



Oregon Maternal and Child Health Title V Strategy Webinar: Adolescent Well Care Visit

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Oregon
Health
Authority

Welcome and webinar housekeeping

**Thank you for joining us today –
we really appreciate it!**

- If there is more than one person participating at your site, please enter everyone's name and affiliation in the chat box.
- We welcome everyone's ideas – feel free to chime in by phone or through the chat box. When not speaking, please keep your phone muted.
- Please do not put your phone on hold or take a call on another line during the webinar! Hang up and rejoin if necessary.

Poll question

What type of organization do you represent?

- Local health department
- Tribe
- Community-based agency
- Coordinated Care Organization
- State agency

Purpose of the webinar

Bring together state and local Maternal and Child Health (MCH) Title V grantees and partners to:

- Review and discuss evidence-informed strategies that Oregon's Maternal and Child Health programs might use to increase adolescent well care visits among youth 12-17.
- Learn about strategies already underway that participants feel would be a good match for MCH/Title V work.
- Determine if we're missing any key strategies.

What we ask of you today

Put on your consultant hat:

- Help us think about strategies that might be important for state and local MCH programs to invest in and help lead – whether or not they are right for your community.

If you are a Title V grantee:

- Trust that there is a process and will be time to choose among the priorities and strategies that are a good fit for your work and your community.

Questions we won't address today, But will at a later date...

- **Parameters for local choice and implementation** – how many priorities and strategies counties or tribes will work on, work plan and reporting guidelines, etc.
 - A Conference of Local Health Officials Healthy Families/Tribal/State MCH work group will draft parameters and guidelines – stay tuned.
- **Local capacity and readiness** for implementing the strategies
 - This is an important consideration to be addressed by each Title V grantee once the strategies/implementation parameters have been developed.

Questions we won't address today, But will at a later date...

- **Measurement** of progress on these strategies
 - Development of measures will follow once we have honed the list of strategies.
- **Technical Assistance for implementation**
 - State and local Title V partners will work on identifying and meeting technical assistance needs as the work unfolds.

What is the Title V Maternal and Child Health Program?

- Federal appropriation of Maternal and Child Health funds to Oregon.
- Purpose of the Federal Title V Maternal and Child Health program: to provide a foundation for ensuring the health of the Nation's mothers, women, children and youth, including children and youth with special health care needs, and their families.
- In Oregon, funds distributed to: Oregon Center for Children and Youth with Special Health Needs, Local Health Authorities, Oregon Tribes, and the State Public Health Division.

MCH Title V Block Grant 3.0

The Maternal and Child Health Bureau (MCHB) is transforming Title V' s work to align with Federal health care transformation.

- **Goals of the transformation: reduce burden, increase accountability, and maintain flexibility**

States are required to:

- **Conduct a 5-year needs assessment**
- **Choose 8 of 15 national priority areas/performance measures, plus 3 state-specific priorities**
- **Develop strategies and strategic measures to “move the needle” on the national priorities**
- **Align use of funds with these priorities and strategies**

Oregon's 2016-2020 Title V Priorities

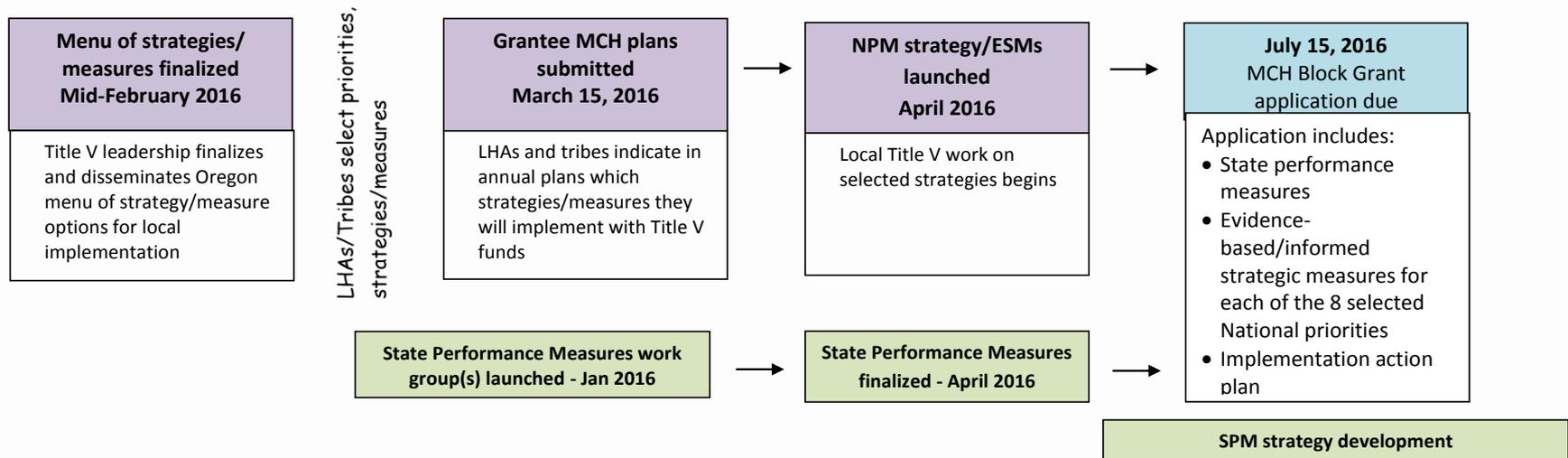
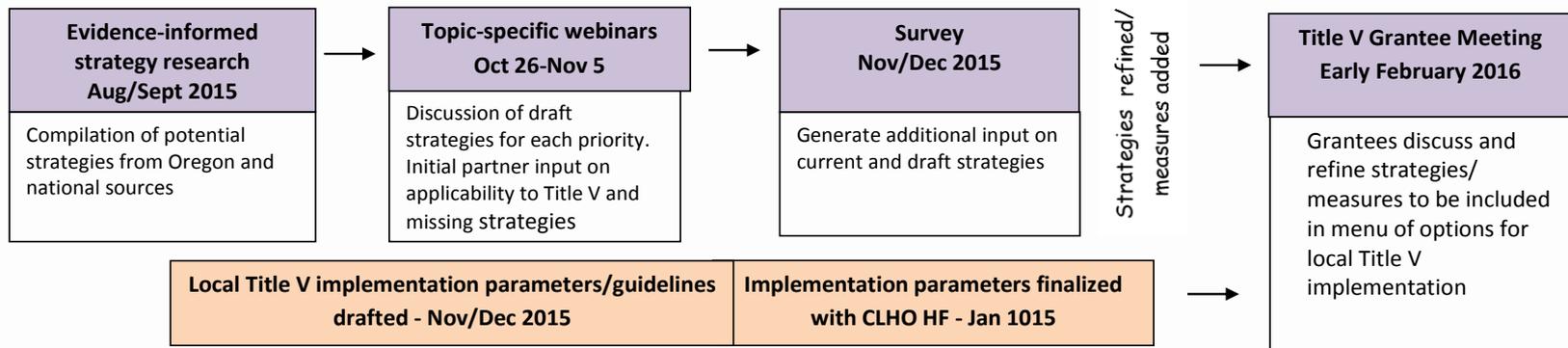
Oregon's selected national priority areas

- Well woman care
- Breastfeeding
- Children's physical activity
- Adolescent well visit
- Oral health
- Smoking
- Medical home for children/youth with special health needs *
- Transition for children/youth with special health needs*

State-specific priority areas:

- Toxic stress, trauma and Adverse childhood experiences (ACEs)
- Food insecurity
- Culturally and linguistically responsive MCH services

Development and Launch of MCH Block Grant Strategies and Measures

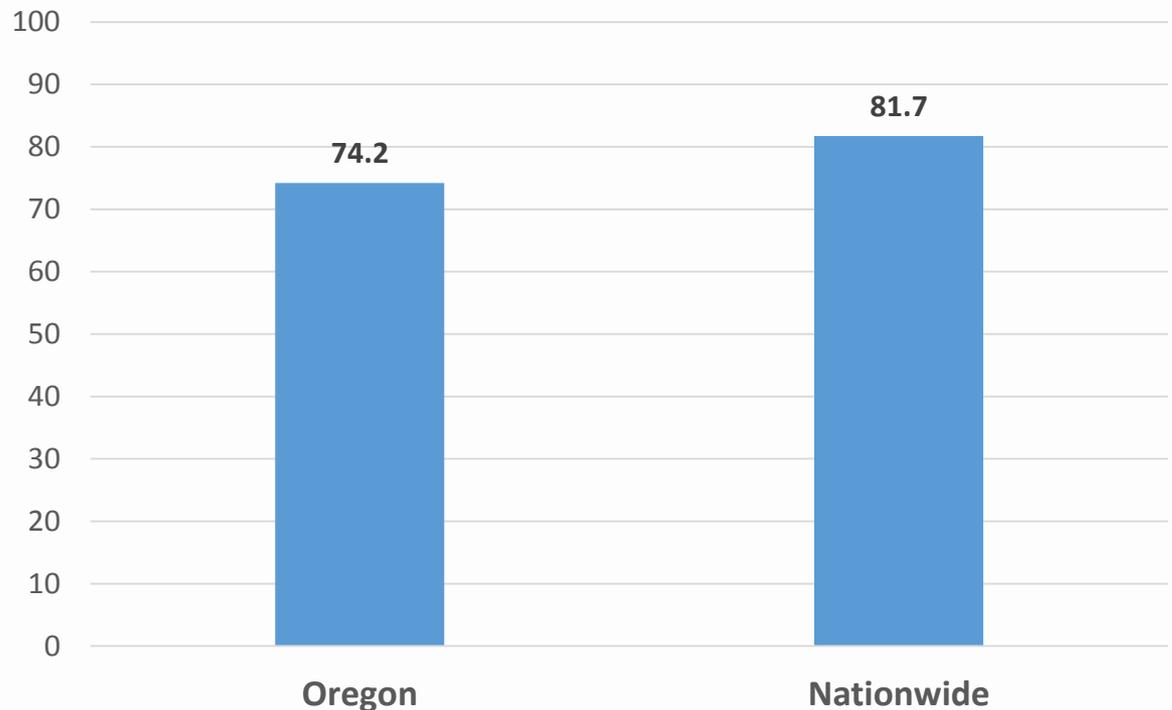


Adolescent Well Care (AWC): National Performance Measure

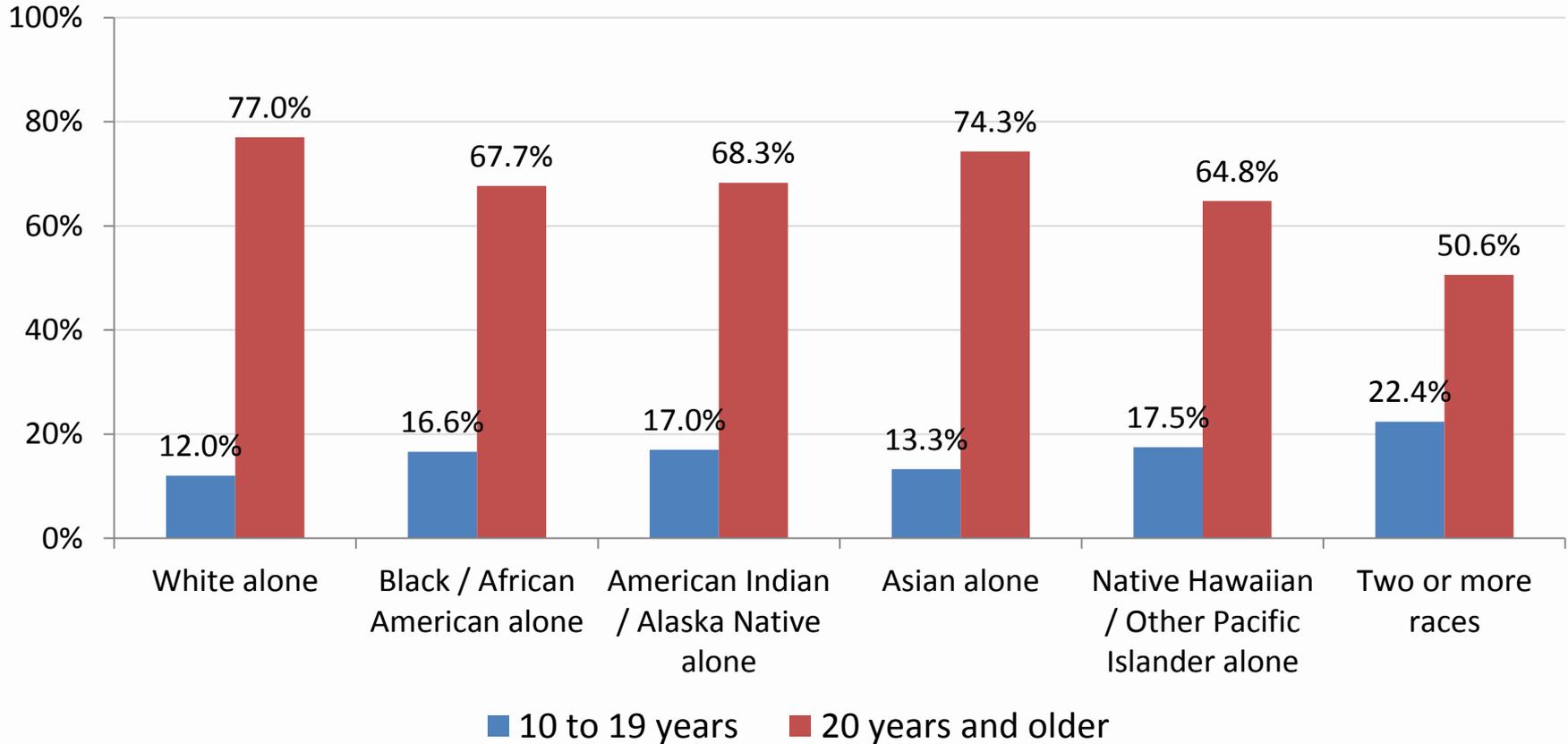
% of children 12-17 with one or more preventive medical visit in past 12 months

National Survey of Children's Health

One or more preventive medical care visits in the past 12 months (12 - 17 year olds) 2011/2012



Adolescent and adult population, by race, Oregon, 2010



Data source: American Fact Finder, United States Census Bureau

Significance of AWC for Oregon

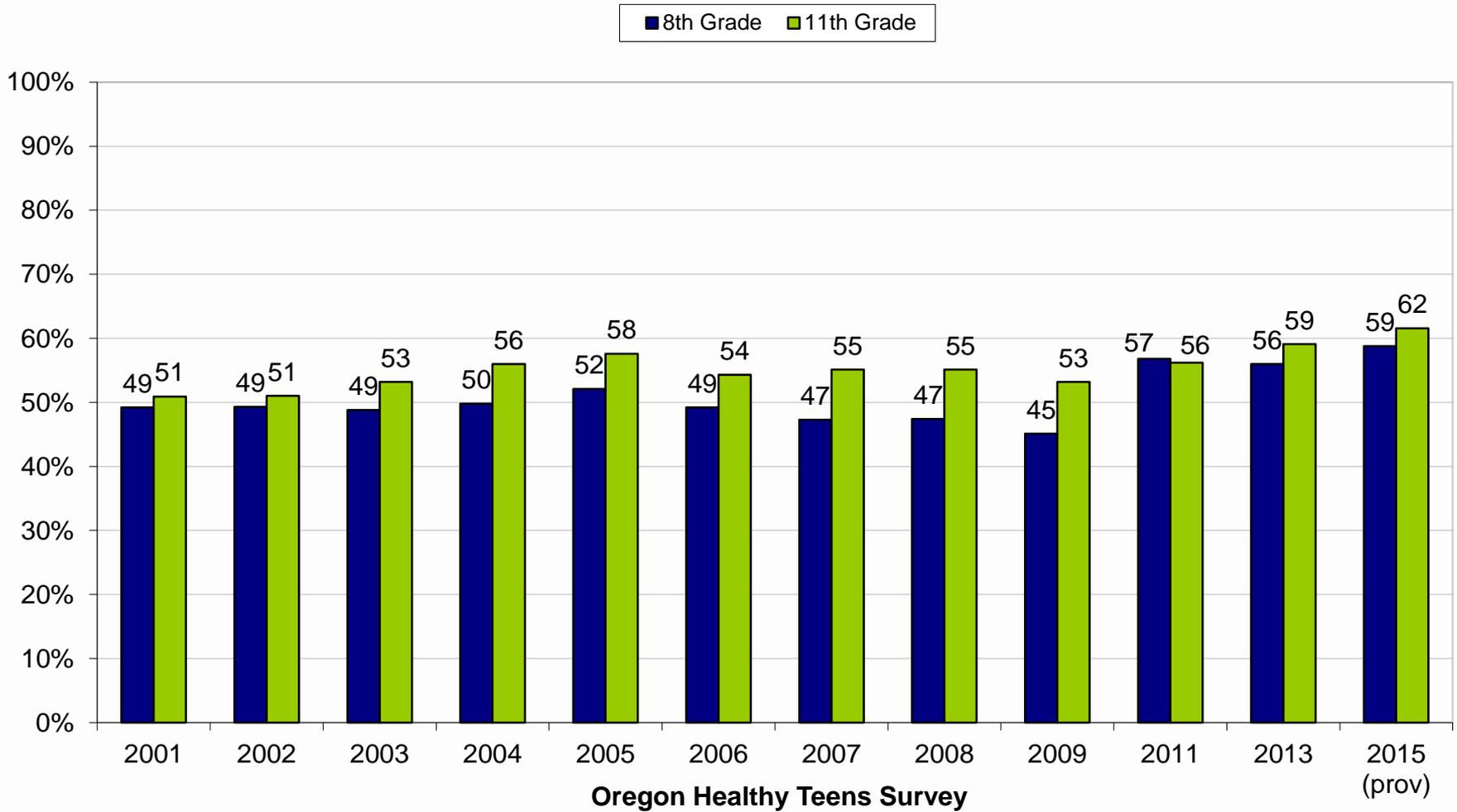


Health behaviors of 11th graders in Oregon:

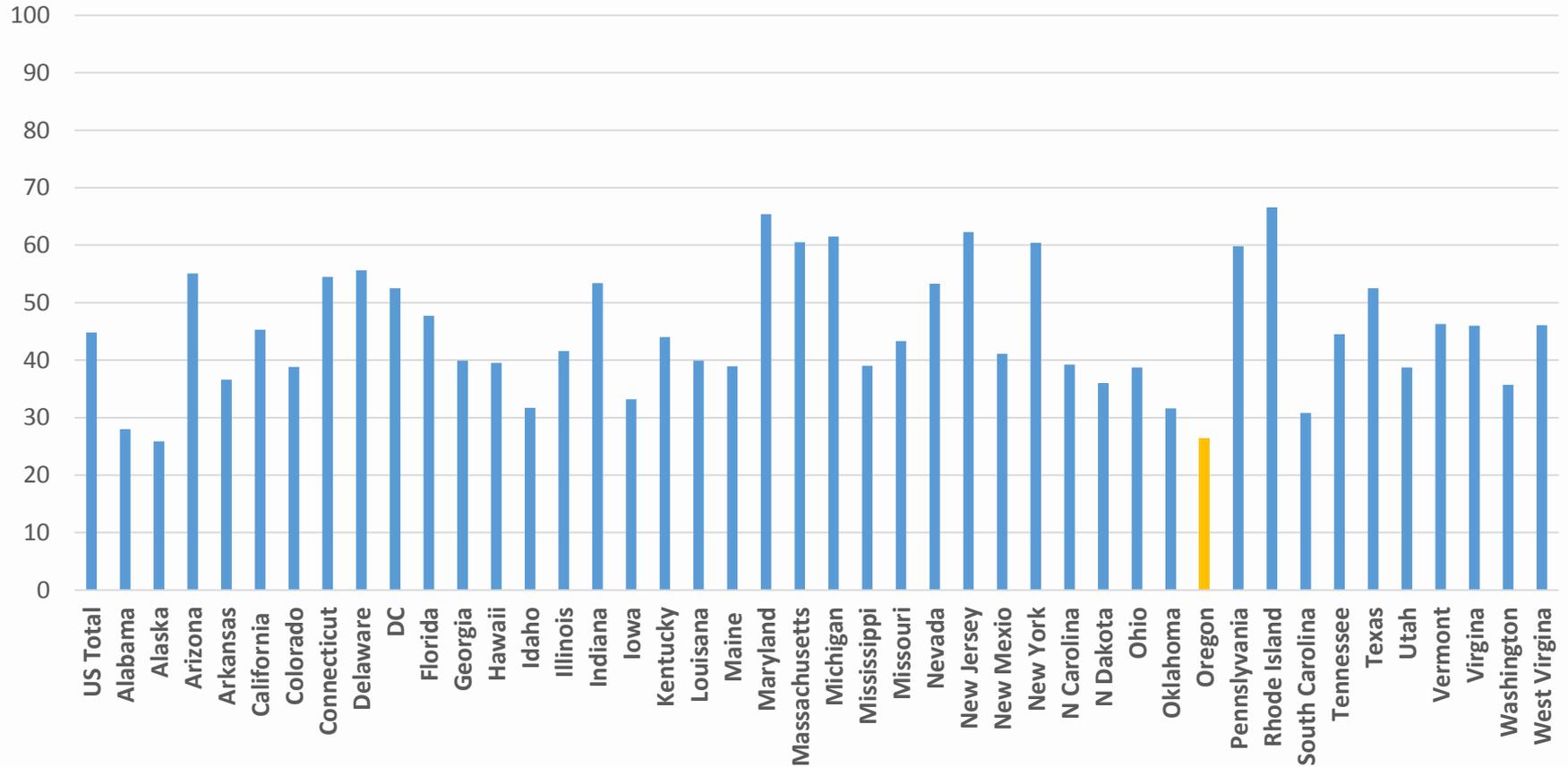
- 29% felt depressed in the past 12 months
- 16% seriously considered suicide in the past 12 months
- 41% have ever had sex
- Among those who have ever had sex; 38% did not use a condom at last intercourse
- 29% drank alcohol in the past month
- 20% used marijuana in the past month

Source: 2015 Oregon Healthy Teens Survey (*Provisional*)

Saw a Doctor in Past 12 Months (not for injury/illness)



Percent of Adolescents (12-21) Receiving at Least One Well-Care Visit, FFY 2013 (n=43 states)



Source: www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/Performance-on-the-Child-Core-Set-Measures-FFY-2013.zip

It takes FOREVER to get seen by a doctor. You have to take time off school, get there, just to wait for hours. Then, you only see the doctor for like, a few minutes, and they don't even listen to you.

Pendleton HS Student

People could be scared to talk to their [provider] about something going on with them because they don't want to be judged. We don't want to talk about drugs or alcohol because we don't want to get in trouble.

Central HS Student

It's hard to remember to go to the doctor when you are not sick. We have so many other things going on, it's not a priority.

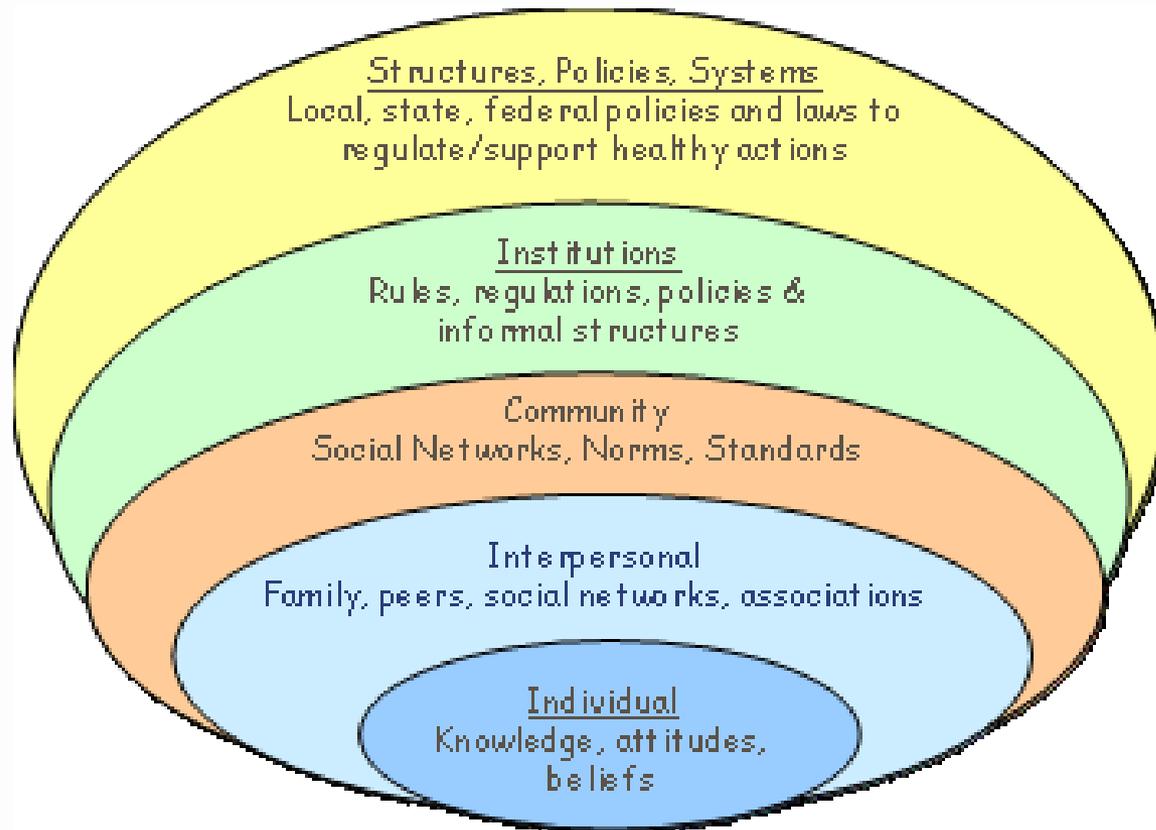
Phoenix Talent HS Student

How were the strategy lists developed?

- National MCHB consultants at Johns Hopkins
 - Review of the literature and evidence base
- Oregon Title V research consultant:
 - Review of the literature and Johns Hopkins evidence review
 - Review of local public health plans and reported activities
 - Interviews with State Title V Priority leads
- State Title V leads:
 - Consultation with other state public health programs and partners
 - Review of Consultant list of strategies
 - Refinement with SMEs and local co-leads

Note: The strategies presented are at a high level, and may have multiple state and local level activities associated with them. This provides flexibility to tailor Title V activities to meet community needs, while allowing us to tell the story of Title V's work around the state to improve health in this priority area.

Social ecological framework



Levels of Influence in the Social Ecological Model

Level(s) of Influence	Strategy	State/Local
Institutions, Community	1) Promote implementation of policies and practices to make adolescent health care more youth centered.	State or Local
Systems, Institutions	2) Strengthen health care confidentiality and privacy policies/practices for youth.	State
Systems, Institutions	3) Promote the practice of going beyond sports physical exams to well care exams.	State (possible local option)
Institutions, Community	4) Engage adolescents as community health workers or peer health educators.	State (possible local option)

Example: Promote youth-centered care

- Collaborate with CCOs and primary care providers to develop and implement policies and procedures to deliver culturally responsive, youth friendly care. Possible activities:
 - 1) pilot test the Adolescent Centered Environmental Model (ACE Model) developed by the Adolescent Health Initiative (AHI) at University of Michigan;
 - 2) broaden use of patient-modeled youth-led training of providers;
 - 3) Identify promising practices for use of adolescent friendly communication (including social media, apps, and mobile).

I want more information about my health and medicine, in a way I can understand. It would be better if there were more [providers] who understand my culture and background. There are alternative remedies that my doctor would think are weird.

-- Jackson County Health Equity Coalition member

Level(s) of Influence	Strategy	State/Local
Community	5) Develop and strengthen partnerships with public and private partners invested in adolescent well care.	State (possible local option)
Community, Interpersonal	6) Raise awareness of the importance of adolescent well care, and adolescent health issues more broadly.	State/Local
Community	7) For counties with SBHCs as an access point for adolescent well care, leverage SBHC to conduct broader outreach within the school and community.	Local

Example: Raise awareness of importance of AWC and adolescent health issues

- Work with state agencies, health systems, CCOs, school based health centers, and other partners to develop and disseminate consistent messaging for providers, youth and families regarding the importance of annual well care visits.

You hear about why you should go to the doctor if you are over 65, have COPD...or if you are a little kid. But not if you are our age or in your 20's.

-Umatilla HS Student

Level(s) of Influence	Strategy	State/Local
Community, Interpersonal	8) Identify and disseminate training opportunities for clinicians in implementing best practices in adolescent well care.	State or Local
Community, Interpersonal	9) Conduct community outreach to key populations to increase well care visits.	Local
Community, Interpersonal, Individual	10) Research barriers to adolescent well visits	State or Local

Example: Outreach to priority populations least likely to access care

- Partner with CCOs and other youth-serving organizations (i.e. SBHCs, family planning, juvenile justices) to identify and conduct outreach to key populations of youth least likely to access preventive care.
 - Young men
 - Homeless youth
 - Adjudicated youth

[healthcare] would be better if my doctor actually called or sent me a text to remind me that I need to come in for a check up. To show that they care and that I am priority to them.

**-- Central High School Student,
Medford OR**

Discussion and poll

Which of these strategies do you think have the most **potential to improve health?**

1. Make adolescent health care more **youth centered**
2. Strengthen health care **confidentiality and privacy policies/practices**
3. Promote **shift from sports physicals** to adolescent well care visits.
4. Engage **adolescents as community health workers** or peer health educators.
5. **Strengthen partnerships** with public and private partners invested in adolescent well care
6. **Raise awareness** of the importance of adolescent well care
7. Leverage **SBHC to conduct broader outreach** within the school and community.
8. Identify **training opportunities for clinicians** in implementing best practices in adolescent well care.
9. Conduct **community outreach to key populations** to increase well care visits.
10. Research **barriers** to adolescent well visits

Discussion and poll

Which of these strategies do you think are foundational – meaning the most important/ best place to start in order to work on other strategies.

1. Make adolescent health care more **youth centered**
2. Strengthen health care **confidentiality and privacy policies/practices**
3. Promote **shift from sports physicals** to adolescent well care visits.
4. Engage **adolescents as community health workers** or peer health educators.
5. **Strengthen partnerships** with public and private partners invested in adolescent well care
6. **Raise awareness** of the importance of adolescent well care
7. Leverage **SBHC to conduct broader outreach** within the school and community.
8. Identify **training opportunities for clinicians** in implementing best practices in adolescent well care.
9. Conduct **community outreach to key populations** to increase well care visits.
10. Research **barriers** to adolescent well visits

Discussion question

Are there strategies already underway in your community that you think should be included in this discussion?

Discussion question

Are there strategies missing from this list?
If yes, what are they?

Poll

From your perspective, and thinking about your community, which strategies would you like to see **Title V invest in?**
(choose 3)

1. Make adolescent health care more **youth centered**
2. Strengthen health care **confidentiality and privacy policies/practices**
3. Promote **shift from sports physicals** to adolescent well care visits.
4. Engage **adolescents as community health workers** or peer health educators.
5. **Strengthen partnerships** with public and private partners invested in adolescent well care
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10. Research **barriers** to adolescent well visits

Webinar Evaluation

- How well did this webinar accomplish its purpose?
 1. Not at all
 2. A little
 3. Somewhat
 4. Well
 5. Very well
- What went well with this webinar?
- What should we do differently for the upcoming webinars?
- Any other comments?

Next steps

- **November:** Webinar feedback will inform the list of strategies
- **November-December:** Survey will gather more input on strategies across all MCH Title V priority areas
- **November-January:** Implementation guidelines and proposed measures will be developed by Title V state and local leads, CLHO HF and state MCH staff/consultant
- **February:** Title V grantees will meet to discuss and refine the menu of strategies and proposed measures for local implementation
- **March:** Local Title V grantees will choose priorities and strategies to include in work plans

Ideas? Questions?

General Title V questions:

- Nurit Fischler, Title V Coordinator nurit.r.fischler@state.or.us
- Cate Wilcox, Title V Director cate.s.wilcox@state.or.us
- MCH Title V website: <http://Healthoregon.org/titlev>

Adolescent well care priority and strategy work:

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