

DC American Academy of Pediatrics Adolescent Health Working Group Quarterly Report June 30, 2013

Overview of Adolescent Health Working Group Krishna Upadhyia, MD, MPH; Chair

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 (AHWG) -- 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. 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. This briefing is the second quarterly report the group will prepare, with the goal of educating and informing adolescent health advocates across the city.

Adolescent Health Working Group Creates Adolescent Health Action Plan

During the first six months of its existence, the Working Group has continued to build its coalition of partners dedicated to improving the health of adolescents in the District of Columbia. Each member organization has a unique mission and our goal as a Group is to build a comprehensive agenda that also allows the needs of individual member organizations to be served. One key goal we have set is to work together to train and mobilize the broader health community in the District to advocate for policy change. An important step towards that goal will be an Adolescent Health Working Group Advocacy Training Summit to be held on October 1, 2013.

As we move ahead we will continue to work towards the following goals and objectives:

- 1) Ensure access to comprehensive sexual and reproductive health services for all adolescents
 - Obtain sustained financial commitment for School Based Health Centers (SBHCs) from District Government
 - Ensure that long acting reversible contraceptives (LARCs) are available at all SBHCs
 - Expand the role of School Nurses to include pregnancy and sexually transmitted infection (STI) testing
 - Create and maintain an up-to-date directory of LARC providers who are teen friendly
 - Pursue a State Plan Amendment to expand insurance coverage of family planning services
- 2) Ensure access to comprehensive health education for all adolescents
 - Increase graduation requirement for health education
 - Ensure that DC CAS health assessment data is available for analysis
 - Ensure that health education curriculum and assessment are comprehensive and evidence based
- 3) Facilitate the integration of mental health services into primary care
 - Ensure that pediatricians have the skills, knowledge and time to properly identify and treat basic mental health issues and to quickly link children who need referrals to the appropriate mental health specialists and services.

AHWG Co-Hosts Roundtable on School Based Health Centers

The Adolescent Health Working Group co-sponsored an exciting and informative roundtable with DC Campaign to Prevent Teen Pregnancy on May 22, 2013, entitled, *School-Based Health Centers: Graduating to Good Health*. More than 75 people gathered at American Public Health Association headquarters to hear from teen and adult experts. School-Based Health Centers (SBHCs) bring health care services to children where they are, in schools. These centers and programs provide quality health care services on or near school property which helps students be healthy and successful in school. SBHC's focus on the prevention, early identification and treatment of medical and behavioral concerns that can interfere with a student's learning. At the SBHC Roundtable, panelists examined how to ensure the sustainability of DC's school based-health centers.

The half-day session was moderated by Margaret McManus of the National Alliance to Advance Adolescent Health. Panelists included Dr. Danielle Dooley, Medical Director of Adolescent Health Services and the School-Based Health Centers, Unity Health Care, Inc.; Davene M. White, Howard University Hospital/Colt Wellness Center; John Schlitt, National Assembly on School-Based Health Care; and Terri D. Wright, American Public Health Association/Center for School, Health & Education, who brought their expertise to bear on questions surrounding funding, service expansion and keeping the centers responsive to the needs of students. A teen panel of Anacostia SHS students shared their impressions and experiences using the health center at their school. Of particular interest to the audience was how highly students rated staff friendliness. "The reason I always keep my appointments is the people are nice," said one of the teens on the panel. They also flagged convenience and confidentiality as being important to them. "Now, I don't have to miss a day of school when I need to go to the doctor," reported one teen, "I like having my doctor's office is in my school!"

In addition to the comments from the students, current SBHC operators reported that 70% of students using their centers indicated they would have gone home or to the emergency department if the SBHC wasn't available that day. Centers also reported considerable success in increasing use of Long Acting Reversible Contraceptives among students, a critical factor in pregnancy prevention. Unfortunately, operators noted that patient billing only provides 40% of operating expenses. The future of DC's SBHCs will require sustained support from District Government. Visit www.dccampaign.org to view slides and video from the roundtable.

DOH Issues Request for Applications for Two New School Based Health Centers

The Community Health Administration of the DC Department of Health recently released a Request for Application (RFA) for two new School Based Health Centers to be located at Cardozo Senior High School and Dunbar Senior High School. There will be two awards of up to \$337,500 per year for two years. Approximately \$675,000 in local appropriated funds is anticipated to be available for this grant in Fiscal Year 2014 (FY14). Additional funding is subject to the availability of funds.

The successful applicant will implement a comprehensive school based health center with specific performance objectives to improve access to health care to a critical population and thus significantly increase the chances for improved health outcomes. Eligible applicants include public and private non-profit organizations serving District residents. Organizations meeting the eligibility criteria and having documentation of providing medical or nursing services to School-Based Health Centers will be considered for funding. Applications are due July 15, 2013.

AHWG Explores Options to Expand Access to Family Planning Services

With the passage of the Affordable Care Act (ACA), states have a new option for permanently expanding Medicaid eligibility for family planning services. A Family Planning State Plan Amendment (SPA) option allows Medicaid eligibility for family planning services to be based on the income of the individual, not the family. Essentially this enables most near-poor teens to qualify for coverage. States can set the income eligibility level at the same level as for pregnant women, which in DC is set at 185% of the federal poverty level.

The Family Planning SPA allows for coverage of family planning-related services and supplies for both female and male adolescents and adults. These services, according to the Centers for Medicare and Medicaid Services (CMS), include family planning visits and associated lab tests, contraceptive counseling, and contraceptives. Also covered are drugs for treatment of sexually transmitted infections (except for HIV/AIDS and hepatitis) when the STI is identified during a family planning visit. Drugs for treatment of lower genital tract and genital skin infections/disorders and urinary tract infections and vaccination to prevent cervical cancer are also covered when part of a family planning visit.

So far, 10 states have received CMS approval for a Family Planning SPA. Another 21 states have CMS approval to operate a family planning waiver, which will expire in 2013. These states will likely renew their waiver authority or seek a Family Planning SPA. This new option expands Medicaid access to uninsured adolescents and to privately insured individuals who qualify on the basis of their low income.

Presently in DC, adolescents who are uninsured and also those who are privately insured, but low income, often are not accessing family planning services because of lack of coverage or concern about bills being sent home. These adolescents are not receiving timely and effective reproductive health services. A Family Planning SPA would address this issue and enable these adolescents to receive family planning services. The AHWG has been gathering background information about this new option and plans to meet with Department of Health Care Finance (DHCF) officials to explore their potential interest in seeking a Family Planning SPA.

Another Medicaid provision that has important implications for expanding access to family planning services for DC adolescents is the "freedom of choice" provision. This existing requirement allows for Medicaid-insured individuals to obtain family planning services outside of their managed care arrangement as long as their health provider is a qualified Medicaid provider. For example, if a teen is insured by Medstar and decided she wanted to obtain family planning services from a school-based health clinic or a Planned Parenthood Clinic, this should be allowed and the Medicaid provider should be paid for this service on a fee-for-service basis. It has come to the attention of the AHWG that this requirement is not being consistently implemented in DC, impeding low-income teens' access to family planning services and resulting in many providers providing uncompensated family planning services. This Medicaid coverage and payment issue will also be discussed with DHCF over the coming months.

AHWG To Host City-Wide Advocacy Summit

The AHWG will hold an Adolescent Health Advocacy Training Day on Tuesday, October 1, 2013. The training will focus on Sexual and Reproductive Health and will include:

- General advocacy training and skill building led by staff from the American Academy of Pediatrics' Federal Affairs Office
- DC-specific legislative advocacy training
- Small group, action oriented break-out sessions related to such issues as sustainability of School Based Health Centers and access to Long-Acting Reversible Contraception.

The training will be geared to DC health care providers and will include a visit to the DC Council. Watch for additional information and registration materials on the DC Chapter of the American Academy of Pediatrics website, www.aapdc.org.

Spotlight on Member Organization: Peer Health Exchange Launches in Washington, DC

Peer Health Exchange's (PHE) mission is to give teenagers the knowledge and skills they need to make healthy decisions. PHE trains college students to teach a comprehensive health curriculum in public high schools that lack, or seek to enhance, health education. As slightly older peers, PHE volunteers provide the benefits of peer education through classroom instruction while also serving as role models.

Nationally, Peer Health Exchange (PHE) has trained over 6,000 volunteers, reached over 63,000 high school students, and is partnered with 25 colleges and universities. PHE launched in Washington, D.C in the fall of 2012, and partnered with George Washington and Howard Universities, trained over 100 college student volunteers, and reached 750 ninth graders at five traditional and public charter schools (including Eastern HS, Cesar Chavez Parkside PCS, Cesar Chavez Capitol Hill PCS, Paul PCS, and Hospitality PCS) during its founding year. PHE DC has confirmed American University as its third college partner, and is seeking to add 3-4 new partner high schools in the upcoming academic year.

According to 2012 national organizational data, nearly 94% of PHE high school students said they will use something they learned from PHE workshops to make a healthy decision in the future, and 61% of PHE high school students said they had already used something they learned from PHE workshops to make a healthy decision during the six months the program ran. Peer Health Exchange is excited to support and amplify ongoing local efforts that seek to improve the health and wellness of teenagers in the District of Columbia. For additional information contact Kellye McKenzie, Executive Director, at kellye@peerhealthexchange.org.

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

August 16, 2013: DCPS New Heights Summit – To be held at Kellogg Conference Center @ Gallaudet University; for expectant and parenting high school students and the professionals who work with them, community partners, and community leaders and activists. Hear from students, policymakers, leaders in the field and direct-service providers. Questions? Contact nhcoordinator@studentsupportcenter.org

SAVE THE DATE

October 1, 2013: DC AAP Adolescent Health Working Group Advocacy Training Summit
October 10, 2013: DC Campaign to Prevent Teen Pregnancy Annual Celebrity Auction

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:(202)724-8068) <http://www.dccouncil.washington.dc.us/council/yvette-alexander>

Know of other events of importance to Adolescent Health in DC? Email us at dcaapchapter@gmail.com