

What is a STATE ADOLESCENT HEALTH

Compiled for the National
Network of State Adolescent
Health Coordinators by:



COORDINATOR...

someone who helps groups work together in an organized way to achieve something.

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What is a State Adolescent Health Coordinator?

The State Adolescent Health Coordinator position has been part of the Maternal and Child Public Health system formally since the mid-1980's. It is a position that is not well understood and often vaguely defined. Yet, most state and territorial public health departments have had an Adolescent Health Coordinator position over the last 20-30 years. The following is an overview of the State Adolescent Health Coordinator (SAHC) role and position within state and territorial health agencies across the U.S. This information is drawn from surveys of State SAHCs (2017 and 2019¹), National Network of State Adolescent Health Coordinators roster of SAHCs and Key State AH Contacts (2021) and technical assistance and training provided to SAHCs and State MCH Programs by the State Adolescent Health Resource Center (University of MN) for over two decades.

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▪ Broad focus (incl. positive youth development)	
▪ Broad focus (incl. strategic planning)	
▪ Specific focus:	
○ Teen pregnancy prevention + Preconception Health	
○ teen pregnancy prevention + sexual violence prevention	
○ Teen pregnancy prevention + positive youth development framework	
○ School Based Health Centers	
▪ Limited focus on adolescent health issues (25% or less on AH)	

¹ Surveys of AHCs administered on behalf of the National Network of State Adolescent Health Coordinators, with assistance from the State Adolescent Health Resource Center at the University of Minnesota, a partner of the Adolescent and Young Adult Health National Resource Center, with support from the Health Resources and Services Administration, Maternal and Child Health Bureau, Office of Adolescent Health

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SAHC Locations in State Public Health Agencies.

The first State Adolescent Health Coordinator (SAHC) positions emerged in state public health agencies in the late 1970's and early 1980's and were funded almost exclusively through the federal Title V/ Maternal and Child Health (MCH) Block Grant to states, administered by the U.S. Health Resources and Services Administration's Maternal and Child Health Bureau (HRSA/MCHB). Over time, some previously designated SAHC positions moved into other programs as funding sources shifted.

As of January 2021, 43 states, Puerto Rico and Guam designate a formal SAHC, although in some cases that person's role is managing a broader range of population based public health programs including adolescent health. Other states and territories have adolescent health related focal points (such as Title V/MCH performance measures) within the context of their Title V/MCH programs but may not have a formal SAHC position.

While most states designate one person in the SAHC role, three states (AZ, IA, WI) have two staff who serve as Co-SSAHCs, and one state's Title V/MCH program (WV) funds a state level SAHC, and 8 regional SAHCs who often serve as "boots on the ground", working and coordinating closely with schools and other partners in their communities to address adolescent health needs and implement state level initiatives (such as YRBS). States and territories without a formal designated SAHC still have adolescent health related focal points (such as Title V/MCH performance measures) within the context of their Title V/MCH programs but may not have a formal SSAHC position.

SAHC Funding Sources.

As of January 2021, about 85% of SAHC positions were located in state Title V/MCH programs/units, although some were not entirely funded by the Title V/MCH Block Grant. SAHC positions not located in Title V/MCH programs are commonly found in programs with intersecting topic and population focus, such as: Chronic Disease; Women's Health; Reproductive Health; Population Health; and School Health. Between 2017 and 2019, SAHC surveys indicated less than one third were funded entirely by their state's Title V/MCH Block Grant. Almost half were funded by the Block Grant and some other source, and about 20% reported other sources of funding (non-TitleV/MCH Block Grant sources).

Other Funding Sources for AHC Positions (in conjunction with the Title V / MCH Block Grant or as sole source(s))	
<ul style="list-style-type: none"> • State General Funds • Affordable Care Act • Medicaid • Title X Family Planning • Personal Responsibility Education Program (PREP) • State Abstinence Education Grant Program (AEGP) 	<ul style="list-style-type: none"> • CDC Coordinated School Health Funds • CDC Rape Prevention and Education grant (RPE) • CDC State Public Health Actions funding (a.k.a. 1305 Cooperative Agreement)

Adolescent Health Focus.

The SAHC position is typically a fulltime position. Yet, many SAHCs have other job responsibilities besides adolescent health. Some SAHCs are also managing broader child health programming.

Major Focus	Minor Focus
57% Positive Youth Development Teen Pregnancy Prevention	40-55% Social Determinants of Health
45% Risk & Protective Factors	Dating Violence or Healthy Relationships
26% Youth Engagement AH Coordination	Mental Health STI's/HIV/AIDS
24% Health Care	Health Equity Sexual Health Data
21% Sexuality Education Sexual Health School Based Health Centers	

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SAHC Activities.

Adolescent Health Coordinators are responsible for a wide array of public health activities supporting their state adolescent health program, such as:

- **Sharing adolescent health resources** with others across the state.
- Acting as a **focal point for adolescent health** within the agency.
- Providing **adolescent health expertise** to other programs/initiatives that address issues that affect adolescents (e.g., school health, health care access).
- **Managing programs** that address adolescent health issues.
- **Providing technical assistance** to those who address youth health.
- **Coordinating adolescent health activities** within the organization/agency.
- Participating or leading efforts to **strengthen adolescent health data**.
- Coordinating or participating in adolescent-focused **strategic planning and implementation**.
- **Leading and managing** adolescent health **partnerships**.
- Managing adolescent-health focused **grants and/or contracts**.
- **Building capacity of collaborative groups** to work effectively on adolescent health issues.
- Contributing and providing leadership to adolescent health **policy development**.
- Conducting the **assessment and prioritization** of adolescent health issues.
- Providing **training** to those who address youth health in the state.
- **Managing** adolescent-focused **staff**.
- **Evaluating** adolescent health programs.
- **Writing grants** for adolescent health.
- **Researching** adolescent health issues
- **Building communication and collaboration** across the state to improve efficiency and effectiveness.

Youth Engagement.

In 2019, most SAHCs were engaging youth or supporting youth engagement in some way:

- 5% Manage/supervise youth and/or young adult staff
- 10% Manage, oversee or work with a youth advisory council
- 85% Support others to engage youth leaders (e.g. coordinating with other youth engagement structures/entities, managing or training youth service providers).

[2019 Survey of State Adolescent Health Coordinators](#)

Partnerships.

SAHCs work with a variety of partners in many ways – from information sharing, to collaboration on state level conferences and initiatives, to participation in/leading state level campaigns. A few examples from the 2019 survey of SAHCs:

- Participating in state level advisory committees and collaborations (sexual health, teen pregnancy prevention, prevention)
- Participating in Child Fatality Reviews to work on reduction of Adolescent injury and fatality
- Working with the Department of Education on the YRBS
- Partnership with state Department of Children and Families (DCF) to implement Teen Outreach Program (TOP) in DCF funded middle schools
- Partnership with state chapters of the American Academy of Pediatrics on adolescent health related events and committees.

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Grant Management.

A common responsibility of SAHCs is managing grants as their primary responsibility or as part of a broader adolescent health focus. As of 2019, grants commonly managed by SAHCs:

55%	<ul style="list-style-type: none"> Personal Responsibility and Education Grant (PREP)
43%	<ul style="list-style-type: none"> State Sexual Risk Avoidance Education Program (SRAE)
16%	<ul style="list-style-type: none"> Pregnancy Assistance Fund AH Grants/Components within Title V MCH Block grant
<10%	<ul style="list-style-type: none"> Title X Family Planning Rape Prevention and Education (CDC) TANF, Out-of-Wedlock Funds Teen Pregnancy Prevention State Appropriation Perinatal Support Services (state funding) Suicide Prevention

[2019 Survey of State Adolescent Health Coordinators](#)

Types of SAHC Roles.

Given the wide array of job responsibilities, many SAHCs have broad and often ill-defined roles. These roles typically fall into one of three types of positions, although some positions vary or blend roles. In a few states, the AHC role is a combination of these 3 types. Each of these roles has come into place based on the history and culture of the health department in which the role was developed.

Broad Focus on Adolescent Health	Specific Focus on Adolescent Health Issues	Limited Focus on Adolescent Health
SAHC brings an adolescent focus to broader public health initiatives (e.g. chronic disease), address systems issues (e.g. technical assistance, training, needs assessments, strategic planning, building a positive youth development focus, collaboration).	SAHC manages adolescent programs at the local and regional level; teen pregnancy/sexual health is most frequent issue addressed. This might include: managing grants; providing technical assistance and training; evaluating programs.	SAHC acts more as a focal point for youth issues within their agency. They often manage many other public health issues (e.g. perinatal health, family planning, child health) with adolescent health as an add-on issue or population.

The following pages provide a snapshot of **common characteristics and responsibilities of these three types of SAHC roles**, followed by **sample SAHC Role Logic Models**, developed by state adolescent health coordinators (SAHCs) during New AHC Orientations hosted by the State Adolescent Health Resource Center. These logic models demonstrate the range of activities state AHCs are engaged in, and the variety of funding sources, partnerships, and other supports that make their work possible.

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Broad Focus on Adolescent Health	Specific Focus on Adolescent Health Issues	Limited Focus on Adolescent Health
Common Characteristics		
<ul style="list-style-type: none"> ▪ Little definition to the SAHC job (able to do almost anything). ▪ Addresses health issues through partnerships with other people and programs within and outside of the state health agency. Is not responsible for managing a specific health issue. ▪ Brings adolescent health expertise to many other people's programs. ▪ Addresses "systematic" issues that affect adolescent health (e.g. data, strategic planning, coordination of partnerships). ▪ Often has little organizational power to coordinate; therefore, "coordinates" through connections and relationships with others. 	<ul style="list-style-type: none"> ▪ Manages programs that address specific adolescent health issues (e.g. teen pregnancy, abstinence, suicide). ▪ Manages grants and grantees (programs funded through these grants). ▪ Provides training and technical assistance to grantees. ▪ May address broader adolescent health issues outside of their program in limited ways, especially if these issues are related to their adolescent health program. 	<ul style="list-style-type: none"> ▪ Addresses and manages MCH programs that may include adolescents as a population or are somewhat related to adolescent health (e.g. child health, school health, newborn screening, family planning, mental health). ▪ Limited time to focus on adolescent health specifically. ▪ Typically seen as the adolescent health focal point or "go to person" within the organization.
Responsibilities		
Ensures Commitment to Adolescent Health		
<ul style="list-style-type: none"> ▪ Educates and "advocates" for adolescents and adolescent health (within the organization, outside of the organization) in order to strengthen commitment to youth issues. ▪ Acts as a focal point for adolescent health within the agency. ▪ Contributes and provides leadership to adolescent health policy development. ▪ Promotes a holistic approach to adolescent health. 	<ul style="list-style-type: none"> ▪ Acts as a focal point for adolescent health within the agency. ▪ Contributes and provides leadership to adolescent health policy development for the health issue(s) for which they are responsible. ▪ Educates and "advocates" for adolescents and adolescent health (within the organization, outside of the organization), often with a focus on their specific health issue. ▪ Promotes a holistic approach to adolescent health. 	<ul style="list-style-type: none"> ▪ Educates and "advocates" for adolescents and adolescent health (within the organization, outside of the organization) in order to strengthen commitment to youth issues. ▪ Acts as a focal point for adolescent health within the agency. ▪ Contributes and provides leadership to policy development that touches on adolescents as a population.
Ensures Strategic Approach to Adolescent Health		
<ul style="list-style-type: none"> ▪ Conducts the assessment and prioritization of adolescent health issues. ▪ Coordinates or participates in strategic planning and implementation efforts focused on adolescents. ▪ Participates or leads efforts designed to strengthen adolescent health data. 	<ul style="list-style-type: none"> ▪ Coordinates or participates in strategic planning and implementation efforts focused on the specific health issue(s) for which they are responsible. ▪ May participate in broader MCH needs assessments as an adolescent health expert. 	<ul style="list-style-type: none"> ▪ Conducts or participates in assessments and strategic planning efforts that may include adolescents as a population.

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Broad Focus on Adolescent Health	Specific Focus on Adolescent Health Issues	Limited Focus on Adolescent Health
Responsibilities		
Shares Expertise on Adolescent Health		
<ul style="list-style-type: none"> Provides adolescent health expertise to programs and initiatives that address adolescents as one population among many. Coordinates Adolescent-Focused Resources Provides a coordinating presence within an organization that helps “weave together” or link adolescent health efforts. 	<ul style="list-style-type: none"> Provides adolescent health expertise to programs and initiatives that address adolescents as one population among many on a limited basis. 	<ul style="list-style-type: none"> Provides adolescent health expertise to programs and initiatives that address adolescents on a limited basis.
Builds Knowledge and Expertise of Others to Address Adolescent Health		
<ul style="list-style-type: none"> Provides technical assistance and training to those who address youth health issues. Gathers information about adolescent health resources and distributes to others who address youth issues through newsletters, websites, etc. Facilitates the exchange the knowledge of adolescent health across the state. 	<ul style="list-style-type: none"> May participate in providing adolescent health trainings outside of their programmatic health issue (often times in collaboration with others). 	<ul style="list-style-type: none"> Provides technical assistance and training to those who address health issues that may include adolescents as a population.
Manages Adolescent-Focused Program(s)		
<ul style="list-style-type: none"> May manage Child and Adolescent Health sections/units (includes management of staff and budgets across the spectrum). 	<ul style="list-style-type: none"> Coordinates and/or manages programs that address adolescent health issues. Manages adolescent health-focused grants, contracts. May manage staff that run adolescent-health programs within the agency. Provides technical assistance and training to funded grantees and programs. Evaluates and provides quality improvement support to grantees and funded programs. 	<ul style="list-style-type: none"> Coordinates and/or manages programs that may include adolescent health issues. Manages grants, contracts that may touch on adolescent health issues. Provides technical assistance and training to programs funded to address health issues that broadly include adolescents as a population.
Mobilizes and Leads Adolescent- Focused Partnerships		
<ul style="list-style-type: none"> Leads and manages partnerships with focused on adolescent health. Builds capacity of collaborative groups to work effectively on adolescent health issues. 	<ul style="list-style-type: none"> Leads and manages partnerships on specific health issues within their focus. 	<ul style="list-style-type: none"> Leads and manages partnerships on health issues that may include adolescents as a population.

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SAHC Role Logic Model Example 1	SCOPE OF WORK: Broad focus on adolescent health and youth development LOCATION OF POSITION IN THE ORGANIZATION: Title V/MCH (Office of Title V and Family Health) FUNDING SOURCE: Title V MCH Block Grant, Medicaid		
Resources/Support	Key Activities & Related Strategies	Current Partners	Long-Term Outcomes of the AH Work
<ul style="list-style-type: none"> ▪ Title V Director ▪ EPIs and SMEs ▪ SAHRC ▪ AMCHP ▪ Two assistant commissioners who get it ▪ Youth development institute ▪ Six strong communities who want to make change ▪ State legislation ▪ Partners who share the Youth Development vision ▪ Room for creativity 	<p>Provide Adolescent Health Expertise</p> <ul style="list-style-type: none"> ▪ HIV materials review panel ▪ Educate stakeholders on youth development strategies ▪ Review materials for adolescent development appropriateness ▪ Provide adolescent health expertise ▪ Support school health network ▪ Respond to data requests ▪ Foster care and teen pregnancy ▪ Coordinate partner meetings ▪ Title V block grant <p>State Healthy Adolescent Initiative (<i>grant program to 6 communities in the state around supporting healthy adolescents through a Youth Development approach; funded by state Title V block grant</i>)</p> <ul style="list-style-type: none"> ▪ Oversee contract development ▪ Provide technical assistance ▪ Seek opportunities for connections with grantee communities ▪ Manage funding and budgets ▪ Develop white papers on the state initiative concept and connection to outcomes ▪ Engage sites in monthly support call and webinars ▪ Educate state-level stakeholders the initiative ▪ Develop and identify training needs/opportunities ▪ Conduct site visits 	<p>State public health divisions/programs/staff</p> <ul style="list-style-type: none"> ▪ HIV/STD branch ▪ EPIs ▪ Mental Health/substance abuse ▪ State Healthy Steps regional staff ▪ MCH regional staff <p>Other State level agencies/initiatives</p> <ul style="list-style-type: none"> ▪ State Education Agency ▪ Office of the Attorney General ▪ Department of Family and Protective Services ▪ State juvenile probation commissioner ▪ State Youth Commission ▪ School health network ▪ State University's Population Research Center ▪ State University's Health Sciences Center ▪ Healthy Futures Alliance <p>Local partners (local YWCA's, health depts, city officials)</p> <p>National partners (SAHRC, AMCHP)</p>	<ul style="list-style-type: none"> ▪ Increase capacity to use evidence-based or best practice ▪ Decrease rate of teen suicide ▪ Increase capacity of workforce for mental health integration ▪ Increase community capacity for youth development infusion ▪ Increase awareness of youth development strategies ▪ Decreased unintentional and intentional injuries ▪ Slow rates of increased in adolescent obesity ▪ Decrease teen pregnancy rate ▪ Improve adolescent health in the state ▪ Coordinate adolescent health structure

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SAHC Role Logic Model Example 2	SCOPE OF WORK: Broad focus LOCATION OF POSITION IN THE ORGANIZATION: Title V/MCH (Bureau of Community Health, School and Adolescent Health section) FUNDING SOURCE: Title V MCH Block Grant		
Resources/Support	Key Activities & Related Strategies	Current Partners	Long-Term Outcomes of the AH Work
<ul style="list-style-type: none"> ▪ CDC training and technical assistance ▪ State EPI support for data analysis ▪ State public affairs – graphics for report ▪ Funding for intermittent position ▪ Stakeholders use YRBS data and are supportive of data collection ▪ Some stakeholders known from previous network ▪ Time to devote to development ▪ Institutional knowledge of how to create and run coalitions ▪ Supportive and knowledgeable supervisor 	<p>YRBSS</p> <ul style="list-style-type: none"> ▪ Provide technical assistance to schools to admin ▪ Manage time of intermittent ▪ Contact schools for recruitment ▪ Provide supplies to schools ▪ Oversee data analysis input ▪ Write report – other ways to disseminate data ▪ Collect data and send to CDC <p>Manage State Adolescent Health Coalition</p> <ul style="list-style-type: none"> ▪ Identify adolescent stakeholders ▪ Convene meeting of stakeholders ▪ Develop goals for coalition ▪ Define role of coalition ▪ Define activities of coalition ▪ Establish communication strategies for coalition <p>Strategic Planning for Adolescent Health</p> <ul style="list-style-type: none"> ▪ Use State AH Coalition work to move towards strategic planning. ▪ Plan for engaging local partners, grantees, providers on priorities identified by State AH Coalition 	<p>State agency partners</p> <ul style="list-style-type: none"> ▪ My supervisor ▪ Dept of Education ▪ Dept of mental health ▪ Dept of youth services ▪ Dept of jobs and family services ▪ Bureau of children with medical handicaps <p>Other state partners</p> <ul style="list-style-type: none"> ▪ Voices ▪ State school based health care coalition ▪ State school nurse association ▪ Regional hospitals with adolescent medicine programs ▪ Society of Adolescent Medicine <p>Local health departments</p>	<ul style="list-style-type: none"> ▪ Established programs to address needs of adolescent population ▪ Improve health of adolescents in states: increase grade rate, decrease teen pregnancy/STIs, etc. appropriate training, etc. ▪ Workforce development of professionals working with adolescents ▪ Workforce development and lay people within groups working with adolescents ▪ Established networks

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SAHC Role Logic Model Example 3	SCOPE OF WORK: Specific focus on Teen pregnancy prevention + Preconception Health LOCATION OF POSITION IN THE ORGANIZATION: Title V/MCH (Bureau of Women's and Children's Health) FUNDING SOURCE: Title V MCH Block Grant		
Resources/Support	Key Activities & Related Strategies	Current Partners	Long-Term Outcomes of the AH Work
<ul style="list-style-type: none"> • Supportive senior management • Hard working, skilled staff • Buy-in of a number of stakeholders • Title V funds • FTM (First Time Motherhood) • Lottery money • PREP and Title V TPP funds • SAHRC, CDC, AMCHP, National Campaign to Prevent Teen Pregnancy • Adolescent Health Network 	<p><i>Oversee Teen Pregnancy Prevention Programs</i></p> <ul style="list-style-type: none"> • Coordinate grant applications • Facilitate stakeholder meetings • Seek and share resources <ul style="list-style-type: none"> ○ Curriculum ○ Risk specific ○ Education materials • Establish youth advisory group • Collaborate with bureau evaluation staff on collection and analysis of data • Keep current on national activities/research <p><i>Promote Preconception Health Life Course Perspective</i></p> <ul style="list-style-type: none"> • Lead preconception health task force • Make and/or coordinate presentations on PH/LCP to general public and health care providers • Seek and share resources <ul style="list-style-type: none"> ○ Curriculum ○ Risk specific ○ Education materials • Establish youth advisory group • Collaborate with bureau evaluation staff on collection and analysis of data • Keep current on national activities/research 	<ul style="list-style-type: none"> • State Public Health Association (MCH section) • State family planning council • March of Dimes • Black Nurses Association • County Health Department • Bureau of Nutrition and Physical Activity • Local Community Development Corporation 	<ul style="list-style-type: none"> • Reduce teen pregnancy • Increase workforce knowledge RE: adolescent health/development • Increase knowledge about preconception health/life course • Improved health status of adolescents

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<p>SAHC Role Logic Model Example 4</p>	<p>SCOPE OF WORK: Specific focus on teen pregnancy prevention + sexual violence prevention LOCATION OF POSITION IN THE ORGANIZATION: Chronic Disease (separate from MCH, Community and Environmental Health Bureau) FUNDING SOURCE: TANF, PREP</p>		
Resources/Support	Key Activities & Related Strategies	Current Partners	Long-Term Outcomes of the AH Work
<ul style="list-style-type: none"> ▪ SAHRC ▪ CDC ▪ Staff – Admin, APP, coordinator ▪ RPEG ▪ TANF ▪ PREP ▪ Department of Education ▪ State Start Strong program 	<p>Manage a Sexual Violence Prevention Statewide Coalition</p> <ul style="list-style-type: none"> ▪ Recruit for a coalition chair ▪ Review data and disseminate data ▪ Monthly meeting with contractor ▪ Schedule meeting with coalition members ▪ Approve invoices ▪ Provide technical assistance site visits ▪ Develop agenda ▪ Develop contract ▪ Review, edit workplan ▪ Monthly class with CDC ▪ Continuation application ▪ Contract negotiations ▪ Facilitate meeting with coalition members ▪ Write and disseminate meeting notes, Final report <p>Run a Teen Pregnancy Prevention Program</p> <ul style="list-style-type: none"> ▪ Develop contract, contract negotiations with at least 11 contractors, review/edit workplans, site visits ▪ Approve invoices (monthly or quarterly) ▪ Convene a task group (PREP funding) ▪ Facilitate quarterly calls with contractor ▪ Review H.D. quarterly workplans ▪ Provide technical assistance to contractors 	<p>State Department of Education</p> <ul style="list-style-type: none"> ▪ Coordinated school health ▪ Safe and drug free schools ▪ HIV/AIDS coordination <p>Department of Health</p> <ul style="list-style-type: none"> ▪ HIV/AIDS program ▪ FP • STD program (Hepatitis C) <p>Coworkers</p> <ul style="list-style-type: none"> ▪ EPI ▪ Vital stats ▪ Cultural liaison ▪ Survey person <p>Other partners:</p> <ul style="list-style-type: none"> ▪ State youth ranch ▪ Start strong executive committee ▪ WOCA (Women of Color Alliance) 	<ul style="list-style-type: none"> ▪ Decrease teen pregnancy rates ▪ Decrease the incidence of sexual violence among women ▪ Implement state sexual violence primary prevention plan

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SAHC Role Logic Model Example 5	SCOPE OF WORK: Specific focus on Teen pregnancy prevention LOCATION OF POSITION IN THE ORGANIZATION: Title V/MCH (Bureau of Family Health, MCH) FUNDING SOURCE: Title V MCH Block Grant, Abstinence, PREP		
Resources/Support	Key Activities & Related Strategies	Current Partners	Long-Term Outcomes of the AH Work
<ul style="list-style-type: none"> • The National Coalition to Prevent Teen and Unplanned Pregnancy • Access to data • Local University - Center for Adolescent Health • The Afterschool Institute • Partnerships with state agencies/department s • Passionate staff across the state • Money (federal funds) • State university School of Social Work • SAHRC • AMCHP • Local chapters/organizations 	<p><i>Oversee Funding of Teen Pregnancy Prevention (TPP) Programs (monitor)</i></p> <ul style="list-style-type: none"> • Provide technical assistance to programs and TPP coalitions • Educate stakeholders about funding opportunities for TPP • Seek and secure funding for TPP programs statewide • Collect/gather data for grants and share data with stakeholders • Assist in establishing partnerships between counties, Community-based organizations, etc. <p><i>Develop and Implement a Statewide Teen Pregnancy Prevention Strategic Plan</i></p> <ul style="list-style-type: none"> • Gather stakeholder input for state plan • Provide information to stakeholders via Listserv 	<p><i>State agencies/departments</i></p> <ul style="list-style-type: none"> ▪ Dept of Education ▪ Department of Juvenile Services ▪ Department of Human Resources (foster care) ▪ DHMH, VSA, HIV/STI Unit <p><i>Local chapters/national organizations</i></p> <ul style="list-style-type: none"> ▪ Healthy Teen Network (local) ▪ University of Arizona PYD/4-H The Afterschool Institute ▪ Local University - Center for Adolescent Health ▪ State/regional Planned parenthood ▪ State university School of Social Work ▪ Local teen pregnancy prevention coalitions 	<ul style="list-style-type: none"> ▪ Attempt to establish a state TPP advisory council/board ▪ Build partnerships ▪ Assist in the re-establishment of TPP coalitions across the state ▪ Improve TPP program infrastructure statewide ▪ Support youth program workers via education, training, resources ▪ Infuse positive youth development into all youth programming ▪ Fund and plan youth conferences ▪ Implement state TPP plan ▪ Reduce TPP

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<p>SAHC Role Logic Model Example 6</p>	<p>SCOPE OF WORK: Specific focus on School Based Health Centers LOCATION OF POSITION IN THE ORGANIZATION: Adol & School Health (parallel to Title V/MCH, Bureau of Family Health Adolescent and School Health Division) FUNDING SOURCE: State general funds; Tobacco settlement funds; very small portion of Title V MCH Block Grant funds</p>		
Resources/Support	Key Activities & Related Strategies	Current Partners	Long-Term Outcomes of the AH Work
<ul style="list-style-type: none"> ▪ My staff ▪ SBHC sponsors (mostly) ▪ Support from next level of administration ▪ NP/MD consultant ▪ Some resources in department – situation specific (EPI, e.g.) 	<p>Manage 65 school based health centers (SBHC)</p> <ul style="list-style-type: none"> ▪ Contract development ▪ CFP process for new SBHC ▪ Technical assistance ▪ Behavioral health “consultant” to SBHC SWS ▪ Policy/Best Practices/Standards ▪ Certify for Medicaid ▪ Site monitoring ▪ Data Collection/Reporting (EMR) ▪ Provide Info to advocacy groups ▪ Legislative reports ▪ Collaborate with other state agencies (DOE, OBH, etc.) <p>Participate in MCH Program Committees</p> <ul style="list-style-type: none"> ▪ Child safety ▪ Family planning ▪ STD/HIV ▪ Children with Special Health Services (SICC) etc. 	<p>Health Department</p> <ul style="list-style-type: none"> ▪ State Nurse Practitioner consultant ▪ MCH programs: EPI/STD; Family Planning, etc. ▪ OPH pharmacy <p>Other State Partners:</p> <ul style="list-style-type: none"> ▪ Dept of Education ▪ State Bureau of Primary Care and Rural Health ▪ State Obesity Council ▪ SBC sponsor network ▪ State SBHC ▪ State Blue Cross / Blue Shield (grant funder) ▪ School health connections ▪ State primary care association 	<ul style="list-style-type: none"> ▪ Improve overall health status of adolescents, reduce risky behavior ▪ Decrease obesity rates ▪ Decrease teen pregnancy rates (infant mortality) ▪ Decrease emergency room/hospitalization for chronic disease (asthma, type 2 diabetes)\

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SAHC Role Logic Model Example 7	SCOPE OF WORK: Specific focus on teen pregnancy prevention, applying a broader Youth development lens LOCATION OF POSITION IN THE ORGANIZATION: Chronic Disease (in same division as/parallel to Title V/MCH) FUNDING SOURCE: Title V MCH Block Grant, TANF		
Resources/Support	Key Activities & Related Strategies	Current Partners	Long-Term Outcomes of the AH Work
<ul style="list-style-type: none"> • Funding (TANF) • (limited) data • Experienced local staff with willingness to learn/grow • Commissioner is passionate about teen pregnancy prevention • CDC • SAHRC • Me 	<p>Teen Pregnancy Prevention</p> <ul style="list-style-type: none"> • Monitor delivery of activities/programs • Incorporate Youth Development in pregnancy prevention • Provide education and technical assistance on implementing related activities • Promote policy/systems change • Assist with development of workplan/monitor progress • Conduct site visits • Plan and prepare for development of a state strategic plan • Assess needs of coordinators and teen clinic staff • Monitor spending of each Adolescent Health Youth Development program • Provide technical assistance to local coordinators • Collect and disseminate data <p>Youth Development</p> <ul style="list-style-type: none"> • Monitor programmatic function 	<ul style="list-style-type: none"> • 18 youth development coordinators (funded by State Title V Block Grant) • 31 teen centers/youth development programs • Division leadership • County health departments • Youth service providers • Individual health districts • Local school board • youth • Resource organizations 	<ul style="list-style-type: none"> • Decreased teen pregnancy (eliminate) • Maintain program sustainability • Improve adolescent health • Standardize AHYD program

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<p>SAHC Role Logic Model Example 8</p>	<p>SCOPE OF WORK: Specific focus on Teen pregnancy prevention LOCATION OF POSITION IN THE ORGANIZATION: Women’s Health Division (originally part of MCH until about 10 years ago, through state legislation became a separate division) FUNDING SOURCE: Abstinence and PREP Funds (also legislation in place to support the position from general state funds if abstinence and PREP funds are no longer available)</p>		
Resources/Support	Key Activities & Related Strategies	Current Partners	Long-Term Outcomes of the AH Work
<ul style="list-style-type: none"> • Supportive commissioner and assistant director • Coordinate school health • Funding (Abst/PREP) • SAHRC • AMCHP • Growing interest in local health departments to decrease teen pregnancy • Data, great epidemiologist • Partners across the state in TPP • state TPP team 	<p>Teen Pregnancy Prevention (TPP)</p> <ul style="list-style-type: none"> • Board member state teen pregnancy coalition • Develop resource publication and tool kit for local TPP • Recourse to state and community agencies for TPP • Develop and coordinate the key TPP team • Implement activities to meet goals • Administer abstinence and PREP grants • Develop strategies/goals to decrease teen pregnancy in state <p>Collaborate with Adolescent-Health Related Groups</p> <ul style="list-style-type: none"> • Provide input to Title V MCH Block Grant • Develop a Sexual Abuse Prevention Plan • State Suicide Prevention group • Youth in transition for mentally challenged/SA/criminal youth • Coordinated School Health Committee <ul style="list-style-type: none"> ○ Youth Risk Behavior Surveillance Survey (YRBSS) ○ Data Team ○ HIV prevention education 	<ul style="list-style-type: none"> • State teen pregnancy coalition • Coordinated School Health • state TPP team • local health department educators • Director of domestic violence • State university, department for adolescent health • Behavioral health/S.A. staff • State substance abuse program • Div. of MCH • Div. of Women’s Health staff • NNSAHC • SAHRC • schools • HHS • OAH/ACF 	<ul style="list-style-type: none"> • Decrease teen birth rates, reproductive health promotion • Resource for adolescent-related programs • Collaborate with adolescent health program in the state <ul style="list-style-type: none"> ○ Coordinate school health ○ Suicide prevention ○ Mental health/substance abuse • Support the work of DWH (F.P., breast, cervical, ovarian) • Others

What is a State Adolescent Health Coordinator?

SAHC Logic Model Example 9		SCOPE OF WORK: Limited focus on adolescent health issues (25% AH, 75% other issues/populations) LOCATION OF POSITION IN THE ORGZANIZATION: Community and Family Health Services, Child and Adolescent Health Unit FUNDING SOURCE: Title V/MCH Block Grant		
Resources/Support	Key Activities & Related Strategies	Current Partners	Long-Term Outcomes of the AH Work	
<ul style="list-style-type: none"> Internal support for a broader AH focus MCH/Child and adolescent health (CAH) unit has dedicated Youth Development Team (YDT) Broader responsibilities are opportunity to bring a positive youth development les to all CAH work. 	<p>Maternal and Child Health (MCH)</p> <ul style="list-style-type: none"> Work with MCH Assessment section on issues related to CAH data (incl. preparing reports) Participate in MCH regional team (monthly meetings, regional planning) Designated MCH contract lead for some counties (incl. managing contracts, TA to local health depts, planning regional meetings) <p>Child and Adolescent Health (CAH)</p> <ul style="list-style-type: none"> CAH contracts management (incl. contract negotiation, consultation, training and TA to contractors, program monitoring) Lead for inter-and intra-agency coordination and collaboration related to CAH. Developing proposals, grants, decision packages, and briefing documents. Consultation and TA for state and local agencies providing services to children, teens, and their families. <p>Youth Development Team (YDT)</p> <ul style="list-style-type: none"> YDT Lead on design and implementation of CAH workplan YDT lead for local health depts, and other partners on medically and scientifically accurate best practices related to CAH public health activities (incl. practices and systems that increase access to services, address disparities in CAH populations, parent support and leadership, and other related campaigns. 	<ul style="list-style-type: none"> Federal funding partners Inter-and intra-agency coordination and collaboration related to quality improvement of child and adolescent health clinical services (i.e. Bright Futures health guidelines) Medical Assistance Administration EPSDT Improvement Team and the Clinical Advisory Committee Local health jurisdictions Multiple MCH programs participating in YDT. 	<ul style="list-style-type: none"> Culturally competent child and adolescent health programming. Positive Youth Development framework applied to all adolescent health related programming. Adolescent Health is seen/institutionalized as a key development period in broader child and adolescent health, and MCH contexts. 	

What is a State Adolescent Health Coordinator?

SAHC Logic Model Example 10		SCOPE OF WORK: Limited focus on adolescent health issues LOCATION OF POSITION IN THE ORGANIZATION: Division of Family Health FUNDING SOURCE: Title V/MCH Block Grant	
Resources/Support	Key Activities & Related Strategies	Current Partners	Long-Term Outcomes of the AH Work
<ul style="list-style-type: none"> Partnerships with local and state level nurses, and other health care professionals Division support for an adolescent focus in broader contexts. Resources for addressing MCH NPM's with adolescent focus (injury prevention, bullying, health care transition for YSHCN) 	<p>State nurse consultant:</p> <ul style="list-style-type: none"> Nursing consultation services regarding child and adolescent health (CAH), school health, and nursing issues to local and state entities, and other state DOH divisions Monitor school nursing legislative issues Collaborate with state and local agencies to develop, implement and monitor school nursing activities. Provide oversight to the Scoliosis Screening Program First responder for head lice questions Represent Family Health Division on committees, task forces, special work groups, focus groups, and ad hoc committees <p>Child and Adolescent Health</p> <ul style="list-style-type: none"> Coordinate/Manage the Early Childhood Comprehensive Systems (ECCS) Grant (budget development, monitoring, reporting) Chair state Health Early Childhood Alliance and Steering Committee (incl. overseeing state plan, contract management, consultant and TA to grantees, coordination with other agencies) Participation in various committees/workgroups such as asthma, injury, suicide, school health, etc. Assist with division grant writing, annual reports, biennial reports, State of the State report, and any other reports and surveys as related to CAH 	<ul style="list-style-type: none"> State Health Early Childhood Alliance State School Nurses Organization and local school nurses. local public health North Dakota Child Care Resource and Referral Head Start DOE Schools 	<ul style="list-style-type: none"> Promote healthy lifestyles through education, coordination and collaboration of services for children through adolescents. Advocate for adolescence and adolescent health as a priority population in context of broader work (MCH, School Health, School Nursing)