Building the Capacity for Adolescent-Centered Health Care in Rural and Underserved Communities in HHS Region V

Program Overview

Adolescent patients access primary care services at lower rates than any other age group despite increased risk for morbidity and mortality due to high risk behaviors such as substance use, sexual activity, interpersonal violence, and suicide.[1] While these high risk behaviors are common among adolescents, less than 20% receive recommended screening and counseling on them from their healthcare providers.[2][3] In addition to the general healthcare disparities for adolescents described above, rural living is associated with a number of increased risks for adolescents.[4][5][6]

To address this problem, the Adolescent Health Initiative (AHI) is embarking on the project, *"Building the Capacity for Adolescent-Centered Health Care in Rural and Underserved Communities in HHS Region V"*. The purpose of this project is to 1) build capacity in pediatric practices in rural and underserved communities in HHS Region V (Illinois, Indiana, Ohio, Michigan, Minnesota, and Wisconsin) to provide youth-friendly health care services for adolescents through engagement in the Adolescent-Centered Environment Assessment Process (ACE-AP) and 2) equip each HHS Region V state with the ability to continue to build capacity of youth-serving primary care centers beyond the duration of the project by training individuals as coaches in each state in facilitation and dissemination of the ACE-AP. By training individuals at the state level to deliver the ACE-AP, each state will continue to disseminate the low cost model throughout high-need communities and increase the number of youth who have access to needed services.

Program Objectives

The goal of the program is twofold:

1) To build capacity of youth-serving primary care services in rural and underserved communities in HHS Region V (Illinois, Indiana, Ohio, Michigan, Minnesota, and Wisconsin) to provide youth-friendly health care services for adolescents through engagement in the Adolescent-Centered Environment Assessment Process (ACE-AP).
2) Equip each HHS Region V state with the ability to continue to build capacity of pediatric clinics beyond the length of the project by training individuals from each HHS Region V state in facilitation and dissemination of the ACE-AP.

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[1] Schaeuble K, Haglund K, Vukovich M. Adolescents' Preferences for Primary Care Provider Interactions. *J Spec Pediatr Nurs.* 2010;15(3):202-10. doi: 10.1111/j.1744-6155.2010.00232.x

[2] Bethell C, Klein J, Peck C. Assessing health system provision of adolescent preventive services: the Young Adult Health care Survey. *Med Care*. 2001;39(5):478-490.

[3] Blum RW, Beuhring T, Wunderlich M, Resnick MD. Don't ask, they won't tell: the quality of adolescent health screening in five practice settings. *Am J Public Health*. 1996;86:1767-72.

[4] Lenardson JD, Hartley D, Gale JA, Pearson KB. Substance Use and Abuse in Rural America. In: Warren J.C., Smalley,KB, (Eds.), Rural Public Health: Best Practices and Preventive Models. New York: Springer; 2014:95-114.

[5] M.N. Lutifyaa, K.K. Shah, M. Johnson, et al. Adolescent Daily Cigarette Smoking: Is Rural Residency a Risk Factor? Rural Rem Health, 8 (2008), p. 875

[6] Sing, G.K., Azuine, R.E., Siahpush,M., & Kogan, M.D. (2013). All-cause and cause-specific mortality among US youth: Socioeconomic and rural-urban disparities and international patterns. Journal of Urban Health, 90, 388–405.

This will be done by:

- Recruiting pediatric clinical practices in rural or underserved areas in each HHS Region V state to participate in the 18-month ACE-AP intervention through three rounds of mini-grant making, with 2-4 clinics from each state per round
- Completing the ACE-AP process with all participating pediatric clinical practices.
- Certifying sites who meet AHI Adolescent-Centered Environment certification criteria upon completion.
- Recruiting 1 person per HHS Region V state to be trained as ACE-AP coach.
- Training coaches through community of practice including three in-person summits in the Midwest.
- Training coaches by offering ongoing customized technical assistance.

Project Scope

The Adolescent Health Initiative (AHI) has successfully provided capacity building assistance to clinics in HHS Region V including 5 clinics in Illinois, 40 clinics in Michigan, 12 in Wisconsin, and piloted a youth-led health center assessment in several clinics in Minnesota. To further expand and sustain the reach of youth-friendly services in these states, AHI will train local personnel to disseminate and deliver a low-cost 18-month intervention, the Adolescent-Centered Environment Assessment Process (ACE-AP), to pediatric practices throughout the region. This project will allow for the immediate increase in delivery of youth-friendly services in underserved and rural communities as well as creates a framework for long-term improvement and dissemination in each HHS Region V state, through the establishment of locally trained ACE-AP coaches.

The ACE-AP is a facilitated, comprehensive self-assessment tool and improvement process that includes customized resources, recommendations, technical assistance, and implementation plans using Plan, Do, Study, Act (PDSA) improvement cycles. The ACE-AP utilizes a 75-indicator tool based on best practices and national guidelines from Bright Futures, American Academy of Pediatrics, the United States Preventive Services Task Force, American Academy of Family Physicians, Centers for Disease Control, World Health Organization, and National Committee for Quality Assurance. It measures health center environment, policies, and practices in 12 key areas of adolescent- centered care:

1. Access to Care
2. Adolescent Appropriate Environment
3. Confidentiality
4. Best Practices & Standards of Care
5. Reproductive & Sexual Health Clinical Practices
6. Mental Health Clinical Practices
7. Nutritional Health Clinical Practices
8. Cultural Responsiveness
9. Respectful Treatment
10. Adolescent Engagement & Empowerment
11. Parent Engagement
12. Community Engagement and Outreach

Clinics participate in a 12-month intervention with three months of pre-implementation and post-implementation data collection before and after the intervention, to total 18 months. At baseline, a clinic team consisting of a medical provider, clinic manager, and at least one other staff member such as a medical assistant, social worker, or front desk staff member will complete the ACE-AP tool with the guidance of an ACE-AP coach either in-person or on the phone. Through this self-assessment process, the team will score

each indicator using the following scale: 0- not yet implemented, 1- partially implemented, 2- fully implemented. Additionally, health center teams will select priority areas that they are interested in improving upon over the course of the year. Within two weeks of completing the baseline assessment, coaches will provide the clinic team with a customized implementation plan that includes curated resources targeting each item. The implementation plan is a pre-developed document with evidence-based resources and best practices from every item on the ACE-AP; this plan will be tailored and customized to include only content on the items upon which the site is interested in improving. Coaches will also provide the team with summary data from the baseline data collection including provider, staff, and patient surveys. Using this information, the ACE-AP team will further determine their plan for making clinic improvements over the course of the year, including which team member will lead process change for each item and the timeframe for completing them. Sites will be encouraged to choose 15-20 items to work on during the project period.

Coaches will schedule check-in calls at three-month intervals over the course of the intervention to provide coaching, technical assistance, and additional resources as needed. During the second check-in call at the six-month point, sites will be able to gauge progress by rescoring the ACE-AP tool or reviewing the implementation plan and making any needed changes or updates.

At the end of the process, coaches will facilitate a year-end ACE-AP with teams to re-score the tool and review progress made over the course of the year. Health center teams will be provided with a final implementation plan which can be used to continue making improvements to their environment, policies, and practices. After the completion of the intervention, year-end provider and staff surveys, adolescent patient satisfaction surveys, and HEDIS measures will be collected and compiled by AHI and reported to sites.

As an added incentive and recognition of progress, each site may choose to pursue AHI's certification as an Adolescent Centered Environment. Sites that meet the criteria for certification receive window clings, pins for staff and providers, certificates, online recognition and the opportunity to display the certification logos on their own materials and website. Criteria include gold standard care for adolescents, including comprehensive, standardized screening with Bright Futures, reviewing immunization records at every visit, and offering same-visit placement of Long-Acting Reversible Contraception, among others.

Timeline

DATES	ACTIVITY
August 2019 – November 2019	• Coach Recruitment • Application Review
December 2019 – February 2020	• Coach Selection and Notification
March 2020 – February 2021	• Training Summit 1 • Personalized Training Calls • Development of Customized Resources • Ongoing Email Communication and Check-Ins
March 2020 – September 2021	• Facilitate Round 1
March 2021 – February 2022	• Training Summit 2 • Personalized Training Calls • Development of Customized Resources • Ongoing Email Communication and Check-Ins
March 2021 – September 2022	• Facilitate Round 2
March 2022 – February 2023	• Training Summit 3

	• Personalized Training Calls • Development of Customized Resources • Ongoing Email Communication and Check-Ins
March 2022 – September 2023	• Facilitate Round 3

Roles and Responsibilities

Role of AHI: The role of AHI in the Building Capacity for Adolescent-Centered Health Care in Rural and Underserved Communities in HHS Region V is to serve as mini-grant and project manager, as well as the expert on the Adolescent-Centered Environment Assessment Process. AHI will provide technical assistance for the following components of this mini-grant and provide:

- Establish grant agreement with clinic;
- Train and support the ACE-AP Coaches in each HHS Region V state;
- Manage and interpret data collected by the site and ACE-AP Coach;
- Provide customized Data Reports for each site;
- Provide Adolescent-Centered Environment Certification for clinics that meet the certification requirements at project end; and
- Provide ongoing support during the grant period.

Role of ACE-AP Coach: AHI will train an ACE-AP coach in each state who will facilitate the ACE-AP assessment at baseline and year-end. The ACE-AP Coach will provide the ACE-AP team with the following:

- A customized Implementation Plan at baseline and year-end;
- Coordination of check in calls;
- Technical assistance and support to optimize the improvement process;
- Adolescent, staff, and provider surveys to be distributed at baseline and year-end, and compile the data from these surveys for the health clinic; and,
- Coordinate the execution of the ACE-AP license between the pilot clinic and the University of Michigan.

Role of ACE-AP Site: The role of the ACE-AP site includes first identifying an ACE-AP team. This team will be responsible for the following:

- Complete grant agreement with AHI;
- Participate in the baseline and year-end ACE assessments;
- Review the implementation plan to create and execute an improvement plan;
- Participate in check-in calls with ACE-AP Coach and AHI;
- Seek additional resources from ACE-AP Coach and AHI as needed; and,
- Coordinate the distribution and collection of adolescent, staff, and provider surveys and HEDIS at baseline and year-end.

Desired Qualities and Experience

- Organized
- Self-directed
- Knowledge of adolescent health

- Experience in distance facilitation (ie. Ability to facilitate conversations, assessments, meetings, etc via webinar or phone)
- Experience in providing support to clinical sites or health professionals in rural and/or underserved communities

Training

- 3 in-person training summits covering:
  - ACE-AP framework and facilitation
  - Evaluation requirements
  - Minor consent and confidentiality laws
  - Motivational interviewing
  - Quality improvement best practices for supporting health centers in making adolescent-centered enhancements to their environment, policies, and clinic practices
- Ongoing support and TA from AHI staff

Coach Compensation

- Coaches will be compensated $3,000 per year of the project.

APPLICATION

To apply click here: Coach Application
Applications will be accepted until Friday, October 18th, 2019

For any questions, contact Kaleigh Cornelison, Lead Program Specialist at the Adolescent Health Initiative.

