they had already scheduled a meeting with public health leaders to explore how HIA can inform their planning.

Resources for Bullying Prevention - Children’s Safety Network

The Children’s Safety Network (CSN) has several resources that can help state MCH and public health programs expand their role in bullying prevention efforts and implement evidence-based anti-bullying practices and policies. Below are just a few examples of available resources to help states develop and implement action plans:

- [Summary of Findings: 2014 CSN Bullying Prevention Environmental Scan](#), which includes data from a survey of state MCH program directors and Injury and Violence Prevention program directors.
- [Bullying Prevention: 2015 Resource Guide](#) is arranged by: 1) organizations and websites; 2) data, definitions, and research; 3) programs, campaigns, and toolkits; 4) policies, laws, and legislation; 5) publications and resources; 6) at-risk populations; and 7) bullying and co-occurring Issues.
- [How Common Are Bullying and Fighting among High Schoolers?](#) is an Infographic, which illustrates data from the CDC 2013 Youth Risk Behavior Survey and from the CDC info brief called [Bullying and Absenteeism: Information for State and Local Education Agencies](#).
- Webinars on the role of healthcare providers in bullying prevention, populations at risk for bullying, preventing bullying in schools, and more!



For more information, visit <http://www.childrensafetynetwork.org/injury-topics/bullying-prevention>.

Feature CONT. MCH Workforce Academy

- **Implementation:** The implementation frameworks and tools that were discussed and used by Scholars received enthusiastic reviews. Scholars reported intentions to educate colleagues about implementation and incorporate implementation approaches into ongoing and new programs.

A number of other specific intentions to apply knowledge and new tools deserve mention, even if provided by only one or two Scholars. These include:

- **Using data:** The Academy renewed Title V participants' intention to interact with Medicaid about access to data and to take steps to link real-time data with population health strategies.
- **Health equity:** The Academy prompted Scholars' desire to take steps to assure that data make it possible to reflect and then act on challenges regarding health equity. For example, one Scholar noted plans to explore geo-coding of Medicaid data.
- **Parent participation:** One Scholar intended to work on increasing parent participation through a support group of parents who serve on various committees in order to share their insights and challenges.

Scholars were asked if they would recommend the Academy to a colleague; 27 of 31 responded that they would, many enthusiastically so:

- “especially for those who are committed to ongoing learning and application in work place settings”
- “the learning opportunity is exceptional”
- “absolutely amazing experience”

In summary, the structure and content of the Academy was successful in providing a fertile and invigorating learning environment for Scholars, who reported high satisfaction in their learning both from experts and one another. They also reported high intentions to apply their learning and walked away from the Academy with tools to get them started on this path to improve health for MCH populations.

View from Washington The Budget Deal and What it Means for MCH

By Brent Ewig, MHS
Director, Public Policy & Government Affairs



Amidst the gridlock and bitter partisanship in our nation's capitol, every once in a while something surprising happens. This was the case the last week of October when a breakthrough paved the way for broad bipartisan support to pass the *Bipartisan Budget Act of 2015*. This law raises the debt limit and provides two years of sequestration relief. Specifically, it provides an additional \$25 billion this year to Appropriation Committees struggling to craft spending bills under the previously imposed austere caps.

AMCHP joined with the entire public health community in advocating for this deal, especially because the caps were cited as the main reason a Senate Appropriations Subcommittee passed a proposed \$21.7 million reduction to the Title V MCH Services Block Grant earlier this summer. This cut targets the Special Programs of Regional and National Significance (SPRANS) line. While the deal does not automatically restore this or any other previously proposed cut, it does however provide a higher top line dollar amount for the committee to now work with. In essence, it creates a more positive and potentially receptive environment for AMCHP and other MCH leaders to advocate for a restoration.

So what happens next? Appropriations Committees are reportedly meeting now to decide how to apportion the newly available funds. All health programs are making the case why they need to be restored or bumped up. There is considerable concern that the community supporting the National Institutes of Health, for example, could gobble up the majority of new resources.

Accordingly, AMCHP is reaching out to key leaders and is re-circulating our sign on letter joined by 30 organizations representing the public health community, health professionals, academic institutions and families reiterating support for the Title V MCH Services Block Grant in its entirety and opposing any cuts to SPRANS funding. In the letter, organizations across the country reinforce

View from Washington CONT.

the integral part that SPRANS grantees play to improve maternal and child health, including training, research and promoting innovative practices. As Congress continues its work on FY 2016 appropriations in advance of the Dec. 11 expiration of the current continuing resolution, it is crucial that the Appropriations Committees are aware of the support for sustained funding for all of the Title V MCH Services Block Grant components. [Click here](#) to read the letter.

Real Life Story

What I Wish I Knew Growing Up

By Mallory Cyr
Consumer and Young
Adult Leader



As a person who grew up with a life threatening illness and “special health care needs,” I tend to live in the moment, not spend time focusing on regret. However, when given the time to reflect it can always be interesting to think what I might have done differently if given the opportunity. Here are some lessons learned from my “If I knew then, what I now know” archives!

Mental health is important

My family has *always* been the epitome of a good support system. My mother has a background in child development and education, and I grew up being asked if I was ok, and being allowed to feel my feelings. Thinking about transition, nobody told me that when you go away to college, you feel things you never felt before. For me, those feelings were loneliness, anger, and a realization that things were harder than they had ever been for me, and much harder than they were for my fellow students *without* medical complexities. It was one of many times at which I would come to terms with my medical challenges, and just how much I had taken my incredible support system for granted. I know now I would have benefitted from mental health services. I didn’t seek counseling because at a very small school it came with intense stigma and I was trying to convince myself it “wasn’t that bad.” As an adult, I have many ways to manage my stress, including getting help

Real Life Story CONT.

from a professional when appropriate, and I continue to advocate for mental health being incorporated as a part of wellness for all young adults.

Understand your insurance

As an adolescent, I didn’t know much about how my health care was paid for. This was a decision my family and I made during my transition. “You have your whole life to worry about health insurance, live your life, be a kid!” My mom’s words echo in my head and I appreciate that my adolescence was not spent on the phone advocating for authorizations and writing letters of medical necessity.

However, after taking classes in health policy, and working for a managed care organization, I now realize that while it may be daunting, knowledge is POWER. Understanding your coverage, and how it may change during transition can prevent serious financial burden as an adult. It also guides the questions to ask as you are accessing health care, such as what providers are you able to see, or what services are covered?

There are a lot of resources to help you understand your health care coverage, including:

- The Catalyst Center: <http://hdwg.org/catalyst/>
- HealthCare.gov’s page, specific to young adults: <https://www.healthcare.gov/young-adults/>

Take care of you, or you cannot care for others

To conclude, the biggest lesson I have learned, through all of my work in public health, MCH and transition is that, MY health matters. We live in a society where success is often defined by who can work the longest hours, run the most marathons, and go the longest without sleep. As a young professional, it was difficult for me to realize that I cannot adopt that lifestyle. Especially in helping professions, we advocate for our loved ones, and stakeholders to “remember, health is a priority!” while often forgetting it for ourselves. The truth is, at the end of the day, if you’re not healthy, you cannot do your best work to improve the system for others, or care for your loved ones. I encourage you to take those small steps – get more sleep, take a wellness day, or make that doctor’s appointment you’ve been putting off. In the end, the only way we can improve the health of children and families is to truly begin with ourselves.

Success Story

Iowa Uses AMCHP Life Course Intensive TA Project to Focus on Adolescent Health

By Brittni Frederiksen

CDC/CSTE Applied Epidemiology Fellow, Bureau of Family Health, Iowa Department of Public Health

Mary Greene

Community Health Consultant, Bureau of Family Health, Iowa Department of Public Health

Addie Rasmusson

Community Health Consultant, Bureau of Family Health, Iowa Department of Public Health

In 2012, the Iowa Department of Public Health (IDPH) initiated efforts with both internal and external stakeholders to “heighten” the focus on adolescents and their well-being. Through this enhanced effort the Adolescent Health Collaborative (AHC), an intra-agency group of individuals working on programs for adolescents and young adults, was formed. This group allows collaboration at the department level for programs impacting adolescents and young adults in the state. In addition, IDPH has strong, community-based partnerships with MCH agencies that serve Iowa’s most vulnerable populations across all 99 counties in the state. IDPH leveraged these partnerships to advance the work of adolescent health through trainings and sharing of resources and strategies to support this system building initiative.

For the AMCHP Life Course Intensive TA Project, IDPH engaged the AHC to focus on life course indicators specific to the adolescent population. The AHC selected 12 “upstream” indicators that can positively affect health outcomes later in life, including: early sexual intercourse, HPV immunization, bullying, depression, smoking and alcohol use. Using the 12 indicators, the team created an interactive resource complete with data, talking points, supplemental information, and resources designed specifically for interactions between school nurses and adolescents. IDPH initiated a pilot program with several school nurses prior to launching the interactive resource statewide. IDPH trained the school nurses involved in the pilot program on how to use the interactive resource and asked them to use it during their daily interactions with students. Through this pilot period, the feedback IDPH received from the school nurses was that the resource was

an effective tool to engage adolescents in conversations about topics affecting their health and felt the resource should be provided to parents and faculty as well.

Although the AMCHP project came to a close, IDPH has continued to engage school nurses in integrating life course theory into their work. In September 2015, in partnership with the school nurse consultant at the Iowa Department of Education, the interactive resource was sent to all school nurses across the state. IDPH took their life course work a step further and launched a webinar series for school nurses that focuses on one to two indicators per month throughout the 2015-2016 school year. Each webinar covers Iowa data related to the indicator, along with additional information, initiatives, and resources, and considers the implications for school nurses working with Iowa’s youth.

The work that has been completed thus far, as well as the work that IDPH continues to do would not have been possible without the Life Course Intensive TA project. This opportunity provided IDPH the ability to build a stronger, more cohesive AHC, and the potential to reach thousands of youth and the partnerships necessary to continue our work specific to adolescent health.

Member to Member

We asked AMCHP members: Why is youth engagement important to your state adolescent/young adult programs?

Youth Perspective

Stephanie Boylan

Drake University, Health Sciences (2016), Public Health Concentration

Youth involvement is imperative to our state adolescent/young adult programs. Youth can aid in the success of the adolescent health and teen pregnancy prevention programs by providing feedback, ideas, and suggestions.

Adolescents and young adults know what is most effective for their peers. If they are involved, they are able to share their feedback on the practices that are currently in place.



Member to Member CONT.

Youth also tend to be creative and have different ideas on how to solve problems. This creativity could lead to ways to make the adolescent/young adult programs more effective. Finally, most youth would be excited to be involved in making their population healthier; therefore, they are willing to give suggestions and respond to suggestions that are given to them.

Xavier Barraza

Youth Advocate, New Mexico Forum for Youth in Community

I feel the importance of youth engagement in any 'program', specifically concerning 'health' is so rudimentary, that many tend to over look it.

A 'healthy program' instinctually takes into account the role of interdependence and intersectionality of all living beings, at all stages of development, within the community where it's being implemented. Whether that community is a neighborhood, school, city, county, state, country or world. To have awareness of all beings (especially those that are Youthful) is to also include their lens, voice, emotions, values, beliefs and experiences that carry critical information that is necessary for a measurement to draw and assess scientifically sound conclusions, solutions and issues within a community.

In essence, youthful beings are a variable with place in the equation of all communities.

Title V/MCH Field Perspective

Oregon

By Jessica Duke

Manager, Adolescent and School Health, Oregon Health Authority, Public Health Division



The Oregon Health Public Health Division, Adolescent & School Health Unit supports Youth Participatory Research (YPAR) projects with community and School-Based Health Center grantees. YPAR is an evidence-based method of engaging youth in programs and policies that impact their lives. YPAR provides opportunities for youth to build their skills in research, team work, communications and

community involvement. Recently, 12 YPAR projects were completed. Youth researchers looked at teen stress and depression, mental health stigma, youth violence/increasing bystander awareness, suicide awareness, barriers to mental health services, sleep and other topics. With each project, youth shared their findings with school and community members and shared their ideas for improved mental health outcomes.

The Youth Participatory Action Research curriculum is available at <https://public.health.oregon.gov/HealthyPeopleFamilies/Youth/Documents/CurriculumYPAR2014.pdf>.

Who's New

TITLE V MCH DIRECTOR

GEORGIA

Michelle Allen
Director of Maternal and Child Health
Georgia Department of Public Health

SOUTH DAKOTA

Scarlett Bierne
Maternal and Child Health Director
South Dakota Department of Health

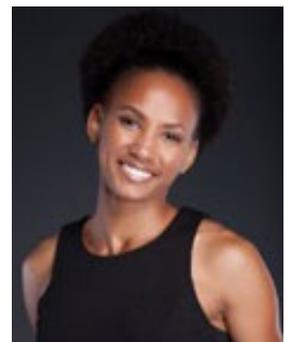
VIRGINIA

Cornelia Deagle
Director, Division of Child and Family Health
Virginia Department of Health

AMCHP Staff

Cori Floyd

Cori Floyd joins AMCHP as the program associate, child and adolescent health. In her role, she will be providing support to all child and adolescent health team program activities. Prior to joining AMCHP, Cori interned at ASTHO on their health systems



Who's New CONT.

transformation team, working on a variety of projects including, recommendations for the CDC health equity language guide, PCPH Collaborative webpage remodel, and website content management. She also interned at Mid-Atlantic Permanente Medical Group and Carolinas Healthcare System. Cori recently graduated from the University of North Carolina at Chapel Hill with a Bachelor's of Science degree in Public Health with a Health Policy and Management concentration.

Christina Ratleff, MPH

Christina joins AMCHP as the senior program manager, women's and infant health. Christina will provide support to state MCH programs focused on improving pregnancy outcomes. She will assist partners using a collective impact approach to reduce infant mortality, improve birth outcomes and advance health equity. Prior to joining AMCHP, she interned with the Massachusetts Department of Public Health, serving as the Title V MCH needs assessment intern, where she provided project management and coordination support to the CYSHCN team and contributed to the Massachusetts Title V MCH Services Block Grant five-year needs assessment. Recently, Christina completed her Master's in Public Health at Boston University where she focused on maternal and child health and policy and systems change. Previously, she worked for six years in Chicago as a tenant advocate, where she worked on behalf of individuals being evicted from their homes.



Ellaane Yashar

Ellaane Yashar joined AMCHP as the program analyst, child and adolescent health through the CDC Public Health Associate Program (PHAP). Ellaane was born and raised in the San Francisco Bay Area of California. She graduated in 2014 with a B.A. in Psychology from University of California at Berkeley, and moved



to Washington DC shortly after. In the fall of 2014 Ellaane interned with Food Day at the Center for Science in the Public Interest to help raise awareness and promote healthy, affordable, and sustainable food across America. Most recently, she completed internships at the American Jewish Committee (AJC) and the Alliance to Save Energy, assisting with both of the organizations' Annual Global Forum events in Washington DC.

Get Involved

Don't Miss the Final MCH Coffee Twitter Chat: Managing Change – Dec. 16

Join Brenda Jones, DHSc, RN, MSN, WHNP-BC, hospital field surveyor, The Joint Commission, (former IL Title V director) on Dec. 16 from 3-4 p.m. EST for a Twitter chat on managing change. Managing change is not an easy task – especially some of the “moving the needle” efforts currently gearing up in Title V programs! Successful collective impact efforts require a few key conditions – among them a united plan among the many individuals and organizations that impact the issue as well as collaboration among the many key players. While the effects of collective impact are often outside the control of a single individual or organization, achieving change within those systems is dependent on great leadership at both the individual and organizational levels. This presentation will share a brief overview of the leadership skills and capacities needed to lead collective impact initiatives, followed by Brenda's personal experience in creating collective action among key players during a major statewide MCH reorganization. To watch the video presentation before the chat, [click here](#).

Webinar Series to Support Implementation of the MCH Block Grant Transformation Taking Action with Evidence: Implementation Roadmaps

AMCHP and the Johns Hopkins University Bloomberg School of Public Health Strengthen the Evidence Base for MCH are pleased to offer a series of webinars to support your next phase of action – selecting evidence-based or -informed strategies and developing your state-initiated

The banner features a yellow background on the left with a graphic of dandelions. The text reads: "The FUTURE is NOW: Integrating MCH Transformations". On the right, it says "AMCHP 2016 January 23-26 Hyatt Regency Washington" above a collage of four photos showing diverse people, including a woman holding a baby, a man and woman with a child, and a young girl smiling.

Get Involved CONT.

Evidence-based or -informed Strategy Measures (ESMs) that will impact your state selected Title V population-based National Performance Measures (NPMs).

Each webinar in the series will focus on one of the 15 NPMs. The webinars are scheduled as follows:

- NPM #11 Medical Home Dec. 16 at 4:00 p.m. EST
- NPM #5 Safe Sleep Jan. 14, 2016 at 4:00 p.m. EST

More information about the series and registration links for each webinar are posted to the [MCH Block Grant Transformation Resources](#) page on the AMCHP website. We will update this site on a rolling basis and provide reminders in *Member Briefs*.



AMCHP **Innovation Station**, the online searchable database of cutting edge, emerging, promising and best practices in MCH, has new features and search functions! Innovation Station is now your “one-stop-shop” to learn, act, share and request technical assistance. **Learn** about innovative MCH practices in the field, **act** by translating evidence-based and informed strategies into actionable steps, **share** strategies and programs moving the needle in your community, and **request** TA to help you navigate through the world of evidence! This is only the beginning – Innovation Station will soon link you to programs, centers and resources in other best practice databases related to Title V National Performance Measure topics and population health domains. Take a look at the new and improved features of [Innovation Station](#) and feel free to share additional features you think would be valuable to translating MCH strategies into ACTION!

Resources

[Advocates for Youth](#): Champions efforts that help young people make informed and responsible decisions about their reproductive and sexual health, as well as teen pregnancy prevention.

[American Academy of Pediatrics \(AAP\): Adolescent Health](#): Resources for professionals, patients, and families, including news, handouts, policy statements, educational tools, related Web sites, and links to state projects and promising practices.

[Centers for Disease Control and Prevention \(CDC\)](#): Offers resources and initiatives aimed at reducing teen and unplanned pregnancies.

- [Division of Adolescent and School Health: Healthy Youth, Adolescent Health](#): Information on critical adolescent health behaviors, data and statistics, science-based strategies, state and local programs, and related resources.
- [Integrating Services, Programs, and Strategies Through Communitywide Initiatives \(CWI\): President's Teen Pregnancy Prevention Initiative](#): The goal is to reduce rates of pregnancies and births to African American and Hispanic youths; increase youth access to evidence-based and evidence-informed programs to prevent teen pregnancy, increase linkages between teen pregnancy prevention programs and community-based clinical services, and educate stakeholders about relevant evidence-based and evidence-informed strategies to reduce teen pregnancy and data on needs and resources in target communities.
- [National Center for Injury Prevention and Control \(NCIPC\): Youth Violence](#): Program information, data, assessment tools, definitions, and resources that describe risk and protective factors, consequences, prevention strategies, environmental design methods, and the translation of research into practice.
- [Reproductive Health: Teen Pregnancy](#): Provides information for teens, parents, and health care providers on ways to reduce teen pregnancy.
- [A Teen Friendly Reproductive Health Visit](#): An infographic explains confidentiality, privacy, consent, and parent/guardian involvement that is necessary when a teen goes for a reproductive health checkup.
- [Vital Signs](#): Provides statistics about teen pregnancy and preventative measures.

Resources CONT.

[Child Trends](#): An organization that works to improve the lives and prospects of children and youth by conducting high-quality research and sharing the resulting knowledge with practitioners and policymakers.

- [The Bullying Prevention Issue](#): A Child Trends newsletter focusing on bullying prevention programs and trends in research.
- [Teen Pregnancy/Reproductive Health](#): Research briefs, fact sheets, and other publications about sexual activity, contraceptive use, and fertility to help program providers and policymakers develop strategies for preventing unintended pregnancies, nonmarital births, and STDs. Child Trends is a nonprofit, nonpartisan research organization providing research and data to inform decision making that affects families.

[Children's Safety Network \(CSN\): Bullying Prevention](#):

Resources and tools about preventing bullying in schools, communities, and online. Includes a summary of an [environmental scan](#) of state public health agency involvement in bullying prevention and articles about state efforts to prevent bullying. CSN provides [technical assistance](#) to states to increase their capacity to address childhood injuries and violence.

[Guttmacher Institute](#): Fact sheets, policy briefs, reports, articles, PowerPoint presentations, and news about adolescent sexuality, abortion, contraception, and pregnancy prevention. Some materials are available in Spanish and French. Also presents a [state center](#) for research and analysis about sexual and reproductive health laws and policy developments in the states. The Guttmacher Institute focuses on sexual and reproductive health research, policy analysis, and public education worldwide.

[Healthy Teen Network](#): Promotes better outcomes for adolescent and young adults by advocating social change, cultivating innovation, and strengthening youth-supporting professionals and organizations.

- [Health Education Curriculum Analysis Tool \(HECAT\)](#): A recorded mini-webinar series designed to provide introduction to or serve as a refresher on Health Education. This webinar series can be used to educate members of School Health Advisory Councils and/or material.

[MCH Navigator](#): A learning portal for maternal and child health professionals, students, and others working to improve the health of women, children, adolescents, and families. MCH Navigator also offers an [Adolescent Health and Youth Engagement Training Brief](#).

- [Adolescent Health and Development](#): The course consists of lectures, readings, discussions, panels of guest speakers, group and individual projects. The purpose of the lectures, readings, discussion and panels of guest speakers is to explore a variety of aspects of adolescence and adolescent health.
- [Partnering to Promote Health Equity for Adolescents](#): The Patient Protection and Affordable Care Act lays a foundation for the U.S. to eliminate health disparities by expanding access to coverage and improving community prevention programs, as well as through specific provisions targeting racial and ethnic health disparities. To explore these and other opportunities to achieve health equity for adolescents, NIHCM is convened stakeholders to discuss how health plans and health plan foundations can provide the education, tools and resources necessary for adolescents to lead long and healthy lives.

[The National Academies Press: Improving the Health, Safety, and Well-Being of Young Adults](#): The Institute of Medicine (IOM) and the National Research Council held a workshop in 2013 that brought together more than 250 researchers, practitioners, policy makers, and young adults. The workshop was designed to highlight research on the development, health, safety, and well-being of young adults. This resource summarizes the workshop.

[National Adolescent and Young Adult Health Information Center \(NAHIC\)](#): Fact sheets, policy briefs, reports, and other materials about adolescent health on topics that include positive adolescent development and reproductive health. NAHIC is based at the University of California, San Francisco.

[National Alliance to Advance Adolescent Health](#): Fact sheets, issue briefs, reports, and journal article citations about health care topics important to adolescents, such as health insurance and access to care; development of adolescent-friendly, interdisciplinary models of care; and assurance of confidential care. The alliance provides education, research, policy analysis, and technical

Resources CONT.

assistance to support improvements in the way that adolescent health care is structured and financed.

[The National Campaign to Prevent Teen and Unplanned Pregnancies](#): The mission of the campaign is to improve the lives and future prospects of children and families and ensure that children are born into stable, two-parent families who are committed to and ready for the demanding task of raising the next generation.

[National Conference of State Legislators: Teen Pregnancy](#): Provides information about the steps legislators are taking to reduce teen pregnancy.

[National Youth Violence Prevention Resource Center](#): Resources for local government and community leaders on community-wide youth violence prevention strategies; topics include alcohol abuse, bullying, dating violence, depression, school violence, and others.

[Resource Center for Adolescent Pregnancy Prevention \(ReCAPP\)](#): Tools and information for teachers and health educators on reducing sexual risk-taking behaviors among adolescents. Includes information about programs that have shown evidence of changing sexual risk-taking behavior; strategies for educators and adolescents for effective prevention; learning activities that teachers and health educators can use with adolescents; rationales behind the development of adolescent pregnancy prevention strategies, activities, and programs; statistics; abstracts of current research; and access to the ReCAPP [library](#).

[StopBullying.gov](#). Facts about bullying awareness, prevention, and intervention; research and program information; training modules; and a community action toolkit to help local leaders build a coordinated, unified approach to preventing bullying. Cyberbullying; anti-lesbian, gay, bisexual, and transgender bullying; and bullying behavior toward youth with special health care needs are among the issues addressed. View state anti-bullying laws and policies and key components in state anti-bullying laws. Includes resources for children, adolescents, parents, educators, and community advocates in English and Spanish.

[Teenage Pregnancy Prevention: Statistics and Programs](#): Brief developed by the Federation of American Scientists that discusses ways policymakers can prevent teen pregnancy due to its high economic, social, and health costs for teens and their parents.

[U.S. Department of Health and Human Services](#): Protects the health of all Americans and provides essential human services.

- [Office of Adolescent Health](#): The Office of Adolescent Health (OAH) is dedicated to improving the health and well-being of adolescents to enable them to become healthy, productive adults. First funded in 2010, OAH supports and evaluates evidence-based teen pregnancy prevention (TPP) programs and implements the Pregnancy Assistance Fund; coordinates HHS efforts related to adolescent health promotion and disease prevention; and communicates adolescent health information to health professionals and groups, those who serve youth, parents, grantees, and the general public.
 - [How to Select an Evidence-Based Teen Pregnancy Prevention Program](#): Developed by the Office of Adolescent Health (OAH), this e-module is designed to help you choose the program that is best suited to meet your specific needs and goals.
 - [Teen Pregnancy Prevention Resource Center](#): Provides training materials and resources for TTP grantees and other organizations working to reduce teen pregnancy in the United States. Offers e-learning modules, informative podcasts, webinars, and training materials.
 - [Adolescent Health: Think, Act, Grow. \(TAG\)](#): A national call to action to improve adolescent health in the United States. TAG calls upon organizations and individuals to prioritize activities that can support the health and healthy development of all of America's 42 million adolescents.
- [Office of Population Affairs \(OPA\)](#): Information about family planning and adolescent family life grant programs. Includes program reports, data, evaluation instruments, lists of grantees, a reproductive health clinic directory, and a publications list.

Data and Trends

Prevalence of E-cigarette and Hookah Use Increases among Adolescents

In 2015, adolescent nicotine exposure goes beyond cigarette smoking

83,333



THE NUMBER OF SCHOOL BUSES THAT WOULD BE NEEDED FOR THE 6 MILLION PEOPLE BORN BETWEEN 1983 AND 2000 THAT WILL DIE IN ADULTHOOD FROM SMOKING-RELATED ILLNESSES



In 2014, prevalence of past month cigarette smoking reached a historic low of 8% among teens in 8th, 10th, and 12th grades, down from 28% in 1997

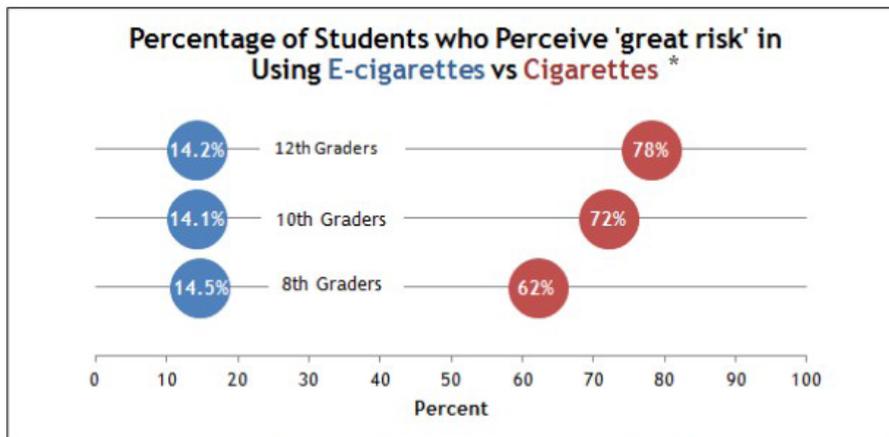


In 2014, prevalence of e-cigarette use was nearly double the prevalence of cigarette smoking among 8th graders and 10th graders



Past year prevalence of hookah use in 12th graders increased significantly from 17% in 2010 to 23% in 2014.

Most adolescents do not perceive regular e-cigarette use as a 'great risk'



*Using e-cigarettes regularly vs smoking one or more packs of cigarettes per day.

To view the full AMCHP infographic on adolescent e-cigarette usage, [click here](#).

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Calendar

AMCHP Events

[2016 AMCHP Annual Conference](#)

Jan. 23-26, 2016

Washington, DC

MCH Events

[Together for the Next Generation](#)

Dec. 8

Brussels, Belgium

[2016 Preparedness Summit](#)

Apr. 19-22, 2016

Dallas, TX

[NACCHO Annual Conference](#)

Jul. 19-21, 2016

Phoenix, AZ



Want your event listed on the AMCHP MCH Events Calendar? It's easy! Just complete our [online submission form](#).