AMCHP
ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS

CASE STUDY

Partnerships with Youth & Young Adults

INTRODUCTION

This paper describes some of the strategies Title V/ Maternal and Child Health (MCH) programs and other public health partners use to engage youth in meaningful ways. The paper highlights key reasons for partnering and collaborating with youth in state-level public health programs. The examples and references are culled from Title V/MCH programs and partners; however, they also can be applied to other public health and state agencies interested in engaging young people in developing programs, services, and systems that support youth.

Defining Youth and Young Adults

For the purposes of this paper, the terms "youth" and "young adults" refer to ages 10 through 24, during which individuals experience the key developmental tasks of adolescence[1] and transition developmentally from childhood to adulthood. Experts have different opinions about the age range for adolescence, and opinions often vary by organization and agency. However, most consider the end point of adolescence as age 18 or 21. Note that this paper defines late adolescence/young adulthood as ages 18 through 24, recognizing that young people in this later age range have many developmental and health needs similar to younger adolescents. Moreover, they may have some unique needs as they transition from child/adolescent-serving to adult-serving programs and services.[2]

[1] State Adolescent Health Resource Center, University of Minnesota, Developmental Tasks of Adolescence Fact Sheets: Early Adolescence, ages 10-14; Middle Adolescence, ages 15-17; and Late Adolescence, ages 18-24.

[2] The Association of Maternal &Child Health Programs (AMCHP) and the National Network of State Adolescent Health Coordinators explored and recognized this inclusive definition of adolescents as ages 10-24 in Conceptual Framework for Adolescent Health (2005)

Title V/MCH programs have been instrumental in demonstrating the unique health and developmental needs of adolescents in the context of the life course of an individual, and in the context of family health. For decades, federally funded MCH programs were responsible for the following key milestones that elevated adolescent health at state and national levels:

- Supporting the first ever national forum on adolescent health (in 1960)
- Funding subsequent annual conferences and seminars on adolescent health—one of which led directly to the development of the Society for Adolescent Medicine in 1968, which is now known as the Society for Adolescent Health and Medicine.[3]
- Publishing *Approaches to Adolescent Health Care in the 1970s*, one of the first reports that recognized the unique characteristics of adolescents and their need for appropriately organized health services.[4]
- Funding the first survey of state Title V/MCH programs and programs for children with special health care needs (CSHCN) on their respective roles in serving adolescents in 1989, which lead to the first published analysis of its kind on Title V's role in serving adolescents. The analysis exposed key information about the characteristics of adolescents who received services, the services they received, barriers to access, and financing needs.[5]
- Establishing the first state adolescent health coordinator positions in the 1980s to coordinate adolescent health program/policy direction in state MCH and other public health programs.[6]

WHY COLLABORATE WITH YOUTH?

The aforementioned historical MCH initiatives document and demonstrate the following key reasons for engaging youth in Title V/MCH programs and other public health planning to meet their unique health and development needs:

Adolescence is one of the most critical developmental stages in the life course. This stage of life is characterized by marked physical, emotional, and intellectual changes, as well as changes in social roles, relationships, and expectations. All changes are important for the development of the individual and provide the foundation for adult functioning.[7] The support, messaging, and resources needed to promote health and wellness for adolescents require intentional, tailored approaches informed by youth themselves. Thus, adolescents need to be treated as stakeholders as well as consumers.

The opportunity for adolescents to engage in their community and participate in their own health care and health decisions is necessary for youth to gain knowledge and build the foundational skills needed for a healthy transition to adulthood. In this transition, adolescents begin moving into adult health systems and services, entering the workforce, and starting families of their own.

[3] Athey, J., Kavanagh, L., Bagley, K., and Hutchins, V. (2000). Leadership Education in Adolescent Health, A Case study, in Building the Future: The Maternal and Child Health Training Program. Arlington, VA: National Center for Education in Maternal and Child Health, p. 30.

[4] Milar, H. (1975). *Approaches to adolescent health care in the 1970s*. Health Services Administration, Rockville, MD. Bureau of Community Health Services. Report number DHEW-HAS-76-5014.

[5] McManus, M., Kelly, R., Newacheck, P., and Gephart, J. (1989). *The role of Title V Maternal and Child Health programs in assuring access to health services for adolescents.* Published by McManus Health Policy, Inc., Institute for Health Policy Studies, University of California, San Francisco, with support from Maternal and Child Health Bureau, Department of Health and Human Services, Rockville, MD.

[6] State Adolescent Health Resource Center. (2013). History: Critical points in the evolution of adolescent health coordinators.

[7] Kipke, M.D. (ed). (1999). *Risks and opportunities: Synthesis of studies on adolescence*. Washington D.C.: National Academy Press.

Engaging youth is central to achieving adolescent-friendly care, providing youth with the hands-on perspective necessary to identify their needs and concerns and engage them in decisions and courses of action.[8]

Engaging youth is central to family-centered care and to recognizing the changing role of young people and their families as they transition to adulthood. For some young people, this means assuming increasing levels of independence and taking responsibility for making decisions about their own health behavior as well as seeking and utilizing services. However, young people with special health care needs and their families may need enhanced supports to establish and implement appropriate transition plans that can both maximize independence and meet health and safety needs.[9]

Title V/MCH Block Grant programs specifically address adolescents in two National Performance Measures (NPMs). They are NPM 9: Bullying and NPM 10: Adolescent Well Visit. Other NPMs include data from older adolescent/young adult populations (NPM 1: Well Woman, NPM 7: Injury and Hospitalization measures, and NPM 12: Transition include ages 18+). Other NPMs focused on pregnancy outcomes may also include older adolescent/young adult women in their data. The health and wellness of adolescents and young adults has a direct impact on national performance measures.

Building youth assets by engaging them in their own health and development promotes a systems approach to adolescent health and can enhance efforts to improve health outcomes for all adolescents and young adults and promote successful transitions into adulthood.[11]

[8] World Health Organization (October 2002), Adolescent Friendly Health Services.

[9] Association of Maternal & Child Health Programs and the National Network of State Adolescent Health Coordinators. (2005). Conceptual Framework for Adolescent Health. Funded by the Annie E. Casey Foundation.

[10] Health Resources and Services Administration. Title V Information System, National Performance Measures, retrieved June 1, 2019.

[11] Association of Maternal &Child Health Programs. (2010). Making the Case: A Comprehensive Systems Approach for Adolescent Health & Well-Being

OPPORTUNITIES FOR ACTION – AN OVERVIEW OF STRATEGIES

Recognizing the unique health and developmental needs of adolescents, many state Title V/MCH programs have embraced direct input from, and partnership with, young people as they design and implement programs and services. This strategy enhances an understanding of their unique and evolving needs.

Three key strategies for collaborating with youth to engage them in Title V/MCH programs include conducting focus groups, using youth advisory and consultative structures, and leveraging youth-serving partners to engage youth.

Although the examples and references in this paper are drawn from Title V/MCH programs and partners, they are relevant to other public health and state agencies interested in engaging young people in developing programs, services, and systems that support them.

FOCUS GROUPS

Title V/Maternal and Child Health legislation requires each state and jurisdiction to conduct a statewide, comprehensive needs assessment every five years to inform block grant planning. Stakeholder engagement is a key planning component of the five-year needs assessment. Engaging youth and young adults in the five-year needs assessment is essential to shaping adolescent health-specific programming, as well as to understanding intersections of issues and programming along the life course. Many states engaged youth in needs assessments (and other state-level planning efforts) through focus groups and direct surveys.

A focus group is a small-group discussion used to learn about opinions on a designated topic, and to guide future action.

A focus group is different from other groups in the following ways:

1. Focus groups have a specific, focused discussion topic (a main difference).
2. The group has a trained leader or a facilitator.
3. The group's composition and the group discussion are carefully planned to create a nonthreatening environment so that people are free to talk openly.
4. Members are actively encouraged to express their opinions.

Because focus groups are structured and facilitated, but also open to diverse expression, they can yield a lot of information in a relatively short time (Community Toolbox, Conducting Focus Groups).

FOCUS GROUP CASE STUDY:
KANSAS BUILDS ON EXISTING YOUTH-SERVING PARTNERSHIPS TO CONDUCT YOUTH FOCUS GROUPS

The Kansas Department of Health and Environment (KDHE), Bureau of Family Health is engaging an external youth-serving organization to facilitate statewide focus groups with youth to gather data for the 2020 Title V/MCH Block Grant needs assessment. The state believed that an intentional youth-specific data-gathering plan was a necessary component of the comprehensive statewide needs assessment to document youth voices on:

- Their perspectives on health and the health care system.
- Services they feel are available to them.
- The barriers youth perceive that prevent them from receiving whole health[12] services.
- The tools youth need to help them navigate the health care system.
- Perceptions of their health priorities and greatest needs.

Douglas County Citizens Committee on Alcohol (DCCCA) is a county-level 501(c)(3) organization operating in Kansas, Oklahoma, and Missouri to provide social and community services that improve the safety, health, and well-being of the people it serves. The State of Kansas selected DCCCA (through a Request for Proposals process) to conduct youth focus groups across the state (at least 2 focus groups in each of the state's 6 regions). The intent of the focus groups was to gather diverse data that represents youth populations, including special populations within the adolescent age group, such as youth in the justice system; youth in foster care; lesbian, gay, bisexual, transgender, and questioning youth; youth with special health care needs; tribal youth; and youth for whom English is not their first language.

With offices in three of the six state regions and partnerships throughout the state, DCCCA is well positioned to build on existing community and youth-serving relationships to implement KDHE's youth data-gathering plan. The organization works with foster care youth and families, behavioral health services, traffic safety (including a youth peer program called Safe Driving is for Everyone), as well as other youth and peer education programs. Youth voice is very important to DCCCA; to ensure their voice is heard, DCCCA engages youth every step of the way throughout their youth-serving programs.

The Title V/MCH program Child and Adolescent Health Consultant is also working closely to connect DCCCA with existing youth-serving partners to ensure they are engaged in the process. Partners include, but are not limited to:

- The State Department of Corrections' juvenile service coordinator, who has provided DCCCA with connections to juvenile administrators throughout the state special education teachers from the State Department of Education.
- Kansas Youth Empowerment Academy, an agency that provides leadership and training programs for youth with disabilities.
- Keys for Networking, an organization that provides information, support, training, and advocacy to families who have children with emotional and/or behavioral problems, and to schools and community agencies who serve them.
- The Kansas chapter of the National Alliance on Mental Illness.

Thirteen focus groups were conducted with youth in October and November 2019. A postcard with a link to an electronic survey was also distributed to focus group participants to share with their friends, and the electronic survey was promoted on various Facebook pages.

By early 2020, DCCCA will provide a report on qualitative and quantitative data and recommendations from the focus groups and electronic survey responses to KDHE staff to inform adolescent priorities to be addressed in the state action plan. Plans are also in progress to work with DCCCA to use youth input from focus groups to create toolkits to help youth be their own best advocates for their health, and to invite youth focus group participants to participate in creating a youth-driven statewide media campaign about health for their peers.

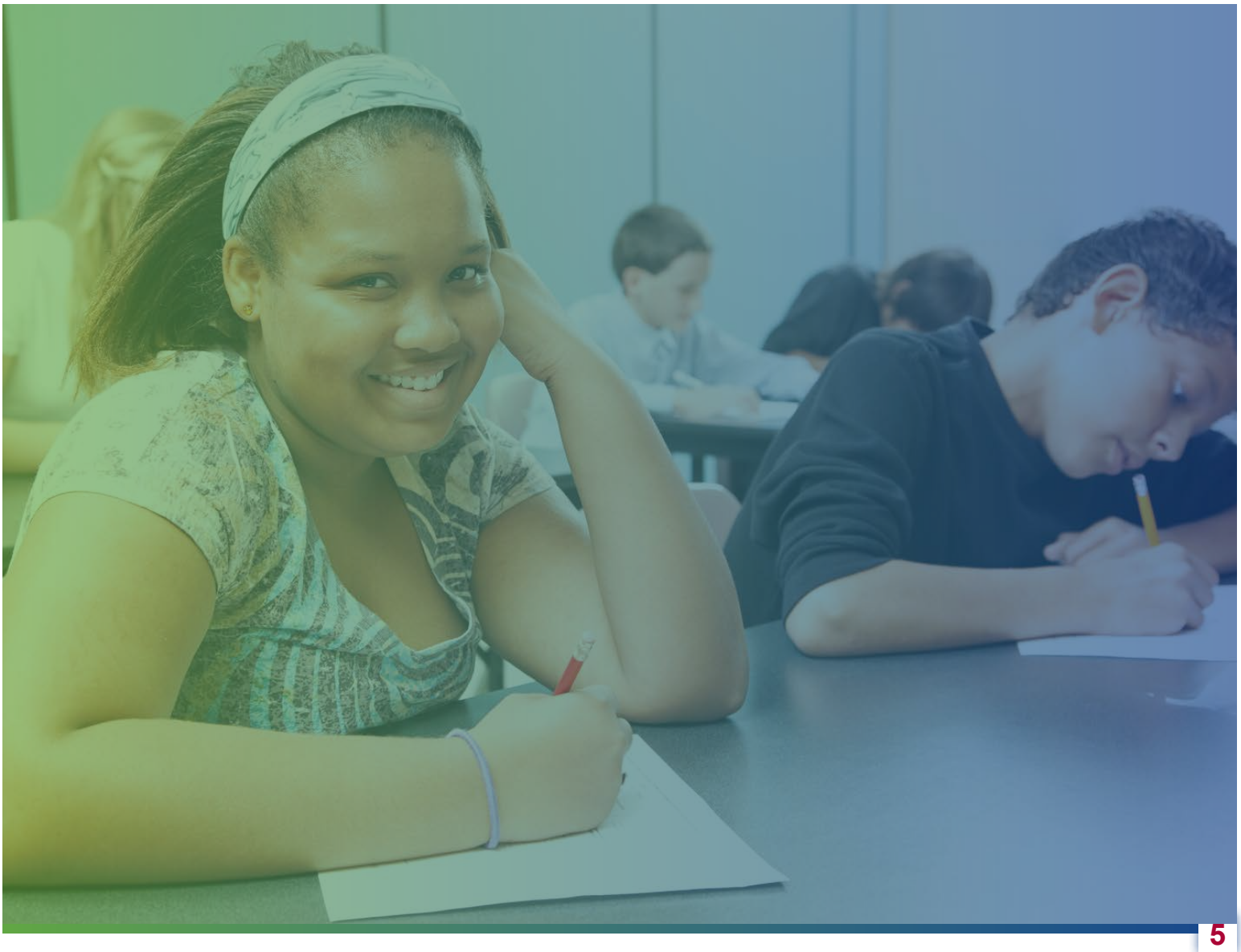
[12] The World Health Organization's definition of health embodies the KDHE definition of whole health: "Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity." With this definition in mind, KDHE intends to first raise an open-ended question about barriers youth see to "whole health" services to get a sense of how they define health. After receiving answers, focus group facilitators will explain the idea of whole health and then continue discussions with youth on health services.

FOCUS GROUP CASE STUDY:
NORTH DAKOTA AGENCIES WORK TOGETHER TO SHARE YOUTH ENGAGEMENT FEEDBACK

North Dakota encourages agencies to "Work as One" to bring state resources together, provide better information sharing, leading to better outcomes and innovation. In that spirit, the North Dakota Department of Health, Special Health Services Division is utilizing a "Work as One" implementation team for the upcoming Title V/MCH needs assessment. Multiple state agencies conduct needs assessments simultaneously; thus, the "Work as One" plan is a great opportunity to collaborate, pool resources, and identify better ways to partner on priorities going forward.

For youth-specific engagement, the Special Health Services Division has a contract in place with Family Voices of North Dakota to conduct at least two focus groups with transition-aged youth to develop a transition survey for providers and a transition survey for families. The surveys will better gauge major challenges in the state related to transitions for children with special health care needs from the different perspectives of providers, families, and youth.

Several other organizations are also completing youth focus groups and will be collaborating through the "Work as One team." These organizations include the North Dakota Maternal, Infant, and Early Childhood Home Visiting program; the North Dakota Department of Public Instruction; and the North Dakota Center for Rural Health, which assists with developing community profiles for the North Dakota state health assessment and state health implementation plan.



YOUTH ADVISORY/CONSULTATIVE STRUCTURES

Some state Title V/MCH programs sponsor state-level youth advisory and consultative structures to provide opportunities for youth to actively participate in the development, implementation, and evaluation of programs and policies affecting youth and young adults. Examples of advisory/consultative structures including: engaging youth through participatory action research, as paid employees, and through Title V funded youth advisory councils.

YOUTH ADVISORY/CONSULTATIVE STRUCTURE CASE STUDY: OREGON SUPPORTS YOUTH-ADULT PARTNERSHIP THROUGH PARTICIPATORY ACTION RESEARCH

The **Adolescent and School Health Program (ASHP)** within the **Oregon Health Authority (OHA)** Public Health Division partnered with the Institute for Community Research (ICR) to adapt their Youth Participatory Action Research (YPAR) curriculum as a strategy for authentically engaging Oregon youth in programs and policies that have an impact on their lives, while providing opportunities for youth to build skills in research, team work, communications and civic engagement, through strong youth-adult partnerships.

The ASHP was first introduced to youth participatory action research as a method for bringing youth into the state strategic planning process, while still operating within an evidence-driven public health framework. In 2014, the ASHP identified the Institute for Community Research (ICR) "Participatory Action Research Curriculum for Empowering Youth", a nationally recognized, evidence-based training[13] curriculum that has been used since 1989, as a useful model for Oregon's YPAR curriculum. The ASHP partnered with ICR to adapt their YPAR curriculum for Oregon. Through the Oregon School-Based Health Center (SBHC) program, OHA used a small portion of grant funding focused on mental health and school climate to fund and pilot the adaptation of the YPAR curriculum for Oregon.

Other Examples of Title V/MCH Youth Focus Groups, Guides, and Protocols

Nebraska: The Adolescent Health Advisory Committee's 2015 Focus Group Report reports on the findings of focus groups with youth to inform the Title V/MCH Block Grant needs assessment. The report includes a focus group facilitation guide and focus group questions.

North Dakota: The 2009 Title V Maternal Health Needs Assessment details the results of a series of focus groups conducted with youth ages 14-17; young adults ages 18-24; and parents of children with special health care needs to inform the 2011–2015 Title V Block Grant assessment. The report includes methodology, questions fielded, the Institutional Review Board approval letter, and sample consent forms.

New York: The MCH program has engaged youth through focus groups geared to homeless and runaway youth. The focus groups were intended to shape teen pregnancy prevention and broaden youth-focused programming. This program was developed through an extensive partnership with the Assets Coming Together (ACT) for Youth Center for Community Action (ACT for Youth). A 35-page packet of NY Focus Group tools includes tools, protocols, questions presented, consent forms, and note-taking forms/tools.

Washington: The Adolescent Health in Washington State Assessment to Promote Teen Health and Success provides an overview of focus groups conducted with parents and teens to assess the needs of adolescents and develop resources to meet their needs and promote healthy, successful teen lifestyles. This document includes methodology, questions presented, and focus group reports.

[13] Berg, M., Coman, E, & Schensul, J. J. Youth Action Research for Prevention: A multi-level intervention designed to increase efficacy and empowerment among urban youth. *Am J Community Psychol*. 2009 June; *43*(3-4),345-59.

The Oregon YPAR Curriculum:

- Provides step-by-step instructions and activities for the adults who are guiding groups of young people through the participatory action research process.
- Is intended to be flexible to adapt to the needs of the sponsoring organization or entity, as well as the needs of the youth participants, timeframe, and specific social or health topic.
- Follows an evidence-based participatory research process.
- Is student driven but guided by an adult teacher/instructor who supports their vision.
- Allows students and adults to work together to create solutions.

Piloting the Adaptation

Between February and June 2015, OHA funded multiple youth-serving organizations across Oregon (including seven SHBC sites) to pilot a project focused on mental health using the YPAR curriculum adapted for Oregon. The focus of pilot YPAR projects addressed a variety of needs and issues that youth face. Topics included stress management, depression, substance abuse, and self-esteem; sources of mental health stigma for teens; bullying and youth violence and how to increase bystander awareness Recognizing that additional training and resources were needed to build facilitators' (grantees') capacity to use the curriculum to conduct YPAR with youth, OHA and ICR partnered to develop a set of training resources to accompany the Oregon curriculum.

Resources included the following:

- Webinars
- Conference calls
- In-person trainings and other tools on YPAR core features
- Best practices for facilitating YPAR
- Techniques for overcoming common YPAR challenges and building facilitators' capacity and skills in reaching group consensus on YPAR topics, facilitating research modeling, and obtaining informed consent

ICR conducted an evaluation of the training and provided capacity-building resources to OHA's YPAR pilot grantees. The evaluation report describes the training and technical assistance provided to pilot sites, as well as successes, challenges, and key lessons learned for future implementation.[14]

YPAR as a State Vehicle for Supporting Local Youth-Adult Partnerships

One of the main goals of Oregon's YPAR curriculum is to encourage youth-adult partnerships in schools. This is often operationalized through local public health partnerships with schools to implement the YAPR curriculum.

Local public health staff work closely with school staff to help them understand the impact of the YPAR model and curriculum: to help students gain knowledge of health topics and build self-efficacy, while enabling them to work together

[14] 2014 Institute for Community Research's Youth Participatory Action Curriculum Adapted for Oregon, Final Evaluation Report. Utility of training resources to build capacity of individual trainees from youth-serving organizations to implement youth participatory action research. Prepared by The Institute for Community Research at the request of the Oregon Health Authority. https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/YOUTH/Documents/ReportYPAR_Eval.pdf

to investigate issues that matter and create meaningful solutions; to develop youth-adult partnerships; and to help apply a public health lens to YPAR classroom projects.

Local public health partners have piloted the implementation of the Oregon YPAR curriculum within classroom settings–serving as classroom instructors of the YPAR curriculum (or co-instructors with a teacher). OHA has also supported SBHCs to implement YPAR as a "club" either in school settings (e.g., lunch time) or after school. During the 2017–2019 biennium, one OHA grantee began piloting YPAR as a class, and OHA has subsequently made that format a formal "track" of their grant program for the 2019–2021 biennium. OHA continues to provide grant funding to SBHCs to implement YPAR within schools (typically in high schools). In 2016, OHA worked with Education Northwest to align Oregon YPAR curriculum with state and national education standards for: English language arts, math, science, social studies, career and technical education, health, and counseling.

For their 2019/2020 and 2020/2021 grant cycle, OHA restructured its YPAR grant program to more formally support classroom based YPAR, and support and evaluate YPAR implementation with other age groups (e.g., middle school). The grants will also continue to support SBHCs to implement YPAR in school clubs to meaningfully engage youth and ensure youth-friendly services and programs.

In schools and communities where YPAR is implemented, public health is seen as an asset and a partner. This is especially true in communities where consistent, dedicated public health leaders are in place to help map out stakeholders, build relationships with school principals and staff, build relationships with youth for better recruitment and retention, and improve fidelity in implementing the YPAR curriculum. One challenge of the YPAR curriculum has been consistency in local YPAR staff. because OHA YPAR grants do not provide what is needed to fully cover full-time YPAR staff in local settings. For this reason, local YPAR projects are ideal opportunities for building local public health partnerships with other youth-serving systems and organizations to provide consistency in staff and implementation of YPAR projects and build and sustain effective youth-adult partnerships.

YPAR can provide a venue for students to bring research on youth health issues to schools and communities with a public health lens. In the coming years, OHA is eager to potentially use YPAR with different age groups of youth, and in education and non-education settings.

Other Examples of Title V/MCH Supported Youth Advisory Structures

Alaska: The Division of Public Health Women's, Children's and Family Health Section supports and coordinates the Youth Alliance for a Healthier Alaska (YAHA), a state-level youth advisory group that positions youth as equal partners in shaping state the Title V/MCH adolescent health program and other health programs. The Division also creates interventions designed to improve the lives of adolescents in Alaska. Any state program can enlist the alliance to review their materials and youth-oriented programs. Youth recruitment information, and information for peers and partners seeking youth voice through the YAHA, are featured on the YAHA website.

Colorado: The Value of Youth Advisors: Promoting Promising Practices to Help Youth and Young Adults Reach Their Potential describes the Colorado Department of Public Health and Environment's (CDPHE) "Youth Advisor Model." The Youth Advisor Model hires young people as health department employees in order to authentically partner with them to guide state agency programming, provide youth with more opportunities to represent their own needs and perspectives, and allow youth to have a greater influence on decision making. Related tools include How to Hire a Youth Advisor: The Secret Roadmap to Sustainable Youth-Adult Partnerships and a Youth Advisor Model Organizational Readiness Assessment. The CDPHE also supports the Youth Partnership for Health (YPH), a youth advisory council for state, local, and community stakeholders. YPH was created in 2000 to ensure that the needs of young people are included in the programs and policies that affect them.*

Puerto Rico: Since 2016, the Puerto Rico Maternal, Child and Adolescent Health Division has supported and coordinated the Puerto Rico Youth Advisory Council (PRYAC). The council includes 15 to 25 youth, between the ages of 15 and 23, representing a cross-section of teens and young adults. The PRYAC is an accessible source of trustable information for adolescents and provides youth an opportunity to participate in health department programs and policy development. PRYAC has collaborated with AMCHP and presented extensively at conferences and on social media platforms to help other states consider how they can engage youth. For the 2020 Title V/MCH Block Grant needs assessment, PRYAC members were invited to participate as stakeholders on the Title V health needs assessment advisory committee (HNAC). The PRYAC contributed multiple recommendations to the HNAC, which informed health needs assessment adaptations for youth stakeholders. The recommendations established an average time to complete surveys distributed to youth; provided more clarity on demographic questions; and organized adolescent questions by age group.*

Wisconsin: The state Title V/MCH program has employed young people as staff through a fiscal arrangement with Wisconsin PATCH (Providers and Teens Communicating for Health). This program hires and trains teen educators to: educate and empower health care professionals on better ways to build trusted relationships and more effectively communicate with teens in health care settings; and empower and equip other teens to manage their own health care experiences. The PATCH program is viewed as a promising and innovative strategy to help address MCH priorities (See AMCHP Innovation Station Profile) and as successful strategy for improving adolescent health throughout the country by the Department of Health and Human Services' Adolescent Health: Think, Act, Grow(r) (TAG) initiative. Read the Wisconsin in Action: TAG Profile.

Colorado and Puerto Rico Youth Advisory efforts were featured in a June 2019 AMCHP webinar: Youth and Young Adult Engagement in the Title V Needs Assessment.

ENGAGING YOUTH THROUGH PARTNERS

Some states work extensively through partners with direct access to youth and youth leadership structures to engage youth in MCH program planning. Doing so can be especially helpful for states that do not have their own youth advisory structures, and it can help states reach youth who may not be directly served by Title V/MCH programs and services.

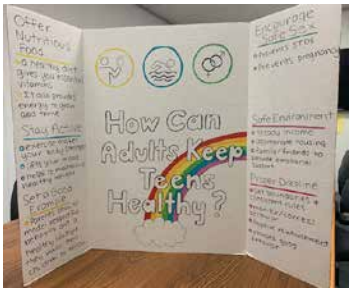
ENGAGING YOUTH THROUGH PARTNERS CASE STUDY: MISSOURI ENGAGES TEEN OUTREACH PROGRAM CLUBS

Implemented by several states through teen pregnancy prevention grant funds, the Teen Outreach Program® (TOP®) promotes the positive development of adolescents through curriculum-guided, interactive group discussions; positive adult guidance and support; and community service learning (CSL). TOP is delivered by trained adult facilitators throughout the school year to groups of teens (called "TOP clubs") to engage young people in a high level of supervised community service learning closely linked to classroom-based discussions of future life options, and activities related to key social-developmental tasks of adolescence.

TOP clubs provide an easy, evidence-based and structured venue for engaging youth. The Missouri Department of Health and Senior Services (MDHSS), Adolescent Health Program engaged youth through existing TOP® clubs to develop Connect with Me, a set of conversation starter cards to help adults connect with youth whenever and wherever an opportunity is available. Adult to youth, youth to adult, or youth to youth can ask questions to start conversation. One example of this type of question: All relationships have conflict. *How do you both handle conflict in this relationship?* Connect with Me is based on the Alaska Talk Now Talk Often Campaign. Using the questions posed by the Alaska campaign, the MDHSS engaged select TOP clubs to review the questions and give feedback as a TOP community service-learning project. Adult facilitators led discussion groups with select TOP club teens to provide advice on the questions that resonate with different age groups, the questions that make them most comfortable, and the like.

The MDHSS also engaged TOP clubs to facilitate youth involvement in the 2017 AMCHP conference in St. Louis through a poster contest. Contest winners could attend the AMCHP conference as youth representatives. Missouri TOP contractors were invited to have youth in their TOP clubs develop a poster presentation on one of the following topics:

- How can adults keep teens healthy?
- What health topics do you need more resources for and why?
- What can adults do to support youth in making healthy choices?
- How has your TOP club influenced the health of your community through CSL?
- How can adults get youth more engaged in decision making in your community?



TOP Contractors were asked to vote on a winning poster (among TOP clubs or to select one TOP club to submit a poster to AMCHP). TOP clubs were also encouraged to present posters to superintendents, school nurses, health department staff, and other relevant stakeholders for voting, which allowed youth to educate local officials as a service-learning activity. Each Missouri TOP contractor was invited to send their winning poster, one facilitator/coordinator, and two youth to attend at least two days of the national AMCHP conference. Youth can attend skill building and networking sessions with other youth from around the state and around the country. Wyman approved the use of TOP funds to support travel to the AMCHP conference (as a service learning activity).

TOP club posters were displayed in a dedicated youth engagement room at the AMCHP conference. At the end of Day 1 of the conference, attendees were invited to view and vote on the posters, and one winning poster was selected for display in the AMCHP Conference Exhibit Hall.

Youth earned CSL hours during the poster creation process, and youth attending the AMCHP conference were eligible to receive additional CSL hours after debriefing their TOP club on their conference experience.

The MDHSS provided TOP clubs participating in the poster contest with a collection of teams-building activities, and poster winners were displayed in the health department.

Engaging youth through TOP clubs in this way not only provided the youth with an engaging service-learning opportunity, but also provided insight for adults on how youth see their health issues and solutions and brought the voices of youth to a national audience.

Other Examples of Title V/MCH Engaging Youth Through Partners

New Jersey: The Title V/MCH program collaborates with the New Jersey Health Initiatives (NJHI), the statewide grantmaking program of the Robert Wood Johnson Foundation, and the Lindsey Myer Teen Institute (LMTI) to align teen-focused language and skills development, and promote collective impact and community engagement around adolescent health and . Evolving from several years of meeting and discussing approaches, language and engagement of youth in their missions and program visions, they have built up a collective of youth who have received programming centered around civic engagement, social emotional learning, and leadership. The New Jersey Adolescent Health Program, NJHI, and LMTI are planning discussions on creating a leadership bank for these young people to stay connected (to be considered a state Youth Advisory Board (YAB). The first official statewide meeting of the YAB (with about 16 youth) will take place at the end of 2019. The meeting objectives are to report on their experience in youth programming and to inform the New Jersey Department of Health focus areas for 2020.

West Virginia: Housed in the Office of Maternal, Child and Family Health, the West Virginia Adolescent Health Initiative (AHI) supports collaborative, community-based efforts designed to develop the assets youth need to thrive and become successful through a dedicated network of eight regional adolescent health coordinators. The regional health coordinators provide technical assistance to youth, parents, teachers, health care professionals, regional networks, and civic groups on how to improve adolescent health. In 2016, AHI developed and administered a survey through these regional coordinators to gather input from youth and parents on its programmatic efforts. The survey contained aa special inquiry about the need the to address bullying and cyberbullying, an issue that youth raised as a particular concern. The survey results informed a Students Against Destructive Decisions (SADD), a statewide campaign called "You've Been Heard," and also filmed a video featured at the campaign's launch in January 2017. Through the regional coordinators, AHI worked with community partners to distribute the survey through West Virginia's TAG Facebook page and other social media outlets, at youth group meetings, and other community-based organizations. The West Virginia AHI plans to survey youth again with the help of the regional coordinators and their local community partners such as local SADD chapters, school advisory groups, Gay-Straight Alliance clubs or youth centers, and other youth-serving partners. The Adolescent Health: Think, Act, Grow® (TAG) initiative identified this effort as a successful strategy. Read the TAG Profile: WV in Action. West Virginia's AHI program also has been featured in AMCHP's PULSE, highlighting their efforts to engage school-based health coalitions.

CHECKLIST FOR ACTION

1 Assess and utilize or replicate existing internal and external youth engagement structures:

☐ Identify existing Title V/MCH structures for engaging youth (grant-funded advisory groups, programs, and services that have young people as a primary population).

☐ Find out who else in your state agency is addressing youth issues/populations and determine whether they have an existing youth engagement structure or are interested in coordinating with an existing one to develop a structure.

☐ Explore and use existing tools developed by other state Title V/MCH programs. These tools include youth focus group guides and protocols (facilitator guides, questions, sample parent letters and consent forms, listening guides, and note-taking forms/tools, and IRB approval letters).

☐ Identify other state-level programs, organizations, and initiatives that are engaging youth outside of Title V/MCH. These would include foster care and programs serving school-based youth, homeless youth, and other hard-to-reach youth populations.

☐ Identify community-level structures that already have access to young people. These structures include 4-H, Boys and Girls Clubs, sports organizations, school clubs, faith-based organizations, community-based clinics, and social/health services organizations and agencies.

☐ Explore programs and services that reach older youth and those transitioning to adult services such as foster care and programs on university and college campuses.

2 Assess the intentionality of youth engagement structures in your state. Are youth engagement structures:

☐ Seeking authentic input from youth, or only including them as subsets of broader stakeholder engagement structures, such as clinic surveys with adolescent specific questions?

☐ Seeking and gathering input that represents the culture and diversity of young people in your state?

☐ involving youth in meaningful ways and as equal partners with adults?

3 Determine the comfort level and knowledge of health department staff and partners in engaging and building partnerships with young people. This type of assessment requires exploring the reasons for and benefits of youth engagement and determining whether youth inclusion is done in a meaningful way or perfunctory way.

National initiatives that collect data on young adult needs such as Got Transition?, Family-to-Family Health Information Centers, and Research Network on Transitions to Adulthood can also provide important information on how to best reach older youth/young adults.

What makes a Good Youth/Adult partnership?

- Communication
- Being able to understand each other
- Lots of energy geared toward strengthening the relationship
- Effort on both sides
- Shouldn't dismiss ideas
- Share 50/50
- Eliminate hierarchy
- Sensitivity

Conducting Focus Groups with Youth and Teens, Boys & Girls Clubs of America

Key Resources

Best Practices for Youth Engagement: A Resource for Title V/Maternal and Child Health Programs (RESOURCE PAGE)
In 2015, AMCHP launched a virtual Community of Practice focused on improving the capacity of MCH professionals and advocates to increase youth engagement in Title V programming. This resource page has extensive promising and best practices for youth engagement, organized by topic area and strategy.

Best Practices for Youth Engagement: A Resource for Title V/Maternal and Child Health Programs (ONLINE MODULE)
This online companion module to the AMCHP Community of Practice resource page includes an inventory of promising and best practices for youth engagement in Title V/MCH programs.

Engaging Youth and Young Adults in Needs Assessment, June 2019 (WEBINAR ARCHIVES)
Co-hosted by AMCHP and the Adolescent and Young Adult Health National Resource Center, this webinar explored different approaches to engaging youth and young adults in the Title V needs assessment. The webinar includes Colorado and Puerto Rico's strategies for youth engagement. Representatives from Puerto Rico's Youth Advisory Council also discussed their involvement in the Title V needs assessment and their experiences with the process.

Engage Young People In Your Needs Assessment
This fact sheet from the State Adolescent Health Resource Center and the Adolescent and Young Adult Health National Resource Center provides recommendations for strategies, venues, and ideas for engaging youth and young adults in the Title V/MCH needs assessment.

Youth-Centered Care Elements & Examples
The National Network of State Adolescent Health Coordinators (NNSAHC) and the State Adolescent Health Resource Center (SAHRC) compiled key elements of youth-centered care based on the World Health Organization's eight global standards. A companion online resource provides examples of and links to more than 150 resources and examples from 33 states.

Building Effective Youth-Adult Partnerships
Developed by Advocates for Youth, this resource describes the elements and benefits of true youth- adult partnership.

Youth Engagement Toolkit
Developed by the Assets Coming Together (ACT) for Youth Center for Community Action (ACT for Youth), this collection of tools and resources for youth engagement includes Youth in Decision Making, Strengthening Communities through Youth Participation, Youth as Evaluators, and Washington Your Voice Handbook.

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