

AMCHP 2007 ANNUAL CONFERENCE

HEALTHY COMMUNITIES

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Partnerships and Capacity by Design:

JAN FLEMING: Thanks, Judy. I have this scribbly set of notes and one slide because it took me all this time to figure out what I was really going to say. But I think from my perspective, I see adolescent health maybe a little differently than you do in terms of other kinds of benefits. I've had the opportunity to watch Judy for seventeen years as her peer and now as her supervisor and watch her grow and develop, so I'd like to talk about the importance of commitment and the importance of leadership.

I think MCH directors do need to commit to having a presence and a focus for adolescent health. How you can do that, you know, are really very based on your resources. When Judy started way back in 1988, 1990, you know, all said, I wasn't the MCH director then by any means, but I remember very clearly that the consensus was, yes, we need an FTE to focus on adolescent health. There was such an emphasis then on children with special health care needs. It was easy to overshadow other things.

So we've always had the commitment. How we really supported her over the years, I think has varied and has not been as great as Judy might think. But

leadership is another element and it isn't necessarily your MCH director leadership. It's the leadership of the Adolescent Health Coordinator.

We're getting to this wonderful outcome here. That's where the story goes, but Judy came and she brought the knowledge and skills of the ability to understand why it was important to bring people together. She knew how to do that. She knew that she had to go out and find her partners and pull them together and bring them together to work together. She had the ability to think and plan. These were all things she brought from just who she is, but also her Masters program.

As she moved along, she developed the content and it was wonderful for her, I think, for her to have the Adolescent Network to learn together with other people. But I can remember her coming back from meetings saying, "Here's what I learned here" and being very excited and in all of our meetings in MCH are reminding us that it's "and adolescents." I don't know how many times she said that in seventeen years. That really was helpful. It go a little tiresome sometimes, but it was helpful.

But as she worked and moved on through, she became very politically astute and recognizing that you have to be with this population and she's one of the people in our office who is the best at dealing with legislators on these controversial issues. So I feel like Judy assumed this leadership role early on. She's never stopped and has kept it moving forward.

A few years ago, our child and adolescent health section in which Judy is in got a new manager and that program or that section had a number of things like child care and oral health and mental health, just a collection of things. I think, with Judy's help and the manager's thinking, that section became more structured and organized, early childhood, youth and adolescence. A lot of talk going on in that section about the youth development framework and using that as a framework. So I learned and others learned in MCH more about that.

When it came time for us to do our five-year needs assessment and we were talking about what will our conceptual framework be this time, how will we think about our needs assessment, it was from our child and adolescent health section that said why do we have to have a deficit base approach? Why can't we flip it and have a strength-based approach? You know, nobody jumped up in the room and said, "Oh, that's Judy speaking there", but it was. It was her influence, so I'd like to add a role for your Adolescent Health Coordinators and that is as an influencer. It may take time, but I mean, she's living proof that it works.

So what we did for our needs assessment was we really did use a strength-based approach. We asked the question, "What does it take to have a healthy pregnant woman, a healthy infant, healthy child, healthy youth, healthy adolescent, healthy family" rather than "What's a specific need that we can pull out and work on?" So we now have very broad MCH priorities that we work into

and work may fit under one or more priorities, so it's kind of a framework for describing what we do and making decisions about what we do. So to me, this is a terrific outcome of years of work that we wouldn't have gone there had we not had our Adolescent Health Coordinator.

So since, in the past year, the manager of the child and adolescent health section retired and Judy became the manager of that section. She's restructuring it again and having two FTEs work on adolescent health issues. These people are pistols. I mean, they're young MPH grads and they know how to work and they have energy and they're smart and they seem to know what they don't know, which is always a good thing. So they're moving forward and we essentially now have three fulltime FTEs paying attention to adolescent health issues.

What I see is, you know, we can learn from them for infants and early childhood. We can learn from them for pregnant women, preconception health, all of those things. In fact, that section is taking the lead on some Bright Futures work, some medical home for all efforts and something else, preconception care. So they're connecting both ways up rather than just simply focusing on, "You guys, pay attention to adolescence, please."

That's really important to have to continue that, but we can get far more from them just like we learned from children with special health care needs and other

parts of the population. We're now realizing what we have to learn by paying attention to what it takes to have a healthy adolescent and keep adolescents healthy. It really can help us frame what we do in early childhood and all along the way.

So my three key messages or lessons learned is hire well. If the person doesn't have content for adolescent health, they can get it, but, you know, all the other things that you need to do to bring people together to understand politically all of those things, you know, pay attention to that and leadership ability as much as to someone who has worked in that field. You'll build the capacity for adolescent health issues, but much, much more.

Then finally -- I can't read my notes -- you'll just get so much more than you imagined. I mean, it's looking back. It's always fun to look back over what's happened and where we are now and why are we there. I think we are there because we've had this effort. Thank you.