

AMCHP 2007 ANNUAL CONFERENCE

HEALTHY COMMUNITIES

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Partnerships and Capacity by Design:

Building Healthy Communities for Adolescents

KRISTIN TEIPEL: Well, I want to say good afternoon. I was going to say good morning because I'm never quite on the right timeframe, but I am Kristin Teipel. I'm the Project Director for the State Adolescent Health Resource Center. We're part of the Konopka Institute for Best Practices in Adolescent Health. We're in the Department of Pediatrics at the University of Minnesota.

So we're a little bit of an off-side group, but the reason we're here is the State Adolescent Health Resource Center that I guess I lead -- we have a small staff -- we are resource for you. We are funded through the Maternal and Child Health Bureau to be a hands-on technical assistance consultation resource. If you need to do something in adolescent health, we're here to help you figure it out. So I want to put that plug in. We do have a one-page handout on that which my colleague, Glynis is looking to find.

But the reason we're here is we work really intimately with state MCH programs on adolescent health and part of our skill and expertise is because we know what you guys are doing. So it isn't that we know it. It's we know what you're doing and

we can help build bridges with you, and that's why I'm here to talk about the system capacity assessment.

Before I get into that -- I just have to tell you. Why should you care about me or why would I have any expertise in this? I was a former State Adolescent Health Coordinator. I worked for the Minnesota Department of Health for five years. I've been in the public health system for a gazillion years. I know what it is that you're doing because I've been there, done that and continue to do that through our work with you.

But I want to first stop and ask -- because we're just talking at you. This is a really deadly time of day to just sit and talk, so tell me a little bit about what's going on in your states. What is working well in adolescent health? Please be brave and speak up and say, "Hey, it's going great here. We're doing this or..." Just give me some examples about what you think is going well because I know some of you are out there and I might call on you (laugh). [Inaudible audience comments]

Thank you, great. Yeah, that's great. Anybody else? What's going well? Is adolescent alive and well in your agency? Let me ask that first. How many would say adolescents are recognized? We have something, whether we have a coordinator, because it doesn't end all with the Adolescent Health Coordinator. They are a fabulous focal point, but there is a lot more going on in state MCH programs and beyond in adolescent health. So how many would you say have --

it's alive and present? You've got stuff going on? Okay, what's good about that?

What's going on? Andrea

[Inaudible]

SHAARON CORLE: [Inaudible] She is quite the pistol because I got the opportunity to speak with her about her whole planning process and all and I just thought, boy, is Indiana lucky. Yeah, yeah, and you expect her to crank that plan out in a year, right? Trust me, for somebody who's taken three and a half years, give her a little space, okay? Good luck. Sorry.

KRISTIN TEIPEL: So then let's move to the one I think most people resonate to [inaudible] and help a lot of times from a capacity perspective. What are the challenges that are getting in your way, at an organizational level, to have adolescent health a visible and viable focus for your agencies and your programs? (Inaudible audience comments)

So you actually have some really great positive programs and things to build on through your agencies, but you still have some challenges too. I think the challenges we tend to hear in lots of conversations are things like adolescents as a population are hot, hot potato, hot topic, hard to get your hands on, politically controversial, so it's easy just to put them under the ground, or you might not even be recognized.

Children. We focus on children and children sort of encompass adolescents, but they sort of don't. Or we have lots of people doing lots of things that touch on adolescence. My injury program over here has something, the family planning program has something, the AIDS/STD folks over here have something, the data people have a little piece and lots of people have pieces and there might be an Adolescent Health Coordinator, but we don't all talk the same language, we don't have a common vision. How do we do this all together when we're supposed to be doing adolescent health? So there's lots of challenges, but there's lots of opportunities too.

So that sort of leads me back to the adolescent health system capacity assessment which is this wonderful tool that was developed through the AMCHP network partnership and it really goes to the question of does my organization have what it takes? Does it have what it needs to do the good programming and the good strategies that help young people thrive? So it's an organizational assessment, again, Cast V. How many people are familiar with Cast V? Okay. Again, it's a similar thing. It's an assessment saying what do we have as compared to what we need to do MCH? It's the same thing for adolescent health.

So what does it look at? It's looks at six areas. First it looks at does your organization have an organizational commitment to adolescent health? That means, A, are our adolescents even recognized? Do you have staff who are dedicated to adolescent health? Again, quite broadly, not just an Adolescent

Health Coordinator, but including an Adolescent Health Coordinator, are those staff trained and skilled in adolescent health? Do you have some sort of common understanding about who young people are and what they need? Do you have strategic plans, frameworks, that kind of thing?

Second is a promise for coordinated and comprehensive program planning and evaluation. You obviously need to do something whether it's strategies, programs, but it needs to be programs and strategies that are really geared to the adolescents and the particular adolescents in your communities and in your states. And it needs to be coordinated with the gazillion other kinds of programs that you have in your agency.

Lastly, you need to look at them and say, "Are they doing the right thing? Should we keep them going?" Not only are you evaluating them, are you actually using that information to revise and revamp programs? You need a strong data and surveillance system. You need to know where you are. If you don't have data, you don't know where you are, whether that's a youth risk behavior survey, whether that's vital statistics, whatever it is, you're going to need the data and the process of gathering that data to know what you have and what the needs are, and then you need to actually use it. So you might have data, do you use it? Is it put out in ways that people can say, "Oh, this is what this data means" or "This is what we do because these data tell us this." So there needs to be some analysis, there needs to be some reporting.

I think we've lost a couple of slides here, so I'm going to go backwards really quickly. But another organizational need is for strong partnerships. You know, and as we've already heard, things don't happen in adolescent health in one place. So whether it's within your program, across your agency or between your agency and other agencies like Department of Education or Juvenile Justice or Labor or whomever, how do you come together so that you collectively, each person taking their little piece of the pie, can collaboratively and effectively address the needs of young people in your state?

You need a system to provide effective education technical assistance. This is really about your workforce. Do you have people in your state, in your programs, who really get who adolescents are, what they need, how you work with them? That's everything from the real local level to within your agency, and there needs to be a system to do this in an effective and ongoing way because we know staff turnover and, you know, all that kind of thing. People are constantly needing some education and skill-building.

You need the capacity for advocacy and policy development and what that's about is people who stand up and say, "Adolescents are important. We care about them. Here's their issues. Please pay attention." Whether that's you and your agency advocating to say we need this happening or it's outside people advocating to legislators or governors or decision-makers or whomever, you

need that voice with and for young people. And then from that also, that policy. We know a lot of things happen because policy happens in our state. Would we have safer roads and lower levels of motor vehicle crashes if we didn't have graduated driver's licenses for kids? That's a policy. There's all sorts of policy, but it's really important that we have that.

Am I missing one still. You got them all, okay. Thank you. Thank you. So that's what the system capacity tool is looking at, those six areas. There's a series of questions that come along with this assessment tool. What it does is give you a process to sit down within your organization, whether it's your MCH program, whether it's a chunk of your state health department, all of your state health department, whatever it is you want to define your organizational assessment to be about. You sit down within that group, with the people that are involved in adolescence or who should be involved in adolescent health within that chunk of your agency and say, "What do we have as compared to what we need?" This assessment tool really gives you the process to do that as you go along.

One thing I want to say, this is not a "Am I doing as well as California or New York or Wyoming or Alabama?" It's about how are we doing compared to what we need, so it's a really true self-assessment, okay? From that, it's really about a quality improvement. What do we have that we're doing well in that we want to build and make sure we keep having? What are we missing that is really critical,

that if we put these three things in place organizationally, we would be doing a lot better?

So it really comes down to giving you, then, this blueprint for action. What can we invest in? Thinking about what resources we have and the political issues and all of that kind of stuff, because I know this is a hard time to do this kind of stuff, but being very pragmatic and practical, what can we do? What are the few things that we can do to really move this along? But it's from a really playful approach, not a hit or miss because we've got three people in the room who just thought about it yesterday kind of approach, okay?

Again, the assessment tool and the process is really a framework. It's about discussion. It's based on the assumption that each one of you is different. I'm not sure if we went in and did an assessment in Minnesota that we would do the exact same assessment in Oklahoma or California, where we have done it, or Wisconsin where it was done. It's the same assessment, but it can be tweaked in ways that make sense for you and your organization.

So what's the benefit? Well, you know where you are, first of all. What do you have? Because a lot of people don't know what they have because you don't come together and look at this ever. To tell you the truth, if you got nothing else out of this, just bringing the people together to talk about this, we have seen the increase in collaboration, the increase in sort of that common we're-in-this-

together, some common vision. There is just some benefit of just doing the process, of sort of engaging with your partners and sort of bringing resources together. In all honesty, in a day and age where I don't think adolescent -- this is a personal perspective -- I don't think adolescent health is always really visible in our MCH field. It is, it's growing, it's getting better, but it's oftentimes a little bit cloudy. It's a way of MCH refining or defining, depending on where you are, your role in adolescent health. Then again, it's that blueprint. It's strategic places that you can do something to improve your ability and capacity to do adolescent health work and ultimately better health for kids which, of course, that's what we're here for.

So you already know where this came. It was AMCHP and the network as a partnership and it was funded by Annie E. Casey, so I'm not going to spend time on this. But it was a really long-term -- it took two years to do this. It was a really thorough process. It was -- I'll get to this really quick since I don't want to forget this. You've already heard the National Initiative to Improve Adolescent Health. Just by fact that the two organizations that developed this with some outside partners were part of this National Initiative to Improve Adolescent Health, this really is a resource to you from this National Initiative. It's a real visible sign of that initiative trying to do some good work and be a resource to you all.

Okay, so who has this impacted? I'm going to sort of go forward. Okay. As I mentioned, the tool was pilot tested over a one year -- well, it was actually a six-

month period -- well, it was a one-year period, actually. Utah, Tennessee and Wisconsin were pilot states. Oregon decided to do it on their own in a sort of funky unique way. They piloted it with their regional public health system where they got their regional folks, MCH folks, to use the tool in a modified way to see what their capacity for adolescent health was. So it really is a flexible tool. But it was used in those four states and really looked at to how well this worked. It's been revised, so I think it is a very strong, valid kind of tool.

It's also been done now, since it was released in 2005 in -- let's see if I can get this because I usually have a list of states instead of a map, which I'm really hard to read maps, so -- California, Maine, New Mexico, Missouri, Wisconsin was a pilot state, no, not Kentucky. It was Tennessee. Tennessee was a pilot state. We talked with a number of other states like Oklahoma. We were beginning some preparations of thinking about doing it. But there have been a few states in the short period of time that it's been out because this thing takes a little bit of time to do. They really have used it to make a difference.

Let me go backwards because I think I'm missing one more slide. Just to let you know what it is when you do an assessment, what does it take? It takes about a six-month preparation time where we sit down and think about what do you want to get from this? What kind of background information do you need? This isn't hard stuff. It's just sort of setting the foundation. Who are the people that need to be in place? What is it that you want to assess?

We then come together and have an assessment time, whether it's a two-day meeting -- this tool is designed to be traditionally a two-day assessment meeting. Oh, West Virginia was another one. West Virginia actually did it two different times over a one-year period, so one in July of 2005, they did half the assessment and then July of 2006, they did the second half of the assessment. It can be split up. You can do one capacity chunk at a time and do it monthly. We can do it any way you'd like, but you need to bring people together to sit down with the tool and say, "What do we have? Is this the right stuff? Well, what's the challenge, what's the strengths, what are our challenges, what are the opportunities we can build on, what are the critical issues that we need to do something about?"

It's from that discussion and that assessment, there's a rating. It's a self-rating. If you ever see the rating tool, it doesn't make a lot of sense outside of the assessment, but it is a way of looking at yourself. How well are we doing? We rate ourselves and compare it to ourselves in an odd way. So when you're done with it, you will have an analysis that says this is where we're doing well, this is what we're missing and we've had a group of people that have done it together. So it really is a collective, sort of systematic approach.

So what's the benefit then? What do people gain? Well, some states have grown their adolescent health program. Utah did this as a pilot with a program that was

just starting out. They said, "We need to know what we need to do with this program. What role does it fill?" So they used it to grow their program. Clarifying staff roles. A lot of it is everybody sitting down and saying, "What is my role in adolescent health if I'm an injury person or a suicide prevention person? What is my role? Adolescents are not my whole piece." What is the role of the Adolescent Health Coordinator? If anybody can ever define that really clearly, it's a really tough one to do.

So it helps sort of define those staff roles. What roles do every play and how we do this together? That collaboration. Do we need to build partnerships between this part of the agency and that part of the agency? Do we need to build something between education and health because we can do better YRBS surveys or whatever it is that we need to do? It has really worked on strengthening collaboration.

For some folks, it has really helped them develop advisory committees. Some states have adolescent health advisory committees, coalitions, those kinds of things and it has helped them sort of refine what those groups do and what they're all about. Tennessee really used theirs to focus on trainings and technical assistance to let the world know that they had an adolescent health focus in their agency. That was a role that they could really play, so they really went out and hit the road in doing that, but they only did that because they realized there was a need for that.

Again, that builds into that improving workforce, knowledge and skills. Some of these states have really focused on building the capacity at the local level because they knew we could do it at the state level, but a lot of the folks at the local level are such generalists. They have to do everything. We need to help them have better skills so that, when we have programs and funding that comes out, they can hit the ground running.

Data reports, again, that's part of raising the visibility. Who are adolescents? What are their needs? And to do that by really looking at their data and their data system and getting a report out that says, "This is who our kids are and this is what their needs are." So, data reports.

Strategic plans. New Mexico has more of their system capacity into a strategic planning initiative for their agency. A couple of other folks have done that sort of formally and informally. Sometimes it's building on agencies' strategic plans. Again, it's more about building visibility. What do we stand for? What do we believe? And what are our strategies? Where are we going to go with this all? A few states have really looked at sort of really taking on their data and surveillance system to say, "We know we have data, but it's not the right kind of data" or "it's not broken down in the ways we need it. We need more local data or we need more county data or we need more age-specific data, or whatever." A couple of states have done that.

So I guess I got ahead of myself here, but this is the process. Once you plan the process and you hold your assessment, the next stage really is, you know, that's great. How many of you have done assessments in this process and sit there and nothing happens? Yeah, okay. Really, the point of this is, the assessment is important, but it's just a stopping place or a midpoint for developing a quality improvement plan, so what are you going to do about it? That's really the important part of that. So that's really the end goal of this assessment. It's an action plan and a quality improvement plan that you can implement and go forward on.

So how do you do this? If you're interested, if this has peaked your interest in any way, even though it's really late and a little bit hard, I'm sure, to have people talking at you, but this is AMCHP's website that, as Sharron mentioned, the conceptual framework is also at this point of their website. This is where you can get the tool. I would say, if you go online and look at the tool, don't turn and scream and run (laugh). I have to say, if you look at it straight out, it is a bit overwhelming and I'll tell you a little bit about how we can help you with that. But it's been revised in a more user-friendly way by some of us that have been helping states do this assessment. But you'll get the gist of what it's all about if you look at the tool.

Then another resource that's there for you is my organization. My colleague, Glynis, raise your hand, Glynis. We both work for the State Adolescent Health Resource Center and another colleague, Mary Joelle (sp), have funding through Trina England who's in the back here on Maternal and Child Health Bureau opposite of Adolescent Health. We have this support to be able to help you do this assessment. We have helped every state that has done the assessment. We know what this is all about. We have easier ways to do the tool and the assessment at times. We know how to sort of morph it to your particular needs, so please feel free to call us and ask us about it. What does it take to do this? Can we do this on our own? Can you help us?

We can come out and we have facilitated assessments in all the states. We've been part of the assessments in all of the states. We can develop your plan or we do the analysis for you if you'd like. We can help you develop your plan, think about how to implement it, that kind of thing. So we are a resource for you. There is no cost to us because we are funded to do this work unless there's a lot of really funky travel that goes beyond our budget ability. I think that is it for me, so thank you.