



2022: issue 2, march

Dear State Adolescent Health colleagues,

If The Ghost of School Year Future had told me in 2019 that my kids would miss weeks of school at a time, I would have panicked. In 2022, of course, sharing each other's space for weeks on end is old news. My family even came into this third Covid-19 spring with a glimmer of hope that maaayyybee, with the pandemic receding, a fresh start was ahead.

For the last three weeks, a Minneapolis teacher's union strike has landed my daughters back at home again, with no end in sight. We see their teachers when we bring them coffee and pastries, but our house has that pandemic shutdown feel for the second (third? fourth?) time. I've lost count. And it's Minnesota's mud season.

We all want to be done mourning the things we can't do. We're ready to get back to our healthy youth development aspirations. But, of course, we'll be in this pandemic aftermath mode for a while; rebuilding lost and weakened systems and services for young people, helping them and everyone who cares about them get a grip on what happened and what comes next.

As always, young people guide us in this work: a recent youth-led virtual town hall hosted by AMCHP's Youth Voice Amplified advisory council was attended by scores of young people from around the country, and featured messages of hope, encouragement and empowerment.

You are leading this work, too. In [our recent report on survey responses](#) from state adolescent health coordinators' (SAHCs) in state health agencies, fully half of states reported managing some aspect of programming or reporting on National Performance Measure 10: Adolescent Well Visits (AWVs). In response, we're devoting this issue of SAHRC Connections to NPM 10.

As public health professionals, we know that more holistic use of AWVs as a standard practice could fill the awkward and COVID-weakened gap in our nation's approach to young peoples' physical and mental health care. We understand that the quality of these visits is as crucial as quantity, and that "quality" hinges on the extent to which these services are designed for—and even by—young people. SAHRC's [Youth-Centered Care: Elements and Examples](#) reminds us that the unifying feature of youth-centered, youth-friendly care is that it gives young people the knowledge, skills, and resources they need to transition to adult health systems.

"Transitions," by the way, happens to be the theme of this year's [International Adolescent Health Week](#) (March 20-26): transitions from childhood to adulthood, physically and mentally; from a pre-pandemic life into a life shaped by a pandemic; from dependence to independence; from leadership from older generations to this younger one. [Meet the Youth Ambassadors](#) representing 31 countries who are shaping IAHW 2022. Many states are also hosting their own events: Iowa's SAHC Mary Greene reports that Iowa's governor signed a proclamation in honor of IAHW. Use this [multilingual IAHW toolkit](#) to participate!

Youth-centered care also respects and responds to young people's cultural strengths and needs, and acknowledges and addresses the barriers to care that many young people face. April, [Minority Health Awareness Month](#), is a(nother) perfect time to give your community a boost in calling out and addressing systemic racism and health disparities.

To finish where I started (with teachers' strikes and mud), it's easy to get mired down in what we've lost, what we still can't do, and the knowledge that we'll be here a while longer. The good news is that there is already an impressive body of work available to us. We don't have to reinvent youth-centered services: we just have to follow that light at the end of the tunnel. Be well.

On behalf of the State Adolescent Health Resource Center Team,

[Lynn Bretl](#), MPP

Director, State Adolescent Health Resource Center at the University of Minnesota

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# YouthCHAT

## *the minnesota model for youth-involved adult training*

Nearly 30 years ago, recognizing that adolescent populations were reflecting an increasingly multi-cultural society and that care strategies were needed to support equitable and effective care for all youth, a University of Minnesota (UMN) School of Nursing faculty team took on the task of exploring what constitutes effective care across cultures and developing a training methodology to support the skills needed for effective cross-cultural care.

The resulting initiative – called YouthCHAT – employs youth actor/teachers to help health care trainees learn effective communication skills for adolescent care. YouthCHAT found its permanent home in the Medical School's Division of Adolescent Health and Medicine. For decades, it trained pediatric and medicine/pediatric residents, pediatric nurse practitioners, and family medicine residents and child psychiatry residents using this methodology .

Today the YouthCHAT program thrives in the Department of Pediatrics. It features diverse youth trained in role-playing health care scenarios with pediatric residents and nurse practitioner students. At the conclusion of mock clinical interviews, the YouthCHAT actors provide constructive feedback to the residents and nurse practitioner students about the simulation.

This carefully-crafted interaction helps residents and nurse practitioner students become comfortable working with adolescents, receive critical feedback on how the interaction went, and prepare them for future conversations with young people.

YouthCHAT pivoted successfully to the virtual space in COVID times. "The change to an online platform provided an additional training bonus," says Dr. Jenny Oliphant who co-leads the program with Dr. Janna Gerwitz-O'Brien.

Using Zoom to mimic real-world telehealth interactions, trainees had the opportunity for practice and feedback in a virtual environment, a venue in which most had never before provided care. The program's leaders were also pleasantly surprised to find that acting via Zoom didn't change the impact of learning. "The scenarios still evoked emotions for our trainees and still feel very real to them," Oliphant says.

Going forward, these YouthCHAT actor/trainee sessions will continue to be offered online. "In addition to achieving our learning outcomes, holding these training sessions online provides our youth actors with more flexibility," said Oliphant. And, for young people, flexibility is a big part of accessibility. "Allowing our actors to Zoom in from any location not only increases their availability, but it allows them to participate from all over the world."

In 2013, the State Adolescent Health Resource Center documented the YouthCHAT training components and considerations in [YouthCHAT: The Minnesota Model for Youth-Involved Adult Training, Implementation Guide](#) in collaboration with the UMN Department of Pediatrics to help other states and settings adapt this model. While some elements of the training have evolved over time, this guide includes worksheets, tools and reading lists from YouthCHAT's decades of experience.

For more information about the implementation guide or to connect with MN YouthCHAT leaders, [contact the State Adolescent Health Resource Center](#).

## youth voices in health care



pediatric provider and new adult provider can smooth the transition to adult care. For more information, also check out Got Transition's [Joint Telehealth Visit Toolkit](#).

This Is What It's Like Going To The Gynecologist When You're Black, Trans and in Texas, [HuffPost](#), February 3, 2022. 2/3/2022.

[Voices of Transgender Adolescents in Healthcare](#), developed by the [Adolescent Health Initiative](#) (AHI) at the University of Michigan Health System (UMHS), offers perspectives from transgender and gender non-conforming youth about their experiences and what they want from the healthcare system.

["What Can Medical Providers and Teachers Do To Help You Take Charge of Your Own Health Care?"](#) Second in a four-part video series on [Preparing for Adulthood](#) from PACER's National Parent Center on Transition and Employment, teens respond to questions about their preferred method of communication for health care information.

The School-Based Health Alliance's [Youth Health Hub](#) aims to connect young people who are involved in a school-based health center or interested in the intersection of health and education in order to build a community, find national and local opportunities, browse articles, find events, and more.

[Ohio Adult Allies' Youth-Led Prevention Network](#) features adult and youth perspectives on youth-led programming before, during, and after the pandemic.

## best of youth-centered care resources

### [Youth-Centered Care Elements & Examples](#).

Based on the World Health Organization's eight global standards for youth-centered care, this compilation from the State Adolescent Health Resource Center outlines eleven elements of youth-centered care, considerations for "what that looks like" in practice, and over 150 accompanying examples from 33 states.

Time alone with providers is a feature of quality AYA well-visits. But this [recent research](#) from the University of Minnesota's Prevention Research Center found that the best practice of adolescents having time alone with providers to discuss sexual and reproductive health is still relatively rare in AYA healthcare.



Transforming Health Care for Adolescents and Young Adults: An [interactive training module](#) and [resource inventory](#) from the AYAH-NRC guides clinical improvement teams in implementing change in their settings and supports states, agencies, and organizations working on National Performance Measure #10 of the Title V / MCH Block Grant (percent of adolescents, ages 12 -17, with a preventive medical visit in the past year) or a similar performance measure related to AYA preventive services.

[Youth-Centered Care and Family Inclusion](#). This 23-minute video from AMCHP defines youth-centered care and identifies common pitfalls in adolescent healthcare delivery and programming. A discussion on the difference between dryer sheets and velcro is an entertaining metaphor for the value of caregiver involvement.

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## state champions in youth-centered care

AMCHP's [MCH Innovations Database](#) can connect you with evidence-based practices that positively impact maternal and child health, including practices around Adolescent Well Visits (AWVs) such as: Michigan's Adolescent Champion Model; Massachusetts' young parent-centered, two-generation, case management model for pregnant and parenting teens; Vermont's youth health improvement initiative (VCHIP); Wisconsin's PATCH Toolkits, educator trainings and advocacy fellowships for teens; and Pono Choices, Hawaii's culturally responsive teen pregnancy and sexually transmitted infection (STI) prevention curriculum.

[The Arizona MCH Program's Approach to Supporting AYA Mental Health](#). AMCHP's latest #ScreenToIntervein blog post highlights the Arizona MCH program's approach to enhancing equitable and optimal initiatives that positively impact the emotional, physical, and social well-being of adolescents. Arizona is one of five state teams participating in the Adolescent & Young Adult (AYA) Behavioral Health CoIIN project, which seeks to increase the rate of depression screenings among AYAs with an appropriate follow up care plan, if necessary.

[AYAH Collaborative Improvement and Innovation Network's](#) (CoIIN) state profiles. These infographic profiles of 5 states (IA, VT, TX, MI, NM) that, since 2017, are identifying and implementing evidence-based

Maternal and Child Health at Georgetown University offers strategies, evidence summaries, and promising practices for implementing NPM #10.

Got Transition's new report, "[The Changes in Implementation of Health Care Transition in State Title V Care Coordination Programs: 2017-2021](#)," summarizes annual progress of Title V care coordination programs in implementing the Six Core Elements of Health Care Transition. It also shows how states have improved their use of evidence-informed HCT strategies, such as needs assessments, education, collaborative partnerships, youth and family leadership support, quality improvement, and policy/systems development, even during the COVID-19 pandemic.

[Adolescent Health Initiative Sparks](#) from the University of Michigan's School of Medicine are free, ready-to-use 15-30 minute conversation starters for multidisciplinary audiences. The PowerPoint presentations, facilitator scripts, and follow-up materials are great for staff meetings or professional development opportunities. Visit the Sparks library for topics like [Identifying and Supporting Trafficked Youth](#); [Strengths-Based Approaches to Adolescent Sexual Health](#); [Confidentiality Laws](#) and [Best Practices](#).

The Activate Collective, bringing Adolescent Sexual & Reproductive Health Research to Youth-Supporting Professionals, created a [strategy wishlist](#) for developing more inclusive, youth-centered sexual and reproductive health resources.

The Center for Adolescent Health and the Law offers [resources on consent and confidentiality](#) protection.

## minority health awareness month

April is [Minority Health Awareness Month](#), the perfect time to give your community a boost in calling out and addressing systemic racism and health disparities. Here are some ideas:

- [The Intersection of Anti-Black Racism and Adolescent Development](#), the first Council Report from the [National Scientific Council on Adolescence](#) (NSCA), at the UCLA Center for the Developing Adolescent, explores how racism and related inequalities impact adolescent's developmental milestones and offers guidance on how to support Black middle school and high school youth.
- Positive Youth Development practitioners at the Southwest Interdisciplinary Research Center (SIRC) explore [Promoting Positive Youth Development and Health in a Racist Environment](#).
- Check out this 2020 article in the Journal of Youth Development on the need for [sustained antiracist approaches to research, publishing, practice, and policy in the youth development field](#).
- The Society for Adolescent Health and Medicine's (SAHM) [Diversity Committee](#) created this [Anti-Racism Toolkit](#), offering resources to help adolescent health professionals combat racism, promote racial justice, reduce health disparities, and advance health equity for youth.
- [Health, Safety, and Well-Being of Adolescents and Young Adults in the United States: What Is at Stake Beyond 2021?](#) Co-authored by Abigail English and AYAH-NRC partner, Claire D. Brindis, this article examines AYA health within the contexts of COVID-19, systemic racism, and climate change, and the role of social determinants of health (SDHs) play in overcoming these challenges.
- These [Equity Conversation Guides for Young Leaders and Partners](#), developed by The Annie E. Casey Foundation, help facilitators lead groups of young people in understanding the history of structural racism and how it operates today. Groups will learn about important terms and concepts for discussing racism and equity, make group agreements that encourage open and productive conversation and learn how youth organizing has produced lasting positive change.
- For [Women's History Month](#), UC Berkeley Public Health celebrates 150 years of women and [15 Women Who Changed Public Health](#), including Amani Allen whose body of work revealed how experiencing racism affects health outcomes, and Jane Garcia, a trailblazer for culturally appropriate clinical care for multilingual and multicultural populations.

## SAHC superpowers in focus

In 2021, the State Adolescent Health Resource Center conducted a survey of state adolescent health coordinators (SAHCs) in Title V/MCH programs to learn about (and respond in the coming year) their specific professional development needs.

Want to know more about SAHCs and state AYA programming? Visit the National Network of State Adolescent Health Coordinators' [sparkly new website](#) and find your people. You can search member profiles by NPMs managed, and even learn about their individual superpowers.

And speaking of superpowers, here's what you as a group achieved in the last year:

- Showed up to work every day in a perpetual state of pandemic unknowns and, nevertheless, persisted.
- Adapted your administrative processes and programs to Covid times.
- Used this bizarre new world to create or increase partnerships with youth-focused community organizations.
- Maintained and grew youth advisory structures using the powers of the interwebs.
- Expanded your programs' focus on health equity.
- Expanded your services to include more youth populations like rural and/or pregnant youth.

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## about sahrc

The State Adolescent Health Resource Center (SAHRC) works to build a national network of states and territories in which adolescents and young adults (AYA) are bedrock priorities in practice and policy. Created by MCHB in 2000 to elevate AYA health as a state-level priority within the Title V/MCHB structure, we offer workforce development in the form of ongoing responsive leadership, technical assistance, research-based resources, and community-building opportunities. This newsletter is funded through SAHRC's partnership with The Adolescent and Young Adult Health – National Resource Center (“the Center”) which also includes the [National Adolescent Health Information Center](#), the [Association for Maternal and Child Health Programs](#), and the [National Improvement Partnership Network](#). The Center is supported by the Maternal and Child Health Bureau, Health Services and Resources Administration, USDHHS cooperative agreement U45MC27709, Adolescent and Young Adult Health Capacity Building Program. The contents don't necessarily represent the views of or an endorsement by HRSA, HHS, or the U.S. Government.



SAHRC respectfully [acknowledges](#) that the University of Minnesota stands on traditional Dakota lands. We #HonorNativeLand and you can too. [Find out whose land you're on.](#)

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