

# DC American Academy of Pediatrics Adolescent Health Working Group Quarterly Report March 31, 2013

## **Formation of the Adolescent Health Working Group Lee Beers, MD, President of DC AAP**

Many adolescents in Washington DC face barriers to optimal health, such as poverty, poor educational attainment, community violence, limited access to care and inadequate health education. In December 2012, with the support of The Summit Fund of Washington, the DC Chapter of the American Academy of Pediatrics (DC AAP) formed a city-wide Adolescent Health Working Group--bringing together leaders in adolescent health from local health care facilities, community based agencies and governmental organizations to develop a coordinated and comprehensive approach to improving adolescent health in DC. DC AAP is mission driven and action oriented – it is the recognized Washington DC affiliate of the national organization of 60,000 pediatricians committed to the attainment of optimal physical, mental, and social health and well-being for all infants, children, adolescents, and young adults.

The DC AAP Adolescent Health Working Group uses the improvement partnership model -- reviewing best practices, identifying priorities for intervention and combining resources to effect change. A diverse group of leaders and stakeholders are members of the group, and early evidence of impact is already being seen. This briefing is the first quarterly policy report the group will prepare, with the goal of educating and informing adolescent health advocates across the city. Additionally, the group is planning a city-wide Adolescent Health Advocacy Training Summit for October 1, 2013, in collaboration with the American Academy of Pediatrics Department of Federal Affairs — save the date and look for more details this summer. Through working together, with all partners contributing their strengths and expertise in a truly collaborative effort, DC AAP and the DC AAP Adolescent Health Working Group envision a city where all adolescents are healthy, thriving and achieving their potential.

### **What is the current state of adolescent health in the District of Columbia? Krishna Upadhy, MD, MPH; Chair, Adolescent Health Working Group**

A February, 2013 report released by Raise DC highlights alarming statistics regarding the current state of education and employment opportunities for youth in the District of Columbia. The report states that less than 50% of DC 8<sup>th</sup> graders are proficient or advanced in reading according to DC Comprehensive Assessment System (DC CAS) results and only 61% of students graduate from high school. Even more disturbing than the overall statistics, however, are the very significant racial and ethnic disparities in outcomes for youth that were found. While these findings certainly point to poor educational outcomes, they also have significant implications for the health of young people in our city.

The disparities seen in educational outcomes also contribute to and help explain existing racial disparities in the District's teen pregnancy, HIV and sexually transmitted infection rates. As we think about breaking down silos and broadening coalitions to address educational and vocational needs for youth, we must also consider the importance of health-promoting organizations and doctors specializing in the care of children, adolescents and young adults in the District of Columbia. Improved coordination of funding and health promotion activities, including school health programs and family planning care, are critical to improving the overall health of adolescents in the city. The DC AAP Adolescent Health Working Group is beginning the process to create better communication and coordination and will continue broadening our coalition to improve the health of adolescents in our city.

# Key Priority #1: Ensure Access to Developmentally Appropriate Health Services for All Adolescents in DC

## WHERE WE ARE:

According to the latest RAND Report, most adolescents in DC have health insurance but still lack access to health care. As a result, the teenage pregnancy and STI rates in DC are among the highest in the United States. Further, DC adolescents are at higher risk for chronic conditions and mortality. Many adolescent women in DC become pregnant even when they have access to contraception because pregnancy prevention requires consistent and correct contraceptive use. Learning how to use contraceptive methods properly requires that both behavioral and method-specific issues be addressed. Barriers to access in DC include distance to the nearest health center, availability of culturally competent environments and privacy issues. Research has shown adolescents will forego necessary health care because they value their privacy and autonomy. Adolescent friendly facilities, therefore, can provide a safe, convenient, confidential and non-judgmental atmosphere that helps encourage adolescents to seek services. School based health centers (SBHCs) are another important way to address health care access issues. SBHCs are convenient for adolescents and provide services for acute, chronic and reproductive health care.

## WHAT WE'VE DONE AND WHAT WE'RE WORKING ON:

### **Advocating for Additional Responsibilities for School Nurses**

Working with government agencies to advocate for empowerment of school nurses to provide reproductive health screening.

### **Monitoring Medicaid/MCO Selection Process and Access Issues**

Investigated concerns that the acquisition of Chartered Health Plan by AmeriHealth Mercy would affect adolescent access to Family Planning & Contraception services. At present, it is AHWG's understanding that the acquisition will not affect access to these services.

### **Improving Pregnancy Prevention Mechanisms including Access to Long Acting Reversible Contraceptives (LARC)**

Working on creating a comprehensive list of providers willing to place LARCs in collaboration with the American College of Obstetrics and Gynecology (ACOG) and other national groups working on this issue.

## BEST PRACTICE GOALS FOR DC:

### **The World Health Organization recommends that health care for adolescents must be:**

- **Accessible:** Policies and procedures ensure that services are broadly accessible.
- **Acceptable:** Policies and procedures consider culture and relationships and the climate of engagement.
- **Appropriate:** Health services fulfill the needs of all young people.
- **Effective:** Health services reflect evidence-based standards of care and professional guidelines.
- **Equitable:** Policies and procedures do not restrict the provision of and eligibility for services.

### **Key Recommendations from the 2009 IOM Report *Adolescent Health Services: Missing Opportunities:***

- Providers of adolescent primary care services and the payment systems that support them should make disease prevention, health promotion, and behavioral health (including early identification, management, and monitoring of current or emerging health conditions and risky behavior) a major component of routine health services.
- As part of an enhanced primary care system for adolescents, health care providers should focus attention on the particular needs of specific groups of adolescents who may be especially vulnerable to risky behavior or poor health because of selected population characteristics or other circumstances.
- Within communities—and with the help of public agencies—health care providers, health organizations, and community agencies should develop coordinated, linked, and interdisciplinary adolescent health services.

## **Key Priority #2: Ensure Access to Quality Health Education**

### **WHERE WE ARE:**

#### **DC CAS Results/Data**

DC is the first jurisdiction in the country to add health questions to the Comprehensive Assessment System (CAS) in order to measure student progress on health education. In December, 2012 the Office of the State Superintendent (OSSE) revealed data showing the percentage of questions answered correctly by topic area. High school students correctly answered 67% of questions on Human Growth and Development, 75% on Sexuality and Reproduction, 60% on Disease Prevention and only 46% on Locating Health Information and Assistance.

#### **CDC 2011 Youth Risk Behavior Surveys**

According to the results of the Centers for Disease Control and Prevention, 2011 Youth Risk Behavior Surveys, DC high school students are suffering from higher rates of preventable illnesses and engaging in riskier behavior than their peers nationally. DC students are more likely to engage in sexual intercourse for the first time before age 13; to have had four or more sexual partners; to fail to use birth control; to have significantly higher rates of sedentary behavior and to report not eating any fruits or vegetables at significantly higher percentages than their peers nationally. DC students are more likely to carry a gun, attempt suicide, and engage in physical fighting. The rates of asthma and obesity amongst DC high school students are higher than their peers nationally. Clearly, there is work to be done to better educate our students regarding their health and well-being.

### **WHAT WE'VE DONE AND WHAT WE'RE WORKING ON:**

#### **Testified and made recommendations to DC School Board re: Health Education Graduation Requirements**

Numerous members of the Adolescent Health Work Group (AHWG) testified at the January 23<sup>rd</sup> State Board of Education (SBOE) Hearing on Graduation Requirements. AHWG members recommended increasing the current OSSE recommendation (requiring D.C. high school students to complete only 0.5 Carnegie Units) to the national standard of 2.0 Carnegie Units over a 4-year period.

#### **Working with the OSSE and the Advisory Group on Development of a Strategic Plan. Continuing to work to improve the DC CAS health questions for future years and to create a professional development system for teachers so they have the tools they need to deliver high quality sex education.**

The Advisory Group, a consulting firm specializing in health care and education has agreed to donate time to collaborate with OSSE in creating a strategic plan around health and reproductive issues to build capacity for high quality health education.

#### **Seeking publication of more detailed health education data from the DC CAS**

The initial data released by OSSE provides an overview but does not provide enough detail to guide education efforts. The AHWG is taking steps to request additional information, including the specific topics covered in the health education questions and performance by location, in order to facilitate effective use of the CAS data.

### **BEST PRACTICE GOALS FOR DC:**

#### **The Centers for Disease Control and Prevention (CDC) recommends:**

- Increasing health education in DC to prevent unintentional injury; violence; suicide; tobacco use; alcohol and drug use; teen pregnancy; HIV/AIDS; STDs; unhealthy dietary patterns; and inadequate physical activity.
- According to National Health Education Standards and the Committee on Comprehensive School Health Programs in Grades K-12, the Best Practice standard for health education is between 2 - 2.5 Carnegie Units.

## **Key Priority #3: Maximize Availability and Utilization of School Based Health Centers**

### **WHERE WE ARE:**

A large percentage of children are enrolled in private and public insurance in the District. 97% of Medicaid eligible children in DC are enrolled in the Medicaid program. Yet, patient revenues do not cover the costs of operating an SBHC, thus additional funding sources must be identified and cultivated. Currently, there is inadequate local data to demonstrate the benefits and cost savings provided by SBHCs, though the benefits are well-documented nationally. These benefits and savings include keeping children in the classroom and parents at work; improving immunization rates; increasing preventive visits; improving attendance rates associated with asthma management; and reducing Emergency Room expenditures (primarily for asthma). In order to make SBHCs sustainable in DC, local data must be collected and analyzed to support additional funding for existing SBHCs and to raise funds to build additional SBHCs.

### **WHAT WE'VE DONE AND WHAT WE'RE WORKING ON:**

#### **Researching Best Practices for Data Collection and Analysis in Order to Document the Value of SBHCs and Gain Support for Additional Funding to Sustain and Expand SBHCs**

Working with operators of SBHCs and the National Assembly for School Based Health Care to collect information on data collection, analysis and reporting practices utilized in other jurisdictions. NASBHC has agreed to do data and cost analysis for DC, utilizing data from DC Public Schools (DCPS), the Department of Health Care Finance (DHCF) and the Department of Health (DOH).

#### **Planning and convening a city-wide meeting to create a sustainable business model for SBHCs**

AHWG will bring together a group of national experts and DC government officials for a half-day planning session on sustainability models for SBHCs.

#### **Investigating creation of a waiver process in DC to enable Medicaid billing for teens with privacy concerns and working to ensure that all SBHC services are being billed in order to facilitate data collection**

### **BEST PRACTICE GOALS FOR DC:**

**The SBHC Supports the School:** The SBHC is built upon mutual respect and collaboration between the school and the health provider to promote the health and educational success of school-aged children.

**The SBHC Responds to the Community:** The SBHC is developed and operates based on continual assessment of local assets and needs.

**The SBHC Focuses on the Student:** Services involve students as responsible participants in their health care, encourage the role of parents and other family members, and are accessible, confidential, culturally sensitive, and developmentally appropriate.

**The SBHC Delivers Comprehensive Care:** An interdisciplinary team provides access to high quality comprehensive physical and mental health services emphasizing prevention and early intervention.

**The SBHC Advances Health Promotion Activities:** The SBHC takes advantage of its location to advance effective health promotion activities to students and community.

**The SBHC Implements Effective Systems:** Administrative and clinical systems are designed to support effective service delivery, incorporating accountability mechanisms and performance improvement practices.

**The SBHC Provides Leadership in Adolescent and Child Health:** The SBHC model provides unique opportunities to increase expertise in adolescent health, and to inform and influence policy and practice.

## ADOLESCENT HEALTH ACRONYM KEY

ACA	Affordable Care Act	HAHSTA	HIV/AIDS, Hepatitis, STD and TB Administration
ACEs	Adverse Childhood Events	HE	Health Education
ACOG	American College of Obstetrics & Gynecology	HECAT	Health Education Curriculum Assessment Tool
APRA	Addiction Prevention and Recovery Administration	HSA	Healthy Schools Act
ARHP	Association of Reproductive Health Professionals	IOM	Institute of Medicine
CASHB	Child, Adolescent and School Health Bureau	LARC	Long Acting Reversible Contraceptives
CCDC	Community College of DC	LGBTQ	Lesbian, Gay, Bisexual, Transgender and Questioning
CCSS	Common Core State Standards	MCO	Managed Care Organization
CCSHP	Committee on Comprehensive School Health Programs	NHES	National Health Education Standards
CFSA	Child and Family Services Agency	OCF	Office of Contracts and Procurement
CHA	Community Health Administration	OSSE	Office of State Superintendent of Education
CHET	Community Health Education Team	OYE	Office of Youth Engagement
CPPE	Center for Policy, Planning and Evaluation	PA	Physical Activity
CYSHCN	Children and Youth with Special Health Care Needs	PCSB	Public Charter School Board
DC CAS	DC Comprehensive Assessment System	PE	Physical Education
DCMR	DC Municipal Regulations	PRCH	Physicians for Reproductive Choice and Health
DCPL	DC Public Libraries	PCMH	Patient Centered Medical Home
DCPS	District of Columbia Public Schools	SAHM	Society for Adolescent Health and Medicine
DCSBOE	District of Columbia State Board of Education	SBHC	School Based Health Center
DHCF	Department of Health Care Finance	SBOE	State Board of Education
DHS	Department of Human Services	SEICUS	Sexuality and Information and Education Council of the U.S.
DMH	Department of Mental Health	SHPPS	School Health Policies and Practices Study
DOES	Department of Employment Services	TANF	Temporary Assistance for Needy Families
DOH	Department Of Health	UDC	University of DC
DYRS	Department of Youth Rehabilitation Services	WRAP MC	DOH's Condom Availability Program
EHB	Essential Health Benefits	WHO	World Health Organization
FCSSD	Family Court, Social Services Division		

## KEY UPCOMING EVENTS

- April 10, 2013: Department of Health (DOH) Budget Hearing
- April 11, 2013: Department of Health Care Finance (DHCF) Budget Hearing
- April 18, 2013: Department of Mental Health (DMH) and Office of the Deputy Mayor for Health and Human Services (DMHHS) Budget Hearings
- April 19, 2013: Not-For-Profit Hospital Corporation (NFPHC) Budget Hearing
- April 23, 2013: Special Election for At Large Member, DC Council
- October 1, 2013: DC AAP Adolescent Health Working Group Advocacy Training

## PENDING LEGISLATION

The Department of Health Grant Making Authority Emergency Amendment Act of 2013  
 The Department of Health Grant Making Authority Temporary Amendment Act of 2013  
 The Department of Health Grant Making Authority Amendment Act of 2013

Take Action: Let your voice be heard in support of increased funding for SBHCs by contacting Council Member Yvette Alexander's Office: 1350 Pennsylvania Avenue, Suite 400, NW Washington, DC 20004, Tel: [\(202\) 724-8068](tel:2027248068) <http://www.dccouncil.washington.dc.us/council/yvette-alexander>

Know of other events of importance to Adolescent Health in DC? Email us at [dcaap@ymail.com](mailto:dcaap@ymail.com)