

## Midwest Adolescent Health Project

### 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.<sup>1</sup> While these high risk behaviors are common among adolescents, less than 20% receive recommended screening and counseling on them from their healthcare providers.<sup>23</sup> In addition to the general healthcare disparities for adolescents described above, rural living is associated with a number of increased risks for adolescents.<sup>456</sup>

To address this problem, the Adolescent Health Initiative (AHI) is recruiting health centers to participate in the **Midwest Adolescent Health Project** which seeks to build the capacity for adolescent-centered health care in rural and underserved communities in HHS Region V. The goal of this project is to build capacity in pediatric and youth-serving practices in rural and underserved communities in 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).

To learn more about the project, review current participating sites and meet our ACE-AP Coaches visit AHI's website: [Midwest Adolescent Health Project](#).

#### Program Objectives

The goal of the program is 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). This will be done by:

- Recruiting pediatric and youth-serving 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.

<sup>1</sup> 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

<sup>2</sup> 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.

<sup>3</sup> 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.

<sup>4</sup> 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.

<sup>5</sup> M.N. Lutfiyaa, K.K. Shah, M. Johnson, et al. Adolescent Daily Cigarette Smoking: Is Rural Residency a Risk Factor? *Rural Rem Health*, 8 (2008), p. 875

<sup>6</sup> 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.

- Certifying sites who meet AHI Adolescent-Centered Environment certification criteria upon completion.

Award Amount

Components of this award include the following:

- Participation in the Adolescent-Centered Environment Assessment Process (ACE-AP) Value: \$7,500
- \$2,500 mini-grant to be applied to staff time, additional educational materials, and travel for adolescent health meetings or conferences
- Opportunity for certification as an Adolescent-Centered Environment Clinic by AHI

Number of Awards Available

Round 3: AHI will award 2-4 mini-grants in each HHS Region V state (Illinois, Indiana, Ohio, Michigan, Minnesota, and Wisconsin) for an 18- month project period of March 1, 2022 through September 30, 2023.

Eligibility

The following criteria must be met to be eligible:

- Site serves adolescent patients ages 12-18, or up to age 24
- Site serves rural and/or underserved communities
- Site is located in Illinois, Indiana, Ohio, Michigan, Minnesota, or Wisconsin
- Site demonstrates ability to participate in the 18-month ACE-AP Intervention with fidelity
- Site has at least one pediatrician (MD or DO) on site (preferred, not required)

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                     | 5. Reproductive & Sexual Health Clinical Practices |
| 2. Adolescent Appropriate Environment | 6. Mental Health Clinical Practices                |
| 3. Confidentiality                    | 7. Nutritional Health Clinical Practices           |
| 4. Best Practices & Standards of Care | 8. Cultural Responsiveness                         |

9. Respectful Treatment

11. Parent Engagement

10. Adolescent Engagement & Empowerment

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. Site can decide to re-certify every 2 years for a small fee.

ACE-AP Timeline

| Pre-implementation Period – Baseline Data Collection |   |
|--|---|
| Month 1  | <ul style="list-style-type: none"> <li>• <b>Kickoff webinar:</b> Model orientation, data collection</li> <li>• <b>Baseline data collection:</b> Begin collection of Youth Surveys, Staff &amp; Clinician Surveys and HEDIS Measures</li> </ul>  |
| Month 2  | <ul style="list-style-type: none"> <li>• <b>Adolescent-Centered Environment Assessment Process (ACE-AP) Meeting/Call:</b> Baseline assessment w/AHI consultant</li> <li>• <b>Baseline data collection:</b> Continue collection of Youth Surveys, Staff &amp; Clinician Surveys and HEDIS Measures</li> </ul>            |
| Month 3  | <ul style="list-style-type: none"> <li>• <b>Baseline data collection:</b> Submit Youth Surveys and HEDIS Measures, and Complete Staff &amp; Clinician Surveys</li> </ul>  |
| Implementation Period                                |   |
| Month 4  |   |
| Month 5  | <ul style="list-style-type: none"> <li>• <b>Continue Implementation Phase</b></li> <li>• <b>Spark: Being Youth-Friendly</b></li> </ul>  |
| Month 6  |   |
| Month 7  | <ul style="list-style-type: none"> <li>• <b>Check-in Call</b> – Discuss Implementation Plan</li> </ul>  |
| Month 8  |   |
| Month 9  | <ul style="list-style-type: none"> <li>• <b>Continue Implementation Phase</b></li> <li>• <b>Spark: Confidentiality Laws</b></li> <li>• <b>Mid-Year Check In Call (Rescore Priority Areas)</b></li> </ul>  |
| Month 10   |   |
| Month 11   |   |
| Month 12   | <ul style="list-style-type: none"> <li>• <b>Continue Implementation Phase</b></li> <li>• <b>Spark: Cultural Responsiveness</b></li> </ul>   |
| Month 13   |   |
| Month 14   | <ul style="list-style-type: none"> <li>• <b>Check-in Call-</b> Discuss Implementation Plan</li> </ul>   |
| Month 15   | <ul style="list-style-type: none"> <li>• Catch up; maintain progress</li> </ul>   |
| Year-end Data Collection Period                      |   |
| Month 16   | <ul style="list-style-type: none"> <li>• <b>Adolescent-Centered Environment Assessment Process (ACE-AP) Meeting/Call:</b> Year-end assessment; Certification review; revised Implementation Plan</li> <li>• <b>Year-end data collection:</b> Youth Surveys, Staff &amp; Clinician Surveys and HEDIS Measures</li> </ul> |
| Month 17   | <ul style="list-style-type: none"> <li>• <b>Year-end data collection:</b> Youth Surveys, Staff &amp; Clinician Surveys and HEDIS Measures</li> </ul>  |
| Month 18   | <ul style="list-style-type: none"> <li>• <b>Year-end data collection:</b> Wrap up; Submit Youth Surveys and HEDIS Measures, and Complete Staff &amp; Clinician Surveys</li> <li>• Final Call To Review Data Reports and final Certification Status</li> </ul>   |

Data Collection

- Baseline, mid-year and year-end Adolescent-Centered Environment Assessment Process (ACE-AP)
- 50 youth surveys at baseline and year end (survey will be provided in paper and electronic formats)

- Survey of clinic staff and providers at baseline and year end (survey will be provided and distributed by AHI)
- Collection of clinic-level patient outcomes data including adolescent-specific quality (HEDIS) data on chlamydia screening, HPV vaccination, well visit, and depression screening

## 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 has trained 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.

## APPLICATION

[To apply please click here.](#)

Applications will be accepted until **Monday, October 18<sup>th</sup>, 2021**

For any questions, contact [Kaleigh Cornelison](#), Lead Program Specialist at the Adolescent Health Initiative.