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## Relevance to HPH

- The framework of HPH was applied in the project of Adolescent-friendly Health Care Initiative.
- It is important that the unique needs of adolescents must be addressed and promoted to ensure the health of all adolescents.

# The Implementation of Adolescent-friendly Health Care Initiative in Taiwan

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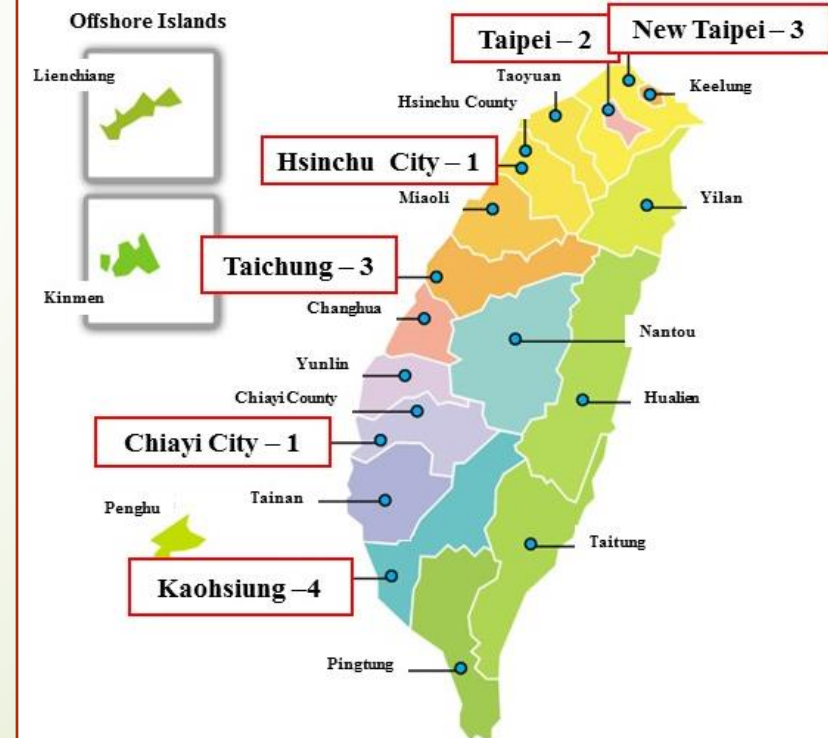
# Introduction

- The population of **adolescents among 10-19yrs old** at the end of 2020 was **9.04%** of the total population (23,561,236) in Taiwan.
- To promote adolescent-friendly health care and improve the quality of health-care services for adolescents, **the Health Promotion Administration, Ministry of Health and Welfare** has started to accredit **Adolescent-friendly Health Care Initiative** among the existing youth-friendly health care facilities since 2018.
- The mechanism of adolescent-friendly health-care services was established to meet the global standards by WHO (2015)<sup>1</sup>.
- With 3-year experience of implementing the initiatives, there were **14 institutes** being accredited.

## References:

1. World Health Organization (2015). Global standards for quality health-care services for adolescents: A guide to implement a standards-driven approach to improve the quality of health-care services for adolescents.

Distribution of 14 Adolescent-friendly health care institutes in Taiwan



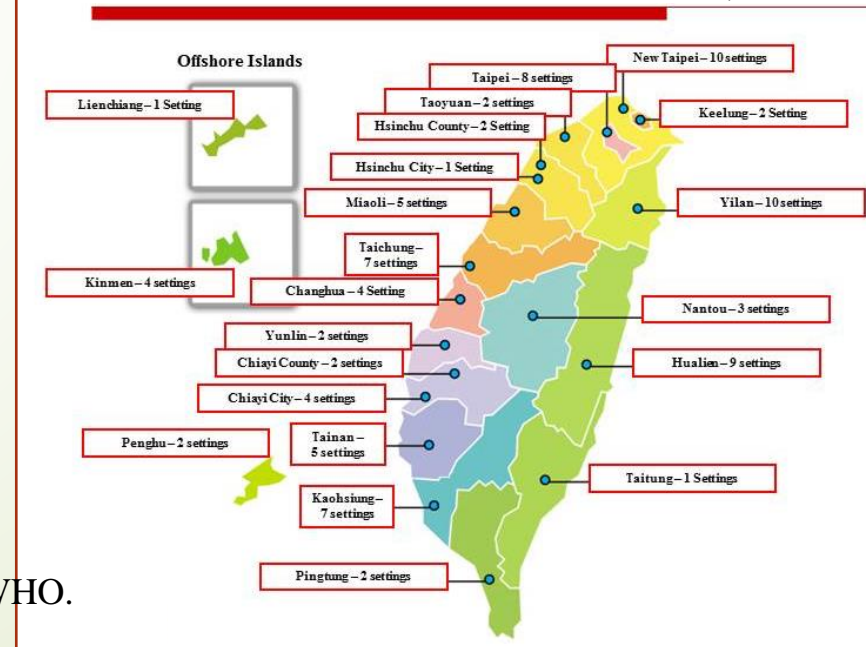
# Background

There have been many successful health policies in Taiwan, such as **MCH related programs** (maternal mortality ratio was 13 deaths per 100,000 live births in 2020), **Family Planning** (total fertility rate was 990‰ and teenager fertility rate was 4‰ in 2020), **Cancer Prevention and Control, Aging and Chronic Disease Control, Long-term care & age-friendly programs, National Health Insurance System & social welfare, Childbirth Accident Emergency Relief Act**, etc. However, adolescent health issues were not the top priority yet.

The government started to pay attention to adolescent health issues about 3 decades ago. The history of adolescent health care services in Taiwan stated as follows:

- 1993: Project of Adolescent health clinics was launched; however, the adolescent cases with **reproductive health** or **mental health** issues were much less than expected, and the accessibility for teenagers was poor.
- 2004-2005: According to the guidelines from WHO (2002)<sup>2</sup>, the concept of Friendly Reproductive Health Clinic for Youth was developed and launched with 4 settings nationwide.
- 2010: The above project was extended to a cross-disciplinary health service named as Youth Friendly Clinics (YFCs) to provide comprehensive health care.
- 2015: WHO published Global Standards for Quality Health-care Services for Adolescents which was later translated and adopted for developing the initiative in Taiwan.
- 2018: In total, there were 94 settings of YFCs nationwide. The accreditation of Adolescent-friendly Health Care Initiative was developed.

Distribution of 94 YFCs in Taiwan, 2018





# Development (I)

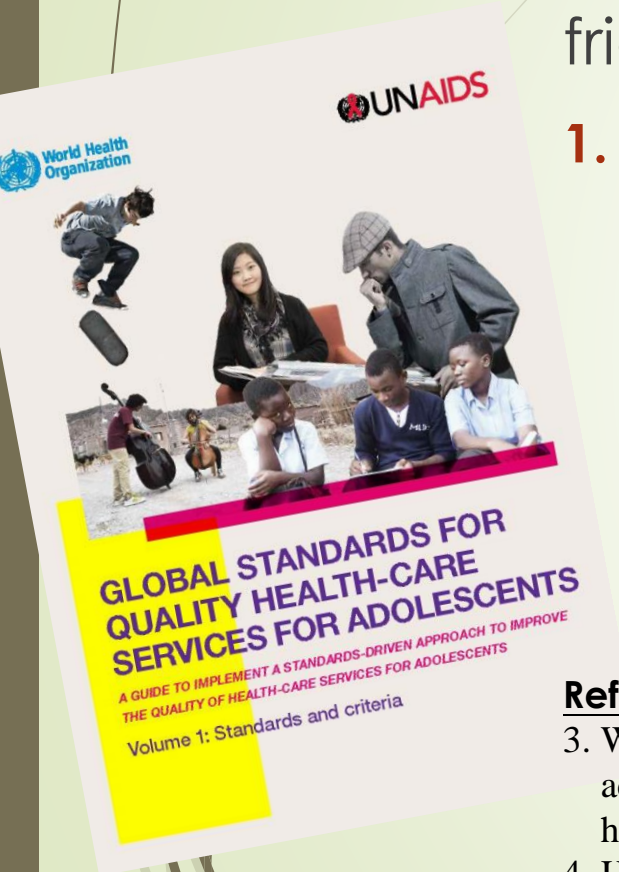
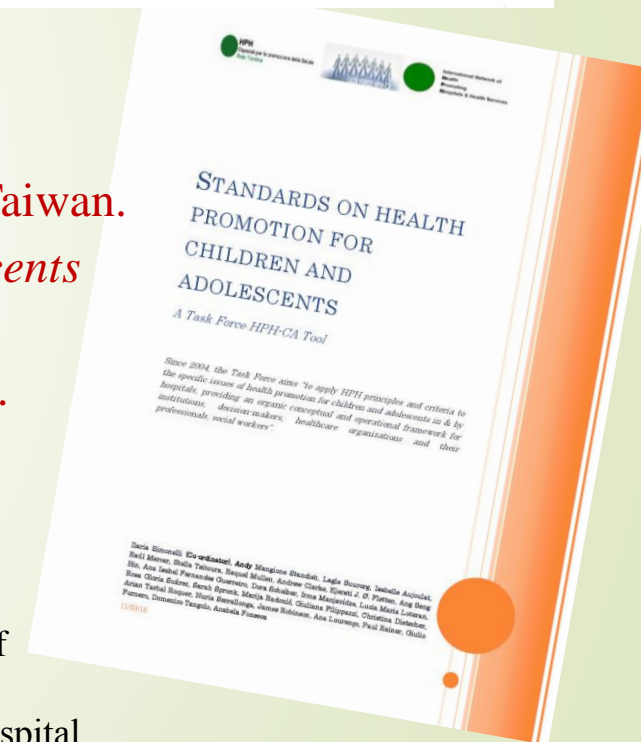
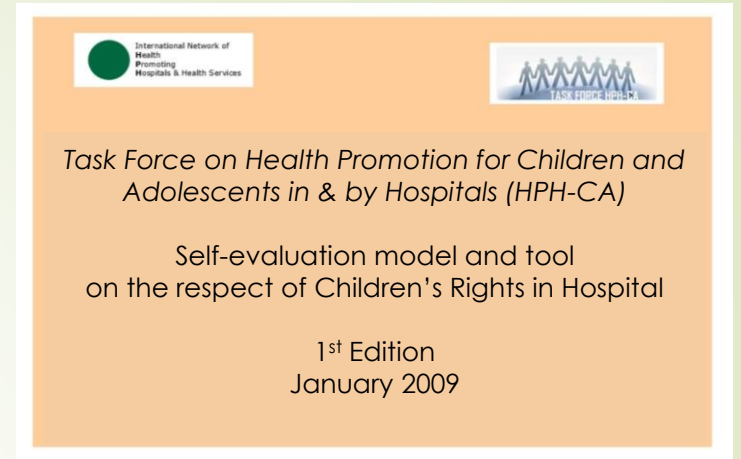
The work of promoting adolescent-friendly health care initiative includes:

1. **Developing implementation framework** for institutional initiatives, the **process of accreditation**, and **related documents** according to:

- The framework of Health Promoting Hospital standard set in Taiwan.
- *Global Standards for Quality Health-care Services for Adolescents* by WHO (2015)<sup>3</sup>.
- The concept and principles of the Task Force HPH-CA<sup>4, 5</sup> tool .

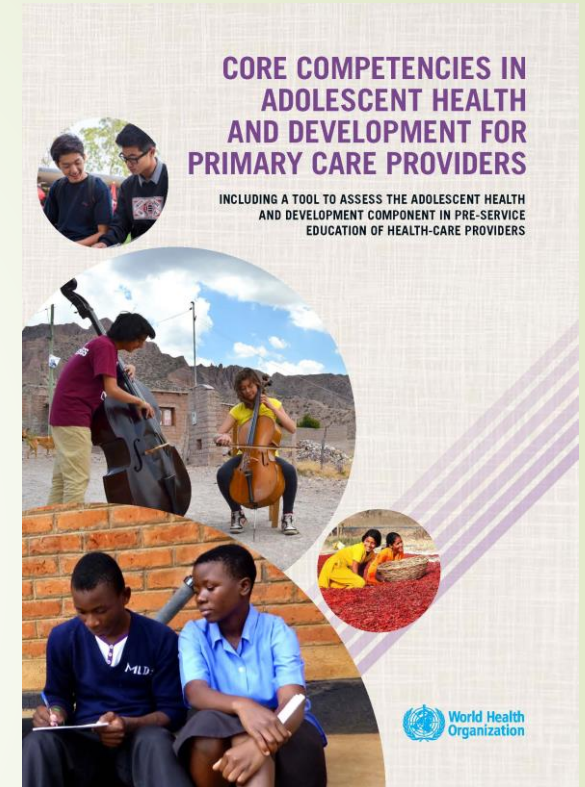
## References:

3. World Health Organization (2015). Global standards for quality health-care services for adolescents: A guide to implement a standards-driven approach to improve the quality of health-care services for adolescents.
4. HPH-CA (2009). Self-evaluation model and tool on the respect of children's rights in hospital. Frederiksberg: International Network of Health Promoting Hospitals and Health Services.
5. HPH-CA (2018). Standards on health promotion for children and adolescents – a Task Force HPH-CA tool.



## Development (II)

2. **Conducting** hospital/clinic's adolescent-friendly health care **accreditation with the developed standards.**
3. **Providing guidance and consultation services** to institutions for a better preparation for the accreditation.
4. **Providing training for health professionals** according to *Core Competencies in Adolescent Health and Development for Primary Care Providers* by WHO<sup>6</sup>.



### References:

6. World Health Organization (2015). Core competencies in adolescent health and development for primary care providers.

# The standard set

6 standards, 12 sub-standards, and 20 indicators

## Standard 1: Policy and Leadership

1.1 Implementing adolescent-friendly health care as part of HPH policy.

1.1.1 Adolescent-friendly health care vision being included in HPH policy.

1.2 Ensuring continuity and cooperation in adolescent-friendly health care.

1.2.1 Laying stress on local health policy plans and needs and conducting cross-sector cooperation.

1.2.2 Forming partnership with health-care related resources in the community and documents being available.

## Standard 2: Patient Assessment

2.1 Assessing adolescents' needs for health promotion at first contact.

2.1.1 Developing guidelines for assessing adolescents' health behavior, nutrition, and psychosocial-economic condition at first contact.

2.1.2 Recording assessment results systematically.

2.2 Reviewing and adjusting assessment as necessary according to changes in the patient's clinical condition.

2.2.1 Developing guidelines for assessing adolescents' health needs according to changes.

## Standard 3: Patient Information and Intervention

3.1 Patients being informed of factors impacting on their health and effective intervention being provided.

3.1.1 Providing adolescents health information related to general and high-risk diseases.

3.1.2 Developing guidelines of cross-disciplinary for adolescent-friendly health care.

3.1.3 Recording information and intervention services systematically.

3.2 Strategies for promoting adolescent health literacy being available.

3.2.1 Conducting outreach activities to provide adolescents acquirable, understandable and applicable health information.

## Standard 4: Promoting a Healthy Workplace and Ensuring Capacity for CHP (Clinical Health Promotion)

### 4.1 Ensuring an adolescent-friendly environment.

4.1.1 Ensuring staff is aware of the adolescent-friendly policy and supporting health promotion activities for staff and their adolescents.

### 4.2 The cross-disciplinary team being trained according to core competencies from WHO<sup>7</sup>.

4.2.1 Health care providers being well-trained for adolescent-friendly services.

## Standard 5: Implementation and Monitoring

### 5.1 Implementing adolescent-friendly health care practically.

5.1.1 Assigning specific person to execute health promotion related issues for adolescents.

5.1.2 Attaching importance to space and privacy for adolescents.

5.1.3 Integrating health promotion services for adolescents into clinical guidelines.

5.1.4 Providing optional appointment services according to adolescent needs.

### 5.2 Monitoring adolescent-friendly health care outcomes.

5.2.1 Health care data analysis being conducted and provided for the use of evaluation and intervention.

5.2.2 Investigation of customer satisfaction being conducted and provided for quality improvement.

## Standard 6: Adolescents' Participation

6.1 Involving adolescents in planning, monitoring, and evaluating the health care services.

6.2 Taking account of adolescents' opinions about their health care decisions and promoting the mechanism of Shared Decision Making.

### References:

7. World Health Organization (2015). Core competencies in adolescent health and development for primary care providers.



# Results and Conclusions

- **Eleven hospitals** and **three clinics** have been accredited until now.

Approval Requirements (hospital use)	Approval Requirements (clinic use)
“Completed” $\geq 12$ indicators, and “Not Completed” $\leq 3$ indicators	“Completed” $\geq 10$ indicators, and “Not Completed” $\leq 3$ indicators
At least 1 indicator completed in each standard.	At least 1 indicator completed in each standard.

- Feedback related to the accreditation were collected from the accredited hospitals and clinics, and the operation of the accreditation could be improved in the future.
- Hopefully, the implementation framework of adolescent-friendly health care initiative can be integrated into the standard set of HPH accreditation in Taiwan, and more than 200 HPHs will **pay more attention to the unique health issues associated with adolescents through comprehensive assessment, information and intervention, and continuing health care**. Therefore, the **accessibility** of this health service will be increased.