

ADOLESCENT HEALTH SYSTEM CAPACITY ASSESSMENT KEY ISSUES



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Special thanks to the Bureaus, Offices, Programs and Regions represented at the Adolescent Health Planning Retreat:

Chronic Disease Bureau
Tobacco Use Prevention and Control Program
Diabetes Program

Family Health Bureau
Children's Medical Services
Families FIRST
Family Planning Program
Maternal and Child Health Program
Woman, Infants, and Children Program

Health Systems Bureau
Office of Disability and Health
Office of Rural and Primary Health Care

Office of School Health
School Based Health Centers
Mental Health Programs
Adolescent Health Program

Epidemiology and Response Division
YRRS
Injury Prevention

Office of Policy and Multicultural Health

Region 1/3
Health Promotion
Epidemiology
Male Involvement Project
Children's Medical Services

Region 2
Health Promotion

Region 4
School Health

Region 5
Disease Prevention

KEY ISSUES

KEY ISSUES CAPACITY AREA 1 COMMITMENT TO ADOLESCENT HEALTH

Coordination of adolescent health programs and initiatives across the Department of Health

There is a good level of resources invested in adolescent health within the agency as evidenced by the array of programs that address youth health issues (primarily within the Public Health Division but also in Behavioral Health Services' Division and Office of Policy and Multicultural Health). Yet, there is a lack of coordination and integration of these resources (both programs and staff). The result is:

- Fragmentation of resources
- Limited communication between staff and programs
- Limited collaboration across programs
- Limited visibility and prominence of adolescent health issues within the agency

There are a number of facets to this coordination issue. First is the **types of coordination** that are needed:

- Advocacy and leadership for adolescent health at management levels of agency to promote adolescent health coordination;
- Bringing together adolescent-focused staff to build bridges, partnerships, and collective efforts across programs;
- Bringing adolescent expertise and voice to the multitude of "tables" at which adolescents should be addressed within agency programs and initiatives;
- Coordinating funds and other resources for adolescent health (e.g. seeking resources, use of resources).

Second is **leadership for coordination** efforts. Coordination of adolescent health must be shared among a number of key staff within the agency and go beyond a single staff person. Coordination needs to happen at a number of levels within the agency (e.g. leadership and advocacy for coordination at the management levels, programmatic coordination that seeks to actively bridge together and participate on the multitude of adolescent-focused initiatives/programs within the agency). At the same time, there is need for someone with adolescent health expertise who can dedicate their time and effort to this coordination with support from others.

The third facet is the **method of coordination**. A key suggestion raised from this assessment is to develop an adolescent health workgroup that brings together the variety of staff (programmatic and management staff) who address adolescents within their program. This group would develop a more coordinated approach in a number of ways including:

- Networking to get to know each other and each other's programs;
- Education to build knowledge and skills important to adolescent health;
- Development of a consensus of a conceptual framework and vision for healthy adolescents;
- Conduct an adolescent health needs, asset, and resource assessment;
- Develop a strategic plan;
- Coordinate education and technical assistance resources;
- Map staff skills and knowledge that may be helpful to others (e.g. skills in data, media, technology, evaluation, publication development).

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Unity and common vision for adolescent health

The programs and staff that address adolescent health issues within the agency lack a unifying conceptual framework that is used to guide and integrate efforts. In addition, there is no clear vision for healthy adolescence that is adopted across all areas of the agency to address youth health.

This issue is important because a conceptual framework describes and defines adolescent health. It focuses on the multiple factors that shape the health and well-being of adolescents, such as the economic, social, and cultural context. As a whole, it presents the main themes and principles upon which a coordinated approach to adolescent health is built. In addition, it lays the foundation for a shared vision and common understanding of adolescent health that unifies efforts.

Visibility of adolescent health

Organizationally, adolescent health issues are addressed in many programs within the agency. In addition, adolescents as a population are addressed by the Adolescent Health Program within the Office of School and Adolescent Health. As a result, adolescent health is “tucked” deep into the hierarchy of the agency and lacks the visibility and prominence needed to move forward. For example, the placement of the Adolescent Health Program in the Office of School and Adolescent Health has pros and cons. On the positive side, school health is a robust program that is currently well supported within the agency. It addresses the continuum of issues across children and youth populations. Conversely, while there is great overlap, adolescent health is much broader than school health. It’s easy to lose the unique aspect of adolescent health when it is framed within school health (many people perceive school health as being about children and overlook adolescents; adolescence as a timeframe extends beyond the school years; some adolescents are not in school, so their health issues may be lost). As a result, placement within the Office of School and Adolescent Health may limit the capacity to increase visibility and commitment to adolescents within the Department of Health.

In addition, while there is a small contingent of staff who are adolescent health experts, the lack of coordination across the agency limits their ability to champion for adolescent health issues within the agency’s decision-making structure. As a result, there is limited ability to:

- Educate and remind agency leadership about the critical needs of adolescents and the importance of comprehensively addressing these needs;
- Raise the visibility of adolescent health issues.

Overview of adolescent health status in New Mexico

In concert with a lack of a unifying conceptual framework and vision for adolescent health, there is also no visible summary or overview of health and developmental issues for New Mexico youth. It is important to conduct a baseline assessment and develop an adolescent health “report card” that would highlight the critical issues. This information could be used to guide more effectively decision-making, fund seeking, and program development efforts within the agency

Staff adolescent health expertise

While there is a small cadre of staff with adolescent health expertise (knowledge, skills) within the agency, the majority of staff who address youth health issues as part of their programs have only a basic knowledge about this population. This limits their capacity to plan and implement effective programs and to assist contractors and others who carry out these programs at the local level. In addition, the lack of adolescent health program coordination across the agency limits the opportunities for the adolescent experts to share their knowledge and build the skills of other staff.

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KEY ISSUES CAPACITY AREA 2. PARTNERSHIPS FOR ADOLESCENT HEALTH

External versus internal relationships

While working relationships that extend outside of the Department of Health to address adolescent health are strong, there is need to strengthen these relationships **within** the agency. Areas to be addressed include:

- Increasing internal communication around adolescent health issues;
- Aligning and coordinating agency programs that address adolescent health issues which share common risk and/or protective (assets) factors;
- Dynamic tensions between locally identified issues and agency/state priorities.

Strong partnerships create fertile ground for expansion and coordination

There are strong and effective partnerships in place to address adolescent health issues. However, the overall quantity and coverage of these partnerships is lacking. In addition, partnerships are rarely evaluated for effectiveness and impact. These are key issues as strong, comprehensive partnerships (for all adolescent health issues and for adolescent health/development broadly) are a core component of a quality adolescent health approach. In addition, partnerships are seen as a key strategy for creating effective policy.

Given that the agency has a core set of adolescent-focused partnerships already in place, there is a strong foundation with which to build and expand partnerships in strategic ways. The goal is an overarching, comprehensive network of adolescent-focused partners, within and outside of the agency. This could be accomplished by first identifying **partnership gaps**. For example, there is a need to strengthen the partnership between the Department of Health and the New Mexico Public Education Department. Second, it is important to **identify and engage key individuals** from partnerships that address specific adolescent health issues (e.g. tobacco, suicide, healthy weight) and from partnerships that address child/youth issues (e.g. Children's Defense Fund). Lastly, **routinely weave in formal or informal evaluation** of youth-focused partnerships in which the Department is involved as a way of improving effectiveness.

Partnerships with youth and families

The agency and staff have limited partnerships with youth and families to help guide adolescent health efforts. This type of partnership provides unique challenges and is generally not supported by the organization or leadership.

A number of specific issues were identified in this area. Youth involvement is largely treated as a token effort. Given the challenges of authentic partnership with youth, it was recommended that more focus be put on youth engagement/partnerships, not only input. In addition, it was suggested to identify effective youth/family partnership models and promote this information within the agency. There was general agreement that sharing lessons learned from programs that are successful with community relationships would strengthen the agency's efforts to improve adolescent health.

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KEY ISSUES CAPACITY AREA 3: DATA AND SURVEILLANCE SYSTEMS

Adolescent health data and measures

Overall, the quantity of adolescent health data is a strength for the agency; however, there are areas of concern:

- Lack of overall, holistic adolescent health measures; the result is a fragmentation of data;
- Lack of data on social determinants (YRSS as only source);
- Fragmented approach to data collection (no single, unified source) and lack of collaboration between the various data collection bodies;
- Quality of data sources (e.g. sample size, age segments, collection frequency);
- While epidemiological expertise is readily available, resources are not dedicated specifically to adolescent health.

Adolescent health data analysis and reporting

There is a lack of routine analysis of adolescent health data (except YRSS). No broad adolescent health analysis is published as an out-bound report, such as an adolescent health report card. This limits the ability to assess adolescent health needs, advocate for youth issues, and influence program and policy decisions. Lack of an epidemiologist who is responsible for and understands adolescent health and data contributes to this situation. In order to more effectively target limited resources (human and financial), the agency could greatly benefit from an epidemiologist who routinely conducts and guides data analysis, reporting, and dissemination.

Role of adolescent health data in program development

There are multitudes of factors that drive adolescent health program planning. A concern is that funding and political factors appear to play a larger role in program development than does needs assessments and data. The result is a lack of proactive, data driven program planning. Yet there are a few exceptions that could be used as a “best practice” or model approach that other programs could use (e.g. Tobacco program’s efforts to reduce adolescent tobacco use).

KEY ISSUES CAPACITY AREA 4: ADOLESCENT HEALTH PROGRAM PLANNING AND EVALUATION

Factors that drive adolescent health program planning

There are multitudes of factors that drive adolescent health program planning. A concern is that funding and political factors appear to play a larger role in program development than needs assessments and data. The result is a lack of proactive, data driven program planning. This finding was also noted in the Data and Surveillance System capacity area assessment.

While changing the way that political factors drive decision-making is unlikely, expanding searches for funding and diversifying funding sources (e.g. private sector funding, seeking funding collaboratively with other organizations) was seen as a possibility.

Strategic program planning

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There is a need to develop a more strategic and holistic approach to adolescent health program planning. This type of planning addresses youth health issues from multiple angles (e.g. developmental issues; risk and protective factors, and overlap of youth health issues; ecological levels, youth, family, school, community, society, environmental issues). It also includes a focus on policy development in addition to programmatic strategies.

While some funding sources require this type of approach (e.g. federal grants with specific approaches to health issues and dictated objectives), general planning is not routinely strategic. Staff interest and intention does exist, but time challenges make this challenging.

In addition, there is a need to develop a comprehensive adolescent health plan that can be used to guide program planning. A comprehensive plan could be used to coordinate and guide individual programs and establish an overarching strategy for adolescent health. The development of clear standard outcome measures for adolescent health would also contribute to a more strategic approach to program planning and evaluation. Lastly, an increased focus on primary prevention strategies would make planning more strategic.

Coordinated program planning and evaluation

As noted in other capacity areas, there is a lack of coordination in adolescent health program planning and evaluation.

Cultural competence in program planning and evaluation

Cultural competence for adolescent health addresses both issues related to race and ethnicity in addition to the culture of adolescence as a unique life stage. While adolescent health programs are generally strong in developing culturally competent programs, there are a few challenges:

- Need to use CLAS (Culturally and Linguistically Appropriate Services) standard consistently to address cultural competency shortfalls;
- Need to increase the understanding of adolescence as a unique stage and its implications in program planning and implementation;
- Need to establish a process for how and when to use stakeholders effectively and strategically while simultaneously building community capacity.

Program evaluation

Overall, the state governmental system leadership and culture endorse but do not actively support program evaluation. In addition, the inability to track program impact on actual health outcomes is an overriding concern. The scope of data collection and surveillance make tracking health changes associated with program activities nearly impossible. This, in turn, makes program evaluation weak overall and reliant on process and other soft measures.

KEY ISSUES CAPACITY AREA 5: HEALTH EDUCATION AND TECHNICAL ASSISTANCE FOR ADOLESCENT HEALTH

Impact of adolescent health public education efforts

In adolescent health, the goal of public education is to provide information to the general public (including teens, families, community leaders, and decision makers) about youth health issues in order to: 1) raise awareness and knowledge; 2) help others make informed decisions; and 3) access appropriate services.

Public education efforts are generally challenging to evaluate. As a result, few of these efforts are adequately evaluated and there is limited knowledge about the impact of public education. Within the

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agency, there are a number of adolescent-focused or inclusive public education efforts. For many, there is limited information on the impact of these strategies on adolescent health.

Use of technology in adolescent public and professional education

There are a number of challenges faced by staff responsible for educating the public about adolescent health issues and training the professionals who actively address these issues. For public education, the main challenge is identifying effective methods for reaching adolescents and their families. For professional education, the main challenges are: 1) distance issues that make it difficult for local professionals to participate in training opportunities; and 2) limited number of staff at the local level (e.g. when staff attend required trainings, programs need to be shut down because staff are all at the training).

Increased and more strategic use of technology could help address some of these challenges. This would require an evaluation of technology capabilities, identifying technological approaches best suited for specific target audiences (e.g. teens or people in rural and border areas of the state) and methods for adapting educational resources to fit within the available technology. An increased focus on technology could also increase the outreach and use of educational opportunities provided outside of the agency (e.g. web-based or teleconference trainings conducted by national, state or local organizations).

Coordination of adolescent health public and professional education and technical assistance efforts

There is a lack of coordination of these efforts within the agency. While there are a number of staff and resources dedicated to educating the public, training the workforce, and providing applied assistance to applying the education to public health programs, there is little coordination of these resources. In general, staff are not aware of others involved in similar efforts and lack knowledge of tools and specified expertise available within the organization. This can result in gaps, redundancy, and inefficiency.

KEY ISSUES CAPACITY AREA 6: POLICY AND ADVOCACY FOR ADOLESCENT HEALTH

Policy decision-making

Policy decisions within the agency are affected by a multitude of factors. Some of these factors impede effective policy development for adolescent health issues. Therefore, there is a need to systematically and proactively influence policy decisions so that they support effective approaches to improving adolescent health.

Adolescent health issues and policy

A number of adolescent health issues are a part of the agency's policy platform. Yet there are a number of issues that are not on the "radar screen" that are important and should be included in the policy mix (e.g. health care, health issues for youth with disabilities). Therefore, there is a need to:

- Assess, identify and prioritize these issues
- Develop strategies to link these issues to current policy initiatives or identify methods to raise their visibility

Agency policies that affect adolescent health

Agency policies on contracting are complex and challenging. Given that many programs within the agency extensively use contracts to implement programs, contracting policies are a challenge to efficiently and effectively addressing health issues, including adolescent issues.