

## 2014 Gage Awards

<b>Reference #</b>	7492036
<b>Status</b>	Complete
<b>Name of hospital or health system</b>	Hennepin County Medical Center / Hennepin Healthcare System, Inc.
<b>Name of project</b>	Aqui Para Ti / Here for You
<b>CEO name</b>	Jon Pryor, MD, MBA
<b>CEO approval</b>	Check here to confirm that your CEO approves of this project being submitted for a 2014 Gage Award
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<b>Within which of the two categories does your application best align?</b>	Population Health

<p><b>1. Provide a brief description of the project. (This section should resemble an abstract for a poster presentation or an abstract for a peer reviewed journal. Include an objective, data sources, study design, findings, and conclusions.)</b></p>	<p>Aqui Para TI/Here For You (APT) is a family-centered, clinic-based youth development program that seeks to reduce health disparities using a culturally-sensitive, bi-cultural and bi-lingual integrative approach for Latino youth and their families. APT operates a “clinic within a clinic” providing a family parallel care to both teens and parents, respecting confidentiality and supporting parenting.</p> <p>The APT program has provided a safe place for the Latino community for 12 years, delivering comprehensive youth development and primary care health services to more than 1,200 youth and their parents. Patients, both teens and parents, are seen at Hennepin County Medical Center East Lake clinic in Minneapolis, and come from Hennepin County and other cities and counties in Minnesota.</p> <p>APT focuses on mental health, teen pregnancy and STD prevention because Hispanic adolescents continue to struggle with disparities related to mental health, substance abuse, and physical activity; Latino adolescents continue to be the teens most likely to have a baby; and STD occurrence is 2-3 times higher in Latino adolescents than in white teens.</p> <p>Aqui Para Ti has been evaluated across multiple time frames using pre-post survey, chart review, and qualitative approaches. The evaluation work focused on APT’s main program strategies to fulfill its mission. This evaluation included an examination of mental health outcomes, coordination of services with partner agencies, parent efficacy, developing positive connections between APT families and the larger community, school needs assessments with APT youth, and holistic services to participating families.</p> <p>Evaluation efforts focus on patient data collected from modified versions of the Guidelines for Adolescent Preventive Services (GAPS) for youth and parent questionnaires, the Beck Depression Inventory, the Parenting Styles and Dimensions Questionnaire youth follow up survey, a measure of Parenting Self-Efficacy, and the A8 data base.</p> <p>Evaluation results suggest that APT enhances overall health status among youth, while also helping parents improve their ability to interact with their children and become more aware and comfortable in accessing providers and other community resources that can support their child's development. In addition, results demonstrate the need for holistic care and services for these families. The school and parent engagement elements have proven crucial in assisting the APT team to accomplish the stated program outcomes.</p>
<p><b>1A. Attachment, if applicable (Applicable examples include a peer reviewed journal article, other content published in the literature, or a presentation at a national meeting)</b></p>	<p><a href="#">APT_fat3.pdf (979k)</a></p>

<p><b>2. Describe the methods use in this project. Include where, why, and how the project was accomplished.</b></p>	<p>APT has been using the following practices, which are evidence-based, promising practices or culturally specific approaches, to develop all project activities.</p> <p>The Developmental-Ecological model emphasizes the role of persons, family, groups, and socio-cultural and historical context in shaping the development, experiences, and health practices of youth.</p> <p>The Positive Youth Development (PYD) paradigm, grounded in the ecological model, suggests that risk and protective factors predict adolescent behaviors, and emphasizes the promotion of internal assets (i.e. self-esteem, self-efficacy, hopefulness) and external supports (i.e. effective parenting, connection to non-parental adults, school and community ) to reduce negative behavior and promote positive behavior as a means to achieve healthy outcomes.</p> <p>Family Parallel Care is a culturally responsive approach where the needs of both parents and youth are addressed in a parallel fashion. A core traditional Latino value, familismo (familism) including strong family unity, interdependence in daily activities, and close proximity with extended family members is often considered the basis of Latino culture. Immigration and acculturation factors shape parenting practices which, in turn, relate to health behaviors.</p> <p>The Health Care Home (HCH) model is an approach to primary care in which primary care providers, families and patients work in partnership to improve health outcomes and quality of life for individuals with chronic health conditions and disabilities.</p>
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**3. Describe the results of the project. What data was used to support improvement results?**

Evaluation efforts focus on patient data collected from modified versions of the Guidelines for Adolescent Preventive Services (GAPS) for youth and parent questionnaires, the Beck Depression Inventory, the Parenting Styles and Dimensions Questionnaire; a youth follow up survey, a measure of Parenting Self-Efficacy and the A8 data base.

At the time of their first Beck assessment, 25.3% patients had total scores in the clinical range ( $>18$ ) for depression. Overall, patients exhibited significantly fewer depressive symptoms at their final assessment ( $M = 10.00$ ), compared to their first assessment ( $M = 13.84$ ). During the reporting period, 104 youth created an Individual Plan focusing on future action steps, goals, education, and access to resources. APT parent patients were screened for mental health problems. 154 parents completed one or more Beck Depression Inventories. At the time of the first assessment, 27.9% had depression scores that exceeded the clinical cut-off ( $>18$ ). 171 patients completed one or more Beck assessments. At the time of their first Beck assessment, scores ranged from 0-55 ( $M = 12.66$ ,  $SD = 11.96$ ); 32 patients (18.7%) had total scores in the clinical range ( $>17$ ) for depression. 68 patients had data available from two or more Beck assessments. The average time between assessments was 217 days. Overall, patients exhibited significantly fewer depressive symptoms at their final assessment ( $M = 11.09$ ), compared to their first assessment ( $M = 14.07$ ) (paired t-test = 2.20,  $p = .03$ ). For those whose depressive symptoms were above the clinical cut-off (higher than 17) ( $n=20$ ), there was a clinically significant decrease in symptoms over the time period from a mean of 25 to a mean of 15, that was also statistically significant ( $p = .003$ ).

The 107 youth enrolled in APT's Health Care Home in 2011-2012 created 230 individual goals as part of the care coordination process. Attesting to the importance of education for participating youth, of the 230 total goals, 106 (46%) were about education.

APT delivers cost-effective clinical care in an integrative culturally inclusive manner.

**4. Describe what happened as a result of the project. Was the improvement related to the intervention? Can the project be duplicated by other organizations?**

APT has helped to drive systems change that lead to improvements in health equity, both within the Hennepin healthcare system and more broadly in Minnesota. APT has been invited to participate in several important initiatives to change state policies and has been widely recognized as a promising practice by other health systems at the state and national levels. The program has been invited to present as an innovative best practice to groups including:

- the International Conference of Post-Partum Depression National Alliance on Mental Illness
- WONCA International Conference of Family Medicine
- the Health Care Innovative Exchange Initiative by the Agency for Healthcare Research and Quality
- National Alliance to Advance Adolescent Health

Within our own healthcare system, the APT experience led to the creation of Henne-Teen to establish adolescent care practices that address issues affecting adolescent patient care across the organization and implement those changes at a system level to make HCMC system “youth-friendly” and assure that every entry point to the system is ready to provide care with the same standards of excellence.

APT is evidence-informed and evidence-based model that can be replicated by dissecting the model and identifying key elements of the process and clinical interventions, describing the main components of each, and creating a checklist in which the clinical processes are identified. Staff is working in an NIH grant to assist with replication and evaluation. The Agency for Healthcare Research and Quality has created a complete description of the model with insights around replication.

<p><b>5. Describe how patients, families, and if appropriate, community was included in the work.</b></p>	<p>Since its inception APT has been using a “needs assessment” process to strategically re-direct the program activities. This assessment happens through the one-on-one interactions with patients, their families, and professionals involved in the work of APT. It has become an important and ongoing process to refine APT interventions at the clinic and community levels.</p> <p>During their first major re-evaluation of the model in 2010, the team used both teens’ and parents’ patient data to redefine the model. The need to evaluate parent’s mental health status was identified. This was an unmet need of most Latino Parents. Based on further evaluation, education health was identified as another need, so the team incorporated a College Connector to their team.</p> <p>Currently, APT holds a bi-monthly youth and parent community advisory board at the clinic to discuss the program and gather feedback on specific programming elements, including summer program activities, how to improve patient care, and the role of a family case manager and school connector. This process ensures the active involvement of Latino families and provides them with a leadership role within APT.</p> <p>Examples of their feedback resulting in changes include identifying the need for an onsite psychologist to make it easier for families to connect with those services. The parent advisory board also recognized the importance of the Family Case Manager and the School Connector positions. Youth reported the need for summer activities without cost. The feedback resulted in offering new summer activities including a photography workshop and a dance class.</p>
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