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

A collaborative meeting between the HHS Office of Adolescent Health, HHS Office of the Assistant Secretary for Health - Region 5, and the Accreditation Council for Continuing Medical Education

Meeting Summary

May 2, 2019

Table of Contents

Overview 2

Welcome: Meeting Overview and Purpose 2

Participant Polling 2

A National Call to Action to Promote Adolescent Health: Adolescent Health: Think, Act, Grow© (TAG) 3

Youth-Adult Partnerships: Opportunities for Successful CME Collaboration 3

Building Partnerships for Emerging Issues 5

Action Planning and Report Out 6

- HPV Vaccination 6
- Opioids 6
- STIS 7
- Mental Health 7

Closing Activity: Reflection and Realistic Next Steps 7

Appendix A – HPV Vaccination Charts 8

Appendix B – Opioids Charts 10

Appendix C – STIs Charts 14

Appendix D – Mental Health Charts 17

Meeting Participants

Overview

This session was hosted in conjunction with the Accreditation Council for Continuing Medical Education (ACCME); the HHS Office of the Assistant Secretary for Health (OASH) - Region 5; and the HHS Office of Adolescent Health (OAH). The purpose of the meeting was to identify and action plan approaches for educators and community to collaborate and coordinate in the planning and teaching of continuing medical education (CME), using adolescent healthcare as a case example.

Welcome: Meeting Overview and Purpose

Captain Joshua Devine, the Acting Regional Health Administrator for HHS OASH - Region 5, U.S. Public Health Service Commissioned Corps, and ACCME Vice President of Education and Outreach, Dr. Steven Singer gave opening remarks.

Captain Devine noted that, while we have all been adolescents and many of us in the room may be parents of adolescents, there is still a lot to learn about experiencing adolescence in a healthy way. From a public health perspective, this transitional time is when people develop patterns of behavior make some of the most important choices regarding health and well-being, ranging from drugs, smoking, sexual activity, physical activity, and diet.

Captain Devine provided some background on OASH and identified four key priorities: the opioid epidemic; addressing increases in sexually transmitted infections (STIs); expanding adoption of the human papillomavirus (HPV) vaccination; and serving mental health needs. He closed by noting the Surgeon General's motto that OASH relies on "building better health through better partnerships".

Dr. Singer noted that the "the secret to collaboration is collaboration." He explained that ACCME accredited providers offer continuing medical education (CME) not just to physicians, but also to nurses, physician assistants, and others in the healthcare team. The ACCME accreditation not only ensures standards for high quality CME, but also serves as the change engine that can transform healthcare teams.

Participant Polling

ACCME conducted a live poll to assess the professional backgrounds of attendees. Most were accredited CME providers, followed by public health professionals, government, education/school-based providers, and social service professionals. One participant identified themselves as a family member.

The participants were then asked to identify the most important issue that impacts the health and well-being of adolescents today. Responses included: mental health, trauma, opioids, access, social media, anxiety, depression, violence, bullying, vaping, video games, media, stress, tobacco, and suicide.

A National Call to Action to Promote Adolescent Health: **Adolescent Health: Think, Act, Grow®** (TAG)

Emily Novick, with OAH's Division of Strategic Communications, provided an overview of OAH, which works to ensure that American adolescents thrive and become healthy productive adults. OAH relies on a strength-based approach and incorporates multisector stakeholders to support their research, prevention, health, and training work.

Adolescent Health: Think, Act, Grow® (TAG) was developed in conjunction with over 80 experts in youth serving organizations across six sectors. Working with these experts, OAH identified the following Five Essentials for Health Adolescents:

- Positive connections with supportive people;
- Safe and secure places to live, learn, and play;
- Access to high-quality, teen-friendly healthcare;
- Opportunities for teens to engage as learners, leaders, team members, and workers; and
- Coordinated, adolescent- and family-centered services, as needed.

> 63% of participants could not identify the five TAG essentials.
>
> 31% could name some of the essentials.

Ms. Novick cited the 2016 Lancet report which noted that addressing behavior patterns in youth provides a triple dividend. It helps youth today, their health during their adult lives, and the well-being of future generations. She also showed a short video clip about TAG. She noted that TAG's focus is on protective rather than risk factors because evidence has demonstrated that enhancing protective factors leads to greater positive health impacts.

In terms of resources, OAH has webinars, TAG Talks, a Playbook and a Toolkit. Each meeting participant received the 2018 TAG Playbook. Ms. Novick then mentioned a few case studies from its TAG in Action: Successful Strategies:

- A Mobile Teen Van to provide services to runaway and homeless youth
- School-based Health Centers
- Minnesota Plays Tag (Minnesota Department of Public Health uses the TAG five essentials as part of their adolescent health strategic plan)

OAH is in the process of developing a montage video, implementation toolkit, and a Spanish translation of the Playbook.

Youth-Adult Partnerships: Opportunities for Successful CME Collaboration

Lauren Ranalli, Director of the University of Michigan Health System's Adolescent Health Initiative, asked participants to share any gaps in education about adolescent health that could translate into CME opportunities. Participants identified the following: mental health, confidentiality, vaping, trauma-informed care, substance use, communication, chronic care, how to be youth friendly, inclusive language, trafficking and trans health.

Ms. Ranalli then shared some data from the national Youth Risk Behavioral Surveillance System (YRBSS) to help inform the audience of concerns from an adolescent perspective. In the YRBSS, students reported that:

- They had depression (32%)
- Had been bullied (24%)
- Had suicidal ideation (17%)
- Had current substance use, which included vaping (37%)
- Were currently sexually active (29%)
- Used condoms during their last sexual intercourse (54%)

Ms. Ranalli stated that this data clearly indicates a need to provide CME to health professionals on adolescent health issues. However, she added that it is important that youth be true partners. While most adults recognize the need for youth partners, many adults don't have a "roadmap' on how to be an authentic partner, which often results in youth being underutilized or tokenized. For example, adults may ask youth to deliver a presentation but may provide the content, not actually allowing the opportunity for youth to express their voice and experiences.

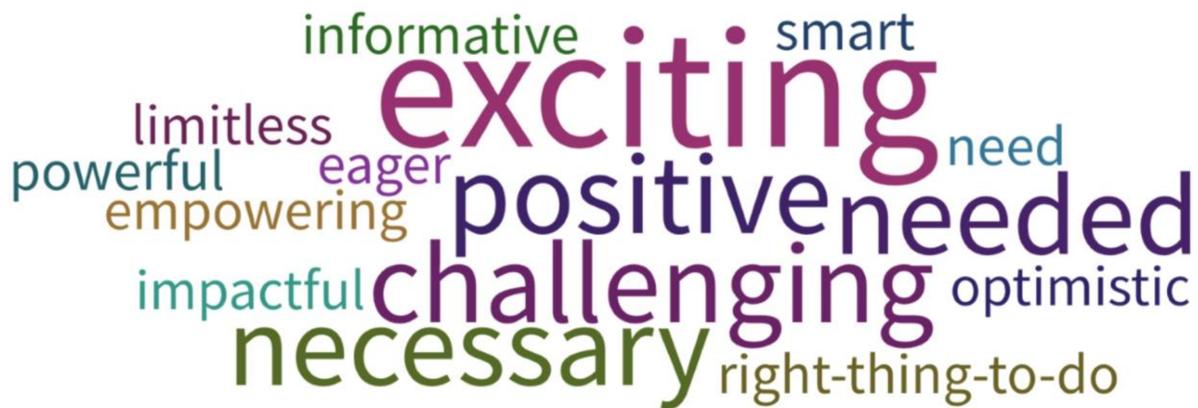
Ms. Ranalli, provided the following strategies/ideas for engaging youth input in planning activities:

- While traditional panels are good, another suggestion would be to have a fishbowl presentation where the youth are talking to one another and participants observe the conversation.
- Use facilitated TED talk style approaches or theater presentation.
- Often youth are asked personal questions that adults are never asked. Adults should prepare them, and if needed, protect them from those audience questions.
- Build in time to prepare and reflect afterwards. Be accommodating of youth schedules as they, like adults, often have other responsibilities.
- Learn their communication preferences, such as social media platforms.
- Prepare youth for presentations by sharing information on dress code, number of people, consent needs and if food will be provided.
- Reimburse youth for their time.
- Share feedback that is received and get youth feedback.

Ms. Ranalli also provided participants with a Starter Guide handout called "Creating Successful Youth Partnerships in Presentations."

Building Partnerships for Emerging Issues

During the break, participants were asked to reach out to one participant and talk with them about some possible ways to partner. Participants were then asked to share their opinions about what partnership means to them through a poll. Responses are reflected in the below graphic.



Ann Marchetti, Principal of A.W. Marchetti Consulting noted that while Americans are not educated or trained in partnership and collaboration building, “we figure it out anyway.” She then shared eight steps developed by the Prevention Institute on how to form successful partnership and/or coalitions.

1. Analyze the area of need/objectives/issues to determine whether to form a partnership coalition and alliance. This meeting is an example of that.
2. Recruit the right people. Think outside the box to include unusual partners to enrich the collaboration.
3. Devise a set of preliminary objectives and activities for the group.
4. Convene the group.
5. Anticipate the necessary resources, including time, resources, expertise, relationships, etc.
6. Incorporate the elements of a successful coalition structure that will work for your group.
7. Maintain the group’s vitality by changing things up, looking to the future, and adding new members.
8. Make improvements through evaluation.

She invited three meeting participants to share case studies, aligned with three of the steps, to describe examples of when collaboration helped them to expand or enhance their work.

- **St. Peter's Health Partners' Sexual Assault and Crime Victim Assistance Program** – Melanie shared that most of her clients are adolescents. Her organization is in in an urban setting, however they wanted to expand and provide the services to rural communities. They developed and provided a 22-hour training course through telemedicine. A separate

initiative is being developed concurrently working cooperatively with community volunteers, social workers, schools, homeless shelters, and the court system to provide support to the patient beyond the forensic exam, so that the person is being cared for as a whole (body, mind and soul). This incorporates the social determinants of health in addition to the physical clinical component to provide comprehensive quality patient care.

- **Asthma Olympics** – Matthew works with Children's Hospital Colorado on a project to promote healthy lungs for children and early adolescents. They collaborated with a partner who provided funding for community projects. One of those projects was to develop an Asthma Olympics for at-risk youth. It engages both youth and their parents as the start of school year approaches. The kids participate in athletic events while being monitored by clinicians from Children's Hospital Colorado, while the parents have the opportunity to participate in back to school planning sessions. They have had up to 85 attendees and are now in their third year.
- **Children with Special Care Needs** – Darcy Contri works with University of Illinois at Chicago's Division of Specialized Care for Children, the Illinois' Title V program for Children and Youth with Special Health Care Needs. Darcy has helped co-host a statewide transition conference for over 13 years. The conference promotes effective, person-centered transition planning for youth with disabilities to address all aspects of adult life including education and training, health care, community and employment. They have recently focused on engaging physicians by convening a health track planning group and offering accredited CME through the Illinois Chapter American Academy of Pediatrics (ICAAP). The ICAAP and physicians on the planning group also help promote the health track to health professionals throughout Illinois and neighboring states.

Action Planning and Report Out

Participants were asked to select one of four topic areas (e.g., Opioids, STIs, HPV Vaccinations, Mental Health/Suicide) and meet in small groups to brainstorm potential youth, community organizations, and other partners that could contribute to the planning and teaching of CME programs related to the topic. They used the TAG Healthcare Action Steps to help guide this activity. Below are the report-outs from each of each group.

HPV Vaccination

This group identified youth and parents as targets, noting they could be educated together or separately. Potential partners included student health services and medical providers. Because HPV also causes throat cancer, ENTs (ear, nose and throat specialists), are a natural ally that could be engaged on this issue.

This group shared that marketing and communication to youth is critical which means tapping into social media and other communication methods that youth are most engaged in.

The group noted that it's important to understand the reasons that parents choose not to have their children vaccinated. What is the root cause of this decision? The group also noted that it's also important to educate trusted adults that are influencers for youth. This could include parents,

teachers, and medical personnel. They also recommended that there be education about parental consent laws. A copy of this group's charts is in Appendix A.

Opioids

This group identified a broad group of stakeholders ranging from teens and parents, to insurers, prosecutors, and dentists. They recommended convening a focus group to better understand how to make health entities more youth-friendly and to develop strategies for reaching and serving youth. As a model, the group recommended a program out of Champaign-Urbana, Illinois.

In terms of key issues, the group noted the importance of having a trustworthy advisory group and creating ways to communicate with the youth, especially if a parent is also present. They shared that there are two existing screening tools that focus on adolescents: Screening, Brief Intervention, and Referral to Treatment (SBIRT) and CRAFFT (Car, Relax, Alone, Forget, Friends, Trouble). CME training might focus on how to use the screeners, score results, and talk with youth about results. Using role-playing with youth engaged is an approach to use in CME. It would be helpful to have case studies and perhaps a video during the training.

Other suggested CME topics included Narcan training, data about the issue, trauma-informed care, consent, working upstream in younger populations, addressing barriers and stigma, and pain management. A copy of this group's charts in in Appendix B.

STIs

This group mentioned that their focus was on preventive services as a priority, and meeting youth where they are at. For example, adolescents could be reached at youth serving agencies, social media (e.g., Snapchat), schools, Planned Parenthood, drop-in center centers, and faith-based entities.

One challenging question was how best to engage youth and determine what education they are currently getting about STIs. For example, are teachers and pharmacies who regularly interface with youth providing prevention and risk screening opportunities? The group also identified non-traditional partners such as EMTs, policymakers, and local media. A copy of this group's charts in in Appendix C.

Mental Health

In terms of engaging youth, this group noted that efforts should focus on supporting youth who are in immediate crisis, but also those that are stable but at-risk. Some of the partners identified in this effort include student organizations, clinics, NAMI (National Alliance on Mental Illness), YMCA, churches, social workers, and community organizations. The group's hard question focused on which screening tool to adopt and how to reach the youth. Suggestions for outreach included social media, community groups, colleges/schools, insurance companies, and the "spider system," which is an IT market approach. A copy of this group's charts in in Appendix D.

Closing Activity: Reflection and Realistic Next Steps

Before the convening adjourned, participants completed a form noting their planned action steps; they were encouraged to reference the TAG action steps as guidance for the activity. Examples of participant action items included:

- Develop a youth advisory council to focus on work around transitions from adolescent to adult health care
- Formulate a planning committee made up of psychiatrists, social workers, pediatricians and youth survivors to develop CME focused on suicide prevention
- Identify local CME providers to partner with for community provider trainings
- Identify opportunities for School-Based Health Centers to partner with school systems, health plans, community organizations, etc. as a way to enhance comprehensive care in clinics
- Network with providers needing training and identify student leaders to co-facilitate trainings focused on teen dating violence
- Engage youth in CME planning focused on vaping

The action planning form also allowed them to indicate any assistance they might need from HHS or ACCME to support their action steps. These forms will be used to follow up with participants to help promote collaboration on future CME efforts focused on adolescent health.

Appendix A – HPV Vaccination Charts

HPV

youth directed marketing

CLINIC MANAGERS

•CORAZON comm org → youth & input comm.

↳ speciality societies – targeted materials

*youth + PARENTS → SEPARATELY

is it sexual health OR vaccination

↳ parental consent??

CONSUMERS

youth directed marketing

SOCIAL MEDIA coordinated by youth

*Pediatrician

*Student health services

*= potential faculty

Who is * trusted adult @ school???

student self-select

ASK HARD QUESTIONS
- WHY NOT?
- WHY ARE YOU OPPOSED?

infectious disease specialists

ENT SURGEONS – throat cancer

PARENT-DIRECTED PSAs

CDC

Parent → share story
-OR- Adult lived experience of → cancer survivor/victim

• policy re: vaccination (mandated)?
↳ contract w/patients

■ educating providers about state policy re: parental consent for HPV vaccination)

NC - physician, and attorney, parent — legal process

CA - " " "
↳ gun control

Appendix B – Opioids Charts

Affected
Teens / Parents
Addiction Centers
School Nurses
SU Providers
Front desk
FQHCs
Police
Public Health
Teens in Recovery
Insurance
Prosecutors / Judges / Defence
Care Takers
Homeless Shelters
Literacy Programs
Rx Drs. / Dentist / Sports Med

YS Orgs
Guardians
JTDC / Courts
Education / Coaches
Housing / Neighbor Centers
CMQ
Faith-based
HHS providers

Find assessment tool

Teen Focus groups

Transportation

Art on Walls

TVs c̄ youth friendly

Integrated/multiuse space

Trust

Clear Confidentiality /legal + tx access

$ clarity

How to handle parents - ~ intrusive

" " Empower youth

Teen Bill of Rights (AH! template)

HARD Qs / RISK Screening Tools
SBIRT
CRAFFT
Teach how to use / score / address
Roleplay incl. youth

CME on Prev

1st page participants
NARCAN training
Risk Factors
Alt. pain mgmt / understanding correct pain
Data – Why important scope
Trauma Informed – Risk / Coping
Upstream Understanding
Articulating Barriers
Stigma / SUD as Chronic Disease

Appendix C – STIs Charts

Preventative Services a Priority

- yp who are seeing a lot of specialist
- yp who are differently abled
- providers have to be comfortable

how engage?

- are you getting asked what you want to be asked?
- What value does it have?
- education on preventative

other partners?

- teachers
- School RNs and social workers } ed + know referrals → Is it solid?
- are providing condoms? (at school)
- Pharmacies – can they engage
  - how low threshhold are prev. meds
  - are they shamey
- Being aware of where crisis preg. centers are

What are ways to engage young ppl?

- young ppl in area
- youth serving agencies
- online - fb/snapchat
- schools → groops/advisory councels
- libraries
- Planned Parenthood
- FREE

STIs

Once you've engaged yp - what could they inform

- is waiting rm comfortable / how was it when called
- walk-in/extended hours

WHO SHOULD YOU TALK TO?

- nonprofit youth centers
- drop in centers
- hospitals
- CDPH
- hair + nail salons
- faith based orgs

Ask?

can you put condoms out?
what do they need?
are they informed on yp's rights?
what are they hearing
do you know where to refer

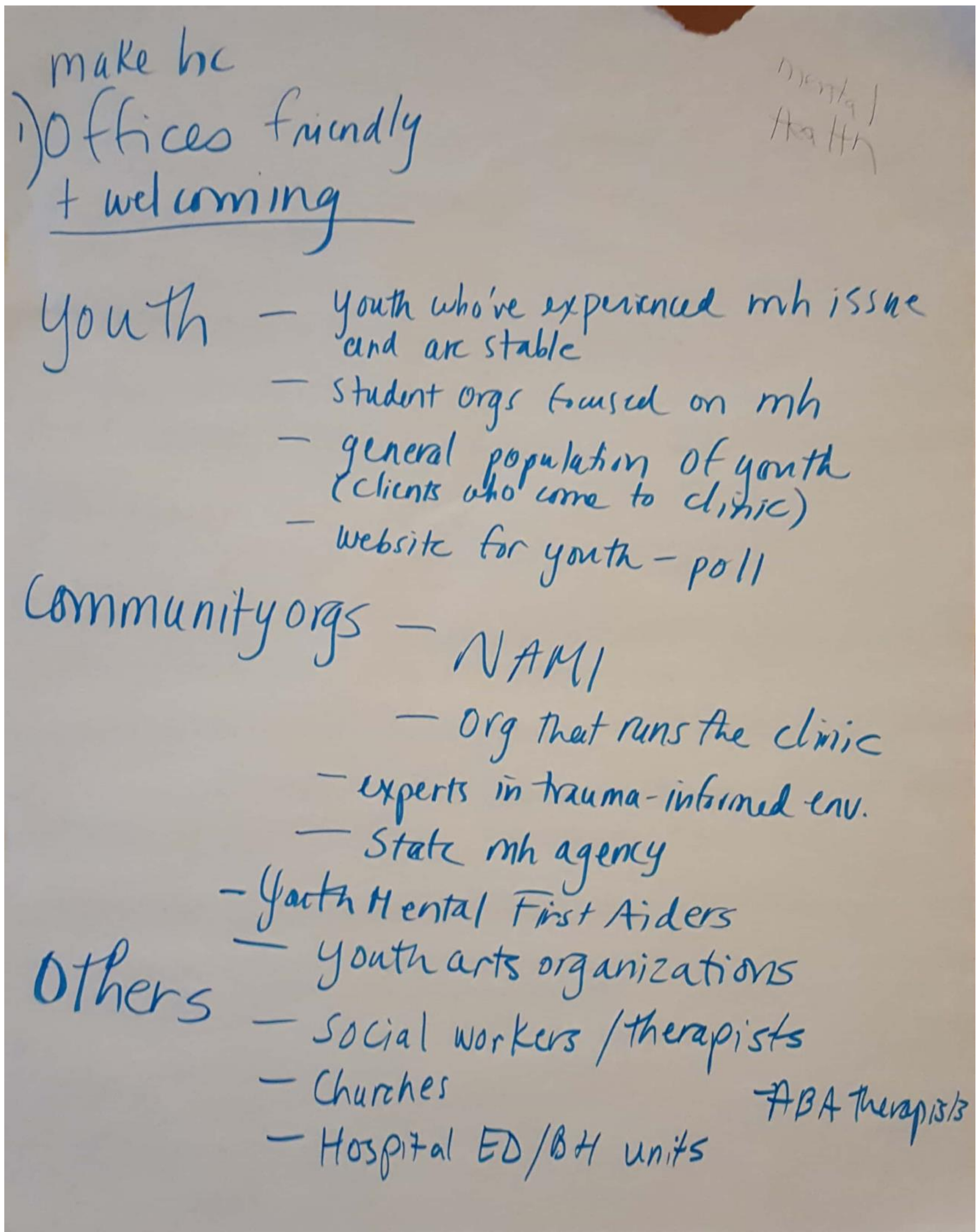
RISK SCREENING

trans + gnc young people

When screen at health center?
- when done in process?
- having more knowledge on trans healthcare
- non-judgemental
- peer educators
- make confidental → do employees feel like they can talk to parents
- Routine screening
- what's flow for reactive + positive test Results

WHO Else engage?
- ~~ER~~ EMR team/forms/reporting
- housing programs
- system based up
- school health centers
- local media OR National
- policy makers
- using existing programs to increase bandwith

Appendix D – Mental Health Charts



MH

Hard Qs / Screening tools

modify language

Youth
- youth review/ screen the screening tools
- ask them to find screening tools themselves

Community orgs
- data analyst / statistician to run focus groups + analyze results
- legal partnership (confidentiality)

Others
- researchers
- providers
- counselors
- teachers
- law enforcement
- parents/caregivers

Referral sources MH

youth - youth research sources and make flyers, use social media

Comm groups - hospitals
- schools
- colleges
- transition planning committees (Div. of Rehab Services)

Other - insurance companies
- DCFS - Spider
- Title V / Public Health

making preventive services a priority

MH

Youth
- youth w/ mh issues who want to be mentors
- advisory group
- polling
- workshops
- youth advocacy groups (Voice)

Comm groups
- SBHCs
- pediatricians
- YMCA, other youth programs
- networks of service providers (including college-level)
- school boards

Others
- school counselors
- Parents / caregivers
- faith-based organizations