



PULSE

A MONTHLY NEWSLETTER FROM THE ASSOCIATION OF MATERNAL AND CHILD HEALTH PROGRAMS

Adolescent Health and Teen Pregnancy

May 2009

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From the President

Adolescent Health and Teen Pregnancy

By Phyllis J. Sloyer, RN, PhD, PAHM, FAAP



Welcome to this issue of *Pulse* and its focus on adolescent health and teen pregnancy. As a society, we are continuously stimulated with pictures of healthy babies and gregarious toddlers that evoke mental pictures of motherhood and apple pie. Unfortunately, we pay much less attention to the health needs of adolescents and the impact that their health will have on future generations of children. One of the most significant markers of our success as a nation is the rate of teen pregnancy. For over a decade, beginning in 1991, we witnessed declines in teen births. Unfortunately, the improvements ceased and now the birth rates for teens are increasing. According to the CDC, the number of births for 15 to 19 year olds in 2006 rose by three percent from the previous year; the largest increase in a single year since 1989-1990.

Teen pregnancy brings with it social and economic costs that have long term impacts. The national savings derived from preventing teen births are estimated to be about \$9 billion per year; an amount greater than many states' annual budgets. Teen mothers are much more likely to drop out of high school and be unemployed. Teen mothers' babies are more likely to have long term disabilities or die before they reach their first birthday. Sadly, children of teen mothers face a myriad of social issues, including poorer school performance and higher

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Adolescent Health and Teen Pregnancy

risks of child abuse or neglect. The cycle of poverty and poor health continues to perpetuate itself from teen mother to child. Eventually, the pictures of healthy babies and gregarious toddlers fade.

Maternal and child health leaders have learned how critical it is to work with partners in putting together a constellation of effective and accessible services. Such services are rooted in science or best practice and build capacity to sustain the delivery system over time. AMCHP is committed to promoting a system approach to adolescent health and well being, as well as evidence-based approaches to teen pregnancy prevention. An adolescent health work group is putting the finishing touches on a white paper that will serve as a framework for an effective adolescent health comprehensive system. The work group draws from the expertise our maternal and child health leaders bring to this critical issue. While teen pregnancy prevention is one of the key issues that our adolescent health programs address, we would be remiss if we didn't include an approach to adolescent health that fosters healthy adults who are fully engaged in their communities. Finally, we must not forget the adolescents and young adults who have special needs

and develop an effective and sustainable bridge to all aspects of adult life.

Franklin Roosevelt once said: "We cannot always build the future of our youth, but we can build our youth for the future." I hope this issue of *Pulse* serves as a stimulus for you to build our youth for the future.

From the CEO

The Importance of Adolescent Health

By Mike R. Fraser, PhD



If we think about where we may have the most impact as public health professionals — child and adolescent health should come to the top of our list. The things we do to assure that our children and teenagers are healthy will put them on a trajectory toward good health. Conversely, not paying attention to the specific health needs of children and adolescents will at best result in coincidental good health outcomes and at worst result in poor health for generations to come. Adolescent health is a particularly significant area for public health intervention. As our children mentally and physically become adults the steps we take to assure our teens have the information and community resources they need to make healthy decisions are vital. Why then, do we spend so little time thinking about the health needs of adolescents at this critical period in their development?

Maybe it is because it is hard to imagine our young people as individuals taking charge of their health and moving from childhood dependence on parents and peers toward becoming self-actualized adults that can make healthy decisions about their futures. But we have to. The influences on teens are immense — peers, television, parents, school, church and sports. If we do not provide information about what healthy behaviors look like and the consequences of making bad choices

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The Importance of Adolescent Health

about eating, exercise, and sex, other factors will intervene influencing their health for years to come.

As maternal and child health professionals we have a responsibility to make sure our adolescent health programs are robust and vital, providing health resources to the teens in our states and the professionals that serve them. Too often our maternal and child health programs address the needs of young children and early childhood development and then skip the teen years only to pick up when a young person becomes an expectant mother or father. Many adolescent health programs focus only on sex and postponing sex as long as possible. While important, sex education is just one component of adolescent health. Dealing with how our minds, bodies, and spirits change from childhood to adolescence should all be part of comprehensive adolescent health programs.

The opportunity to significantly impact future health outcomes by comprehensively addressing the physical and mental health needs of adolescents is exciting. How cool is it to see young people empowered to make healthy decisions and talk to their peers, parents and others about the kind of people they are, and want to be, in the future? As we look toward building systems that assure healthy women, children, and families we have to make sure we are also including adolescents and the people that work with them as well. This issue of *Pulse* is a great resource for doing just that — affirming the importance of adolescent health in maternal and child health programs and working to make sure that states have resources to include adolescents in their work. I look forward to learning from all of you about how you work to assure adolescents have what they need to grow into healthy adulthood. Moving forward, please let us know what more we can do to support your state adolescent health programs and work with partners to develop resources and policies that promote health for all people we serve, including our precious (though oftentimes difficult!) adolescents.

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Feature

National Stakeholders Meeting: Strengthening State Health and Education Agency Partnerships to Integrate HIV, STD, and Pregnancy Prevention Among School Aged Youth

By **Lissa Pressfield, MHS**
*Program Manager,
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Project Overview

In January 2009, the National Stakeholders Collaborative (NSC), a partnership between the Association of Maternal & Child Health Programs (AMCHP), National Alliance of State & Territorial AIDS Directors (NASTAD), National Coalition of STD Directors (NCSD), Society of State Directors of Health, Physical Education & Recreation (Society), hosted the first-ever National Stakeholders Meeting Reconvene (NSM-R). State teams comprised of public health agency staff, education agency staff, and other partners — who previously participated in National Stakeholders Meetings — came together to take their collaborative efforts to the “next level.”

The National Stakeholders Meetings (NSM), supported by the Centers for Disease Control and Prevention, Division of Adolescent and School Health (CDC-DASH), incorporates a two day capacity building process and nine to 12 months of follow-up technical assistance for state teams made up of NSC memberships. During the meetings, teams develop strategic partnerships, participate in knowledge and skills building workshops, and create action plans for collaborative work aimed at integrating and improving HIV, STD, and teen pregnancy prevention efforts in their states. The main objectives of the NSM model are to increase communication and collaboration between state health and state education agencies around HIV, STD and teen pregnancy prevention for school-aged youth, and expand the base of support for developing effective policies and programs.

Since 2003, 33 states have participated in an NSM. In the evaluation of past participants nearly all respondents reported the NSC strengthened communication and collaboration between state health and education agencies to support and improve HIV, STD, and pregnancy prevention for school-aged youth. The National Stakeholders Meeting Reconvene was designed from a qualitative and quantitative needs assessment to focus on building teams' capacity in the following areas: incorporating a youth development approach; seeking and leveraging funding for collaborative projects; strengthening policy and advocacy strategies; addressing health and education disparities; implementing best practices; and engaging hard-to-reach youth. The teams also participated in an environmental scanning and action planning process. Four state teams participated in the NSM-R including: California, Kansas, Missouri and Michigan.

NSM-R State Stories

California. After their participation in the 2003 NSM, California created and institutionalized the Adolescent Sexual Health Workgroup (ASHWG). This group includes representatives from the state public health and education agencies, as well as local health and education agency representatives, Non-Governmental Organizations, and other adolescent health stakeholders. The focus of their work is on five priorities: 1) Improving availability and use of existing HIV, STD, and teen birth data; 2) Ensuring that educators, counselors and case managers deliver effective behavioral interventions; 3) Identifying, developing and promoting the use of culturally-appropriate, youth-focused sexual health curricula; 4) Improving adolescent access to sexual and reproductive health services; and 5) Identifying funding, policy recommendations, and other resources to support the group's objectives.

Some of their successes include:

- Creating a Data Integration Subcommittee, which used existing surveillance data and produced STD, HIV/AIDS, and Teen Birth [tables](#).

Feature CONT.

National Stakeholders Meeting

- Developing the Core Competencies for Adolescent Sexual and Reproductive Health for program and service providers.
- Developing criteria for STD, HIV, and teen pregnancy prevention education standards that is consistent with state statutes and identified best practices.
- Partnering with the Sexuality Information and Education Council of the United States (SIECUS) to plan and conduct trainings in Sacramento and Los Angeles (Focusing on Youth in HIV and Sexuality Education: Cultural Competence and Youth Development) for providers.
- Increasing stakeholder representation in ASHWG.

The California ASHWG model has been so successful that the state of Hawaii is working to replicate it. Similarly, the Southern California Collaborative convened partners to discuss forming a Southern Regional Collaborative modeled on ASHWG to address issues specific to this region of the state.

Kansas. Kansas' NSM-R team has committed to focusing on the following priority areas:

- Addressing disparities by outlining a referral process for African-American populations who test positive for HIV and STDs, and developing a data recording and sharing process.
- Incorporating a youth development approach by implementing a peer education process including a Youth Advisor Council (YAC).
- Engaging hard-to-reach youth in the peer education program and YAC.
- Conducting evaluations and assessment for their work.

The team was recently presented with a unique opportunity to work with the Pass it Forward program. Pass it Forward is a peer-to-peer education program promoted by the Department of Health and Human

Services Center for Disease Control and Prevention that is built upon the inherited power of word-of-mouth marketing. The program aims to increase knowledge and awareness of HIV/AIDS, STDs, and related risk behaviors and improve communication, leadership, and skills among youth so they can make more well-informed decisions regarding their sexual health. The Kansas team is referring people from STD clinics into the Pass it Forward program, and working to develop a larger group of peer educators. Kansas is leveraging HIV funds from the Department of Education and passing them over to the Department of Health to use for incentives to get referrals for the peer education process.

Michigan. After the team participated in the 2005 NSM they created the State Advisors on Adolescent Sexual Health (SAASH) group. The group has successfully:

- Developed a white paper on the State of Adolescent Sexual Health in Michigan.
- Created a matrix of all relevant state initiatives around HIV/STD and teen pregnancy to better coordinate their efforts in these areas.
- Reworked the state data collection system to enable accurate comparison of local level health and education data and better target their efforts.

Now they are working on:

- Expanding stakeholder representation in the SAASH group to include family planning, foster care, juvenile justice, teen parent programs, and possibly immunization representatives.
- Developing and disseminating a statewide survey to assess how the SAASH White Paper was used by state and local partners to raise awareness and/or change policy around adolescent sexual health issues. The group will use this feedback to revise and update the white paper.
- Creating a Statewide Youth Advisory Council.

Missouri. The Missouri team has focused their collaborative work on the following:

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National Stakeholders Meeting

- Identifying and serving youth who are not in traditional public school settings (e.g., juvenile centers, alternative schools, homeless).
- Completing an inventory of available comprehensive youth health care services for HIV and STD testing (and other health care services).
- Creating a directory of service providers.
- Coordinating data analysis between agencies (DHSS and DESE) to identify priority issues for advocacy and resource allocation.
- Promoting medically accurate education, characteristics of effective programs, and evidence-based approaches.
- Evaluating their pilot Youth Health Educator approach.

A recent success for the team is that the terminology “medically accurate” prior to “HIV/STI prevention education” has been recommended within the comprehensive health education definition for the new Missouri School Improvement Program standards.

To learn more about the National Stakeholders Collaborative, please contact [Lissa Pressfield](#) at (202) 775-0436.

Evidence-Based Approaches to Teen Pregnancy, HIV and STI Prevention Work

By Tasha Toby

Senior Analyst, Adolescent Health, National Association of County and City Health Officials

Many working in the field of public health understand that the success of many public health programs and initiatives can be attributed to strong collaboration between key players from differing, but relevant, sectors. In many of the past discussions that have occurred between National Association of County and City Health Officials (NACCHO) and AMCHP staff members

regarding the implementation of evidence-based teen pregnancy and teen HIV/STI prevention program, the need to foster collaboration, specifically between local and state health departments, always seemed to be the dominant topic of the discussions. Realizing that both organizations could work together to address the issue, in March 2008 (with funding from the Annie E. Casey Foundation) NACCHO and AMCHP embarked on a collaborative project designed to promote the formation of collaborations between local health departments, state health departments, and community-based organizations to address the incidence of teen pregnancy and teen HIV/STI infection at the local level. The collaboration was called the “Moving from Interest to Action Initiative.”

Using a request for applications process, five “State-Local Teams” were selected to receive financial and technical assistance from NACCHO and AMCHP to support their collaborative efforts to work toward implementing an evidence-based program to address teen pregnancy and HIV infection at the local level. State-Local Teams were comprised of: one local health official/staff member working on adolescent health issues (NACCHO representative), one state health official/staff member working on adolescent health issues (AMCHP representative), and one representative from a community organization in the geographical area that the local health department (LHD) and state health department (SHD) team were interested in targeting. After reviewing submissions from 10 state and local partnerships from around the country, five state teams from the following states were selected to focus their collaborative efforts on addressing the specific teen pregnancy and HIV/STI prevention issues:

- Team Colorado focused efforts on increasing access to evidence-based teen pregnancy and HIV/STI prevention programs and resources for youth residing in Durango schools in rural southwest Colorado (an area considered to be isolated) experiencing high rates of teen births and STIs. The team consists of members from the Colorado Department of Public Health & Environment, the San Juan Basin

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Evidence-Based Approaches to TPP, HIV and STI

Health Department (SJBHD) and the Colorado Organization on Adolescent Pregnancy, Parenting and Prevention.

- Team Maine took on the challenge of gaining entrée into Portland’s Somali community in order to begin the groundwork necessary for implementing evidence-based teen pregnancy/HIV/STI prevention efforts aimed at parents of this immigrant population. The team consists of members from the Maine Center for Disease Control and Prevention, the City of Portland Health and Human Services Department and Planned Parenthood of Northern New England.
- Team Minnesota chose to focus its efforts on implementing evidence-based programming, such as the Teen Outreach Program, in Richfield, MN, an area with a high teen birth rate and STI incidence, and abstinence-only school-based education. The team consists of members from the Minnesota Department of Health, the Bloomington Public Health Department and The Storefront Group.
- Team Missouri decided to focus its efforts on Mississippi County, which has the third highest teen pregnancy rate in the state along with a teen STI incidence rate higher than the state average. The team will work together to develop a coordinated plan for implementing an evidence-based teen pregnancy/HIV/STI prevention program in the county in an abstinence-only environment. The team consists of members from the Missouri Department of Health and Senior Services, the Mississippi County Health Department and the Community Alliance Against Adolescent Pregnancy (AAAP).
- Team South Carolina focused its efforts on opening a teen health clinic in the rural areas of Johns Island and Wadmalaw Island. In addition to providing reproductive health care services in this geographical area of high need, the Team

will also explore options for providing evidence-based teen pregnancy and HIV/STI prevention programming out of the clinic. The team consists of members from the South Carolina Department of Health and Environmental Control (SC DHEC), SC DHEC Control Region 7 and Communities in Schools of Charleston (CIS).

To kick off the “Moving from Interest to Action Initiative,” in July 2008, NACCHO and AMCHP held a three-day training on evidence-based approaches to teen pregnancy and HIV/STI prevention for members of the selected five State-Local Teams in Chicago. The training agenda included sessions on topics such as evidence-based practices, community involvement and garnering youth involvement from a number of subject experts from organizations such as Healthy Teen Network, Public/Private Ventures, Advocates for Youth and National Campaign to Prevent Teen and Unplanned Pregnancy. In addition to having the opportunity to learn from and engage in dialogue with the subject experts, time was also built into the training for State-Local team members to start the process of developing an action plan to guide their teen pregnancy and HIV/STI prevention efforts in their respective communities and engage in dialogue with one another regarding their specific team efforts and strategies for addressing possible barriers that they may face.

At the conclusion of the three-day training, participants mentioned gaining new insight on issues related to: working with different populations in their respective communities; implementing teen pregnancy and HIV/STI prevention programs; and identifying methods for improving system capacity at both state and local levels. Additionally, many of the State-Local teams reported that the training strengthened the quality of communication between team members and also increased their knowledge of resources and efforts related to teen pregnancy and HIV/STI prevention in their respective states, illustrating the success of the joint AMCHP-NACCHO training.

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Evidence-Based Approaches to TPP, HIV and STI

Throughout the remainder of 2008, AMCHP and NACCHO provided support to the five State-Local Teams, helping them lay the groundwork necessary for launching an evidence-based response to the issue of teen pregnancy and HIV/STI prevention in their respective local communities. This financial and technical support from the NACCHO-AMCHP partnership helped the five State-Local Teams execute the following key accomplishments related to their local level efforts:

Team Colorado

- Securing funding for the teen pregnancy prevention initiative at the SJBHD
- Including Bayfield youth in planning and future implementation of Team efforts
- Gaining support from key community stakeholders which in turn lead to increased credibility from the neighboring larger school district, Durango Public Schools

Team Maine

- Building relationships between the state and city of Portland on parenting issues relating to health, including productive discussions on how to approach reproductive health with immigrant populations
- Establishing an on-going discussion group for Somali mothers on parenting

Team Minnesota

- Securing the help of a local communication and framing expert to help build greater public support and political will around the issue of teen pregnancy and STI prevention
- Planning a Town Hall style meeting in Richfield to address how to frame the issue of teen pregnancy and STI prevention in the community

Team Missouri

- Missouri Adolescent Health Program's drafting of a contract to provide funding to the Mississippi County Health Department to support the Team project

- Expanding the local community coalition (CAAAP) to include new members committing to local efforts to address county teen pregnancy rates, which have increased
- Planning a Town Hall meeting designed to increase awareness and community buy-in for evidence-based approaches and programs
- Forming a CAAAP subcommittee to devise strategic planning efforts in 2009

Team South Carolina

- Successfully securing grant funding, space, and furnishings for the teen clinic
- Finalizing a Memorandum of Agreement between Communities in Schools and SC-DHEC for teen clinic operation

During the State-Local Teams training, on technical assistance conference calls and in their final project reports, a number of the State-Local teams mentioned the positive impact that the "Moving From Interest to Action Initiative" has had on encouraging the formation of collaborations between LHDs, SHDs and community-based partners to address teen pregnancy and HIV/STIs in their communities. The Initiative's impact of strengthening the level of communication and collaboration among local and state team members and agencies have been catalysts for implementing strategies collectively at both community and state levels, an aspect of the Initiative of which AMCHP and NACCHO are especially proud.

Based off of the momentum of the project, AMCHP collaborated with NACCHO to submit an application for supplemental funding from the CDC's Division of Reproductive Health (DRH) and the Division of Adolescent School Health (DASH) to fund an enhanced version of the "Moving From Interest to Action Initiative." In October 2008, AMCHP was awarded this funding, to provide technical and financial assistance to State-Local Teams in the three states implementing projects under the DRH's Science-Based Approaches Initiative. Project activities are currently underway with a new group of State-Local Teams.

Feature CONT.

Nebraska's Comprehensive Systems for Adolescents:

The Next Link in the Life Course Approach

By Linda Henningsen

Adolescent Health Coordinator, Nebraska Department of Health and Human Services

For those of us in and connected to public health, providing for and reaching children and adolescents (and those who care for them) requires unique approaches. Through the development, implementation and impact of the national Early Childhood Comprehensive Systems (ECCS) initiative, Nebraska's ECCS program, "Together for Kids and Families" (TFKF), provided the inspiration and supplied the innovative and unique model needed for effectively addressing the public health opportunities and challenges associated with adolescents. Expanding the comprehensive systems model from the early childhood population to the adolescent population was the logical next step in Nebraska's life course approach to public health programs and services.

Supported by the data mini grant funds awarded by AMCHP and using Nebraska's ECCS model, the Adolescent Health Program within the Nebraska Department of Health and Human Services, Lifespan Health Services Unit launched the "Comprehensive Systems for Adolescents" (CSA) initiative. In March 2009 a stakeholders group was convened for the initiative kick-off meeting. The gathering was facilitated by Kristin Teipel from Minnesota's Konopka Institute with 25 people representing government agencies, family organizations and other entities from across the state in attendance. Work began on identifying a profile of optimal adolescent development and well-being as well as identifying components or "domains" that would ideally represent a "comprehensive" system for adolescents. These domains were based on the profile created and the national ECCS model. We were honored to have Sharron Corle, Associate Director for Adolescent Health at AMCHP present to observe and help with the day.

Ongoing and continued refinement of the domains is currently in progress, and a "S.W.A.T." team is being organized for the task of completing a simple analysis of each domain using the "SWOT" (Strength, Weaknesses, Opportunities and Threats) format. The products of the analysis will provide the information needed to develop logic models that drive our future work. While the "launch" was successful, additional components of the initiative now need development. Members of the stakeholders group are being recruited for a "ground crew" that will be charged with developing the CSA initiative's organizational fundamentals including mission, vision, core functions and guiding principles. Using the products of the adolescent profile and domains created and identified during the stakeholders meeting, goals/outcomes will be identified as well. These outcomes will lay the ground work for the next steps of the CSA initiative which includes identifying indicators and data gathering and management.

Nebraska's CSA initiative is a work in progress. The on-going recruitment of state-level and local programs, youth representatives and other organizations as initiative partners as well as further refinement of the initiative components demonstrates the commitment, dedication and passion of all those contributing to the health, development and well-being of Nebraska children and adolescents. We would like to thank AMCHP for providing the support and to Kristin Teipel of the Konopka Institute for the guidance and expertise in the successful launch of Nebraska's "Comprehensive Systems for Adolescents" initiative.

Member to Member

What do you think state MCH programs can do to address the recent rise in teen pregnancy?

California

**Karen C. Ramstrom, DO,
MSPH**

*Public Health Medical Officer
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Public Health*



Reducing the adolescent birth rate is one of California's highest health priorities. California is doing better than the nation in teen pregnancy prevention because of its commitment to youth development and teen pregnancy prevention programs, family planning services, and comprehensive sexual health education programs. As the best way to continue to stem the rise in teen pregnancy rates, the California Maternal, Child and Adolescent Health Program and the Office of Family Planning support initiatives that (1) target outreach to teens at high risk of pregnancy, (2) provide comprehensive sex education, and (3) ensure access to family planning, contraception and reproductive health services.

In addition, developing partnerships among public health, other state agencies, and community-based organizations is a key strategy. The California Adolescent Sexual Health Workgroup is one of these successful public-private partnerships that promote effective adolescent sexual and reproductive health policy and services. Serving 200,000 teens annually, the Community Challenge Grants promote community-based partnerships to develop local teen pregnancy prevention programs and to promote responsible parenting. The Adolescent Family Life Program, serving nearly 20,000 teens annually, links clients to services to promote positive pregnancy outcomes, prevent additional unintended pregnancies, and promote socioeconomic independence through a youth development model. The Information and Education program provides adolescents with comprehensive pregnancy and sexually transmitted infection (STI) prevention information and education and hyperlinks to clinical health care. This 30-year-old innovative program is community-based and program services

are offered in diverse settings such as mainstream and alternative schools, social service agencies, juvenile detention facilities and youth centers. Teens help review, plan, and in some programs, act as peer counselors to deliver information and help support the development of future-oriented youth. Adult programs help support parents and other adults who have responsibility for caring for or serving youth. In fiscal year 2007 – 2008, programs served approximately 56,483 youth and families through direct, face-to-face interventions. Family PACT is California's innovative approach to provide comprehensive family planning services to eligible low-income men and women. This clinical program increases access to services by expanding the provider network to include medical providers, pharmacies and laboratories. Approximately 300,000 teens receive services annually.

Pennsylvania

Kelly Holland

*Public Health Program Manager
Bureau of Family Health,
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Health*



Whether your state has funding for teen pregnancy prevention programs or not there are still many things you can do to stay active in the area of teen pregnancy prevention. In Pennsylvania, the Department of Health is partnering with the Department of Education, the Pennsylvania Coalition to Prevent Teen Pregnancy (PCPTP), the Allentown Health Bureau and the Bethlehem Health Bureau to provide school administrators/educators with training on what science-based teen pregnancy prevention programs are, why they are important, and how they can be used in a school setting. In addition, the Department of Health is participating in a stakeholders group formed by the PCPTP to discuss how agencies and organizations throughout the Commonwealth can work together to promote the use of science-based teen pregnancy prevention programs. In the current economic climate,

Member to Member CONT.

it is important to explore all possible partnerships and opportunities to implement or provide information on programs that prevent teen pregnancy. This includes linking with other Department of Health entities that address high risk behaviors such as drug and alcohol prevention, STI prevention programs and HIV prevention programs. Although there may not be funding for a specific program, staying involved and getting the word out about teen pregnancy prevention programs will lead to new partners, new programs and lower teen pregnancy rates.

South Carolina

Lucy Gibson

*Director, Division of Women and Children's Services
South Carolina Department of Health and
Environmental Control*

In South Carolina, the Title X program is housed within South Carolina Department of Health and Environmental Control's (DHEC) MCH Bureau, facilitating seamless collaboration with Title V. Formal and informal partnerships with the South Carolina Campaign to Prevent Teen Pregnancy and other youth-serving organizations throughout the state and adoption of appropriate evidence-based practices are two of the most important ways South Carolina works to reduce teen pregnancy rates. Our state has taken advantage of opportunities to apply for funding and technical assistance through programs such as "Moving from Interest to Action" that was co-sponsored by AMCHP and NACCHO. This technical assistance helped South Carolina's team, consisting of a local community representative and a state and local health department staff member, blend funding to open a teen family planning clinic in an underserved rural location.

The importance of making data driven decisions cannot be overstated, particularly in the current economic environment. South Carolina has extensive resources for data collection and analysis within DHEC as well as the state's Office of Research and Statistics. The

2010-2015 MCH Needs Assessment will be a golden opportunity to engage communities and identify factors leading to the recent increases in teen pregnancy rates and craft appropriate intervention strategies.

Virginia

Joanne Boise, RN, MSPH

*Division Director, Child and
Adolescent Health
Virginia Dept of Health*



MCH programs can be instrumental in addressing the rise in teen pregnancies by going back to the fundamentals of public health practice. We know from a review of our data that the 17 to 19-year-old cohort, and the Hispanic population, represent the bulk of the increases in pregnancies. Over the years we have shared such data with localities so they can focus their interventions to their community needs. We follow the literature to make sure that our teen pregnancy prevention programs use evidence-based or best-practice curricula in addressing risk reduction and avoidance. Most of these programs target substance use, conflict resolution, community service, building self-esteem, and making good choices. Some locations combine funding to provide contraceptive services. And, to prevent unplanned pregnancies in older teens, we know that we need to reach preteens, so our programs may involve youth in middle schools. We also recognize that adolescent health is more than just pregnancy prevention. We promote the use of Bright Futures Guidelines for wellness and anticipatory guidance, and we work with the Medicaid program to promote use of Early Periodic Screening Diagnosis and Treatment (EPSDT) services. Finally, our MCH program partners with colleagues across the state to raise awareness about social inequity, and the impact it has on issues such as teen pregnancy.

Real Life Stories

The Time is Right! Youth are the Future

By Mallory Cyr

Youth Coordinator, Healthy & Ready to Work National Resource Center

How did I get here? How did I get to a point where people all over the country are hearing my voice? Every time my flight lands in Washington, DC I ask myself these questions. Each time I get an opportunity to give a presentation, attend a national conference or be part of an advisory council, I am in awe of being in the presence of people who have the power to make change happen and who ARE listening. I am a young adult who grew up and lives in rural Maine. I graduated from the University of Maine, like many of my peers. My whole life, my parents encouraged me to shoot for the stars, reach for my dreams, and live without limits. For anyone else who was diagnosed with a rare, severe chronic illness that involved nightly 12 hour IV infusions, that might seem like an unrealistic way to live life, but my parents always told me, “we’ll find a way.”

As a sophomore in high school, in 2001, I was invited to attend a conference about transition. Through a HRSA/MCHB funded grant initiative called Healthy & Ready to Work, my home state received funding to develop and implement health care policies and programs to promote transition to adulthood. This conference gave me a new perspective on what my options were, and what I needed to consider to make a smooth transition to adulthood. I was fired up and more ready than ever to go on to college.

Others noticed my enthusiasm, and shortly afterwards, I was invited to be a part of forming the first Youth Advisory Council for the state Title V CSHCN Program in Maine. It was also the first in the country (there are now 22)! I began to learn leadership skills, how to give presentations, and how to present the “youth voice.” It wasn’t very hard, since that is who we were. We were just telling our stories, but for me, it was the beginning of much more. We spent time creating presentations for our teachers, parents, doctors and peers. We planned a statewide transition conference much like the first one I attended. It was an incredible feeling to see other

transitioning youth get the same thrill and sense of hope I had gotten from my first conference, and I had helped create this opportunity! When I was nearing my college graduation (a feat that was never expected, since I was not predicted to live past the age of two), I was asked if I would be interested in applying for a job on a federally funded grant, well actually split time on two grants! After my interview, I was offered two part-time positions, one as the Youth Coordinator for the Healthy & Ready to Work National Resource Center and for the Maine State D-70 Integrated services grant both funded by HRSA/MCHB’s Division of Children with Special Health Care Needs. I jumped at the chance, excited to be making a job out of what I had already been doing for years.

That was almost two years ago, and although I quickly discovered I knew only a miniscule fraction of what I thought I did about advocacy, I can now say I am on a consistent path of knowledge and growth as a health care policy leader in the world of Title V and MCHB. Of all the stars I reached for in my childhood, not once did I say “I want to change the world for people with disabilities and special health needs.” But being on that road, and having my voice heard and taking steps in making change I can honestly say there is no feeling like it, and am now thinking I may have found my “calling” in sharing my story, helping to create and shape national policy as well as making sure the voices of youth are included and heard.

As my plane touches down with the majestic Washington Monument on the horizon, I take a deep breath to center my energy and motivation that has built up. I have arrived. A week of presentations, networking, and world changing is about to occur, and I am ready. It’s been 20 years since MCHB launched family centered care (OBRA ’89), and 13 years ago since it began a new initiative to promote youth involvement and transition to adulthood programs and policies. Youth are the future; youth with special health care needs know health care issues, as they live it everyday. All they need is the opportunity for professional development, partnership and a forum to share ideas, shape and develop policy to really be **heard**.

Real Life Stories CONT.

The Time is Right! Youth are the Future

I am proud to be a Youth Health Policy Leader and to be a part of that future that begins today.

I look forward to being part of the youth leadership movement that is growing statewide and nationally! On “my watch” I hope to see on the leadership level — Youth Advisory Councils in every State Title V CSHCN Programs nationwide, staffed by youth who are diverse and their time compensated; that youth are at the policy table as respected partners and at the individual level; and, youth are given opportunities and skills in managing their health care. The time is right.

View from Washington

Adolescent Health and Health Reform

By Brent Ewig, MHA

Director of Public Policy & Government Affairs, AMCHP



The health reform debate in Washington is heating up, with many positive signs that this may finally be the year to get comprehensive health reform across the finish line. One not so positive sign however is a sense on Capitol Hill that kids’ issues were covered by the CHIP reauthorization, and therefore the focus on health reform is really on adult coverage. The phenomenon is being dubbed “CHIP fatigue.” Even more troubling is the potential that a focus on adults could be to the detriment of children and might further squeeze out attention to the unique health needs of adolescents. Rest assured that AMCHP and its partners are advocating loud and clear that no matter how tired we are, health reform can simply not afford to overlook the unique needs of all women, children, adolescents, and children with special health care needs. One of our key messages is if we want to truly focus on controlling chronic diseases then we need to invest in public health programs — like the Title V MCH Block

Grant — that work with teens to avoid developing the habits in adolescence that will likely lead to chronic diseases in the future. Unfortunately, much of the debate to date has been on the expansion of disease management programs among Medicare populations. Our response has been that disease management and care coordination are crucial, but beginning this focus with Medicare eligible individuals is like trying to build a sky scraper starting on the 65th floor.

As noted, we have spent much time over the past few weeks in meetings with key Congressional staffers sharing our AMCHP Principles for Health Reform. We have also participated in a coalition of children’s health advocate that meets regularly with key staff for the Senate HELP Subcommittee on Children and Families. This group includes the Academy of Pediatrics, March of Dimes, American College of Obstetricians and Gynecologists, National Association of Children’s Hospitals, Family Voices and others. One of the key partners that emerged for us in these meetings is the National Alliance to Advance Adolescent Health. Together we have been reinforcing messages with key Hill staff that the insurance benefits package for adolescents needs to meet their unique needs and at a minimum include what has been dubbed “the –entals,” namely dental, mental, and developmental services. We are stressing that a strong benefits package that meets the unique needs of adolescents is essential, and that the comprehensive, confidential family planning services are also vitally important.

We expect to see bill language for health reform legislation soon and will then know if our advocacy efforts have paid off and what additional education on key adolescent and MCH issues needs to continue.

Finally, in a bit of breaking news, we wanted to highlight that the president’s budget - released right at press time - proposes to eliminate funding for abstinence education and in its place, fund teen pregnancy prevention at \$110 million. We are seeking additional details and will report more in the next Legislative Corner of AMCHP’s *Member Briefs*.

Success Stories

Alaska

Adolescent Reproductive and Sexual Health Data and Assessment Mini-Grant

By Sophie Wenzel, MPH

Adolescent Health Program Manager, Section of Women's, Children's and Family Health, Alaska Division of Public Health

Alaska's Adolescent Health Program is using an AMCHP Data and Assessment (DATA) Mini-Grant to conduct a teen sexual and reproductive health needs assessment. With the ultimate goal of reducing teen pregnancies, our DATA project is designed to help us find out Alaska teens' sexual reproductive health needs so that our programs can better serve them. The Adolescent Health Program will use the data compiled during the needs assessment in order to drive future programs and influence policies.

The Adolescent Health Program Manager met with youth from several rural areas and Anchorage to help design the survey instrument. They met in focus groups to discuss the issues teens face, and the youth helped develop the survey questions based on their knowledge of teens in their community. Two surveys were designed—one for adults (service providers and parents) and one for youth (ages 14 to 20). An opinion survey was developed, rather than asking people directly about themselves, in hopes that the format would help people feel more comfortable answering sensitive questions honestly and openly.

The survey was sent to providers throughout the state and they were asked to complete it and share it with teens that they work with. The survey was administered at various events and conferences that targeted teens and their providers. The youth that helped create the survey also completed the survey and promoted it to their friends and families. Results of the survey are expected by early June. Data collected will be compiled and analyzed. The Alaska Youth Health Advisory Committee, a committee comprised of teens from the entire state, will hold its first meeting this fall to review

the data and decide on which direction the program should take.

There were some challenges involved in this process. Working in Alaska presents geographic challenges since Alaska is almost three times the size of Texas with a very diverse population of approximately 680,000. Designing a survey that would speak to teens throughout Alaska proved to be difficult. Also, when thinking about teen pregnancy prevention, programs should look at a broader view than just access to contraceptives. A history of sexual assault and violence in girls lives, for example, means that they are more likely to get pregnant as a teen; however, it is difficult to ask those questions in an opinion survey.

One of the major successes of this project is that the Alaska's Adolescent Health Team worked directly with diverse youth to create the survey. The young people provided input that was incorporated into the survey, which gave them ownership of the process and allowed them to have a strong role in disseminating it and serving as data collectors. Also, other teens are generally more responsive when the survey has been created by their peers.

Overall, Alaska will be able to collect much needed data to inform their adolescent health work, and involving teens has provided them with a great opportunity to engage in reproductive and sexual health issues that they face as well as learn about the process of designing a survey and collecting data. The Adolescent Health Program wishes to thank AMCHP for their generous mini-grant.

Success Stories CONT.

Connecticut

“Tell Me What You See” - An Innovative STD, Hepatitis and HIV/AIDS Prevention Initiative That Helps Students Visualize Their Way to a Healthier Future

By **Darrell Decker**, *Concerned Citizens for Humanity*
James Horton, *Concerned Citizens for Humanity*
Mike Salius, *Salius Communications*
Heidi Jenkins, *Connecticut State Department of Public Health*
Susan Major, *Connecticut State Department of Public Health*
Bonnie J. Edmondson, *Connecticut State Department of Education*

“Tell Me What You See,” a statewide initiative developed in Connecticut, integrates functional knowledge and skill development through an art-based approach to prevention education. The dynamic combination of assessments and artwork are what set “Tell Me What You See” apart from other health education initiatives. The artwork and poetry were produced by incarcerated youth in a program designed to enable them to make a difference in the lives of their peers. The resulting artwork effectively engages youth and opens up a critical dialogue on the role personal behavior can have in the prevention of STDs, hepatitis and HIV/AIDS.

Health teachers who have used “Tell Me What You See” find that its art-based prevention messages reach their students on an emotional as well as on an intellectual level and break down barriers that sometime inhibit classroom discussion. The program also incorporates activities that promote dialogue between students and significant adults. The following comments from health educators illustrate the benefits of the program:

- “‘Tell Me What You See’ represents a big difference from the standard curriculum for kids...It actively engages them.”
- “Many students had emotional reactions to the artwork that helped them share their own thoughts and get a sense of what others were

thinking and feeling.”

- “The artwork scared some students because it brought home to them what it would be like to have one of these diseases. This created an honest classroom discussion.”

In addition to the art-based component of “Tell Me What You See,” there’s a knowledge based component comprised of pre- and post-assessments to assist teachers and students in measuring what has been learned. An in-depth evaluation of the program conducted in 2008 indicated that there was a statistically significant gain between pre- and post-assessment scores. The program has proven to be effective in increasing students’ functional knowledge; ability to visualize and be introspective; ability to consider the impact of behavior on family, friends, community and self; and communication with significant adults (parents, teachers, health professionals and others).

“Tell Me What You See” includes a complete package of easy to implement classroom materials that can increase student engagement in any existing health education curriculum. The program has been successfully implemented with urban, suburban and rural schools, state technical high school students, the American School for the Deaf, schools that serve physically and behaviorally challenged youth, and with community based organizations.

For more information about “Tell Me What You See,” contact Darrell Decker, Executive Director of Concerned Citizens for Humanity at ccfh@mindspring.com or (860) 560-0833.

The “Tell Me What You See” program was produced by Concerned Citizens for Humanity, Ltd., the program administrator, in collaboration with the Connecticut Department of Public Health, the Connecticut Department of Education, and Community Partners in Action. The Connecticut Department of Public Health, the Connecticut Department of Education and Centers for Disease Control provide support for the program.

Success Stories CONT.

Missouri

The Council for Adolescent and School Health (CASH)

By Lissa Pressfield, MHS

Program Manager, Adolescent Health, AMCHP

Patti Van Tuinen, M.Ed., CHES

Adolescent Health Coordinator, Missouri Department of Health and Senior Services, Division of Community and Public Health

The mission of the Adolescent Health Program within the Missouri Department of Health and Senior Services is to promote the health, safety and success of adolescents by facilitating collaboration among Department programs and external partners to address various adolescent health issues and achieve healthy adolescent development. The Council for Adolescent and School Health (CASH), which began as a task force in 1997, advises and assists the Department in identifying adolescent health priorities and promoting strategies to reduce health risks to adolescents and promote healthy youth development. CASH members include: State Agencies (Health, Mental Health, Social Services, Transportation, and Elementary and Secondary Education); Health Care/Public Health/Mental Health Partners (American Academy of Pediatrics, Adolescent Medicine Consultant from Mercy Hospital, Health Centers, and more); School/Education Affiliations (Association of School Nurses, School Counselor Association, Jefferson City Public Schools, and more); and other organizations serving youth and families (i.e. Missouri 4-H, ParentLink, and more). In 2005, CASH developed the State Framework for Promoting the Health of Adolescents and provided input on the Department's strategic plan. In 2006, the CASH group participated in the Adolescent Health Program's System Capacity Assessment to strengthen coordination of programs and services for youth and their families. CASH consists of both internal to the Department and external partners that continue to facilitate collaboration to promote a coordinated family, community and school approaches.

In May 2009, AMCHP staff travelled to Missouri and participated in a CASH meeting with the internal partners.

During the meeting the members assessed changes in DHSS capacity to address adolescent health issues (since 2007) and reported which programs have been improved, maintained, and disbanded in their Division. In spite of current economic challenges facing the nation, there were an overwhelming number of new, improved, or maintained programs that serve adolescents. Missouri's CASH members have found effective ways to enhance and maintain their commitment to improving the health and well being of young people. By sharing the successes and challenges related to various programs, the members were able to identify strengths, opportunities and the need for connecting with other programs in the Department, as well as access information and resources that will inform and support their future work. Missouri's CASH serves as a valuable resource that contributes to the success and strength of the Adolescent Health Program in Missouri.

Who's New

Spotlight on Claude Gilmore, President-Elect of the National Network of State Adolescent Health Coordinators (NNSAHC)



In June of 2009, Claude Gilmore will assume the leadership position as President of the National Network of State Adolescent Health Coordinators. He currently works in the Wisconsin Division of Public Health, Bureau of Community Health Promotion as the Youth Policy Director, Comprehensive School Health Director, and School Age Adolescent Health Consultant. He has a unique and deep understanding of issues facing today's youth and in his new role as President of the Network, Claude plans to elevate the importance of adolescent health and the professionals that occupy related positions. In this time of looking at public health through a lifespan perspective, it is important to remember the phase of adolescent development from age 10 to age 24, and focus on key issues, such as teen birth rates, STDs, and in particular address the alarming

Who's New CONT.

Claude Gilmore, President-Elect of NNSAHC

disparities that exist. One of Claude's goals is to ensure that both state and national policy and program bodies include someone from the Network organization to assure the adolescent health perspective is included in the development of final products.

Claude is not only extremely knowledgeable, but also embodies a unique passion for his work. His deep understanding of adolescent health issues comes, in part, from his experiences as a community organizer, social worker, health administrator, drug prevention czar, and now youth policy advisor. His passion and the person that he is today are deeply rooted in his humble South Carolina roots that are filled with rich spirituality, meaningful community experiences, and strong family values. Claude feels blessed for the opportunities and experiences he has had throughout his life as they have helped influence and shape him, and he is the proud husband and father of three grown children. Outside of his public health role, Claude is an ordained deacon and deeply values service to his community and to other civic organizations.

In his current roles, Claude has a unique perspective of the impacts of policy decisions on young people's lives. He emphasizes that programs ranging from teen pregnancy, STD/HIV, alcohol, drug and injury prevention are replete with statistics involving the adolescent population, and therefore, he sees his role not only in terms of policy development but also as a collaborator. Change requires engagement of many stakeholders and commitment to the time and resources necessary to make change happen. Claude is inspired by Margaret Meade's quote, "Never estimate what a small number of dedicated and committed individuals can do." Claude is dedicated to providing assistance to help adolescents and their families move along the continuum of health and well-being. He believes that we are in very important positions where the most vulnerable, the poorest, and sickest are seen and treated. It is a privilege for him to serve them and he strives to treat all people with the utmost respect. Claude says that, "in the end what I do is not about me, it is about you, the neighbor, the employer, the teacher, the parent, the child, the adolescent, the community. I am just a facilitator or should I say an orchestra conductor

and music sounds good when it is played on the right instruments."

A "Q&A" with New Region X Director Maria Nardella

Q: Can you tell us a little bit about yourself?



I am originally from the East Coast and got my undergraduate degree in nutrition from Cornell University. After working as a nutritionist in a vocational workshop for adults with developmental disabilities in Connecticut, I moved out west for a Master's Degree in nutrition and mental retardation from the University of Washington. I spent a summer with the Colorado Migrant Health Program as a public health nutritionist, and then took a position with Children's Rehabilitative Services at the Arizona Department of Health Services as a metabolic nutritionist for almost 10 years. I've been working for the CSHCN Program at the Washington Department of Health since 1992, first as a nutrition consultant and now as the manager. I continue to be a Registered Dietitian with the American Dietetic Association.

Q: As the new Region X Director, what are some of the pressing issues your region is dealing with?

Like many other states across the nation, we are dealing with crisis level state budget deficits that are presenting challenges to MCH program budgets and staffing. Our four state region (WA, OR, ID, and AK) shares contrasting needs of urban and rural populations, problems with rural access to health care, and unique multicultural community issues.

Q: What do you hope to accomplish during your tenure?

I hope to continue to represent the interests and needs of Maternal and Child Health programs in Region X as well as my predecessors. I am in

Who's New CONT.

Region X Director Maria Nardella

agreement with the newest leadership at AMCHP that this is an exciting time to help rejuvenate state and national efforts to tackle critical problems facing public health. I hope to help elevate maternal and child health issues that need national attention to the new administration and related appointments. In the midst of so much that must be retooled in our nation, maternal and child health issues need to be clearly visible and understood. A compelling case has to be made and heard and believed that it makes sense to more effectively and proactively support the health of women, infants, children, youth and their families. The health of our country depends on it.

Q: When you are not busy leading AMCHP and working in your state, what do you like to do for fun?

The last time I was featured in *Pulse* was in 2006 when I pedaled my bike across the country with my then 16-year-old son and a group from the American Lung Association of Washington. Cycling continues to be a big part of my life getting to work and in my free time. I also partake in a multitude of seasonal outdoor activities possible in the beautiful Pacific Northwest, like hiking, skiing, sailing, and kayaking.

Supporting Young Families

By Janet Max
Director of Programs and Policy, Healthy Teen Network

Preventing teen pregnancy is something that we, as a nation, strive for. But regardless of our prevention efforts, a certain number of young people in the United States each year do become involved in a teen pregnancy, whether through failure to abstain from sexual activity or contraceptive non-use, misuse, or failure. While teen pregnancy prevention, both

primary and subsequent, must remain a major focus we also must commit to providing equal opportunities to those young people who do become pregnant and who choose to become parents, as well as their children. Many young families face multiple barriers to health and wellbeing—including high school completion, job training, child care, stable housing, healthy relationships, access for health care both for themselves and their baby—not only because the parents are still youth themselves but because many are at a lower socioeconomic status than their non-parenting peers. The specialized service needs of young families are often overlooked in both family and youth policies and practices. [Healthy Teen Network](#) believes that with the right resources and supports young parents can be loving, responsible and effective parents. Healthy Teen Network has a variety of policy and program recommendations for organizational use, as well as preliminary research on promising programs for this population.

Data and Trends

The Data Resource Center

The [Data Resource Center website \(DRC\)](#) provides easy-access to the most recent findings for your state from two national surveys: the 2005/06 [National Survey of Children with Special Health Care Needs \(CSHCN\)](#) and the 2003 [National Survey of Children's Health \(NSCH\)](#).

Using the DRC website you can stratify findings from both surveys by numerous subgroups of children and youth in your state, such as race/ethnicity, income, insurance status and more by simply pointing and clicking. And, coming in mid-May 2009, new measures will be available from the 2007 NSCH as well.

DRC Resources for Youth and Adolescents

The 2005/06 CSHCN survey contains information specifically on the [transition to adulthood for](#)

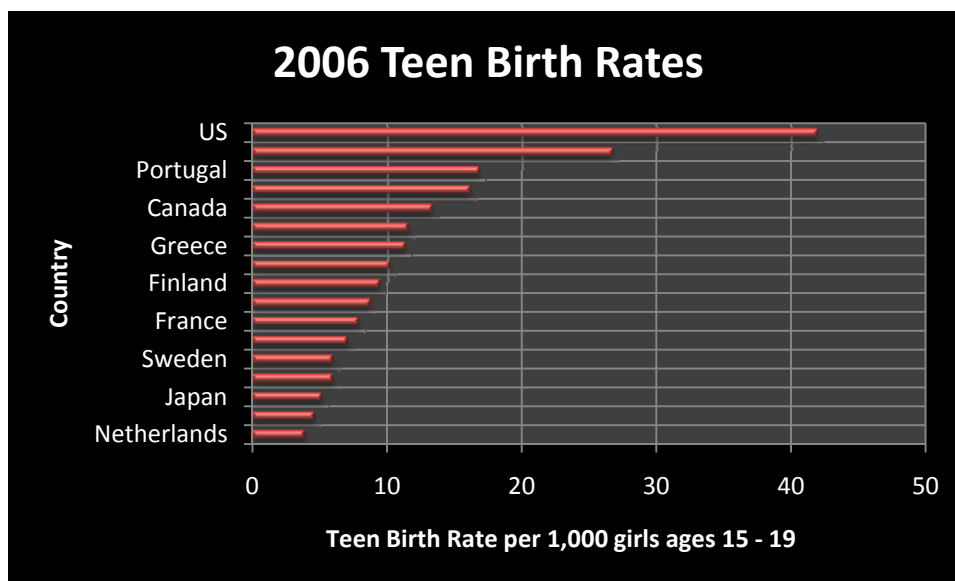
Data and Trends CONT.

[adolescents with special health care needs](#). In the 2003 NSCH, there are measures on youth [involvement in activities outside of school](#), work for pay outside the home, computer and television use, and positive and problematic behaviors. In addition, all indicators in both surveys can be stratified by age—you may choose to look at adolescents by one of three age groupings: 1) 12-17 year olds; 2) 12-14 year olds; or 3) 15-17 year olds.

The DRC website provides easy to download, user-generated state profiles, tables, graphs and all-state comparison sheets for you to copy and paste directly into your needs assessment. The DRC provides expert help and assistance by telephone (503) 494-1930 or [email](#).

Teen Birth Rates

Teen pregnancy prevention is “back on the radar screen” in many states due to the recent rise in teen birth rates for 15 – 19 year olds in 2005 and 2006 – a 3% increase from 2005 - 2006 (435,436 and 414,593 respectively). This is the largest increase in a single year since 1989–1990. The recent focus on the rise in teen births presents the perfect opportunity to remind us that despite experiencing a 14 year decline from 1991 – 2005, the U.S. still has the highest teen birth rate of any industrialized country.



Source: National Campaign to Prevent Teen and Unplanned Pregnancy

Centers for Disease Control and Prevention - <http://www.cdc.gov/ReproductiveHealth/AdolescentReproHealth/>

Resources

[Centers for Disease Control and Prevention: Division of Adolescent and School Health](#)

[Act Against AIDS](#): Every 9 ½ minutes another person in America becomes infected with HIV. On April 7th, officials from the White House, Department of Health and Human Services and the Centers for Disease Control and Prevention (CDC) announced a new five-year national communication campaign, Act Against AIDS, which highlights this alarming statistic and aims to combat complacency about the HIV/AIDS crisis in the United States. The CDC recently added an [HIV test locator widget](#) to the site. Visitors can put this widget on their Web site to allow their site visitors to find an HIV testing site and get further information about HIV.

[Behavioral Risk Factor Surveillance System](#)

[Factsheet: HIV Testing Among Adolescents](#) this fact sheet focuses on why HIV testing is important, data on testing among adolescents, and what schools are doing to support testing.

[School Connectedness: Strategies for Increasing Protective Factors Among Youth](#) is a guide created by CDC scientists that synthesizes available research on school connectedness and outlines strategies for fostering it. The resource identifies six evidence-based strategies that teachers, administrators, school staff, and parents can implement to increase the extent to which students feel connected to school.

[Youth Risk Behavior Survey](#)

[2008 Compendium of Evidence-Based HIV Prevention Interventions](#) has been updated and now includes 63 evidence-based HIV behavioral interventions. The new interventions include 5 community-level interventions and 9 individual- and group-level interventions.

[2008 Physical Activity Guidelines for Americans](#) from the U.S. Department of Health and Human Services (HHS). The Guidelines are the first to be issued by the federal government, and they present science-based recommendations to help persons aged 6 years or older improve their health through physical activity.

Included in these guidelines is a chapter dedicated to physical activity recommendations for youth. The youth guidelines reflect the most up-to-date research about youth physical activity and its associated health benefits.

[Center for Mental Health in Schools : UCLA Dept. of Psychology](#) is a center that pursues theory, research, practice and training related to addressing mental health and psychosocial concerns through school-based interventions. To these ends, SMHP works closely with school districts, local and state agencies, special initiatives, and organizations and colleagues across the country. In 1995 the project established its national Center for Mental Health in Schools as part of the federal mental health in schools program. The following are recent publications from the center:

[Engaging and Re-engaging Student in Learning at School](#)

[Moving Toward a Comprehensive System of Learning Supports: The Next Evolutionary Stage in School Improvement Policy and Practice](#)

[Schools, Families, and Community Working Together: Building an Effective Collaborative](#)

[What are Learning Supports?](#)

[What is a Comprehensive Approach to Student Supports?](#)

[Healthy Teen Network](#) - Resources related to Pregnant and Parenting Adolescents:

[A BDI Logic Model for Working with Young Families Resource Kit](#): In response to a need voiced by professionals working with young families, Healthy Teen Network designed a [Behavior-Determinant-Intervention \(BDI\) Logic Model](#) for Working with Young Families in collaboration with various professionals in the field.

Resources CONT.

[Fast Facts: Eating Well During Pregnancy for You and Your Baby](#): Adequate nutrition for teenage mothers is vital. Pregnant teens must provide nutrients for the baby, as well as for their developing bodies. A proper diet during pregnancy ensures that the baby will grow appropriately; be of a healthy weight at birth have a lower risk of birth defects. Emphasizing increased vitamin and nutrient intake through a well-balanced diet and supplementation increases the likelihood that the mother will deliver a healthy baby.

[Best Practices for Working with Teen Parents and Their Children](#) explains the types of services and practices that are critical to facilitate the long-term self sufficiency of young parents, build their parenting capacity, and ensure the healthy growth and development of their children. The factsheet examines the six core services for teen parents and children identified by The Center for Assessment and Policy Development.

[Effects of a High School-Based Child Care Center](#) By Elizabeth Gillis Williams, M.S.N., and Lois S. Sadler, Ph.D., R.N. is a publication that examines specific outcomes for adolescent parents and children enrolled in an urban high school-based child care program, and discusses how social support and school-based programs that provide counseling, health care, health teaching, and education about child development to young parents can help diminish negative outcomes.

[MCH Library at Georgetown University – Adolescent Health Resource Brief](#) provides a compendium of websites and resources related to adolescent health.

[The National Campaign to Prevent Teen Pregnancy](#)

[What Works 2009](#) is a brief brochure providing a snapshot of programs that have been found to effectively change sexual risk behavior among teens (either delaying sex, improving contraceptive use, or reducing pregnancy).

[Managing the Media Monster: The Influence of Media \(from TV to text messages\) on Teen Sexual Behavior](#)

[and Attitudes](#) is a report on the influence of media on teen sexual attitudes and behaviors, and interventions that have used media to change knowledge, attitudes, and behaviors.

Several policy briefs on: [Increases in teen birth rates](#); [Funding in states and communities for effective teen pregnancy prevention programs](#); [Effective interventions](#); and [Responsible fatherhood](#).

[National MCH Center for Child Death Review](#) works with state and local teams to build capacity for quality reviews of child and adolescent deaths, to help identify causes, risk factors and recommendations to prevent other deaths.

[National Institute of Health Care Management](#)

[Recommended Adolescent Health Care Utilization: How Social Marketing Can Help](#): Fewer than half of adolescents receive their recommended annual preventive health care visit, which is cause for concern since adolescence is a critical time period when many risky behaviors begin to develop. This underutilization of services yields missed opportunities for prevention, early detection and treatment. Social marketing can help increase utilization of services and promote healthy behaviors among adolescents, thus the issue brief explores potential future applications of social marketing for health plans, providers and adolescents.

[Office of Family Health, Oregon Public Health Division Oregon Resources](#)

1. 2009 School-Based Health Centers Report
2. Oregon Youth Sexual Health Plan
3. Rationale Enquirer (annual collaborative publication on youth sexual health)

[Glori](#), is a memoir about the experience of a teenage mother, and her ability to overcome homelessness, a drug-infested environment, and an oppressive relationship to earn a college degree. The book is used

Resources CONT.

in adolescent health programs all over the country as a resource in the classroom and as a tool for professionals.

Other Key Resources:

[Adolescent health services: Missing opportunities](#) is a 2008 National Academies report produced by the Committee on Adolescent Health Care Services and Models of Care for Treatment, Prevention, and Healthy Development.

[Recommendations for the framework and format of healthy people 2020](#) Office of Disease Prevention & Health Promotion, U. S. Department of Health and Human Services.

[The School Environment and Adolescent Well-being: Beyond Academics](#) is a Child Trends research brief.

Valuable Websites:

[Center for Adolescent Health and Law](#)

[Data Resource Center for Child and Adolescent Health](#)

[Konopka Institute for Best Practices in Adolescent Health/SAHRC](#)

[Leadership Education in Adolescent Health](#)

[National Adolescent Health Information Center at UCSF \(NAHIC\)](#)

[Society for Adolescent Medicine](#)

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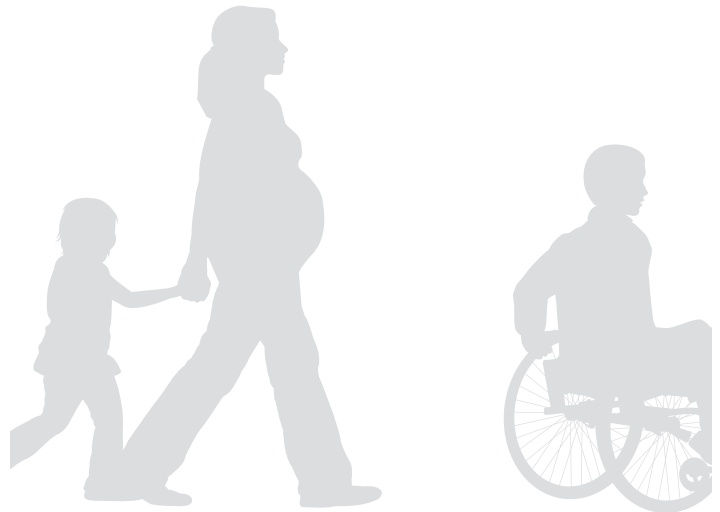
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