

Successes from the Field: Collaborating to Enhance Care and Services for Adolescents



PRESENTERS

CAPT Joshua Devine, PharmD, PhD, Acting Regional Health Administrator, U.S. Department of Health and Human Services (HHS), Office of the Assistant Secretary for Health - Region 5; U.S. Public Health Service Commissioned Corps
CAPT Devine has been a pharmacy officer in the Uniformed Services managing health care programs for 18 years. He received his PharmD from Drake University and a PhD in social, administrative, and clinical pharmacy from the University of Minnesota. CAPT Devine is Board Certified in Pharmacotherapy and is a Fellow of the American Pharmacists Association. He holds numerous awards and accolades from the US Air Force and US Public Health Service.

Steve Singer, PhD, Vice President for Education & Outreach, Accreditation Council for Continuing Medical Education
Dr. Singer oversees development of programs and resources to support the national system of accredited CME providers, ACCME-recognized state accreditors, and accreditation volunteers. Before the ACCME, Dr. Singer held a senior management position at an ACCME-accredited provider where he directed the development of nationally-focused educational initiatives for health care teams. He received his doctorate in neuropharmacology from the Stritch School of Medicine.

Emily Novick, MPP, Team Lead, Division of Strategic Communications, Office of Adolescent Health (OAH), HHS
As Team Lead, Ms. Novick manages all OAH communications products and website, and works with national, state and local organizations and federal agencies to support adolescent health. Before joining OAH, Emily worked on smoking prevention and a tobacco retailer education campaign at the FDA Center for Tobacco Products and an underage drinking prevention media campaign at SAMHSA's Center for Substance Abuse Prevention. She has a BA from Barnard College, Columbia University and a MPP from the UC Berkeley, Goldman Graduate School of Public Policy.

Lauren Ranalli, MPH, Director, Adolescent Health Initiative
Lauren Ranalli returned to her hometown of Ann Arbor in 2013 to become the Director of the newly-formed Adolescent Health Initiative. She has a master's in public health from the University of Michigan and a Bachelor of Arts in Psychology and Education from Washington University in St. Louis.

Ann W. Marchetti, Principal, A.W. Marchetti Consulting, LLC
For the past twenty-five years, Ann Marchetti has held leadership roles in several successful nonprofit agencies towards a singular goal-- to improve the health and well being of children, youth and families. Drawing upon her unique combination of public policy, business and creative skills, Ann works by building strategic partnerships in an effort to optimize business models while building organizational capacity and developing sustainable programs. Ann earned her MS degree from Radford University.

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MEETING HOSTS

- The HHS Office of the Assistant Secretary for Health (OASH) oversees 12 core public health offices — including the Office of the Surgeon General and the U.S. Public Health Service Commissioned Corps — as well as 10 regional health offices across the nation and 10 presidential and secretarial advisory committees. <https://www.hhs.gov/ash>
 - **OASH Region 5** distributes a monthly news update focused on adolescent health. To receive updates, subscribe to the Listserv by sending an e-mail to LISTSERV@LIST.NIH.GOV with only this text in the message body: subscribe REGION-V-ADOLESCENTHEALTHNETWORK “your name”
 - Contact Lesley.Craig@hhs.gov for more information.
- The **Accreditation Council for Continuing Medical Education (ACCME®)** leverages the power of education to drive quality in the medical profession and improve care for patients. <https://www.accme.org/>
 - ACCME offers a number of resources and ways to stay informed of current and upcoming activities, including a monthly Newsletter, Highlights Blog, and social media. Learn more here: <https://www.accme.org/resources>
- The HHS **Office of Adolescent Health (OAH)** is dedicated to improving the health and well-being of adolescents. <https://www.hhs.gov/ash/oah/>
 - Check out the TAG “Contact Us” sheet from in your meeting folder for more information on receiving OAH/TAG updates, or visit: <https://www.hhs.gov/ash/oah/about/contact/>

ACCME CRITERIA FOR ACCREDITATION WITH COMMENDATION

This session will offer concrete ideas and facilitate discussion around ACCME Criterion, with an emphasis on the following:

- **Criterion 20:** The provider builds bridges with other stakeholders through collaboration and cooperation.
- **Criterion 21:** The provider participates within an institutional or system framework for quality improvement.
- **Criterion 24:** Patient/public representatives are engaged in the planning and delivery of CME.
- **Criterion 25:** Students of the health professions are engaged in the planning and delivery of CME.
- **Criterion 27:** The provider addresses factors beyond clinical care that affect the health of populations.
- **Criterion 28:** The provider collaborates with other organizations to more effectively address population health issues.

Learn more here: <http://www.accme.org/accreditation-rules/accreditation-criteria>

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COMMON TERMS GLOSSARY

Continuing Medical Education (CME) consists of educational activities which serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public, or the profession. The content of CME is that body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of health care to the public. Examples of topics that are included in the ACCME definition of CME content include:

- Management, for physicians responsible for managing a health care facility
- Educational methodology, for physicians teaching in a medical school
- Practice management, for physicians interested in providing better service to patients
- Coding and reimbursement in a medical practice

Source: <https://www.accme.org/accreditation-rules/policies/cme-content-definition-and-examples>

Youth-Friendly Health Care Services are those that attract young people, respond to their needs, and retain young clients for continuing care. Youth-friendly services are based on a comprehensive understanding of what young people want and need (rather than being based only on what providers believe youth need). Adolescents are often reluctant to seek health care services and it is important to find ways to offer care in a manner that adolescents perceive as welcoming, comfortable, and responsive. The goal is to provide all young people with services they trust and which they feel are designed for them.

Source: https://www.hhs.gov/ash/oah/sites/default/files/referrals_and_linkages_to_youth_friendly_health_care.pdf

Positive Youth Development (PYD) is an intentional, prosocial approach that engages youth within their communities, schools, organizations, peer groups, and families in a manner that is productive and constructive; recognizes, utilizes, and enhances young people's strengths; and promotes positive outcomes for young people by providing opportunities, fostering positive relationships, and furnishing the support needed to build on their leadership strengths. *Positive Experiences + Positive Relationships + Positive Environments = PYD*

Source: <https://youth.gov/youth-topics/positive-youth-development>

Five key areas of adolescent development:

- Physical (hormonal changes and development)
- Cognitive (changes in the way the brain functions)
- Emotional (how adolescents process emotions and stress)
- Social (changes in familial, social, and romantic relationships)
- Morals and values (how adolescents regard their place in the world)

Note: This is developed by OAH in partnership with the Center for Adolescent Health at the Johns Hopkins Bloomberg School of Public Health; it builds on Johns Hopkins' report, *The Teen Years Explained: A Guide to Healthy Adolescent Development*.

Source: <https://www.hhs.gov/ash/oah/adolescent-development/explained/>

Types of Collaborations:

- **ADVISORY COMMITTEES:** generally respond to organizations or programs by providing suggestions and technical assistance.
- **COMMISSIONS:** usually consist of citizens appointed by official bodies.
- **CONSORTIA AND ALLIANCES:** tend to be semi-official, membership organizations. They typically have broad policy-oriented goals and may span large geographic areas. They usually consist of organizations and coalitions as opposed to individuals.
- **NETWORKS:** are generally loose-knit groups formed primarily for the purpose of resource and information sharing.
- **TASK FORCES:** most often come together to accomplish a specific series of activities, often at the request of an overseeing body.

Roles:

- **CHAIRPERSON:** has the primary responsibility as spokesperson for the coalition. S/He may sign letters, testify or represent, etc. on behalf of the coalition. The chairperson does not necessarily have to be from the lead agency. Frequently, the chairperson also acts as the facilitator.
- **FACILITATOR:** responsible for running the coalition's meetings. This person should be knowledgeable in group dynamics and comfortable with the task of including disparate members in group interactions, fostering group discussion, and resolving disagreements within the group. As with the chairperson, the facilitator does not necessarily have to be from the lead agency.
- **INDIVIDUAL MEMBER:** those people who do not represent a specific organization within the coalition. They often join the partnership/coalition for reasons of personal or professional interest in the issue.
- **LEAD AGENCY:** convenes the partnership/coalition and assumes significant responsibility for its operation. However, the lead agency does not control the coalition. The "lead agency" should recognize the amount of resources necessary to initiate and maintain the coalition and the importance of respecting the differences between the coalition's and the lead agency's perspectives.
- **MEMBER ORGANIZATION:** those organizations that participate in partnership/coalition activities and send a designated representative to coalition meetings. In some partnerships, "member" is an official designation; some organizations may choose to become official members and others may participate on an ad hoc or informal basis.
- **REPRESENTATIVES:** staff from member organizations who are selected to participate in the activities and meetings of the group. Ideally, these people have an interest in the problem, and their activities on the coalition comprise part of their regular job responsibilities.
- **STAFFING:** refers to the support functions necessary to make the coalition work (e.g., planning meetings, preparing agendas). Staffing is typically a responsibility of the lead agency.
- **STEERING COMMITTEE:** a small subgroup of the partnership/coalition that takes primary responsibility for the coalition's overall direction. Typically, the steering committee will include the coalition chairperson and a representative from the lead agency. The steering committee may also include subcommittee chairpersons and representatives from other organizations that have a major commitment to the coalition's objectives. Steering committees sometimes plan meetings and may provide decision making between regular meetings.
- **TURF:** refers to the "territory" an organization feels is rightly its own. Areas of turf include geographic areas, specific issues, and funding sources. Frequently, "turf battles"—disagreements over who will work in a particular region or who will apply for a particular grant—arise in partnerships/coalitions.

Source: "Developing Effective Coalitions: An Eight Step Guide" - a framework for engaging individuals, organizations and governmental partners in addressing community concerns, developed by the Prevention Institute:

<https://www.preventioninstitute.org/publications/developing-effective-coalitions-an-eight-step-guide>