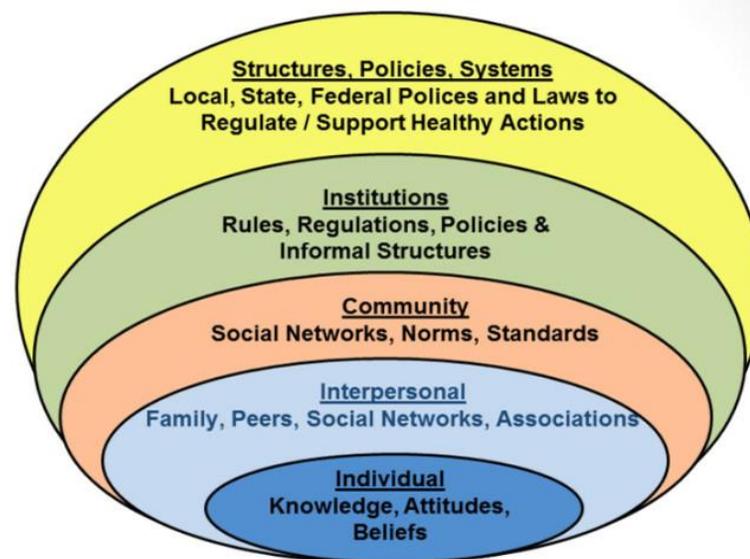


Title V National Priority Measure Strategies: Adolescent Well Care

DRAFT: November 5th 2015

Key: Strategies within the Social Ecological Model

Levels of Influence	Strategies within this level of influence:
Systems	3, 4
Institutions	1, 3, 4, 5
Community	1, 2, 5, 6, 7, 8, 9, 10
Interpersonal	6, 9, 10
Individual	10



Levels of Influence in the Social Ecological Model

Level(s) of Influence	Strategy (brief)	Strategy and Example Activities	State/Local
Institutions, Community	1. Promote the implementation of policies and practices to make health care facilities and practices more youth centered.	Collaborate with CCOs and primary care providers to develop and implement policies, procedures and physical changes to deliver culturally responsive, youth friendly care. Possible activities may include: 1) pilot test the Adolescent Centered Environmental Model (ACE Model) developed by the Adolescent Health Initiative (AHI) in the University of Michigan Health System; 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).	State or Local
Systems, Institutions	2. Strengthen health care privacy and confidentiality policies and practices for adolescents.	1) Partner with Oregon Insurance Division to support successful implementation of HB 2758 (confidential communication request). 2) Work with partners within OHA, health IT, and provider community to disseminate model confidentiality policies and practices.	State

Systems, Institutions	3. Promote the practice of going beyond sports physical exams to wellness exams	1) Partner with Department of Education to align sports physical policy with providing annual adolescent well care visits (e.g. model policies in Iowa and Tennessee require well visits in place of sports physicals). 2) Disseminate best practice information and sample policies to CCOs and providers.	State
Institutions, Community	4. Engage adolescents as community health workers or peer health educators.	Collaborate with OHA, CCOs, and youth-serving organizations to engage youth as community health workers or peer health educators. Identify and disseminate best and promising practices.	State or Local
Community	5. Develop and strengthen partnerships with public and private partners invested in adolescent well care.	Convene partners from OHA, youth-serving state agencies (e.g. Department of Education, Youth Development Council), and private partners to disseminate and share best practices and opportunities for policy alignment and development.	State or Local
Community	6. Raise awareness of the importance of adolescent well care, and adolescent health issues more broadly.	Work with 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.	State or 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.	Partner with SBHCs, SBHC medical sponsor, CCO, and schools to broaden and strengthen outreach to students and families in schools with SBHCs. Possible strategies include: 1)Connecting with health educators in schools to message importance of well visits; 2)Leverage youth clubs or SBHC youth advisory councils to promote adolescent well care school wide.	Local
Community, Interpersonal	8. Identify and disseminate training in best practices.	Identify training opportunities for clinicians in implementing best practices (i.e. Bright Futures) in adolescent well care.	State or Local
Community, Interpersonal	9. Community outreach to key populations to increase well care visits.	Partner with CCOs, county public health programs (i.e. SBHCs, family planning) and other youth-serving organizations to conduct outreach to key populations of youth least likely to access preventive care (i.e. young men, homeless youth).	Local
Community, Interpersonal, Individual	10. Research barriers to adolescent well visits	Use quantitative and qualitative methods to determine barriers to accessing care for adolescents. Possible examples include: 1) Collaborate with community organizations that serve adolescents to learn from their experiences; 2) Gather data from youth and/or parents to determine barriers from their perspective; 3) Support youth-led research regarding adolescent well care.	State or Local