





## MCAH?

WORKING TOGETHER TO IMPROVE MATERNAL AND CHILD HEALTH



**ad · o · les · cent – adj.**

A young person who has undergone puberty but who has not reached full maturity; a teenager.

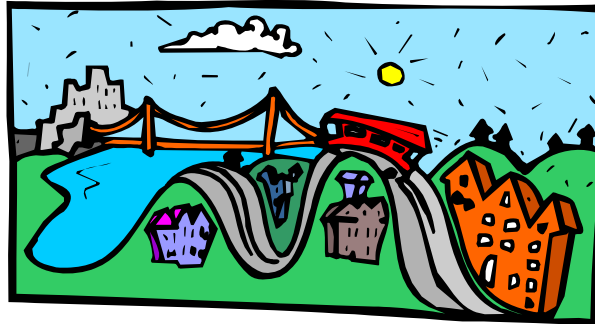
Age range: 10-24 years old

Adolescence is the bridge period between adulthood and childhood – it is a transitional stage marked by physical and mental developmental changes

WORKING TOGETHER TO IMPROVE MATERNAL AND CHILD HEALTH



**life course ...**



WORKING TOGETHER TO IMPROVE MATERNAL AND CHILD HEALTH



# **Adolescent Health Trivia!**

WORKING TOGETHER TO IMPROVE MATERNAL AND CHILD HEALTH



**Name five Adolescent  
Health risk  
behaviors/indicators  
that are trending *down***

WORKING TOGETHER TO IMPROVE MATERNAL AND CHILD HEALTH



**What year did the  
Adolescent Birth  
Rate reach an all  
time low?**

WORKING TOGETHER TO IMPROVE MATERNAL AND CHILD HEALTH



**What are the three  
“new” Adolescent  
Health morbidities?**

WORKING TOGETHER TO IMPROVE MATERNAL AND CHILD HEALTH



**Which Adolescent Health risk  
behaviors are statistically  
significantly reduced by  
both Parental & School  
Connectedness?**

WORKING TOGETHER TO IMPROVE MATERNAL AND CHILD HEALTH



# What are the three elements of Effective Youth Programs?

WORKING TOGETHER TO IMPROVE MATERNAL AND CHILD HEALTH



WORKING TOGETHER TO IMPROVE MATERNAL AND CHILD HEALTH





## Why are we doing this work?

### Assumptions

- A significant number of adolescents are not being prepared for a successful future (and that there are programs & policies that can positively affect these conditions)
- Building a comprehensive system requires public action – states are laboratories for change.
- Developing a comprehensive adolescent system – rather than expanding an array of program option – is the key to success.

WORKING TOGETHER TO IMPROVE MATERNAL AND CHILD HEALTH



ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS

March 2010

### AMCHP White Paper

Making the Case: A Comprehensive Systems Approach for Adolescent Health & Well-Being



AMCHP Emerging Issues Committee's (EIC)  
Adolescent Health Workgroup

WORKING TOGETHER TO IMPROVE MATERNAL AND CHILD HEALTH



## MCHB STATE EARLY CHILDHOOD COMPREHENSIVE SYSTEM GRANTS (SECCS)

Health Resources and Services Administration  
Maternal and Child Health Bureau

### Anticipated Outcomes:

- strong State MCH leadership and participation in early childhood systems development
- a completed needs assessment for early childhood intervention
- a completed plan for action based on the needs assessment
- developing strategic partnerships among critical State stakeholders

September 2002



3

**Lots of recent focus on the importance of investment in early childhood ...**

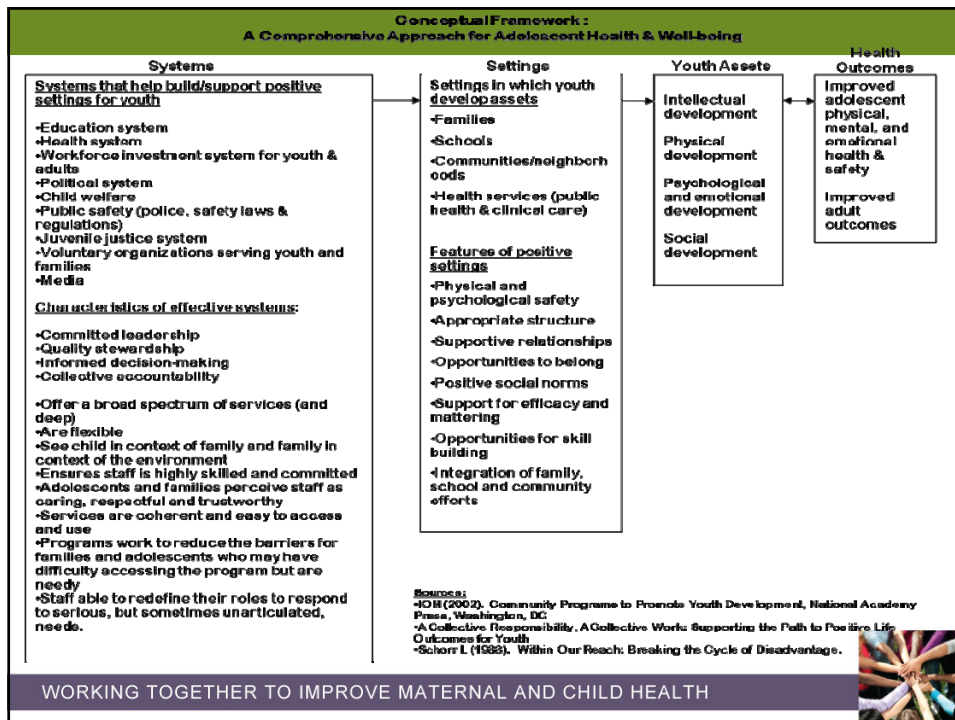
WORKING TOGETHER TO IMPROVE MATERNAL AND CHILD HEALTH



## Early Childhood Systems Components

WORKING TOGETHER TO IMPROVE MATERNAL AND CHILD HEALTH







**AMCHP believes supporting and adopting a comprehensive systems approach to adolescent health will ...**

- Protect /leverage investment in early childhood
- Create partnerships (federal, state and local ) to strengthen the adolescent health infrastructure
- ID effective ways to coordinate programs/services/systems
- Foster the development of cross service systems
- Establish a bridge within the lifespan health model where the adolescent population is viewed as part of an integrated lifespan continuum rather than a singular and separate point

WORKING TOGETHER TO IMPROVE MATERNAL AND CHILD HEALTH












WORKING TOGETHER TO IMPROVE MATERNAL AND CHILD HEALTH



## Nebraska's Comprehensive AH System Components

-  Physical, Mental and Oral Health Care
-  Community support
-  Education and Career Development
-  Social-Emotional Development
-  Health Promotion/Population-based services
-  Family Support and Education



WORKING TOGETHER TO IMPROVE MATERNAL AND CHILD HEALTH



# lessons learned



WORKING TOGETHER TO IMPROVE MATERNAL AND CHILD HEALTH



WORKING TOGETHER TO IMPROVE MATERNAL AND CHILD HEALTH





WORKING TOGETHER TO IMPROVE MATERNAL AND CHILD HEALTH



[www.amchp.org](http://www.amchp.org) Search: System Capacity Assessment Tool

# SYSTEM CAPACITY ASSESSMENT TOOL



WORKING TO



## ASC

Ask How Your Community Can Improve  
Adolescent Health:  
The Adolescent System Capacity Tool  
A state and local public health improvement  
process



WORKING TOGETHER TO IMPROVE MATERNAL AND CHILD HEALTH



# Adolescent Health Infrastructure (AHI) Project



*The National Connection for Local Public Health*



## Background

### Overall Aim

Strengthen the capacity of local health departments (LHDs) and partners to improve the adolescent health infrastructure and adolescent health promotion.

### Project Goals

- Improve community-level coordination and integration of adolescent health services and programs.
- Improve the extent to which LHD facilities, programs, services, and partnerships meet the needs of adolescents in their community.



Sunday, September 18, 2011

## Project Activities

### Development of Recommendations:

Specific to improving local level coordination, integration and the provision of adolescent health services and programs.

### Development of Web-based toolkit:

Designed to help improve local level adolescent health service coordination and integration, and develop health programs and services designed to meet the needs of adolescents



Sunday, September 18, 2011

## AHI Expert Panel

- 13-member, multidisciplinary group
- Serves in an advisory capacity



Sunday, September 18, 2011

## Expert Panel In-Person Meeting Activities

### **In-Person Meeting #1**

Developed a set of proposed recommendations to improve community-level coordination of adolescent health services and programs.

### **In-Person Meeting #2**

- Revisited recommendations in light of major contextual changes (e.g., health reform, Teen Pregnancy Prevention funding, etc.)

- Discussed preliminary design of the AHI web-based toolkit and other resources.



Sunday, September 18, 2011

## Results of Expert Panel In-Person Meetings

### Results of Meeting #1:

14 Recommendations

### Results of Meeting #2:

14 Recommendations → 3 cross-cutting categories

**People**  
**Systems**  
**Funding**



Sunday, September 18, 2011

## AHI Toolkit for Local Health Departments

- Provide Adolescent Friendly Health Care
- Gain Support for Integrated & Coordinated Adolescent Health Systems
- Leverage and Maximize Resources
- Protect Adolescent Consent and Ensure Health Care Confidentiality
- Advocate for the Creation of Supportive Health Care Financial Systems
- Coordinate Involvement of Relevant Key Stakeholders



Sunday, September 18, 2011

## Overlap/Intersect of State and Local Systems Work



WORKING TOGETHER TO IMPROVE MATERNAL AND CHILD HEALTH



## Think: take a few minutes to think about the...

Programs and services in your jurisdiction that strive to protect and promote the health and well-being of adolescents. What is the **current level** of:

- **Coordination** among AH services/systems in your jurisdiction?
- **Strength of partnerships** that influence adolescent health?
- **Capacity** to address adolescent health?

WORKING TOGETHER TO IMPROVE MATERNAL AND CHILD HEALTH



## Think...

To what extent:

- Has your agency/jurisdiction/community **succeeded** in meeting the needs of adolescents?
  - What seems to be the most critical aspect(s) of successfully meeting the needs of adolescents?

WORKING TOGETHER TO IMPROVE MATERNAL AND CHILD HEALTH



## Pair (Pare) & Share...

- What steps need to be taken to improve the extent to which your agency/jurisdiction/community can establish programs, services, and partnerships that better meet the needs of adolescents?
  - What **people** do we need to talk to?
  - What **systems/sectors** need to work together?
  - What **messages** need to be heard at the community, local, state, and national levels?
  - What, if any, **behaviors** need to be changed?

WORKING TOGETHER TO IMPROVE MATERNAL AND CHILD HEALTH



## Ultimately, we hope that our efforts

Support significant improvements in the health,  
safety, and well-being of adolescents!



WORKING TOGETHER TO IMPROVE MATERNAL AND CHILD HEALTH



## Resources

- System Capacity Assessment Tool
- White Paper
- Creating Healthy Opportunities: Conversations with Adolescent Health Experts*
- Healthy People 2020 – need infrastructure and capacity to address the objectives
- Community Guide

WORKING TOGETHER TO IMPROVE MATERNAL AND CHILD HEALTH



# Thank you!

**AMCHP:**

**Sharron Corle, MS**

Associate Director, Adolescent Health  
Association of Maternal and Child Health Programs  
(202) 266-3036  
[scorle@amchp.org](mailto:scorle@amchp.org)

**NACCHO:**

**Jessica Carda-Auten, MPH**

Program Manager, Community Health  
National Association of County and City  
Health Officials  
(202) 559-4318  
Email: [jcarda-auten@naccho.org](mailto:jcarda-auten@naccho.org)

**Laura S. Snebold, MPH**

Senior Analyst  
Maternal, Child, and Adolescent Health  
The National Association of County and City  
Health Officials (NACCHO)  
(202) 783-5550  
[lsnebold@naccho.org](mailto:lsnebold@naccho.org)

WORKING TOGETHER TO IMPROVE MATERNAL AND CHILD HEALTH



# LHD Budget Cuts & Job Losses: Effects on MCAH

Jessica Carda-Auten, MPH

Director, MCAH and Injury and Violence Prevention

Laura Snebold, MPH

Senior Program Analyst, MCAH

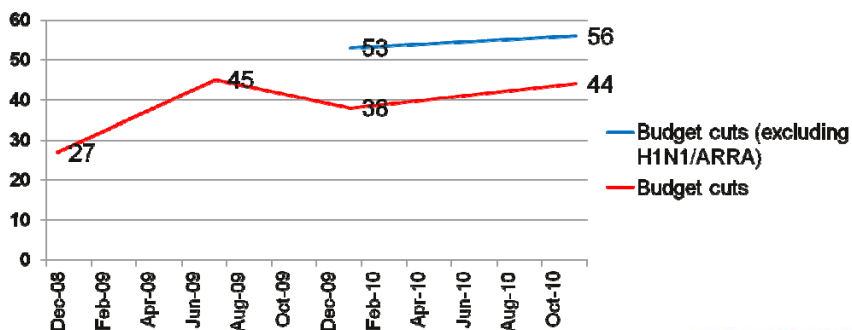


The National Connection for Local Public Health



## Cuts to LHD Budgets Have Increased Since 2008

Percentage of LHDs with Budget Cuts, Including and Excluding One-Time Government Assistance, December 2008–November 2010



September 16, 2011

## LHD Job Losses

Since 2008:

- 34,400 LHD jobs lost
- 22% of LHD workforce lost

From January-June 2011:

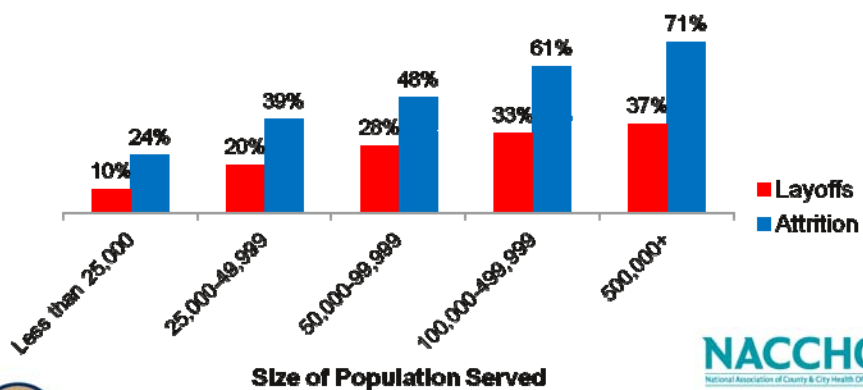
- 43% experienced layoffs and/or attrition
- 5,400 LHD jobs lost



September 16, 2011

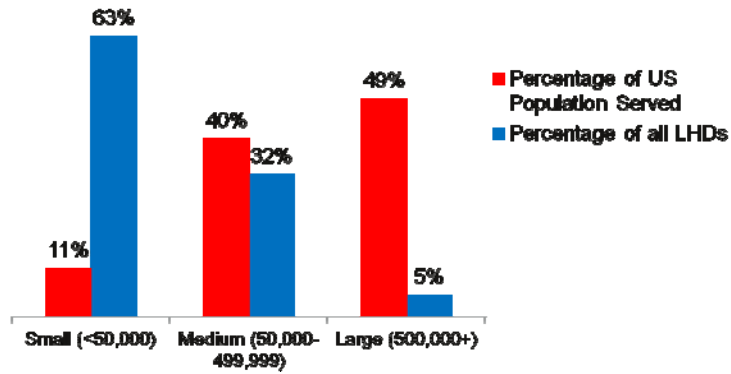
## Larger LHDs are Losing More Staff

Percentage of LHDs with Layoffs and Attrition, July 2009-June 2010



September 16, 2011

## Large LHDs Serve the Majority of the U.S. Population

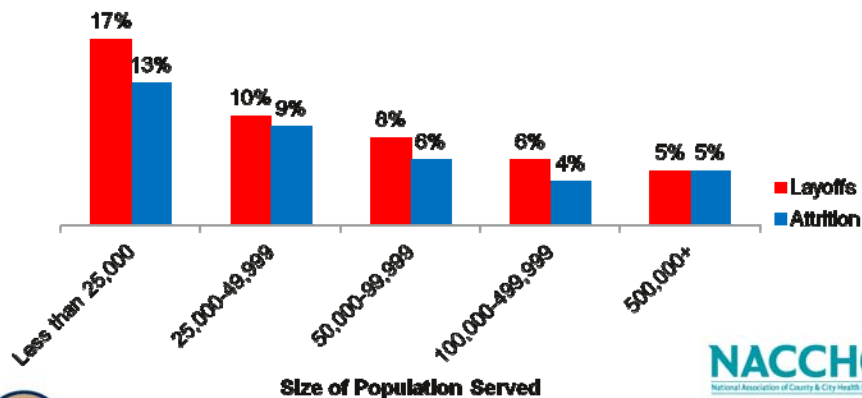


**NACCHO**  
National Association of County & City Health Officials

September 16, 2011

## Smaller LHDs are Losing a Larger Percentage of their Workforce

Mean Percentage of Workforce Lost (of LHDs with staff reductions), July 2009-June 2010



**NACCHO**  
National Association of County & City Health Officials

September 16, 2011

## Cuts to Programs

- 52% cut at least one program in past year
- Programs for women and families hit hardest
- MCH and Population-based Primary Prevention programs received largest cuts



September 16, 2011

MCH	Population-Based Primary Prevention
Family planning	Injury and violence
Prenatal care	Unintended pregnancy
OB care	Chronic disease
WIC	Nutrition and physical activity
Home visiting	Tobacco
EPSDT	Substance abuse
Well-child clinics	Mental Health



September 16, 2011

## Cuts by Program Area

Program Area	Percentage of LHDs
Maternal and Child Health	18%
Population-based Primary Prevention	12%
Environmental Health	12%
Clinical Health Services	12%
Chronic Disease Screening/Treatment	10%
Immunization	8%
Emergency Preparedness	7%
Communicable Disease Screening/Treatment	6%
Food Safety	6%
Epidemiology and Surveillance	4%



September 16, 2011

## Budget Cuts & MCAH

- Why did the majority of LHDs choose to cut their MCAH programs and services?
- What has been the immediate impact of the economic downturn on MCAH programs and services, the MCAH workforce, and LHD clients?
- What strategies are MCAH practitioners using to move forward in this economic environment?
- What support(s) do MCAH practitioners need to continue serving their communities, women, children, adolescents, and families?



September 16, 2011

## Budget Cuts & MCAH - NACCHO Activities

- Conducted pre-conference focus group at the 2010 CityMatCH Conference (*September 2010*)
  - 10 Local Health Department Participants
  - 1.5 hour discussion
- Published January 2011 NACCHO Research Brief, *The Impact of the Economy on Maternal, Child, and Adolescent Health Programs and Services in Urban Local Health Departments*



September 16, 2011

## Budget Cuts & MCAH - NACCHO Activities

- Conducted pre-conference session at the 2011 NACCHO Annual Conference (July 2011)
  - a) Revisited the September 2010 focus group discussion questions through a focused conversation
  - b) Identified strategies for sustaining momentum for MCAH through a solutions workshop.
- 15 participants
- Mix of LHDs



September 16, 2011

## What LHDs are saying about....

### **Why MCAH is at risk for budget cuts:**

- Limited political will
- Limited voice of women and children
- Trickle down effect of state budget cuts
- Programs and Services not mandated by health code or statute
- Flat funding for MCAH
- Limited billing mechanisms for MCAH programs and services
- FQHCs sending “zero – pay” clients to LHD



September 16, 2011

## What LHDs are saying about....

### **The impact of budget cuts on MCAH:**

- Challenges with collecting data and evaluating programs
- Decreased staffing capacity
- “Doing less with less”
- Eliminated services for affected populations
- Funding demands and restrictions
- Difficulty shifting from a client-centered focus to coordinating infrastructure



September 16, 2011

## What LHDs are saying about...

### **Strategies to sustain cuts to MCAH:**

- Managers perform direct service delivery
- Extend services hours and cross-train LHD staff
- Use non-traditional funding streams to support MCAH programs and services
- Strengthen relationships with community partners
- Use data to tell stories about PH issues
- Meet with legislators and involve local board of health
- Mobilize local advocacy efforts



Public Health  
Prevent. Promote. Protect.

**NACCHO**  
National Association of County & City Health Officials

September 16, 2011

## What LHDs are saying about...

### **What support LHDs need to share these messages:**

- *“Primary prevention is an investment. Kids are the future – the healthier they are, the more productive they will be.”*
- Demonstrate the value of public health and LHDs
- Examples of how to create and economic data
- More comprehensive “best practices” that demonstrate the cost-effectiveness of investing across the life course.
- Increase communication between national – level organizations and local boards of health



Public Health  
Prevent. Promote. Protect.

**NACCHO**  
National Association of County & City Health Officials

September 16, 2011

## Moving Forward

- 52% of LHDs expect budget cuts next year

### What is NACCHO doing?

- Continuing to survey
- Collecting stories
- Sharing this information with decision-makers



September 16, 2011