

PRI Scope of Study

ADOLESCENT HEALTH IN CONNECTICUT

FOCUS

The study will focus on evaluating services for meeting the health care needs of Connecticut adolescents that are funded with state resources, including Medicaid. With an emphasis on improving the physical health of adolescents, the study will examine state programs such as community and school-based health centers, teen pregnancy and sexually transmitted disease prevention, nutrition counseling, injury prevention, and violence reduction projects.

Using the principles of results-based accountability (RBA), the study will assess the state-funded adolescent health system by answering the questions: How much did we do? How well did we do it? Is anyone better off? Possible ways to improve system efficiency and effectiveness will be developed. The study also will identify the extent of parental involvement in adolescent health care programs, comparing Connecticut practices with those used by other states and cited in national research. For the purpose of this study, *adolescent* is defined as a young person between the ages of 10 and 19. (See note regarding study clarification below)

BACKGROUND

According to the latest U.S. Census Bureau population estimates, the number of persons between the ages of 10 and 19 in Connecticut in July 2009 totaled just under 485,000, or 13.8 percent of the state's population. Forty-eight percent (230,700) of these adolescents were between the ages of 10 and 14, while 52 percent (253,900) were 15 to 19 years old.

Protecting and enhancing the overall health and well-being of adolescents is of interest for all levels of government. Federal, state, and local agencies invest significant resources in programs aimed at supporting positive development and preventing death, injury, and disease among teens. In 2004, a national effort to improve adolescent health was initiated by the U.S. Department of Health and Human Services (HHS) as part of the federal Healthy People 2010 program.¹ With the help of an advisory panel of experts and stakeholders, a set of 21 critical objectives corresponding to the most serious physical and mental health issues for adolescents and young adults (ages 10 to 24) was identified.

Building on the federal initiative, the Connecticut Department of Public Health issued a state strategic plan for adolescent health in 2005.² The plan was considered a blueprint for achieving the vision that "Connecticut adolescents develop healthy lifestyles, are fully engaged, and reach their full potential." It recommended a broad-based implementation approach, recognizing active participation and support from teens, their families and communities, healthcare and educational institutions, government, and businesses would be required for success.

The program review committee, understanding adolescent health is an important and multifaceted area, wants to know how well the current state system is performing. Specifically, are

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¹ Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Adolescent and School Health, *Improving the Health of Adolescents & Young Adults: A Guide for States and Communities*, 2004.

² See: Connecticut Department of Public Health, *Adolescent Health Strategic Plan, May 2005*

state resources committed to adolescent health care programs resulting in positive outcomes for Connecticut's young people?

AREAS OF ANALYSIS

- I) Develop an RBA framework for adolescent health that identifies:
 - A) A statement of desired quality of life results for the target population
 - B) Key indicators of progress in terms of broad population results
 - C) Main partners, public and private, that make significant contributions toward achieving the desired results and system accountability
 - D) Major state strategies and programs undertaken to achieve the results statement
 - E) Core measures of program performance in terms of outcomes for those served

- II) Describe current state system and programs designed to protect and promote the health of Connecticut adolescents
 - A) Define adolescent health care
 - B) Compile an inventory of state-funded programs
 - C) Determine the roles of relevant state agencies

- III) Collect and analyze data to answer the three core RBA program performance questions:
 - A) *How much did we do?* – program outputs, such as:
 - 1) Program scope and size (e.g., range of services, clients served)
 - 2) Resources used (e.g., staff and funding)
 - B) *How well did we do it?* – program efficiency and quality outcomes, such as:
 - 1) Meeting relevant standards and regulatory requirements
 - 2) Following best practices (where established)
 - 3) Clients satisfied (if measured)
 - 4) Adequate coordination and communication
 - 5) Cost-effective (to extent data available)
 - C) *Is anyone better off?* – client outcomes, such as
 - 1) Positive health trends for teens served
 - 2) Comparisons of actual client end results with anticipated outcomes, national standards, and performance data from other states (if available)

- IV) Identify data weaknesses (e.g., unavailable, incomplete, poor quality) and establish a data development and research agenda for addressing them

- V) Develop recommendations for improving state program performance and achieving better progress toward desired results for adolescent health in Connecticut, giving particular attention to no- and low-cost changes that could have a positive impact on outcomes

NOTE: CLARIFICATION OF STUDY SCOPE AND FOCUS

At the May 25, 2011, committee meeting, as noted in the minutes, PRI staff clarified that while this study will include a review of parental involvement policies and practices regarding adolescent health care, staff will not be proposing recommendations about what the state law should be concerning parental notification or consent for the medical treatment of minors. The committee also endorsed the staff proposal to focus the program performance evaluation portion of the study on two areas: school-based health centers, which will permit examination of the full array of primary and preventive care (physical, behavioral, and dental) provided to adolescents; and state-supported teen reproductive health services.