

# QARE for Teens Environmental Scan Report

Prepared by CAI

## Introduction

For over 50 years, the U.S. Centers for Disease Control and Prevention, Division of Reproductive Health (CDC-DRH) has been the focal point for issues related to reproductive health, maternal health, and infant health. This CDC leadership has included a specific focus on funding initiatives to close gaps in both access to and the quality of adolescent sexual and reproductive health (ASRH). These efforts include the 2010-2015 Community Wide Teen Pregnancy Prevention initiatives (CWI) project and the 2015-2020 Teen Access and Quality Initiative (TAQ).

To address enduring gaps and build on this body of work, the CDC-DRH supports the *Quality and Access for Reproductive Health Equity for Teens (QARE for Teens)* project. The goals of the first year of *QARE for Teens* are to 1) develop a Quality Improvement (QI) package to support high-quality ASRH services in federally qualified health centers (FQHCs) and 2) explore strategies to increase adolescent access to RH services at FQHCs and identify 1-2 priority strategies. The CDC plans, if funding permits, to support the implementation and evaluation of the QI package and promotion of its scale-up in FQHCs to address gaps in quality.

To support development of the *QARE for Teens* initiative, CDC-DRH has contracted with the National Association of Community Health Centers (NACHC), which serves as the leading national advocacy organization in support of community-based health centers and the expansion of health care access for the medically underserved and uninsured. To contribute to this effort NACHC subcontracted with Cikatelli Associates, Inc. (CAI), a national non-profit capacity building organization with specific expertise in ASRH and quality improvement initiatives, to partner with CDC and NACHC in this effort.

To inform the development of a package of strategies and related tools and resources that support implementation of adolescent sexual and reproductive health (ASRH) quality improvement (QI) in FQHC settings, CAI conducted an environmental scan to identify QI strategies, tools, and resources that have been used to improve adolescent sexual and reproductive health services throughout the United States.

## Methods

CAI, in collaboration with NACHC and with technical assistance from CDC, developed search term parameters for this environmental scan to narrow the scope of quality improvement initiatives related to adolescent sexual and reproductive health. These parameters consisted of inclusion criteria, exclusion criteria, and types of search terms that would be used related to adolescents, SRH services, QI strategies, and youth-friendly clinical practices and are fully described in [Appendix A: Search Strategy](#).

Using the defined search terms, CAI identified quality improvement interventions from internet searches (using Google and Google Scholar), websites of government agencies, relevant organizations, foundations, and published reports from FQHC agencies. All relevant materials were catalogued in a reference management software (Zotero), filtered for relevance, and ultimately categorized and tagged in the Environmental Scan Spreadsheet by the CAI team.

## Findings

Using the search parameters described above and in Appendix A, CAI identified 134 initial papers with potentially relevant methodology and findings. After reviewing each paper and filtering out those that did not describe quality improvement and/or change strategies, CAI ultimately included 58 unique quality improvement interventions in the Environmental Scan. These interventions were described in formats ranging from published peer-reviewed articles, organizational websites, “grey literature” (e.g., dissertations), government websites, and more. The interventions presented change strategies, tools, and resources to implement quality improvement initiatives related to several aspects of ASRH services. CAI then analyzed and documented each intervention according to key quality improvement strategies, best practices, and intervention characteristics (full parameters outlined in [Appendix A: Environmental Scan Documentation and Categorization](#)). This report provides a high-level overview of the types of change strategies available in the Environmental Scan Spreadsheet.

While all the articles discussed strategies to promote change, not all of them shared specific tools. Among the 58 QI interventions identified through the search, 16 of those interventions included toolkits and/or standalone tools associated with the change strategies. The toolkits included change packages such as a Chlamydia Screening and HPV Champion Toolkit, a virtual learning collaborative to improve chlamydia screening among adolescents, sample workflows, parent/patient letters, clinic signage/clinic posters, and online trainings for clinic staff. Six of the tools/toolkits focused specifically on providing contraceptive care and five of the tools/toolkits focused primarily on STI testing, treatment, and prevention. In addition, nine of the tools/toolkits also focused on implementing youth-friendly best practices such as providing confidential care, affirming language, welcoming environment, and trauma-informed care. Only seven of these tools/toolkits included outcome data.

While many of the collated interventions did not include toolkits or individual tools, they did identify useful change strategies and quality improvement approaches. Most of the change strategies identified via this scan can be used to support quality improvement in multiple areas of ASRH clinical services and youth-friendly practices. The most utilized quality improvement strategy was staff training, with 21 of the 58 interventions incorporating staff training into their initiative in some way. Other common change strategies included performance measures (12 interventions), quality improvement methodology such as Continuous Quality Improvement and Plan-Do-Study-Act cycles (11 interventions), and quality collaboratives (9 interventions). Many interventions also pursued creative changes in service delivery structure as part of their quality improvement initiative, including Electronic Health Record modifications (12) and the addition of technology-based approaches (e.g., text-messaging interventions) in adolescent care (3). Of note is that most interventions employed a range of change strategies to achieve their aims rather than just one change strategy, suggesting that a flexible approach that incorporates several appropriate change strategies may yield the best results in improving ASRH care.

## Gaps

While the initiatives compiled in this environmental scan show that important, innovative, and meaningful work is happening in the field of quality improvement of ASRH care, important gaps persist. Very few of the interventions found focused specifically on improving care for those adolescents who identify as LGBTQIA+ (lesbian, gay, bisexual, transgender, queer, intersex, asexual or other sexual and gender minority) and BIPOC (Black, Indigenous, and People of Color). Although it is likely that many of

the initiatives found do serve LGBTQIA+ and BIPOC patients as part of the general population served, both groups present unique needs and cultural competency requirements that existing quality improvement interventions and ASRH care may not meet. Thus, there is a need for more quality improvement interventions to incorporate principles of reproductive justice, anti-racism, and LGBTQIA+ inclusivity to effectively care for these populations.

## Conclusion

The CDC has been at the forefront of reproductive health issues for several decades and is now working to further improve the quality of ASRH services in the U.S. through support for the *QARE for Teens* project. As an initial step of this project, CAI completed a comprehensive environmental scan to identify existing change strategies, using a rigorous search methodology. The scan identified several cross-cutting change strategies, including provider trainings, performance measures, and Plan-Do-Study-Act cycles. These strategies have been used to achieve diverse ASRH service aims, including contraceptive care and STI screening and treatment and have potential for scalability and adaptability across the U.S. However, gaps remain in quality initiatives designed to serve LGBTQIA+ and BIPOC adolescents. Through the dissemination and uptake of the identified interventions, as well as through future work to create and test quality improvement interventions for priority populations, we can continue closing gaps and improving ASRH care.

## Appendix A

### Quality and Access for Reproductive Health Equity (QARE) for Teens

#### Environmental Scan Parameters

Prepared by: CAI

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#### Overview

The below parameters outline the approach for conducting the environmental scan for Quality and Access for Reproductive Health Equity for Teens. The first section highlights the process and search terms to be used in the environmental scan, and the second presents a framework that will be used for documenting and categorizing the results from the scan.

### 1. Search Strategy

#### a. Parameters for database searches of published literature:

- English language
- 2005 – present
- United States

#### b. Search term process/strategy:

1. Search using the below combination of term. Terms in brackets refer to the categories listed in the below table will be pulled into the keyword search:
  - i. [ADOLESCENT] AND [SRH SERVICES] AND [QI STRATEGIES]
  - ii. [ADOLESCENT] AND [QI STRATEGIES]  
*to get at youth-friendly practices that aren't necessarily SRH-focused, e.g., time-alone for discussing mental health, substance use, etc.*  
**Note:** Might need to tailor [QI STRATEGIES] or add a bucket around "clinical", depending on what comes up
  - iii. [YOUTH-FRIENDLY CLINICAL PRACTICES] AND [QI STRATEGIES]  
*to get at youth-friendly practices that aren't necessarily SRH-focused, e.g., time-alone for discussing mental health, substance use, etc.*
  - iv. [SRH SERVICES] AND [QI STRATEGIES]  
*to get at things that may have been for adults, but could be beneficial for teens*
2. If needed, add UNITED STATES to exclude work in international settings
3. If needed, add FQHC to include this type of health setting

[ADOLESCENT]	[SRH SERVICES]	[{CLINICAL} QI STRATEGIES]	[YOUTH FRIENDLY CLINICAL PRACTICES]
<ul style="list-style-type: none"> <li>• Adolescent</li> <li>• Teen</li> <li>• Young adult</li> <li>• Young person</li> <li>• Youth</li> </ul>	<ul style="list-style-type: none"> <li>• Sexual health care/sexual health services, etc.</li> <li>• Reproductive health care/reproductive health services</li> </ul>	<ul style="list-style-type: none"> <li>• Innovations</li> <li>• Learning collaboratives</li> <li>• Quality collaboratives</li> <li>• Change packages</li> <li>• Improvement tools</li> </ul>	<ul style="list-style-type: none"> <li>• Confidentiality</li> <li>• Access (e.g., walk-in appointments, transportation)</li> <li>• Trauma-informed care</li> </ul>

[ADOLESCENT]	[SRH SERVICES]	[{CLINICAL} QI STRATEGIES]	[YOUTH FRIENDLY CLINICAL PRACTICES]
	<ul style="list-style-type: none"> <li>• Contraceptive care/contraception/birth control/family planning</li> <li>• LARCs/implants/ IUDs/ intrauterine devices</li> <li>• Pregnancy prevention</li> <li>• STI/STD testing and treatment</li> </ul>	<ul style="list-style-type: none"> <li>• Plan, Do, Study, ACT (PDSA)</li> <li>• Academic/provider detailing</li> <li>• Quality improvement</li> <li>• Continuous quality improvement</li> <li>• Improvement strategies</li> <li>• Performance measures</li> <li>• Client experience surveys</li> <li>• RE-AIM</li> <li>• Champions</li> <li>• Human centered design</li> <li>• Pilot projects</li> </ul>	<ul style="list-style-type: none"> <li>• LGBTQ-inclusive/affirming care</li> <li>• Time alone</li> <li>• Youth-affirming</li> <li>• Youth-friendly</li> </ul>

4. If needed, conduct a secondary search with more specific terms to home in on specific ASRH clinical recommendations and youth friendly best practices.

[SRH SERVICES]	[YOUTH FRIENDLY CLINICAL PRACTICES]
<ul style="list-style-type: none"> <li>• HIV testing</li> <li>• HIV treatment</li> <li>• HPV vaccination</li> <li>• Hep vaccination</li> <li>• Pregnancy testing</li> <li>• Screenings (SUD, social determinants, mental/behavioral health, IPV/HT)</li> </ul>	<ul style="list-style-type: none"> <li>• Affirming language</li> <li>• Welcoming environment</li> <li>• Hours of operation</li> <li>• Youth peer educator/staff</li> <li>• Youth advisory board</li> <li>• All gender bathroom</li> </ul>

**d. Exclusion criteria:**

*SRH services/topics*

- Maternal and infant health (e.g., Perinatal Quality Collaboratives)
- Breastfeeding
- Infant mortality

*Setting*

- Emergency departments
- In-patient hospital care
- Any international clinical setting

*Type of literature*

- Editorials, commentaries, and book reviews

**e. Data Sources:**

- Identify unpublished “grey literature” from simple internet searches (using Google), conference abstracts, websites of government agencies, relevant organizations, foundations, and published reports from FQHC agencies.
- Identify peer-reviewed publications through PubMed, Google Scholar, and other reputable search engines and scientific databases.

**f. Citation/Resources Database:**

- Add all articles, presentations, posters, documents, reports, gray literature, and other documents on existing interventions to Zotero, a cloud-based reference manager.
- Share the Zotero library as needed.

## 2. Environmental Scan Documentation and Categorization

The table below represents the framework for documenting and categorizing results from the environmental scan. This table was transferred to excel format, which allowed CAI to tag key topic areas by the following columns and formed the basis for the environmental scan results spreadsheet.

Columns	Drop-down Tags (can select multiple)
Name of Project/Program/Intervention	• Write In
Brief Description	• Write In
Framed as Quality Improvement (QI)	• Yes • No
Funder	• Write In
Point of Contact	• Write In
Location (U.S. only)	• State • Rural • Urban • Not Specified
Underlying Principles	• Reproductive justice • Anti-racism • LGBTQ+ inclusive • Not specified
Quality Improvement (QI) Strategies	• Performance measures • CQI processes • Client experience surveys • Quality collaboratives • Champions • RE-AIM • Academic/provider detailing • Plan, Do, Study, Act (PDSA) • Human-centered design • Improvement tools • Staff training

	<ul style="list-style-type: none"> <li>• Other</li> <li>• Not specified</li> </ul>
QI Tools and Resources	<ul style="list-style-type: none"> <li>• Change package</li> <li>• Practice guideline resource/toolkits</li> <li>• Job aids</li> <li>• Workflows</li> <li>• E-Learning modules</li> <li>• Videos</li> <li>• Policies/protocols</li> <li>• Implementation self-assessment</li> <li>• Webinars</li> <li>• Training curriculum</li> <li>• Other</li> <li>• Not specified</li> </ul>
Name of and Links to Specific Resources	<ul style="list-style-type: none"> <li>• Write In</li> </ul>
Tool/Resource Mentioned but Not Available to Public	<ul style="list-style-type: none"> <li>• Yes/no</li> </ul>
Further Follow-up Needed	<ul style="list-style-type: none"> <li>• Yes/no</li> </ul>
SRH Services	<ul style="list-style-type: none"> <li>• Contraceptive care</li> <li>• STI screening and treatment</li> <li>• HIV screening and treatment</li> <li>• HPV/Hep vaccine</li> <li>• Pregnancy testing</li> <li>• Screening for social determinants of health</li> <li>• Mental health/behavioral screening</li> <li>• Screening for IPV</li> <li>• Education/counseling</li> <li>• Not specified</li> </ul>
Service Delivery Structure and Approach	<ul style="list-style-type: none"> <li>• Telehealth</li> <li>• Technology (e.g., Apps, Texting)</li> <li>• Time alone</li> <li>• Workflow</li> <li>• Staffing</li> <li>• EHR</li> <li>• Financing and billing</li> <li>• Cost not a barrier for teens</li> <li>• Referrals to supportive services (warm handoffs)</li> <li>• Longer visits for adolescents</li> <li>• Other</li> <li>• Not specified</li> </ul>
Youth-friendly/Youth-affirming Service Delivery Framework	<ul style="list-style-type: none"> <li>• Confidentiality</li> <li>• Affirming language</li> <li>• Welcoming health center environment</li> <li>• Hours of operation (include afterschool or weekends)</li> </ul>

	<ul style="list-style-type: none"> <li>• Walk-in appointments</li> <li>• Transportation</li> <li>• All gender bathroom</li> <li>• Youth peer ed/staff</li> <li>• Youth advisory board</li> <li>• Trauma-informed care</li> <li>• LGBTQ inclusive care</li> <li>• Other</li> <li>• Not specified</li> </ul>
Target Age of Initiative	<ul style="list-style-type: none"> <li>• Pediatrics (10-13)</li> <li>• Adolescents (14-17)</li> <li>• Young Adults (18-24)</li> <li>• Adults (if resources can be applied to adolescents)</li> <li>• Not specified</li> </ul>
Gender	<ul style="list-style-type: none"> <li>• Female</li> <li>• Male</li> <li>• Transgender</li> <li>• Non-binary</li> <li>• Not specified</li> </ul>
Sexual Orientation	<ul style="list-style-type: none"> <li>• Heterosexual</li> <li>• LGBTQ+</li> <li>• All sexual orientations</li> <li>• Not specified</li> </ul>
Race/Ethnicity	<ul style="list-style-type: none"> <li>• White</li> <li>• Black or African American</li> <li>• American Indian or Alaska Native</li> <li>• Asian</li> <li>• Native Hawaiian or Other Pacific Islander</li> <li>• Other</li> <li>• Not specified</li> </ul>
Clinical Setting	<ul style="list-style-type: none"> <li>• FQHCs and other Community Health Centers</li> <li>• Health Department</li> <li>• Family planning clinics</li> <li>• STD clinics</li> <li>• Outpatient hospital care</li> <li>• University Health Systems</li> <li>• Integrated, e.g., in juvenile justice, community-based, or other setting</li> <li>• Mobile</li> <li>• Not specified</li> </ul>
Practice Setting	<ul style="list-style-type: none"> <li>• Primary care</li> <li>• Pediatric</li> <li>• Adolescent medicine</li> <li>• School-based</li> <li>• OB/GYN</li> </ul>



	<ul style="list-style-type: none"> <li>• Family planning</li> <li>• Midwifery/birth center</li> <li>• Not specified</li> </ul>
Resource Type	<ul style="list-style-type: none"> <li>• Key informant interviews</li> <li>• Gray literature (e.g., White Papers, presentations)</li> <li>• Peer-reviewed literature</li> <li>• Dissertations</li> <li>• Other</li> </ul>
Length of QI Initiative	<ul style="list-style-type: none"> <li>• &lt;6 months</li> <li>• 6 months – 1 year</li> <li>• 1 year – 2 years</li> <li>• 2 years -3 years</li> <li>• 3 years – 5 years</li> <li>• &gt; 5 years</li> <li>• Not Specified</li> <li>• Not applicable</li> </ul>
Resources Needed	<ul style="list-style-type: none"> <li>• Technology (iPads, phones, computers, etc.)</li> <li>• Physical space</li> <li>• EHR modifications/IT support</li> <li>• Not Specified</li> </ul>
Initiative Outcome/Effectiveness	<ul style="list-style-type: none"> <li>• Write In</li> <li>• <i>e.g., increased STI/HIV testing, HPV vaccination, use of contraception, client experience, etc.</i></li> </ul>