

Adolescent Well-Visit

About Technical Assistance Briefs. The MCH Evidence Center provides ongoing technical assistance (TA) to Title V agencies related to the emerging evidence base, strategies, and measures related to many topics interconnected with National Performance Measures and other critical topics in MCH. *Technical Assistance Briefs* are an outcome of these TA sessions that are designed to act as *conversation starters* in thinking about programs that can be developed to address issues that affect women, infants, children, adolescents, youth, families, and communities. These briefs are not meant to be comprehensive; full analyses of the NPM topic areas are provided in [Evidence Analysis Reports](#).

The Center makes these customized briefs available during TA and on the program website to identify evidence-based/informed strategies, promising practices, examples of ESMs from the field and peer-reviewed resources. Please [contact us](#) if you would like us to develop a similar report for topics that you are working on.

Initial Query for this Brief. Identify measures and best practices around Adolescent Well-Visit.

Evidence-Based Strategy Measures

ESM: Program Integration. These ESMs have been chosen by other states. You can review the ESMs to see if any resonate with your goals. Evidence Center staff are available to talk through how you could modify select ESMs to serve your needs.

State	ESMs
AS	ESM 10.1: Percent of adolescents who have a wellness check-up passport.
AS	ESM 10.2: Percent of children and adolescents enrolled in the Intersections Inc. Sexual Health Education and Ta'iala Peer Leaders had an annual medical check-up.
AS	ESM 10.3: Percent of adolescents who have heard or read through mass media campaign the importance of an annual check-up.
AZ	ESM 10.1: Number of healthcare clinics implementing University of Michigan's Adolescent Champion Model at their sites.
AZ	ESM 10.2: Percent of clinical sites that engage in continuous learning to maintain the adolescent champion model's high standards of practice.
AZ	ESM 10.3: The proportion of adolescents and young adults 12-21 years of age who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner participating in the adolescent champion model during the measurement year
AZ	ESM 10.4: Percent of adolescents in a participating adolescent champion model facility that report knowing how to contact their provider or the clinic if they have any questions or concerns.
AZ	ESM 10.6: Number of continuing education opportunities for dental and medical providers to promote preventive medical visits and mental health for adolescents.
CT	ESM 10.1: Percent of adolescents 12 through 17 with at least one completed BMI at time of medical visit at all school-based health centers
CT	ESM 10.2: Percent of adolescents 12 through 17 with a depression screening at the time of medical visit at all school-based health centers
DE	ESM 10.2: Number of adolescent receiving servicecs at a school-based health center who have a risk health assessments completed
FSM	ESM 10.1: Percent of adolescents ages 12 through 17 attending educational awareness on preventive medical visits in the schools

HI	ESM 10.1: Develop and disseminate a teen-centered, Adolescent Resource Toolkit (ART) in collaboration with community health and youth service providers to promote adolescent health and annual wellness visits
IL	ESM 10.1: Number of adolescents (ages 10-21) served by school-based health centers
IL	ESM 10.2: Number of adolescents (ages 10-21) receiving a well visit through services provided by grantees of the adolescent health program
IN	ESM 10.1: The percent of health care providers who report knowledge, behavior, and confidence change in adolescent health care after Adolescent Champion Model training.
IA	ESM 10.1: Partner with at least two other organizations or agencies, including but not limited to family planning, substance abuse, youth serving organizations, parent and family organizations, universities, and/or community colleges to promote adolescent wellbeing
KS	ESM 10.1: Percent of adolescent program participants, ages 12 through 17, that had a well-visit during the past 12 months
MH	ESM 10.1: Percent of adolescent program participants (12-21 years) that received education on the importance of a well-visit in the past year
MD	ESM 10.1: Number of adolescent (12-17) who receive well visits through school based health centers
MD	ESM 10.1: Percentage of Child and Teen Checkups (C&TC) where depression screenings are occurring for adolescents enrolled in Minnesota Health Care Programs (MHCP)
NV	ESM 10.1: Percent of Medicaid EPSDT eligible adolescents, ages 12 through 17, who received at least one initial or periodic screen
NH	ESM 10.1: Percentage of adolescents ages 12-21 at MCH-contracted health centers who have at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year
NC	ESM 10.1: Number of adolescents receiving a preventive medical visit in the past year at a local health department or school health center
NC	ESM 10.2: Percent of adolescents who had a behavioral health screening at time of preventive care visit
ND	ESM 10.1: Percent of Medicaid EPSDT eligible adolescents, ages 15 through 18, who received at least one initial or periodic screen.
MP	ESM 10.1: Percentage of adolescents accessing preventive care who report being referred by their school.
OH	ESM 10.1: Percent of adolescents (12-17) served by Medicaid with adolescent well visit
PA	ESM 1.2: Percent of adolescents and women enrolled in Centering Pregnancy Programs who talked with a health care professional about birth spacing and birth control methods
PA	ESM 10.11: The percentage of adolescents aged 21 years of age or younger at risk of unintended pregnancy who are provided a most effective or moderately effective contraceptive method
PA	ESM 10.12: The percentage of adolescents aged 21 years of age or younger at risk of unintended pregnancy who are provided a LARC method
SC	ESM 10.1: Number of telehealth providers that adopt a standard of care for adolescents
VI	ESM 10.1: Percentage of adolescents, ages 10 through 19, receiving school-based preventive health services.
VA	ESM 13.2.1: Number of Regional Oral Health Collaborative Projects that implemented work plans to increase dental visits among children (ages 0-11 years) and adolescents (ages 12-17 years)

Evidence-Based Strategies – What Works for Health

The following programs have been identified as effective models related to Adolescent Well-Visit:

Title	Link	Category
School-based health centers	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/school-based-health-centers	Scientifically Supported
Telemedicine	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/telemedicine	Scientifically Supported

Comprehensive clinic-based programs for pregnant & parenting teens	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/comprehensive-clinic-based-programs-for-pregnant-parenting-teens	Scientifically Supported
Preconception education interventions	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/preconception-education-interventions	Some Evidence
Teen pregnancy prevention programs	https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/teen-pregnancy-prevention-programs	Some Evidence

Evidence-Based Strategies – Innovation Hub

The following programs have been identified as effective models related to Adolescent Well-Visit:

Title	Link	Category
PATCH Teen Educator Program: A Replicable, Youth-Driven Intervention to Improve the Way Adolescents Receive, Experience, and Utilize Health Care	https://amchp.org/wp-content/uploads/2021/05/PATCH-Teen-Educator-Program_Innovation-Station-Handout.pdf	Best
PATCH Youth Advocacy Fellowship – A Model to Support & Engage Young People in Adolescent Health Conversations at Community & State Levels	https://amchp.org/wp-content/uploads/2021/05/PATCH-Youth-Advocacy-Fellowship-Innovation-Station-Handout_Fall-2020.pdf	Promising
Adolescent Champion Model	https://amchp.org/wp-content/uploads/2021/05/Champion-Model-Implementation-Handout_Final-3-25-20.pdf	Promising
Starting Out Right: Positive Strategies to Guide Adolescents through Healthy Pregnancy and Childbirth	https://amchp.org/wp-content/uploads/2021/05/Starting-Out-Right-Curriculum.pdf	Promising
Rapid Adolescent Prevention Screening (RAAPS)	https://amchp.org/wp-content/uploads/2021/05/Rapid-Adolescent-Prevention-Screening-RAAPS_Practice-Handout_Promising.pdf	Promising
Adolescent-Centered Environment Assessment Process (ACE-AP)	https://amchp.org/wp-content/uploads/2021/05/ACE-AP-Implementation-Handout_Final-3-25-20.pdf	Emerging
Adolescent and Teen Health Program	https://amchp.org/wp-content/uploads/2022/03/Emerging-AT-Health-Implementation-Guide.pdf	Emerging
PATCH Toolkits: PATCH for Teens & PATCH for Parents – Helping Teens and Their Parents Understand Adolescent Rights & Responsibilities in Health Care Settings	https://amchp.org/wp-content/uploads/2021/05/PATCH-Toolkits_Innovation-Station-Handout.pdf	Cutting-Edge

Resources for Increasing Workforce Capacity around Adolescent Well-Visit

Bright Futures Tool and Resource Kit. This companion to the most current edition of the Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents, the national standard for well-child care provides updated forms and materials relate to preventive health supervision and health screening for infants, children, and adolescents. These include pre-visit questionnaires, visit documentation forms, parent and patient handouts, supplemental education handouts, and medical screening reference tables.

<https://brightfutures.aap.org/materials-and-tools/tool-and-resource-kit/Pages/default.aspx>

Healthy development and well-child support chart. This reference chart offers practice-friendly tools to support the pediatric well-child visit. It is designed to be consistent with Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 4th edition.

<https://shop.aap.org/aap-healthy-development-and-well-child-support-chart-paperback/>

Transforming health care for adolescents and young adults: Change package concepts, strategies, and materials to improve access to and quality of preventive services. This set of slides describes change concepts and implementation strategies for increasing awareness, knowledge and perceived benefit of the annual well-visit (AWV) for adolescents and young adults. Initial slides are narrated via audio, rest are visual only.

http://prometheustrain.com/amchp-cp/changepkgs-final-11-02/story_html5.html

Strengthen the evidence for maternal and child health programs: National performance measure 10 adolescent well visit evidence review. This evidence review looks at interventions designed to increase the percentage of adolescents, ages 12 through 17, who received a preventive medical visit in the past year. Contents include an introduction and background; review methods and results, including search results, characteristics of studies reviewed, intervention components, summary of study results, and evidence rating and evidence continuum; and implications of the review.

https://www.mchevidence.org/documents/reviews/npm_10_adolescent_well_visit_evidence_review_may_2018.pdf

Summary of factors influencing well-care performance in top-performing state Medicaid programs. This report summarizes factors influencing adolescent well-care performance in six top-performing state Medicaid programs. State Medicaid officials from the states with the highest adolescent well-care visit performance – RI, CT, TX, NY, NH, and MA – were interviewed to understand the factors contributing to their success.

<https://www.thenationalalliance.org/publications/2020/1/3/summary-of-factors-influencing-adolescent-well-care-performance-in-top-performing-state-medicaid-programs>

Adolescent Well-Visit: Technical Assistance Brief

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Access other resources at <https://www.mchevidence.org>

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