Inputs	<u>Strategies</u>	Sample <u>Activities</u>	<u>Outputs</u> <u>(Process</u> Measures)	Short term outcomes	Intermediate Outcomes - National Performance Measure 10: Percent of
Staffing & expertise • Program Assessment, Evaluation, EPI • Managers • Nurses Funding / resources • Title V • Medicaid • Other Partnerships within agency • Healthy Communities • SBHCs • Nurses	 Increase outreach to key populations in community. This could include raising awareness of importance of well care and leveraging SBHCs to conduct outreach. Promote practice of going beyond sports physicals to wellness exams. 	 Work with local youth-serving organizations, CCOs, community providers, SBHCs and schools to disseminate consistent messaging for providers, youth and families. Promote adolescent well visits with children aged 12-17 coming in to the local/tribal health agency for family planning visits, WIC, etc. Conduct education and awareness activities within the school (i.e. presentations in health classes, assemblies). Partner with schools and CCOs to provide and promote adolescent well care visits in place of sports physical s Work with partners (including SBHC) to develop policy that aligns providing sports physical and annual adolescent well care visits in same visit. 	 1.1 Number of outreach, social media, or educational activities completed. 2.1 Percent of SBHC patients with an adolescent well visit. 2.2 Number of providers trained. 2.3 Number of policies developed or 	 Increased number of clinics with youth friendly, confidential services Increased number of visits that combine sports physical with adolescent well visit Increased knowledge among providers, parents, youth, and other stakeholders of barriers to adolescent health Increased knowledge among providers, parents, youth, and other stakeholders of barriers to adolescent health Increased knowledge among providers, parents, youth, and other stakeholders of barriers to adolescent health 	 adolescents, ages 12-17 with a preventive medical visit in the past year. Increase in youth centered and youth friendly spaces in the health care environment Long term outcomes Improved adolescent physical health Improved adolescent mental health Improved adolescent sexual/reproductive health Improved social connectedness and resiliency among adolescents Improved educational outcomes for adolescents including reduction in chronic absenteeism and improved high school
Community partnerships • Schools • Districts • School Nurses • SBHCs • CCOs • Private Insurance • Local Pediatric Practices	 3. Develop and strengthen partnerships with public and private entities invested in adolescent health. 4. Promote policies and practices to make health care more youth-friendly. Including engaging youth as peer health educators. 	 Convene partners from local youth- serving organizations, CCOs, community providers, SBHCs and schools to identify shared goals and resources. Support and train youth as peer educators. Partner with CCOs, local providers, SBHCs to deliver patient-modeled youth-led training of providers (i.e. Adolescent Health Care Communication Training). Help create or support a youth advisory council for local SBHC or other community clinic. 	implemented 3.1 Number of new partnerships developed or further established. 4.1 Number of policies developed or implemented 4.2 Number of youth engaged as peer health educators	and among underserved populations - Increased communication between schools, the health care system, and public health	completion rates

Data • Oregon Healthy Teens Survey • CCO data Evidence base / best practice • AAP	5. Investigate barriers to adolescent well visits.	 Partner with local organizations to hold a listening session to understand youth's experience of care. 	 5.1 Number of youth, providers or other partners surveyed to identify barriers 5.2 Number of activities completed to address identified barriers 	
	6. Strengthen health care privacy and confidentiality policies and practices.	 Align policies and practices to support implementation of HB 2758 and incorporate best practices as recommended by American Academy of Pediatrics. 	 6.1 Number of policies developed or implemented 6.2 Number of clinical procedures improved. 	