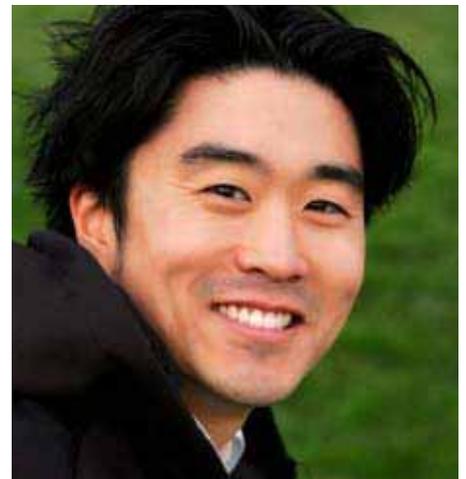
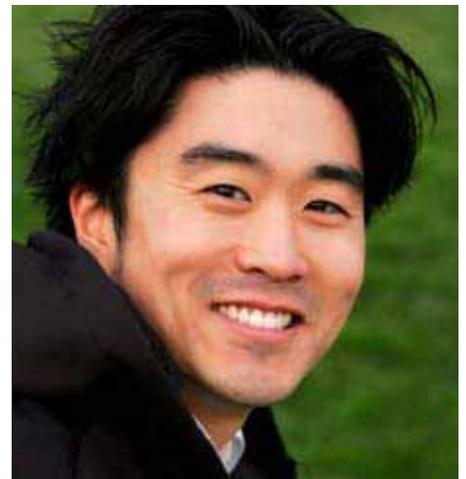


ADOLESCENT HEALTH SYSTEM CAPACITY ASSESSMENT TOOL



SECTION 1: INTRODUCTION



Adolescent Health System Capacity Tool: A state public health quality improvement process

Overview

Adolescence is a crucial developmental period characterized by marked physical, emotional and intellectual changes, as well as by changes in social roles, relationships and expectations, all of which are important for the development of the individual and provide the foundation for functioning as an adult.

Supporting the health and development of adolescents is a role taken on by state public health agencies. And within these organizations, maternal and child health (MCH) programs provide a logical home for this work bringing expertise in a variety of programs affecting families, as well as strong collaborative relationships with providers, families and others. State and territorial MCH programs address adolescent health in many ways. First is an appointment of a State Adolescent Health Coordinator to provide leadership, oversight and or assistance to adolescent-focused efforts. Second are MCH programs that focus on adolescents, either as their primary focus or as an important population within a lifespan focus. Third is partnership with diverse programs within and outside of the state health agency as they address youth health and development issues.

System Capacity for Adolescent Health: A Public Health Improvement Tool

Recognizing that MCH programs must have the organizational capacity to support adolescent health focused efforts (e.g. staff and programs), this tool provides a process for assessing key areas of capacity and identifying areas for organizational improvement.

THE SIX KEY SYSTEM CAPACITY AREAS ADDRESSED IN THIS TOOL ARE:

1. **Commitment to Adolescent Health**
2. **Partnerships**
3. **Planning & Evaluation**
4. **Policy & Advocacy**
5. **Education & Technical Assistance**
6. **Surveillance & Data Systems**

The System Capacity Tool identifies these as the six areas of capacity that must be in place in public health agencies, specifically maternal and child health programs, to provide the 10 essential public health services to support effective state adolescent health programs.

Adolescent Health System Capacity Tool: A state public health quality improvement process

Purpose of the Tool

From a public health perspective, strategic assessment leads to action and action leads to quality improvement. Documenting organizational capacity also allows for a historical record of where an MCH program started to provide consistency for staff and partners and establish a baseline for measuring system improvement over time. And finally, assessing MCH program capacity in the context of other state level adolescent health efforts can also help define the role of the MCH program and the adolescent health coordinator as a vital piece of the network necessary to improve adolescent health.

The intended outcome of this tool is an assessment of a program's existing capacity and the organizational and environmental supports needed to improve that capacity. These discussions provide a picture of where an MCH program stands and where it wants to go and leads users through a process of considering which changes are a priority and feasible. The primary audience for this tool is state and territorial MCH program staff, including MCH and children and youth with special health care needs (CYSHCN) directors, adolescent health coordinators, and other program managers. However, the concepts presented within this tool, and the process of documenting capacity to plan for quality improvement, will prove useful to a diverse audience no matter at what level of capacity or effort they start.

Tool Content and Development

The tool is a collaborative project of the Association of Maternal & Child Health Programs (AMCHP) and the National Network of State Adolescent Health Resource Coordinators (NNSAHC), supported by a three-year investment from the Annie E. Casey Foundation.

This tool was developed through a national collaborative effort of more than 50 states, national and federal partners. We would especially like to thank the tireless efforts and contributions of the core leadership group, who facilitated workgroups, reviewed content areas, developed measurement tools, and planned and implemented three state pilot projects to test the use of this tool.

Adolescent Health System Capacity Tool: A state public health quality improvement process

Relationship of the System Capacity Tool to Other Assessment Tools

The System Capacity Tool was designed in collaboration with the Johns Hopkins University Women's and Children's Health Policy Center in order to compliment the Capacity Assessment for State Title V (CAST-5) tool, organized around the 10 Essential Public Health Services, articulated in the Public MCH Program Functions Framework: Essential Public Health Services to Promote Maternal and Child Health in America.

Unlike CAST-5, the System Capacity Tool is not organized around the 10 Essential Public Health Services, but around systems necessary to promote adolescent health. In doing so, this tool recognizes the need to emphasize essential services differently for adolescent health than the general public.

The System Capacity Tool is designed to support national initiatives such as the National Initiative to Improve Adolescent Health and Healthy People 2020 by providing a focus on state system and infrastructure needs to achieve critical objectives for adolescents.

Using the System Capacity Tool

There are many ways to use this tool as it was designed to be used flexibly to meet varying needs. It can be used as a complete tool or individual components can be selected. The assessment can be carried to assess the state MCH program or the state adolescent health program or the entire health agency. Involvement of partners, both within and outside of the program/agency being assessed, is another important component of the assessment and there is great flexibility here too. Lastly, how the tool is used (depth, participation, number of meetings) can be designed to meet unique needs. Each reader will need to determine the best combination of methods and participants for using this tool. Accompanying worksheets and components of the System Capacity Tool provide considerations for determining participation as well as intended outcomes for the System Capacity Tool.

Adolescent Health System Capacity Tool: A state public health quality improvement process

Expected Benefits of Using the Tool

There are a number of benefits that can be expected as a result of conducting an adolescent health system capacity assessment and quality improvement process. Among the states that have used the tool, the following results have been reported:

- 1. stronger program coordination and leadership**
- 2. stronger internal partnerships and cross agency collaboration (e.g., education, human services)**
- 3. increased integration of adolescent health across state health department programs**
- 4. stronger communication about adolescent health and issues**
- 5. increased youth development focus**
- 6. strengthened and refined advisory committees and task forces for adolescent health**
- 7. enhanced direction in use of resources, training and technical assistance**
- 8. increased training on adolescent health issues to strengthen the local workforce**
- 9. development of an adolescent health strategic plan and data report**
- 10. strengthened local public health capacity for adolescent health**

Acknowledgements

We would like to thank the Annie E. Casey Foundation and the Maternal and Child Health Bureau-Office of Adolescent Health for their financial support to create and revise the tool; the Association of Maternal & Child Health Programs, the National Network of State Adolescent Health Coordinators, and the State Adolescent Health Resource Center/Konopka Institute for Best Practices in Adolescent Health at the University of Minnesota who worked in partnership (with our advisory group) to create the tool; the three brave states that piloted the initial tool: Tennessee, Utah and Wisconsin; the small revision workgroup that included AMCHP and SAHRC staff along with Patti Van Tuinen from Missouri and Nancy Birkhimer from Maine.

SECTION 2: COMMITMENT TO ADOLESCENT HEALTH



FACILITATOR



Description

Commitment to adolescent health engenders a formal process of recognizing youth as a program and policy priority as reflected by:

- Resources such as staff, programs, systems and finances dedicated to addressing adolescents and their health issues.
- Visible and accessible signs that adolescents are a priority within the agency (e.g. strategic plans and conceptual frameworks that guide actions, documents and other informational resources that highlight adolescent health issues).

This section is divided into 3 Sections or Elements:

- Dedicated resources
- Staff expertise
- Adolescent health focal points

FACILITATOR



Element #1: Dedicated Resources

GOAL:

Assess the adequacy of programs (formal programs and coordination) and financial resources dedicated to adolescent health

Activity 1A:

Assess the adolescent health programs within the agency

Using the list of health issues and systems-related programs, develop a matrix of programs in the agency that address adolescent health:

- Name of program
- List initiatives that address adolescent health in the program
- List % of time initiatives and overall program are dedicated to adolescent health
- List funding sources
- Indicate if funding sources are: stable, not stable

DISCUSSION:

- Do these programs address the critical health issues of adolescents in the state (right programs)?
- Enough?
- Gaps?
- What's strong?
- Challenges, weaknesses
- How stable is the funding? Innovation in funding?

Activity 1B:

Identify the broader coordination of adolescent health across the agency by assessing the State Adolescent Health Coordinator's role.

- Complete and review the Coordinator's role against the *State Adolescent Health Coordinator Role Checklist*.

DISCUSSION:

A strong State Adolescent Health Coordinator role that provides broad coordination and expertise is critical to a strong adolescent health system.

- Strengths of this position?
- Challenges of this position?
- Clarity about role?
- Enough?
- What else is needed?

Activity 1C:

Assess the level to which staff with adolescent health expertise are included in broader program and policy discussions that affect adolescents

DISCUSSION:

Continue the discussion

- Are the Adolescent Health Experts invited and included in broader initiatives that include or impact the adolescent population?
- Strengths?
- Challenges?
- Opportunities?

RATING:

- Using the data gathered and discussion, rate the capacity.
- Develop consensus rate.



Element #2: Staff Expertise

GOAL:

Identify the level and utilization of staff expertise to address adolescent health

Activity 2A:

Assess staff expertise

1. Review the Adolescent Health Expertise list and gain consensus on the knowledge/skills participants want to use to assess expertise. Revise list as needed.

1. *Adolescent development*
2. *Impact of adolescent development on health issues or Knowledge of health issues in relation to adolescent populations*
3. *Interconnection between adolescent-family-community-society on health and well-being*
4. *Adolescent-specific strategies to address health issues*
5. *How to work with youth*
6. *How to partner with youth*
7. *Youth development framework*
8. *Overlap and interplay of the Youth development framework and other frameworks (e.g. prevention, health promotion)*
9. *How to apply frameworks to address adolescent health issues (e.g. youth development, prevention, health promotion)*
10. *Other:*

2. Using the matrix of adolescent-focused programs and the Adolescent Health Expertise list, discuss and “rate” the collective staff expertise:

Scale:

- *Adolescent health experts*
 - *Adequate knowledge in adolescent health*
 - *Limited knowledge of adolescent health*
- Staff in programs that address adolescent health less than 50%
 - Staff in programs that address adolescent health 50% - 74%
 - Staff in programs that address adolescent health 75% or more
 - Other staff (e.g. data, communications)

DISCUSSION:

- Strengths?
- Weaknesses or challenges?
- Does staff have the expertise needed to adequately address adolescent health issues?
- Needs?

Activity 2B:

Assess support and opportunity for staff to develop and strengthen their adolescent health expertise

DISCUSSION:

Continue above discussion

- What is the support and opportunity for staff to develop and strengthen adolescent health skills (e.g. funding to attend trainings, time allowed to attend trainings, informal opportunities provided)?
- What are the training needs?
- What are the opportunities?

RATING:

- Using the data gathered and discussion, rate the capacity.
- Develop consensus rate



Element #3: Adolescent Health Focal Point

GOAL:

Assess the visible “focal points” within the agency that indicate the agency’s commitment to adolescent health; this includes strategic plans, conceptual frameworks and written documents.

Activity 3A:

Assess level of strategic planning and implementation around adolescent health issues

1. Identify strategic plans that address adolescent health issues. Include strategic plans developed outside of the agency IF agency staff has actively worked on the initiative.
2. Write each plan on an index card.
3. Using the program matrix, attach each card to program that has primary responsibility for the plan.
4. For plans developed outside of the agency, attach them to a separate sheet.
 - Comprehensive adolescent health plan
 - Adolescent plans on specific health issues (e.g. youth suicide prevention plan)
 - Issue-specific plans that addresses or highlights adolescents
 - Population-based plans that addresses or highlights adolescents (e.g. MCH plan, child health plan, school health plan)
 - Agency-wide plan that addresses or highlights adolescents

DISCUSSION:

- Are plans used to drive action?
- In plans that are broader than adolescents, are adolescents adequately addressed?
- Do plans take a broad approach to adolescents that recognize the inter-relatedness of health issues, risk and protective factors?
- Are plans guided by conceptual frameworks?
- Are plans updated?
- Are staff with adolescent health expertise involved in plans that address youth issues?

Activity 3B:

Assess the overarching philosophy or conceptual framework that drive adolescent health efforts within the agency

Definition:

A conceptual model or framework can be thought of as a theoretical map that sketches the relationship between different components and helps users find their way around. Just as a map lays out roads between cities and towns and guides travelers to their destination, a conceptual model defines pathways between key components and helps to clarify the processes that lead to the desired effect or outcome.

Conceptual frameworks are successful organizing tools when:

- They identify the key factors that will determine success or failure
- They identify components that can be operationally defined and measured through indicators
- They represent a shared perspective among stakeholders

Horstman, et al. (2002). Monitoring and evaluation of sexual and reproductive health interventions: A manual for the EC/UNFPA initiative for reproductive health in Asia

List the conceptual frameworks used within programs that address adolescent health issues

- Youth development
- Prevention
- Health promotion
- Lifespan
- Other

DISCUSSION:

- Do you have an overarching adolescent health framework that is adopted across adolescent health programs?
- If not, would this be valuable?
- Do programs use conceptual frameworks to guide their adolescent health work?
- If yes, are these frameworks adequate for adolescent health?



Element #3: Adolescent Health Focal Point (Continued)

Activity 3C:

Assess written statements about adolescent health that indicate or highlight the agency's commitment to adolescent health

List all possible visible examples such as:

- Mission and/or vision statements about adolescent health
- Formal agreements
- State negotiated performance measures (Title V MCH Block Grant)
- Agency web pages that highlight adolescent health issues (e.g. MCH webpage, Adolescent health program webpage)
- Newsletters or publications that highlight adolescent health
- Program listservs

DISCUSSION:

- Are there visible signs that show your agency's commitment to adolescent health?

RATING:

- Using the data gathered and discussion, rate the capacity.
- Develop consensus rate

FACILITATOR



Overview of Capacity Area

CONDUCT OVERALL ANALYSIS:

- Strengths
- Challenges
- Opportunities

IDENTIFY TOP ISSUES:

- Brainstorm top issues – remind that these are the issues that need to be addressed
- Develop consensus on top 3-5 issues

Identify the overall “score” or rating for the capacity area (i.e. average the Element scores)

PARTICIPANT



Description

Commitment to adolescent health engenders a formal process of recognizing youth as a programmatic and policy priority as reflected by:

- Resources such as staff, programs, systems and finances dedicated to addressing adolescents and their health issues.
- Visible and accessible signs that adolescents are a priority within the agency (e.g. strategic plans and conceptual frameworks that guide actions, documents and other informational resources that highlight adolescent health issues).

This section is divided into 3 Sections or Elements:

- Dedicated resources
- Staff expertise
- Adolescent health focal points



Element #1: Dedicated Resources

GOAL:

Assess the adequacy of programs (formal programs and coordination) and financial resources dedicated to adolescent health

Activity 1A:

Assess the adolescent health programs within the agency

DISCUSSION:

- Do these programs address the critical health issues of adolescents in the state (right programs)?
- Enough?
- Gaps?
- What's strong?
- Challenges, weaknesses
- How stable is the funding? Innovation in funding?

Activity 1B:

Identify the broader coordination of adolescent health across the agency by assessing the State Adolescent Health Coordinator's role.

DISCUSSION:

A strong State Adolescent Health Coordinator role that provides broad coordination and expertise is critical to a strong adolescent health system.

- Strengths of this position?
- Challenges of this position?
- Clarity about role?
- Enough?
- What else is needed?

Activity 1C:

Assess the level to which staff with adolescent health expertise are included in broader program and policy discussions that affect adolescents

DISCUSSION:

Continue the discussion

- Are the Adolescent Health Experts invited and included in broader initiatives that include or impact the adolescent population?
- Strengths?
- Challenges?
- Opportunities?

RATING:

- Develop consensus rating for the Element 1

PARTICIPANT



Element #2: Staff Expertise

GOAL:

Identify the level and utilization of staff expertise to address adolescent health

Activity 2A:

Assess staff expertise

DISCUSSION:

- Strengths?
- Weaknesses or challenges?
- Does staff have the expertise needed to adequately address adolescent health issues?
- Needs?

Activity 2B:

Assess support and opportunity for staff to develop and strengthen their adolescent health expertise

DISCUSSION:

Continue above discussion

- What is the support and opportunity for staff to develop and strengthen adolescent health skills (e.g. funding to attend trainings, time allowed to attend trainings, informal opportunities provided)?
- What are the training needs?
- What are the opportunities?

RATING:

- Develop consensus rating for Element 2



Element #3: Adolescent Health Focal Point

GOAL:

Assess the visible “focal points” within the agency that indicate the agency’s commitment to adolescent health; this includes strategic plans, conceptual frameworks and written documents.

Activity 3A:

Assess level of strategic planning and implementation around adolescent health issues

DISCUSSION:

- Are plans used to drive action?
- In plans that are broader than adolescents, are adolescents adequately addressed?
- Do plans take a broad approach to adolescents that recognize the inter-relatedness of health issues, risk and protective factors?
- Are plans guided by conceptual frameworks?
- Are plans updated?
- Are staff with adolescent health expertise involved in plans that address youth issues?

Activity 3B:

Assess the overarching philosophy or conceptual framework that drive adolescent health efforts within the agency

Definition:

A conceptual model or framework is a theoretical map that sketches the relationship between different components and helps users find their way around. Just as a map lays out roads between cities and towns and guides travelers to their destination, a conceptual model defines pathways between key components and helps to clarify the processes that lead to the desired effect or outcome. Conceptual frameworks are successful organizing tools when:

- They identify the key factors that will determine success or failure
- They identify components that can be operationally defined and measured through indicators
- They represent a shared perspective among stakeholders

DISCUSSION:

- Do you have an overarching adolescent health framework that is adopted across adolescent health programs?
- If not, would this be valuable?
- Do programs use conceptual frameworks to guide their adolescent health work?
- If yes, are these frameworks adequate for adolescent health?

Activity 3C:

Assess written statements about adolescent health that indicate or highlight the agency’s commitment to adolescent health

DISCUSSION:

- Are there visible signs that show your agency’s commitment to adolescent health?

RATING:

- Develop consensus rating for Element 3

PARTICIPANT



Overview of Capacity Area

CONDUCT OVERALL ANALYSIS:

- Strengths
- Challenges
- Opportunities

IDENTIFY TOP ISSUES:

- Brainstorm top issues and develop consensus on top 3-5 issues

Identify the overall “score” or rating for the capacity area (i.e. average the Element scores)



Dedication to Adolescent Health

The State Adolescent Health Coordinator position is:

- Full time
 Part time
 No State Adolescent Health Coordinator

Percentage time the State Adolescent Health Coordinator works on:

- Coordinating adolescent health broadly _____ %
- Adolescent-specific programs _____ %
- Adolescent-inclusive programs (e.g. school health) _____ %
- Programs focused on populations other than adolescents (e.g. child health) _____ %

100 %

Scope of Responsibilities

The following is a list of broad activities that many State Adolescent Health Coordinators are engaged. Check all that apply.

Manage Adolescent-Focused Program(s)

- Coordinate and/or manage programs that address adolescent health issues.
 Manage staff who run adolescent-health programs.
 Manage adolescent health-focused grants, contracts.
 Provide technical assistance and training to programs funded to address adolescent health issues.

Share Expertise on Adolescent Health

- Seek out adolescent health resources (e.g. publications, trainings, curricula, data) and distribute to others who address youth issues (e.g. newsletters, websites).
 Provide adolescent health expertise to programs and initiatives that address adolescents as one population among many (e.g. school health, injury, health care access).

Coordinate Adolescent-Focused Resources

- Provide a coordinating presence within an organization that helps “weave together” or link adolescent health efforts.

Mobilize Partnerships

- Lead and manage partnerships with focused on adolescent health (e.g. informal partnerships with programs within and outside of the agency; cross agency task forces or workgroups; cross state agency collaboratives; public-private coalitions).
 Build capacity of collaborative groups to work effectively on adolescent health issues.

Ensure Strategic Approach to Adolescent Health

- Participate or lead efforts to strengthen adolescent health data (e.g. YRBSS; coordination of data; access to data).
 Conduct the assessment and prioritization of adolescent health issues.
 Coordinate or participate in strategic planning and implementation efforts focused on adolescents (e.g. broad adolescent health plans; issue-specific plans that include adolescents).

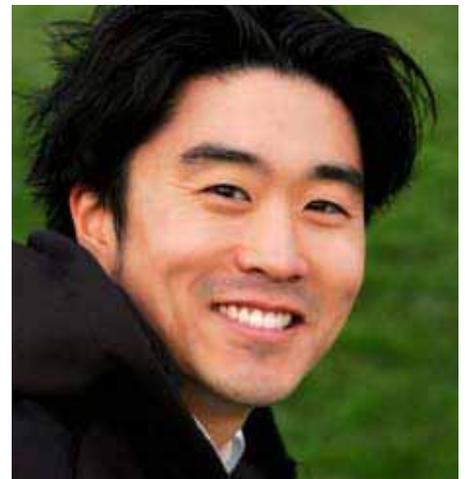
Ensure Commitment to Adolescent Health

- Educate and “advocate” for adolescents and adolescent health (within the organization, outside of the organization) in order to strengthen commitment to youth issues.
 Act as a focal point for adolescent health within the agency.
 Contribute and provide leadership to adolescent health policy development.
 Promote a holistic approach to adolescent health.

Build Expertise to Address Adolescent Health

- Provide technical assistance and training to those who address youth health issues.
 Facilitate the exchange the knowledge of adolescent health across the state.

SECTION 3: DATA AND SURVEILLANCE SYSTEMS



FACILITATOR



Description

To effectively support adolescent health initiatives, systems should have sound surveillance and data systems to systematically collect, analyze, distribute and use data to support program planning, implementation and evaluation. Data also play a critical role in securing commitment for adolescent health, determining training and technical assistance activities and methods as well as contributing to legislative and system policies.



Element #1: Data Practices and Sources

GOAL:

Document and assess data practices and sources of adolescent health data.

Activity 1A:

Assess data practices

Using the list of data sources (gathered from the pre-assessment survey) as a reference, document these data practices:

1. Benchmarks and Indicators used for adolescent population (e.g. state or national Healthy People 2010 goals/objectives)

- Within the MCH program; in other areas of the organization
- Description (if there are adolescent-specific benchmarks or indicators)
- Integration of adolescent-specific benchmarks or indicators
 - Into MCH program benchmarks or indicators (e.g. Title V Block Grant performance measures)
 - Into organization's public health goals and objectives
- Ownership (e.g. how these benchmarks and indicators are chosen; ease of including adolescent-specific benchmarks and indicators)
- Other issues

2. Guidelines or standards that guide the collection, analysis and use of data

- Developing new data systems and/or initiating collection of new data
- Coordination or linking of data systems and/or sets (includes guidelines for standardization)
- Reviewing and assessing data systems and data collection processes (e.g. availability of data, appropriateness of data, data gaps)
- Addressing and maintaining anonymity or confidentiality

3. Strategic use of data perspective in adolescent health

- Role in process (e.g. are people with data expertise/knowledge involved in the process of adolescent health prioritization, program development, program evaluation)
- Decision-making (e.g. how are data used to guide decision-making about adolescent health programs, policies, priorities?)
- Influences (e.g. what influence does data have on adolescent health within the MCH program and/or organization?)

DISCUSSION:

- Levels meet expectations?
- What issues arise?
- Areas of particular strength or weakness?
- Can any broad characterizations be made?

Activity 1B:

Assess data sources #1

Review adolescent health data sources list. For each adolescent health area (see "*Matrix of Programs that Address Adolescent Health*"), indicate which data source is used.

DISCUSSION:

- Is coverage adequate?
- Areas of particular strength or weakness?
- Can any broad characterizations be made?
- Select **most** critical data sets



Element #1: Data Practices and Sources (Continued)

Activity 1C:

Assess data sources #2

Assess how well key data sources provide adolescent health data. Select the 3 most critical data sets used in the MCH program or public health agency (e.g. YRBSS). Using the document, “*Critical Data Set Analysis*”, assess how well key sources provide data useful for adolescent health. For each critical data set, document the following information:

- Who “owns” the data
- Process (data collection, analysis, reporting, access)
- Funding
- Priority status
- Data “breakouts”
 - Age
 - Race/ethnicity
 - Geographic (e.g. urban, suburban, rural)
- Comprehensiveness of data collected
 - Traditional health measure
 - Ecological and/or developmental measures (e.g. youth development measures, parenting measures, quality of life measures)
- Frequency of collection
- Consistency with standards

DISCUSSION:

- What issues arise?
- Areas of particular strength or weakness?
- Can any broad characterizations be made?
- Do any opportunities exist?

RATING:

- Using the data gathered and discussion, rate the capacity.
- Capture response range
- Develop consensus rate



Element #2: Data Analysis

GOAL:

Document and assess analysis conducted for adolescent health data

Activity 2A:

Assess the analysis of adolescent health data

Continue documenting adolescent health specific information for each critical data set.

- 1. List analysis efforts conducted with the data set.**
- 2. Circle key analysis for each.**
- 3. Document the following information for each key analysis:**
 - Owner/instigator
 - Purpose
 - Funding
 - Collaborations/partners
 - Process
 - Strategic; used

DISCUSSION:

- Other important criteria to consider?
- Culture promotes?
- Adequate coverage?
- Areas of particular strength or weakness?
- Can any broad characterizations be made?
- Do any opportunities exist?

RATING:

- Using the data gathered and discussion, rate the capacity.
- Capture response range
- Develop consensus rate



Element #3: Resources for Data

GOAL:

Assess the adequacy of data resources dedicated to adolescent health.

Activity 3A:

Assess resources dedicated to adolescent health data

Identify and create a list of resources required to meet the needs of adolescent health efforts within the agency:

1. Staff/human resources
2. Technology
3. Status/location in section/department
4. Funding
5. Other

For each type of resource discuss and assess its adequacy using the criteria below:

1. Staff/human resources

- Coverage
- Access
- Level of involvement
- Expertise
 - Technical (data)
 - Topical (injury)
 - MCH
 - Adolescent development (see attached)
 - Cultural competence

2. Technology

- Systems
- Expertise
- Access
- Support

3. Adolescent health status within section/department

- Location
- Involvement
- Input

4. Funding

- Adequacy
- Influence
- Sustainability

DISCUSSION:

- Are the resources adequate?
- What issues arise?
- Areas of particular strength or weakness?
- Can any broad characterizations be made?
- Do any opportunities exist?

RATING:

- Using the data gathered and discussion, rate the capacity
- Capture response range
- Develop consensus rate



Overview of Capacity Area

CONDUCT OVERALL ANALYSIS:

- Strengths
- Challenges
- Opportunities

IDENTIFY TOP ISSUES:

- Brainstorm top issues – remind that these are the issues that need to be addressed
- Develop consensus on top 3-5 issues

Identify the overall “score” or rating for the capacity area (i.e. average the Element scores)

PARTICIPANT



Description

To effectively support adolescent health initiatives, systems should have sound surveillance and data systems to systematically collect, analyze, distribute and use data to support program planning, implementation and evaluation. Data also play a critical role in securing commitment for adolescent health, determining training and technical assistance activities and methods as well as contributing to legislative and system policies.

This capacity area explores 3 Sections or Elements:

- Data Practices and Sources
- Data Analysis
- Resources for Data



Element #1: Data Practices and Sources

GOAL:

Document and assess data practices and sources of adolescent health data

Activity 1A:

Assess data practices

Using the list of adolescent health data collected and/or used by the organization (gathered prior to the assessment meeting), document these data practices:

1. **Benchmarks and Indicators used for adolescent population (e.g. state or national Healthy People 2010 goals/objectives)**
 - Within the MCH program; in other areas of the organization
 - Description (if there are adolescent-specific benchmarks or indicators)
 - Integration of adolescent-specific benchmarks or indicators
 - Into MCH program benchmarks or indicators (e.g. Title V Block Grant performance measures)
 - Into organization's public health goals and objectives
 - Ownership (e.g. how these benchmarks and indicators are chosen; ease of including adolescent-specific benchmarks and indicators)
 - Other issues
2. **Guidelines or standards that guide the collection, analysis and use of data**
 - Developing new data systems and/or initiating collection of new data
 - Coordination or linking of data systems and/or sets (includes guidelines for standardization)
 - Reviewing and assessing data systems and data collection processes (e.g. availability of data, appropriateness of data, data gaps)
 - Addressing and maintaining anonymity or confidentiality
3. **Strategic use of data perspective in adolescent health**
 - Role in process (e.g. are people with data expertise/knowledge involved in the process of adolescent health prioritization, program development, program evaluation)
 - Decision-making (e.g. how are data used to guide decision-making about adolescent health programs, policies, priorities?)
 - Influences (e.g. what influence does data have on adolescent health within the MCH program and/or organization?)

DISCUSSION:

- Do these practices meet expectations and needs?
- What issues arise?
- Areas of particular strength or weakness?
- Can any broad characterizations be made?

Activity 1B:

Assess data sources 1

Using the list of adolescent health data collected and/or used by the organization (gathered prior to the assessment meeting). Review adolescent health data sources. For each adolescent health area, indicate the primary data sources that are used.

DISCUSSION:

Overall -

- Is coverage adequate?
- Areas of particular strength or weakness?
- Can any broad characterizations be made?



Element #1: Data Practices and Sources (Continued)

Activity 1C:

Assess data sources 2

Select the 3 most critical data sets used in the MCH program or organization (e.g. YRBSS). Assess how well key sources provide adolescent health data. For each critical data set, document the following information:

- Who “owns” the data
- Process (data collection, analysis, reporting, access)
- Funding
- Priority status
- Data “breakouts”
 - Age
 - Race/ethnicity
 - Geographic (e.g. urban, suburban, rural)
- Comprehensiveness of data collected
 - Traditional health measure
 - Ecological and/or developmental measures (e.g. youth development measures, parenting measures, quality of life measures)
- Frequency of collection
- Consistency with standards

DISCUSSION:

- What issues arise?
- Areas of particular strength or weakness?
- Can any broad characterizations be made?
- Do any opportunities exist?

RATING:

- Develop consensus rating for Element 1



Element #2: Data Analysis

GOAL:

Document and assess analysis conducted for adolescent health data

Activity 2A:

Assess the analysis of adolescent health data

Continue documenting adolescent health specific information for each critical data set used in Element #1.

1. **List analysis efforts conducted with the data set.**
2. **Circle key analysis for each.**
3. **Document the following information for each key analysis:**
 - Owner/instigator
 - Purpose
 - Funding
 - Collaborations/partners
 - Process
 - Strategic (e.g. is analysis used?)

DISCUSSION:

- Other important criteria to consider?
- Organizational culture promotes data analysis and use?
- Adequate coverage?
- Areas of particular strength or weakness?
- Can any broad characterizations be made?
- Do any opportunities exist?

RATING:

- Develop consensus rating for Element 2.



Element #3: Resources for Data

GOAL:

Assess the adequacy of data resources dedicated to adolescent health data

Activity 3A:

Assess resources dedicated to adolescent health data

Complete building the list of data resources required to meet the needs of adolescent health efforts within the organization:

1. Staff/human resources
2. Technology
3. Status/location in section/department
4. Funding
5. Other

For each type of resource discuss and assess its adequacy using the criteria below:

1. Staff/human resources

- Coverage
- Access
- Level of involvement
- Expertise
 - Technical (data)
 - Topical (injury)
 - MCH
 - Adolescent development (see attached)
 - Cultural competence

2. Technology

- Systems
- Expertise
- Access
- Support

3. Adolescent health status within section/department

- Location
- Involvement
- Input

4. Funding

- Adequacy
- Influence
- Sustainability

DISCUSSION:

- Are the resources adequate?
- What issues arise?
- Areas of particular strength or weakness?
- Can any broad characterizations be made?
- Do any opportunities exist?

RATING:

- Develop consensus rating for Element 3



Overview of Capacity Area

CONDUCT OVERALL ANALYSIS:

- Strengths
- Challenges
- Opportunities

IDENTIFY TOP ISSUES:

- Brainstorm top issues – remind that these are the issues that need to be addressed
- Develop consensus on top 3-5 issues

Identify the overall rating for the capacity area
(i.e. average the Element scores)

HANDOUT



Data Set Profile

Write name of data set here: _____

	Notes
OWNERSHIP	
PROCESS	
FUNDING	
PRIORITY STATUS	
RACE/ETHNICITY (disparities)	
GEOGRAPHIC (meaningful breaks?)	
AGE BREAKS	
FREQUENCY OF COLLECTION	
ECOLOGICAL	
CONSISTENCY WITH STANDARDS	



Data Analysis

Write name of data set here: _____

	Notes
ANALYSIS CONDUCTED (list all, then circle analysis to be reviewed below)	
OWNER OR INSTIGATOR	
PURPOSE	
FUNDING	
COLLABORATIONS OR PARTNERS	
PROCESS	
STRATEGIC GETS USED	

SECTION 4: EDUCATION & TECHNICAL ASSISTANCE





Description

Education and technical assistance are often a routine part of an MCH program's menu of activities to build the capacity of individuals, families, communities and partners to successfully address adolescent health issues. This might include the provision of information, data, resources and skill-building opportunities necessary for the development, implementation and evaluation of adolescent health initiatives.

Education and technical assistance can be provided directly to the public — youth, their families and other consumers of services. The goal is to provide information and build skills to:

- Make informed decisions;
- Access appropriate services; and
- Have a role in developing systems and services that target adolescents.

Education and technical assistance can also be provided to professionals - those individuals, organizations and partners that address youth issues. The goal is to build workforce that is able to effectively improve the health of adolescents. These efforts strengthen the professional knowledge and skill base to:

- Understand adolescents and their health issues;
- Adopt evidence-based strategies to address these issues;
- Plan, implement and evaluate programs; and
- Develop effective systems to address adolescent health issues, including partnerships and collaborations.

This section is divided into 3 Sections or Elements:

- Public education
- Professional education
- Technical assistance



Element #1: Public Education

GOAL:

Identify the level of and adequacy of efforts to educate the public about adolescent health issues

Activity 1A:

“Map” the adolescent health-specific and –inclusive public education activities

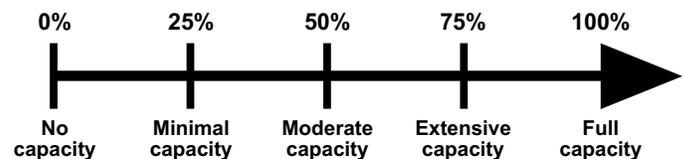
1. Using the matrix of programs in the agency that address adolescent health, list the public education activities within the agency; outside of agency if agency is actively involved.
2. Group under the program that manages the activity.
3. List the following information:
 - Name of educational activity
 - Methodology
 - Social marketing campaign
 - Information lines
 - Websites
 - Newsletter or other print publications (e.g. factsheets, brochures)
 - Advertising of adolescent health services
 - Other?
 - Target audience
 - Indicate if:
 - Adolescent-specific (Adol); or
 - Inclusive of adolescents (Incl) – *mark in different color markers*

DISCUSSION:

- What is the goal of public education activities?
- Success in meeting these goals?
- Gaps?
- Appropriate for target audience?
- Staff expertise?
 - Expertise with Adolescent health
 - Expertise with Communications
- Collaboration or coordination across activities?

RATING:

- Using the data gathered and discussion, individual participants rate the organization's capacity for this element. Select ratings anywhere from 0-100% capacity.
- Develop consensus rating for this element.





Element #2: Professional Education

GOAL:

Identify the level of and adequacy of professional education aimed at ensuring a workforce skilled to effectively address adolescent health issues

Activity 2A:

“Map” the adolescent health-specific and –inclusive professional education activities

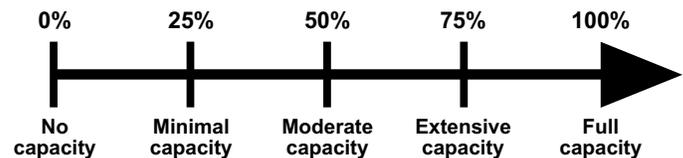
1. **Using the matrix of programs in the agency that address adolescent health, list the professional education activities within the agency; outside of agency if agency is actively involved.**
2. **Group under the program that manages the activity.**
3. **List the following information:**
 - Name of educational activity
 - Methodology
 - IPT - In person trainings
 - DE - Distance education (e.g. teleconference, webcasts, web-based self paced trainings)
 - TTT - Train-the-trainer
 - IS - Information-sharing (e.g. websites, listservs, newsletters, distribution of adolescent resources/ toolkits)
 - Other
 - How methodology is chosen (e.g. needs assessment, best practices)
 - Target audience
 - Frequency
 - Indicate if:
 - Adolescent-specific (Adol); or
 - Inclusive of adolescents (Incl) – *mark in different color markers*

DISCUSSION:

- Effective in building the adolescent health knowledge and skills of professionals? (especially for those that are adolescent-inclusive)?
- “Goodness of fit” between methodologies and their target audiences?
- Skill of trainers (e.g. skilled in training, knowledge of adolescent health and strategies)?
- Effectiveness in reaching those who need to be trained?
- Enough?
- Gaps?
- Collaboration, partnerships or coordination across activities?
 - If yes, how effective is collaboration or coordination?
 - If no, would this be helpful?
- Efforts to recruit, train and retain professional skilled in adolescent health

RATING:

- Using the data gathered and discussion, individual participants rate the organization’s capacity for this element. Select ratings anywhere from 0-100% capacity.
- Develop consensus rating for this element.





Element #3: Technical Assistance

GOAL:

Assess the adequacy and effectiveness in adolescent health technical assistance in strengthening the capacity of professionals to address youth health issues

Activity 3A:

Identify and assess adolescent health-specific and –inclusive technical assistance

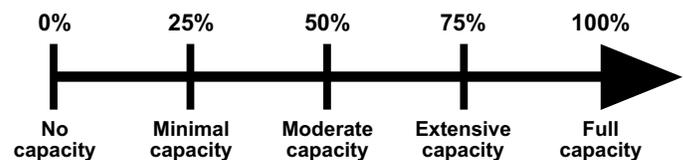
1. **Using the matrix of programs in the agency that address adolescent health from Element #2, mark a “TA” next to those programs that ROUTINELY provide technical assistance to professionals**
2. **Develop generic list of the types of TA provided and to whom**
 - Grant writing
 - Program planning and development
 - Program evaluation
 - Coalition development
 - Partnering with youth
 - Leadership
 - Data, needs assessments
 - Adolescent health
 - Issue specific assistance
 - Other
3. **List the “products” or resources developed for use in TA**

DISCUSSION:

- Effective in helping others build skills and capacity to address **adolescents**?
- Enough?
- Proactive vs reactive?
- Meet the needs?
- Gaps?
- Collaboration or coordination?
- What would make it better?
- What’s good?

RATING:

- Using the data gathered and discussion, individual participants rate the organization’s capacity for this element. Select ratings anywhere from 0-100% capacity.
- Develop consensus rating for this element.



FACILITATOR



Overview of Capacity Area

CONDUCT OVERALL ANALYSIS:

- Strengths
- Challenges
- Opportunities

IDENTIFY TOP ISSUES:

- Brainstorm top issues – remind that these are the issues that need to be addressed
- Develop consensus on top 3-5 issues

Identify the overall rating for the capacity area
(i.e. average the Element scores)

PARTICIPANT



Description

Education and technical assistance are often a routine part of an MCH program's menu of activities to build the capacity of individuals, families, communities and partners to successfully address adolescent health issues. This might include the provision of information, data, resources and skill-building opportunities necessary for the development, implementation and evaluation of adolescent health initiatives.

Education and technical assistance can be provided directly to the public - youth, their families and other consumers of services. The goal is to provide information and build skills to:

- Make informed decisions;
- Access appropriate services; and
- Have a role in developing systems and services that target adolescents.

Education and technical assistance can also be provided to professionals - those individuals, organizations and partners that address youth issues. The goal is to build workforce that is able to effectively improve the health of adolescents. These efforts strengthen the professional knowledge and skill base to:

- Understand adolescents and their health issues;
- Adopt evidence-based strategies to address these issues;
- Plan, implement and evaluate programs; and
- Develop effective systems to address adolescent health issues, including partnerships and collaborations.

This section is divided into 3 Sections or Elements:

- Public education
- Professional education
- Technical assistance

PARTICIPANT



Element #1: Public Education

GOAL:

Identify the level of and adequacy of efforts to educate the public about adolescent health issues

Activity 1A:

Map and assess the adolescent health-specific and inclusive public education activities

DISCUSSION:

- What is the goal of public education activities
- Success in meeting these goals?
- Gaps?
- Appropriate for target audience?
- Staff expertise?
 - Adolescent health
 - communications
- Collaboration or coordination across activities?

RATING:

- Develop consensus rating for Element 1

PARTICIPANT



Element #2: Professional Education

GOAL:

Identify the level of and adequacy of professional education aimed at ensuring a workforce skilled to effectively address adolescent health issues

Activity 2A:

Map and assess adolescent health-specific and inclusive professional education activities

DISCUSSION:

- Conduct a needs assessment of training needs?
 - If yes, does this guide educational activities?
 - If no, would it help?
- Effective in building the adolescent health knowledge and skills of professionals? (especially for those that are adolescent-inclusive)
- Fit of methodology to target audience
- Skill of trainers (training, issue of training, adolescents)
- Reach those who need to be trained?
- Enough?
- Gaps?
- Collaboration, partnerships or coordination across activities?
 - If yes, how effective is collaboration or coordination?
 - If no, would this be helpful?
- Efforts to recruit, train and retain professional skilled in adolescent health

RATING:

- Develop consensus rating for Element 2



Element #3: Technical Assistance

GOAL:

Assess the adequacy and effectiveness in adolescent health technical assistance in strengthening the capacity of professionals to address youth health issues

Activity 3A:

Identify and assess adolescent health-specific and inclusive technical assistance activities

DISCUSSION:

- Build skills and capacity to address ADOLESCENTS?
- Enough?
- Proactive vs. reactive?
- Meet the needs?
- Gaps?
- Collaboration or coordination?
- What would make it better?
- What's good?

RATING:

- Develop consensus rating for Element 3

PARTICIPANT



Overview of Capacity Area

CONDUCT OVERALL ANALYSIS:

- Strengths
- Challenges
- Opportunities

IDENTIFY TOP ISSUES:

- Brainstorm top issues and develop consensus on top 3-5 issues

Identify the overall “score” or rating for the capacity area (i.e. average the Element scores)



Professional Education Activities

CHOOSE ONE:

- | | |
|--|--|
| <input type="checkbox"/> Adolescent Health/Development | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Youth with Special Health Needs | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> School Health | <input type="checkbox"/> Reproductive Health |
| <input type="checkbox"/> MCH | <input type="checkbox"/> STD/HIV |
| <input type="checkbox"/> Alcohol and Other Drugs | <input type="checkbox"/> Health Care |
| <input type="checkbox"/> Tobacco | <input type="checkbox"/> Dental Care/Oral Health |
| <input type="checkbox"/> Nutrition, Physical Activity, Obesity | <input type="checkbox"/> Immunization |
| <input type="checkbox"/> Chronic Disease | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Injury | |

Professional Education Activity (adolescent health-focused or related)

Name of educational activity: _____

Methodology:

- In person trainings, meetings or conferences
- Distance education (e.g. teleconference, webcasts, web-based self paced trainings)
- Train-the-trainer
- Information-sharing (e.g. websites, listservs, newsletters, distribution of adolescent resources/toolkits)
- Other _____

Target audience (who you're trying to educate): _____

Frequency: _____

Focus on adolescents (choose one):

- Adolescent-specific
- Inclusive of adolescents



Professional Education Activities

CHOOSE ONE:

- | | |
|--|--|
| <input type="checkbox"/> Adolescent Health/Development | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Youth with Special Health Needs | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> School Health | <input type="checkbox"/> Reproductive Health |
| <input type="checkbox"/> MCH | <input type="checkbox"/> STD/HIV |
| <input type="checkbox"/> Alcohol and Other Drugs | <input type="checkbox"/> Health Care |
| <input type="checkbox"/> Tobacco | <input type="checkbox"/> Dental Care/Oral Health |
| <input type="checkbox"/> Nutrition, Physical Activity, Obesity | <input type="checkbox"/> Immunization |
| <input type="checkbox"/> Chronic Disease | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Injury | |

Public Education Activity (adolescent health-focused or related)

Name of educational activity: _____

Methodology:

- Social marketing campaign
- Information lines
- Websites
- Newsletter or other print publications (e.g. factsheets, brochures)
- Advertising of adolescent health services
- Other _____

Target audience (who you're trying to educate): _____

Frequency: _____

Focus on adolescents (choose one):

- Adolescent-specific
- Inclusive of adolescents

HANDOUT



Technical Assistance

CHOOSE ONE:

- | | |
|--|--|
| <input type="checkbox"/> Adolescent Health/Development | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Youth with Special Health Needs | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> School Health | <input type="checkbox"/> Reproductive Health |
| <input type="checkbox"/> MCH | <input type="checkbox"/> STD/HIV |
| <input type="checkbox"/> Alcohol and Other Drugs | <input type="checkbox"/> Health Care |
| <input type="checkbox"/> Tobacco | <input type="checkbox"/> Dental Care/Oral Health |
| <input type="checkbox"/> Nutrition, Physical Activity, Obesity | <input type="checkbox"/> Immunization |
| <input type="checkbox"/> Chronic Disease | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Injury | |

Technical Assistance Efforts (adolescent health-focused or related)

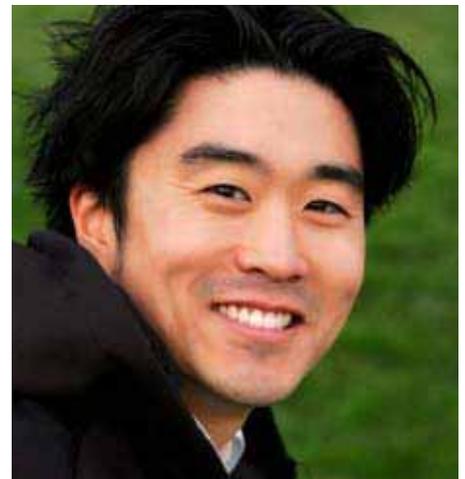
Type of TA provided:

- TA on specific health issue (e.g. pregnancy prevention, obesity prevention)
- Grant writing
- Program planning and development
- Program evaluation
- Coalition development
- Partnering with youth
- Leadership
- Data, needs assessments
- Adolescent health
- Issue specific assistance
- Other _____
- Other _____

Target audience (who you're assisting): _____

Products or resources developed for use in providing TA: _____

SECTION 5: PROGRAM PLANNING AND EVALUATION





Description

To effectively plan, implement and evaluate adolescent health initiatives, MCH programs should have in place:

- Systematic assessment and identification of adolescent health issues and needs;
- Collaborative structures through which key stakeholders, including youth and their families, are routinely involved in all planning and evaluation activities; and
- Established indicators of success that are tracked for continual quality improvement.

While planning and evaluation are two distinctly different functions, they are intricately related and both should be considered throughout a project from the inception of an idea to action.

This capacity area explores 3 Sections or Elements:

- Program Planning Process
- Program Fit to Population
- Program Evaluation



Element #1: Program Planning Process

GOAL:

Document and assess the process by which adolescent health programs are planned

Activity 1A:

Assess program planning methods

Select a representative sample of programs within the agency that address adolescent health issues. Document their use of following program planning steps:

1. Conducting a needs assessment
2. Mapping resources
3. Developing priorities
4. Developing program objectives/outcomes
5. Identifying and selecting best practices/strategies
6. Developing evaluation process
7. Developing methods for quality assurance/control

DISCUSSION:

- Other important criteria to consider?
- Culture promotes?
- What issues arise?
- Areas of particular strength or weakness?
- Can any broad characterizations be made?
- Do any opportunities exist (any models to emulate)?

RATING:

- Develop consensus rating for Element 1



Element #2: Program Fit to Population

GOAL:

Document and assess how well program planning addresses the health needs of adolescents. Use the handout, “*Program Fit to Population*.”

Activity 2A:

Assess how well key stakeholders are involved in planning adolescent programs

Continue to document information about the key adolescent health programs. For each, assess the *participants involved in program planning*. Consider both who is included and how they are involved:

- Stakeholders
- Diversity
- Adolescent expertise
- Topical expertise
- Systems areas expertise
- External partners
- Youth and families

Activity 2B:

Assess how well program planning results in culturally competent programs

Continue to document information about the key adolescent health programs. For each, assess how cultural competence is addressed:

- Racial/ethnic
- Gender
- Family composition
- Economic
- Geographic
- Other special populations

Activity 2C:

Assess how well program planning results in programs that “fits” the adolescent population

Continue to document information about the key adolescent health programs. For each, assess how *adolescence as a unique stage of development* is addressed:

- Focus on broad determinants or just disease, problem specific
- Use of youth development principles
 - Assets and protective factors
 - Address developmental tasks and needs
 - Build skills, promote connection
- Considers ecological framework: multiple levels including individual, family, community, environment and systems that serve youth.
- Acknowledges/addresses transitional nature

Activity 2D:

Assess how well programs are planned that incorporate prevention, health promotion and youth development strategies or frameworks

Continue to document information about the key adolescent health programs. For each, assess how *prevention, health promotion and youth development strategies* are incorporated.

DISCUSSION:

- Consider these programs representative? Outliers? Models?
- Culture promotes?
- Areas of particular strength or weakness?
- Can any broad characterizations be made?
- Do any opportunities exist?

RATING:

- Develop consensus rating for Element 2



Element #3: Evaluation Strategies

GOAL:

Document and assess how well adolescent health programs use evaluation strategies

Activity 3A:

Assess evaluation of adolescent health program

Continue to document information about the key adolescent health programs. For each, assess how evaluation strategies are incorporated.

- Goals and objectives are clearly defined and tracked
- Percent of time allocated to evaluation
- Funding and source
- Methods (how)
 - Formative, process, outcomes, impact
 - Frameworks used (e.g. CDC, stated standards)
- Review, reporting and use of evaluation results
- Quality assurance/control

DISCUSSION:

- Other important criteria to consider?
- Culture promotes?
- Areas of particular strength or weakness?
- Can any broad characterizations be made?
- Do any opportunities exist (any models to emulate)?

RATING:

- Develop consensus rating for Element 3



Overview of Capacity Area

CONDUCT OVERALL ANALYSIS:

- Strengths
- Challenges
- Opportunities

IDENTIFY TOP ISSUES:

- Brainstorm top issues – remind that these are the issues that need to be addressed
- Develop consensus on top 3-5 issues

Identify the overall rating for the capacity area
(i.e. average the Element scores)

PARTICIPANT



Description

To effectively plan, implement and evaluate adolescent health initiatives, MCH programs should have in place:

- Systematic assessment and identification of adolescent health issues and needs;
- Collaborative structures through which key stakeholders, including youth and their families, are routinely involved in all planning and evaluation activities; and
- Established indicators of success that are tracked for continual quality improvement.

While planning and evaluation are two distinctly different functions, they are intricately related and both should be considered throughout a project from the inception of and idea to action.

This capacity area explores 3 Sections or Elements:

- Program Planning Process
- Program Fit to Population
- Program Evaluation



Element #1: Program Planning Process

GOAL:

Document and assess the process by which adolescent health programs are planned

Activity 1A:

Assess program planning methods

DISCUSSION:

- Other important criteria to consider?
- Culture promotes?
- What issues arise?
- Areas of particular strength or weakness?
- Can any broad characterizations be made?
- Do any opportunities exist (any models to emulate)?

RATING:

- Develop consensus rating for Element 1

PARTICIPANT



Element #2: Program Fit to Population

GOAL:

Document and assess how well program planning addresses the health needs of adolescents. Use the handout, “*Program Fit to Population*.”

Activity 2A:

Assess how well key stakeholders are involved in planning adolescent programs

Activity 2B:

Assess how well program planning results in culturally competent programs

Activity 2C:

Assess how well program planning results in programs that “fits” the adolescent population

Activity 2D:

Assess how well programs are planned that incorporate prevention, health promotion and youth development strategies or frameworks

DISCUSSION:

- Consider these programs representative? Outliers? Models?
- Culture promotes?
- Areas of particular strength or weakness?
- Can any broad characterizations be made?
- Do any opportunities exist?

RATING:

- Develop consensus rating for Element 2



Element #3: Evaluation Strategies

GOAL:

Document and assess how well adolescent health programs use evaluation strategies

Activity 3A:

Assess evaluation of adolescent health program

DISCUSSION:

- Other important criteria to consider?
- Culture promotes?
- Areas of particular strength or weakness?
- Can any broad characterizations be made?
- Do any opportunities exist (any models to emulate)?

RATING:

- Develop consensus rating for Element 3

PARTICIPANT



Overview of Capacity Area

CONDUCT OVERALL ANALYSIS:

- Strengths
- Challenges
- Opportunities

IDENTIFY TOP ISSUES:

- Brainstorm top issues – remind that these are the issues that need to be addressed
- Develop consensus on top 3-5 issues

Identify the overall rating for the capacity area
(i.e. average the Element scores)



Program Fit to the Adolescent Population

Name of Program(s): _____

1. How well are *people who understand adolescents and their needs* involved in program planning?

Who should be involved

Check all that apply

- "Experts" in adolescence
- "Experts" in specific health issues (e.g. tobacco use, injury, mental health)
- "Experts" in "systems" that support youth health programs
- "Experts" in the diversity of youth in the state (e.g. race/ethnicity, geographic, gender, socioeconomic. Other)
- Internal people
- External people
- Youth
- Families
- Other

Who is involved

Check all that apply

- "Experts" in adolescence
- "Experts" in specific health issues (e.g. tobacco use, injury, mental health)
- "Experts" in "systems" that support youth health programs
- "Experts" in the diversity of youth in the state (e.g. race/ethnicity, geographic, gender, socioeconomic. Other)
- Internal people
- External people
- Youth
- Families
- Other

Level of Involvement

Check one

- Very good** at involving the right types of people in program planning
- Somewhat good** at involving the right types of people in program planning
- Limited** at involving the right types of people in program planning

Strengths and Challenges: _____

2. How well are programs planned that are *culturally appropriate* for the youth in your state?

Criteria

Consider cultural issues such as:

- Race/ethnicity
- Gender
- Family composition
- Socioeconomic issues
- Geographic (urban, suburban, rural, frontier)
- Other

Level of cultural appropriateness

Check one

- Programs are **very** culturally appropriate
- Programs are **somewhat** culturally appropriate
- Programs are **limited** in cultural appropriateness

Strengths and Challenges: _____



Program Fit to the Adolescent Population (Continued)

3. How well are programs planned using a *variety of methodologies and approaches*?

Methodologies

Check all that apply

- Prevention approaches
- Health Promotion approaches
- Youth Development approaches**

Use of an Ecological Approach:

Check all that apply

- Focus on youth
- Focus on families
- Address issues at a school level
- Address issues at a community level
- Address issues at a policy level

Strengths and Challenges: _____

** Youth Development approaches include strategies such as:

- View young people positively and holistically
- Focus on helping young people succeed (as compared to “fixing” the young person)
- Help young people build connections with caring, supportive adults
- Provide opportunities for youth to learn new skills and try them out
- Provide opportunities for young people to lead and contribute

4. How well are programs planned to be developmentally appropriate for adolescents (e.g. programs developed with adolescents in mind)?

Examples

- Consider growth and development (e.g. cognitive, physical, emotional, social development)
- Address developmental tasks
- Addresses transitional times in adolescence
- Use experiential approaches
- Use of adults who are skilled in working with teens
- Other

Level of Adolescent Appropriateness

Check one

- Very** appropriate for adolescents
- Somewhat** appropriate for adolescents
- Limited** in appropriateness for adolescents

Strengths and Challenges: _____

SECTION 6: POLICY AND ADVOCACY





Description

Policy is a plan or course of action designed to define issues, influence decision-making and promote broad community actions for adolescent health beyond those made by individuals. **Policy development** is the process by which society makes decisions about adolescent health, selects goals and the best means for reaching them, handles conflicting views about what should be done and allocates resources to address needs. Policy can be either legislative (e.g. laws, statutes, regulations addressing youth health issues) or programmatic (plans that guide how an agency carries out its roles and responsibilities; these actions often have an impact on adolescent health).

Advocacy is the act of speaking out on issues of concern or arguing in favor of something such as an idea or a policy for adolescent health. It is often a process of educating key stakeholders and decision-makers about adolescents and their health. The goal of advocacy is to create change or action.

This section is divided into 3 Sections or Elements:

- Legislative policy
- Programmatic policy
- Education/Advocacy for action



Background

GOAL:

To identify the roles and constraints for policy and advocacy within the organization

Activity 1A:

Identify the broad factors that affect policy

Question – What drives or shapes policy (positive and negative) in your agency

Activity 2A:

Identify adolescent-focused policy and advocacy efforts

Complete *Policy and Advocacy Roles Matrix*. Identify roles staff can play in general. Identify roles they routinely provide for adolescent health.

- Define what types of policy and advocacy roles staff can play generally routinely play
- Define issues, assess needs, provide data,
- Identify evidence-based practices for policy
- Research policies
- Prepare issue briefs or white papers
- Identify implications of policy
- Participate on health policy advisory groups
- Participate on groups that educate policy makers
- Propose legislative policy
- Develop programmatic policy
- Contribute to the assessment and/or revision of existing policies to meet changing needs of adolescents
- Testify or speak before the legislature
- Develop talking points for others who testify or speak before the legislature
- Write rules or regulations for health policy
- Track policy
- Provide information or data on health issues to groups that advocate for or educate policy makers
- Train others in advocacy or policy skills
- Communicate with the media on public health issues
- Partner with the media to raise awareness and understanding about health issues
- Respond reactively when health issues gain attention
- Proactively disseminate information on health issues that have future policy implications
- Use informal opportunities to educate others (e.g. other staff, agency management, decision-makers) about health issues
- Advocate within the agency about health issues to raise visibility or spur action
- Other



Element #1: Legislative Policy

GOAL:

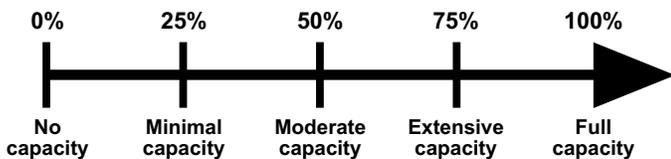
Assess the capacity for conducting adolescent health legislative policy within the agency

DISCUSSION (USING COMPLETED MATRIX):

- Where do legislative efforts primarily happen within agency?
- Adolescent Health Experts within the agency connected or involved?
- Agency recognized as a state-level resource for adolescent health issues?
- Clear standards for legislative policy development within agency?
- Are MCH staff familiar with these standards?
- AH efforts primarily reactive or proactive?
- AH legislative policy priority?
- Given policy constraints within the agency, how well are you doing in adolescent health legislative policy work?
- Partnerships with others who can do AH legislative policy work?

RATING:

- Using the data gathered and discussion, individual participants rate the organization's capacity for this element. Select ratings anywhere from 0-100% capacity.
- Develop consensus rating for this element.





Element #2: Programmatic Policy

GOAL:

Assess the capacity for conducting adolescent health programmatic policy within the agency

Activity 2A:

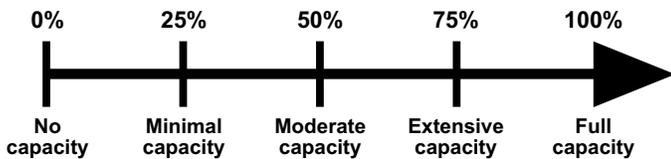
Brainstorm examples of programmatic policy that affects adolescent health efforts and issues

DISCUSSION:

- How does programmatic policy get made in agency?
- Do decision-makers understand adolescent health?
- Is it supportive of adolescent health?
- Challenges?
- Strengths?
- Opportunities?
- What would make it better?

RATING:

- Using the data gathered and discussion, individual participants rate the organization's capacity for this element. Select ratings anywhere from 0-100% capacity.
- Develop consensus rating for this element.





Element #3: Education/Advocacy for Action

GOAL:

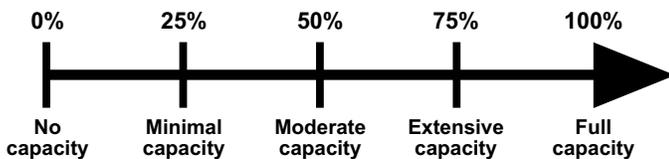
Assess the capacity for educating or advocating for adolescents and their health issues in order to create change or action

DISCUSSION (USING COMPLETED MATRIX):

- Given the constraints of your agency, do you take opportunities to educate/advocate with decision makers about adolescent health
- Where are you doing this well?
- Enough – are you doing what you can?
- Take advantage of opportunities to **directly** educate/advocate for action with decision-makers? **Indirectly** through others?
- Gaps?
- Adolescent health education/advocacy a priority?
- Does it have impact? What is the benefit?
- What else do you need? What would make this better, more effective?

RATING:

- Using the data gathered and discussion, individual participants rate the organization's capacity for this element. Select ratings anywhere from 0-100% capacity.
- Develop consensus rating for this element.





Overview of Capacity Area

CONDUCT OVERALL ANALYSIS:

- Strengths
- Challenges
- Opportunities

IDENTIFY TOP ISSUES:

- Brainstorm top issues – remind that these are the issues that need to be addressed
- Develop consensus on top 3-5 issues

Identify the overall “score” or rating for the capacity area (i.e. average the Element scores)



Description

Policy is a plan or course of action designed to define issues, influence decision-making and promote broad community actions for adolescent health beyond those made by individuals. **Policy development** is the process by which society makes decisions about adolescent health, selects goals and the best means for reaching them, handles conflicting views about what should be done and allocates resources to address needs. Policy can be either legislative (e.g. laws, statutes, regulations addressing youth health issues) or programmatic (plans that guide how an agency carries out its roles and responsibilities; these actions often have an impact on adolescent health).

Advocacy is the act of speaking out on issues of concern or arguing in favor of something such as an idea or a policy for adolescent health. It is often a process of educating key stakeholders and decision-makers about adolescents and their health. The goal of advocacy is to create change or action.

This section is divided into 3 Sections or Elements:

- Legislative policy
- Programmatic policy
- Education/Advocacy for action



Background

GOAL:

To identify the roles and constraints for policy and advocacy within the organization

Activity 1A:

Identify the broad factors that affect policy

DISCUSSION:

- What drives or shapes policy (positive and negative) in your agency

Activity 2A:

Identify adolescent-focused policy and advocacy efforts



Element #1: Legislative Policy

GOAL:

Assess the capacity for conducting adolescent health legislative policy within the agency

DISCUSSION (USING COMPLETED MATRIX):

- Where do legislative efforts primarily happen within agency?
- Adolescent Health Experts within the agency connected or involved?
- Agency recognized as a state-level resource for adolescent health issues?
- Clear standards for legislative policy development within agency?
- Are MCH staff familiar with these standards?
- AH efforts primarily reactive or proactive?
- AH legislative policy priority?
- Given policy constraints within the agency, how well are you doing in adolescent health legislative policy work?
- Partnerships with others who can do AH legislative policy work?

RATING:

- Develop consensus rating for Element 1



Element #2: Programmatic Policy

GOAL:

Assess the capacity for conducting adolescent health programmatic policy within the agency

Activity 2A:

Brainstorm examples of programmatic policy that affects adolescent health efforts and issues

DISCUSSION:

- How does programmatic policy get made in agency?
- Do decision-makers understand adolescent health?
- Is it supportive of adolescent health?
- Challenges?
- Strengths?
- Opportunities?
- What would make it better?

RATING:

- Develop consensus rating for Element 2



Element #3: Education/Advocacy for Action

GOAL:

Assess the capacity for educating or advocating for adolescents and their health issues in order to create change or action

DISCUSSION (USING COMPLETED MATRIX):

- Given the constraints of your agency, do you take opportunities to educate/advocate with decision makers about adolescent health
- Where are you doing this well?
- Enough – are you doing what you can?
- Take advantage of opportunities to **directly** educate/advocate for action with decision-makers? **Indirectly** through others?
- Gaps?
- Adolescent health education/advocacy a priority?
- Does it have impact? What is the benefit?
- What else do you need? What would make this better, more effective?

RATING:

- Develop consensus rating for Element 3



Overview of Capacity Area

CONDUCT OVERALL ANALYSIS:

- Strengths
- Challenges
- Opportunities

IDENTIFY TOP ISSUES:

- Brainstorm top issues and develop consensus on top 3-5 issues

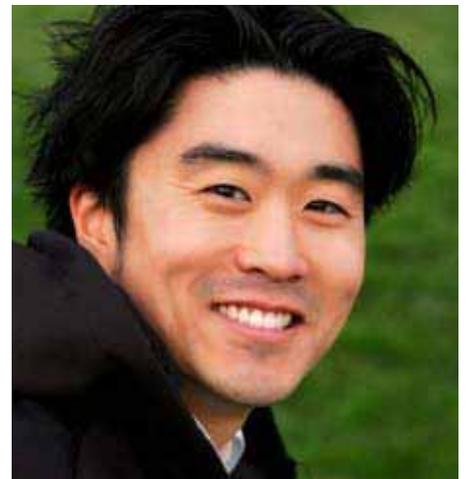
Identify the overall “score” or rating for the capacity area (i.e. average the Element scores)



Policy and Advocacy Activities

	Activities Allowed by the Agency	Activities Routinely Conducted for Adolescent Health
Define issues, assess needs, provide data	_____	_____
Identify evidence-based practices for policy	_____	_____
Research policies	_____	_____
Prepare issue briefs or white papers	_____	_____
Identify implications of policy	_____	_____
Participate on health policy advisory groups	_____	_____
Participate on groups that educate policy makers	_____	_____
Propose legislative policy	_____	_____
Develop programmatic policy	_____	_____
Testify or speak before the legislature	_____	_____
Develop talking points for others who testify or speak before the legislature	_____	_____
Write rules or regulations for health policy	_____	_____
Track policy	_____	_____
Contribute to the assessment and/or revision of existing policies to meet changing needs of adolescents	_____	_____
Train others in advocacy or policy skills	_____	_____
Provide information or data on health issues to groups that advocate for or educate policy makers	_____	_____
Communicate with the media on public health issues	_____	_____
Partner with the media to raise awareness and understanding about health issues	_____	_____
Respond reactively when health issues gain attention	_____	_____
Proactively disseminate information on health issues that have future policy implications	_____	_____
Advocate within the agency about health issues to raise visibility or spur action	_____	_____
Use informal opportunities to educate others (e.g. other staff, agency management, decision-makers) about health issues	_____	_____
Other	_____	_____
Other	_____	_____

SECTION 7: PARTNERSHIPS





Description

The responsibility of a state or territorial adolescent health program should not fall entirely on an adolescent health coordinator, or any one person designated to address adolescent health, but should be the responsibility of a network of systems and organizations. Partnerships to promote statewide adolescent health initiatives are collaborative relationships with individuals, families, communities, schools, health providers and other agencies, and organizations or groups interested in adolescent health issues to:

- Provide formal and informal structures that interact across multiple levels to promote adolescent health from the local to the state level;
- Effectively and constructively work together to identify, understand, and solve problems facing youth; and
- Involve and engage youth and families in meaningful ways.

This capacity area explores three elements:

- Working Relationships
- Partnerships – Coverage and Effectiveness
- Partnerships with Youth and Families

GUIDE:

Needed materials:

- List of all partnerships, sorted by type
- List of functional adolescent health “program areas”
- Pre-cross tabbed would be nice

For note-taking:

- Going to need to find a way to track the partnerships to the adolescent various health/program areas

Important Set-Up

Explain the methodology up-front – that you are asking them to capture details about partnerships, but that these details are only important in how they illustrate the larger picture.

Ask them to help you avoid dwelling on details.



Element #1: Working Relationships

GOAL:

Identify and assess key working relationships around adolescent health

Activity 1A:

Map on-going working relationships in service of adolescent health

Using the lists of adolescent health issues and systems, note the following types of working relationships:

1. **Internal partnerships (within agency)**
2. **External partnerships**
 - a. Across state agencies – within overall state government system
 - b. Non-governmental partnerships – CBO, higher education, funders, coalition, professional organizations, county/city level

SOC Discussion:

Assess these relationships by discussing the following criteria:

- Are the relationships adequate? Where are the gaps?
- Are the relationships targeted, appropriate, strategic?
- Where are the areas of particular strength or weakness?
- Does the culture promote/support these relationships?
- What issues arise?
- Can any broad characterizations be made?
- Do any opportunities exist?

RATING:

- Using the info gathered and discussion, rate the capacity.
- Capture response range
- Develop consensus rate

ACTIVITY GUIDE:

This portion of focuses only on the nature of the partnerships – internal, external and the varieties thereof.

This is all LARGE GROUP discussion.

1. Agree to definitions of “types”
2. Review list of partnerships.
3. What is missing?
4. Are they grouped correctly?

SOC questions

Do the SOC generation by asking the discussion questions to the left. Attempt to document recommended actions by calling out “is this a key issue?” when appropriate.

SET-UP

Reference the focus of this area is on types of partnerships

ACTIVITY

Select the key issues from prior SOC discussions

RATING

Capture range of answers plus final



Element #2: Partnerships – Coverage and Effectiveness

GOAL:

Identify and assess the coverage and effectiveness of partnerships serving adolescent health

Activity 2A:

Assess adolescent health partnerships in which the agency is involved

Using the list of adolescent health issues, document the partnerships that exist.

SOC Discussion:

- Is coverage adequate?
- Areas of particular strength or weakness?
- Can any broad characterizations be made?

Activity 2B:

Assess key adolescent health partnerships

Select **most critical** partnerships for adolescent health. For each critical partnership, document the following information:

- Leader
- Connection to others
- Major players (5 or so)
- Relative health of relationship
- Adolescent health expertise/knowledge
- Topical expertise/knowledge
- Strategic in nature
- Active/action
- Evaluated
- QA/QC

SOC Discussion:

- What issues arise?
- Areas of particular strength or weakness?
- Can any broad characterizations be made?
- Do any opportunities exist?

RATING:

- Using the info gathered and discussion, rate the capacity.
- Capture response range
- Develop consensus rate

ACTIVITY GUIDE:

This portion of focuses only on the coverage of the partnerships – do they encompass and/or touch all the relevant adolescent health issues.

2A: COVERAGE

Small Groups:

- Divide them into small groups and handout the topical areas sheets as appropriate to the groups (let them self select).
- Using the pre-existing list of partnerships, have them list who touches what on each sheet.

Large Group:

Review the collective answers; pick four most critical partnerships.

SOC questions

2B: EFFECTIVENESS

Small Groups:

- Divide into small groups around the four most critical partnerships.
- Fill out worksheet any criteria to add?

Large Group:

Reports back from small group; questions, etc.

SOC questions

SET-UP

Reference focus on coverage and effectiveness of partnerships

ACTIVITY

Select the key issues from prior SOC discussions

RATING

Capture range of answers plus final



Element #3: Partnerships – Youth and Families

GOAL:

Document and assess where and how adolescent health efforts partner with youth and families

Activity 3A:

Assess partnerships that include adolescents and/or families

Continue to build on the lists of partnerships under each adolescent health issue and system, this time identifying where **partnerships with youth and families** exist. Consider both internal (within the agency) and external (within the overall system) players.

DISCUSSION:

- Are efforts adequate?
- Areas of particular strength or weakness?
- Can any broad characterizations be made?

Activity 3B:

Assess key partnerships that include adolescents and/or families

Select **most** critical partnerships that engage youth and/or families. Assess these partnerships using the following criteria:

- Describe structure/approach (formal vs. informal)
- Status: token, authentic, leadership
- Tailored to meet needs (transportation, time commitments, etc.)
- Trained/prepared
- Representative (cultural, educational, economic, distinct populations, geography)
- Targeted, appropriate, strategic

SOC Discussion:

- Other important criteria to consider?
- Culture promotes?
- Areas of particular strength or weakness?
- Can any broad characterizations be made?
- Do any opportunities exist (any models to emulate)?

RATING:

- Using the info gathered and discussion, rate the capacity.
- Capture response range
- Develop consensus rate

ACTIVITY GUIDE:

This portion of focuses only on how and where youth and families are involved in partnerships.

3A: PRESENCE

Go back to initial list of partnerships, run through list and ask them to call out yes/no on whether Y/F are involved. Start with the top 4 focused on prior.

Identify the “top” performers in terms of Y/F

SOC questions

3B: ASSESS PARTNERSHIPS

Pick four to focus on (top performers and/or best partnerships)

Small Groups:

Do worksheets; any criteria to add?

Large Group:

Reports back from small group; questions, etc.

SOC questions

Do the SOC generation by asking the discussion questions.

SET-UP

Reference focus on coverage and effectiveness of partnerships

ACTIVITY

Select the key issues from prior SOC discussions

RATING

Capture range of answers plus final



Overview of Capacity Area

CONDUCT OVERALL ANALYSIS:

- Strengths
- Challenges
- Opportunities

IDENTIFY TOP ISSUES:

- Brainstorm top issues – remind that these are the issues that need to be addressed
- Develop consensus on top 3-5 issues

Identify the overall “score” or rating for the capacity area (i.e. average the Element scores)

ACTIVITY GUIDE:

SET-UP

Reference all three elements and the “key issues” from each.

ACTIVITY

ID overall key issues

RATING

Capture range of answers as well as final



Description

The responsibility of a state or territorial adolescent health program should not fall entirely on an adolescent health coordinator, or any one person designated to address adolescent health, but should be the responsibility of a network of systems and organizations. Partnerships to promote statewide adolescent health initiatives are collaborative relationships with individuals, families, communities, schools, health providers and other agencies, and organizations or groups interested in adolescent health issues to:

- Provide formal and informal structures that interact across multiple levels to promote adolescent health from the local to the state level;
- Effectively and constructively work together to identify, understand, and solve problems facing youth; and
- Involve and engage youth and families in meaningful ways.

This capacity area explores three elements:

- Working Relationships
- Partnerships – Coverage and Effectiveness
- Partnerships with Youth and Families



Element #1: Working Relationships

GOAL:

Identify and assess key working relationships around adolescent health

Activity 1A:

Map on-going working relationships in service of adolescent health

Using the lists of adolescent health issues and systems, note the following types of working relationships:

1. **Internal partnerships (within agency)**
2. **External partnerships**
 - a. Across state agencies – within overall state government system
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DISCUSSION:

- Assess these relationships by discussing the following criteria:
- Are the relationships adequate? Where are the gaps?
- Are the relationships targeted, appropriate, strategic?
- Where are the areas of particular strength or weakness?
- Does the culture promote/support these relationships?
- What issues arise?
- Can any broad characterizations be made?
- Do any opportunities exist?

RATING:

- Develop consensus rating for Element 1



Element #2: Partnerships – Coverage and Effectiveness

GOAL:

Identify and assess the coverage and effectiveness of partnerships serving adolescent health

Activity 2A:

Assess adolescent health partnerships in which the agency is involved

Using the list of adolescent health issues, document the partnerships that exist.

DISCUSSION:

- Is coverage adequate?
- Areas of particular strength or weakness?
- Can any broad characterizations be made?

Activity 2B:

Assess key adolescent health partnerships

Select **most critical** partnerships for adolescent health. For each critical partnership, document the following information:

- Leader
- Connection to others
- Major players (5 or so)
- Relative health of relationship
- Adolescent health expertise/knowledge
- Topical expertise/knowledge
- Strategic in nature
- Active/action
- Evaluated
- QA/QC

DISCUSSION:

- What issues arise?
- Areas of particular strength or weakness?
- Can any broad characterizations be made?
- Do any opportunities exist?

RATING:

- Develop consensus rating for Element 2



Element #3: Partnerships – Youth and Families

GOAL:

Document and assess where and how adolescent health efforts partner with youth and families

Activity 3A:**Assess partnerships that include adolescents and/or families**

Continue to build on the lists of partnerships under each adolescent health issue and system, this time identifying where **partnerships with youth and families** exist. Consider both internal (within the agency) and external (within the overall system) players.

DISCUSSION:

- Are efforts adequate?
- Areas of particular strength or weakness?
- Can any broad characterizations be made?

Activity 3B:**Assess key partnerships that include adolescents and/or families**

Select **most** critical partnerships that engage youth and/or families. Assess these partnerships using the following criteria:

- Describe structure/approach (formal vs. informal)
- Status: token, authentic, leadership
- Tailored to meet needs (transportation, time commitments, etc.)
- Trained/prepared
- Representative (cultural, educational, economic, distinct populations, geography)
- Targeted, appropriate, strategic



Overview of Capacity Area

DISCUSSION:

- Other important criteria to consider?
- Culture promotes?
- Areas of particular strength or weakness?
- Can any broad characterizations be made?
- Do any opportunities exist (any models to emulate)?

RATING:

- Develop consensus rating for Element 3

CONDUCT OVERALL ANALYSIS:

- Strengths
- Challenges
- Opportunities

IDENTIFY TOP ISSUES:

- Brainstorm top issues – remind that these are the issues that need to be addressed
- Develop consensus on top 3-5 issues

Identify the overall rating for the capacity area
(i.e. average the Element scores)



Commitment to Adolescent Health

OVERALL CAPACITY RATING

Element Rating

Dedicated Resources

Staff Expertise

Adolescent Health Focal Point

Calculations for Elements to Key Areas

Score

_____ %

_____ %

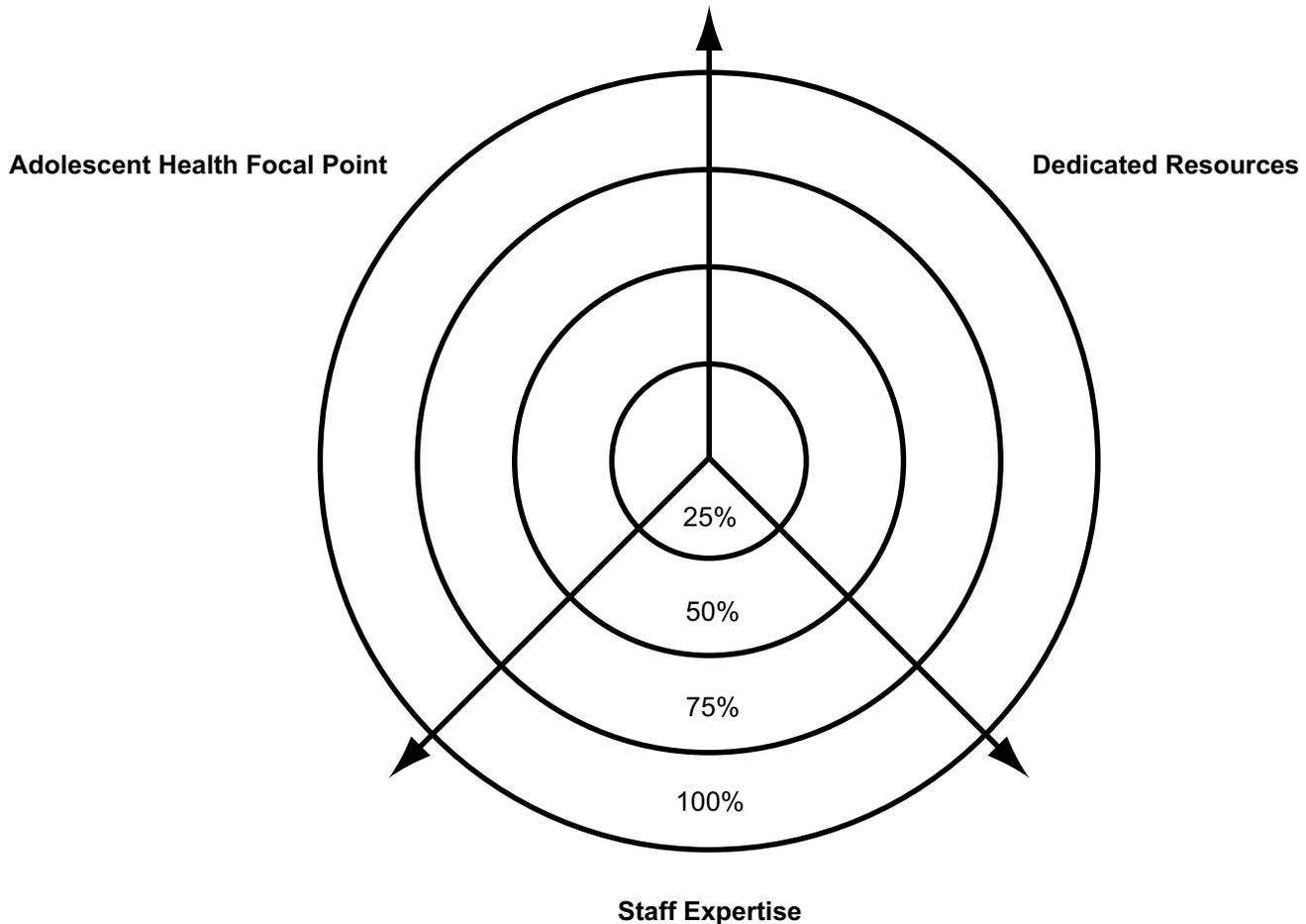
_____ %

_____ %

This is the average score for the capacity area.

Transfer this score to the overall results page.

VISUAL RESULTS





Partnerships

OVERALL CAPACITY RATING

Element Rating

- Working Relationships
- Coverage and Effectiveness
- Engaging Youth & Families

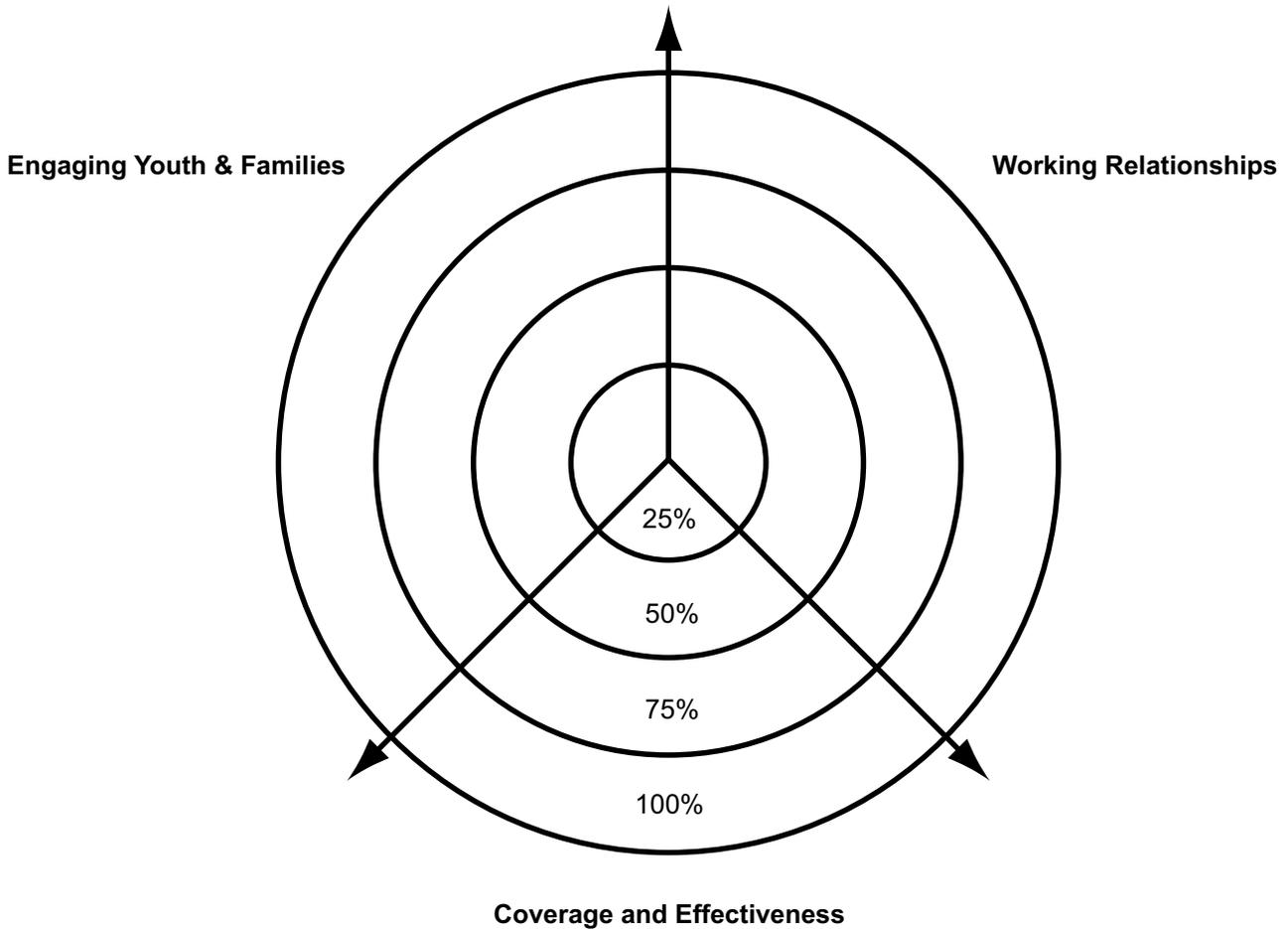
Calculations for Elements to Key Areas

Score

- _____ %
- _____ %
- _____ %
- _____ %

*This is the average score for the capacity area.
Transfer this score to the overall results page.*

VISUAL RESULTS





Planning & Evaluation

OVERALL CAPACITY RATING

Element Rating

Planning Process

Program Fit to Population

Evaluation Strategies

Calculations for Elements to Key Areas

Score

_____ %

_____ %

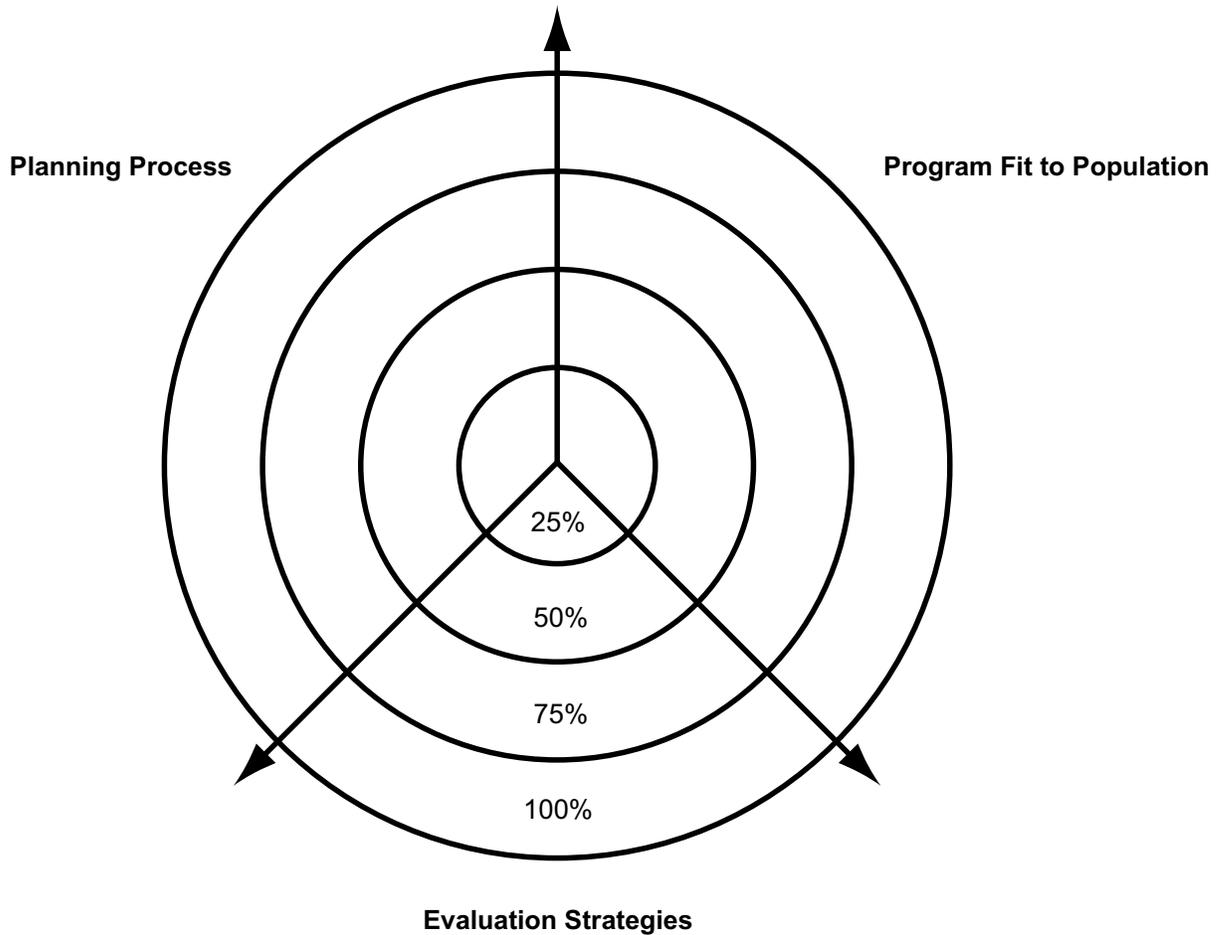
_____ %

_____ %

This is the average score for the capacity area.

Transfer this score to the overall results page.

VISUAL RESULTS





Policy & Advocacy

OVERALL CAPACITY RATING

Element Rating

Legislative Policy

Programmatic Policy

Education (advocacy) for Action

Calculations for Elements to Key Areas

Score

_____ %

_____ %

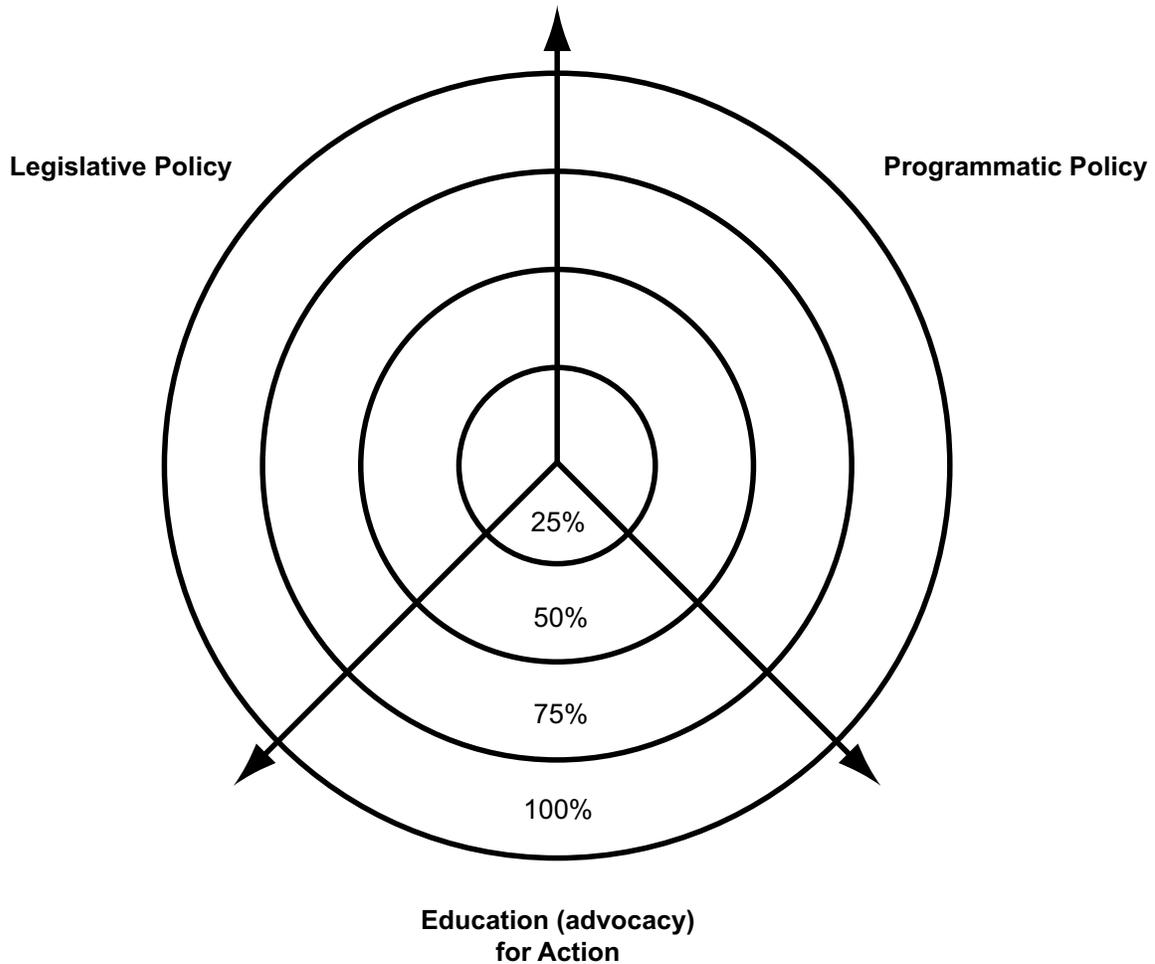
_____ %

_____ %

This is the average score for the capacity area.

Transfer this score to the overall results page.

VISUAL RESULTS





Education & Technical Assistance

OVERALL CAPACITY RATING

Element Rating

- Public Education
- Professional Education
- Technical Assistance

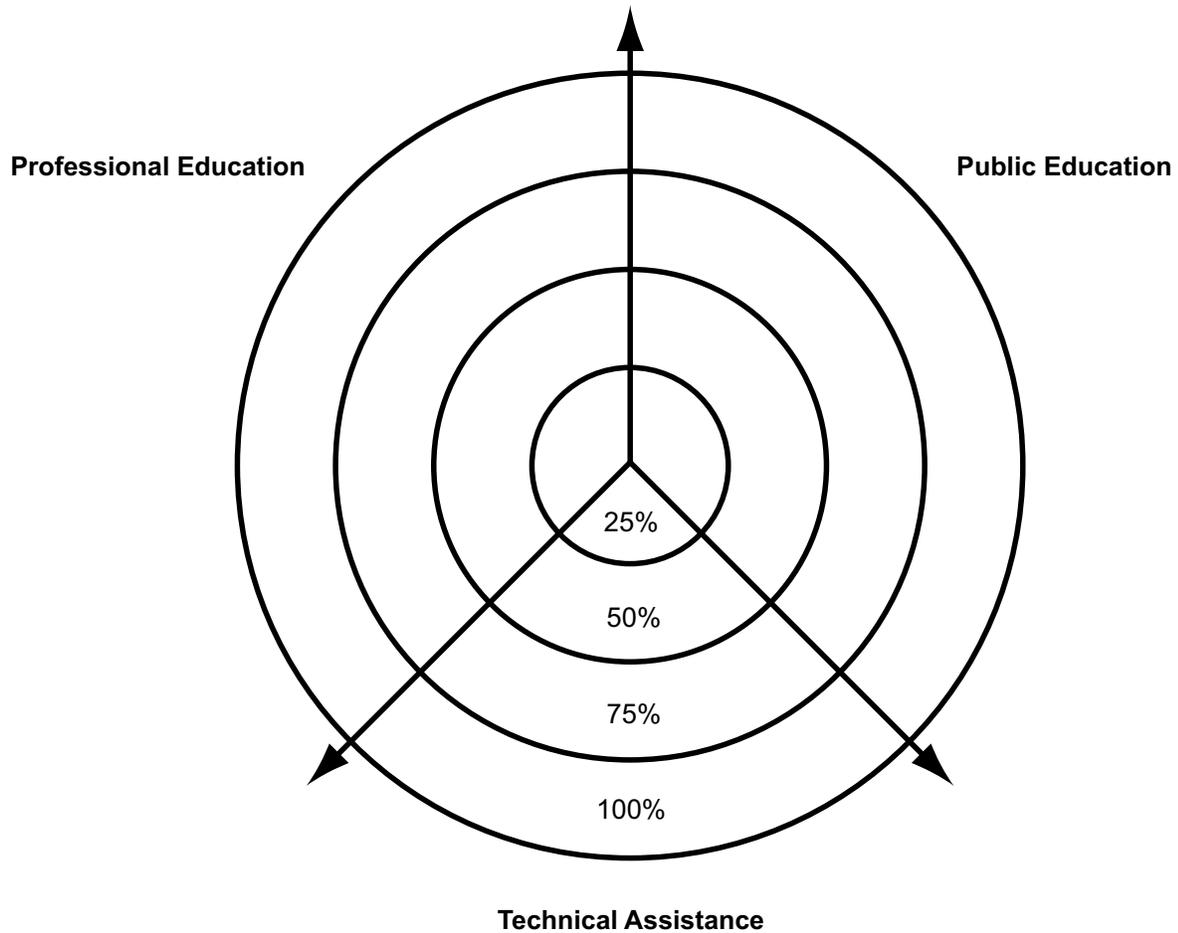
Calculations for Elements to Key Areas

Score

_____ %
_____ %
_____ %
_____ %

*This is the average score for the capacity area.
Transfer this score to the overall results page.*

VISUAL RESULTS





Data Systems & Surveillance

OVERALL CAPACITY RATING

Element Rating

Resources for Data

Data Practices and Sources

Data Analysis & Use

Calculations for Elements to Key Areas

Score

_____ %

_____ %

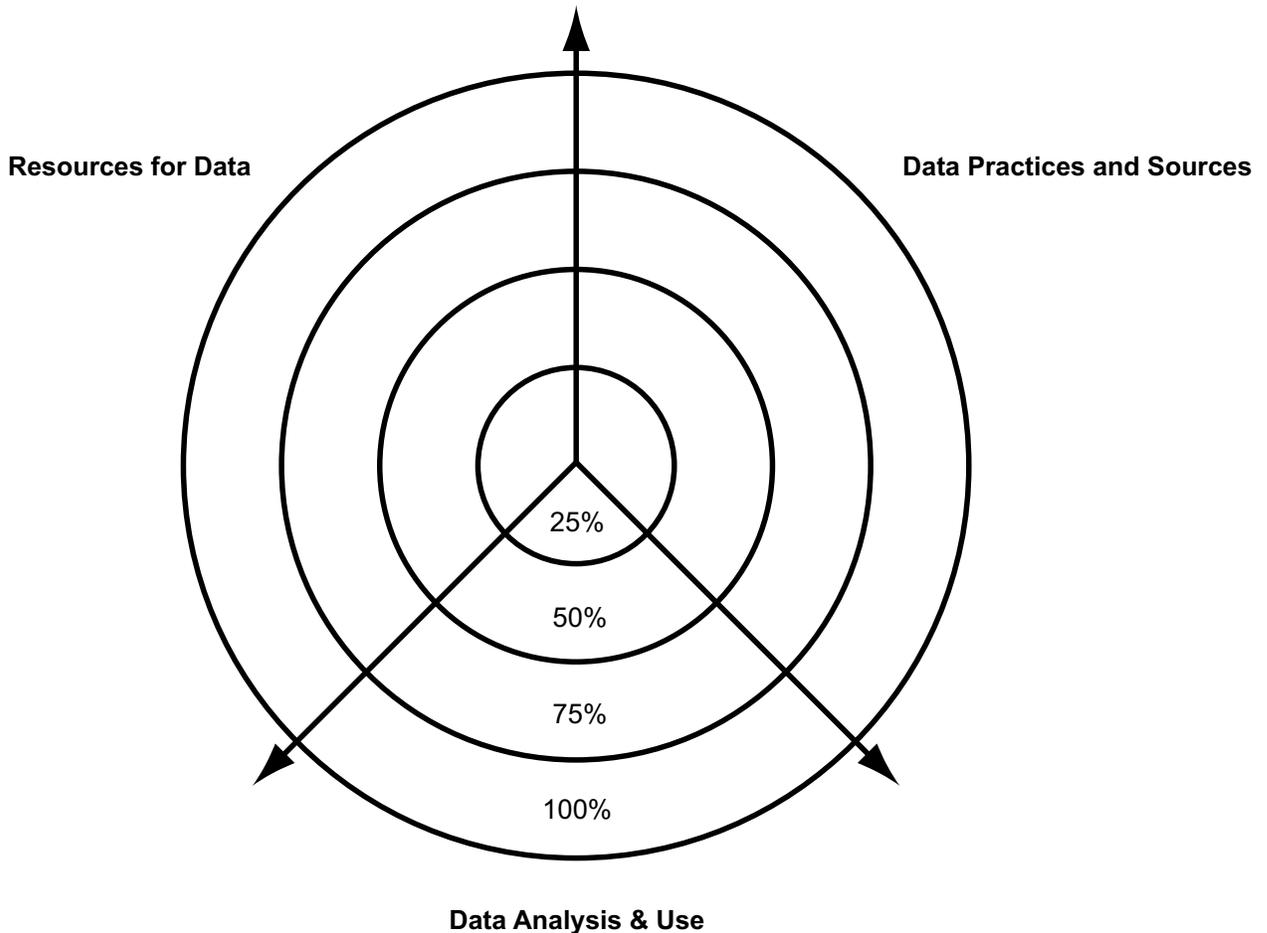
_____ %

_____ %

This is the average score for the capacity area.

Transfer this score to the overall results page.

VISUAL RESULTS

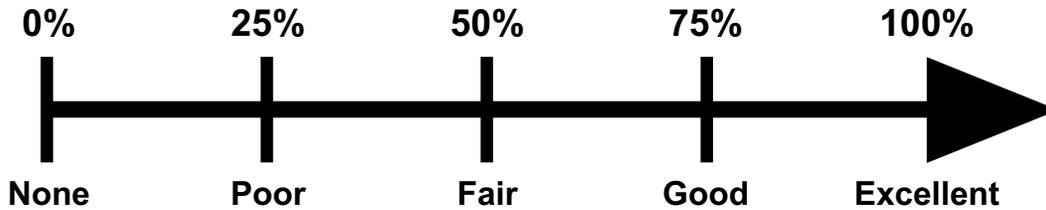




Commitment to Adolescent Health

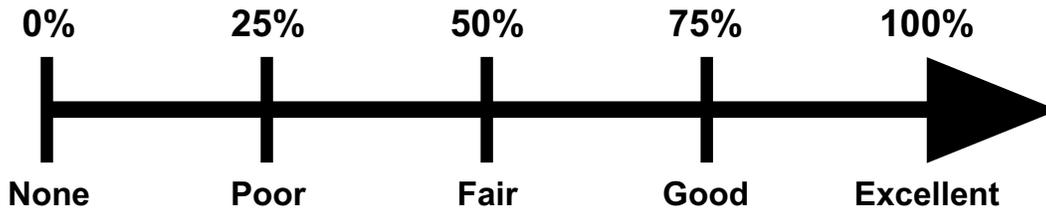
ELEMENT #1: DEDICATED RESOURCES

Rating for this element _____%



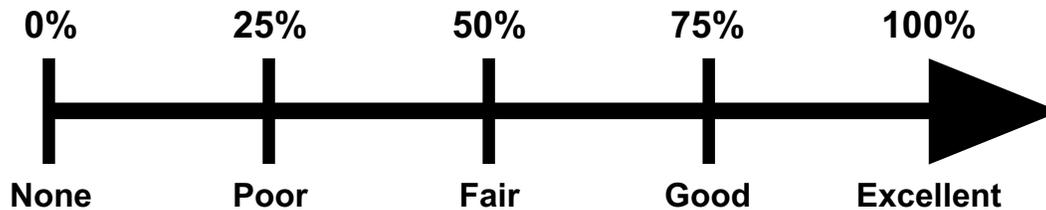
ELEMENT #2: STAFF EXPERTISE

Rating for this element _____%



ELEMENT #3: ADOLESCENT HEALTH FOCAL POINT

Rating for this element _____%

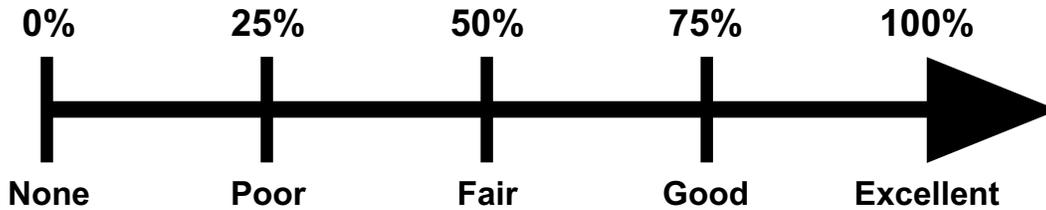




Partnerships

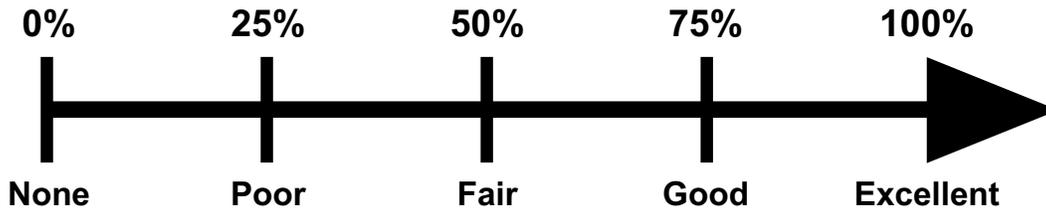
ELEMENT #1: WORKING RELATIONSHIPS

Rating for this element _____%



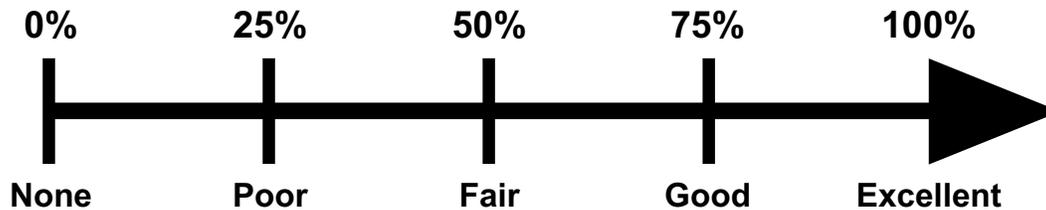
ELEMENT #2: COVERAGE AND EFFECTIVENESS

Rating for this element _____%



ELEMENT #3: ENGAGING YOUTH & FAMILIES

Rating for this element _____%

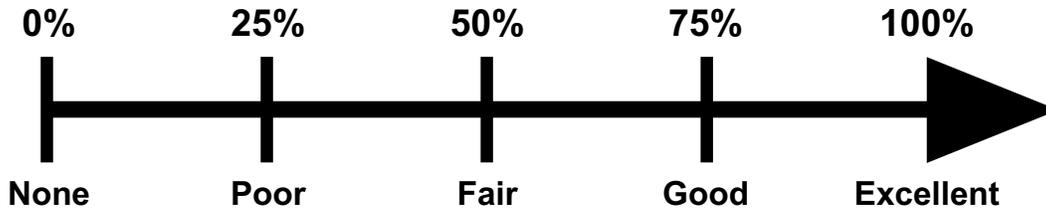




Planning & Evaluation

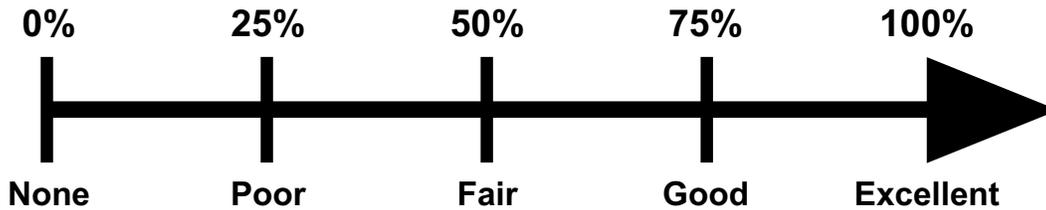
ELEMENT #1: PLANNING PROCESS

Rating for this element _____%



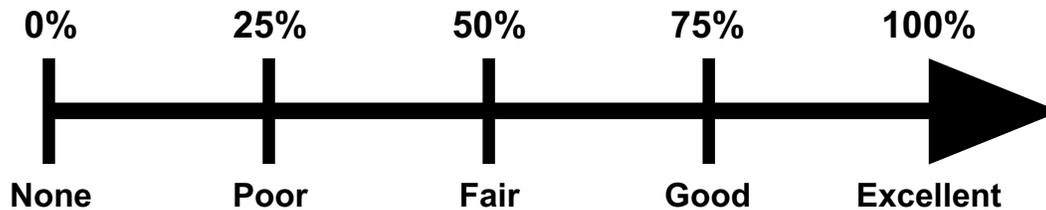
ELEMENT #2: PROGRAM FIT TO POPULATION

Rating for this element _____%



ELEMENT #3: EVALUATION STRATEGIES

Rating for this element _____%

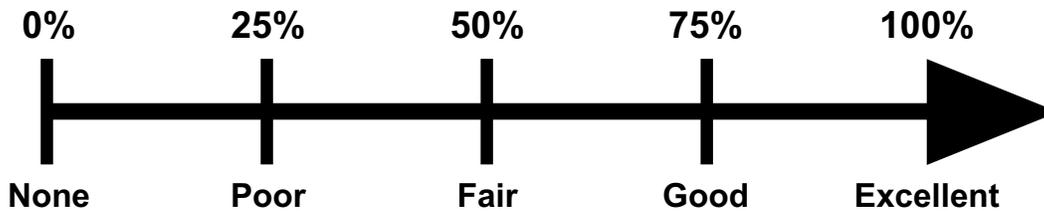




Education & Technical Assistance

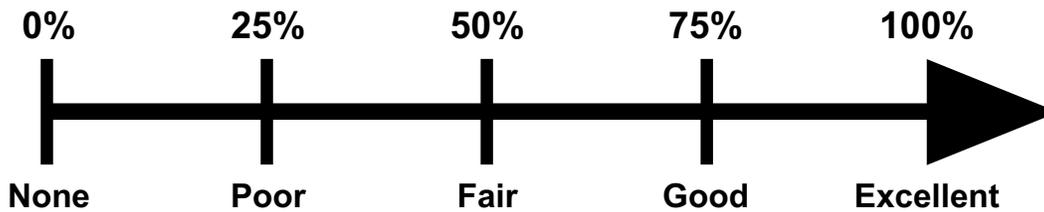
ELEMENT #1: PUBLIC EDUCATION

Rating for this element _____%



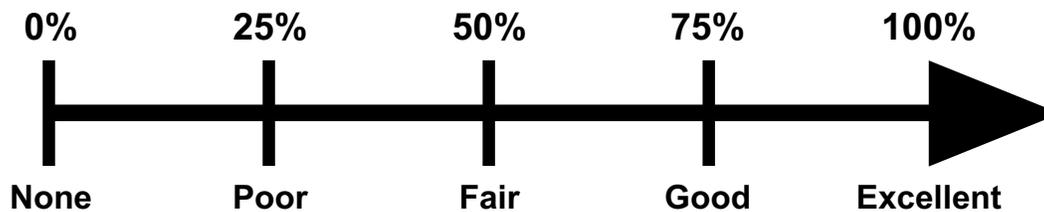
ELEMENT #2: PROFESSIONAL EDUCATION

Rating for this element _____%



ELEMENT #3: TECHNICAL ASSISTANCE

Rating for this element _____%

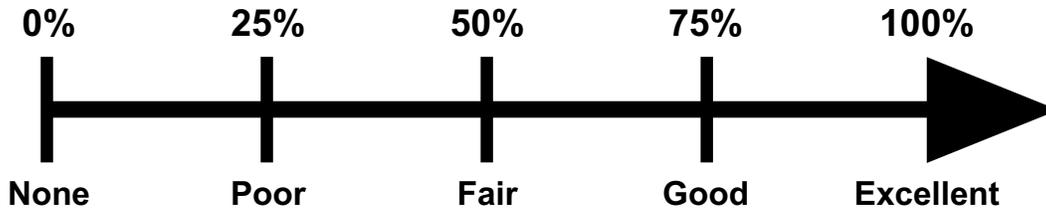




Policy & Advocacy

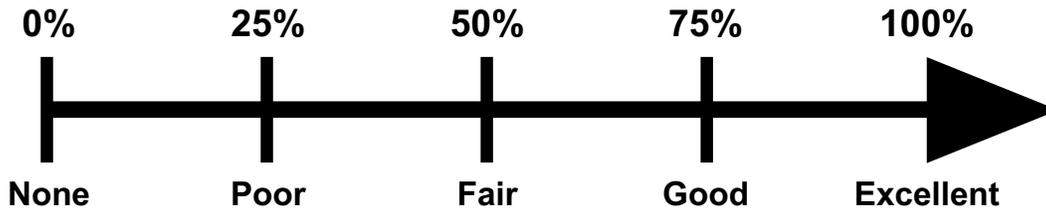
ELEMENT #1: LEGISLATIVE POLICY

Rating for this element _____%



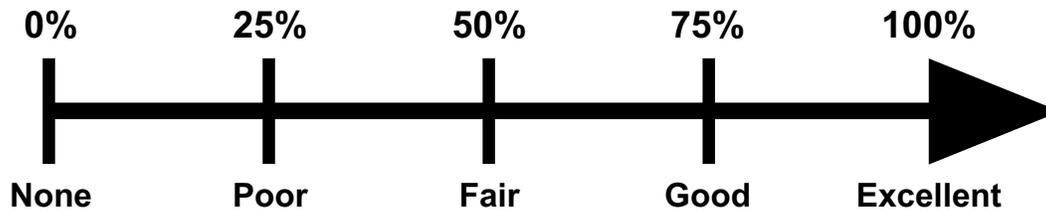
ELEMENT #2: PROGRAMMATIC POLICY

Rating for this element _____%



ELEMENT #3: EDUCATION (ADVOCACY) FOR ACTION

Rating for this element _____%

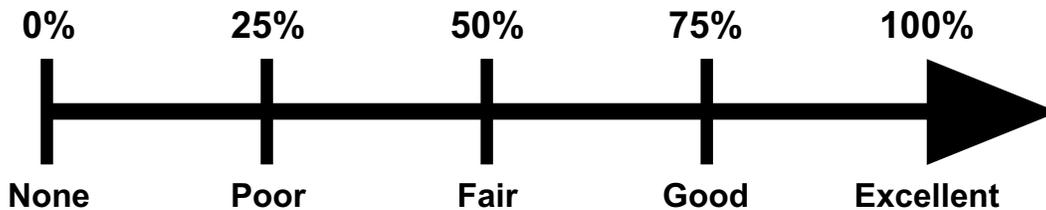




Data Systems & Surveillance

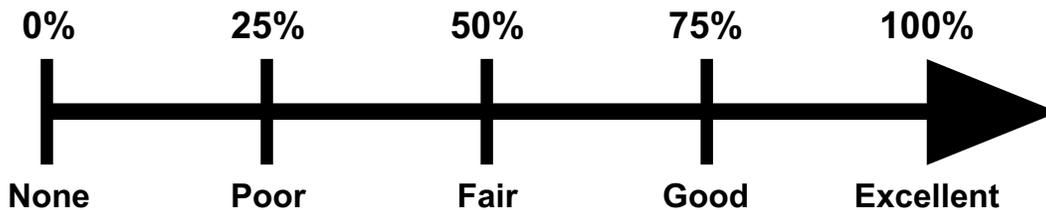
ELEMENT #1: RESOURCES FOR DATA

Rating for this element _____%



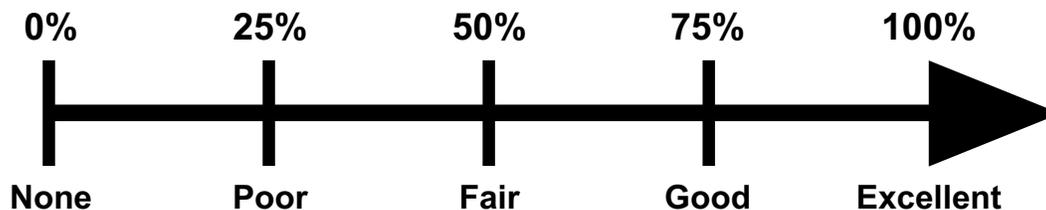
ELEMENT #2: DATA PRACTICES AND SOURCES

Rating for this element _____%



ELEMENT #3: DATA ANALYSIS & USE

Rating for this element _____%





Final Overall Capacity Rating

KEY CAPACITY AREAS

Commitment to Adolescent Health	_____ %
Partnerships	_____ %
Planning & Evaluation	_____ %
Policy & Advocacy	_____ %
Education & Technical Assistance	_____ %
Surveillance & Data Systems	_____ %
Total Score Overall	_____ %

*This is the average score for the capacity area.
Transfer this score to the overall results page.*

OVERALL RESULTS GRAPH

