Q4T (QUALITY FOR TEENS)

A Quality Improvement Package for Adolescent Sexual and Reproductive Health Care

February 2024

ACKNOWLEDGEMENTS

Q4T (Quality for Teens): A Quality Improvement Package for Adolescent Sexual and Reproductive Health Care was developed and produced by the National Association of Community Health Centers (NACHC) in collaboration with Cicatelli Associates Inc. (CAI) and with support from the Centers for Disease Control and Prevention (CDC) Division of Reproductive Health to facilitate the delivery of high-quality adolescent sexual and reproductive health (ASRH) services in Community Health Centers.

CONTRIBUTORS

Health care and adolescent health experts and implementers from across the country were engaged to inform the development of Q4T to ensure its relevance to health centers. This includes 26 professionals who participated in a virtual technical panel convening on improving the quality of ASRH services in health care settings on February 18, 2021 (see Appendix 1 for a list of individuals.)

The following individuals with expertise in implementing ASRH quality improvement initiatives in health center settings supported the development of Q4T by providing feedback on multiple drafts and on the feasibility of using the package in health centers:

Gina Wilson, DNP, RN, FNP | Lincoln Community Health Center | Durham, NC
Jacalyn Bitterman, MD, FAAP, FSAM | Urban Health Plan | Bronx, NY
Jane Lose, ANP, CNM | STRIDE Community Health Center | Denver, CO
Josephine Jones, MPA, RN | Signature Health | Mentor, OH
Rina Ramirez, MD, FACP | Zufall Health Center | Dover, NJ
Stephanie Rose, CCE | HealthEfficient | Albany, NY

The following organizations participated in a 5-month learning community to pilot test Q4T in health center and other health care settings, yielding invaluable insights for improvement.

Community Health Connection | Tulsa, OK
Grand Traverse County Health Department | Traverse City, MI
Holyoke Health Center | Holyoke, MA
Southwest Community Health Center | Bridgeport, CT

NACHC is grateful to Anna Willingham Brittain, Kendra Hatfield-Timajchy, Riley J. Steiner, and Mikayla Bobrow for their extensive knowledge, care, and partnership to create Q4T.

SUGGESTED CITATION

National Association of Community Health Centers. Q4T (Quality for Teens): A Quality Improvement Package for Adolescent Sexual and Reproductive Health Care. Bethesda, MD: National Association of Community Health Centers; 2023.

Website addresses are provided solely as a service to readers. Provision of an address does not constitute an endorsement for this organization by NACHC, and none should be inferred. NACHC is not responsible for the content of other organizations' webpages. The list of resources provided is not an exhaustive list of all resources that may be available, and as the evidence to improve ASRH care continues to evolve, some tools may become outdated over time.

This publication was made possible by grant/cooperative agreement #NU38OT000310 from Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of Centers for Disease Control and Prevention.

TABLE OF CONTENTS

Introduction ..... page 4

Quality Improvement Implementation ..... page 5

- What Are We Trying to Improve? ..... page 5
- Q4T Overview ..... page 8
- Ensuring Organizational Readiness ..... page 10
- Getting Started ..... page 12

Q4T Improvement Goals

- Recommended Screening for Sexual Activity and Sexual Risk Assessment Conducted ..... page 15
- Behavioral Counseling Related to Sexual Health Conducted ..... page 19
- Recommended Chlamydia and Gonorrhea Screening and Follow-Up Conducted ..... page 22
- Patient-Centered Contraceptive Counseling Provided ..... page 26
- Same-Day Access to Full Range of Contraceptive Methods Provided ..... page 31
- Welcoming and Accessible Environment Established ..... page 38
- Confidentiality Protected ..... page 48
- Trauma-Informed Approach Integrated into Care ..... page 54

Supplemental Tools/Resources

- General Quality Improvement Resources ..... page 58
- Example Performance Measures ..... page 61
- Change Strategies by Focus Area ..... page 63
- Needs Assessment ..... page 65
- Action Planning Tool ..... page 68

References ..... page 71

Appendices

- Appendix 1 Methods Summary ..... page 74
- Appendix 2 Additional Reading ..... page 77

INTRODUCTION

Adolescent sexual and reproductive health (ASRH) services (e.g., contraceptive and sexually transmitted infection (STI) services) are essential to supporting the health and wellbeing of young people.[1–5] However, missed opportunities to provide recommended clinical services in a youth-friendly manner persist, particularly among adolescents receiving primary care.[6-8]

To address this gap, Q4T (Quality for Teens): A Quality Improvement Package for Adolescent Sexual and Reproductive Health Care identifies and collates change strategies (i.e., actionable strategies that can be implemented and evaluated to assess improvements) and related resources to support implementation of these change strategies. For the purposes of Q4T, existing resources were identified and reviewed to define quality improvement (QI) as systematic and continuous actions that lead to measurable improvement in health care including improved population health, enhanced care experience, reduced costs, improved workforce wellness and safety, and advanced health equity.[9-11] To develop Q4T, change strategies and related resources were compiled drawing from several activities, including an environmental scan, convening of experts, pilot testing with health centers, and subject matter expert review. For a detailed description of methods, see Appendix 1.

Q4T was specifically designed to facilitate QI in the context of primary care provided at Community Health Centers (which include Federally Qualified Health Centers or FQHCs and are hereinafter referred to as health centers.) As trusted safety net providers, health centers are critical to improving the health of individuals and communities, especially in areas where economic, geographic, or other barriers limit access to affordable and comprehensive health care. With QI as a long-standing requirement for all health centers, there is an opportunity within health centers to use QI to improve equitable access to high quality ASRH care. Although Q4T was designed for health centers, other types of health care facilities, as well as specialties beyond primary care serving adolescents, may also find it useful.

What Are We Trying To Improve?

Q4T addresses quality ASRH care related to preventing unintended pregnancy and sexually transmitted infections (STIs). It includes specific goals for selected clinical services and youth-friendly practices (Table 1), as well as accompanying change strategies, which were selected based on current guidelines and recommendations,[12-15] published evidence including key characteristics of youth-friendly services as reported by youth,[16-17] and lessons learned from previous ASRH initiatives[6, 18]. These services and practices are described briefly below. Links to guidelines and recommendations, and other resources referred to in Q4T or that are related and may be of interest, are provided in Appendix 2.

TABLE 1: QUALITY ASRH CARE RELATED TO PREVENTING UNINTENDED PREGNANCY AND STIs

ASRH Clinical Service Goals	Youth-Friendly Practice Goals
▶ Recommended screening for sexual activity and sexual risk assessment conducted ▶ Behavioral counseling related to sexual health conducted ▶ Recommended chlamydia and gonorrhea screening and follow up conducted ▶ Patient-centered contraceptive counseling provided ▶ Same-day access to the full range of contraceptive methods provided	▶ Welcoming and accessible environment established ▶ Confidentiality protected ▶ Trauma-informed approach integrated into care

ASRH Clinical Services

Sexual history taking and sexual risk assessment are foundational ASRH services and are recommended by clinical organizations as part of comprehensive psychosocial screening.[19, 20] Such screenings offer a standardized approach to identify protective and risk behaviors related to sexual and reproductive health and enable care team members* to help adolescents understand developmental changes, support adolescents to develop and maintain healthy

*Care team refers to a group of staff with different skills that work together to deliver and improve care, offering a wider range of services more efficiently than with a provider alone (https://www.nachc.org/wp-content/uploads/2022/01/Care-Teams-AG-Jan-2022.pdf).

behaviors, and implement preventive interventions that improve adolescent sexual and reproductive health, and overall well-being. Identifying adolescent patients who are sexually active is important given that behavioral counseling has been shown to reduce the likelihood of acquiring STIs in sexually active adolescents by increasing safer sex behaviors, and is recommended for all sexually active adolescents.[21] Chlamydia and gonorrhea screening is recommended annually for all sexually active cisgender women <25 years of age[15, 22] and should be extended to all transgender men and gender diverse people with a cervix.[22] Additionally, screening of sexually active young men who have sex with women should be considered in clinical settings serving populations of young men with a high prevalence of chlamydia (e.g., adolescent clinics, correctional facilities, and STD clinics) and should be offered at least annually to all young men who have sex with men at all anatomic sites of sexual contact.[15]

Information and education about contraceptive methods and preventing unintended pregnancy should be offered to all adolescent patients. For those adolescents who choose to delay or prevent pregnancy, care team members can counsel about method selection using a patient-centered approach that is respectful of and responsive to patients' preferences, needs, and values.[14] Low or no-cost contraception should be provided in accordance with contraceptive guidance for health care providers, including same-day access to the full range of contraceptive methods, to reduce barriers frequently faced by adolescents.[12-14] Many of the resources in Q4T related to improving same-day access to contraception focus on intrauterine devices and implants, also known as long-acting reversible contraception (LARC), given unique barriers adolescents face accessing these methods of contraception.[23] However, it is critical that efforts to increase access to the full range of contraceptive methods are implemented using a patient-centered approach that supports reproductive autonomy and health equity.[23, 24] Such efforts should focus on respecting adolescents' choices about whether or not to use any form of reversible contraception, or discontinue or remove any methods of reversible contraception, by providing access to all contraceptive options and supporting individual decision-making without coercion for any particular method. Groups that have been marginalized, including younger individuals, individuals experiencing poverty or incarceration, individuals from racial and ethnic minority groups, and those with disabilities, have been most impacted by reproductive coercion.[25-28] An equitable approach requires counseling respectful of the patient's preferences and values to ensure a care team member's values and biases do not impact the conversation.[23-24]

Youth-Friendly Practices

Youth-friendly practices refer to clinic-based policies and practices that are tailored to meet the needs of young people.[17] Implementing these practices can reduce barriers and facilitate receipt of ASRH services.[17] Adolescents value welcoming and accessible clinical environments.[16,17] Limited evidence from studies examining youth-friendly services suggests such services may improve ASRH outcomes, including increased patient satisfaction and use of contraception.[17] Protecting confidentiality is important as adolescents' concerns about disclosure of sensitive health information, including sexual behavior, are a well-documented barrier to care.[29-31] Further, some adolescents have experienced one or more adverse childhood experiences (ACEs), such as abuse, neglect or other type of trauma, and ACEs have been shown to influence long-term adolescent and adult health.[32-37] Care team members have been called upon to integrate a trauma-informed approach into pediatric and adolescent health care, which offers the opportunity to address and mitigate some of the adverse effects of previous trauma.[38,39] A trauma-informed approach requires that health centers recognize the prevalence of trauma in their patient populations, identify the signs and symptoms of trauma, and integrate information about trauma into all health care practices.[40]

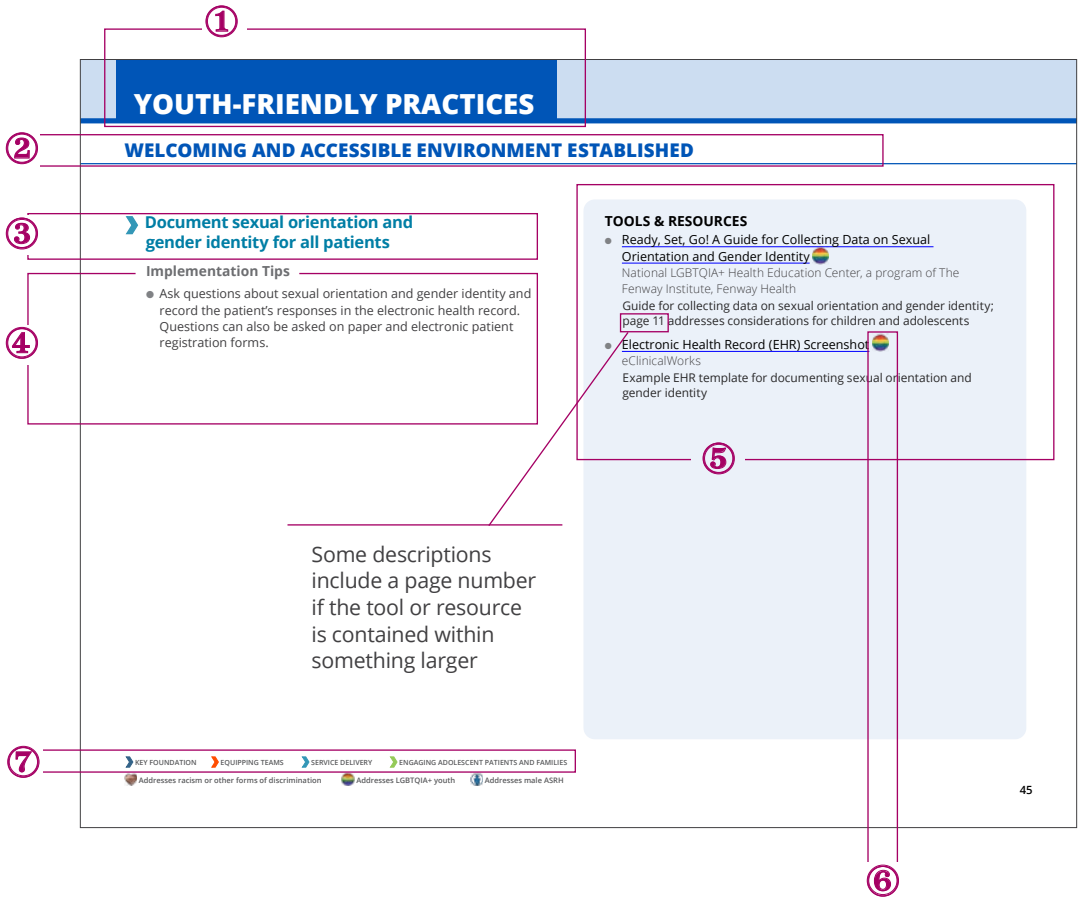
Health Equity

Several characteristics of quality care that are particularly relevant to health equity are addressed throughout Q4T. Persistent disparities in ASRH outcomes among certain populations, including adolescents from racial and ethnic minority groups, adolescents with disabilities, and adolescents who identify as lesbian, gay, bisexual, transgender, queer, intersex or asexual (LGBTQIA+) underscore the importance of implementing services and practices in a way that is unbiased, culturally responsive, and LGBTQIA+ inclusive.[41] Such an approach can help to address racism and other forms of discrimination that unfairly disadvantage certain people and lead to social and health inequities.[42] Furthermore, it is important that ASRH care, including contraceptive care, addresses the sexual and reproductive health needs of young men.[43,44] Additional resources related to health equity are provided in Appendix 2.

Q4T Overview

Q4T is organized in two sections: ASRH clinical services and youth-friendly practices① (see Table 1). For each goal②, change strategies③ (i.e., actionable strategies that can be implemented and evaluated to assess improvements) are provided along with implementation tips④ and hyperlinks to tools and resources⑤. Tools and resources that address equitable quality care are included for some change strategies with the following icons⑥:

	A resource that addresses racism or other forms of discrimination
	A resource that addresses LGBTQIA+ youth
	A resource that addresses male ASRH



Additionally, change strategies③ are categorized according to the following focus areas⑦:

- **KEY FOUNDATIONS**—strategies related to assessment, policy, and environment
- **EQUIPPING TEAMS**—strategies that build clinic staff capacity
- **SERVICE DELIVERY**—strategies to strengthen processes, procedures, and systems involved in delivering clinical services
- **ENGAGING ADOLESCENT PATIENTS AND FAMILIES**—strategies to educate and build productive partnerships with adolescents and their families (These strategies recognize the important role that parents can play in relation to ASRH, even while protecting confidentiality remains a cornerstone of adolescent care).[45,46] For the purposes of Q4T, the term parent refers to the adult primary caregiver(s) of an adolescent. This includes biological and

non-biological parents (e.g., adoptive, foster, or stepparents) and other relations such as grandparents, aunts, uncles, or siblings. A trusted adult is someone to whom an adolescent may turn for help and who will take them seriously; a specific dependable adult individual who acts in a responsible manner rather than providing general social support; and someone who discusses with the adolescent what kind of information will and will not be kept private.[47]

Some change strategies do not have associated tools or resources or implementation tips. In some cases, this is because implementation of the change strategy is health center-specific. In other cases, tools, resources, or implementations tips were not found through the convening of experts or the environmental scan. For example, few policy-related tools were uncovered via the environmental scan and convening of experts. For policy-related change strategies, health centers may find the Clinical Training Center for Sexual and Reproductive Health's Policies, Procedures, and Clinical Protocols Toolkit helpful.

The Supplemental Tools/Resources section provides general quality improvement resources, example performance measures, a summary of change strategies by focus area (for those who may want to organize their QI efforts this way), a needs assessment, and a link to the Q4T action planning tool.

Appendix 1 provides details about the methods used to identify the included change strategies and related resources.

Appendix 2 provides an easy-to-use list with links to additional reading that may be of interest to some readers: select guidance and recommendations, publications or websites on example ASRH QI projects, resources related to adolescent health equity, and links to broad change packages/toolkits/interventions on topics that may be of interest, e.g., male reproductive health.

Ensuring Organizational Readiness

Health centers will want to ensure organizational readiness prior to conducting QI activities. These initial steps are described briefly below.

1 **SECURE LEADERSHIP SUPPORT:**

a. Leadership support is critical for QI efforts to be successful. Health center leaders can provide protected time and resources (e.g., staffing, funding for training, communication channels) for QI implementation.

b. Leadership can integrate ASRH into the health center's vision, mission, or strategic plan and communicate the importance of the QI initiative to all staff in other ways (e.g., via staff meetings).

c. Underscoring how quality ASRH services align with the health center's mission can help to secure buy-in from senior leaders and boards of directors.

d. Using local data to demonstrate the need for ASRH services can help build leadership support.

e. As QI efforts get underway, providing regular updates on key milestones, successes, and challenges can ensure ongoing support.

f. Leaders can identify key steps to support improvement efforts using NACHC's Value Transformation Framework.

g. This Q4T companion slide deck and elevator pitch can be used to engage health center leadership in ASRH QI. This Q4T article discusses how a health center board can support ASRH services through governance-level functions.

2 **IDENTIFY A CLINICAL CHAMPION:**

a. A clinical champion for quality ASRH care can help to engage leadership and ideally identify an executive champion who can facilitate approval for practice changes.

b. If a clinical champion does not yet exist, leaders can help to identify an individual who is given dedicated time for QI efforts and can lead the improvement team (i.e., core group of staff involved in implementing the QI initiative).

3 IDENTIFY IMPROVEMENT TEAM:

a. To facilitate system-wide change, staff from all organizational levels can be part of the improvement team, including administrators, care team members, and staff from the front desk/call-center as well as health informatics, finance, and QI departments.

b. Regular meetings, scheduled well in advance, with the improvement team can keep QI efforts on track and ensure accountability.

c. The Institute for Healthcare Improvement offers guidance on forming a team.

4 SELECT A QI MODEL AND TECHNIQUES:

a. To prepare for ASRH QI efforts, the improvement team may want to review common QI implementation models and techniques. Such techniques may include process mapping, i.e., creating a visual model of a process's current and future states that include flows, connections, and activities, or co-design, whereby patients contribute to the development and implementation of QI interventions. The Supplemental Tools/Resources section provides common QI models and techniques to consider including process mapping and co-design.

5 IDENTIFY PERFORMANCE MEASURES TO TRACK PROGRESS:

a. Performance measures can be used to monitor progress toward and success in achieving ASRH QI improvement goals.

b. The Supplemental Tools/Resources section provides example performance measures the improvement team can consider adopting.

PULSE CHECK

Answer the following questions about your organization. Before moving forward with your QI initiative you will want to ensure that you can answer "yes" to each question.

1. Has health center leadership indicated commitment to providing protected time and resources to support ASRH QI? ☐ YES ☐ NO
2. Has a clinical champion for ASRH QI been identified? ☐ YES ☐ NO
3. Has improvement team membership and a plan for engaging members been established? ☐ YES ☐ NO
4. Have a QI implementation model and technique(s) been selected? ☐ YES ☐ NO
5. Are structures in place to collect, report, and use performance measure data related to ASRH? ☐ YES ☐ NO
6. Are structures in place to align new workflows with your electronic health record (EHR)? ☐ YES ☐ NO

6 PLAN AHEAD FOR ALIGNING NEW WORKFLOWS WITH THE ELECTRONIC HEALTH RECORD (EHR):

a. Workflow refers to a set of tasks (grouped chronologically into processes) and the personnel or resources needed for those tasks to deliver care.[48] Implementation of some change strategies in Q4T may require new or updated clinical and data workflows. These new workflows will need to be aligned with Electronic Health Records (EHR) to support implementation, performance measurement, and ensure payment.

b. In addition to including a staff member with health informatics expertise on the improvement team to support this work, engaging the health center's Health Center Controlled Network (HCCN) may also be helpful.

c. This Q4T companion guide offers 8 actions for stronger informatics systems to capture ASRH data needed for QI initiatives.

As health centers consider their organizational readiness to implement ASRH QI activities, the HRSA Technical Assistance Resource: Family Planning and Related Services in Health Centers may be helpful. Additionally, for health centers that receive or are considering applying for Title X funding, Advancing Quality Family Planning Practices: A Guide for Health Centers may be a useful document.

GETTING STARTED: Identify ASRH Improvement Goals

Some organizations may undertake ASRH-related QI with a specific goal in mind. However, for others, the improvement goals need to be identified.

The Supplemental Tools/Resources section provides a needs assessment tailored to Q4T that will help health centers determine where to focus activities to improve the quality and delivery of ASRH services:

- **Understand** who should complete the assessment and how
- **Step 1: Identify** improvement goal(s) on which to focus
- **Step 2: Identify** focus area(s) within selected improvement goal(s)
- **Step 3: Identify** change strategy(ies) for each selected improvement goal and focus area

Depending on organizational readiness and the needs identified, health centers may select one or multiple improvement goals for a given QI effort. For each goal, they may select one or multiple focus areas and associated change strategies. The degree of organizational readiness may also affect whether a health center chooses an improvement goal to address a substantial or minimal gap in care.

Health centers can use the action plan template in the Supplemental Tools/Resources section to keep the improvement team organized and on track during the QI initiative. This tool supports improvement teams with tracking of selected improvement goals, change strategies, action items, and measurement goals. This tool also provides guidance on key questions that will help develop a timeline for the QI initiative.

Q4T IMPROVEMENT GOALS

ASRH CLINICAL SERVICE GOALS

- Recommended screening for sexual activity and sexual risk assessment conducted
- Behavioral counseling related to sexual health conducted
- Recommended chlamydia and gonorrhea screening and follow-up conducted
- Patient-centered contraceptive counseling provided
- Same-day access to the full range of contraceptive methods provided

YOUTH-FRIENDLY PRACTICE GOALS

- Welcoming and accessible environment established
- Confidentiality protected
- Trauma-informed approach integrated into care

ASRH CLINICAL SERVICES

IMPROVEMENT GOAL:

Recommended Screening for Sexual Activity and Sexual Risk Assessment Conducted

RECOMMENDED SCREENING FOR SEXUAL ACTIVITY AND SEXUAL RISK ASSESSMENT CONDUCTED

Establish a policy to screen every adolescent patient for sexual activity and conduct sexual risk assessment at least annually

Train the care team on conducting sexual histories and sexual risk assessments

TOOLS & RESOURCES

- Sexual History-Taking: Essential Questions
  Adolescent Reproductive and Sexual Health Education Program, Physicians for Reproductive Health
  Slide deck on adolescent sexual history taking
- A Guide to Taking a Sexual History
  Centers for Disease Control and Prevention
  A framework for discussing sexual health issues to assess and screen patients for a broad range of sexual health concerns
- Health is Power
  The Partnership for Male Youth/American Sexual Health Association/School-Based Health Alliance/Healthy Teen Network
  Tool that offers care team members tips on how to have a frank conversation and build rapport with young men during a well visit; includes questions regarding sexual health and other topics (Note that vaccine recommendations on page 2 may be dated). Pair it with the Your Health is Your Power Self- Assessment Tool

RECOMMENDED SCREENING FOR SEXUAL ACTIVITY AND SEXUAL RISK ASSESSMENT CONDUCTED

Implement a clinic workflow to conduct a risk assessment using a tool that includes sexual risk

Implementation Tips

- Incorporate a sexual risk assessment as part of a broader health assessment
- In addition to risks, assess the adolescent patient's strengths with regard to knowledge, skills, and behaviors
- Use process mapping techniques or co-design to document current clinic workflow and identify where risk assessment best fits
- Use adolescent-friendly tablet-based technology to capture sexual activity history and sexual risk in a confidential manner
- Send assessment tools via text message to be completed ahead of the clinic visit

TOOLS & RESOURCES

- Sample Workflows (within Adolescent Risk Screening Starter Guide)
  Adolescent Health Initiative
  Sample workflows for confidential risk screening on page 3

SELECT RISK ASSESSMENT TOOLS

Broader Risk Assessments

- SSHADESS Screen
  American Academy of Pediatrics
  Screening assessment for strengths, school, home, activities, drugs, emotions/depression, sexuality, and safety

Detailed Sexual Risk Assessments

- Taking a Client-Centered Sexual History (within Sexual and Reproductive Health Toolkit for Adolescent Providers)
  Adolescent Health Working Group
  Detailed sexual history questionnaire on pages 20-22
- Asking Essential Sexual Health Questions (within Sexual Health and Your Patients: A Provider's Guide)
  National Coalition for Sexual Health
  Essential questions to ask patients about their sexual health; specific questions for adolescents included on pages 4 and 5 and on this provider pocket card
- Your Health is Your Power Self-Assessment Tool
  The Partnership for Male Youth/American Sexual Health Association/ School-Based Health Alliance/Healthy Teen Network
  Patient-facing assessment designed for young men to complete prior to visit; pair it with Health is Power

RECOMMENDED SCREENING FOR SEXUAL ACTIVITY AND SEXUAL RISK ASSESSMENT CONDUCTED

Use electronic health records (EHRs) to support sexual history taking and risk assessment

Implementation Tips

- Use EHR prompts or templates
- Work with health informatics staff and consult with your Health Center Controlled Network (HCCN) or Primary Care Association (PCA) to tailor the health center's EHR system to facilitate sexual history taking and risk assessment

---

Educate parents about the importance of sexual risk assessment

Implementation Tips

- Discuss adolescent development and the importance of a sexual risk assessment with parents and answer any questions they may have
- Provide resources on parent-adolescent communication and adolescent health and development
- Have parents complete a health assessment regarding their adolescent's general health to help involve them in their child's care and make them feel included

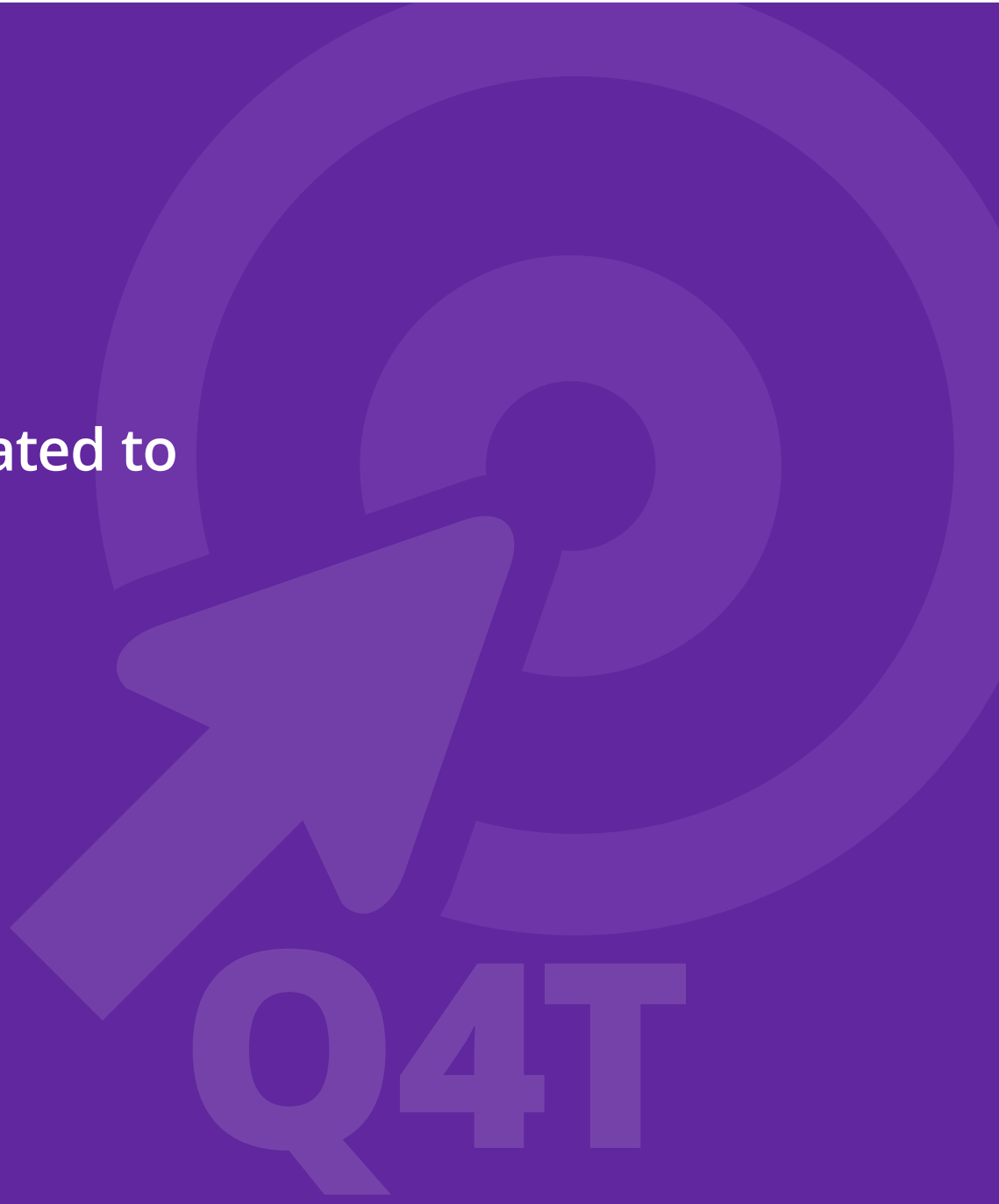
TOOLS & RESOURCES

- Adolescent Parent/Guardian Questionnaire
  Adolescent Health Initiative
  Example questionnaire for parents to complete that assesses parents' experience of parenting their adolescent; recent changes in family, e.g., birth or divorce; and parent-adolescent communication on a variety of risk topics
- Growth and Development, Ages 18 and Over: What Parents Need to Know
  Advocates for Youth
  Developmental guidelines for parents on physical, cognitive, emotional, and sexual development in adolescents

ASRH CLINICAL SERVICES

IMPROVEMENT GOAL:

Behavioral Counseling Related to Sexual Health Conducted



BEHAVIORAL COUNSELING RELATED TO SEXUAL HEALTH CONDUCTED

Establish a policy to provide behavioral counseling for all sexually active adolescents to prevent sexually transmitted infections (STIs)

Train the care team to provide behavioral counseling about risk and protective behaviors

TOOLS & RESOURCES

- Adolescent-Focused Motivational Interviewing
  School-Based Health Alliance
  Recorded presentation that provides training on how to conduct motivational interviewing with adolescents
- Motivational Interviewing Training for Empowering Youth (MITEY) towards Change
  Possibilities for Change
  Recorded presentation that demonstrates the use of motivational interviewing strategies to provide youth risk coaching
- 5-Step Counseling Model for Addressing the SRH Needs of Young Men
  Cicatelli Associates Inc. (CAI)
  Patient-centered approach for addressing the sexual and reproductive health needs of young men
- Key Sexual and Reproductive Health Messages for Young Men
  Cicatelli Associates Inc. (CAI)
  Key messages that care team members can use when talking to young men about sexual and reproductive health
- Example Integration Statements for Conversations with Young Men
  Cicatelli Associates Inc. (CAI)
  Tool for integrating statements about fatherhood and sexual and reproductive health into conversations with young men

BEHAVIORAL COUNSELING RELATED TO SEXUAL HEALTH CONDUCTED

Implement a clinic workflow to provide counseling about risk and protective behaviors for sexual health

Implementation Tips

- Use staffing strategies such as integrating health educators or community health workers as part of the care team to allow more time for counseling and education during a clinical visit

Equip parents to have conversations with their adolescents that reinforce behavioral counseling messages

Implementation Tips

- Help the adolescent consider who they can rely on to help them with their health decisions such as a parent or other trusted adult
- Provide handouts for parents in the waiting room
- Provide a section on the health center website that includes resources for parents
-

TOOLS & RESOURCES

- Talking with Your Teens About Sex
  Centers for Disease Control and Prevention
  Fact sheet for parents with tips and actions to talk with their adolescents about sex and healthy relationships
- Teen Dating and Sex
  American Academy of Pediatrics
  Articles for parents about various sexual health topics; also available in Spanish
- AMAZE
  Advocates for Youth (Managing Partner)
  Animated videos and other educational resources to build the skills of parents to communicate with youth ages 10-14 about sex and sexuality
- Parents' Influence on the Health of Lesbian, Gay, and Bisexual Teens
  Centers for Disease Control and Prevention
  Fact sheet for parents with tips and actions to promote positive health outcomes for their lesbian, gay, or bisexual adolescents

ASRH CLINICAL SERVICES

IMPROVEMENT GOAL:

Recommended Chlamydia and Gonorrhea Screening and Follow-Up Conducted

RECOMMENDED CHLAMYDIA AND GONORRHEA SCREENING AND FOLLOW-UP CONDUCTED

Chlamydia and gonorrhea screening is recommended annually for all sexually active cisgender women <25 years of age[15,22] and should be extended to all transgender men and gender diverse people with a cervix.[22] Additionally, screening of sexually active young men who have sex with women should be considered in clinical settings serving populations of young men with a high prevalence of chlamydia (e.g., adolescent clinics, correctional facilities, and STD clinics) and should be offered at least annually to all young men who have sex with men at all anatomic sites of sexual contact.[15]

Establish a policy to include recommended chlamydia and gonorrhea screening as part of preventive care

Train the care team on recommended chlamydia and gonorrhea screening for sexually active adolescents and tracking, following up, and treating those who have positive screens

Implementation Tips

- Provide expedited partner therapy per state law for individuals who test positive for chlamydia to reduce infection rates
- Include all care team members in trainings on screening and treatment guidelines
- Include screening and treatment guidelines among job aids accessible to care teams
- Designate a point person on the care team responsible for tracking and follow-up of all positive screens
- Provide walk-in access to adolescents called back due to positive tests

TOOLS & RESOURCES

- Sexually Transmitted Infections Treatment Guidelines, 2021: Adolescents
  Centers for Disease Control and Prevention
  Screening and primary prevention recommendations for sexually transmitted infections in adolescents
- Sexually Transmitted Infections Treatment Guidelines, 2021: Provider Resources
  Centers for Disease Control and Prevention
  Job aids, including print-friendly versions of a wall chart, pocket guide, and guidelines; guidelines available via mobile app

KEY FOUNDATION EQUIPPING TEAMS SERVICE DELIVERY ENGAGING ADOLESCENT PATIENTS AND FAMILIES
Addresses racism or other forms of discrimination Addresses LGBTQIA+ youth Addresses male ASRH

RECOMMENDED CHLAMYDIA AND GONORRHEA SCREENING AND FOLLOW-UP CONDUCTED

Chlamydia and gonorrhea screening is recommended annually for all sexually active cisgender women <25 years of age[15,22] and should be extended to all transgender men and gender diverse people with a cervix.[22] Additionally, screening of sexually active young men who have sex with women should be considered in clinical settings serving populations of young men with a high prevalence of chlamydia (e.g., adolescent clinics, correctional facilities, and STD clinics) and should be offered at least annually to all young men who have sex with men at all anatomic sites of sexual contact.[15]

Implement a clinic workflow to conduct recommended chlamydia and gonorrhea screening

Implementation Tips

- Modify the workflow to include routine specimen collection
- Have various options available for screening (e.g., urine sample, patient-collected vaginal swab, care team member-collected cervical swab)
- When explaining recommended screening, use normalizing and opt-out language, i.e., language that describes the screening will be performed unless the patient declines

TOOLS & RESOURCES

- Chlamydia Screening Starter Guide
  Adolescent Health Initiative
  - Example clinic workflow modifications for chlamydia screening on page 5
  - Script for chlamydia screening encounters on page 6
- Opt-Out Screening
  American Sexual Health Association, National Chlamydia Coalition
  Brief videos showing care team member using normalizing language to discuss chlamydia screening with patients; printable fact sheets on strategies for implementing opt-out screening and increasing screening rates

Standardize coding and billing practices for chlamydia and gonorrhea screening and treatment

TOOLS & RESOURCES

- STD TAC Billing Toolkit
  National Coalition of STD Directors
  Toolkit with resources to scale up billing and reimbursement systems and practices for sexually transmitted disease services

RECOMMENDED CHLAMYDIA AND GONORRHEA SCREENING AND FOLLOW-UP CONDUCTED

Chlamydia and gonorrhea screening is recommended annually for all sexually active cisgender women <25 years of age[15,22] and should be extended to all transgender men and gender diverse people with a cervix.[22] Additionally, screening of sexually active young men who have sex with women should be considered in clinical settings serving populations of young men with a high prevalence of chlamydia (e.g., adolescent clinics, correctional facilities, and STD clinics) and should be offered at least annually to all young men who have sex with men at all anatomic sites of sexual contact.[15]

Inform patients and parents of clinical recommendations and health center protocols regarding chlamydia and gonorrhea screening

Implementation Tips

- Provide handout/letter explaining recommendations and protocols for parents and patients at check-in
- Provide a section on the health center website that includes resources for parents

TOOLS & RESOURCES

- Chlamydia Screening Starter Guide
  Adolescent Health Initiative
  Example parent and patient letters and handouts about chlamydia screening on pages 7-9; also available in Spanish
- STD Testing: Information for Parents of Adolescents
  Centers for Disease Control and Prevention
  Infobrief for parents that describes sexually transmitted disease testing recommendations for adolescent

ASRH CLINICAL SERVICES

IMPROVEMENT GOAL:

Patient-Centered Contraceptive Counseling Provided

PATIENT-CENTERED CONTRACEPTIVE COUNSELING PROVIDED

Establish a policy to provide adolescents with patient-centered contraceptive counseling

Train the care team in shared-decision making and communication skills to deliver patient-centered contraceptive counseling

Implementation Tips

- Consider who on the care team should be trained to deliver contraceptive counseling (e.g., health educators, nurses, medical assistants)
- Build in opportunities for role playing in which staff can practice using new counseling skills
- Include content that covers how to provide counseling in a non-biased manner that is respectful of the patient's preferences and values

TOOLS & RESOURCES

Patient-centered Contraceptive Counseling Tools

- Adolescent-Centered Contraceptive Counseling: Adopting a Shared Decision-Making Model
  Adolescent Health Initiative
  Recorded presentation with guidance on long-acting reversible contraception (LARC) counseling, respecting an individual's decision not to use LARC, and removing LARC when requested
- Beyond the Pill Webinar Series: Part II—Sharing the Science: Tools for Describing Data Using a Patient-Centered Framework
  School-Based Health Alliance
  Recorded presentation that reviews key principles of patient-centered counseling and discusses how to offer non-judgmental contraceptive counseling in challenging, real-world situations

(Tools & Resources continued on next page...)

PATIENT-CENTERED CONTRACEPTIVE COUNSELING PROVIDED

(continued from page 27)

Train the care team in shared-decision making and communication skills to deliver patient-centered contraceptive counseling

TOOLS & RESOURCES

- Beyond the Pill Webinar Series: Part III—An Ethical Framework for Providing Contraceptive Counseling
  School-Based Health Alliance
  Recorded presentation that explores ethical guidelines for providing contraceptive care and counseling and examines how unconscious bias can influence the way care team members talk with young people about their contraceptive options and how different approaches to counseling may advance or hinder reproductive autonomy
- CAP (Contraceptive Action Plan) E-Learning Program
  Cicatelli Associates Inc. (CAI)
  Set of online courses designed to increase knowledge and skills to deliver quality client-centered and culturally competent contraceptive services to patients using a team-based approach; free registration required

Health Equity Resources

- "Do I really have a choice?": Centering Reproductive Justice for Adolescents
  Society for Adolescent Health and Medicine
  Recorded presentation that describes the principles of reproductive justice practice with adolescents; free registration required before being directed to video
- Structures & Self: Advancing Equity and Justice in SRH
  Bixby Center for Global Reproductive Health at the University of California, San Francisco
  Self-led training designed to teach clinical learners about systems of power and legacies of structural oppression and how they impact patient care

PATIENT-CENTERED CONTRACEPTIVE COUNSELING PROVIDED

Implement a patient-centered contraceptive counseling framework

Implementation Tips

- Provide staff with ongoing support and structure to reflect and improve upon their delivery of the contraceptive counseling framework
- Patient-centered frameworks that support shared decision-making with the patient can reduce opportunities for bias and coercion
- Use birth control options job aid or demonstrate options to help patient visualize their choices

TOOLS & RESOURCES

- Contraceptive Counseling Model: A 5-Step Client-Centered Approach
  Cicatelli Associates Inc. (CAI)
  Patient-centered approach to contraceptive counseling; also called the Contraceptive Action Plan (CAP) 5-Step Contraceptive Counseling Model
- Contraceptive Counseling Observation Tool
  Cicatelli Associates Inc. (CAI)
  Tool for assessing the extent to which staff are applying the CAP 5-Step Contraceptive Counseling Model
- PATH Framework
  Envision Sexual and Reproductive Health
  Job aids that support use of the PATH Framework to discuss reproductive health goals and conduct patient-centered contraceptive counseling with patients; also available in Spanish
- Birth Control Options Grid
  Cicatelli Associates Inc. (CAI)
  Job aid that describes contraceptive options; for use during counseling

PATIENT-CENTERED CONTRACEPTIVE COUNSELING PROVIDED

Equip parents with information about contraceptive methods

Implementation Tips

- Provide handouts for parents in the waiting room
- Provide a section on the health center website that includes resources for parents

TOOLS & RESOURCES

- Birth Control: Information for Parents of Adolescents
  Centers for Disease Control and Prevention
  Infobrief that provides parents with information on common contraceptive methods and tips to support adolescent receipt of contraceptive services
- Contraception Explained: Options for Teens & Adolescents
  American Academy of Pediatrics
  Infobrief that provides parents with information on talking about sex, relationships, and how to prevent HIV, sexually transmitted diseases, and pregnancy; common contraceptive methods, including effectiveness, advantages and disadvantages; also available in Spanish

ASRH CLINICAL SERVICES

IMPROVEMENT GOAL:

Same-Day Access To Full Range of Contraceptive Methods Provided

SAME-DAY ACCESS TO FULL RANGE OF CONTRACEPTIVE METHODS PROVIDED

Establish policies that support adolescent access to the full range of contraceptive services

Implementation Tips

- Design policies to be consistent with CDC Contraceptive Guidance for Health Care Providers and to reinforce practices that minimize barriers to the full range of contraceptive methods for the adolescent patient, including
  - Most contraceptive methods can be started on the same day if desired by the adolescent patient and if reasonably certain that the patient is not pregnant
  - Follow recommendations for exams and tests needed for contraceptive method initiation. (Few, if any exams are needed before providing contraception.*)
  - Stock and offer a broad range of methods so that the needs of individual adolescent patients can be met. (Optimally, all methods are available onsite to be able to provide same-day access but strong referrals can serve to make methods accessible when having all methods available onsite is not possible.)

(continued on next page)

TOOLS & RESOURCES

- Sample Policy for Same-Visit Contraceptive Services
  Reproductive Health National Training Center
  Sample policy that establishes that same-visit initiation of contraception should be available and in accordance with current standards of care; language can be adapted to fit health center needs

LARC-specific Resources

- Evidence-Based LARC Provision Policy Checklist
  Cicatelli Associates Inc. (CAI)
  Checklist to assess an organization's current LARC policies
- IUD Policy and Procedure
  Reproductive Health Access Project
  IUD policy and procedure for clinical use
- Implant Policy and Procedure
  Reproductive Health Access Project
  Progestin implant policy and procedure for clinical use

* Most women do not require additional STD screening at the time of IUD insertion. If a woman with risk factors for STDs has not been screened for gonorrhea and chlamydia according to CDC's STI Treatment Guidelines (available at https://www.cdc.gov/std/treatment), screening can be performed at the time of IUD insertion, and insertion should not be delayed. Women with current purulent cervicitis or chlamydial infection or gonococcal infection should not undergo IUD insertion.[12]

SAME-DAY ACCESS TO FULL RANGE OF CONTRACEPTIVE METHODS PROVIDED

(continued from page 32)

Establish policies that support adolescent access to the full range of contraceptive services

- Recognize that LARC methods (intrauterine devices [IUDs] and implants) are safe contraceptive options for adolescents
- Provide or prescribe emergency contraception to adolescent patients for future use
- Provide or prescribe a 1-year supply of oral contraceptives
- Provide condoms onsite, available for free or at low-cost
- Offer contraception at every visit regardless of reason for visit (e.g., urgent, preventive, sports physical) to prevent missed opportunities

Ensure care team members are comfortable and trained in provision and management of all methods of contraception

Implementation Tips

- Look to community-based organizations, academic institutions, and professional organizations for training opportunities
- Consider factors such as travel logistics and care team member schedules when determining if trainings should be on-site, off-site, online, or virtual
- Select trainings that include content on CDC Contraceptive Guidance for Health Care Providers (U.S. Medical Eligibility Criteria for Contraceptive Use, U.S. Selected Practice Recommendations for Contraceptive Use, Quality Family Planning)

TOOLS & RESOURCES

- Contraceptive Method Guidance: Slide Sets for Health Care Providers
  Centers for Disease Control and Prevention
  Set of presentations covering the US Medical Eligibility Criteria for Contraceptive Use, 2016 and US Selected Practice Recommendations for Contraceptive Use, 2016, and application of this guidance for adolescents
- Beyond the Pill Training on Contraceptives
  Bixby Center for Global Reproductive Health at University of California, San Francisco
  Training program to increase care team member knowledge and skills and improve patient access to the full range of contraceptive methods

SAME-DAY ACCESS TO FULL RANGE OF CONTRACEPTIVE METHODS PROVIDED

Train and mentor care team members in LARC insertion, management, and removal

Implementation Tips

- Look to community-based organizations, academic institutions, and professional organizations for training opportunities
- Ensure supplies are in stock by time of LARC insertion/removal training
- Build an ongoing precepting/mentoring component (e.g., see one, do one)
-

TOOLS & RESOURCES

- LARC Link
  Clinical Training Center for Sexual and Reproductive Health
  Online library of LARC trainings and LARC-related resources offered by a variety of organizations
- LARC Video Series
  American College of Obstetricians and Gynecologists/Bixby Center for Global Reproductive Health at University of California, San Francisco
  Brief videos on a variety of clinical topics related to the provision of LARC methods
- LARC Clinical Mentor Toolkit
  Cicatelli Associates Inc. (CAI)
  Guide about LARC clinical mentoring with a number of resources, including a mentor self-assessment on pages 8-10 and performance assessment on LARC insertion and removal on pages 15-18

SAME-DAY ACCESS TO FULL RANGE OF CONTRACEPTIVE METHODS PROVIDED

Implement a clinic workflow to ensure same-day contraceptive access is available every day of clinical services

Implementation Tips

- Use process mapping techniques or co-design to document current clinic workflow and identify opportunities to free up clinician availability to provide same-day access to the full range of contraceptive methods
- Use staffing strategies such as utilizing health educators, nurses, or medical assistants to provide contraceptive counseling to free up clinician availability for same-day appointments
- Maintain sufficient stock of the full range of contraceptive methods to be prepared for same-day appointments
- To decrease charting burden, develop electronic health record templates to document procedures, orders, patient education, and coding
- Create a mobile cart with needed LARC supplies and devices

TOOLS & RESOURCES

- Clinic Flow Assessment
  Reproductive Health National Training Center
  Tool to help determine how well clinic flow is working at a site(s) and identify actions for improving clinic flow in order to provide comprehensive services in the most efficient way
- Using Data to Increase Clinic Efficiency: A Quality Improvement Guide
  Reproductive Health National Training Center
  Guide that provides strategies and resources on clinic workflows to ensure sufficient time during the visit to provide contraceptive methods on pages 21-30.
- Contraceptive Care Room Study Tool
  Cicatelli Associates Inc. (CAI)
  Tool for examining how frequently eligible patients are being offered contraceptive counseling and same-day contraception without requirement of unnecessary tests or subsequent visits
- LARC Room Readiness Checklist
  Cicatelli Associates Inc. (CAI)
  Checklist of supplies needed for LARC insertion and removal
- Modeling Tool: Estimating Future Demand and Work Effort for LARC Services
  Cicatelli Associates Inc. (CAI)
  Tool to calculate future demand for expanded contraceptive services, including the number of potential counseling interactions and LARC insertions on a weekly and yearly basis

(Tools & Resources continued on next page...)

SAME-DAY ACCESS TO FULL RANGE OF CONTRACEPTIVE METHODS PROVIDED

(continued from page 35)

Implement a clinic workflow to ensure same-day contraceptive access is available every day of clinical services

TOOLS & RESOURCES

- Quick Start Algorithm for Hormonal Contraception and IUDs
  Reproductive Health Access Project
  Clinical guide to quick start contraception
- Same-Visit Contraception: A Toolkit for Family Planning Providers
  Reproductive Health National Training Center
  Toolkit that offers strategies and tools that support provision of the full range of contraceptive methods on the same day requested by the patient
- Same-Visit Contraception Implementation Checklist
  Reproductive Health National Training Center
  Checklist that outlines strategies for providing the full range of contraceptive methods during the same visit requested by the patient

SAME-DAY ACCESS TO FULL RANGE OF CONTRACEPTIVE METHODS PROVIDED

Optimize reimbursement for contraceptive services, including LARC devices

Implementation Tips

- Develop and share written reimbursement protocols specific to LARC acquisition and stocking costs and insertion, removal, and reinsertion costs. These should provide guidance on existing LARC reimbursement policies and actively implement payment strategies to address implementation challenges.

TOOLS & RESOURCES

- ICD-10 Codes for Family Planning Services Job Aid
  Reproductive Health National Training Center
  List of frequently used ICD-10 codes for contraceptive visits, sexually transmitted infection services, and other selected services
- Commonly Used CPT and HCPCS Codes in Reproductive Health Care Job Aid
  Reproductive Health National Training Center
  List of Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes for family planning services
- LARC Modeling Tool
  Cicatelli Associates Inc. (CAI)
  Tool for understanding the net cost of providing LARC services; requires a free registration
- Factsheet: Financing LARC Services
  Cicatelli Associates Inc. (CAI)
  Checklist of actions to maximize financing for LARC services
- State Medicaid Payment Approaches to Improve LARC Access
  Centers for Medicare and Medicaid Services
  Informational bulletin regarding approaches some states have used for Medicaid reimbursement of LARCs
- Documentation & Charge Capture Process: LARC Services
  National Association of Community Health Centers (NACHC)
  Recommendations for successful documentation and charge capture process for LARC services, including service bundle samples

YOUTH-FRIENDLY PRACTICES

IMPROVEMENT GOAL:

Welcoming and Accessible Environment Established

WELCOMING AND ACCESSIBLE ENVIRONMENT ESTABLISHED

Establish policies that support adolescent access to services

Implementation Tips

- Expand clinic hours of operations to include evening and weekend hours
- Implement/extend walk-in hours
- Offer telehealth visits through video calls and other remote options
- Offer the option to schedule/confirm appointments via text message

TOOLS & RESOURCES

- Adolescent Sexual and Reproductive Health Services Via Telehealth
  National Association of Community Health Centers
  Infographics for clinicians and scheduling staff showing adolescent sexual and reproductive health services that can be provided via telehealth
- Engaging Community Partners can Improve Adolescent Access to Telehealth
  National Association of Community Health Centers
  Infobrief about partnering with youth-serving organizations in the community to offer safe, secure, private, and technologically reliable telehealth sites for the provision of sexual and reproductive health services
- Telehealth and Adolescent Health Care: What Can Pediatric Clinicians Do?
  American Academy of Pediatrics
  Webpage that describes strategies for providing pediatric care through telehealth

WELCOMING AND ACCESSIBLE ENVIRONMENT ESTABLISHED

Create youth-friendly spaces

Implementation Tips

- Use signage and language that is inclusive of and appealing to diverse adolescent patients (e.g., images of young people of different body types, ability/disability, same-sex couples, and race and ethnicity, as well as use of bright colors and graphics)
- Consider an adolescent waiting room separate from other pediatric patients and adult patients
- Provide a private area for adolescents to complete screening assessments confidentially
- Place white noise machines and dividers at reception to increase privacy
- Provide Wi-Fi, outlets, charging stations, and youth-friendly TV/magazines in the waiting room
- Provide healthy snacks since adolescents often come from school and may not have had a chance to eat anything
- Designate gender-neutral bathrooms
- Take advantage of virtual spaces—promote ASRH services on the health center website in a way that appeals to adolescent patients (e.g., interactive features, illustrated concepts, quick to navigate)

TOOLS & RESOURCES

- Drawing a Picture: Adolescent Centered Medical Homes
  Adolescent Health Initiative
  Video with ideas for ensuring youth-friendly spaces in primary care practices
- We're Here for You Poster
  Adolescent Health Initiative
  Signage serving as a visual cue to welcome teen patients, for waiting or exam room
- Promoting Youth-Friendly Environments in Family Planning Clinics
  Reproductive Health National Training Center
  Recorded presentation on creating an adolescent-centered environment and providing youth-friendly care

WELCOMING AND ACCESSIBLE ENVIRONMENT ESTABLISHED

Ensure common understanding of adolescent development

Implementation Tips

- Train all staff (e.g., medical assistants, financial and front desk staff) on adolescent development
- Include ASRH health basics in onboarding training and/or compliance trainings

TOOLS & RESOURCES

- Promoting Healthy Sexual Development and Sexuality (within Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents, 4th edition)
  Bright Futures
  Chapter that covers promoting healthy sexual development from infancy through adolescence
- Understanding Adolescent Development, Pediatrics Research Roundup
  American Academy of Pediatrics
  Podcast episode that discusses communication strategies and techniques that care team members can use to shape parent and adolescent understandings of development (starts at 00:19:10)
- An Overview of Adolescent Brain Development for Family Planning Professionals
  Clinical Training Center for Sexual and Reproductive Health
  Podcast episode that covers adolescent brain development including implications for risky behavior and impulse control
- Spark: Adolescent Brain Development
  Adolescent Health Initiative
  Online training on how adolescent brain development impacts interactions between youth and adults in a clinical setting and resources for health centers and youth-serving organizations
- Adolescent Sexual Development (within Sexual and Reproductive Health Toolkit for Adolescent Providers)
  Adolescent Health Working Group
  Overview of adolescent sexual development on pages 9-12

WELCOMING AND ACCESSIBLE ENVIRONMENT ESTABLISHED

Train staff to provide respectful, inclusive, youth-friendly care

Implementation Tips

- Offer training that increases capacity to implement culturally and linguistically appropriate services (services that are respectful of and responsive to individual cultural health beliefs and practices, preferred languages, health literacy levels, and communication needs)
- Provide trainings that address implicit bias (attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner)
- Train care team members on how to provide patient-centered care to LGBTQIA+ adolescents, youth with disabilities, and young men
- Offer trainings that increase awareness of racism and other forms of discrimination that unfairly disadvantage certain people and lead to social and health inequities; offer trainings that support care team members to promote racial justice, reduce health disparities, and advance health equity for youth
- Provide on-going trainings that focus on staff at different levels (e.g., care team member meetings, "all staff" meetings)
- Find community support if trainings cannot be offered in-house. There are many organizations and health care entities that have such offerings.
- Use scripts to ensure gender-inclusivity

TOOLS & RESOURCES

- Spark: Cultural Responsiveness
  Adolescent Health Initiative
  Online resource for care team members on providing culturally responsive health care to adolescents
- Think Cultural Health
  U.S. Department of Health and Human Services, Office of Minority Health
  Website that provides health care professionals with information, continuing education opportunities, and resources to learn about and implement culturally and linguistically appropriate services (CLAS) and the National CLAS Standards
- Spark: Nonverbal Communication Bias
  Adolescent Health Initiative
  Online resource on how nonverbal communication impacts interactions between youth and adults in a clinical setting
- Words Matter: An Antibias Workshop for Health Care Professionals to Reduce Stigmatizing Language
  Association of American Medical Colleges
  Mindful Language Toolkit in Appendix D and Clinical Cases in Appendix E demonstrate stigmatizing and anti-biased language
- Spark: LGBTQ+ Youth Series
  Adolescent Health Initiative
  Online resource to help health centers provide patient-centered care for LGBTQ+ adolescents

(Tools & Resources continued on next page...)

WELCOMING AND ACCESSIBLE ENVIRONMENT ESTABLISHED

(continued from page 42)

Train staff to provide respectful, inclusive, youth-friendly care

TOOLS & RESOURCES

- LGBTQIA+ Glossary of Terms for Health Care Teams
  National LGBTQIA+ Health Education Center, a program of The Fenway Institute, Fenway Health
  Glossary of terms relevant to the health care and identities of LGBTQIA+ people; also available in Spanish
- Spark: Youth With Special Health Care Needs
  Adolescent Health Initiative
  Online resource for care team members on how to better understand and support young people who have special health care needs
- Sexual Health for Youth with Disabilities (within Sexual and Reproductive Health Toolkit for Adolescent Providers)
  Adolescent Health Working Group
  Fact sheet on sexual health care for youth with disabilities on pages 59-60
- Young Men's Health – A Social Justice Perspective
  Society for Adolescent Health and Medicine
  Recorded presentation for care team members on young men's health from a social justice framework and how care team members can play a larger role in engagement; free registration required before being directed to video

(Tools & Resources continued on next page...)

WELCOMING AND ACCESSIBLE ENVIRONMENT ESTABLISHED

(continued from page 43)

Train staff to provide respectful, inclusive, youth-friendly care

TOOLS & RESOURCES

- Preventive Sexual and Reproductive Health Care Recommendations for Males: Pulling it Together for Clinical Practice
  Reproductive Health National Training Center
  Recorded presentation with best practices and recommendations for the delivery of preventive sexual and reproductive health services for reproductive-aged males

Addressing Racism in our Daily Interventions: Reclaiming the Right to Dream Big for ALL!
Society for Adolescent Health and Medicine

- Part 1: Racism, Health and Structural Racism
  Recorded presentation on the impact of racism and racist structures on the health of adolescents; free registration required before being directed to video
- Part 2: Racial and Political Socialization: Protecting Youth from Internalized Racism
  Recorded presentation on the internalization of racism by adolescents; free registration required before being directed to video

- Spark: Being Youth-Friendly
  Adolescent Health Initiative
  Online resource for key staff and providers on how to be youth-friendly and how to create a youth-friendly organization
- Spark: Strengths-Based Approaches to Adolescent Sexual Health
  Adolescent Health Initiative
  Online resource on strengths-based approaches to address sexual health topics, including identifying strategies and opportunities to practice these approaches

WELCOMING AND ACCESSIBLE ENVIRONMENT ESTABLISHED

Document sexual orientation and gender identity for all patients

Implementation Tips

- Ask questions about sexual orientation and gender identity and record the patient's responses in the electronic health record. Questions can also be asked on paper and electronic patient registration forms.

TOOLS & RESOURCES

- Ready, Set, Go! A Guide for Collecting Data on Sexual Orientation and Gender Identity
  National LGBTQIA+ Health Education Center, a program of The Fenway Institute, Fenway Health
  Guide for collecting data on sexual orientation and gender identity; page 11 addresses considerations for children and adolescents
- Electronic Health Record (EHR) Screenshot
  eClinicalWorks
  Example EHR template for documenting sexual orientation and gender identity

WELCOMING AND ACCESSIBLE ENVIRONMENT ESTABLISHED

Engage youth to both assess and help create youth-friendly spaces

Implementation Tips

- When engaging youth, make sure events or meetings are interactive to increase engagement, responsive to youth needs, and diverse to ensure a broad representation of youth in the community (e.g., race and ethnicity, ability/disability, income level, age, gender, sexual orientation, language)
- Form a youth advisory council to help build relationships with the community, increase awareness of services, and increase understanding of youth perspectives
- Assess patient experience

TOOLS & RESOURCES

- Building Effective Youth-Adult Partnerships
  Advocates for Youth
  Publication that describes the importance and benefits of youth-adult partnerships as well as elements of effective partnerships and guidance on how to engage young people in meaningful partnerships with adults
- Creating and Sustaining a Thriving Youth Advisory Council
  Adolescent Health Initiative
  Manual on how to create and sustain youth advisory councils (YAC) including how and who to recruit, how to retain youth, and how to manage and strategically plan with a YAC; provides project ideas and examples and also provides other strategies for youth engagement
- Listen Up! Youth Listening Session Toolkit
  U.S. Department of Health and Human Services
  Office of Population Affairs
  Toolkit with forms, templates, and tips that organizations can use to plan, conduct, and act on a youth listening session
- Youth-Led Health Center Assessment Tool
  Adolescent Health Initiative
  Instructions and forms for conducting a youth-led assessment; contains both a facilitator guide and assessment packet; may need tailoring to specific practice settings

(Tools & Resources continued on next page...)

WELCOMING AND ACCESSIBLE ENVIRONMENT ESTABLISHED

(continued from page 46)

Engage youth to both assess and help create youth-friendly spaces

TOOLS & RESOURCES

- Observe How They Serve: Evaluating Youth-led Assessment Tools
  Adolescent Health Initiative
  Recorded presentation that discusses the purpose and utility of youth-led health center assessments and provides guidance for implementation of youth-led assessment tools
- Collecting Patient Satisfaction Surveys from Adolescents Starter Guide
  Adolescent Health Initiative
  Example patient experience surveys on pages 3 and 4

YOUTH-FRIENDLY PRACTICES

IMPROVEMENT GOAL:

Confidentiality Protected

CONFIDENTIALITY PROTECTED

Establish policies that support adolescent access to confidential services

Implementation Tips

- Ensure compliance with federal and state confidentiality and consent laws

TOOLS & RESOURCES

- Adolescent Access to Confidential Services Policy
  ABC Health Center
  Sample confidentiality policy from a health center in Massachusetts; includes a letter describing the health center's time alone policy in English and Spanish
- Emergency Treatment of Minors Policy
  ABC Health Center
  Sample policy regarding the treatment of minors from a health center in Massachusetts

CONFIDENTIALITY PROTECTED

Train staff on confidentiality policies and practices, including provision of time alone

Implementation Tips

- Train all staff, including front desk and financial staff, on confidentiality for adolescents
- Ensure content includes the following topics:
  - Federal and state laws related to confidentiality and minor's rights to consent
  - Common issues that may break confidentiality (e.g., billing, explanation of benefits) and strategies to address
  - Strategies for talking with adolescents about confidentiality and the limits of confidentiality (e.g., cases of potential harm to self or others)
  - Skills for providing confidential care while also encouraging communication with parents, when appropriate

TOOLS & RESOURCES

Information on State Laws

- Minors' Access to Contraceptive Services
  Guttmacher Institute
  Summary, by state and the District of Columbia, of minors' rights to consent for contraceptive services
- Minors' Access to STI Services
  Guttmacher Institute
  Summary, by state and the District of Columbia, of minors' rights to consent for STI services
- An Overview of Consent to Reproductive Health Services by Young People
  Guttmacher Institute
  Summary, by state and the District of Columbia, of minors' rights to consent for a variety of sexual and reproductive health services
- Protecting Confidentiality for Individuals Insured as Dependents
  Guttmacher Institute
  List of provisions regarding billing and claims processing that several states have put in place to protect the confidentiality of individuals insured as dependents

Care Team Member Training

- Adolescent Confidentiality in the Digital Age
  Society for Adolescent Health and Medicine
  Recorded presentation on the basics of privacy rules, policies, and patient portals, which includes discussion on areas of concern and areas for opportunities; free registration required before being directed to video

(Tools & Resources continued on next page...)

CONFIDENTIALITY PROTECTED

(continued from page 50)

Train staff on confidentiality policies and practices, including provision of time alone

TOOLS & RESOURCES

- Privacy & Confidentiality for Adolescents Accessing Sexual & Reproductive Health Care
  Healthy Teen Network
  E-learning on privacy and confidentiality for adolescent sexual and reproductive health care
- Spark: Confidentiality Laws
  Adolescent Health Initiative
  Online training on minor consent laws for multiple (but not all) states and best practices for providing confidential care to adolescents
- Spark: Confidentiality Best Practices
  Adolescent Health Initiative
  Online training to help health centers engage in discussion about how to handle the challenges of confidential care in their practice

---

Implement a clinic workflow to provide time alone at every patient visit

Implementation Tips

- Use process mapping techniques and co-design to document current clinic workflow and identify opportunities when the care team can meet alone with the patient

TOOLS & RESOURCES

- Adolescent Risk Screening Starter Guide
  Adolescent Health Initiative
  Example clinic workflows for providing time alone for confidential risk screening on page 3

CONFIDENTIALITY PROTECTED

Ensure confidentiality of the patient's medical record

Implementation Tips

- Use features in the electronic health record to protect confidentiality, such as marking a record confidential and implementing security access controls on progress notes, to reduce the chance of information being disclosed through the patient portal, staff, claims, and patient statements

---

Ensure coding and billing practices protect confidentiality

Implementation Tips

- Conduct periodic chart audits to identify gaps in care or concerns around confidentiality, as well as to identify who in the clinic needs additional training or education

TOOLS & RESOURCES

- Sample Algorithm for Confidential Billing in STD Clinic
  STD-Related Reproductive Health Training and Technical Assistance Center
  Flowsheet demonstrating where to bill based on confidentiality concerns and insurance

CONFIDENTIALITY PROTECTED

Communicate the health center's time alone and confidentiality practices and minors' rights

Implementation Tips

- Place posters and pamphlets in the waiting and exam rooms where adolescents can see them
- Include in education and information materials for adolescents and parents
- Mail or provide parents a standard letter about talking to adolescents 1-1 when patient reaches adolescence
- Be mindful and respectful of community norms and values with regard to time alone and consider potential parental mistrust of care team members and reluctance to leave children alone with them

TOOLS & RESOURCES

- Teens, Privacy, and Health Posters
  Adolescent Health Initiative
  Posters with state-specific privacy and confidentiality information to display in exam and waiting rooms; also available in Spanish for some states
- Adolescent Risk Screening Starter Guide
  Adolescent Health Initiative
  Example caregiver letter for highlighting confidentiality in risk screening on page 4
- Teen Health Services and One-on-One Time with a Healthcare Provider: An Infobrief for Parents
  Centers for Disease Control and Prevention
  Informational sheet for parents about time alone with care team members
- Time Alone Policy Letter
  California Department of Public Health, STD Control Branch
  Example time alone policy letters for parents; also available in Spanish

YOUTH-FRIENDLY PRACTICES

IMPROVEMENT GOAL:

Trauma-Informed Approach Integrated into Care

TRAUMA-INFORMED APPROACH INTEGRATED INTO CARE

Assess organizational needs related to integrating a trauma-informed approach

Implementation Tips

- Form a diverse staff committee, and include adolescents when possible, such as from a youth advisory council, to discuss current and historical trends/events in the community that could lead to trauma among patients

TOOLS & RESOURCES

- Trauma-Informed Care for Adolescents in Primary Care: Starter Guide
  Adolescent Health Initiative
  Screening tools, special considerations, and tips to create a more trauma-informed environment
- Laying the Groundwork for Trauma-Informed Care
  Center for Health Care Strategies
  Infobrief with practical steps and recommendations for health care organizations to become trauma-informed
- Trauma Informed Care Screening Tool
  Trauma Informed Oregon
  Screening tool to assess and monitor progress toward becoming a trauma-informed organization
- SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach
  Substance Abuse and Mental Health Services Administration
  Paper that provides a framework for trauma and a trauma-informed approach for a variety of sectors that have the potential to ease or exacerbate an individual's capacity to cope with traumatic experiences
- Screening for Adverse Childhood Experiences and Trauma
  Center for Health Care Strategies
  Infobrief on considerations for screening for adverse childhood experiences and selecting the right tool

TRAUMA-INFORMED APPROACH INTEGRATED INTO CARE

Train staff to be aware of trauma and adverse childhood experiences and in using a trauma-informed approach

Implementation Tips

- Engage behavioral health staff or external organizations with skills to deliver training on trauma-informed care in a manner in which staff who may have experienced previous trauma can feel physically and psychologically safe
- Keep trauma trainings to smaller groups (5-10) rather than all-staff so that it is easier to facilitate and respond to individual needs
- Establish that care team members screening for trauma must have a clear strategy in place for utilizing the information in a way that supports patients' health, including an established referral network, and that care team members should be well trained prior to conducting any screening
- Create a comprehensive referral guide that includes a range of services that those who experienced trauma might need. Include local, state and national resources available (e.g., family therapists, hospitals that specialize in sexual assault, national sexual assault hotline) to share with staff and patients
- Provide on-boarding trauma-informed care trainings for all new staff
- Provide ongoing trauma-informed trainings for all staff (e.g., clinical staff, front desk, referral coordinators, pharmacy techs)

TOOLS & RESOURCES

- Pediatric Approach to Trauma, Treatment and Resilience
  American Academy of Pediatrics
  Training to prepare pediatricians to identify and manage traumatized patients and families and connect them to evidence-based interventions and/or provide support for families
- Understanding Trauma and the Six Core Principles of a Trauma-Informed Approach
  Reproductive Health National Training Center
  This first resource package in the Trauma-Informed Approach in Adolescent Health: Team Meeting Series supports facilitation of team conversations about trauma and adverse childhood experiences and offers ways to incorporate trauma-informed approaches for youth; free registration required
- Journey from Trauma-Aware to Trauma-Informed
  Reproductive Health National Training Center
  This second resource package in the Trauma-Informed Approach in Adolescent Health: Team Meeting Series supports facilitation of team conversations about the journey from trauma-aware to trauma-informed to help identify program strengths and opportunities for improving the use of trauma-informed approaches to support youth; free registration required
- Building on the Strengths of Youth who have Endured Hardships
  Society for Adolescent Health and Medicine
  Recorded presentation on delivering strength-based, trauma-sensitive care and strategies to use when working with youth; free registration required before being directed to video

(Tools & Resources continued on next page...)

TRAUMA-INFORMED APPROACH INTEGRATED INTO CARE

(continued from page 56)

Train staff to be aware of trauma and adverse childhood experiences and in using a trauma-informed approach

TOOLS & RESOURCES

- Adverse Childhood Experiences and Trauma Informed Care: An Online Module for Pediatricians
  Association of American Medical Colleges
  Summary of online module for pediatricians accompanied by presentation in Appendix A that provides clinical tools to recognize patients at risk for the negative impacts of adverse childhood experiences and approach their care in a way that is mindful of their unique history and needs
- ACES Aware
  Futures Without Violence
  Online courses that address topics related to adverse childhood experiences and toxic stress, including screening, evidence-based interventions, and trauma-informed care
- Timely Topics: Trauma-Informed Care with Adolescent Patients
  Adolescent Health Initiative
  Online course on the prevalence and impact of trauma and adverse childhood experiences, trauma informed care principles, and interactions between care team member and patients
- How Childhood Trauma Affects Health Across a Lifetime
  TED Talk
  TED Talk on how trauma has tangible effects on the developing brain and health consequences
- Trauma-Informed Physical Examinations and Sexually Transmitted and Blood-borne Infections Testing: A Guide for Service Providers
  Canadian Public Health Association
  Guide with tips for conducting a trauma-informed exam and sample language to use with patients

SUPPLEMENTAL TOOLS/RESOURCES

GENERAL QUALITY IMPROVEMENT RESOURCES

Common QI models and techniques

a. Value Transformation Framework

The Value Transformation Framework is a conceptual model developed by the National Association of Community Health Centers to help health centers move from volume-based to value-driven care. This framework is organized by three domains—infrastructure, care delivery, and people—and contains 15 change areas. The infrastructure domain refers to the components that build the foundation for delivering reliable, high-quality care. The care delivery domain is focused on the processes and approaches to care and services. The people domain refers to the individuals who receive, provide, and lead care and the organizations that support the care goals.

Resource:

Value Transformation Framework

b. Plan-Do-Study- ACT (PDSA)

Plan-Do-Study-Act (PDSA) is an iterative four-stage problem solving model for improving a process or carrying out change. A PDSA cycle is used to plan a change, implement the change, analyze its results and effectiveness, and then make appropriate revisions to the implementation process before beginning the PDSA cycle again.

The first stage (Plan) involves identifying the problem, developing an aim statement, and coming up with solutions. In the second stage (Do), the health care team implements its plan and collects data to help evaluate the plan in the third stage. During the third stage (Study), teams use the aim from stage 1 and the data from stage 2 to determine if the plan has resulted in improvement, if the changes were worth the investment, and if there were unintended effects of the plan. The fourth and final stage (Act) depends on the results of the Study stage. If the plan was successful, health care teams work to standardize improvement for regular use. However, if it is determined that a different approach would be better, the team returns to stage 1 to develop a new strategy.

Resources:

PDSA Description

PDSA Worksheet

c. Model for Improvement

The Institute for Healthcare Improvement Model for Improvement is a tool to help accelerate improvement efforts in health care organizations. The model begins with three fundamental questions and then moves into Plan-Do-Study-Act (PDSA) cycles to test changes. The first question helps set aims by asking "what are we trying to accomplish?" The second question establishes measures for improvement and asks "how will we know that a change is an improvement?" The final question helps select changes to act on by asking "what change can we make that will result in improvement?" Once these questions are answered, the proposed changes are tested using PDSA rapid cycles.

Resource:

Model for Improvement Guide

d. Using Data to Increase Clinic Efficiency: A Quality Improvement Guide

This guide from the Reproductive Health National Training Center is designed to facilitate quality improvement efforts. It outlines clinic efficiency indicators (related to productivity, clinic flow, and patient experience), common challenges, best practices based on the literature and successful strategies used by learning collaborative teams, and resources to improve clinic efficiency.

Resource:

Using Data to Increase Clinic Efficiency: A Quality Improvement Guide

e. Process mapping

Process mapping is a technique that involves creating a visual model of the existing process and associated flows, connections, and activities. This map can then be used to find points for improvement for a future state. The technique typically begins by having an improvement team observe the current process before coming together to make the process map. During the creation of the map, the team lays out the steps of the process and notes tasks involved at each point and the amount of time it takes to complete each step. Once the whole process has been laid out, the team can then discuss improvement ideas for each step and locate points of delay.

Resources:

Process Mapping Guide

Process Mapping Cheat Sheet

Process Mapping Video

f. Co-design

Co-design is a technique that involves partnership between the individuals working within a system (care team) and the individuals who experience the system (patients) to develop new approaches to products, service delivery, and intervention design. This allows multiple perspectives to be incorporated into the design process and engages the communities who will benefit from the changes.

For an adolescent population, co-design can occur through community engagement and/or a Youth Advisory Council. Youth Advisory Councils provide an opportunity for youth within a program or organization to have a voice in project planning and development. Members are typically recruited through informational meetings, tables at schools, or classroom presentations. This group meets with the project design team regularly or on an as needed basis for ongoing projects.

Resources:

Using Co-Design to Develop a Collective Leadership Intervention for Healthcare Teams to Improve Safety Culture

Creating and Sustaining a Thriving Youth Advisory Council

EXAMPLE PERFORMANCE MEASURES

Establishing systems to collect, report, and use data is essential to monitoring ASRH quality improvement efforts. Health centers can devote time and resources to establish infrastructure to capture data, either through the EHR or other mechanisms such as patient surveys. The table below provides example performance measures related to the ASRH improvement goals in Q4T (Quality for Teens): A Quality Improvement Package for Adolescent Sexual and Reproductive Health Care. This list is intended to help your improvement team consider what performance measures could be used to monitor progress toward and success in achieving your improvement goals. To clearly calculate performance measures, define the denominator, including the age range of adolescents to include (e.g., number of unduplicated patients aged 15-19 seen within last calendar year). Performance measures can be stratified by sub-groups to inform health equity (e.g., sex, gender, sexual orientation, age, race, ethnicity). Measures below that align with Healthcare Effectiveness Data and Information Set (HEDIS) measures or National Quality Forum-endorsed measures are noted with an asterisk.

Improvement Goals	Example Performance Measures
Recommended screening for sexual activity and sexual risk assessment conducted	• **Percent** of unduplicated adolescent patients who had a sexual history taken
Behavioral counseling related to sexual health conducted	• **Percent** of care team members trained to provide behavioral counseling related to sexual health
Recommended chlamydia and gonorrhea screening and follow-up conducted	• **Percent** of unduplicated sexually active adolescent patients who are screened for chlamydia and/or gonorrhea* • **Percent** of unduplicated sexually active adolescent patients who tested positive for chlamydia and/or gonorrhea • **Percent** of unduplicated sexually active adolescent patients who tested positive for chlamydia and/or gonorrhea and received treatment

Patient-centered contraceptive counseling provided	• **Percent** of care team members trained to provide patient-centered contraceptive counseling • **Percent** of unduplicated adolescent patients screened for pregnancy or parenting intentions • **Percent** of unduplicated adolescent patients who gave a top score (5) on all four items on the Person-Centered Contraceptive Counseling measure scale*
Same-day access to the full range of contraceptive methods provided	• **Percent** of overall visit slots available for same-day contraceptive provision, including IUD and implant • **Percent** of clinic sessions that all methods, including IUDs and implants, are available and in stock • **Percent** of care team members trained to provide all contraceptive methods, including IUD and implant, according to clinical guidelines
Welcoming and accessible environment established	• **Percent** of unduplicated adolescent patients who reported a positive patient experience • **Percent** of unduplicated adolescent patients who received a well visit in past 12 months
Confidentiality protected	• **Percent** of visits with adolescent patients that time alone with care team member was offered • **Percent** of visits with adolescent patients that time alone with care team member was provided
Trauma-informed approach integrated into care	• **Percent** of staff trained in using a trauma-informed approach

CHANGE STRATEGIES BY FOCUS AREA

KEY FOUNDATIONS

- Establish a policy to screen every adolescent patient for sexual activity and conduct sexual risk assessment at least annually
- Establish a policy to provide behavioral counseling for all sexually active adolescents to prevent sexually transmitted infections (STIs)
- Establish a policy to include recommended chlamydia and gonorrhea screening as part of preventive care
- Establish a policy to provide adolescents with patient-centered contraceptive counseling
- Establish policies that support access to the full range of contraceptive services
- Establish policies that support adolescent access to services
- Create youth-friendly spaces
- Establish policies that support adolescent access to confidential services
- Assess organizational needs related to integrating a trauma-informed approach

EQUIPPING TEAMS

- Train the care team on conducting sexual histories and sexual risk assessments
- Train the care team to provide behavioral counseling about risk and protective behaviors
- Train the care team on recommended chlamydia and gonorrhea screening for sexually active adolescents and tracking, following up, and treating those who have positive screens
- Train the care team in shared-decision making and communication skills to deliver patient-centered contraceptive counseling
- Ensure care team members are comfortable and trained in provision and management of all methods of contraception
- Train and mentor care team members in LARC insertion, management, and removal
- Ensure common understanding of adolescent development
- Train staff to provide respectful, inclusive, youth-friendly care
- Train staff on confidentiality policies and practices, including provision of time alone
- Train staff to be aware of trauma and adverse childhood experiences and in using a trauma-informed approach

SERVICE DELIVERY

- Implement a clinic workflow to conduct a risk assessment using a tool that includes sexual risk
- Use electronic health records (EHRs) to support sexual history taking and risk assessment
- Implement a clinic workflow to provide counseling about risk and protective behaviors for sexual health
- Implement a clinic workflow to conduct recommended chlamydia and gonorrhea screening
- Standardize coding and billing practices for chlamydia and gonorrhea screening and treatment
- Implement a patient-centered contraceptive counseling framework
- Implement a clinic workflow to ensure same-day contraceptive access is available every day of clinical services
- Optimize reimbursement for contraceptive services, including LARC devices
- Document sexual orientation and gender identity for all patients
- Implement a clinic workflow to provide time alone at every patient visit
- Ensure confidentiality of the patient's medical record
- Ensure coding and billing practices protect confidentiality

ENGAGING ADOLESCENT PATIENTS AND FAMILIES

- Educate parents about the importance of sexual risk assessment
- Equip parents to have conversations with their adolescents that reinforce behavioral counseling messages
- Inform patients and parents of clinical recommendations and health center protocols regarding chlamydia and gonorrhea screening
- Equip parents with information about contraceptive methods
- Engage youth to both assess and help create youth-friendly spaces
- Communicate the health center's time alone and confidentiality practices and minors' rights

■ NEEDS ASSESSMENT

Q4T (Quality for Teens): A Quality Improvement Package for Adolescent Sexual and Reproductive Health Care Needs Assessment

Purpose:

This brief needs assessment will help your organization's improvement team determine where to focus activities to improve the quality and delivery of adolescent sexual and reproductive health services.

Who should complete this assessment?

This assessment should be completed and discussed collectively by all improvement team members (i.e., core group of staff from all organizational levels involved in implementing your quality improvement (QI) initiative such as administrators, doctors, nurses, medical assistants, and staff from the front desk/call-center as well as health informatics, finance, and QI departments). Consider having each team member complete it independently prior to discussing and coming to consensus as a group.

INSTRUCTIONS

Depending on organizational readiness and the needs identified, your improvement team may select one or multiple improvement goals for a given QI effort. For each goal, your team may select one or multiple focus areas and associated change strategies. The degree of organizational readiness may also affect whether your team chooses an improvement goal to address a substantial or minimal gap in care.

Step 1: Identify Improvement Goal

Q4T is organized around eight goals. To help your team decide on which goal(s) to focus your improvement work, think about your organization's current practice as you respond to the questions for each goal using the table on the next page. Goals for which you answered "almost there," "just getting started," or "does not describe us" to **any** of the assessment questions are potential improvement goals for your organization. Please note that the questions listed in Step 1 of the needs assessment are best practices in ASRH care. Given the many competing priorities in primary care settings, not all health centers will necessarily be able to achieve these goals 100% of the time. There will likely be variability within a single health

center among practice settings and care team members. If your organization seeks to improve in a particular practice setting (e.g., pediatrics, OB-GYN, family medicine, teen clinic), consider that setting when responding.

HEALTH CENTER NAME: _____

PRACTICE SETTING (e.g., pediatrics, family medicine, OB/GYN)**:** _____

GOALS	ASSESSMENT	
	Questions	Answers
Recommended sexual history taking and sexual risk assessment conducted	All adolescent patients are asked whether they are sexually active at every visit.	Describes Us Well Just Getting Started Almost There Does Not Describe Us
	All sexually active adolescent patients are assessed for sexual risk at least annually.	Describes Us Well Just Getting Started Almost There Does Not Describe Us
Behavioral counseling related to sexual health conducted	All sexually active adolescent patients are provided behavioral counseling at least annually.	Describes Us Well Just Getting Started Almost There Does Not Describe Us
Recommended chlamydia and gonorrhea screening and follow-up conducted	All sexually active cisgender women less than 25 years of age, transgender men, and gender diverse people with a cervix <25 years of age are screened for chlamydia and gonorrhea annually.	Describes Us Well Just Getting Started Almost There Does Not Describe Us
	Sexually active male adolescent patients who have sex with males are screened for chlamydia and gonorrhea annually.	Describes Us Well Just Getting Started Almost There Does Not Describe Us

(table continued on page 67)

(table continued from page 66)

GOALS	ASSESSMENT	
	Questions	Answers
Patient-centered contraceptive counseling provided	Contraceptive counseling with adolescent patients includes an assessment of parenting intentions/ risk (i.e., ask about intentions regarding timing of pregnancies/reproductive life plan) in the context of the adolescent patient's personal values and life goals.	Describes Us Well Almost There Just Getting Started Does Not Describe Us
	Adolescent patients are provided with information on the full range of contraceptive methods (including IUDs and implants) while also discussing how well each method meets the adolescent patient's needs.	Describes Us Well Almost There Just Getting Started Does Not Describe Us
Same-day access to the full range of contraceptive methods provided	Implants and/or IUDs are provided to adolescent patients as requested.	Describes Us Well Almost There Just Getting Started Does Not Describe Us
	All contraceptive methods are provided and/or prescribed to adolescent patients same-day as requested if pregnancy can reasonably be ruled out.	Describes Us Well Almost There Just Getting Started Does Not Describe Us
Welcoming and accessible environment established	The physical space is inviting for adolescent patients (e.g., posters, artwork, free WiFi).	Describes Us Well Almost There Just Getting Started Does Not Describe Us
	The environment for LGBTQIA+ adolescent patients is welcoming and accessible (e.g., all gender restrooms, gender- inclusive language, opportunities for patients to share gender pronouns).	Describes Us Well Almost There Just Getting Started Does Not Describe Us

(table continued on page 68)

(table continued from page 67)

GOALS	ASSESSMENT	
	Questions	**Answers**
Confidentiality protected	Time alone with a care team member is provided to adolescent patients at every visit.	Describes Us Well Almost There Just Getting Started Does Not Describe Us
	Systems are in place to provide confidential care, including confidential billing for adolescent patients.	Describes Us Well Almost There Just Getting Started Does Not Describe Us
Trauma-informed approach integrated into care	Knowledge about trauma and its impact on health informs clinic policies, procedures, and practices related to adolescent sexual and reproductive health services.	Describes Us Well Almost There Just Getting Started Does Not Describe Us

Based on your responses to the above questions, identify 1-2 improvement goals that your team would like to focus on.

1. _____

2. _____

Step 2: Identify Focus Area(s)

Q4T offers a number of focus areas within each improvement goal: Foundations, Service Delivery, Equipping Teams, and Engaging Adolescent Patients and Families. For each goal you identified as an "improvement goal" in Step 1, consider the following questions to determine where to focus improvements.

- **Does your health center have a policy to facilitate implementation? ❯ KEY FOUNDATIONS**
- **To what extent have relevant staff been trained? ❯ EQUIPPING TEAMS**
- **Does the existing clinic workflow facilitate implementation? ❯ SERVICE DELIVERY**
- **To what extent are parents* and adolescent patients engaged? ❯ ENGAGING ADOLESCENT PATIENTS AND FAMILIES**

Based on your answers to these questions, which focus areas within your selected improvement goal do you want to focus on? Please identify 1-2 focus areas per improvement goal.

1. _____

2. _____

* Many change strategies included in this focus area reference parents. For the purposes of Q4T, the term parent refers to the adult primary caregiver(s) of an adolescent. This includes biological and non-biological parents (e.g., adoptive, foster, or stepparents) and other relations such as grandparents, aunts, uncles, or siblings.

Step 3: Identify Change Strategy(ies)

Q4T offers change strategies (i.e., actionable strategies that can be implemented and evaluated to assess improvements) for each improvement goal and focus area. For each improvement goal and associated focus area identified in Steps 1 and 2, return to Q4T to select the change strategy(ies) your improvement team would like to implement. Note that each change strategy is color-coded by focus area as shown in the key at the bottom of each page. Once selected, return to this assessment and list the 1-2 change strategies your team will implement:

Change strategies your team will implement.

1. _____

2. _____

Next Steps: Once you have completed the needs assessment and selected your improvement goal(s), focus area(s), and change strategy(ies), complete the action plan described and linked below. This will help keep your team organized and on track while working to improve your selected goal.

■ ACTION PLANNING TOOL

This action plan provides your improvement team with space to track your selected improvement goals, change strategies, action items, and measurement goals from Q4T (Quality for Teens): A Quality Improvement Package for Adolescent Sexual and Reproductive Health Care. Select which improvement goal(s) your team will work on to improve and then go to the associated tab to develop your action plan. The last tab in this action plan provides guidance on who to include in your improvement team, space to track team members, and key questions that will help you develop your timeline. This action plan is intended to be a living document that improvement team members can update in real time. Think about where best to save this document so that all team members are able to access it as needed.

REFERENCES

1. Ott MA; Sucato GS; Braverman PK, Adelman WP, Alderman EM, Breuner CC, Levine DA, Marcell AV, O'Brien RF; Committee on Adolescence. Contraception for Adolescents. *Pediatrics*. 2014;134(4):e1244-e1256. doi:10.1542/peds.2014-2299
2. Murray PJ, Braverman PK, Adelman WP, Breuner CC, Levine DA, Marcell AV, O'Brien RF, Gale RB; Committee on Adolescence; Society for Adolescent Health and Medicine. Screening for Nonviral Sexually Transmitted Infections in Adolescents and Young Adults. *Pediatrics*. 2014;134(1):e302-e311. doi:10.1542/peds.2014-1024
3. Cantor A, Dana T, Griffin JC, Nelson HD, Weeks C, Winthrop KL, Chou R. Screening for Chlamydial and Gonococcal Infections: Updated Evidence Report and Systematic Review for the US Preventive Services Task Force. *JAMA*. 2021;326(10):957-966. doi:10.1001/jama.2021.10577
4. Grubb LK, Alderman EM, Chung RJ, Lee J, Powers ME, Rahmandar MH, Upadhya KK, Wallace SB; Committee on Adolescence. Barrier Protection Use by Adolescents During Sexual Activity. *Pediatrics*. 2020;146(2):e2020007237. doi:10.1542/peds.2020-007237
5. Menon, S, Alderman EM, Chung RJ, Grubb LK, Lee J, Powers ME, Upadhya KK, Wallace SB; Committee on Adolescence. Long-Acting Reversible Contraception: Specific Issues for Adolescents. *Pediatrics*. 2020;146(2):e2020007252. doi:10.1542/peds.2020-007252
6. Romero LM, Middleton D, Mueller T, Avellino L, Hallum-Montes R. Improving the Implementation of Evidence-Based Clinical Practices in Adolescent Reproductive Health Care Services. Journal of Adolescent Health. 2015;57(5):488-495. doi:10.1016/j.jadohealth.2015.07.013
7. Sieving RE, McRee AL, Mehus C, O'Brien JRG, Wang S, Brar P, Catallozzi M, Gorzkowski J, Grilo S, Kaseeska K, Santelli J, Steiner RJ, Klein JD. Sexual and Reproductive Health Discussions During Preventive Visits [published correction appears in Pediatrics. 2022 Jan 1;149(1):]. *Pediatrics*. 2021;148(2):e2020049411. doi:10.1542/peds.2020-049411
8. Wheeler NJ, Pilgrim N, Jennings JM, Sanders R, Page KR, Loosier PS, Dittus PJ, Marcell AV. Missed Opportunities to Address Pregnancy Prevention With Young Men in Primary Care. *Clinical Pediatrics*. 2018;57(13):1558-1566. doi:10.1177/0009922818793351
9. Johns Hopkins Nursing, Center for Nursing Inquiry. Quality Improvement. Johns Hopkins Medicine. Updated March 2022. https://www.hopkinsmedicine.org/nursing/center-nursing-inquiry/nursing-inquiry/quality-improvement
10. National Association of Community Health Centers. Value Transformation Framework Fact Sheet. Updated February 2023. https://www.nachc.org/wp-content/uploads/2023/08/VTF_Fact-Sheet.pdf
11. Mate K. On the Quintuple Aim: Why Expand Beyond the Triple Aim? Institute for Healthcare Improvement. Updated February 2022. https://www.ihi.org/insights/quintuple-aim-why-expand-beyond-triple-aim
12. Curtis KM, Tepper NK, Jatlaoui TC, Berry-Bibee E, Horton LG, Zapata LB, Simmons KB, Pagano HP, Jamieson DJ, Whiteman MK. U.S. Medical Eligibility Criteria for Contraceptive Use, 2016. *MMWR Recommendations and Reports*. 2016;65(3):1-103. doi:10.15585/mmwr.rr6503a1
13. Curtis KM, Jatlaoui TC, Tepper NK, Zapata LB, Horton LG, Jamieson DJ, Whiteman MK. U.S. Selected Practice Recommendations for Contraceptive Use, 2016. *MMWR Recommendations and Reports*. 2016;65(4):1-66. doi:10.15585/mmwr.rr6504a1
14. Gavin L, Moskosky S, Carter M, Curtis K, Glass E, Godfrey E, Marcell A, Mautone-Smith N, Pazol K, Tepper N, Zapata L. Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs. *MMWR Recommendations and Reports*. 2014;63(RR-04):1-54.
15. Workowski KA, Bachmann LH, Chan PA, Johnston CM, Muzny CA, Park I, Reno H, Zenilman JM, Bolan GA. Sexually Transmitted Infections Treatment Guidelines, 2021. *MMWR Recommendations and Reports*. 2021;70(4):1-187. Published 2021 Jul 23. doi:10.15585/mmwr.rr7004a1
16. Brittain AW, Loyola Briceno AC, Pazol K, Zapata LB, Decker E, Rollison JM, Malcolm NM, Romero LM, Koumans EH. Youth-Friendly Family Planning Services for Young People: A Systematic Review Update. *American Journal of Preventive Medicine*. 2018;55(5):725-735. doi:10.1016/j.amepre.2018.06.010

17. Brittain AW, Williams JR, Zapata LB, Pazol K, Romero LM, Weik TS. Youth-Friendly Family Planning Services for Young People: A Systematic Review. *American Journal of Preventive Medicine*. 2015;49(2 Suppl 1):S73-S84. doi:10.1016/j.amepre.2015.03.019

18. Brandt CMA, Shire MA, Wilson G, Ito K. Addressing Organizational Barriers to Adolescent Access to High-Quality, Low-Cost, Confidential Sexual and Reproductive Health Services in a Community Health Center. *Health Promotion Practice*. 2022;23(3):361-366. doi:10.1177/1524839920985505

19. Hagan JF, Shaw JS, Duncan PM, eds. Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents, 4th Edition. *American Academy of Pediatrics*. 2017. doi:10.1542/9781610020237

20. Elster AB, Kuznets NJ, American Medical Association, eds. *AMA Guidelines for Adolescent Preventive Services (GAPS)*: *Recommendations and Rationale*. Williams & Wilkins; 1994.

21. US Preventive Services Task Force, Krist AH, Davidson KW, Mangione CM, Barry MJ, Cabana M, Caughey AB, Donahue K, Doubeni CA, Epling JW, Jr Kubik M, Ogedegbe G, Pbert L, Silverstein M, Simon MA, Tseng CW, Wong JB. Behavioral Counseling Interventions to Prevent Sexually Transmitted Infections: US Preventive Services Task Force Recommendation Statement. *JAMA*. 2020;324(7):674-681. doi:10.1001/jama.2020.13095

22. Division of STD Prevention, National Center for HIV, Viral Hepatitis, STD, and TB Prevention. Screening Recommendations and Considerations Referenced in Treatment Guidelines and Original Sources. Centers for Disease Control and Prevention. Updated June 2022. https://www.cdc.gov/std/treatment-guidelines/screening-recommendations.htm

23. ACOG Committee Opinion No. 735: Adolescents and Long-Acting Reversible Contraception: Implants and Intrauterine Devices. *Obstetrics & Gynecology*. 2018;131(5):e130-e139. doi:10.1097/aog.0000000000002632

24. Sister Song, National Women's Health Network. Long-Acting Reversible Contraception Statement of Principles. Updated 2017. https://www.nwhn.org/wp-content/uploads/2017/02/LARCStatementofPrinciples.pdf

25. Prather C, Fuller TR, Jeffries WL IV, Marshall KJ, Howell AV, Belyue-Umole A, King W. Racism, African American Women, and Their Sexual and Reproductive Health: A Review of Historical and Contemporary Evidence and Implications for Health Equity. *Health Equity*. 2018;2(1):249-259. doi:10.1089/heq.2017.0045

26. Gomez AM, Wapman M. Under (Implicit) Pressure: Young Black and Latina Women's Perceptions of Contraceptive Care. *Contraception*. 2017;96(4):221-226. doi:10.1016/j.contraception.2017.07.007

27. Yee LM, Simon MA. Perceptions Of Coercion, Discrimination and Other Negative Experiences In Postpartum Contraceptive Counseling For Low-Income Minority Women. *Journal of Health Care for the Poor and Underserved*. 2011;22(4):1387-1400. doi:10.1353/hpu.2011.0144

28. American Public Health Association. Opposing Coercion in Contraceptive Access and Care to Promote Reproductive Health Equity. American Public Health Association. https://apha.org/Policies-and-Advocacy/Public-Health-Policy-Statements/Policy-Database/2022/01/07/Contraceptive-Access

29. Society for Adolescent Health and Medicine, Gray SH, Pasternak RH, Gooding HC, Woodward K, Hawkins K, Sawyer S, Anoshiravani Al. Recommendations for Electronic Health Record Use for Delivery of Adolescent Health Care. *Journal of Adolescent Health*. 2014;54(4):487-490. doi:10.1016/j.jadohealth.2014.01.011

30. Ford C, English A, Sigman G. Confidential Health Care for Adolescents: Position Paper for the Society for Adolescent Medicine. *Journal of Adolescent Health*. 2004;35(2):160-167. doi:10.1016/j.jadohealth.2004.03.002

31. Society for Adolescent Health and Medicine; American Academy of Pediatrics. Confidentiality Protections for Adolescents and Young Adults in the Health Care Billing and Insurance Claims Process. *Journal of Adolescent Health*. 2016;58(3):374-377. doi:10.1016/j.jadohealth.2015.12.009

32. Hillis SD, Anda RF, Dube SR, Felitti VJ, Marchbanks PA, Marks JS. The Association between Adverse Childhood Experiences and Adolescent Pregnancy, Long-Term Psychosocial Consequences, and Fetal Death. *Pediatrics*. 2004;113(2):320-327. doi:10.1542/peds.113.2.320

33. Anda RF, Chapman DP, Felitti VJ, Edwards V, Williamson DF, Croft JB, Giles WH. Adverse Childhood Experiences and Risk of Paternity in Teen Pregnancy. *Obstetrics and Gynecology*. 2002;100(1):37-45. doi:10.1016/s0029-7844(02)02063-x

34. Anda RF, Felitti VJ, Bremner JD, Walker JD, Whitfield C, Perry BD, Dube SR, Giles WH. The Enduring Effects of Abuse and Related Adverse Experiences in Childhood. A Convergence of Evidence from Neurobiology and Epidemiology. *European Archives of Psychiatry and Clinical Neuroscience.* 2006;256(3):174-186. doi:10.1007/s00406-005-0624-4

35. Oh DL, Jerman P, Silvério Marques S, Koita K, Purewal Boparai SK, Burke Harris N, Bucci M. Systematic Review of Pediatric Health Outcomes Associated with Childhood Adversity. *BMC Pediatrics*. 2018;18(1):83. Published 2018 Feb 23. doi:10.1186/s12887-018-1037-7

36. Meeker EC, O'Connor BC, Kelly LM, Hodgeman DD, Scheel-Jones AH, Berbary C. The Impact of Adverse Childhood Experiences on Adolescent Health Risk Indicators in a Community Sample. *Psychological Trauma*. 2021;13(3):302-312. doi:10.1037/tra0001004

37. Felitti VJ, Anda RF, Nordenberg D, Williamson DF, Spitz AM, Edwards V, Koss MP, Marks JS. Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults. The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*. 1998;14(4):245-258. doi:10.1016/s0749-3797(98)00017-8

38. Goddard A. Adverse Childhood Experiences and Trauma-Informed Care. J Pediatric Health Care. 2021;35(2):145-155. doi:10.1016/j.pedhc.2020.09.001

39. Marsac ML, Kassam-Adams N, Hildenbrand AK, Nicholls E, Winston FK, Leff SS, Fein J. Implementing a Trauma-Informed Approach in Pediatric Health Care Networks. *JAMA Pediatrics*. 2016;170(1):70-77. doi:10.1001/jamapediatrics.2015.2206

40. Substance Abuse and Mental Health Services Administration. *SAMHSA's Concept of Trauma and Guidance for a Trama-Informed Approach. HHS Publication No. (SMA) 14-4884*. 2014.

41. Levine DA; Braverman PK; Adelman WP; Breuner CC; Levine DA; Marcell AV; Murray PJ; O'Brien RF; Committee on Adolescence. Office-Based Care for Lesbian, Gay, Bisexual, Transgender, And Questioning Youth. *Pediatrics*. 2013;132(1):e297-e313. doi:10.1542/peds.2013-1283

42. Trent M, Dooley DG, Dougé J; Section on Adolescent Health; Council On Community Pediatrics; Committee on Adolescence. The Impact of Racism on Child and Adolescent Health. *Pediatrics*. 2019;144(2):e20191765. doi:10.1542/peds.2019-1765

43. Marcell AV, Wibbelsman C, Seigel WM; Blythe MJ; Adelman WP; Breuner CC; Levine DA; Murray PJ; O'Brien RF; Committee on Adolescence. Male Adolescent Sexual and Reproductive Health Care. *Pediatrics*. 2011;128(6):e1658-e1676. doi:10.1542/peds.2011-2384

44. Grubb LK, Powers M; Alderman EM; Chung RJ; Lee J; Upadhya KK; Wallace SB; Committee on Adolescence. Emerging Issues in Male Adolescent Sexual and Reproductive Health Care. *Pediatrics*. 2020;145(5):e20200627. doi:10.1542/peds.2020-0627

45. Song X, Klein JD, Yan H, Catallozzi M, Wang X, Heitel J, Kaseeska K, Gorzkowski J, Santelli JS. Parent and Adolescent Attitudes Towards Preventive Care and Confidentiality. *Journal of Adolescent Health*. 2019;64(2):235-241. doi:10.1016/j.jadohealth.2018.08.015

46. Ford CA, Davenport AF, Meier A, McRee AL. Partnerships between Parents and Health Care Professionals to Improve Adolescent Health. *Journal of Adolescent Health*. 2011;49(1):53-57. doi:10.1016/j.jadohealth.2010.10.004

47. Pringle J, Whitehead R, Milne D, Scott E, McAteer J. The Relationship between a Trusted Adult and Adolescent Outcomes: A Protocol of a Scoping Review. *Systematic Review*. 2018;7(1):207. doi:10.1186/s13643-018-0873-8

48. Cain C, Haque S. Organizational Workflow and Its Impact on Work Quality. In: Hughes RG, ed. *Patient Safety and Quality: An Evidence-Based Handbook for Nurses*. Agency for Healthcare Research and Quality (US); 2008.

APPENDICES

APPENDIX 1 METHODS SUMMARY

To develop Q4T (Quality for Teens): A Quality Improvement Package for Adolescent Sexual and Reproductive Health Care, Cicatelli Associates Inc. (CAI), a contractor for National Association of Community Health Centers (NACHC), in collaboration with NACHC and Centers for Disease Control and Prevention (CDC), compiled change strategies and related resources drawing from several activities, including an environmental scan and obtaining individual input from experts. Using defined search terms, CAI identified quality improvement (QI) interventions from Google and Google Scholar searches, websites of government agencies, relevant organizations, foundations, and published reports from health centers. Potentially relevant materials were reviewed and for items that met specific inclusion criteria, standard information was extracted in an Excel spreadsheet. (See QARE for Teens Environmental Scan Report for additional details).

To complement the environmental scan, CAI facilitated a virtual technical panel on February 18, 2021, that brought together 26 leading experts from a diverse range of disciplines and institutions to provide individual input. Panelists included ASRH-focused academic researchers; physicians, nurses, and other care team members; training and technical assistance specialists; sexual and reproductive health equity experts; and national association representatives. Some panelists had specific expertise working with or within health centers to improve quality of care. In addition to the panelists, six individuals from CDC and the Office of Population Affairs joined the convening as listeners. (See Table 2: ASRH Technical Panel Attendees on p. 75). NACHC and CAI held separate interviews with three panelists who were unable to attend the convening.

Panelists discussed effective change strategies and related tools and resources, considered how ASRH-related QI initiatives could advance principles of reproductive health equity, identified facilitators and barriers to implementation, suggested indicators to monitor progress, and made suggestions for format and dissemination of the package.

Drafts were developed based on feedback from the environmental scan and convening. Feedback on these drafts was collected from four individuals with expertise in implementing ASRH quality improvement initiatives in health center settings. Additionally, two individuals provided feedback about the feasibility of using the package in health centers. (See Acknowledgements on p. 2).

The draft package was revised based on these reviews and then pilot tested from January to May 2022 with four health centers from diverse settings with varying experience in ASRH service delivery and QI. (See Acknowledgements on p. 2). The pilot aimed to gather feedback on the extent to which the package helps health centers identify gaps in current ASRH service delivery, select ASRH improvement goals, and implement change strategies to reach those goals, as well as to gather additional implementation tips and tools. During monthly virtual meetings, collaborators gathered feedback on the utility

of the package and suggestions for strengthening the content and format. Feedback and additional implementation tips were also collected from the four health centers via online surveys. Additionally, 22 subject matter experts from CDC, the Office of Population Affairs, and the Health Resources and Services Administration provided feedback on the package and provided suggestions for additional implementation tips and tools and resources. The package was revised based on feedback from the pilot and SME review.

TABLE 2. ASRH TECHNICAL PANEL ATTENDEES

PANELISTS *input was provided during a separate interview	
NAME	**ORGANIZATION**
Aletha Akers, MD, MPH	The Guttmacher Institute
Joy Baynes, FNP, MPH	El Rio Health Center
David Bell, MD, MPH	Columbia University Irving Medical Center
Claire Brindis, DrPH	Adolescent and Young Adult Health National Resource Center, UCSF
Gale Burstein, MD	The Erie County Department of Public Health
Deborah Chilcoat, MEd	Healthy Teen Network
Kaleigh Cornelison, MSW	Adolescent Health Initiative
Laura Davis, MA	Advocates for Youth
Rena Dixon, PhD, MPH, MCHES	Fact Forward
Melissa Gilliam, MD, MPH	The University of Chicago
Jonathan Klein, MD, MPH	University of Illinois at Chicago
Laura Kovaleski, MPH	California Department of Public Health STD Control Branch
Danielle Lampton, MPH	Converge
Jane Lose, ANP, CNM	STRIDE Community Health Center
Suzanne Mackey, MPH	School-Based Health Alliance
Arik Marcell, MD, MPH	Johns Hopkins University
Jamila Perritt, MD, MPH	Physicians for Reproductive Health
Rina Ramirez, MD	Zufall Health Center

(table continued on page 76)

(table continued from page 75)

PANELISTS	*input was provided during a separate interview
NAME	**ORGANIZATION**
Michelle Reese	Upstream USA
Melissa Reyna	California Department of Public Health STD Control Branch
Liz Romer, DNP, FNP	Children's Hospital Colorado
Stephanie Rose	HealthEfficient
Jennifer Salerno, DNP, CPNP, FAANP	Possibilities for Change
Jessica Sanchez, MSN, FNP	Colorado Community Health Network
Katie Saul, MPH	JSI Research & Training Institute, Inc.
Teresa Smith, LPN	Little River Medical Center
CONVENING LISTENERS	
NAME	**ORGANIZATION**
Laura Bachmann, MD, MPH	Division of STD Prevention, CDC
Kate Curtis, PhD	Division of Reproductive Health, CDC
Kathy Keys, MPH, MPP	National Center for Chronic Disease Prevention and Health Promotion, CDC
Aniket D. Kulkarni, MBBS, MPH	Division of Reproductive Health, CDC
Amy Margolis, MPH, CHES	Division of Program Development and Operations, Office of Population Affairs, HHS
Lisa Romero, DrPH, MPH	Division of Reproductive Health, CDC

APPENDIX 2 ADDITIONAL READING

Guidance/Recommendations

- U.S. Medical Eligibility Criteria for Contraceptive Use (U.S. MEC)
  Centers for Disease Control and Prevention

  Recommendations for the use of specific contraceptive methods by women and men who have certain characteristics or medical conditions. Intended to assist care team members when they counsel women, men, and couples about contraceptive method choice.

- U.S. Selected Practice Recommendations for Contraceptive Use (U.S. SPR)
  Centers for Disease Control and Prevention

  Recommendations that address a select group of common, yet sometimes controversial or complex, issues regarding initiation and use of specific contraceptive methods. Intended to serve as a source of clinical guidance for care team members and provide evidence-based guidance to reduce medical barriers to contraception access and use.

- Adolescents and Long-Acting Reversible Contraception: Implants and Intrauterine Devices
  American College of Obstetricians and Gynecologists

  Opinion from the Committee on Adolescent Health Care, which concludes that obstetrician-gynecologists should counsel all sexually active adolescents who do not seek pregnancy on the range of contraceptive methods, including LARC, and should help make these contraceptives readily accessible to them.

- Behavioral Counseling Interventions to Prevent Sexually Transmitted Infections: Recommendation Statement
  U.S. Preventive Services Task Force

  Recommendation regarding the provision of behavioral counseling for all sexually active adolescents and for adults at increased risk for sexually transmitted infections.

- Chlamydia and Gonorrhea Screening: Recommendation Statement
  U.S. Preventive Services Task Force

  Recommendation regarding screening for chlamydia and gonorrhea in all sexually active women, including pregnant persons.

- Contraception for Adolescents
  American Academy of Pediatrics

  Policy statement from the Committee on Adolescence, which provides the pediatrician with a description and rationale for best practices in counseling and prescribing contraception for adolescents.

- Long-Acting Reversible Contraception Statement of Principles

  Sister Song
  National Women's Health Network

  Principles to protect the bodily autonomy and to respect the agency, health, and dignity of marginalized women so that those who have historically been oppressed or harmed feel safe when making reproductive decisions.

- Preventive Male Sexual and Reproductive Health Care: Recommendations for Clinical Practice

  Male Training Center for Family Planning and Reproductive Health

  Recommendations for the organization and delivery of preventive clinical sexual and reproductive health services for reproductive-aged males from adolescence through adulthood.

- Providing Quality Family Planning Services

  Centers for Disease Control and Prevention
  U.S. Department of Health and Human Services, Office of Population Affairs

  Recommendations that address the provision of family planning services, including a description of the type of services to include for female and male clients and special populations, such as adolescents.

- Sexually Transmitted Infections Treatment Guidelines, 2021

  Centers for Disease Control and Prevention

  Recommendations for the prevention, diagnosis, and treatment of sexually transmitted infections. Intended to be a source for clinical guidance.

Examples of Quality Improvement (QI) Initiatives to Improve Adolescent Sexual and Reproductive Health

- Bronx Teen Connection's Clinic Linkage Model: Connecting Youth to Quality Sexual and Reproductive Health Care

  Community-wide, multi-component intervention in Bronx, New York to increase adolescents' access to and use of sexual and reproductive health care by increasing community partner capacity to link neighborhood clinics to youth-serving organizations. Early results show that the model may be useful for other municipalities or organizations.

- Engaging Primary Care Providers in Chlamydia Screening Quality Improvement

  QI activities focused on improvements in sexual risk assessment and delivery of annual chlamydia screening to adolescent and young adult clients of primary care pediatric offices in Buffalo, New York. QI methodology led to successful change in provider capacity to conduct a sexual history assessment of adolescent patients and increases in chlamydia screening coverage.

- Impact of the Community-Wide Adolescent Health Project on Sexually Transmitted Infection Testing in Omaha, Nebraska

  QI initiative that increased testing for chlamydia and gonorrhea among young people 15 to 24 years of age in Omaha, Nebraska through 1) media campaigns emphasizing the importance of testing as a means of normalizing and increasing the demand for testing and 2) free chlamydia and gonorrhea testing and treatment in a youth-friendly manner during expanded hours.

- Impact of the Rochester LARC Initiative on Adolescents' Utilization of Long-Acting Reversible Contraception

  QI intervention that disseminated accurate information about contraceptive methods with a focus on Long-Acting Reversible Contraception (LARC) by delivering interactive lunch-and-learn talks throughout the Greater Rochester, New York area. Audiences included both health center staff and adults who work with adolescents in nonmedical community-based organizations. This intervention led to a significant increase in LARC use (from 4% to 24%) among sexually active female high school students in Rochester.

- Text Messaging Support for Urban Adolescents and Young Adults Using Injectable Contraception: Outcomes of the Depotext Pilot Trial

  Text messaging reminder system that showed short-term preliminary efficacy for improving clinic attendance at the first two family planning visits in an urban academic practice among adolescent and young adult women who chose Depo-Provera.

- The Health Access Initiative: A Training and Technical Assistance Program to Improve Health Care for Sexual and Gender Minority Youth

  Training and technical assistance intervention that showed improvements in knowledge of, attitudes toward, and practices for caring for sexual and gender minority youth among care team members in 10 diverse clinics in Michigan.

- The Teen Access and Quality Initiative: Improving Adolescent Reproductive Health Best Practices in Publicly Funded Health Centers

  QI initiative that worked to 1) improve the quality of publicly funded health centers' adolescent sexual and reproductive health services and 2) improve adolescent access to sexual and reproductive health services if needed. The latter was accomplished by working with youth-serving organizations to refer and link young people to care. Funded organizations also promoted health centers' services to increase awareness among young people in the local community.

Health Equity and Anti-Racism Tools and Resources

- Anti-Racism and Equity Toolkit

  Academic Pediatric Association

  This toolkit is made to support pediatricians in all facets of their academic practice, including leadership-practice, peer-peer, pediatrician-patient, and educator-trainee interactions.

- Anti-Racism Toolkit

  Society for Adolescent Health and Medicine

  This toolkit provides resources to help adolescent health professionals combat racism, promote racial justice, reduce health disparities, and advance health equity for youth.

- Equitable Access to Sexual and Reproductive Health Care for All Youth

  American Academy of Pediatrics

  This resource supports pediatricians, health clinicians, community leaders, and public health professionals in identifying strategies and key partnerships to expand equitable access to reproductive health care.

- Health Equity Resources for Health Care Professionals
  Bright Futures
  This compendium of resources was created for pediatric health care professionals to address the impact of racism, bias, and discrimination on the health and well-being of their patients and families.

- Inclusive Sexual Health Services: Practical Guidelines for Providers & Clinics
  National Coalition for Sexual Health
  A guide to cultivate a clinical environment that supports primary care providers in the delivery of inclusive sexual health services to all patients.

- LARC Programs Should Implement Reproductive Justice Informed Practices
  Maternal Health Task Force at the Harvard Chan School
  Blog post on using a reproductive justice lens when implementing LARC services; note that while originally intended for School Based Health Centers, this resource has useful information for all health centers.

Other Relevant Change Packages/Toolkits/Interventions

- Adolescent-Centered Environment Assessment Process (ACE-AP)
  Adolescent Health Initiative
  This resource is a facilitated, comprehensive self-assessment and guided improvement process for organizations, which includes customized resources, recommendations, technical assistance, and implementation plans using Plan, Do, Study, Act (PDSA) improvement cycles.

- Chlamydia Screening Change Package
  Reproductive Health National Training Center
  This change package describes four best practice recommendations for improving chlamydia screening rates and suggested strategies for implementation of these practices.

- Getting Ready for Male Reproductive Health Services An Assessment and Implementation Toolkit
  Cardea
  This toolkit provides resources to implement QI initiatives related to male-friendly reproductive health services and includes discussion of QI methods, a variety of assessment tools, and recommendations and strategies for managing change.

- Planning Toolkit for using CDC's Recommendations for Providing Quality Sexually Transmitted Diseases Clinical Services, 2020
  National Association of County and City Health Officials
  This toolkit provides tools and resources that support operationalizing the Centers for Disease Control and Prevention's Recommendations for Providing Quality STD Clinical Services, 2020 in clinical settings.

- Sexual and Reproductive Health Toolkit for Adolescent Providers

  Adolescent Health Working Group

  This toolkit provides evidence-based practice guidelines to enhance a provider's ability to meet the sexual health needs of adolescents. It includes practice readiness tools; screening, assessment, and referral tools; resource sheets on various sexual health issues; and online resources and hotlines.

- Sexual Health and Your Patients: A Provider's Guide

  National Coalition for Sexual Health

  This guide provides resources to help health care providers better integrate sexual health conversations and recommended preventive services into routine visits with adolescents and adults.

- Youth-Friendly Services Assessment Tool

  Healthy Teen Network

  This tool assesses if health care services are delivered in a youth-friendly way to assist organizations in identifying improvement goals. It includes a guide for using the tool, a description of youth-friendly services, and a bibliography.