



System Capacity for Adolescent Health: *A public health improvement tool*

A collaborative project of the
Association of Maternal and Child Health Programs and
the State Adolescent Health Coordinators Network

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INTRODUCTION

Adolescence is a crucial developmental period characterized by marked physical, emotional, and intellectual changes, as well as by changes in social roles, relationships and expectations, all of which are important for the development of the individual and provide the foundation for functioning as an adult.

Maternal and child health (MCH) and family health programs within public agencies are natural partners and leaders in addressing the special health needs and considerations of adolescent populations. Such programs bring expertise in the administration of a variety programs affecting families, as well as strong collaborative relationships with providers, families and others, to the field of adolescent health.

Long-term experience both within the U.S. and internationally has shown that when public health infrastructure includes an individual unit or focal point for a specific population group, policies, programs, services and supports for the designated group are greatly enhanced. MCH/family health programs provide a logical home for adolescent health within state health agencies, bringing expertise in the administration of a variety programs affecting families, as well as strong collaborative relationships with providers, families and others, to the field of adolescent health.

AMCHP/SAHCN PARTNERSHIP FOR ADOLESCENT HEALTH

Recognizing both the importance and the promise of more extensive collaboration, the Association of Maternal and Child Health Programs (AMCHP) and the State Adolescent Health Coordinators' Network (SAHCN) established the *Partnership for Adolescent Health (the Partnership)*, with funding from the Annie E. Casey Foundation, to collaboratively strengthen the capacity of U.S. states and territories to support effective adolescent health programs.

AMCHP is a national nonprofit organization that represents state public health agency leaders responsible for administering state and territorial MCH/family health programs, including the Title V MCH Block Grant, as well as a range of other related programs such as WIC, family planning, and adolescent health programs. AMCHP membership also includes academics, advocates, community-based health professionals and families interested in family health programs and issues. AMCHP's goals are to: (1) improve national policy and resources for maternal and child health, particularly through Title V of the Social Security Act; (2) strengthen public accountability, leadership and capacity in states for maternal and child health and family-centered, culturally competent community systems; and (3) continuously improve AMCHP's organizational capacity to fulfill its mission and achieve its vision.

SAHCN is a national network comprised of public health professionals working in or with state MCH/family health programs as the designated state adolescent health coordinator. Since 1990, SAHCN has represented adolescent health coordinators in states and territories to: (1) provide leadership, advocacy and consultation on adolescent health; (2) formally support and strengthen sharing of ideas and strategies among state adolescent health coordinators, and (3) strengthen the capacity of state adolescent health coordinators and partners to effectively support healthy youth.

In 2001, AMCHP and SAHCN formed the *Partnership for Adolescent Health* (The Partnership), with funding from the Annie E. Casey Foundation, to increase awareness and commitment to coordinated adolescent health programs through the development of tools and communication forums that increase the capacity of MCH/family health programs to assess, establish, improve, and sustain such efforts.

A CONCEPTUAL FRAMEWORK FOR ADOLESCENT HEALTH

Through their Partnership, the leadership of AMCHP and SAHCN came to the consensus that together, they could identify and build ownership for a common vision for adolescent health, and identify the strategies and resources for implementing this vision in public health agencies and maternal and child health programs.

This vision is established in the *Conceptual Framework for Adolescent Health*, a consensus document developed collaboratively with national and state experts in the field of adolescent health, including AMCHP and SAHCN members. The Framework includes: key definitions; a discussion of the role of public health and the relationship of adolescent health to state MCH/family health programs; guiding principles, and vision statements. The Conceptual Framework provides a theoretical basis for the Partnership as well as state MCH/family health programs to address adolescent health.

The vision presented in the Framework includes creating a nation in which MCH/family health programs include one or more dedicated adolescent health staff, including an adolescent health coordinator who work/s collaboratively both within the MCH/family health program and with other programs and agencies to develop strong, highly effective and sustained policies and programs that are responsive to the needs of adolescents and their families.

Implementing the Framework: System Capacity For Adolescent Health

Today, most state and territorial MCH/family health programs support adolescent health through the appointment of an Adolescent Health Coordinator. The exact role and job description of the Adolescent Health Coordinator varies across states and territories, from part time to full time, from fully dedicated to integrated adolescent health units or dedicated to multiple populations and programmatic issues. However, across all states and territories, the role of the Adolescent Health Coordinator is to help maintain a focus on the unique needs and assets of the adolescent population, bringing specific expertise on the health issues that face adolescents and on the special programmatic considerations for this population. The responsibility of state or territorial adolescent health programs and initiatives should not, however, fall entirely on an adolescent health coordinator, or any one person designated to address adolescent health, but should be the responsibility of a network of organizations, agencies, and individuals representing local, state, and national expertise and commitment.

This network of support should provide assistance and opportunities for: developing effective adolescent health policies and programs; and accessing professional development opportunities to sustain the quality of the workforce.

Recognizing that state public health agencies and MCH/family health programs must have capacity in certain areas in order to support designated adolescent health staff and adolescents programs/initiatives, the Partnership initiated a project to identify what key areas of capacity must be in place to support effective state adolescent health programs. This project, entitled *System Capacity For Adolescent Health: A System Improvement Tool*, will be relevant to many audiences in many ways.

PURPOSE: This project seeks to:

- Identify the key areas of capacity that must be in place in public health agencies, specifically maternal and child health programs, to provide the ten essential public health services to support effective state adolescent health programs;
- Provide a tool for states to assess their current capacity in seven key areas in order to determine where they need to go, no matter where they are starting from or what resources they already have.

AUDIENCE:

The primary audience for this project is Title V MCH/family health program staff, including MCH and Children with Special Health Care Needs (CSCHN) Directors, Adolescent Health Coordinators, and other public health program managers.

OTHER POTENTIAL AUDIENCES/USES:

Recognizing that effectively addressing adolescent health involves a coordinated approach among agencies, organizations, and individuals working for and with adolescents, this project will be useful in a variety of ways including:

- Orienting and training new Adolescent Health Coordinators, AMCHP and SAHCN regional representatives, and MCH and CSCHN Directors, particularly those without an adolescent health background.
- Providing a point of reference/consensus to ensure that systems and pieces supporting adolescent health are not lost with staff turnover.
- Demonstrating to other state agencies and program directors the cross-over of adolescent health into other disciplines so opportunities for connections will be recognized.
- Educating federal agencies, national organizations, and other adolescent health leaders about the key areas of capacity needed to support state adolescent health initiatives/programs, and demonstrating areas where they could contribute technical assistance.
- Encourage an end product/goal that supports/compliments the goals/missions of all agencies, national organizations, and other adolescent health leaders working to support and promote adolescent health in a state or territory.

SYSTEM CAPACITY BACKGROUND RESEARCH

An underlying assumption of this project is that every state and territory is different in their approaches to, and capacity for, adolescent health initiatives/programs. Despite differences, there are certain “core” systems and functions that must be in place, as well as a range of effective systems and functions, to support effective adolescent health programs within MCH/family health programs.

In order to accurately reflect the range of systems and functions that must be in place to make any program work, particularly a state adolescent health program, a workgroup of AMCHP and SAHCN representatives reviewed “capacity” literature from many fields, including public health, and compiled a summary of the common themes and characteristics throughout these resources. These themes were clearly falling into three categories regarding:

- Systems - Infrastructure and capacity of agencies organizations, environmental situations
- Individuals - Competencies of the person responsible for implementing a program
- Frameworks - Topics/content that an effective program should address

This project focuses specifically on the elements of a system that must be in place to support adolescent health based on the inherent assumptions that:

- If a state has the capacity for an effective adolescent health program, they will have in place an Adolescent Health Coordinator with certain competencies.
- Before a program/agency/system can determine the content or topics they will address, they must have certain organizational elements in place.
- State and territorial adolescent health programs/initiatives should be the responsibility of a network of organizations, agencies, and individuals representing local, state, and national expertise and commitment.

KEY AREAS OF SYSTEM CAPACITY

From the background research gathered, the original workgroup identified seven key areas of capacity that must exist to promote adolescent health within MCH/family health programs. As a tool for implementing the vision of the Conceptual Framework for Adolescent Health, the System Capacity project incorporates areas of capacity necessary to provide the ten essential public health functions to promote adolescent health.¹

WHAT DEFINES A CAPACITY?

A Capacity as presented in this project is intended to: express overarching values/themes; define the minimum, and a range of, infrastructure characteristics that must be in place for supporting adolescent health programs; and recognize that adolescent health is a broad system composed of many pieces and partners. Key areas of capacity defined for this project include:

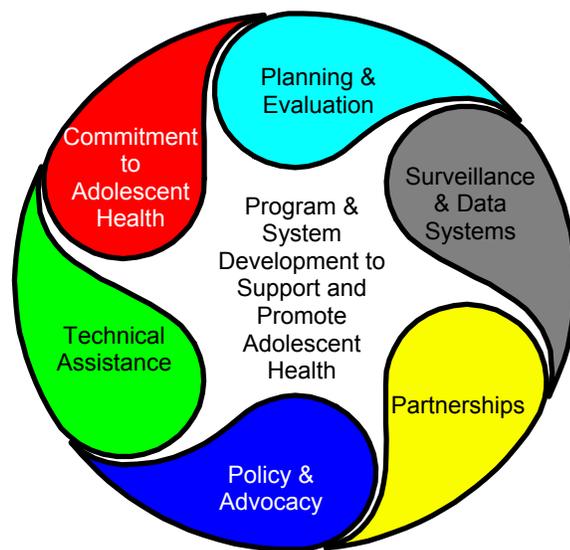
¹ Core public health functions and essential services were first introduced in the landmark Institute of Medicine report, *The Future of Public Health* (National Academy Press, Washington, DC, 1988.)

1. **Commitment to Adolescent Health** is the formal process of recognizing youth as a program and policy priority; creating a visible link and coordinating presence across state agencies for adolescent health; and integrating adolescent health into a broader MCH/family health framework. This process requires proactive support by management, internal and external partnerships, provides a foundation for all other functions and systems that enable effective state-wide adolescent health programs.
2. **Planning and Evaluation** is the process by which MCH/family health programs systematically identify adolescent health issues, develops strategies to address these issues, and measure the effectiveness of these strategies according to standards and benchmark indicators. This process requires partnerships, collaboration and coordination across many sectors.
3. Public health **Surveillance and Data Systems** are defined as the systematic collection, analysis, distribution and use of data to support program planning, implementation and evaluation for adolescent health. This process requires partnerships, coordination, and technical assistance within and across many sectors.
4. **Partnerships** are defined as relationships between MCH/family health programs/staff and individuals, families, communities, or groups, characterized by mutual cooperation and responsibility, as for the achievement of a specified goal.
5. **Policy** is defined as a plan or course of action designed to influence and determine decisions, such as a guiding principle or procedure, that takes place at the division, agency, or state level for the purpose of supporting, promoting, or mandating adolescent health efforts. **Advocacy** is broad in scope and is defined as any activity or effort that speaks in favor of adolescent health programs and functions that support them. Policy and advocacy are intertwined in process and purpose and require proactive management support, partnerships, coordination, and collaboration across many sectors.
6. **Technical Assistance** is the process by which MCH/family health programs share and transfer information, data, resources, and development opportunities with individuals, families, communities, and partners to build capacity to develop, implement, and evaluate adolescent health programs. This process requires partnerships, collaboration and coordination across many sectors.
7. The infrastructure represented in the other domains sets the stage for the development of population-based programs and systems to address the specific health needs of adolescents. The role of MCH/family health programs in **Program and System Development** is defined as the process by which such programs guide, contribute to, and ensure that adolescent health programs are population-based and include developmentally appropriate, culturally competent, and family- and youth-centered strategies to reach all adolescents.

Key areas of capacity, as defined and characterized here, are a network of overlapping concepts and strategies². As such, all these areas of capacity, should ideally be in place to provide the necessary supports and resources for statewide adolescent health initiatives. However, this process recognizes that:

- Every state and territory is different in their approaches to adolescent health;
- Capacity to support and promote adolescent health initiatives varies widely;
- Not all areas of capacity presented here are feasible for all states and territories; and,
- Some areas of capacity may be in place or stronger in some states and territories than in others.

Given this reality, the System Capacity project, and resulting products and tools, seeks to document the areas of capacity that should be in place to support and promote adolescent health, based on a consensus of MCH, adolescent health, and public health professionals and research in these and other fields. Through this process we hope to provide a way for MCH/family health programs to assess the current capacity and resources, and identify the resources and strategies that need to be developed or enhanced to move adolescent health forward in their state/territory.



SYSTEM CAPACITY PROJECT - NEXT STEPS

Throughout the summer of 2003, AMCHP and SAHCN will work to finalize the pieces of this project, and move into development of a tool to assess the range of capacity in each of the seven identified areas of system capacity. For more information on the progress of this project, and to participate in the review and implementation of the tool, contact Rena Large, by phone 202-775-0436, or email rlarge@amchp.org.

Visit <http://www.amchp.org/policy/adolescent.htm> for these related products:

- 2003 Policy Agenda for Adolescent Health - January 2003 [PDF]
- Conceptual Framework for Adolescent Health - December 2002 [PDF]
- Introduction to the Conceptual Framework Webcast Archive - August 2002
- System Capacity for Adolescent Health - Project Introduction Audio Conference Transcript" – August 2002 [PDF]

² Based on a conceptual model of Partnerships developed by Connie Mihalevich 2003.