MI-SAHM Newsletter

Message from the President

Hello MI-SAHM members,

It's time to meet up! We have two opportunities to meet in person in the next couple of months. The first is at the national SAHM conference in March, and the second is at the AHI conference in April. MI-SAHM members are well-represented amongst the presenters at the national SAHM meeting, the list is below. Let's support each other at the conference!

MI-SAHM members get a 10% discount on conference registration for the AHI conference, by using discount code "MISAHM16." Remember that the AHI conference is very multi-disciplinary - all those engaged in adolescent health in any way, shape, or form are enthusiastically welcomed. This year's conference has an amazing line-up of presenters, truly something for everyone. Bring your entire office!

I'm looking forward to meeting many of you in person and brainstorming ways to collaborate and strengthen our
adolescent health network in Michigan.

Warmest regards,
Maggie

Maggie Riley, MD, FAAFP
Chapter President, Michigan Society for Adolescent Health and Medicine (MI-SAHM)
Medical Director, Regional Alliance of Healthy Schools (RAHS)
Medical Director, Adolescent Health Initiative (AHI)

MI-SAHM MEMBERS PRESENTING at SAHM'S ANNUAL MEETING

Presentations listed chronologically:

Maggie Riley, MD, FAAFP:
"Transforming the Context of Primary Care for Adolescents-What Does It Take? Lessons Learned about Strategies, Systems, and Leadership across 3 States"
March 9, 2016, 8:30-11:30am

Andria Eiseman, PhD, MPH:
"Sexual Violence Victimization Among Adolescents and Emerging Adults Presenting to an Urban ED: The Role of Community Violence in Predicting Risk"
March 9, 2016, 6:30-8:30pm (during Research Poster Session I)

Terrill Bravender, MD, MPH, FSAHM
"RVUs, Coding, Productivity, and Oh Yes! Salary too!"
March 10, 2016, 11:00-12:30pm

Wanda Gibson-Scipio, PhD, APRN, BC:
"An Exploration of the Transition Readiness Needs of Urban African American Youth with Asthma"
March 10, 2016, 1:00-2:00pm (during Nursing SIG Meeting)

Anju Sawni, MD:
"Feasibility & Perception of Cell Phone based Health-Related Communication with Teens in an Economically Depressed Area"
March 10, 2016, 2:15-3:45pm (during Poster Symposia)

Sarah Stoddard, PhD, FSAHM:
"The Role of Social Context and Future Orientation in Adolescent Alcohol and Marijuana Use and Intentions: Expanding the Reasoned Action Model"
March 10, 2016, 4:15-5:45pm (during Platform Research- New Investigators)
Henry Ford's Medication Delivery Program

A pre-teen girl with a history of asthma came into the school clinic for an initial evaluation. After listening to her chest and hearing nothing, the doctor checked his stethoscope and tried again. Still no sound. "Are you feeling alright?" he asked. "Yes," she said.

She sat there like any other child, without any sign of distress. Her body had learned to compensate over time and she no longer knew what it was like, nor was she able, to take a full and healthy deep breath. After two back-to-back breathing treatments of albuterol and a dose of oral steroids, the doctor listened again and this time heard breath sounds. "I can feel the difference," she said. A short course of oral steroids was prescribed, along with an albuterol inhaler, a spacer and a controller medication. She was also given an asthma action plan and was scheduled to return for a follow-up visit the next week.

At the follow-up visit it was as if the doctor was listening to her lungs for the first time. Again, no breath sounds. "Did you take your medications?" the doctor asked. "No. We don't have a car, so we couldn't get to the pharmacy," she explained.

Does this story sound familiar to you? It plays out all too often in school-based health centers across Michigan. "Sadly, due to multiple barriers, including a shortage of providers and limited transportation, most children in Detroit who suffer from asthma are not receiving adequate treatment and lack the necessary medications to keep their asthma under control," said Dr. Attisha. It was the first of many times that Dr. Elliott Attisha, Medical
Director for Henry Ford Health System’s pediatric mobile clinic program, saw first-hand the barriers to good asthma self-management. Eventually, the repeat stories led to the creation of their medication delivery program, a program made possible thanks to a partnership with Henry Ford Health System's Ambulatory Pharmacy. The delivery program quickly spread to all sites within Henry Ford's School-Based and Community Health Program (SBCHP), which in addition to two mobile clinics also features seven school-based health centers. At Henry Ford's SBCHP, taking care of kids with asthma is a priority. The delivery program for asthma (and other) prescription medications and spacers has made a real difference. So how does it work, and could your health center do it, too?

So the first step for Henry Ford's SBCHP is to identify children with asthma. This is done by reviewing the consent which allows for treatment at the health center. This same consent includes permission for a child to carry home medications. Once a child with asthma is identified they are then scheduled to see the provider. If needed, a prescription for medication is sent to Henry Ford's outpatient pharmacy through their Electronic Health Record (EHR) system. The medication is billed to the patient's insurance, and if the patient does not have insurance, the cost is covered through Henry Ford Ambulatory Pharmacy's charity fund. On the same day, the medication is delivered to the school-based health center or mobile clinic(s) by the pharmacy, in time for an education session between the school nurse and child.

This process allows health center staff to provide the child with hands-on education on the best ways to use the medication and spacer. Though not always possible, parents are strongly encouraged to be present. An asthma action plan is also included as part of the education session. The child, and parent if present, is asked to repeat back the technique, confirming a clear grasp of the instructions. The child is brought back for follow-up based on asthma guidelines, and once the child's asthma is under control, the refills can be switched to mail delivery.

Want to give it a try at your center? Henry Ford's SBHCP staff offers this advice and lessons learned:

- Find a pharmacy partner. It's ideal if the pharmacy is linked somehow to your program. If not, you can start by creating a map of the pharmacies in your area. Then visit each of them, giving information and materials about your program. Make sure the pharmacies carry the medications and spacers you commonly prescribe.
- Ask each of the pharmacies:
  - Do you have staff to help with deliveries? If not, does the pharmacy have someone who can review medication use?
Will you help us (health center staff) track refills? Tell us if a medication is not covered or requires prior authorization? Tell us if the patient fails to pick up their medication?

What programs do you suggest to help cover medications for the uninsured?

Make sure you order a second quick-relief inhaler to keep at school. If insurance does not allow this, then one can be ordered at the next follow-up visit. You may be able to get a second spacer, as well (up to 4 per year are covered by Medicaid plans).

Talk with the family and pharmacy about refilling medications on breaks and through the summer.

Make sure to ask about history of anaphylaxis, and ensuring child has access to an EpiPen if needed.

- Have a go-to-person at the school who knows of all the students with asthma, whether they self-carry, where medication is kept, etc.
- Train school staff on proper use of asthma medications and spacers.
- Enlist asthma champions at the school. This could include children with asthma who are being treated by the health center.
- Make sure that the school has a completed "permission to carry form" on file.

Elliott Attisha, DO
Medical Director, Children's Health Project of Detroit
Henry Ford Health System

The Flint Water Crisis & Adolescent Health

The Flint Water Crisis is tragic and unjust. Worst of all, it was preventable. But, as the heroic pediatrician Mona Hanna-Attisha has said, we must direct our efforts on the present and future. For now, secondary prevention is the focus in Flint. Proper nutrition and learning activities can help combat the effects of lead exposure. Visit the Pediatric Public Health Initiative for additional information and efforts at this level.

Let's take a moment to talk about the impact of lead exposure
during childhood on adolescents - something not often discussed in the headlines. Lead exposure is directly correlated with delinquency and behavioral issues, which can emerge or worsen during adolescence. Normal adolescent brain development already lends itself to risky behaviors, making this time period even more challenging for those exposed to lead during childhood.

So, what do we do? First, understand the complexity that lead exposure adds to brain development and how that may impact the care you provide. Second, implement a standardized, confidential risk screening process to identify high-risk behaviors. Couple that with evidence-based counseling rooted in strengths-based approaches. Lastly, gather referral resources and advocate for more community resources to ensure that these children have the support they need not only now but for years to come.

As adolescent health providers, lead exposure during childhood must be on our radar. Let's join the effort to ensure that we are prepared to do everything we can to help these youth build resilience to counteract and cope with the effects of the toxicity they've been subjected to.

Vani Patterson, MPH
Program Coordinator
Adolescent Health Initiative
Danny Alvarez, Trainer, and Jenny Murphy, Consultant at the University of Michigan Health Systems are working diligently to enhance patient care for transgender youth. Together they have over 20 years of experience both locally and abroad.

**Passion with adolescent health:**
We are passionate about creating a culture within health systems that is supportive, inclusive and affirming for LGBTQ youth and adolescents.

**Current projects:**
For the past year we have been working on developing and delivering the Spark training "He, She, They and Zie: Patient-Centered Care for Transgender Adolescents." We have delivered the training for groups of health care professionals with the aim of raising awareness and encouraging health care providers to start engaging in conversations about how they can provide safe and inclusive spaces for LGBTQ youth. Ideally, we are working to help clinics identify their needs so that they can better serve their patients who identify as LGBTQ.

**What are your hopes for the future of adolescent health in MI?**
Our hopes for the future are that teens have positive, empowering encounters with any UMHS staff that they encounter. We hope that they have access to services where they are appropriately addressed by names and pronouns that they prefer, they are listened to and their perspectives are respected, and they have agency and authority over their lives, bodies and health care decisions. We hope that providers find ways to continue learning about concerns specific to the trans community and begin to understand the power they have in their role as providers. We believe that by creating spaces where trans youth feel comfortable addressing health care needs and feel supported and validated in their identities, we can add to an overall climate
that significantly and positively affirms the experiences of people from all genders. Long term we hope that this work will help practitioners shift how they view transgender clients to seeing their role as someone who has an awesome opportunity to partner and collaborate with their patients to find solutions and brainstorm options that have the potential to significantly impact a person’s safety, mental health, physical health, and overall satisfaction with life.

Danny Alvarez and Jenny Murphy are presenting their two-hour train-the-trainer workshop, "Patient-Centered Care for Transgender Youth" at the 2016 Conference on Adolescent Health.

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Session Highlight: PATCH!

PATCH is hosting two sessions at the 2016 Conference on Adolescent Health, along with three of their youth presenters. "What Teens Want" and "Providers and Teens Communicating for Health (PATCH)"

Scope of program: Providers and Teens Communicating for Health (PATCH) is an innovative, teen-delivered educational
program targeting barriers that interfere with the ability for health care providers and teens to communicate effectively with one another. PATCH currently offers two complementary interventions:

1) PATCH for Providers - equips health care providers with the knowledge, skills, and resources to have confidential, judgment-free conversations with teenage patients; and

2) PATCH for Teens - empowers teens to advocate for their own health care and seek the care they need to be their healthiest.

Commitment to adolescent health: Because the program is built upon a unique youth-adult partnership, teens have taken an active role in the development, implementation and evaluation of the program. Their authentic insight into adolescent experiences, concerns and preferences has continuously evolved the program to meet the unique needs of adolescents. PATCH seeks to ultimately improve the health and well-being of adolescents and enable them to become healthy and productive adults.

Current projects: PATCH is currently working on three exciting program expansions:

1) The development of a PATCH for Parents model;

2) A PATCH for Teens model that will allow for wider reach and dissemination of content through various delivery methods such as print and online materials, in-class curriculum tools, videos, and more; and

3) Additional in-clinic dosages of messaging for health providers including printed materials, signage, best practice coaching, and more.

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Exhibit & Sponsor the 2016 Conference on Adolescent Health

If you are interested in sponsoring or exhibiting at the 2016 Conference on Adolescent Health, feel free to check out our Sponsorship Website or our Sponsorship Packet for additional details and information!
In the News

Positive Strides for Adolescent Health

**Washington, D.C. leads the way on mandating LGBTQ cultural competency training for health care providers**

In February the Council of the District of Columbia, Washington, D.C.’s governing body, unanimously passed B21-168, the LGBTQ Cultural Competency Continuing Education Amendment Act, which mandates that medical professionals licensed in D.C. take two credits of cultural competency training related to LGBTQ health care issues. A step in the right direction!

**Obama calls to end funding for abstinence-only-until-marriage programs**

The president recently released his fiscal year 2017 budget which proposes increased investment in the Office of Adolescent Health's (OAH) Teen Pregnancy Prevention Program (TPPP), maintains current funding for the Centers for Disease Control and Prevention (CDC) Division of Adolescent and School Health (DASH), and seeks to eliminate abstinence-only-until-marriage (AOUM) funding once and for all. Now it just needs to get through Congress.

**New York Governor, Andrew Cuomo, proposes allowing minors to seek confidential treatment for HIV**

As part of his administration's goal to end new H.I.V. infections in the state by 2020, Gov Cuomo is working to pass a law giving minors a right to confidential access to H.I.V. prevention and care, not just testing. This would include access to PrEP. Hopefully this will pass, and other states will follow suit.

**Registration Open! 52nd Annual Northern Michigan Family Medicine Update**
The 52nd Annual Northern Michigan Family Medicine Update, led by University of Michigan physician and Director of Family Medicine, Joel J. Heidelbaugh, MD, FAAFP, FACP, will be held on June 13-17, 2016. Registration is now open with early-bird discounts available.

The 52nd Annual Northern Michigan Family Medicine Update offers health professionals the opportunity to learn from top-ranked speakers and physicians in family medicine, gaining knowledge and skills that can be readily incorporated into practice. Attendees are encouraged to bring their families to enjoy the resort and northern Michigan- the course is scheduled 7:30 am- 12:30 pm for five days, leaving plenty of family-time in the afternoon!

The course will be held at Shanty Creek Resorts in Bellaire, Michigan. Early-bird registration rates are available through May 13, 2016. Registration discounts are also available depending on registration type and registrant occupation. To view the complete schedule and to register for the event, please visit the course website.

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Highlight Nominations

Do you know of a great adolescent health professional and/or program?

Email us at adolescenthealth@umich.edu so we can highlight them in future newsletters!