



DETAILED AGENDA // QUICK LOOK BY DAY

MONDAY, APRIL 23, 2018

8:00 AM - 8:30 AM	Registration and Welcome
8:30 AM - 9:00 AM	Youth Presentation
9:00 AM - 9:15 AM	Break
9:00 AM - 10:00 AM	Opening Remarks
10:00 AM - 10:15 AM	Break
10:15 AM - 11:15 AM	Breakout Session 1
11:30 AM - 12:30 PM	Breakout Session 2
12:30 PM - 1:00 PM	Lunch and Awards
1:00 PM - 1:15 PM	Energizer
1:15 PM - 1:45 PM	Poster Viewing
1:45 PM - 3:15 PM	Breakout Session 3
3:15 PM - 3:30 PM	Break
3:30 PM - 4:15 PM	Plenary Speaker
4:15 PM - 5:15 PM	Poster Viewing and Networking Reception

TUESDAY, APRIL 24, 2018

7:30 AM - 8:00 AM	Registration, Continental Breakfast, and Poster Viewing
8:00 AM - 8:35 AM	Welcome and Kickoff Presentation
8:35 AM - 9:00 AM	Youth Presentation
9:00 AM - 9:15 AM	Break
9:15 AM - 10:45 AM	Breakout Session 4, Primary Care Oral Presentations, and SBHC & Community Program Oral Presentations
10:45 AM - 11:00 AM	Break
11:00 AM - 12:30 PM	Breakout Session 5, Mental Health Oral Presentations, and Sexual Health Oral Presentations
1:00 PM - 5:00 PM	Post-Conference Workshops

MONDAY, APRIL 23, 2018

8:30 – 9:00 AM // YOUTH PRESENTATION

Youth Justice Fund

Over the last 10 years, nearly 2,000 children in Michigan under the age of 18 were sentenced to serve a term of incarceration in adult prison – including two-thirds who are youth of color and eighty-one percent who were declared indigent and assigned legal counsel within a system that doesn't allow for meaningful consideration of youthful status or relative culpability. The vast majority will serve less than five years and be released before the age of 23. This period of incarceration has a profound impact on the health of these young people and the resources necessary to reach their full potential. During this session three individuals imprisoned as youth will share their personalized stories of childhood incarceration and profound resiliency in embracing life beyond the bars.

Objectives:

1. Gain understanding of the experiences of youth involved with the justice system during the period of incarceration and upon their release from prison.
2. Build awareness of the unique health needs faced by youth both in adult prisons and upon their return to our community, and gain insight as to how practitioners can more comfortably and effectively engage with this population.
3. Explore childhood incarceration as a public health issue, and gain awareness and knowledge of resources and community partners committed to welcoming these youth back into our communities.

9:00 – 10:00 AM // OPENING REMARKS

Cultural and Linguistic Competence is Essential to Adolescent Health Practice

Tawara Goode, MA, National Center for Cultural Competence

Cultural and linguistic competence (CLC) are widely recognized as essential practices in health care/public health which promote quality and reduce disparities. While the evidence suggests their efficacy, many in health care/public health continue to struggle to integrate CLC into policy, practice, and research. This keynote will explore the conceptual frameworks of CLC, examine their relevance for health care/public health professionals and organizations with an emphasis on adolescent health.

Objectives:

1. Define culture, its multiple dimensions, and effects on health and well-being.
2. List four rationales for cultural and linguistic competence in health care and public health.
3. Describe a conceptual framework for a cultural competence model and its implications for health care and public health organizations and practitioners.
4. Examine a linguistic competence model within the context of health care and public health.
5. Apply these conceptual frameworks to adolescent health care and public health practice.

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10:15 – 11:15 AM // BREAKOUT SESSION 1

Eating Disorders: Practical Tips for Recognition through Management

Catherine Miller, MD, Michigan Medicine- Adolescent Medicine Division Jessica Van Huysse, PhD, Comprehensive Eating Disorders Program at C.S. Mott Children’s Hospital

As a community of parents, teachers, coaches, counselors, dietitians, therapists and physicians we can do a better job of recognizing eating disorders earlier on and making sure our teens get the care they need. Through discussion of real cases and group activities we will pass along advice from both medical and psychological perspectives regarding early identification of these illnesses, first steps in intervention, complications to look out for, and long term management considerations.

Objectives:

1. Define which populations of youth are at highest risk of developing an eating disorder and identify early signs of eating disorder development.
2. Describe the first steps for intervention and the main medical complications of eating disorders.
3. Recognize the time course for recovery and some of the difficult issues that may arise along the path to recovery.

Elevating Youth Voice in an Established Healthcare Setting

Ann Marie Wilke, MPH, People’s Community Clinic; Kitty Ho, BS, People’s Community Clinic; Kelene Blake-Fallon, MEd, CHES, People’s Community Clinic; Stephanie Yassine, LLMSW, Adolescent Health Initiative; Youth Co-Presenters

Empowering youth to be involved in decision-making at a healthcare setting is crucial to increase adolescent’s access to quality healthcare. The People’s Community Clinic and Adolescent Health Initiative, with their youth councils, will co-present on strategies and practices that empower adolescents to be active participants in their healthcare. Session attendees will participate in activities that build skills and knowledge and develop a plan to increase youth engagement in their own work.

Objectives:

1. Identify at least three strategies and two resources that they can use to effectively engage adolescents around health.
2. Report an increase in self-efficacy associated with implementing at least one youth engagement strategy with the adolescents that they serve.
3. Develop a plan, including next steps, to implement at least one new strategy to increase youth engagement within their clinic or community organization.

BREAKOUT SESSION 1 CONTINUED ONTO NEXT PAGE



10:15 – 11:15 AM // BREAKOUT SESSION 1 (CONT'D FROM PREVIOUS PAGE)

Wait, we're NOT supposed to say “preferred pronouns” anymore? How to Keep Up and Not Give Up with Transgender Youth

Sara Wiener, LMSW, Michigan Medicine; Jenni Lane, MA, Adolescent Health Initiative; Youth Co-Presenters
 Transgender and gender expansive youth have unique needs in the healthcare setting. This session, geared toward providers who already have a basic understanding of gender identity and work with transgender and gender expansive youth, will be co-facilitated by transgender youth who will provide specific recommendations for speaking with youth whose gender identity differs from their sex. Strategies will address common challenges, such as how to approach conversations about sex-specific tests, how to discuss sexual practices and partners, and what language to use when discussing bodies, identities, and more.

Objectives:

1. State concrete phrases and words that exemplify gender-affirming language, including language related to bodies, behaviors, identities, and sex-specific medical tests and practices.
2. Identify elements of questions that are respectful of transgender and gender expansive individuals.
3. Practice acknowledging mistakes and handling unintentional hurts.

Implementing Expedited Partner Therapy in Disparate Health Care Environments

Okeoma Mmeje, MD, MPH, Michigan Medicine; Roxanne Harfmann, Michigan Medicine; Nicole Speck, DNP, RN, FNP-BC, Regional Alliance for Healthy Schools; Steve Park, MD, Regional Alliance for Healthy Schools; Susan Ernst, MD, University of Michigan

Expedited partner therapy (EPT) is the practice of treating sexual partners of an index patient diagnosed with chlamydia and/or gonorrhea by giving prescriptions or medications to the index patient to distribute to their sexual partner(s) without the partner(s) being examined first by a healthcare provider. Existing research has demonstrated the effectiveness of EPT in reducing the risk of re-infection among heterosexual index patients. The EPT3 Project is evaluating which of three EPT delivery methods--medication pick-up at clinical site, medication pick-up at pharmacy site, or distribution via mail--is most acceptable and feasible to patients accessing healthcare services at participating Michigan Medicine clinical sites. Study participants are asked to complete two surveys: a pre-treatment survey that assesses their perceived ability to engage and deliver medications to their sexual partner(s) and a post-treatment survey which assesses participants' experience with delivering medications to their partners and acceptability of their selected EPT delivery method.

Objectives:

1. Review the effectiveness of expedited partner therapy (EPT) as an STD treatment and prevention strategy after implementation at a university health service, school-based clinic, and general women's health clinic.
2. Present the preliminary findings from our pilot study evaluating the implementation and preferences related to EPT delivery at disparate clinical sites affiliated with Michigan Medicine.
3. Discuss the implications of our study findings on STD treatment and prevention efforts locally and statewide in Michigan.
4. Offer support and resources to local agencies and programs attempting to implement EPT as an STD treatment and prevention strategy for at-risk individuals and communities.

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DETAILED AGENDA // DAY 1

10:15 – 11:15 AM // BREAKOUT SESSION 1 (CONT'D FROM PREVIOUS PAGE)

Sex Positive Approaches with Adolescents of Color

Shemeka Thorpe, MS, The Minority Sex Report; Gabrielle Evans, MPH, CHES, The Minority Sex Report; Youth Co-Presenters

Most research views the sexuality of adolescents of color from a deficit model, focusing on the dangers of sexual activity and labeling them as “at-risk”. This label can be detrimental to their sexual development and well-being. Using asset-based, sex-positive frameworks in research and practice may help reduce negative sexual health outcomes. The discrepancy between the research narrative and the narrative provided by targeted communities will provide implications for practice and research.

Objectives:

1. Identify the current representation of adolescents of color in sexuality research.
2. Define sex-positive approaches.
3. Provide ways to use sex-positive approaches in practice.

Using Your Data to Improve Sexual Health Programming

Jane Powers, PhD, Cornell University- ACT for Youth Center of Excellence

Evaluation has the potential to improve practice, strengthen programs, and enhance quality, adolescent health practitioners frequently have a hard time using data effectively. All too often, the gathering of program data is viewed as a burden, not as a beneficial process which generates useful information that leads to improved health outcomes for youth. Learn how you might apply the rich array of resources, tools and strategies that will be presented to your own work setting.

Objectives:

1. Describe the multi-method approach used to evaluate the implementation of evidence based adolescent sexual health programs.
2. Access and use evaluation tools and resources developed to monitor the fidelity and quality of program implementation, and processes that facilitate the use of data.
3. Describe two strategies used to enhance utilization of evaluation findings.

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ADOLESCENTHEALTHINITIATIVE.ORG/CONFERENCE FOLLOW AHI:    #AHI2018

2018 Conference on Adolescent Health – Translating Research Into Practice // 04.23.18 – 04.24.18 // Ypsilanti, MI



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DETAILED AGENDA // DAY 1

11:30 AM – 12:30 PM // BREAKOUT SESSION 2

Eating Disorders: Practical Tips for Recognition through Management (repeated)

Catherine Miller, MD, Michigan Medicine- Adolescent Medicine Division

Elevating Youth Voice in an Established Healthcare Setting (repeated)

Ann Marie Wilke, MPH, People's Community Clinic; Kitty Ho, BS, People's Community Clinic; Kelene Blake-Fallon, MEd, CHES, People's Community Clinic; Stephanie Yassine, LLMSW, Adolescent Health Initiative; Youth Co-Presenters

Wait, we're NOT supposed to say "preferred pronouns" anymore? How to Keep Up and Not Give Up with Transgender Youth (repeated)

Sara Wiener, LMSW, Michigan Medicine; Jenni Lane, MA, Adolescent Health Initiative; Youth Co-Presenters

Implementing Expedited Partner Therapy in Disparate Health Care Environments (repeated)

Okeoma Mmeje, MD, MPH, Michigan Medicine; Roxanne Harfmann, Michigan Medicine; Nicole Speck, DNP, RN, FNP-BC, Regional Alliance for Healthy Schools; Steve Park, MD, Regional Alliance for Healthy Schools; Susan Ernst, MD, University of Michigan

Sex Positive Approaches with Adolescents of Color (repeated)

Shemeka Thorpe, MS, The Minority Sex Report; Gabrielle Evans, MPH, CHES, The Minority Sex Report

Using Your Data to Improve Sexual Health Programming (repeated)

Jane Powers, PhD, Cornell University- ACT for Youth Center of Excellence

12:30 – 1:00 PM // LUNCH AND AWARDS

2018 Excellence in Adolescent Health Award and Poster Awards

Adolescent Health Initiative; Teen Advisory Council

The Adolescent Health Initiative will present the 2018 Excellence in Adolescent Health Award for individuals or teams doing exceptional work in the field of adolescent health. The recipients will have demonstrated the Adolescent Health Initiative core values of Collaboration, Diversity and Inclusion, Expertise, Innovation, Quality, and Responsiveness through their work. Teen Advisory Council members will present awards to selected poster presenters.

1:00 – 1:15 PM // ENERGIZER

Youth Presenters

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1:45 – 3:15 PM // BREAKOUT SESSION 3

Acne in Adolescents: Clinical Presentations & Psychological Impact

Thy Thy Do, MBBS, FAAD, Michigan Medicine- Dermatology

This presentation will review the pathogenesis of acne vulgaris, its many clinical presentations, the significant psychological impact on the patients and an overview of the different treatments. This session will primarily focus on the impact of acne vulgaris on adolescents.

Objectives:

1. Understand the mechanisms causing acne vulgaris.
2. Understand the clinical manifestations of the condition.
3. Awareness of the significant psychological impact of the condition.
4. Awareness of the different treatment options.

Barriers to Abortion Access for Teens

Amanda Bennett, MGPS, Jane's Due Process; Emily Werth, JD, ACLU of Illinois; Kristie Monast, MS Ed, Midwest Access Project; Taryn Gal, MPH, CPH, CHES, Michigan Organization on Adolescent Sexual Health; Youth Co-Presenters

Unplanned pregnancies are challenging for any population, but particularly so for adolescents, who face distinct legal barriers to bodily autonomy. This workshop brings together advocates and lawyers from Illinois, Michigan, and Texas to discuss how to identify and set aside our own judgments so we can provide unbiased support to pregnant adolescents; what judicial bypass is, and how to help minors navigate the judicial bypass system; and how mandatory parental involvement laws harm teens.

Objectives:

1. Identify their own biases around abortion and teen pregnancy, and set those aside to provide non-judgmental support to pregnant minor.
2. Understand the basic elements of mandatory parental involvement laws and the judicial bypass process, and how to find information about the law in their states and any resources for assisting minors with obtaining a judicial bypass for abortion.
3. Become advocates for minors with unplanned pregnancies, and feel comfortable and competent in providing assistance and referrals to minors who are seeking to access abortion care and/or the judicial bypass process.

Birth Control for All: How to Practice LGBTQ Inclusivity when Teaching Teens about Contraception

Sabrina Cabello-Murray, BSW, NYC Dept of Health and Mental Hygiene; Briana McGhee, MPH, NYC Department of Health and Mental Hygiene; Youth Co-Presenters

This workshop will explore best practices of sharing birth control information with identified and non-identified LGBTQ youth in clinic/doctor visits and classroom sexual health lessons. We will concentrate on how to communicate about contraception, highlighting sexual behaviors versus sexual orientation and/or gender identity. Participants will practice new ways to make birth control more inclusive and set personal goals for applying these tools to their work with young people.

Objectives:

1. Describe one data-based reason to practice LGBTQ inclusive language when doing contraception education.
2. Explain the difference between sexual orientation, sexual behavior, and gender identity.
3. Demonstrate how to describe at least two hormonal birth control options using gender neutral language.
4. Describe one goal for how they will practice LGBTQ inclusivity in their professional work.

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1:45 – 3:15 PM // BREAKOUT SESSION 3 (CONT'D FROM PREVIOUS PAGE)

Empowering Youth as Healthcare Consumers: Multidisciplinary Perspectives on Transition

Peggy McManus, MHS, National Alliance to Advance Adolescent Health/Got Transition; Steve Park, MD, Regional Alliance for Healthy Schools; Margaret Dobson, MD, Michigan Medicine; Natalie Kasiborski, PhD, LMSW, MPH, Health Department of Northwest Michigan; Tisa Johnson-Hooper, MD, Henry Ford Medical Group; Youth Co-Presenters

Supporting youth to understand and actively participate in their own health and health care leads to greater continuity in care as youth move from family-centered pediatric care to patient-centered adult care. Health centers can implement policies and practices for youth and parents/caregivers to gain needed health literacy and self-care skills and ensure successful transition preparation, transfer, and integration into adult care. Facilitated by Got Transition, the national resource center operated by The National Alliance to Advance Adolescent Health, this session will review a nationally recommended quality improvement approach and present examples of its implementation in primary care and school-based health settings.

Objectives:

1. Review professional recommendations for transition and the Six Core Elements of Health Care Transition.
2. Identify clinical tools and quality improvement processes for health care providers to incorporate transition core elements into routine preventive and primary care.
3. Identify resources for youth and parents/caregivers to facilitate a successful transition to adult-centered care.

Maximizing Youth Voice: Using Qualitative & Participatory Methods with Adolescents

Laura Jadwin-Cakmak, MPH, University of Michigan School of Public Health; Gary W. Harper, PhD, MPH, University of Michigan School of Public Health; Youth Co-Presenters

The use of qualitative and participatory methods in adolescent health research, intervention development, and dissemination can increase validity of findings and reach and effectiveness of interventions with adolescents. The session will include: a brief introduction to qualitative and participatory methods, concrete examples of their use in different settings, discussion of benefits and ways to overcome challenges utilizing these methods with adolescents, and resources for further learning.

Objectives:

1. Describe the ways in which qualitative and participatory methods can be used with adolescents in health research, intervention development, and dissemination of findings.
2. List many of the benefits of and challenges with the use of these methods with adolescents, as well as how to overcome common challenges.
3. State factors that professional researchers, providers, and public health experts can consider (e.g., preparation time, access to youth, desired outcomes) to determine the ideal method for youth involvement in a particular project.

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1:45 – 3:15 PM // BREAKOUT SESSION 3 (CONT'D FROM PREVIOUS PAGE)

Overcoming Centuries of Legitimate Medical Mistrust

Delma Jackson III, BA, Sankofa Project for Racial Justice

For over three centuries, medical institutions have disproportionately abused Black and Brown people--from benign neglect to outright experimentation, disfiguration, and murder. People managed to spread the news; creating deep seeded mistrust towards the institutions of science & medicine. From syphilis in Tuskegee to lead in Flint's water, Black and Brown people have valid reason for being skeptical of historically white institutions of health and safety. This workshop explores that history.

Objectives:

1. Better understand the combined role of pop-culture, science, and medicine in facilitating the rise of white supremacy in America and abroad.
2. Appreciate the way in which the above combination left Black and Brown people particularly vulnerable to continued experimentation well into the twenty-first century.
3. Review potential advantages of an intersectional, historically grounded approach to adolescent care.
4. Review methods for recognizing and responding to client anxiety through the lens of cultural humility.

3:30 – 4:15 PM // PLENARY SPEAKER

What About the Boys? Why Sexual Health Outreach and Education Efforts Fail Boys and Young Men

Elizabeth Schroeder, EdD, MSW, Elizabeth Schroeder Consulting

Most sexual and reproductive health programs are created with the needs of cisgender girls and women in mind. Organizations may encourage "male involvement," but often do not understand what it means to serve male clients. This keynote will reflect on some of the ways in which we have been ineffectively reaching out to and working with boys and young men, and provide concrete suggestions for how to increase male participation, involvement and investment in their sexual and reproductive health.

Objectives:

1. Explain the basic tenets of the "boy code" and how these messages have an impact on whether and how male clients seek sexual and reproductive health services.
2. Describe at least 3 best practices for effective outreach with male clients.
3. Name at least 2 changes they think their clinics or organizations can make to more effectively reach and retain male clients.

DETAILED AGENDA DAY 2 WILL BEGIN ON NEXT PAGE



TUESDAY, APRIL 24, 2018

8:00 – 8:35 AM // WELCOME AND KICKOFF PRESENTATION

Remembering the Purpose of Puberty: Leveraging Transdisciplinary Development of Adolescence Science

Ahna Suleiman, MPH, DrPH, UC Berkeley

A developmental science framework highlights how the physical, contextual, and social transitions occurring at puberty contribute to significant changes in motivations and behavior and influence trajectories in adolescent health and well-being. Using examples from peer relationships and sexual development, this session will summarize how insights emerging from the field of developmental science can help to inform the timing and targets of adolescent health policy, programs, and services.

Objectives:

1. Describe the basic components of a developmental science framework.
2. Identify one way that developmental social and affective neuroscience enhances our understanding of adolescent health and well-being.
3. Provide one example of how a developmental science framework can improve the timing or precision of adolescent programs, policies or services.

8:35 – 9:00 AM // YOUTH PRESENTATION

I am Cory: A Theatre-based Intervention for Transgender Education

Craig VanKempen, MPH, LMSW, Corner Health Center Theater Troupe; Joey Albright, BFA, Corner Health Center Theater Troupe; Youth Co-Presenters

The Corner Health Center's Theatre Troupe has been providing peer-led arts-based health education to young people in Washtenaw County since 1982. Our latest production tells the story of a young transgender person and the struggles that they go through at their school. One of the hallmarks of Theatre Troupe performances is audience participation - after the play is done, please be prepared to ask questions of the characters and then of the actors based on their experiences. We hope you enjoy!

Objectives:

1. Understand the importance of using correct pronouns with transgender youth.
2. Identify how a bystander can effectively intervene when they see bullying happen.
3. Feel more comfortable discussing gender identity and expression at their workplace.



9:15 – 10:45 AM // BREAKOUT SESSION 4

Adolescent Male Reproductive Health Cases

William P. Adelman, MD, Children's Mercy Hospital of Kansas City

Via interactive discussion based on encounters in primary care and school-based clinics, we will work through a variety of male reproductive health cases. Beginning with chief complaints, we will review a systematic approach to the assessment of male reproductive health concerns, reviewing anatomy, pertinent history and examination techniques, and creating a comprehensive differential diagnosis before revealing a final diagnosis. This session is immediately applicable to clinical practice.

Objectives:

1. Systematically assess male genitourinary complaints.
2. Identify and manage common non painful scrotal masses.
3. Identify and manage common non-traumatic causes of the painful scrotum.

Creating Safe and Welcoming Spaces for LGBTQ Youth

Genya N. Shimkin, MPH, Q Card Project; Youth Co-Presenters

This session is designed to give adolescent health professionals the context, language, and skills to work effectively with LGBTQ youth. This is a growing, dynamic, intersectional, and uniquely resilient group of youth who experience myriad health disparities. As such, it is essential that all professionals who work with young people are able to provide LGBTQ-sensitive care that meets the needs of LGBTQ youth, recognizes their agency, and empowers them to be active participants in their health.

Objectives:

1. Develop skills to act as advocates and allies for LGBTQ youth.
2. Develop skills to create a safe and welcoming environment for LGBTQ youth.
3. Describe health disparities (and their root causes) in LGBTQ communities.

Exploring Everyday Bias in Adolescent Health Care Encounters

Denise Williams, PhD, MS, Michigan Medicine

This session will provide information about the phenomenon of implicit bias, and how the expression of implicit bias can inadvertently influence the trajectory of healthcare-related decision making. Via interaction and demonstration, we will learn how bias is "hard-wired" into the human brain, how bias may alter or interfere with how we communicate with adolescent patients and their family members, and how we can practice more conscious awareness to minimize unwanted influences of bias.

Objectives:

1. Discuss the influence of implicit bias on healthcare decision-making, particularly in provider-patient communications, engaging patients regarding treatment adherence, and optimizing treatment outcomes.
2. Explore tools and techniques to mitigate unintended influences of implicit bias during healthcare-related decision processes.

BREAKOUT SESSION 4 CONTINUED ONTO NEXT PAGE

9:15 – 10:45 AM // BREAKOUT SESSION 4 (CONT'D FROM PREVIOUS PAGE)

Marijuana Use – Exploring the Adolescent Perception of “No Harm”

Lisa Sarno, LCSW, MSW, Regional Alliance for Healthy Schools; Adenike Griffin, LCSW, MSW, Regional Alliance for Healthy Schools; Youth Co-Presenters

Marijuana, in its varied forms, is by the far the most commonly used illicit substance for adolescents. While there are multiple and complex reasons adolescents make choices to use marijuana, there exists a “no harm” attitude towards the drug that may stymie efforts to educate adolescents on the short-term and long-term consequences of its use. This breakout session provides participants with a brief overview of marijuana and its various popular forms, prevalence data, analysis of “no-harm perception”, a discussion on gateway and antecedent behaviors, and strategies for increased success engaging with adolescents who may be using or contemplating experimentation with marijuana. The session will conclude with a panel of adolescents willing to speak candidly about their experiences with marijuana.

Objectives:

1. Educate providers about marijuana and common marijuana products.
2. Increase competency to detect signs and symptoms of marijuana intoxication.
3. Aggregate data on prevalence to accurately reflect current trends.
4. Increase efficacy with adolescents regarding drug use and abuse.
5. Practice in using evidence based models of prevention and intervention on marijuana use.

9:15 – 10:45 AM // PRIMARY CARE ORAL PRESENTATIONS

Hypertension in Children and Adolescents: 2018 Primary Care Update

Angela Kuznia, MD, MPH, Michigan Medicine; Anita K. Hernandez, MD, Michigan Medicine

This presentation serves to provide adolescent primary care providers with an update to previous guidelines about defining hypertension in children and adolescents, identifying children at risk, performing accurate blood pressure measurement, completing appropriate workup, and choosing treatment strategies. These authors completed a full literature review including the September 2017 American Academy of Pediatrics guidelines (updated from 2004) and most recent research.

Objectives:

1. Define “elevated blood pressure” and “hypertension” values in children age 3 years and up and identify patients at risk.
2. Assist adolescent patients with elevated blood pressure measurements in performing ambulatory blood pressure monitoring and completing the appropriate hypertension workup.
3. Initiate hypertension treatment in adolescents; would start with lifestyle changes & step-up to pharmacologic agents as appropriate.

Opioid Prescribing & Persistent Use in Adolescents and Young Adults Following Surgery

Calista Harbaugh, MD, University of Michigan

Opioid-related overdose deaths have continued to rise, particularly among young adults. With this work, we sought to investigate incidence of new persistent opioid use and high-risk prescribing behaviors (high daily dosage > 100mg oral morphine equivalents, mg/day), long-acting formulation, overlapping opioid prescriptions, and overlapping opioid/benzodiazepine prescriptions) among adolescents and young adults after surgery.

Objectives:

1. Learn the rates of persistent opioid use among adolescents and young adults after surgery.
2. Identify characteristics of adolescents and young-adults at highest risk for new persistent opioid use.
3. Identify high-risk opioid prescribing behaviors which may put the patient at increased risk of harm.

PRIMARY CARE ORAL PRESENTATIONS CONTINUED ONTO NEXT PAGE

9:15 – 10:45 AM // PRIMARY CARE ORAL PRESENTATIONS (CONT'D FROM PREVIOUS PAGE)

PrEP to Get Real

Amanda Roesch, MSN, MPH, FNPC University of Minnesota School of Nursing

Although PrEP has been around for several years, the scale-up in primary care has lagged, especially in youth-friendly settings. This presentation explores the experiences implementing a PrEP program at an urban Midwest community clinic serving youth age 11-24. Whether you are new to or experienced with PrEP, this presentation will give valuable insight into implementing a PrEP program for high-risk youth in a resource-constrained setting. Let's get real about PrEP.

Objectives:

1. Explain the evidence for PrEP scale-up in high-risk youth.
2. Describe one PrEP implementation model used by a community clinic serving youth.
3. Identify key systems level challenges to implementing a PrEP program with adolescents and young adults in a community clinic.

Supporting Youth Engagement with Health Promotion and Transition Planning

Patti Barovechio, DNP, MN CCM, Bureau of Family Health

Youth health transition (YHT) is a critical juncture for adolescents, with many at risk for negative health outcomes as they shift from pediatric to adult health systems and adulthood. Engaging teens with tailored health promotion information is a prevention strategy with the potential to positively impact long-term well-being of young adults. Come explore easy to implement tools like SmoothMovesYHT.org, which can support best practice clinic and school-based YHT programs.

Objectives:

1. Explore best practice recommendations for youth health transition services Access state/national youth centric YHT resources.

9:15 – 10:45 AM // SCHOOL-BASED HEALTH CENTER (SBHC) & COMMUNITY PROGRAM ORAL PRESENTATIONS

Differential Accrual of Risk Based on Sexual Orientation and Gender Identity: Mental Health, School Safety, and Substance Use

Shanna Kattari, PhD, MEd, ACS, University of Michigan School of Social Work; Leo Kattari, MSW, Kattari Consulting; Brittanie Atteberry-Ash, MSW; N. Eugene Walls, PhD, MSSW, University of Denver

LGBTQ youth experience an incredible amount of disparities across the board. Historically research studying this community has lumped together "LGBQ" experiences with those experiences of transgender and non-binary individuals, despite sexual orientation and gender identity being two unique identities. Using 2015 data from Health Kids CO Survey (N = 28,151) this study examines differences between identities. With these findings, discussion will offer suggestions & invite learners to share ideas.

Objectives:

1. Recognize the differential experiences of cisgender heterosexual, cisgender LGBQ, and transgender/non-binary young people regarding various mental health, school safety, and substance use outcomes.
2. Identify how these differences should be included in discussions of supporting the education and community needs of young people of all identities.
3. Apply these findings to their own work with youth and young adults in offering more inclusive and supportive spaces for the LGBQ and transgender/non-binary community.

SBHC & COMMUNITY PROGRAM ORAL PRESENTATIONS CONTINUED ONTO NEXT PAGE

9:15 – 10:45 AM // SCHOOL-BASED HEALTH CENTER (SBHC) & COMMUNITY PROGRAM ORAL PRESENTATIONS (CONT'D FROM PREVIOUS PAGE)

Pocket Guide LA: Linking Adolescents to Sexual Health Services

Christine Cortez, MPH, Los Angeles County Department of Public Health and University of Southern California Keck School of Medicine

This presentation describes the development and dissemination of a provider guide (Pocket Guide LA) designed to link adolescents to age-appropriate sexual and reproductive health services that are located geographically close to their school. This project is one component of a comprehensive teen pregnancy and STD prevention program in Los Angeles County.

Objectives:

1. Identify best practices for developing a referral guide that links adolescents to youth-appropriate reproductive health care services.
2. Develop a plan for building a relationship between schools and local health care providers.
3. Develop new methods for addressing adolescent health and wellness.

Short and Intermediate Outcomes and Lessons Learned From a Five-Year Community-Wide Teen Pregnancy Prevention Initiative

L. Duane House, PhD, Center for Disease Control and Prevention; Heather Tevendale, PhD, Center for Disease Control and Prevention

We describe evaluation findings for a 5-year community-wide teen pregnancy prevention initiative that was implemented in 10 community sites. The initiatives involved multiple components at multiple levels. We will present findings for the implementation of evidence-based teen pregnancy prevention interventions and clinical services for each community and variation by site and training and technical assistance provided.

Objectives:

1. Describe the five components of the community-wide initiatives.
2. Describe at least 3 key outcomes for the 10 communities.
3. Describe at least 1 key challenge and 1 success of the community-wide initiatives.

The Prevalence and Health Effects of Cyberbullying Among Arab American Adolescents

Maha Albdour, PhD, RN, APHN-BC, Wayne State University

Introduce the topic of Cyberbullying among a marginalized population (Arab American Adolescents) and discuss the negative health effect on this population as well as recommendation for health care professionals

Objectives:

1. Identify the differences of cyberbullying experience among Arab American adolescents in contrast to the general adolescents population.
2. List three major negative health outcome for cyberbullying experience among Arab American adolescents.
3. List three recommendations and three strategies related to practice for health care providers serving Arab American adolescent population.

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11:00 AM – 12:30 PM // BREAKOUT SESSION 5

Adolescent Male Reproductive Health Cases (repeated)

William P. Adelman, MD, Children's Mercy Hospital of Kansas City

Creating Safe and Welcoming Spaces for LGBTQ Youth (repeated)

Genya N. Shimkin, MPH, Q Card Project, Youth Co-Presenters

Exploring Everyday Bias in Adolescent Health Care Encounters (repeated)

Denise Williams, PhD, MS, Michigan Medicine

Marijuana Use in Adolescents (repeated)

Presenter Information Coming Soon

11:00 AM – 12:30 PM // MENTAL HEALTH ORAL PRESENTATIONS

Caregivers as Gatekeepers to Professional Mental Health Care: Findings from Urban Minority Families

Yi Tak (Daisy) Tsang, MA, Wayne State University; Kelsey Sala-Hamrick, MA, TLLP, Wayne State University; Marilyn Franklin, PhD, LP, Wayne State University

Despite the availability of efficacious interventions (Weisz et al., 2013), it is estimated that only half of adolescents with mental health problems utilize mental health services (Costello et al., 2014). A study using structural equation modeling to examine several factors associated with adolescent mental health service utilization will be presented. Implications regarding mental health care utilization among adolescents living in an urban community will be discussed.

Objectives:

1. Understand the complex relations among several treatment promoting/inhibiting factors.
2. Identify a few approaches that may enhance mental health care engagement among ethnic minority low-income adolescents.

Participant Perceptions of an Innovative Approach to Adolescent Sexual Health Designed for Youth who have had Adverse Childhood Experiences

Alethia Gregory, LMSW, The Policy and Research Group; Janice McFarlane, MPA, The Policy & Research Group; Stephanie Hall, MSW, The Policy and Research Group

The Policy & Research Group has been funded by the Office of Adolescent Health to evaluate an innovative approach to teen pregnancy prevention. PS-R is a trauma-focused therapy that is performed with adolescents who are receiving individual outpatient counseling. The intervention aims to decrease risky sex behaviors by increasing self-regulation and knowledge of how trauma impacts sexual decision making. The presentation will report clients' perceptions of the usefulness of the intervention.

Objectives:

1. Describe core components of the intervention.
2. Identify empirical evidence that guides the intervention.
3. Identify participants' perceptions of the relevance and usefulness of receiving information about self-regulation in therapy sessions.
4. Identify participants' perceptions of the relevance and usefulness of receiving information about sexual health in therapy sessions.
5. Describe the quality of youth engagement in the PS-R program.

MENTAL HEALTH ORAL PRESENTATIONS CONTINUED ONTO NEXT PAGE

ADOLESCENTHEALTHINITIATIVE.ORG/CONFERENCE FOLLOW AHI:    #AHI2018

2018 Conference on Adolescent Health – Translating Research Into Practice // 04.23.18 – 04.24.18 // Ypsilanti, MI

11:00 AM – 12:30 PM // MENTAL HEALTH ORAL PRESENTATIONS (CONT'D FROM PREVIOUS PAGE)

Transforming Research into Action to Improve the Lives of Students (TRAILS)

Emily Bilek, PhD, University of Michigan Depression Center; Kristen Miner LMSW, University of Michigan Depression Center

TRAILS is a novel implementation program for integrating an evidence-based practice, cognitive behavioral therapy (CBT), into schools. The TRAILS program provides school professionals with resources including: (1) didactic instruction, (2) evidence-based clinical resources, and (3) in-person school-based coaching from a local, TRAILS-trained community mental health provider. This presentation will describe the TRAILS model and outline steps to implement TRAILS in all of Michigan's 83 counties.

Objectives:

1. Establish the public health context for the development of the TRAILS program and the ways in which the program responds to an urgent public health need.
2. Define the statewide collaborative model being utilized to implement TRAILS across Michigan.
3. Identify avenues of potential future involvement with TRAILS.

Web-based Adolescent SBIRT Training: Experiences from an Urban University

Jennifer Ellis, MA, Wayne State University; Stella Resko, PhD, Wayne State University

Participants completed an online training on SBIRT with adolescents, followed by a survey regarding their experiences with the program. A subset of participants also completed qualitative interviews. Most participants reported the training was useful and easy to use. They highlighted increasing diversity and involving additional scenarios as potential areas for improvement. These results suggest that online training is a promising venue for implementing training in using SBIRT with adolescents.

Objectives:

1. Understand how SBIRT training for adolescent health providers can be conducted using a web-based training.
2. Describe strengths of the online SBIRT training.
3. Describe areas where future web-based SBIRT trainings can improve.

11:00 AM – 12:30 PM // SEXUAL HEALTH ORAL PRESENTATIONS

Adolescents with Disabilities Involved in Child Welfare Services: Promoting Sexual Health and Safety

Ann Carrellas, MSW, MA, Wayne State University

This study concerns the protective factors of older adolescents with intellectual disabilities involved in child welfare in terms of their sexual health and safety. Sexual health encompasses the knowledge and practices that lead to adolescents to delay parenthood and pregnancy, and limiting the numbers of sexual partners during adolescence. Sexual safety is defined as freedom from force and coercion related to sexual activity. Protective factors include family support and community environment.

Objectives:

1. Discuss the risk and protective factors concerning sexual health and safety of children involved in child welfare services.
2. Identify the prevalence and impact of intellectual and developmental disabilities in children involved in child welfare services.
3. Describe the relationship of cognitive ability to social supports and community environment in terms of sexual health and safety.

SEXUAL HEALTH ORAL PRESENTATIONS CONTINUED ONTO NEXT PAGE

11:00 AM – 12:30 PM // SEXUAL HEALTH ORAL PRESENTATIONS

Engaging Primary Care Providers in a Quality Improvement Initiative to Improve Chlamydia Screening

Gale Burstein, MD, MPH, FAAP, Erie County Department of Health; Gowri Nagendra, MPH, NYC STD Prevention Training Center at Columbia University

We undertook a Chlamydia Screening (CT) Quality Improvement (QI) project with 3 diverse community clinics. Clinic QI teams received QI training and CT screening strategy recommendations. Strategies were tested in 4 Plan-Do-Study-Act cycles. QI nurse clinic visits and Learning Collaboratives provided technical assistance. Sexual Activity Assessment and EMR documentation increased from 64% to 94% and CT Screening increased from 73% to 94%. Lessons learned and effective CT screening strategies and resources will be shared.

Objectives:

1. Describe effective strategies to improve confidential sexual health history taking and EMR documentation and appropriate CT screening.

Teen Educators Promote HIV Screening in the School-Based Health Center

Kay McLean-Grant, CPNP, Christiana Care Health System; Martha Coppage-Lawrence, BSN, MSN, CPNP

Teen Educators Promote HIV Screening in the School-Based Health Center is a project initiated utilizing reproductive health peer educator students in a Delaware public high school to promote HIV education and encourage HIV screening in the adolescent population. This presentation will review the curriculum and strategies successfully utilized for implementation, as well as collected data demonstrating the project accomplishments. Lessons learned and future project plans will also be reviewed.

Objectives:

1. Identify the benefits and value of utilizing a peer education model to disseminate accurate reproductive health information to adolescents.
2. Analyze the effectiveness of utilizing the peer education model to engage adolescents in accessing HIV screening services.
3. Analyze and evaluate the effectiveness of strategies utilized to overcome common obstacles in growing a successful and sustainable peer program in the high school setting.

What Works: Implementing Evidence-Based Adolescent Pregnancy Prevention Programming in Rural Communities

Monique Hensley, AS, Health Care Education and Training

Rural youth experience inequities in adolescent pregnancy. Despite higher pregnancy rates, there are few evidence-based (EBP) teen pregnancy prevention programs for rural youth, and little guidance for implementing existing EBPs in rural settings. This session will provide an overview of successful implementation processes for delivering evidence-based adolescent pregnancy prevention in several rural Indiana communities, while also addressing relevant risk and protective factors.

Objectives:

1. Identify challenges and solutions for implementing evidence-based adolescent pregnancy prevention programming in rural communities.

DETAILED AGENDA DAY 2 CONTINUED ONTO NEXT PAGE

1:00 – 5:00 PM // POST-CONFERENCE WORKSHOPS

Heart Safe Schools: Risks and Preparedness for Sudden Cardiac Arrest

Gwen Fosse, MSA, BSN, RN, C.S. Mott Children's Hospital Congenital Heart Center; Brynn Dechert-Crooks, RN, CPNP, FHRS, CCDS, C.S. Mott Children's Hospital Congenital Heart Center

Preparation to respond to a sudden cardiac arrest (SCA) in schools can save lives in adolescents and others. A trained lay-responder team at a school can make a difference prior to Emergency Medical Services (EMS) arrival by having a cardiac emergency response plan including bystander Cardiopulmonary Resuscitation (CPR) and Automatic External Defibrillators (AED). Health professionals can empower school staff and students to be prepared to save a life. This focus creates safer communities.

Objectives:

1. Discuss risks of sudden cardiac arrest in youth.
2. Identify strategies for prevention of sudden cardiac death in school settings.
3. Raise awareness about the opportunity for collaboration between hospitals, professionals, and schools/communities to implement these strategies.
4. List elements of heart safe school criteria.

The Art of Change: A Brief Primer in Motivational Interviewing

Dan DeSena, LMSW, DMA, Michigan Medicine; Nasuh Malas, MD, MPH, Michigan Medicine

This motivational interviewing (MI) workshop will provide an overview of basic concepts, applications and opportunities for discussion and practical skills building as it relates to behavior change counseling and the use of motivational interviewing. There will be ample opportunity for active discussion, Q&A, observation via video and live demonstration, as well as practice exercises and role plays.

Objectives:

1. Gain a better understanding of the fundamental aspects of motivational interviewing.
2. Learn and practice the use of skills that can be incorporated into health behavior change counseling.
3. Apply the principles, processes and microskills of motivational interviewing to adolescent patients and their families.

