Advancing Urban Adolescent Health & Well-being

As CityMatCH member health departments strive to improve the overall health and well-being of urban women, children and families, they dedicate considerable effort to addressing the complex, multifaceted aspects of assuring urban adolescent health and well-being. Children and adolescents age 0-17 constitute one-fourth of the Nation’s population and while they are healthier than adults in general, from 13 to 23 percent experience special health care needs or chronic illnesses and disabilities.1

In the decade from 1990-2000, the U.S. adolescent population increased by 16.6 percent, and these numbers are projected to keep increasing, to an estimated 41.6 million by the year 2010.2 Public health is charged with assuring the health and well-being of this growing population from adolescence – with all its uncertainty, changing roles, responsibilities, and rights – through an intentional and successful transition to adulthood.

For public health to assure positive outcomes for adolescents – a complicated proposition in the best of circumstances – distinct tools, skills and training are required. Moreover, very real differences exist between the stresses, pressures and life-style options experienced by urban teens growing up in the third millennium compared with that previously experienced by the baby-boomer generation of MCH leaders. If not taken into account, the potential impact caused by these differences can range from communication breakdown, program design flaws or poorer outcomes. The clarion call for additional research and for more effective translation of data into action has been sounded. Numerous appropriate and evidence-based tools have been developed or are currently under development to assist the committed public health professional; much more is needed.

In this issue of CityLights, we present an overview of the 21 Critical Adolescent Health Objectives (see Table on page three) identified as a subset of the Healthy People 2010 Goals and Objectives, and spotlight federal and national organizations that have played pivotal roles in their inception. Beginning with the CityView editorial on page two, we feature Positive Youth Development, a philosophical approach that has evolved gradually over the last thirty years from a deficits perspective to an assets-based approach focusing on adolescent strengths and potential. On page seven, the "Youth Development Institute" in Detroit (MI) profiles a promising public health intervention implemented by a member health department.

We offer readers a brief synopsis of the National Initiative to Improve Adolescent Health by 2010 (NIIAH) a focused effort to promote and enhance adolescent health and well-being, update members on a report from the National Adolescent Health Information Center (NAHIC) and talk about the “Partners in Program Planning for Adolescent Health” (PIPPAH) group, which CityMatCH recently was selected to join. "Snapshots" of four very diverse organizations actively involved in elevating adolescent health, with links to their websites and other resources, give readers additional opportunities for capacity-building. Finally, look to the organization’s website at www.citymatch.org for the companion issue of ResourceInfo offering additional access to resources, tools and organizations related to adolescent health and well-being.

2 http://www.census.gov
Youth Development – A Perspective from Los Angeles

By Cynthia Harding,
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When I think of adolescent health or adolescent issues, I think about returning to my own adolescence, to that fragile time of life balancing between the security of being with my parents and the urge to be totally independent, exploring the world on my own. I survived adolescence with its many firsts, first kiss, first time off on my own, and all the mistakes I made. I am grateful to have had a supportive environment in which to explore and grow. But it was not necessarily a happy time, as I was trying to figure who I wanted to be and how to be that person. It was a time of painful mistakes and learning the hard way.

I remember a conversation with a friend of mine who runs one of the local Girls and Boys club in Los Angeles County. We were talking about a youth tobacco prevention campaign. He said very clearly to me, “It’s not an issue of telling kids not to smoke. It’s about giving them something meaningful, vital and interesting to fill their time, so smoking isn’t even something they would consider. We have to give them a way to dream and picture themselves with a positive future.”

As Director of Maternal, Child and Adolescent Health (MCAH) Programs for Los Angeles County (CA), I feel it is necessary to reflect on my own personal and professional experiences in order to address the issues of youth development. The following questions come to mind. Have we made it any easier for adolescents today? What have we learned about that developmental time period of youth? Have we learned anything from the past in order to guide our youth and youth service providers onto a positive path?

As I look back on our work in adolescent health, I see that we are making progress. We have moved from programs in the 1970s and 1980s that focused on prevention, intervention, and treatment of a variety of problems that affected adolescents. This approach viewed adolescents in terms of their presenting problems or the possibility of developing those problems.

In the late 1980s and mid 1990s, we came to understand that simply encouraging youth participation in programs and attempting to prevent problems, did not adequately address the full range of skills needed to help youth develop into productive and participating adults. The focus then became a multi-pronged approach of prevention, intervention, and treatment coupled with positive development. This focus has evolved into what we now call a Youth Development approach.

“...Youth development is the ongoing process in which young people are engaged in building the skills, attitudes, knowledge and experience that prepare them for the present and future. Youth development should be seen as an ongoing, inevitable process in which all youth are engaged and all youth are invested.”

A Youth Development approach, adolescents are viewed from an assets perspective rather than from a deficits perspective. Attention is shifted from a problem management approach that focuses on eliminating or ameliorating the effects of a specific behavior or risk factor to one that highlights an adolescent’s strengths by cultivating skill development and promoting healthy relationships.

A Youth Development approach contains specific concepts and principles that assure positive youth development. Examples of these principles are outlined in A Guide to Positive Youth Development. They include:

1. **Strengths**: Focus on adolescent strengths rather than deficits.
2. **Youth Engagement**: View youth not just as recipients of services, but as resources, contributors and leaders in that community program.
3. **Youth/Adult Relationships**: The interaction and relationships between adolescents and program staff are equally as important as the services provided.
4. **Youth Voice**: Provide an opportunity for adolescents to participate in the organization from which they are receiving services.
5. **Community Involvement**: The community and not just family and professionals should be encouraged to contribute to the health and well-being of youth.
6. **Long Term Involvement**: Commitment to a youth development approach requires long term involvement and cannot be viewed as an isolated event or time limited.

We now have the tools and concepts, along with the evidence to support healthy youth development. Do we have the political and social will to make it happen? It will take the commitment of parents, service providers, community activists, schools, local businesses, politicians, MCAH professionals like you and me, and most of all our adolescents.

Together we can create a healthy future for our teens, one in which there is room for dreams, new visions, hope and promise for us all.

**References**:


"Youth development is the ongoing process in which young people are engaged in building the skills, attitudes, knowledge and experience that prepare them for the present and future. Youth development should be seen as an ongoing, inevitable process in which all youth are engaged and all youth are invested."
Moving Toward Healthier Adolescents

The old adage goes something like this: if you ignore the lessons of history, you are destined to repeat the mistakes. Public health has the advantage of access to scores of years of statistics, documented programs, research and funding information which afford us the opportunity to learn from past experiences, both good and bad, and make more informed policy and program choices. Integration of this historic knowledge with new research and current thinking opens the door for tremendous opportunities in achieving public health goals, though limited by the data, funding streams and our own imagination.

Table One.
The 21 Critical Health Objectives for Adolescents and Young Adults

1. Mortality
   ♦ Reduce deaths

2. Unintentional Injury
   ♦ Reduce deaths caused by motor vehicle crashes
   ♦ Reduce deaths and injuries caused by alcohol- and drug-related motor vehicle crashes
   ♦ Increase use of safety belts
   ♦ Reduce the proportion who report that they rode with a driver who had been drinking alcohol

3. Violence
   ♦ Reduce homicides
   ♦ Reduce physical fighting among adolescents
   ♦ Reduce weapon carrying on school property

4. Mental Health & Substance Abuse
   ♦ Reduce the suicide rate
   ♦ Reduce the rate of suicide attempts that required medical attention
   ♦ Reduce the proportion of those with disabilities who are reported to be sad, unhappy, or depressed
   ♦ Increase the proportion of those with mental health problems who receive treatment
   ♦ Reduce the proportion engaging in binge drinking of alcoholic beverages
   ♦ Reduce past-month use of illicit substances (marijuana)

5. Reproductive Health
   ♦ Reduce pregnancies
   ♦ Reduce the number of new HIV diagnoses
   ♦ Reduce the proportion with Chlamydia trachomatis infections
   ♦ Increase the proportion who abstain from sexual intercourse or use condoms if sexually active

6. Chronic Diseases
   ♦ Reduce tobacco use
   ♦ Reduce the proportion who are overweight or obese
   ♦ Increase the proportion who engage in vigorous physical activity that promotes cardiorespiratory fitness 3 or more days per week for 20 or more minutes per occasion

A Look at U.S. Adolescents, Grades 9-12 – The Youth Risk Behavior Surveillance System:

The most recent “Youth Risk Behavior Surveillance System (YRBSS) 2005 Summary” was released by the CDC in June 2006.* The YRBSS takes data from a national school-based survey conducted by the CDC and integrates it with state and local school-based surveys that are conducted by local health and educational agencies.

The Summary provides a look at six critical categories of health risk behaviors, including behaviors that contribute to unintentional injuries and violence; tobacco use; alcohol and other drug use; sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases (STDs), including human immunodeficiency virus (HIV) infections; unhealthy dietary behaviors; and physical inactivity. The report synthesized results from the national survey, 40 state surveys, and 21 local surveys conducted among students in grades 9–12 during October 2004–January 2006.

Limitations: Data are limited by three identified factors. First, data are only collected on youth who attend school, and therefore are not fully representative of all persons in this age group. Second, under or over-reporting of behavior is not able to be determined. Lastly, BMI is calculated based upon self-reported height and weight, which historically has tended to underestimate the prevalence of overweight and risk for overweight.

Selected data are presented below. These data highlight a very small number of the identified adolescent health concerns. The full report can be accessed at http://www.cdc.gov/mmwr/PDF/SS/SS5505.pdf

Mortality and Unintentional Injury:
- 71% of all deaths among persons aged 10–24 years result from four causes: motor vehicle crashes, other unintentional injuries, homicide, and suicide.

Violence:
- During the 12 months preceding the survey, 9.2% of students nationwide had been hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend.
- 7.5% of students had ever been physically forced to have sexual intercourse when they did not want to.

Mental Health and Substance Abuse
- 8.4% of students attempted suicide one or more times during the 12 months preceding the survey.
- 28.4% of students had reported current cigarette use, current smokeless tobacco use, or current cigar use.

(continued on page eight)
NIIAH: Fostering a National Focus on Adolescent Health

The National Initiative to Improve Adolescent Health by the Year 2010, also known as “NIIAH 2010” is an ongoing national effort jointly initiated by two federal agencies: The Centers for Disease Control and Prevention’s Division of Adolescent and School Health (CDC/DASH - see related story below) and the Health Resources and Services Administration’s Maternal and Child Health Bureau/Office of Adolescent Health (HRSA/MCHB/OAH).

This collaborative effort seeks to improve the health, safety, and well-being of adolescents and young adults (ages 10-24). National organizations and academic institutions have come together to form a group of working partners who maintain and further the National Initiative. CityMatCH is one of the newest members of this partnership.

NIIAH’s goals mirror those of the PIPPAH Partnership which funds CityMatCH adolescent health related activities (see related story on page eight).

These include elevating national, state, and community focus and commitment to the health, safety, and well-being of adolescents, young adults (ages 10-24) and their families; increasing access to quality health care, including comprehensive general health, oral health, mental health, and substance abuse prevention and treatment services; improving health and safety outcomes in the six content areas defined by the 21 critical adolescent health objectives of Healthy People 2010, which represent the most serious health issues among young people; and eliminating health disparities among adolescents and young adults, and for these age groups compared to other age groups.

For more information, visit the official website at: http://www.cdc.gov/HealthyYouth/AdolescentHealth/NationallInitiative/index.htm

CDC’s Division of Adolescent and School Health (DASH) Focuses on Healthy Youth

CDC’s Division of Adolescent and School Health (DASH) seeks to prevent the most serious health risk behaviors among children, adolescents and young adults. Recognizing that a host of societal influences can affect adolescent health, safety and well-being (see Figure 1 at right), DASH actively recommends the use of collaborative efforts and nontraditional partnerships. Engaging these different constituencies is part of a more comprehensive approach that both DASH and CityMatCH promote as a means to create sustainable change and results at the local level.

DASH utilizes four primary strategies to achieve their mission: 1. identify and monitor; 2. synthesize and apply research; 3. enable constituents, and 4. evaluate. A short summary of how these strategies are employed follows.

**Identify and Monitor.** Surveillance activities monitor six categories of priority risk behaviors, including sexual behaviors and school health policies and programs among all 50 states. These activities are primarily conducted through CDC’s Youth Risk Behavior Surveillance System (see related story at left), the School Health Profiles, and School Health Policies and Programs Study (SHPPS).

**Synthesize and Apply Research.** Policies and practices that show promise in promoting healthy behaviors among young people are identified through the synthesis of research. Research-based recommendations for school health programs are featured in a series of publications called, “The CDC Guidelines for School Health.”

**Enable Constituents.** CDC funds several capacity-building programs to advance the implementation of comprehensive adolescent and school health programs, to plan, carry out, and evaluate HIV Prevention Programs aimed at young people, to assist states to establish and run statewide coordinated school health programs addressing such concerns as reducing chronic disease risk factors including tobacco use, poor nutrition, and physical inactivity, to strengthen the capacity of national nongovernmental organizations (NGOs) to develop model policies, guidelines, and training to assist schools and other youth serving agencies implement high-quality programming.

**Evaluate.** Behavioral research studies test the effectiveness of school-based interventions designed to prevent HIV/STD infections and other serious health problems. Funded state and local education agencies receive TA to improve policy development and implementation, curriculum design, teacher training, and impact on student outcomes.

To learn more, visit the web at: http://www.cdc.gov/healthyyouth/ or http://www.cdc.gov/healthyyouth/AdolescentHealth/index.htm or contact CDC/DASH at 1-800-CDC-INFO, or 1-800-232-4636 or TTY: 1-888-232-6348, and via E-mail at CDC-INFO@cdc.gov
EMERGING ISSUES IN ADOLESCENT HEALTH - What’s Your Concern?

Increasing school violence, youth violence, trends in substance and alcohol abuse, reproductive health concerns, health care for undocumented adolescents and young adults, positive youth development strategies, the HPV vaccine - each of these topics may be the “hot button” adolescent health issue for your urban health department. During the coming year, look for spotlights on these issues in CityLights beginning with the stories on these two pages which first, provides an up-to-date look at the new HPV vaccine and related legislative debates, and second, highlights one member health department’s innovative approach to promoting positive youth development in Detroit.

What is the area of most concern for adolescents in your jurisdiction? CityMatCH is interested in hearing about local health department programs and services to address your hot topics as well as the short list above. Contact Maureen Fitzgerald, MPA, Editor, to share your concerns and strategies by phone at 402-561-7500 or via E-mail at mfitzger@unmc.edu

Teen HPV Rates Climb As Vaccine Debates Continue

As this issue went to press, New Mexico was seeking final approval for state legislation which would require girls entering sixth grade to be vaccinated against the Human Papilloma-virus, a sexually-transmitted virus linked to cervical cancer.

In early March, the New Mexico state House approved the bill, and Gov. Bill Richardson indicated he would sign it into law. The bill would go into effect 90 days after signing and would link New Mexico with Texas as the only two states currently requiring this vaccine.

Health departments across the country should monitor these initial bills and the rollout of vaccination programs in these early adopters, and consider implications for their own states and communities.

What are the key issues surrounding the discussion and debate? It has been documented that Human Papilloma-virus (HPV) is the most common sexually transmitted disease in the United States. 1 CDC estimates that over a third, or 35% of 13-to-19 year-olds are currently infected with HPV. 2 Over 100 strains of HPV have been identified; over thirty types can cause cervical cancer and genital warts. HPV remains the leading and preventable cause of cervical cancer. 3

In June 2006, The Food and Drug Administration (FDA) approved Gardasil, the first vaccine developed to prevent cervical cancer, precancerous genital lesions and genital warts due to HPV types 6, 11, 16 and 18. The vaccine was approved for use in females 9-26 years of age and was tested on over 11,000 young women around the world prior to release. Gardasil, manufactured by Merck & Co.,Inc., of Whitehouse Station, NJ, was evaluated and approved in six months using FDA’s priority review process. 4 This process expedites reviews for products demonstrating the potential to provide significant health benefits.

Based on the risks and potential benefits, the Advisory Committee on Immunization Practices (ACIP) has recommended that all girls be vaccinated at age 11 or 12 with three doses of quadrivalent HPV vaccine and girls and women ages 13 to 26 be given a “catch-up” vaccination. 5,6

Who would administer and pay for these vaccines? It is anticipated that federal health programs such as Vaccines for Children (VFC) will cover the HPV vaccine. Currently, the VFC program provides free vaccines to children and teens under 19 years of age, who are either uninsured, Medicaid-eligible, American Indian, or Alaska Native.

Over 45,000 sites provide VFC vaccines, including hospitals, private clinics, and public clinics. The VFC Program also allows children and teens to get VFC vaccines through Federally Qualified Health Centers or Rural Health Centers, if their private health insurance does not cover the vaccine.

Some states also provide free or low-cost vaccines at public health department clinics to people without health insurance coverage for vaccines. 7

Legislation and Controversy: The National Conference of State Legislators (NCSL, see page 10) is tracking the current state of legislation and the debates surrounding the proposed mandating of girls to be vaccinated against HPV.

Debates cluster around school vaccine requirements, as determined by individual States. Some reflect moral objections about requiring vaccinations for sexually transmitted diseases.

NCSL points out that some who support availability of the vaccine do not support a school mandate, alluding to cost, safety, and the parents’ rights to refuse. Financing is another hot-button issue: if this vaccine is mandated, funding issues around Medicaid, SCHIP and uninsured youth must be addressed, as well as whether insurance plans must be required to provide coverage. 8

The HPV vaccine rollout has numerous implications for urban health departments; as such it is imperative that both CityMatCH and member health departments pay attention to legislation and prepare accordingly.

References:

3 CDC Division of STD Prevention, STD Facts – Human Papillomavirus, June 2006.
5 CDC, Advisory Committee on Immunization Practices Provisional Recommendations for the Use of Quadrivalent HPV Vaccine, June 29, 2006
7 Resolution No. 6/06-2, Advisory Committee on Immunization Practices, Vaccines For Children Program, Vaccine to Prevent Human Papillomavirus (HPV) Infection, June 29, 2006.
The Youth Development Institute of the Detroit Department of Health and Wellness Promotion

Youth development is a process that involves all of the people around a youth – friends, family and community – to help them become happy, healthy and successful; to develop needed skills and competencies, and to feel safe, cared for, valued, useful, and spiritually grounded.

According to the Center for Youth Development and Policy Research (http://cydpraed.org/index.cfm), youth development exists in a variety of places, forms and many different names. One example is the Youth Development Institute (YDI) of the city of Detroit’s Department of Health and Wellness Promotion (DHWP). YDI has worked in the last decade to prevent the onset or experimentation of drug usage among youth. The program targets Detroit youth, primarily those 12-18 years old, regardless of race, ethnicity, gender, or socioeconomic status. Many are “at-risk” due to use/abuse of alcohol, tobacco and other illegal substances in their home and school environments. Youth participants receive drug prevention services and become trained as peer educators or youth ambassadors for their respective schools.

Consistent with the concepts identified in the CityView editorial, YDI is a “youth-led, youth-driven” organization empowering urban, high-risk youth to avoid damaging outcomes primarily substance use/abuse and serve their community as role models or peer mentors. YDI works at three levels: individual (youth and parents), institutional (schools and families) and community (city of Detroit).

Funding: YDI receives funds from the Drug Free Communities grant of the federal office of Substance Abuse and Mental Health Services (SAMHSA) and the Partnership for a Drug Free Detroit, which in turn, is funded by the Detroit City Council.

Goals, Objectives and Principles: YDI identifies and addresses risk and protective factors associated with substance abuse. As a “by and for youth” organization, the program is built on six principles:

1. Youth Teach Youth (Individual and Community Protective Factors)
2. Youth Build Self-Esteem (Individual and Family Protective Factors)
3. Youth Make Choices (Individual and Family Protective Factors)
4. Youth Express and Create (Individual, Family and Community Protective Factors)
5. Youth and Adults Communicate to One Another (Individual, Family and Community Protective Factors)
6. Youth Resist Media and Peer Pressure (Individual, Family and Community Protective Factors)

The eight dimensions of YDI’s organizing and sustaining framework include developing a Youth Development Institute (YDI) advisory council, science-based substance abuse prevention curricula, a youth volunteer ambassador corps, a parents-for-youth volunteer corps, community-university partnership youth development initiatives, faith-based coalition and partnership youth development initiatives, public/private school youth and staff development initiatives, and working with other organizations on youth-based substance abuse prevention initiatives.

Evaluation: Extensive data collection is required. Process and outcome evaluations are guided by the following questions:

Process: How closely did the coalition and its members execute the plan and meet the time-lines, what types of deviation from the plan occurred, and what impact did the deviations have on the objectives of the coalition?

Outcome: What was the impact of the program on the four core measures of the Drug-Free Communities program, what program/contextual factors were associated with outcomes, and what individual factors were associated with outcomes?

Additional questions address drug prevention needs and priorities of Detroit youth, how they differ by grade level, geographic location, whether parents and families are also benefiting, what strengths and resources exist within the larger community to meet the needs of Detroit youth, and more.

Outcomes: Securing parental involvement or engagement in drug prevention has proven to be a protective measure against drug usage. Parents attend workshops to learn how to communicate about negative consequences of drugs and how to strengthen their family environment in terms of safety, structure, boundaries, expectations, use of time, commitment to learning, social competencies and positive identity. Other positive outcomes include: youth engaging in less risk-taking behaviors concerning violence, HIV/AIDS and other sexually transmitted diseases, teen pregnancy and suicide—all of which are likely to result when teenagers, especially inner-city teens make shortsighted, self-destructive choices. Detroit youth participating in the program are more likely to make good choices, become academically stronger and pursue a college education.

Lessons Learned: First, many of the youth are from families who depend on public transportation. To achieve maximum attendance, transportation must be provided. Second, developing urban youth is a labor intensive process that requires staff resources and mentoring. Mentorship does not occur within the typical work day, instead takes place during after-school hours and on weekends. Third, creating the conditions for healthy youth development calls for cross-sector collaboration through coalitions. Programs, services, and environmental factors that influence youth development involve resources from various sectors: youth-based organizations, businesses, faith-based agencies, human service, health care, academic institutions, and more.

For more information, contact Ms. Minou Carey, Program Manager, at 313-876-4353 or via E-mail at: careym@health.ci.detroit.mi.us

(Submitted by Yvonne E. Anthony, PhD, MBA, MHA, Director, Urban Research Institute, Detroit Department of Health and Wellness Promotion)
HRSA/MCHB and "PIPPAH" – Partners in Program Planning for Adolescent Health

In 2006 CityMatCH was selected by HRSA/MCHB’s Office of Adolescent Health (OAH) for a “Partners in Program Planning for Adolescent Health” (PIPPAH-3) Cooperative Agreement (see CityLights, Volume 15, #3, page seven). PIPPAH was launched in 1996 by OAH to promote an adolescent health agenda among professional disciplines connected to adolescents and their families. PIPPAH strives to develop national and state level organizational infrastructure to address adolescent health issues; enhance communication, education and training needs relevant to adolescent health; and encourage the growth of collaborative efforts across disciplines and professional organizations on behalf of adolescent health, safety and well-being.

The PIPPAH Program’s content framework was derived from the 21 Critical Adolescent Health Objectives of Healthy People 2010 and all program activities have been approached from a positive youth development perspective.

PIPPAH seeks to strengthen the capacity of national professional membership associations to address adolescent health comprehensively within their respective fields; and enhance the ability of grantee organizations to promote adolescent health at a national level through participation in a consortium of all PIPPAH grantees, which encourages interdisciplinary collaboration through shared expertise in addressing complex issues, using a youth development framework, and jointly contributing to the efforts of State adolescent health programs.

Grantees work in unique ways to elevate community, state and national focus on and commitment to the health, safety and well-being of adolescents and their families; to increase adolescents’ access to quality health care, including comprehensive general health, oral health, mental health, and substance abuse prevention and treatment services; to improve health and safety outcomes in areas defined by the 21 Critical Adolescent Health Objectives of Healthy People 2010; and to eliminate health disparities among adolescents.”

To learn more about selected current PIPPAH Partners, see page nine.

Reference: https://grants.hrsa.gov/webExternal/FundingOppDetails.asp?Fund ingCycleId=FC9AE007-1379-438E-8C70-2C29C14OCE1A&vewMode=EL&GoBac k=&Print Mode=&OnlineAvailabilityFlag=&pageNumber=&version=&NC=&Popup=

America’s Adolescents: Are They Healthy?

(continued from page four)

data will be an essential component of effective strategies.

Suggestions? With so many issues facing adolescents, what suggestions does NAHIC offer to communities? First, improving adolescent health requires engaging the many individuals and institutions that shape adolescents’ lives. Strategies that involve multiple players: schools, media, communities, families, and health care, have more potential for success. Advocating to change policies and legislation that negatively impact adolescents is imperative. Greater parental involvement and monitoring in their children’s lives is another key to changing negative outcomes. Finally, multifaceted strategies incorporating both primary and secondary prevention, ongoing research into adolescent perspective.

YRBSS: A Look at U.S. Adolescents, Grades 9-12, 2005

(continued from page four)

(i.e., current tobacco use). The prevalence of current tobacco use was higher among male (31.7%) than female (25.1%) students; higher among white male (35.7%) and Hispanic male (30.6%) than white female (29.3%) and Hispanic female (19.2%) students, respectively.

Reproductive Health:

♦ 46.8% of students had sexual intercourse during their life. The prevalence of having sexual intercourse was higher among black male (74.6%) and Hispanic male (57.6%) than black female (61.2%) and Hispanic female (44.4%) students.

Prevention of Chronic Disease:

♦ 13.1% of students were overweight. The prevalence of being overweight was higher among male (16.0%) than female (10.0%) students; higher among white male (15.2%) and Hispanic male (21.3%) than white female (8.2%) and Hispanic female (12.1%) students, respectively.

♦ 37.2% of students watched television >3 hours/ day on an average school day, and 21.1% of students played video or computer games or used a computer for something that was not school work >3 hours/day on an average school day (i.e., computer use)

♦ 14.5% of students had lifetime asthma and, during the 12 months preceding the survey, reported either having asthma but no episode or attack or having an asthma episode or attack (i.e., current asthma).

Together, PIPPAH Partners Promote Adolescent Health

The current roster of PIPPAH-3 grantees includes The American Academy of Pediatrics, The American Bar Association, The American College of Preventive Medicine, CityMatCH, Healthy Teen Network, National Association of County and City Health Officials, National Conference of State Legislators, and the National Institute for Health Care Management Foundation. Over the coming year, CityLights will feature these organizations, each of whom offers a unique perspective on adolescent health and well-being. An overview of four PIPPAH Partners follows.

American Bar Association’s Center on Children and the Law

The American Bar Association is the nation’s largest legal membership association with over 400,000 members. Within the Bar resides the Center on Children and the Law, which seeks “to improve the lives of children through advances in law, justice, knowledge, practice and public policy.” Over the past 28 years, the Center has grown into a multifaceted program conducting innovative research and analysis in such areas as child abuse and neglect, child and adolescent health, juvenile court and child welfare systems improvement, missing and exploited children, and substance abuse. Its multidisciplinary staff has been in the forefront of advocating for legal reforms beneficial to children and youth. The Center has helped the legal profession focus on adolescent health-related issues through publications, training and professional collaboration. For attorneys, judges and other legal professionals to effectively promote adolescent health, they must understand the various disciplines that have contact with youth or otherwise affect policy or practice regarding adolescents. The Center disseminates information through its Child Law Practice newsletter and Health for Teens in Care: A Judge’s Guide. Practitioners are reached through trainings such as the upcoming National Conference on Children and the Law (April 13-15, Cambridge, MA). To find out more, visit the website at: http://www.abanet.org/child/ or contact: Eva J. Klain via E-mail at: KlainE@staff.abanet.org.

National Institute for Health Care Management Foundation

The National Institute for Health Care Management (NIHCM) Foundation is a nonprofit, nonpartisan organization dedicated to improving the effectiveness, efficiency, and quality of America’s health care system. Research, policy analysis and educational activities are conducted on health care issues and dialogue fostered between the private health care industry and the public sector to find workable solutions to health system problems.

Critical decisions are made by health plan executives about the content, organization and financing of health services for adolescents. Under the guidance of the National Initiative and with the help of member health plans, NIHCM has identified adolescent health priority issues it will both promote and facilitate collaborative activities, including: prevention and treatment of chronic disease, mental health services, public-private strategies to improve adolescent health care, Medicaid/SCHIP, and encouraging adolescents’ use of recommended health care services. An Adolescent Health Council comprised of health plan decision makers meets annually to discuss priority areas, emerging issues, ideas, challenges and best practices. Webinars and an annual commissioned paper share public and private sector strategies to address adolescent health priority areas. For more information, visit the website at http://www.nihcm.org/.

Healthy Teen Network

Healthy Teen Network is the leading national membership organization dedicated to making a difference in the lives of teens and young families. Since 1979, through a national network of youth serving professionals, Healthy Teen Network has developed and disseminated resources and supports to address adolescent reproductive and parenting issues, with an emphasis on teen pregnancy, teen parenting and teen pregnancy prevention. Healthy Teen Network believes all youth can make responsible decisions regarding their sexual, reproductive and parenting behaviors if provided complete and accurate information, services and support. To that end, Healthy Teen Network’s mission is to support members and constituents with tools needed to empower youth in their communities to be healthy and successful adults. Healthy Teen Network works collaboratively, using a five-pronged approach, including research and evaluation; information dissemination; training and technical support; policy and advocacy, and organizational capacity building.

This approach supports the organization’s initiatives to ensure access to appropriate reproductive and health education and services for all teens, and to support teen families in attaining success. For more information, or to become a member, visit the website at: www.HealthyTeenNetwork.org
Smaller Cities with Bigger Adolescent Health Problems

In this CityLights, readers have learned about exciting things happening in Positive Youth Development (PYD) in two very large cities, Los Angeles and Detroit. Yet, the United States has many smaller cities with smaller urban areas, and some have worse adolescent health indicators than larger cities in the same state (see Table on page 3 for the Critical Health Objectives). For example, Rochester (Monroe County), located in northwest New York State, has 36-fold fewer residents than New York City, but ranks tenth highest in youth poverty in U.S. cities with >100,000 population. Gonorrhea rates in Rochester are the third highest in the country. The city homicide rate was the highest in the state in 2005.

Moreover, suburban communities only a few miles from center city Rochester tend to have noticeably better indicators, resulting in de facto “two Rochesteres”: urban and suburban. Though mirrored in several other cities in the U.S., this phenomenon is unacceptable to MCH professionals. Several entities have joined forces to eliminate these disparities through collaborative action to improve outcomes for all youth. They avoid targeting “at-risk” youth by viewing all youth as “at-promise” and follow the dictum “nothing about us without us” by including youth in developing youth-oriented programming. This article features four local entities working to improve outcomes through a PYD approach.

The University of Rochester Leadership Education in Adolescent Health (LEAH) interdisciplinary training project is one of seven funded by HRSA/MCHB (www.leah.mch-training.net) to train future MCH leaders in adolescent health, and to increase the capacity of local, state and national MCH entities. LEAH provides technical assistance through the development of measures, such as the READY tool.4

Monroe County’s “HEALTH ACTION” (www.healthaction.org) is a community planning initiative that brings together key stakeholders to target resources where they are most likely to make the most difference. PYD has been a crosscutting organizing theme in community activities. County-wide Adolescent Health Report Cards now include several PYD measures of “assets” and protective factors, in addition to traditional morbidity and mortality data.

Monroe County is funded by the State Department of Health and AIDS Institute, as a Collaborative for Community Change (CCC) in the statewide Assets Coming Together (ACT) for Youth initiative. The ACT for Youth Center of Excellence provides technical assistance, training and evidence-based information, and connects CCCs across the state. Its website features numerous resources for use in communities, states and the nation. (www.ACTforYouth.net)

Youth as Resources (YAR) and Youth Voice, One Vision (YVOV) represent two closely-related PYD enterprises in Rochester. YAR (www.monroecounty.gov/youth-resources.php) is a community-based youth philanthropy/youth voice program supported by the local Youth Bureau and United Way, with funding from a local foundation. The YAR Board, governed by local youth and adults, awards small grants to young people to design and carry out civic engagement activities and service projects, to address social problems, resolve community issues, and contribute to community improvements. Pictured at left is a mural project created by YAR youth for the reception area at the County Department of Human Services.

YVOV (www.yvovrochester.com) was created, is maintained, and is led by youth (with adult support and guidance) to bridge the city of Rochester and Monroe County, to provide youth an active and empowering voice in their community.

In January 2007, YVOV convened youth and adult representatives from city recreation centers to discuss ways to improve their community. Inner-city youths discussed topics of interest during the “Real Talk” session and talked about strategies to stop violence in urban neighborhoods. In February, with the help of their advisors, YVOV designed and held the Fourth Annual Youth Expo to give back to the community by crafting tokens of affection for senior citizens, battered women, or troops abroad. Youth made flower arrangements, “worry dolls,” decorated picture frames and wrote cards/letters. After delivering them, they viewed the Rochester Urban Youth Festival entries, enjoyed a Mexican buffet and a dance.

Since 2001, youth have written, edited, produced, filmed and aired a television talk show on the local community channel. With the help of city recreation and AmeriCorps volunteers, YVOV youth were certified through Youth Crime Watch in Florida to help stop violence in Rochester. They held a “Stepin’ Up To Solutions” lock-in and rally at a community center, presented ideas to the Mayor and developed antiviolence posters, such as the one at left. The YAR coordinator meets with youth participation/leadership groups to link them with opportunities for representation and training support through YVOV. Youth are involved in responding to: radio, television and media requests; community planning and task force representation; panel discussions and editorial responses, and advocacy on pending legislation. PYD efforts in Rochester have been designed to achieve positive outcomes for all youth; time is required to fully evaluate their impact.

References:
2) Children’s Aid Society www.childrensaidsoociety.org/

(Submitted by Richard E. Kreipe, MD, Professor of Pediatrics, Chief, Division of Adolescent Medicine, University of Rochester Medical Center, Director, LEAH Interdisciplinary Training Program)
CityMatCH to Co-Sponsor CDC’s Maternal and Child Health Epidemiology (MCH EPI) Conference

A long-term collaborator and partner in numerous efforts with CDC, CityMatCH has an equally strong history of support and participation in the annual MCH-EPI Conference. In both 2005 and 2006, CityMatCH was given the opportunity to cosponsor this important conference.

With planning now well underway for the Thirteenth Annual MCH EPI Conference in 2007, CityMatCH has again agreed to cosponsor the event in conjunction with CDC’s National Center for Chronic Disease Prevention and Health Promotion and the Division of Reproductive Health (DRH).

Cosponsorship reflects CityMatCH’s commitment to the conference. Over the years, staff have participated regularly on planning committees, have organized and staffed conference registrations, and assisted with organizing and assuring conference catering.

The opportunity to work even more closely with CDC on this conference reflects a mutually beneficial partnership with the DRH. CityMatCH will be featured in promotional materials for the conference with the intended result of raising awareness of the organization’s mission, products and services within both MCH and the larger public health field.

For more information about the conference, visit the website at: http://www.cdc.gov/reproductivehealth/MCHEpi/2007/AboutConference.htm or contact the CityMatCH central office.

Grab Your Mouse & Keyboard! Annual Board Elections Are Coming Soon

Have you ever wished you had greater opportunities to shape the future of CityMatCH? Why not nominate yourself or a fellow member to the 2007-2008 CityMatCH Board of Directors. Service to the Board provides members exceptional opportunities to enhance leadership skills, to shape the direction of CityMatCH, and are connected to a virtual “network” of upper level MCH peers and professionals.

An effective Board member should possess the following characteristics:
- Vision for the future of urban MCH
- Passion for protecting the health of women, children, & families
- Business acumen to help implement our strategic plan
- Creativity to shape cutting-edge products and services

If you see yourself or another MCH professional reflected in that list of attributes, please contact Mark Law at 402-561-7500 or via E-mail at mlaw@unmc.edu. Nominations for election will open on March 26, 2007 with elections slated to begin on May 14. Winners will be announced June 29th and will take office during the Annual Urban MCH Leadership Conference in August. The current Board of Directors and regional breakdowns can be found on the website at www.citymatch.org

Healthy Weight Action Learning Collaborative Teams Convene

In February of 2005, CityMatCH and the Association of Maternal and Child Health Partnerships (AMCHP) developed the Women’s Health Partnership (WHP) to promote safe motherhood and enhance women’s health before, during, and after pregnancy. A major component of the WHP is a yearlong Action Learning Collaborative (ALC) focused on promoting healthy weight in women of reproductive age. Eight teams were selected to participate in the ALC, via a competitive application process, including: LA County, CA; Sonoma County, CA; Duval/Leon/Orange Counties, FL; Boston, MA; Minneapolis, MN; Douglas County, NE; Maricopa County, AZ; and Salt Lake Valley, UT.

Each ALC team is purposefully organized to include the individuals needed to successfully develop approaches that will promote healthy weight in women of reproductive age. For example, travel team members include the following: State Title V or MCH directors, state MCH epidemiologists, MCH leadership from the local health department, data and analytic specialists, individuals from existing community-based health initiative, chronic disease professionals, nutrition professionals and physical activity professionals.

Travel teams gathered in Atlanta, GA for the first on-site meeting of the ALC in December, 2006. The meeting provided an opportunity for teams to define the concept of healthy weight in women for their communities, identify opportunities to make the most impact and develop initial action plans. Expert presentations included “Innovative Approaches to Promoting a Healthy Weight in Women” (Lisa King, M.A.; HRSA), “Maternal Obesity and Adverse Perinatal Outcomes” (Sonja Rasmussen, M.D., M.S.; CDC), and “Healthy Weight in Women: Research and Science Base” (William H. Dietz, M.D., Ph.D.; CDC).

For more information about the Healthy Weight in Women ALC, or the CityMatCH/AMCHP WHP, please contact Brenda Thompson at CityMatCH via E-mail at brendathompson@unmc.edu
SAVE THE DATE!
Join us for the 2007 CityMatCH Urban MCH Leadership Conference:
"Building the Best Environments for Families and Children"
August 26 - 28, 2007 -- Denver, Colorado -- The Marriott Denver Tech Center
For more information, or to register online, visit the web at www.citymatch.org

CityMatCH Selected for 2007 HRSA Performance Review

Analytical self-reflection is a key step to growth – not just individually, but organizationally. CityMatCH has been actively engaged in reflection and self-critique as the University of Nebraska Medical Center (UNMC) – the home base for CityMatCH – has been selected for a HRSA Federal Region VII Performance Review and site visit. Key questions being considered include: "How well are we reaching all of our membership? How effectively are we engaging our members, national partners and funders?"

Preparations for this review began in late 2006. Performance indicators consistent with how CityMatCH works organizationally to effect change were selected and internally assessed. Further assessment and review using a force field analysis was accomplished by the CityMatCH Board and national partners during the mid-year meetings. Results will be presented in April during the HRSA site visit. Following the review, HRSA will create a draft report for CityMatCH which will be used to inform a CityMatCH-developed action plan. The considerable leadership provided by the Board of Directors and staff has enabled CityMatCH to maintain a steadfast focus on MCH while developing new techniques and reinvigorating time-tested, successful strategies in response to the changing public health environment. Stay tuned for continuous improvement updates and new tools as a result of this performance review. For more information, please contact Mark Law at 402-561-7500 or via E-mail at mlaw@unmc.edu.

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CityLights is supported in part by Grant # 1 G97 MC04442-01-00 from the Maternal and Child Health Bureau (Title V, Social Security Act), Health Resources and Services Administration, Department of Health and Human Services.