

Adolescent Health Report Card

2006



Table of Contents

INTRODUCTION	1
HEALTH ACTION Overview	1
Format	2
BACKGROUND DATA	3
Population	3
Population by Race	3
Hispanic Population	4
Adolescents Living In Poverty	5
Temporary Assistance	6
Foster Care	6
Homeless Youth	7
PINS Cases Opened for Services	7
Change in Enrollment Between 9 th and 12 th Grade, Selected Monroe County Districts	8
High School Dropout Rates	8
ADOLESCENT HEALTH GOALS	9
INCREASE YOUTH ASSETS	
Data	10
Proportion of Public High School Students with Selected Developmental Assets	10
Average Number of Hours Youth Spend in Selected Activities	11
Proportion of Rochester City School District Middle School Students with Selected Developmental Assets	12
Programs/Initiatives	13
Emerging Issues	14
IMPROVE ACCESS TO AND UTILIZATION OF PREVENTIVE HEALTH SERVICES	
Data	16
Self-Reported Access to and Utilization of Preventive Health Services	16
Self Reported Health Insurance Status of Usual Source of Medical Care	17
Oral Health Status of Monroe County School Children	18
Adolescents who Received a Well-Care, Preventive Care or OBGYN Visit	19
Patient Visit Volumes, Teen Health Clinics in the City of Rochester	20
Patient Visit Volumes, School Based Health Clinics in Secondary Schools in the Rochester City School District	21
Utilization of Preventive Health Related Services, Rochester City School District Secondary Schools	21
Programs/Initiatives	24
Emerging Issues	25
REDUCE TOBACCO USE	
Data	26
Self-Reported Cigarette Smoking	26
Self-Reported Other Tobacco Use	27
Retail Sales of Tobacco to Youth	28
Programs/Initiatives	28
Emerging Issues	29
REDUCE SUBSTANCE ABUSE	
Data	30
Self-Reported Alcohol Use	30
Self-Reported Illicit Drug Use	31
Self-Reported Other Substance Abuse	33
Arrests for Driving While Intoxicated	34
Arrests for Drug Use/Drug Possession Drug Sales, and Driving While Under the Influence	35
Programs/Initiatives	35
Emerging Issues	36

REDUCE VIOLENCE AGAINST AND BY YOUTH	
<u>Data</u>	38
<u>Self-Reported Victims of Violence</u>	38
<u>Exposure to Violence and Sense of Safety</u>	39
<u>Homicides</u>	39
<u>Hospitalizations Due to Assault</u>	40
<u>Self-Reported Violence Related Behavior</u>	41
<u>Arrests for Violent Crimes</u>	42
<u>School Suspensions for Violent or Threatening Acts</u>	43
<u>Programs/Initiatives</u>	44
<u>Emerging Issues</u>	44
IMPROVE MENTAL HEALTH	
<u>Data</u>	45
<u>Self-Reported Suicide Risks</u>	45
<u>Suicides</u>	46
<u>Hospitalizations Due to Self-Inflicted Injury</u>	47
<u>Adolescents Utilizing Public Mental Health Services</u>	48
<u>Adolescents Receiving Care in Psychiatric Emergency Departments</u>	49
<u>Adolescents Receiving Care in Public Mental Health Clinics</u>	49
<u>Programs/Initiatives</u>	50
<u>Emerging Issues</u>	51
REDUCE SEXUAL RISK	
<u>Data</u>	53
<u>Self-Reported Sexual Risks</u>	53
<u>Adolescent Pregnancies</u>	55
<u>Adolescent Births</u>	57
<u>Reported Cases of Gonorrhea</u>	59
<u>Reported Cases of Chlamydia</u>	60
<u>Newly Diagnosed AIDS Cases</u>	61
<u>Newly Diagnosed HIV Cases</u>	62
<u>Programs/Initiatives</u>	63
<u>Emerging Issues</u>	64
REDUCE UNINTENTIONAL INJURIES	
<u>Data</u>	65
<u>Self-Reported Unintentional Injury Risk Behaviors</u>	65
<u>Deaths Due to Unintentional Injuries</u>	66
<u>Hospitalizations Due to Unintentional Injuries</u>	66
<u>Emergency Room Visits at the Golisano Children’s Hospital</u>	67
<u>Licensed Drivers Involved in Fatal/Personal Injury Crashes</u>	67
<u>Licensed Drivers Involved in Alcohol-Related Fatal or Personal Injury Crashes</u>	68
<u>Alcohol Related Fatalities</u>	69
<u>Programs/Initiatives</u>	69
<u>Emerging Issues</u>	70
IMPROVE NUTRITION AND INCREASE PHYSICAL ACTIVITY	
<u>Data</u>	71
<u>Overweight Prevalence, Adolescents Aged 11-14</u>	71
<u>Self-Reported Behaviors Related to Nutrition and Weight Control</u>	72
<u>Physical Activity and Sedentary Activity Behaviors</u>	73
<u>Programs/Initiatives</u>	75
<u>Emerging Issues</u>	77
ADOLESCENT HEALTH REPORT CARD COMMITTEE	80

Introduction

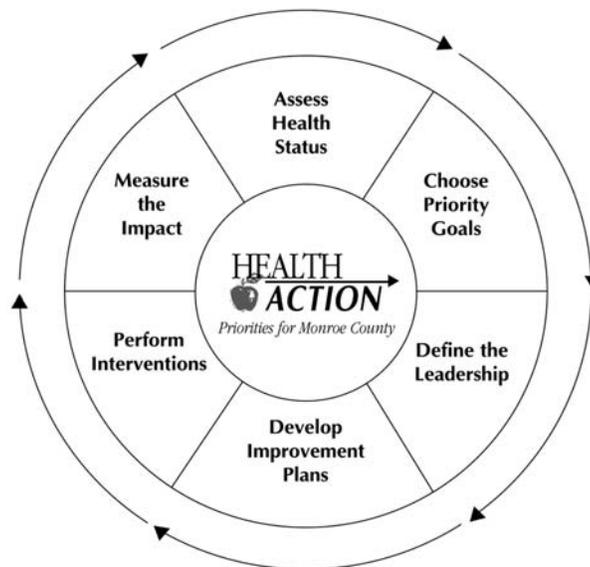
HEALTH ACTION Overview

Since 1995, health and planning agencies in Monroe County have worked together to develop a strategy to improve the health status of our community. The **HEALTH ACTION** initiative incorporates the concepts of action based on data (health report cards), community participation in setting priorities for action, and collaboration among community-based agencies and health care providers to address common health goals and evaluation of results.

Monroe County's efforts are aligned with both state and national activities that are focusing on improving the health status of our citizens. Nationally, goals for improving health status were updated in compiled in Healthy People 2010, Goals for the Nation¹. In 1996, statewide goals for improving health status were developed and published in a document called Communities Working Together for a Healthier New York.²

Monroe County has published report cards for Maternal/Child Health (1997/2000/2004), Adolescent Health (1997/2001), Adult and Older Adult Health (1998/2002) and Environmental Health (1999/2006). These can be viewed online.³

The goal of **HEALTH ACTION** is to involve individuals, healthcare systems, businesses and the public health community in a process to improve the health of Monroe County citizens as depicted below:



The release of the 1997 Adolescent Report Card was a significant step in building a community agenda to address priority health issues for adolescents in Monroe County. The Monroe County Board of Health sought community input to establish priorities for action from the seven health goals in the report card:

¹ <http://www.healthypeople.gov>

² www.health.state.ny.us/nysdoh/phforum/hlthcomm.pdf

³ www.healthaction.org

- Reducing Use of Tobacco
- Reducing Use of Drugs and Alcohol
- Improving Mental Health
- Reducing Violence Among Youth
- Reducing Sexual Risk
- Avoiding Unintentional Injuries
- Promoting Lifestyles that Prevent Adult Onset of Chronic Disease

In the course of gathering input from the community, it became clear that the goal of “Improving Mental Health” did not adequately describe the impact that self-esteem and good support systems have on adolescent development. As one teen put it: “When you feel good about yourself, you don’t need to do the things that aren’t good for you.” Therefore, a goal was added to reflect this element of mental health: Building Youth Competencies to Promote Healthy Lifestyles. In 1998, two goals were chosen as priorities for action:

- Reducing Use of Tobacco
- Building Youth Competencies to Promote Healthy Lifestyles (Asset Building)

HEALTH ACTION Partnerships were formed to address each of these priorities for action. These partnerships and their activities are described in the goal sections of this report for “Reduce Tobacco Use” found on page 28 and “Build Youth Assets to Promote a Healthy Lifestyle” found on page 13. While activities in these areas will continue, it is now time for seek community input on which adolescent health goals should be priorities for action over the next 4-5 years.

This report contains data and information on the following health goals:

- Build Youth Assets to Promote a Healthy Lifestyle
- Improve Access to and Utilization of Preventive Health Services
- Reduce Tobacco Use
- Reduce Substance Abuse
- Reduce Violence Against and By Youth
- Improve Mental Health
- Reduce Sexual Risk
- Reduce Unintentional Injuries
- Improve Nutrition and Increase Physical Activity

Over the next several months, **HEALTH ACTION** will be hosting forums with various groups to obtain input on these health goals.

Format

This report is divided into three sections:

1. A review of the demographic data about adolescents
2. A review of the goals for improving adolescent health including:
 - Data
 - Community programs and initiatives
 - Emerging issues
3. A summary of the health measures for each goal area.

Background Data

Population

In 2000, there were 108,705 adolescents ages 10-19 in Monroe County, an increase of 16% since 1990. The largest increase was seen in the suburbs.

Seventy-percent of adolescents reside in the suburbs, while 30% reside in the city.

**Number of Adolescents Ages 10-19
Monroe County, City of Rochester and Suburbs,
1990 and 2000**

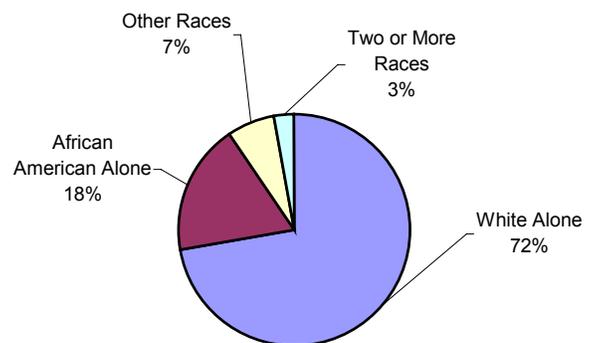
	1990	2000	Percent Change 1990-2000
Monroe County			
10-14	44,703	55,725	+24.7
15-19	48,887	52,980	+8.4
10-19	93,590	108,705	+16.2
City of Rochester			
10-14	13,847	17,233	+24.5
15-19	15,377	15,699	+ 2.1
10-19	29,224	32,932	+12.7
Suburbs			
10-14	30,856	38,492	+24.7
15-19	33,510	37,281	+11.3
10-19	64,366	75,773	+17.7

Source: 1990 and 2000 Census

Population by Race

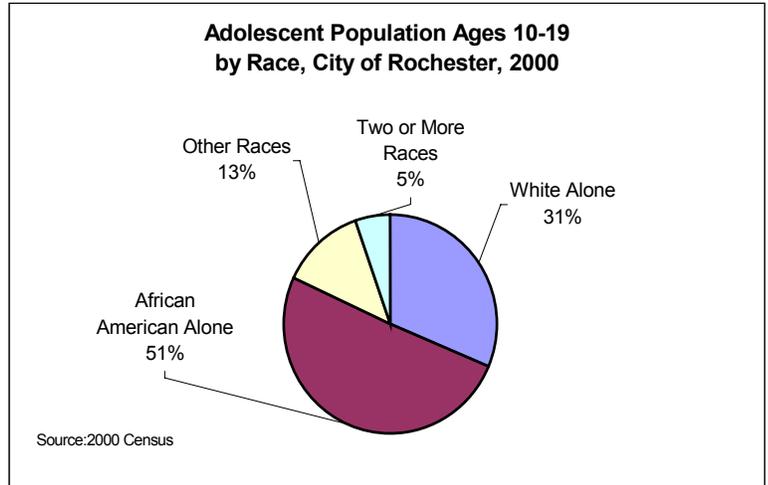
In order to better reflect the country's diversity, the 2000 Census allowed respondents to select more than one race to indicate their racial identity. In Monroe County, the majority of adolescents ages 10-19 are White (single race).

**Adolescent Population Ages 10-19
by Race, Monroe County, 2000**



Source: 2000 Census

In the City of Rochester, the majority of adolescents are African American (single race).



Hispanic Population

The U.S. Census Bureau considers race and ethnicity to be two separate identifiers. Hispanic is defined as an individual of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race. The number of Hispanic adolescents ages 10-19 increased between 1990 and 2000, from 5,211 to 8,139.

Nearly 8% of adolescents ages 10-19 in Monroe County and 18% in the City of Rochester are of Hispanic Origin.

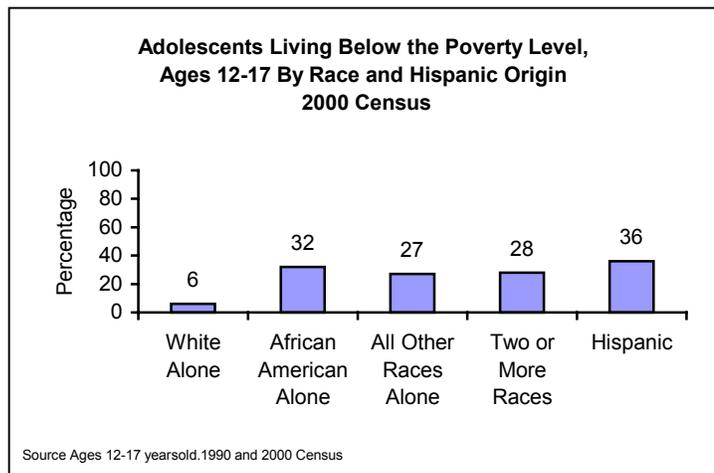
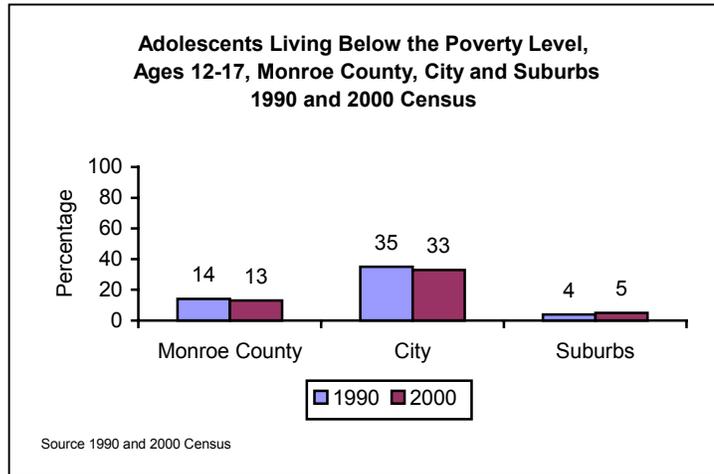
Adolescents Living In Poverty

Living in poverty during childhood has both immediate and lasting effects. Children living in poverty are more likely to have poorer outcomes in the areas of health, academic achievement, economic security, emotional well being, substance abuse and risky sexual behavior.⁴

In Monroe County 13% of adolescents live below the poverty level. Since 1989 the rate has remained relatively stable.

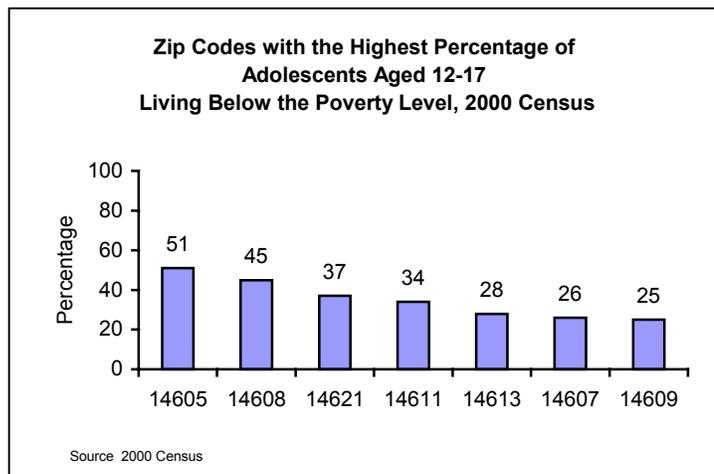
The poverty rate is significantly higher in the city compared to the suburbs. In fact, a Children's Defense Fund Analysis of 2000 Census data shows that Rochester ranks 11th highest in childhood poverty of US cities with a population of 100,000 or greater.⁵

The poverty rate is significantly higher among minority adolescents compared to White adolescents.



Certain zip codes within the City of Rochester have the highest rates of poverty among adolescents.

It should be noted that many of the adolescent health problems, like pregnancies, sexually transmitted diseases and violence are worse in the zip codes with the highest poverty rates.



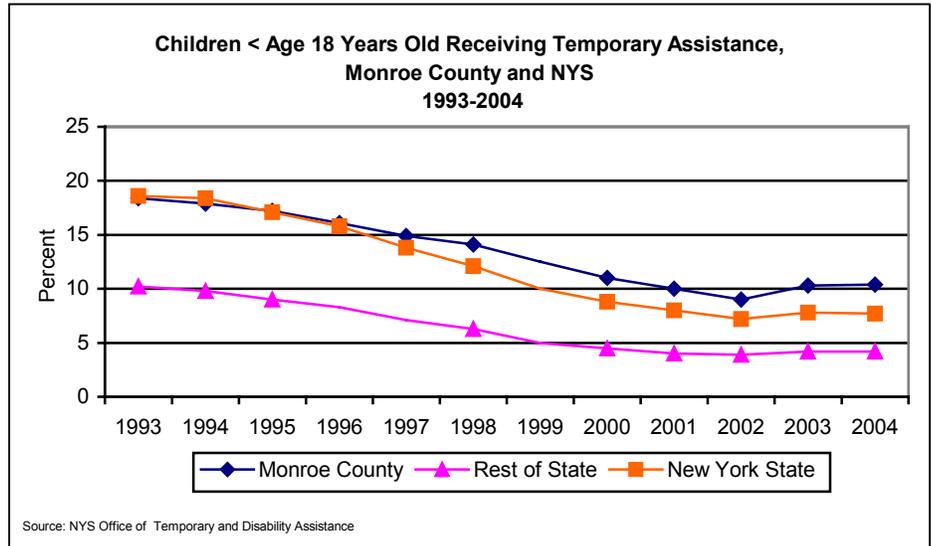
⁴ Duncan, G. and Brooks-Gun, J. "Consequences of Growing Up Poor." New York, NY Russell Sage Press.

⁵ Children's Defense Fund, <http://www.childrensdefense.org/data/census00/pov/city.txt>

Temporary Assistance

Despite the fact that child poverty rates have remained stable, the number and rate of children whose families receive temporary assistance in Monroe County declined between 1993 and 2000. The decline is due in part to the Federal Welfare Reform Act of 1996. Implementation of the act occurred in 1997 and 1998. The reduction in the number of children receiving temporary assistance preceding the implementation of Welfare Reform was most likely due to the strong economy at the time.

Since 2000, the percentage of children receiving temporary assistance has remained stable at about 9-10%. The percentage is higher than Upstate and New York State.

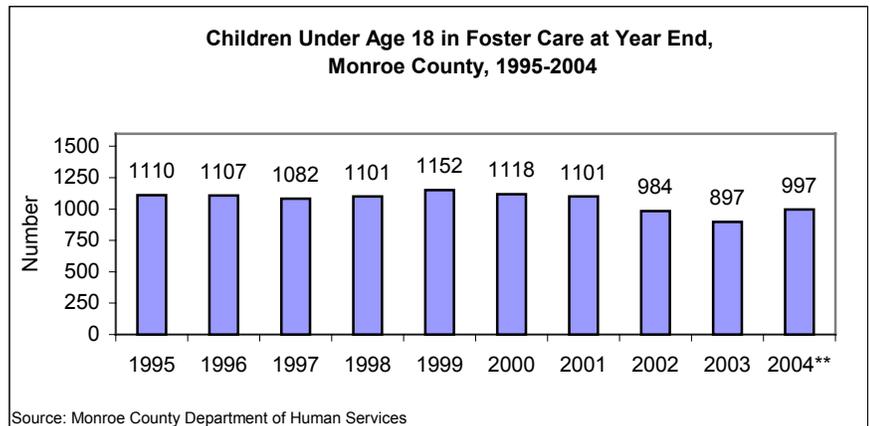


Foster Care

Children and adolescents are placed in foster care when they are in imminent danger, or when their parent is incapable of taking care of them.

At the end of 2004, there were 997 Monroe County children under 18 years old in foster care. While children in foster care at year-end remained steady for several years there was a decline from 2001 to 2003. In 2003 the data system used to compile local foster care numbers began including in its count the number of children who were placed in a local Voluntary Child Care Agency by the New York State Office of Children and Family Services. This resulted in a net increase of approximately 15 youth in foster care at year-end.

The rate of children in foster care in Monroe County has historically been higher than the rates in Upstate New York.⁶



⁶MAPS, Office of Children and Family Services, New York State

Homeless Youth

Currently, there is no mechanism in place to count the number of homeless youth except for counting services provided and requested. In 2004, 556 youth ages 12-20 years old were housed in runaway/homeless youth shelters in Monroe County. In addition, the Monroe County Department of Human Services (DHS) placed 783 youth ages 16-20 years old in emergency housing.⁷

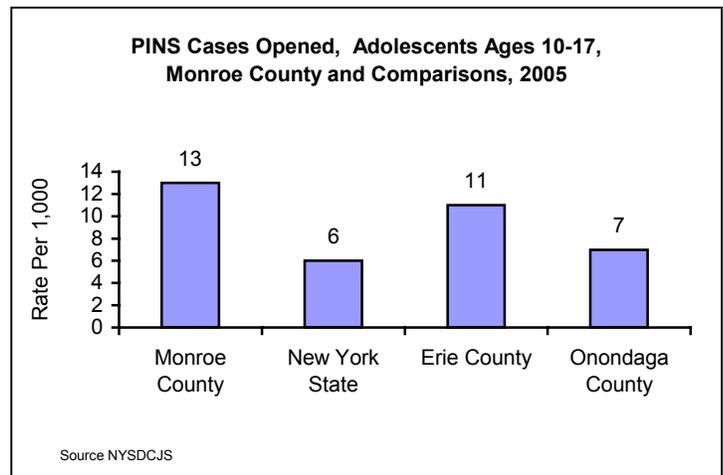
Because the youth shelter system is filled to capacity much of the time, the number of youth housed in this system has remained fairly constant over the past several years, at about 400- 500 per year. There is an increasing trend in the number of youth being placed by DHS. Between 2002 and 2004, there was an 8% increase in emergency placements of youth by DHS. Community based agencies have worked diligently to develop transitional housing for older homeless youth. Currently there are 25 transitional beds that serve male and female homeless youth ages 16-20, and teen parents. There continues to be a critical need for suitable permanent housing for older adolescents living on their own, teen parents and supportive housing for youth with mental illness.

PINS Cases Opened for Services.

Persons in need of supervision (PINS) are juveniles less than 18 years old against whom complaints have been filed with local probation departments because of non-criminal misconduct like habitual disobedience, truancy from school and unruly behavior. Complaints are usually filed by parents or schools that are seeking formal intervention of the family court system to control a juvenile's misconduct.

1149 PINS cases were opened in Monroe County during 2005.⁸

The PINS case rate in Monroe County is higher than NYS, and Erie and Onondaga Counties. The rate has remained stable the past 3 years.



⁷ Rochester/Monroe County Youth Bureau

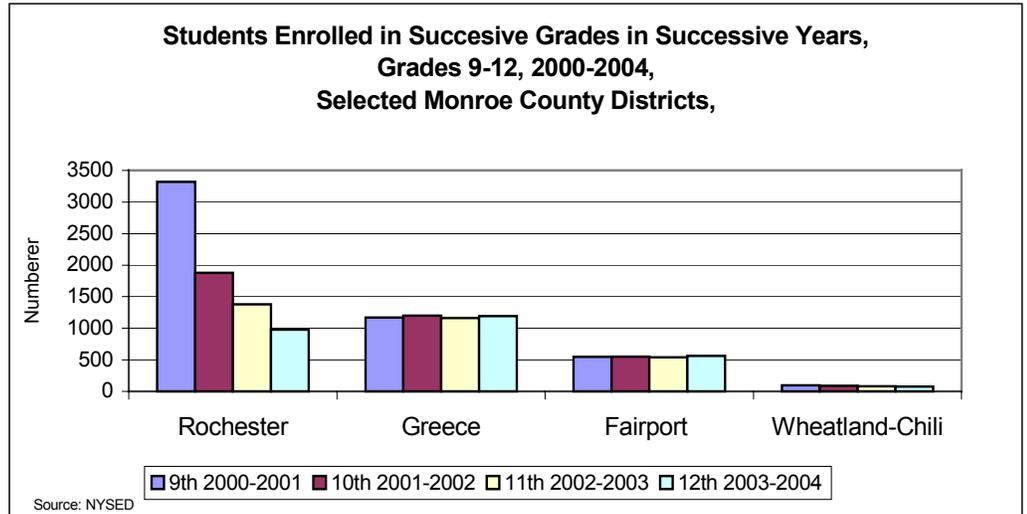
⁸ New York State Division of Criminal Justice Services

Change in Enrollment Between 9th and 12th Grade, Selected Monroe County Districts

Young people who don't complete high school are at a great disadvantage. They are more likely to be unemployed, be in a low paying job that doesn't provide health insurance, engage in risk behaviors and be dependent on social services.

The chart to the right shows the change in enrollment from when students entered 9th grade in the 2000-2001 school year, to when the same cohort of students entered 12th grade four years later.

In the selected suburban districts, the enrollment stays fairly stable. Within the Rochester City School District, there is a



significant drop-off in the number of students enrolled in successive grades. It is unclear how many of these students drop out, pursue a GED, move out of the district or repeat a grade.

During the 2003-2004 school year in the Rochester City School District, 1,196 students graduated and 446 pursued a GED.

High School Dropout Rates

The high school dropout rate is calculated by taking the number of students who left school prior to graduation (for any reason except death) excluding those who entered another school or high school equivalency preparation program or other diploma program and dividing it by the total enrollment.

According to the New York State Education Department School Report Cards, the high school dropout rate in the City of Rochester School District during the 2003-2004 school year was 9.1%. Within the suburban districts of Monroe County, the rates ranged from 3.3% to 0.1%.⁹

⁹ New York State Education Department

Adolescent Health Goals

The purpose of this section is to provide a status report of adolescent health in Monroe County. The section is organized around the following nine health goals:

- Build Youth Assets to Promote a Healthy Lifestyle
- Improve Access to and Utilization of Preventive Health Services
- Reduce Tobacco Use
- Reduce Substance Abuse
- Reduce Violence Against and By Youth
- Improve Mental Health
- Reduce Sexual Risk
- Reduce Unintentional Injuries
- Improve Nutrition and Increase Physical Activity

Within in each goal section are data related to the goal, a summary of programs/initiatives in the community and a discussion of emerging issues. For a more complete list of youth services in Monroe County the Youth Bureau has “An Adult Guide to Youth Services” that can be accessed online.¹⁰

Data in this section come from a variety of sources, including vital records, the Medical Examiner’s office, disease registries, hospitalization summaries, program participation data, the Rochester City School District, the New York State (NYS) Division of Criminal Justice Services, the NYS Health Department, and the NYS Department of Motor Vehicles. Other sources include special studies, surveys, and surveillance programs. These are described below.

The Monroe County Department of Public Health has been conducting the Youth Risk Behavior Survey every two years since 1992. The survey is administered to a random sample of public high school students in districts throughout Monroe County. Local results assess the health risk behaviors of youth and can be compared to New York State and national data. Crude rates are presented at the county level and by race and gender. When assessing trends in risk behaviors over time, the data are weighted by grade and gender. In 2005, twelve school districts conducted the survey district wide in order to assess health risk behaviors of their students.

In 2001-2002, the Metro Council for Teen Potential (MCTP), in conjunction with the University of Rochester, completed a random phone survey of youth aged 14-19 years old. The County-Wide Adolescent Survey assessed health insurance coverage status along with teen’s life experiences, and attitudes about sexuality and teen pregnancy.

The New York State Managed Care Performance Report published by the New York State Health Department, measures quality health care services and outcomes for managed care programs including commercial, Child Health Plus and Medicaid funded programs. Results from Excellus and Preferred Care are included in this report.

In this report, Monroe County data are compared to the US, New York State, Upstate and similar counties. In some cases Monroe County data are more recent than those available for comparison areas. When data between two areas are compared, the same year’s data are used. For example the most recent Monroe County Youth Risk Behavior Survey (YRBS) data is from 2005, but the most recent US data is from 2003. So, when comparing the two, 2003 data are used¹¹

¹⁰ <http://www.monroecounty.gov/org827.asp?orgID=827&storytypeid=&storyID=&>

¹¹ When YRBS data for the US are available for 2005, an addendum to this report will be published.

Goal: Build Youth Assets to Promote a Healthy Lifestyle

Youth assets are a wide range of positive experiences, resources, competencies and supports that have been shown to prevent youth from engaging in risky behaviors.

Data

Proportion of Public High School Students with Selected Developmental Assets

Definition: The proportion of Monroe County public high school students (grades 9-12) who report various developmental assets.

Source: Monroe County Youth Risk Behavior Survey, 2005

Findings:

Students reported that they strongly agree or agree with the following statements:	Strongly Agree	Agree	Total who Strongly Agree or Agree
I like myself	46.0%	44.9%	90.90%
My family gives me help and support when I need it	47.6%	33.7%	81.30%
In my family, there are clear rules about what I can and can not do	38.5%	40.6%	79.10%
I get a lot of encouragement at my school	20.0%	41.2%	61.20%

37% of students reported that if they had important questions about their life, they know 3 or more adults they would feel comfortable going to for help.¹² Another 45.8% know 1 or 2 adults that they would feel comfortable going to for help.

Differences between sub-populations

- Males are more likely than females to strongly agree/agree with the statement “ I like myself” (93.4% vs. 88.7%)
- Females are more likely than males to have 1 or more adults that they can talk with about important questions (87.7% vs. 77.5%)
- African American students are more likely than White students to strongly agree/agree with the statement “I like myself” (94.7% vs. 82.6%)
- White students are more likely than African American students to have 1 or more adults that they can talk with about important questions. (85.6% vs. 77.1%)

¹² Not including their parents

Average Number of Hours Youth Spend in Selected Activities

Definition: The average number of hours youth spend doing various activities.

Source: County-wide Youth Survey, Round Two Results, 2001-2002, Metro Council for Teen Potential (MCTP) and the University of Rochester

Findings:

Survey respondents were asked about how many hours they spend involved in various activities. Youth who spend more time in sports, clubs, and religious activities are less likely to be involved in risky behaviors.

The Average Number of Hours Per Week Spent:	City	Suburbs
Playing Sports		
Males	8.45	7.02
Females	3.68	5.56
In School or Community Clubs		
Males	2.32	1.72
Females	2.63	2.28
Attending Church, Temple or Religious Services		
Males	1.61	1.15
Females	1.97	1.16
Hanging Out with Friends with Nothing Special to Do		
Males	14.0	11.81
Females	9.63	11.95

Proportion of Rochester City School District Middle School Students with Selected Developmental Assets

Definition: The percentage of students in grades 6-8 at Charlotte, Jefferson, Madison, Douglas, Nathaniel Rochester, Dr. Freddie Thomas and The Young Mothers program who report various developmental assets. A total of 3,600 students completed the survey.

Source: Survey of Student Resources and Assets, Rochester City School District, and Search Institute, 2001

Findings: The following summary is taken from the report prepared by the Search Institute.

Proportion of Youth Reporting Developmental Assets	%
Youth who say parents give them help and support	84
Youth who say they would talk with a parent about an important concern...drugs, alcohol, sex, etc.	65
Youth who say teachers care about them	56
Youth who say neighbors care about them	38
Youth who have a formal mentor	36
Youth with mentors who see him/her once a week or more	52
Boys who feel safe in the places they go after school*	72
Girls who feel safe in the places they go after school*	64
Boys who are involved in structured activities for 3 or more hours per week**	65
Girls who are involved in structured activities for 3 or more hours per week**	62
Youth who attend religious services or programs	58
Youth who know how to use a computer to do things like schoolwork, finding information, or typing papers	82
Youth who agree that "skills I am learning in school are preparing me for a future job"	77
Boys who spend 1 or more hours per week helping other people without getting paid***	48
Girls who spend 1 or more hours per week helping other people without getting paid***	53
Youth who have been asked 3 or more times in the last year to help on service or volunteer projects	24

**Youth reporting they never feel unsafe in the place they go after school.*

***Structured activities refer to participation in school or community sports teams; clubs or organizations at or outside of school; programs, groups, or services at a church, synagogue, mosque, or other religious or spiritual place; and/or music, art, drama, or dance lessons or practice.*

****Helping other people without getting paid is defined as helping out at a hospital, daycare center, food shelf, youth program, or community service agency, or doing other things to make their city a better place for people to live*

Programs/Initiatives

In 1996, Peter Benson, President of the Search Institute introduced the Rochester, Monroe County area to the concept of “building youth assets”. Youth assets are a wide range of positive experiences, resources, competencies and supports. The Search Institute has identified 40 assets that have been shown to help prevent youth from engaging in risk behaviors such as substance abuse, early sexual activity or violence. Asset building calls for the community to focus on improving the strengths of all of its youth rather than singling out troubled youth for risk reduction and prevention.

In 1998, **HEALTH ACTION** selected “Building Youth Competencies to Promote a Healthy Lifestyle” (asset building) as a priority goal for action among adolescents. Monroe County middle schools administered the Search Institute’s Survey of Student Resources and Assets a youth survey that documents the prevalence of youth assets. The survey showed that on average, middle school students reported they possessed 22 of 40 developmental assets. These results are similar to other locations around the country.

The Rochester/Monroe County Youth Bureau has provided the leadership in designing a strategy to bring the asset approach to Monroe County and ensuring that youth programs incorporate asset building principals. Annually, Monroe County spends about two million dollars on youth services. These include services for specific populations (such as runaway and homeless youth and high-risk youth) and general funding for recreation programs in towns, villages and the City of Rochester.

In 1999, the Youth Bureau recommended that all funding be aligned to follow a more unified theme of asset building. Through a series of workshops and planning meetings held in 1999, the youth bureau determined that the most effective strategy to promote asset building in Monroe County would be to encourage separate programs, neighborhoods, towns or school districts to work on assets perceived to be most important within each area. Since 1998 each school district in Monroe County has surveyed their 6-12th grade students to obtain district specific data. They have used the data to engage community residents in supporting youth and becoming more involved in youth - adult partnership opportunities.

Currently there are asset building programs in the following school districts and/or towns: Brighton, Brockport/Clarkson/Hamlin/Sweden, Churchville-Chili/Riga, East Rochester, Fairport/Perinton, Gates-Chili, Greece, Henrietta-Rush, Honeoye Falls-Lima/Mendon, Irondequot, Ogden-Spencerport, Parma/Hilton, Penfield, Pittsford, Rochester, Webster, and Wheatland-Chili/Scottsville/Caledonia-Mumford.

In 1999, the Youth Bureau formed the Community Asset Partner Network (CAPN) to support school-community partnerships that were planning to develop asset-building initiatives in their communities. CAPN currently is comprised of 18 local community initiatives, the City of Rochester and several youth service agencies/groups. The mission is to promote asset-building opportunities for all youth through adult/youth partnerships and caring, healthy communities. CAPN is a resource linkage to discuss technical assistance and training needs to build communities' capacities to implement and sustain communities' asset initiatives. The network also provides an opportunity for communities, school organizations and individuals throughout Monroe County to come together and share information about asset building efforts and asset builder stories that are occurring within their communities. Recognition and celebration of asset building events is a major role of CAPN. The CAPN hosts two annual events. The Family Celebration of Assets at the Seneca Park Zoo is held every October recognizing individuals and groups who are the ‘unsung heroes’ for youth and their families. Since inception, almost 1,500 individuals and groups have received “Outstanding Asset Builders Awards”. The Asset Breakfast is a county-wide event that provides the opportunity to highlight the accomplishments of each local community and invite new leadership to the partnership. Each year over 300 individuals attended the Asset Network breakfast. Town supervisor’s, school superintendent’s, elected officials, youth, parents and community volunteers all come together to celebrate the accomplishments of the Asset Building Initiative in the Greater Rochester Area. With the support of individuals, schools, communities and companies, this area has received national recognition the Asset Initiative. As a result of hard work and accomplishments, the Search Institute has selected Rochester to host their National Conference in 2007. This will be the first time the conference is being held in the east and will be attended by over 1,500 people from throughout the U.S. and several continents, including Europe, Africa and Australia.

The Rochester/Monroe County Youth Bureau is a partner in several community collaboratives to promote positive youth development.

- Youth As Resources (YAR) is a community-based youth philanthropy and youth voice program, funded by the Rochester/Monroe County Youth Bureau, the United Way Services Corporation and the Rochester Area Community Foundation. The YAR Board comprised of both youth and adults, provides small grants to young people to design and carry out civic engagement activities and service projects which address social problems, resolve community issues and contribute to community improvement.
- The Youth Voice, One Vision initiative brings together youth and adults of youth-serving organizations and faith-based groups to share resources, increase involvement of youth in these groups, encourage youth's interest in civic engagement, develop youth/adult partnerships and empower youth to promote change and support community efforts.
- The Youth Services Quality Council (YSQC) is a 67 youth service agency member association that provides leadership to youth service organizations who work cooperatively for youth and families to improve the delivery of services. YSQC works to increase coordination, networking and collaboration of programs and provide best practice training to youth serving organizations.

Rochester After-School Academy (RASA) provides academic enrichment, recreational, social, artistic and character development activities for students and their families to help them succeed. Currently, there are currently 16 RASA sites in schools. Lead agency partners deliver services to approximately 1400 students and 600 adults. Delivering these engaging and enrichment activities in after school settings, helps students stay connected to school, thereby increasing school attendance rates, improving academic success and reducing risk behaviors.

The City of Rochester Department of Parks and Recreation has worked to incorporate asset building in many of its programs. Both full and part-time employees receive training on asset building including methods to apply to programming and daily activities. Asset building activities are also incorporated into the flag football and basketball developmental league.

Assets Coming Together for Youth (ACT for Youth) aims to strengthen community partnerships that promote positive youth development and prevent risky and unhealthy behaviors among young people aged 10 to 19. The ACT for Youth initiative is a project of the New York State Department of Health, and was developed in cooperation with the Partners for Children, a collaboration of public and private sector organizations committed to improving the health and education of children and adolescents throughout New York State. ACT for Youth represents a major shift in the department's public health agenda for youth from deficit-based approaches to asset-based strategies. It promotes positive outcomes through developing assets that will provide the opportunities and supports necessary for youth to lead healthy and productive lives. The promotion of the asset-based approach through ACT for Youth will enhance the Department of Health's efforts to prevent or reduce negative outcomes for young people such as teen pregnancy, HIV infection, sexually transmitted infections, substance use, and violence.

Cornell University's Family Life Development Center has formed a partnership with the University of Rochester Medical Center's Division of Adolescent Medicine and the New York State Center for School Safety to serve as the Upstate Center of Excellence (UCE). This partnership brings together professionals with expertise in child and adolescent development, child abuse and neglect, child and adolescent health, school safety, violence prevention, program development, research and evaluation, training, and community collaboration.

In 2006 the Rochester/Monroe County Youth Bureau was awarded ACT for Youth funding for five years to enhance Asset Building and positive youth strategies in the City of Rochester. This funding will support an asset coordinator position for the City of Rochester. This coordinator will join the Community Asset Partner Network.

Emerging Issues

As the youth development initiative in Monroe County has developed several new issues have been identified. These include the need for a way to reach broader segments of the community, the need to integrate youth development into traditional faith-based youth programs and the need for a formal evaluation framework at the program level.

The Youth Services Quality Council and the Community Asset Partner Network and the Rochester Monroe County Youth Bureau have been working with the Ad Council to develop a “positive youth development campaign” for the Greater Rochester area. The goal of the campaign will be to address adult behavior to more effectively support youth. The campaign will begin in 2006.

Promoting positive youth development has gained public recognition in recent years, but the few measures available for programs to assess their impact on youth development are complex and lengthy. The United Way of Greater Rochester and the Monroe County Youth Bureau, along with the partnership of the Youth Services Quality Council, organized a coalition of community programs and researchers to develop an instrument to assess specific youth development outcomes. The coalition's goal was to create an instrument that would be easy to use, easy to administer, and applicable to a variety of youth development program structures. Through a series of meetings, as well as pilot and field testing to establish validity, reliability, and feasibility, the Rochester Evaluation of Asset Development for Youth (READY) was created.

READY evaluates four core outcomes:

- * Basic Social Skills
- * Caring Adult Relationships
- * Decision Making Processes
- * Constructive Use of Leisure Time

This instrument is a pencil and paper survey consisting of 40 items measuring four core outcomes, along with program participation and socio-demographic information. READY is designed for use with program participants ages 13-19 and takes about 10-15 minutes to complete. The instrument is in its early stages of development. Further scale development to increase validity of some of the sub-scales is needed. Currently, the staff relationship scale and the overall scale can be used with confidence. For a modest, one-time fee, a CD toolkit is available containing a customizable instrument template, an instrument and toolkit manual, data entry templates, and reporting tools.

In addition to the READY tool, MCDPH included several asset questions in the 2005 Youth Risk Behavior Survey administered to public high school students. Results of the high school survey are summarized on page 10. Also in 2005, several middle schools administered a middle school survey that included several questions about assets. For the ongoing monitoring of youth assets (or strengths), MCDPH plans to encourage school districts to periodically include asset questions in their middle school surveys. These districts will serve as “sentinel sites” for the purposes of monitoring.

Monitoring youth risk behaviors can also be a way to evaluate youth asset programs. Several school districts that have asset building programs in place have been measuring youth risk behaviors for many years. Two of these districts are Fairport and Penfield. Between 2001 and 2005, improvements have been made in both districts in marijuana use and smoking. In Fairport, improvements were made in suicide risks and in Penfield, improvements were made in alcohol use and sexual activity.

Goal: Improve Access to and Utilization of Preventive Health Services

Preventive health services include well-care visits, counseling related to health risk behaviors, health care services and dental care. Health insurance can improve access to these services.

Data

Self-Reported Access to and Utilization of Preventive Health Services

Definition: The proportion of Monroe County public high school students (grades 9-12) who report access to and utilization of preventive health services.

Source: Monroe County Youth Risk Behavior Survey, 2005

Findings

- 77.4% reported that in the past 12 months they saw a doctor or health care provider for a check-up or physical when they were not sick or injured
- 68.0% reported that in the past 12 months they got a chance to speak with a doctor or other health care provider privately

Students who reported that during their last check-up, their doctor discussed:

- Ways to prevent pregnancy, AIDS or other sexually transmitted diseases (47.7%)
- Ways to avoid alcohol use (30.5%)
- Ways to avoid tobacco use (32.0%)
- Diet and eating habits (54.8%)
- Ways to be physically active (50.1%)

Differences between sub-populations

Females were more likely than males to report that during their last checkup their doctor discussed:

- ways to prevent pregnancy, AIDS or other STDs (50.3% vs. 44.8%)
- their diet (61.9% vs. 46.9%)

Males were more likely than females to report that during their last checkup their doctor discussed ways to avoid alcohol use (33.4% vs. 28.0%)

African American students were more likely than White students to report that during their last checkup their doctor discussed ways to:

- prevent pregnancy, AIDS or other STDs (59.6% vs. 45.7%)
- be physically active (56.5% vs. 49%)
- to avoid alcohol use (37.1% vs. 29.1%)

Trends

Between 1999 and 2001, there was an increase in the proportion of students reporting that during their last checkup, their doctor discussed ways to: prevent pregnancy, AIDS or other STDs; avoid alcohol use; and avoid tobacco use. The rates have been stable since.

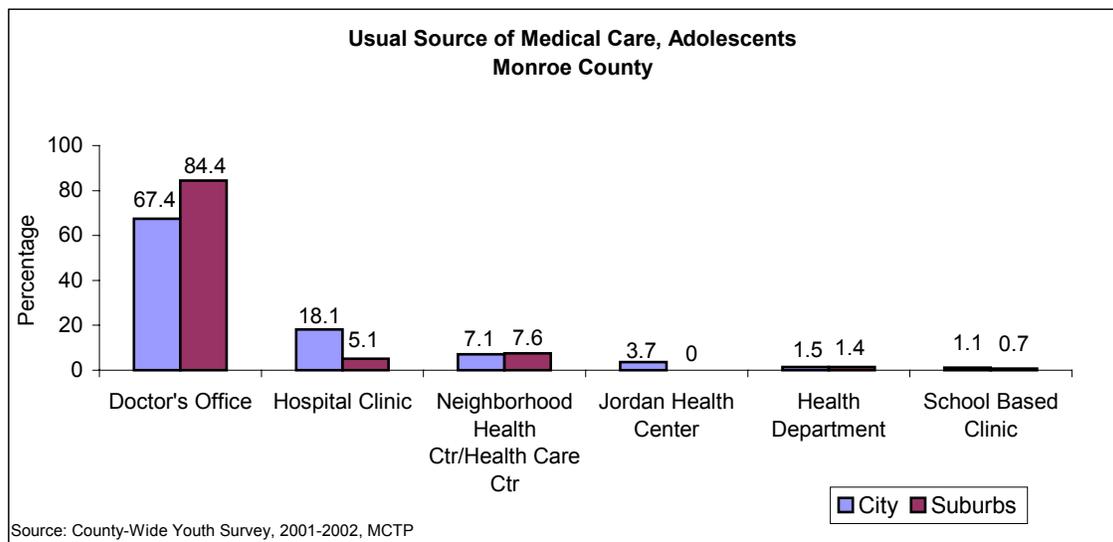
Self Reported Health Insurance Status and Usual Source of Medical Care

Definition: The number of adolescents who reported whether or not they have health insurance and where they usually go to get medical care.

Source: County-Wide Youth Survey, 2001-2002, MCTP and the University of Rochester

Findings

- 93% of city adolescents and 97% of suburban adolescent report that they have health insurance.
- The graphic below shows where adolescents report they usually go to get medical care. Most adolescents responded that they usually go to a doctor's office.



- Less than 1% of the adolescents responded that they usually received medical care at Planned Parenthood, at the emergency room, or at Threshold.

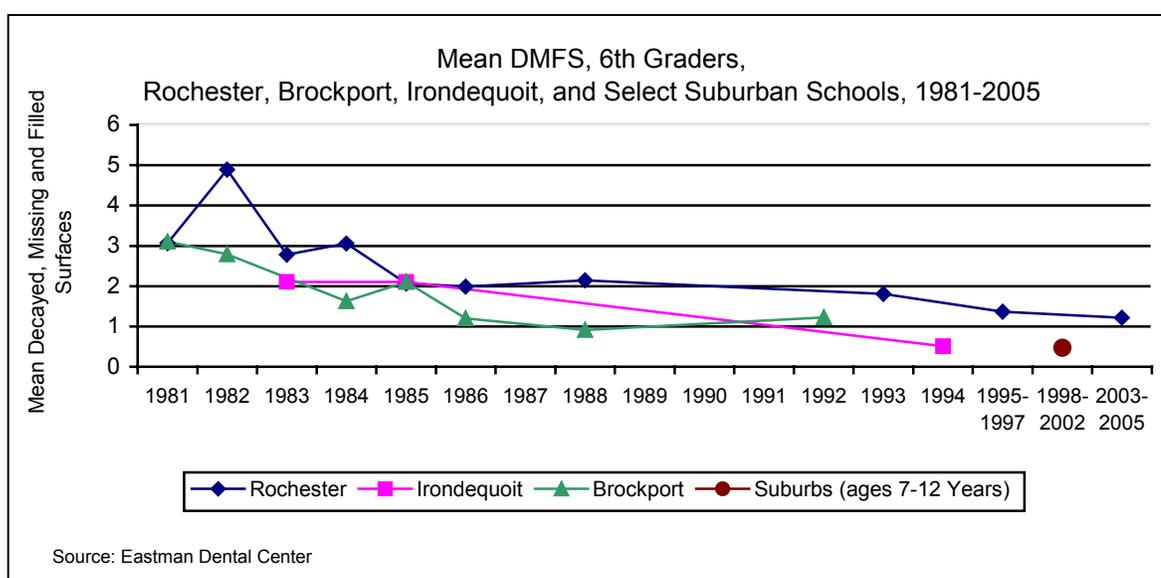
Oral Health Status of Monroe County School Children

Definition: For the past two decades, the Eastman Dental Center has been conducting oral health examinations on a random sample of school children in both the city and suburbs. These data show the mean number of decayed, missing and filled primary tooth surfaces (DMFS) for 6th grade school children in select Monroe County suburbs and the City of Rochester between 1981-2005. Originally, the center monitored DMFS in two suburban districts (Brockport and Irondequoit), but in the 1998-2002 survey they examined students in 19 suburban schools. The 1998-2002 data includes children ages 7-12 years of age, while the other years includes 6th graders of any age.

Source: Eastman Dental Center.

Findings

The oral health status of school children has improved significantly since the surveillance program began in 1981.



Differences between sub-populations

Data from the 1995-1997 and 2003-2005 surveys show that dental health problems are more prevalent in inner city schools, especially among Latino children followed by African-American children.

Adolescents who Received a Well-Care, Preventive Care or OB/GYN Visit

Definition: The tables below show the percentage of continuously enrolled adolescents in Rochester area managed care programs that had a well-care, preventive care or OB/GYN visit in 2003. Note that Excellus Blue Choice and Blue Choice Option data include enrollees from the Northeast, Central and Western Regions. Preferred Care data include enrollees from the Rochester area. The Medicaid percentages were calculated for the plans by the NYSDOH using data from the Medicaid Encounter Data System (MEDS) and include Child/Teen Health Plan (CTHP) visits. As a result, the Medicaid rates are not comparable to the Commercial and Child Health Plus rates.

Source: Managed Care Performance Report, New York State Department of Health, 2005

Findings

The Preferred Care Commercial and Medicaid Managed Care rates are better than the statewide average. The Monroe Plan rates for Child Health Plus and Medicaid Managed Care (Blue Choice Option) are better than the statewide rates in those categories.

Adolescents Continuously Enrolled in a Managed Care Program Who Had a Well Care or OB GYN Visit in 2003	Excellus – Blue Choice	Preferred Care	Monroe Plan	Statewide Average
Commercial	53%	61%**		53%
Child Health Plus			61%**	57%
Medicaid Managed Care		51%**	47%**	45%

**Better than statewide average

Patient Visit Volumes, Teen Health Clinics in the City of Rochester

Definition: Number of patient visits to clinics located in Rochester that specialize in adolescent health care. These numbers are a count of visits, not unduplicated patients.

Source: Each clinic provided their own statistics.

Findings

Clinic	Patient Visits per Year in 2004¹³	Services	Address/ Phone Number
Adolescent Program at Jordan Health Center	650	Primary care services Co-located with pediatric, OB/GYN, internal medicine mental health and other specialty services	82 Holland St. 423-2870
Adolescent and Young Adult Medical Clinic at Golisano Children's Hospital	2,800- 3,000	Specialty clinic for adolescents with medical problems. Utilizes a bio-psycho-social approach with an interdisciplinary team.	601 Elmwood Ave 275-2964
Planned Parenthood (teens ages 10-19 served in regular clinics)	5,496	Free or low cost OB/GYN Services, birth control, HIV testing, STI testing and treatment. Toll free help-line at 1-866-600-6886	114 University Ave. 546-2595 2824 Ridge Rd. W. 225-3630
Rochester Area Maternity Project (RAMP)	1,320	Pregnancy, delivery, and post-natal care for teens under age 19 provided by an interdisciplinary team. Intensive social work services and connection to long-term outreach services.	905 Culver Road 482-1666
Teen Services at Rochester General	220	Primary care services Reproductive health Mental health services Behavior and learning problems	Pediatric Pavillion 1421 Portland Ave. 922-2575
Teen Tot Clinic at Golisano Children's Hospital	500	Primary care clinic for teens and their children	601 Elmwood Ave 275-3239
Threshold Center for Youth Services	9,295	Primary care services, comprehensive services: health, education, substance abuse	80 St. Paul St. 454-7530

¹³ Rochester General Visits are for 2005.

Patient Visit Volumes, School Based Health Clinics in Secondary Schools in the Rochester City School District

Definition: The table below shows enrollment in school based health clinics, number of patient visits, the school enrollment and the organization that administers the clinic.

Source: Rochester City School District, Via Health, University of Rochester, Threshold

Findings

School based health clinics currently operate at five of the secondary schools in the City of Rochester School District. Charlotte, Douglas, Jefferson, Madison, Monroe, the School of the Arts, School Without Walls and Wilson do not have a health clinic in the school. In the schools with a clinic available a majority of students are enrolled in the school based clinics.

**School-Based Health Clinics (SBHC)
in Rochester City Secondary Schools
(2004-2005)**

School	Clinic Health Provider	School Population	No. Students Enrolled in SBHC	Percent of School Population Enrolled in SBHC	Patient Visits School Year TOTAL
East	U of R School of Nursing	1,951	1,603	82%	7,685
Edison Tech	Via Health	1,800	1,023	57%	5,416
Franklin	Threshold	1,450	1,160	80%	9,173
Marshall	Via Health	1,287	901	70%	5,286
Freddie Thomas ¹	Via Health	987	352	36%	1,408

¹Began operating in January of 2005

Trends

Enrollment and usage of school based health centers has increased in recent years.

Availability and Utilization of Preventive Health Related Services, Rochester City School District Secondary Schools

Definition: In the Rochester City School District (RCSD) preventive health services are provided by school based health centers, school nurses and or student and family support centers. All secondary schools except SOTA, School Without Walls and Wilson have these centers that provide an array of support services including preventive health services. Below are tables detailing the various preventive health services offered within secondary schools, where the service is provided, and the number of visits during the 2004-2005 school year.

Source: Rochester City School District and School Based Health Centers, NYS Education Department, 2004-2005 school year. School Enrollment for January of 2005.

Findings

Mental health counseling is available at each school either through the support center, school based health center or school nurse.

Mental Health Counseling Services Provided by Outside Agencies

School	Type of Agency Providing the Service ¹			Number of Mental Health Counseling Visits	School Enrollment
	SBHC	SFSC	NUR		
Charlotte		X		152	953
Douglas			X	Data N/A	987
East	X			1,988	1,951
Edison	X	X		1,025	1,800
Franklin	X			3,631 ²	1450
Freddie Thomas	X			Data N/A	955
Jefferson		X		700	1,082
Madison		X		29	1,017
Marshall	X	X		330	1,287
Monroe		X		Data N/A	1,170

¹SBHC= School Based Health Center, SFSC= Student and Family Support Center, NUR= school nurse

²May include general counseling

Seven of the schools provide some type of substance abuse counseling services.

Substance Abuse Prevention Services Provided by Outside Agencies

School	Type of Agency Providing the Service ¹			Number of Substance Abuse Prevention Visits	School Enrollment
	SBHC	SFSC	NUR		
Charlotte					953
Douglas			X	Data N/A	987
East	X	X		10 ²	1,951
Edison		X		655	1,800
Franklin	X			Data N/A	1450
Freddie Thomas	X	X		Data N/A	955
Jefferson					1,082
Madison					1,017
Marshall	X	X		57	1,287
Monroe		X		Data N/A	1,170

¹SBHC= School Based Health Center, SFSC= Student and Family Support Center, NUR= school nurse

²Only began tracking in 9-05

All schools provide violence prevention services.

Violence Prevention Services Provided by Outside Agencies

School	Type of Agency Providing the Service			Number of Violence Prevention Visits	School Enrollment
	SBHC	SFSC	NUR		
Charlotte		X		81	953
Douglas		X		738	987
East	X	X		451	1,951
Edison		X		890	1,800
Franklin	X	X		Data N/A	1450
Freddie Thomas	X	X		Data N/A	955
Jefferson		X		150	1,082
Madison		X		66	1,017
Marshall	X	X		488 ¹	1,287
Monroe		X		Data N/A	1,170

¹SBHC= School Based Health Center, SFSC= Student and Family Support Center, NUR= school nurse

²Does not include classroom presentations

Six of the schools provide tobacco use counseling services.

Tobacco Use Counseling Services Provided by Outside Agencies

School	Type of Agency Providing the Service ¹			Number of Tobacco Use Counseling Visits	School Enrollment
	SBHC	SFSC	NUR		
Charlotte					953
Douglas		X		Data N/A	987
East	X			Data N/A	1,951
Edison		X		450	1,800
Franklin	X			Data N/A	1450
Freddie Thomas	X	X		Data N/A	955
Jefferson					1,082
Madison					1,017
Marshall	X	X		28	1,287
Monroe					1,170

¹SBHC= School Based Health Center, SFSC= Student and Family Support Center, NUR= school nurse

All provide referrals to health care services.

Referrals to Health Care Services Provided by Outside Agencies

School	Type of Agency Providing the Service ¹			Number of Referrals	School Enrollment
	SBHC	SFSC	NUR		
Charlotte			X		953
Douglas		X	X	40	987
East	X	X		22	1,951
Edison		X		1,500	1,800
Franklin	X	X		780	1450
Freddie Thomas	X	X		Data N/A	955
Jefferson			X		1,082
Madison		X		Data N/A	1,017
Marshall	X	X		385	1,287
Monroe	X	X		Data N/A	1,170

¹SBHC= School Based Health Center, SFSC= Student and Family Support Center, NUR= school nurse

Programs/Initiatives

Health services for adolescents can be divided into preventive services and treatment services. Treatment services are provided in clinical settings and are delivered by health care professionals. Preventive services can be provided in a number of settings and by a variety of professional and paraprofessionals, usually having health, social service or education backgrounds.

Adolescents in Monroe County are offered and utilize a wide variety of preventive health services. However, there is much room for improvement for these services to be fully utilized by adolescents, especially for the most high-risk teens. Since adolescents are generally healthy, they may not see the value in receiving preventive health services in medical settings. Fortunately many of these services are also provided in other settings. New York State Education Law requires that certain preventive health services be provided (or arranged for) by school districts.

Providing health care services to adolescents can be challenging. Since adolescents are neither children nor adults, they may not fit into the standard systems for health care. Even though adolescents are minors, in NYS they can legally consent for services related to sexually transmitted diseases and reproductive health care. Since adolescents represent a broad range of physical, psychological and cognitive developmental stages, health care providers must find the right approach to match the developmental stage to each patient. Primary care clinicians can improve services to youth by systematically ensuring that one-on-one private confidential care is part of every adolescent visit. To further address these challenges, some physicians, nurses and educators that work with adolescents receive special training.

Special teen clinics have been developed in traditional health care settings (hospitals and community clinics) and in schools to deliver health care to adolescents in Rochester. In the past few years, the number of Rochester City Schools that sponsor school based clinics has increased. At the present time, East, Edison, Franklin, Freddie Thomas and Marshall have a school based health center.

In addition to school based health centers, 10 of the secondary schools have student and family support centers. These support centers provide a variety of services aimed at meeting the social and health needs of students. Services offered vary by school according to identified needs. The support centers, the school based health centers and the school nurses work together to provide coordinated services. All of the schools provide mental health services and violence prevention services either through the Support Center or the school based health center. Most provide substance abuse and tobacco use counseling. Referrals to health care services are also provided either by the support center or school nurses.

In NYS, every school district provides screenings for vision, hearing, speech and scoliosis. In aggregate, school health nurses probably provide the largest number of preventive services to the most needy adolescent populations. In addition, school nurses provide a variety of other services in schools, including immunization follow-up, communicable disease control, patient education and chronic disease management. There may be redundancy between the preventive services provided in medical settings and schools. Because these services are inexpensive and potentially very beneficial for students, the dual system is generally viewed as desirable.

The University of Rochester's Department of Pediatrics Division of Adolescent Medicine continues to play a leadership role in the improvement of access to preventive services both locally and at the national level. The federally-funded Leadership in Adolescent Health (LEAH) Program prepares an interdisciplinary group of health and human services providers for careers involving clinical and program aspects of adolescent health care. Faculty at the University lead and provide direct services at community-based clinical sites serving high risk youth, including Threshold and Anthony Jordan Health Center, and also have contributed to the science of access and impact of the delivery of preventive health services.

Emerging Issues

Recently, expansions in Medicaid and Child Health Plus have allowed more poor and near-poor families with children and adolescents to obtain health insurance coverage. At the same time, the increasing cost of health insurance has reduced the number of families that receive coverage through their employers. It is not clear what is the net impact for the adolescent population of increasing coverage in government programs and decreasing coverage through employers.

The Monroe Plan For Medical Care is a not-for-profit health care organization that provides Medicaid Managed Care (Blue Choice Option), Child Health Plus, and Family Health Plus insurance in Monroe and surrounding counties. In 2005, the Monroe Plan convened an Adolescent Medicine Task Force in order to identify and recommend approaches to improvement of adolescent well care. Although Monroe Plan has one of the higher rates of adolescent well care visits in NY State, it nevertheless is below 50% and lends itself for greater improvement. The task force reviewed Monroe Plan data, discussed what activities have worked and not worked in improving adolescent care from the literature and other reported experiences, and explored potential approaches. The Monroe Plan Board supported the following recommendations:

- Develop a process to engage adolescents that do not have an assigned primary care physician (PCP to select one and to follow-up with a well care visit.
- Develop an approach for assisting practitioner practices in developing office processes that enhance the identification and engagement of adolescents in need of preventive services.
- Explore the feasibility (legal, operational, fiscal, ability of coordination with PCPs) of having school based health centers serve as “alternate PCPs.”
- Allow billing for both an acute and well care visit on the same date of service.

Several new immunizations have been introduced or are soon to be introduced for the adolescent population. The Hepatitis B vaccine was introduced for adolescents in 1995 and is now fully integrated into routine adolescent preventive health visits. In the near future, it is likely that the Human Papilloma Virus (HPV) vaccine will be recommended for adolescents before they become sexually active to prevent cervical cancer. Virologists at the University of Rochester are involved in the development and the testing of one of the leading HPV vaccines. Herpes vaccines are also under development.

While the oral health of New York State residents has overall improved during the last several years, there still is much more work to be done, especially among the under served populations. In August of 2005, the New York State Department of Health and the New York State Public Health Association released a comprehensive State Oral Health Plan. The plan identifies goals, objectives, and strategies covering a wide range of issues related to policy, prevention, access, workforce, and surveillance and research. One issue that was highlighted in the report, and has been a concern in Monroe County, is the lack of access to dental care among those with limited income. While Medicaid covers dental care, there are few dentists in the county that accept patients with Medicaid. The plan recommends that New York State explore the possibility of providing incentives to dentists who accept patients enrolled in Medicaid.¹⁴

¹⁴ For more information on the plan go to: http://www.health.state.ny.us/prevention/dental/oral_health_plan.htm

GOAL: Reduce Tobacco Use

Cigarette smoking is the leading cause of preventable death in the US. Most adults who are regular smokers started smoking when they were adolescents.

Data

Self-Reported Cigarette Smoking

Definition: The proportion of Monroe County public high school students (grades 9-12) who report various behaviors related to cigarette smoking.

Source: Monroe County Youth Risk Behavior Survey, 2005

Findings

- 18.8% are current smokers (smoked on ≥ 1 of the last 30 days)
- 7.2% are current frequent smokers (smoked on 20 of the last 30 days)
- 5.4% smoked every day in the past 30 days (
- 49.5% of *current every day smokers* tried to quit smoking in the past year
- 11.9% smoked a whole cigarette before age 13
- 45.4% ever tried smoking cigarettes, even one or two puffs
- 15% of *current smokers under age 18* bought cigarettes from a store or gas station in the past month

Differences between sub-populations

White students are more likely than African American students to report they

- Are current smokers (19.6% vs. 12%)
- Smoke frequently (8.1% vs. 4.2%)

Trends

The following rates improved significantly between 1997 and 2003, and leveled off in 2005:

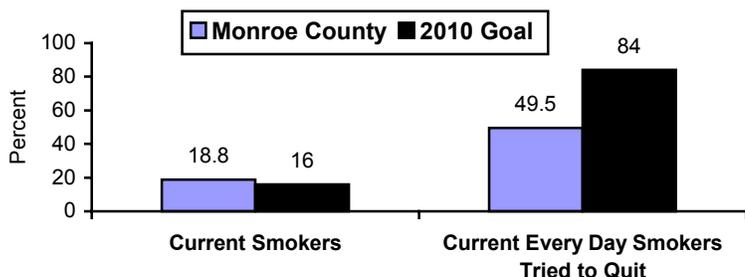
- Current smoking
- Frequent smokers
- Smoked a whole cigarette before age 13

The proportion of students who report they ever tried smoking has improved significantly since 1992.

The proportion of current smokers under age 18 who reported they bought cigarettes from a store or gas station improved since 2001 when this question was first included in the YRBS.

Compared to the US 2010 Goals

The rates of smoking among teens and smoking cessation among teen smokers in Monroe County have not met the 2010 Goals.



Monroe County Compared to the US (2003)

Monroe County youth were less likely than US youth to report that they

- Smoked cigarettes in the past month (19.7% vs. 21.9%)
- Initially smoked cigarettes before age 13 (13.6% vs. 18.3%)

Self-Reported Other Tobacco Use

Definition: The proportion of Monroe County public high school students (grades 9-12) who report use of other tobacco.

Source: Monroe County Youth Risk Behavior Survey, 2005

Findings

- 4.9% used smokeless tobacco in the past month.
- 13% smoked cigars in the past month.

Differences between sub-populations

Males are more likely than females to report they use smokeless tobacco (8.4% vs. 1.6%) and smoke cigars (19.3% vs. 7.1%)

White students are more likely than African American students to report they smoke cigars (14.2% vs. 6.0%)

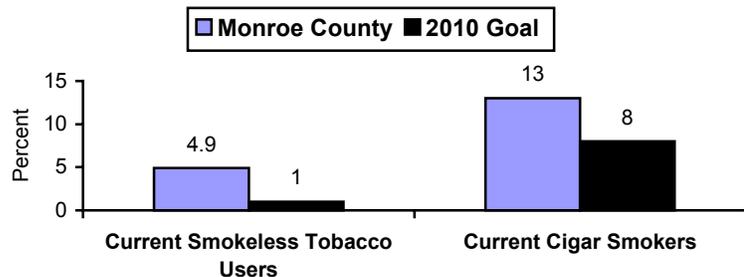
Trends

The rate of smokeless tobacco use improved between 1995 and 1997, and since has leveled off.

The rate of cigar smoking improved between 1999 and 2001, and has since leveled off.

Compared to the US 2010 Goals

Rates of teen tobacco use in Monroe County have not met either of the 2010 Goals.



Monroe County Compared to the US (2003)

Monroe County youth were less likely to report using smokeless tobacco compared to US youth (5% vs. 7%).

Retail Sales of Tobacco to Youth

Definition: The Monroe County Department of Public Health (MCDPH) contracts with town and city police departments and with the Monroe County Sheriff's Department to conduct underage compliance checks of tobacco retailers. Minors are sent to stores throughout the county to attempt to buy tobacco products.

Source: Monroe County Department of Public Health

Findings

Of the 1,000 tobacco compliance checks in 2004, tobacco products were sold to minors 96 times (10% sold, 90% refused to sell).

Trends

The sell rate of tobacco to minors improved from 16% in 2001 to 10% in 2004.

Programs/Initiatives

In 1998, **HEALTH ACTION** selected "Reduce Youth Tobacco Use" as a priority goal for action. A work group consisting of the three integrated health systems, the Health Department and the Smoking and Health Action Coalition of Monroe County (SHAC) developed a framework for addressing the youth smoking goal. The plan included both cessation and prevention efforts. Media campaigns, school activities, and interventions in health care settings and in the community were all a part of the plan.

In January 2001, Monroe County launched GottaQuit.com an innovative Web-based program designed to help adolescents break their addiction to nicotine. It utilized popular Instant Messaging (IM) technology to connect youth smokers to young adults who have successfully quit smoking. Evaluation data showed that 94% of Monroe County teens had seen the GottaQuit.com TV ads, 72% of county teen smokers wanted to quit, and 27% of local teen smokers had visited the Web site. Although funding for this program was eliminated in 2004, Metrix Marketing continues to host the site.

TOBACCO LIES is a local initiative sponsored by the Smoking and Health Action Coalition of Monroe County (SHAC). SHAC, funded by the NYS Tobacco Control Program, has placed highly visible signage in many public venues in Monroe County frequented by youth (Frontier Field, Blue Cross Arena, Total Sports, ESL Center, buses, etc). The coalition has partnered with local professional sports teams (Rhinos, Red Wings, Amerks, Rattlers) to use athletes as ambassadors to reach young people with an anti-tobacco message. The goal is to expose the lies and deceptions of tobacco companies and to encourage youth to remain smoke-free and not be "duped" into a lifelong addiction. The initiative has proven popular with youths, teachers, and parents.

Reality Check is a youth run, adult supported movement that exposes the manipulative and deceptive marketing practices the tobacco industry uses to target teens. For the next several years, Huther Doyle/Prevention Services will administer the program in Monroe County. In the coming year, youth will address tobacco advertising and promotions in convenience stores.

Since 2000, New York has increased the excise tax on cigarettes twice. Price has repeatedly been shown to be the most effective tool in getting people to stop smoking. Youth -- with generally less disposable income than adults -- are

thought to be the most price-sensitive of all consumers. Research has shown that for every 10% increase in the price of cigarettes, there is a corresponding 7% decrease in youth smoking. Public health advocates believe that New York should again raise the excise tax on cigarettes, which would enable the state to spend an amount on tobacco control more commensurate with CDC guidelines. New York presently spends approximately 50% of the lower CDC recommended estimate.

TRUTH is a national counter-marketing campaign funded with proceeds from the 1998 national Master Settlement Agreement with major tobacco companies. This hard-hitting campaign produces TV ads that capitalize on teens' propensity to rebel, and they direct that rebellion towards the tobacco industry. When compared with other media campaigns, TRUTH has consistently been the highest rated by youth. The campaign is believed to have played a significant role in recent reductions in teen smoking rates. Due to limited availability of funds, funding at the present level will likely not continue.

The New York State Smokers' Quitline 1-866-NY-QUITS (1-866-697-8487) offers free and confidential services that provide effective stop smoking services to New Yorker's who want to stop smoking. Telephone counseling in English or Spanish is available on an individual basis. There is also an informational web site¹⁵ and printed materials.

Emerging Issues

Between 1997 and 2005, considerable attention was paid to the problem of adolescent smoking rates. As stated earlier, reducing youth tobacco use was a **HEALTH ACTION** priority goal for adolescents. The results have been impressive with smoking rates having declined substantially among teens nationally, in New York State and in Monroe County. The Monroe County youth smoking rate decreased 50% between 1997-2003. As attention turns away from this issue towards other pressing health problems among youth, many believe that it is possible that teen smoking rates may stop declining, or worse, start to climb again. Public health advocates have lobbied for continued or even increased funding to enable the implementation of evidence-based tobacco control interventions.

While some attention has been paid to developing cessation services locally, the only significant sustained effort is the New York State Smokers' Quitline. Although youth may access the Quitline, it is not necessarily tailored for young people. Research done in Rochester suggested that teens are hesitant to use telephone quit lines, so from a practical point of view, teens with interest in quitting are now largely without specific support services.

In July 2003, New York passed an amended Clean Indoor Air Act which essentially prohibited all smoking in public places and in work sites. Smoking restrictions, over time, have been shown to result in reduced rates. Declines in youth rates often follow declines in adult rates. Such laws also send a powerful social norms message to youths and can contribute to a "de-normalization" of smoking. This phenomenon can be particularly effective at further reducing smoking rates among youth who tend to be overly influenced by what they 'perceive' as normal.

¹⁵ <http://www.nysmokefree.com/>

Goal: Reduce Substance Abuse

Adolescents who drink alcohol are at a higher risk of becoming alcohol dependant, are more likely to become sexually active and are four times more likely to experience major depression. Marijuana use can impact on an adolescent's learning ability. Use of other drugs and substances can cause serious health problems and sometimes death.

Data

Self-Reported Alcohol Use

Definition: The proportion of Monroe County public high school students (grades 9-12) who report various behaviors related to alcohol consumption.

Source: Monroe County Youth Risk Behavior Survey, 2005.

Findings

- 73.5% ever consumed one or more drinks of alcohol¹⁶
- 44.6% had at least one drink in the past month (current drinkers)
- 27.0% engaged in binge drinking in the past month¹⁷
- 34.6% of *high school seniors* engaged in binge drinking in the past month
- 20% consumed one or more drinks of alcohol before age 13

Differences between sub-populations

Males are more likely than females to report they

- engaged in binge drinking in the past month (31.8% vs. 22.7%)
- consumed one or more drinks of alcohol before age 13 (23.9% vs. 16.5%)

Females are more likely than males to report they ever had a drink of alcohol (75.6% vs. 71.3%)

White students are more likely than African American students to report they

- had at least one drink of alcohol in the past month (49.1% vs. 31.5%)
- engaged in binge drinking in the past month (31% vs. 13.8%)
- ever had one or more drinks of alcohol in their life (77.2% vs. 64.4%)

African American students are more likely than White students to report they consumed one or more drinks of alcohol before age 13 (24.3% vs. 16.8%)

Trends

The rate of students reporting they had one or more drinks of alcohol in the past month was stable between 1992 and 1999, and improved slightly between 1999 and 2005.

The rate of binge drinking among all students has fluctuated since 1992.

¹⁶ Includes beer, wine coolers and liquor. Does not include drinking for religious purposes

¹⁷ Consumed 5 + drinks within a couple of hours

The rate of binge drinking among *high school seniors* worsened between 1992 and 2001 and then improved between 2001 and 2005.

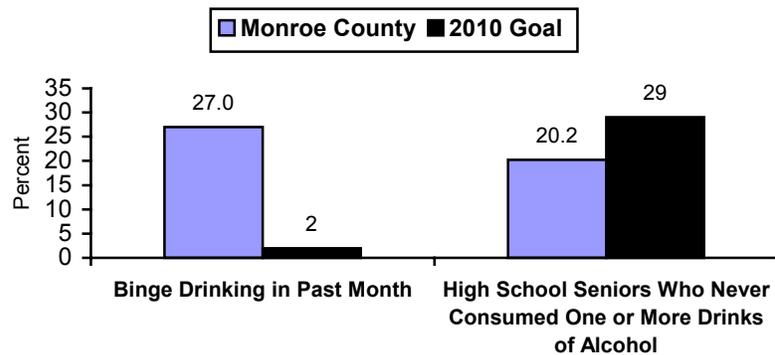
The rate of students reporting that they had one or more drinks of alcohol before age 13 improved overall between 1992 and 2005.

The rate of students ever drinking alcohol improved between 1999 and 2003.

The percentage of *high school seniors* reporting they never had one or more drinks of alcohol worsened between 1992 and 2001, and improved between 2001 and 2005.

Compared to the US 2010 Goals

Rates of alcohol use in Monroe County have not met the 2010 Goals for the Nation.



Monroe County Compared to the US (2003)

Monroe County students were less likely than US students to report that they had one or more drinks of alcohol before age 13 (22% vs. 28%).

Self-Reported Illicit Drug Use

Definition: The proportion of Monroe County public high school students (grades 9-12) who report that they use illicit drugs.

Source: Monroe County Youth Risk Behavior Survey, 2005

Findings:

- 40.4% ever used marijuana
- 22.4% used marijuana in the past month
- 9.7% tried marijuana before age 13
- 6.3% ever used cocaine
- 4.6% used cocaine in the past month
- 3.4% ever used heroin
- 5.7% ever used methamphetamines
- 5.3% ever used ecstasy

- 2.3% ever injected illegal drugs into their body
- 8.2% ever used any other type of illegal drug such as LSD, PCP, or mushrooms
- 50.8% of high school seniors ever used any illegal drugs¹⁸
- 32.1% were ever offered, sold or given an illegal drug on school property in the past year

Differences between sub-populations

Males are more likely than females to report they

- used marijuana in the past month (26.8% vs. 18.5%)
- tried marijuana before age 13 (13.2% vs. 6.5%)
- ever used cocaine (7.8% vs. 4.9%)
- used cocaine in the past month (6.3% vs. 3.1%)
- ever used heroin (4.9% vs. 2.1%)
- ever used methamphetamines (7.7% vs. 3.8%)
- ever used ecstasy (6.9% vs. 3.9%)
- ever used illegal drugs like LSD, PCP or mushrooms (11.9% vs. 4.7%)
- were offered, sold or given illegal drugs on school property in the past year (35.6% vs. 28.8%)

White students are more likely than African American students to report they ever in their lifetime used:

- cocaine (6.7% vs. 3%)
- other illegal drugs like LSD, PCP or mushrooms (8.7% vs. 3.5%)

African American students are more likely than white students to report they used marijuana before age 13 (16.9% vs. 6.7%)

Trends

Marijuana use increased between 1992 and 1995, since then it has fluctuated.

The rate of students using marijuana before age 13 has worsened since 1992.

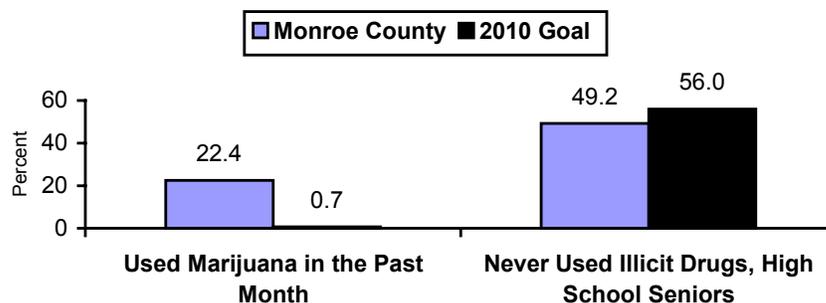
The rate of students reporting that in the past year there were offered sold or given a drug on school property in the past year improved between 1995 and 1999, and since then has leveled off.

The percentage of high school seniors reporting that they never used any illegal drugs improved between 2001 and 2005.

Compared to the US 2010

Goals

Rates of drug use have not met the 2010 Goals for the Nation.¹⁹



Monroe County Compared to the US (2003)

¹⁸ includes marijuana, cocaine, heroin, methamphetamines, ecstasy, LSD, PCP, mushrooms, or injected illegal drugs

¹⁹ Monroe County data includes marijuana, cocaine, heroin, methamphetamines, ecstasy, LSD, PCP, mushrooms or injecting illegal drugs. 2010 Goal includes marijuana, LSD, other hallucinogens, crack, other forms of cocaine, or heroin other opiates, stimulants, barbiturates, or tranquilizers not under a doctor's orders.

Monroe County students were less likely than US students to report that they ever in their lifetime

- used methamphetamines (6% vs. 8%)
- used ecstasy (6% vs. 11%)

Monroe County students were more likely than US students to report that they were offered, sold or given drugs on school property in the past year (31% vs. 29%).

Self-Reported Other Substance Abuse

Definition: The proportion of Monroe County public high school students (grades 9-12) who report abuse of other substances and drugs (inhalants, prescription drugs, over the counter drugs and steroids.)

Source: Monroe County Youth Risk Behavior Survey, 2005

Findings

- 11.2% ever sniffed glue, spray cans or paint to get high (inhalants)
- 4.9% in the past month sniffed glue, spray cans or paint to get high
- 10.3% ever took a drug prescribed for someone else to get high
- 8.6% ever took any over-the-counter drug to get high
- 3.4% ever used steroids without a doctor's permission

Differences between sub-populations

Males are more likely than females to report they

- used inhalants to get high in the past month (6.0% vs. 3.8%)
- ever took a drug prescribed to someone else to get high (12.1% vs. 8.7%)
- ever took steroids without a doctor's prescription (5.0% vs. 2.0%)

White students are more likely than African American students to report they ever

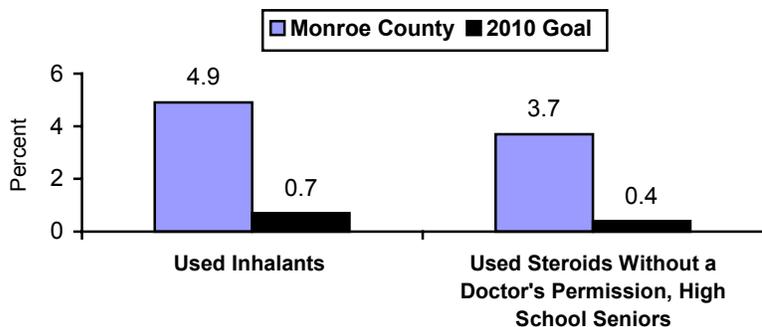
- used inhalants (12.1% vs. 5.5%)
- took a drug prescribed for someone else to get high (11.4% vs. 4.5 %)
- took any form of over the counter drug to get high (9.6% vs. 4.0%)

Trends

The percentage of students reporting they ever used inhalants improved between 1995 and 2003 and since has leveled off. Reported inhalant use in the past month remained stable since 1999 when it was first included in the Monroe County YRBS.

Compared to the US 2010 Goals

The rates of inhalant use and steroid use in Monroe County have not met the 2010 Goals for the Nation.²⁰



Monroe County Compared to the US (2003)

Monroe County students were less likely than US students to report that they have ever used:

- illegal steroids (4% vs. 6%)
- inhalants to get high (9% vs. 12%)

Self-Reported Drinking and Driving

See page 66.

Arrests for Driving While Intoxicated

Definition: The number of arrests of youth ages 16-20 years old for driving while intoxicated. The youth arrest rate for DWI is a measure of law enforcement response to youth drug and alcohol use and an indirect measure of alcohol and drug use in among youth. A higher arrest rate in the county may not mean a higher rate of use among youth, but an increased effort among law enforcement to arrest those who drink and drive.

Source: Uniform Crime Report, NYS Division of Criminal Justice Services

Findings

In 2001, there were 235 driving while intoxicated (DWI) arrests among Monroe County youth.

Trends

The DWI arrest rate²¹ among Monroe County youth ages 16-20 years decreased in the early 1990's, increased from 1995 to 1999 then decreased from 1999 to 2001.

Monroe County Compared to NYS and other counties(2001)

The arrest rate in Monroe County (44.8) is higher than New York State (30.9), but is comparable to the rest of the state, and Albany, Erie, and Onondaga Counties.²²

²⁰ Both 2010 Goals are for past year use. Monroe County data for inhalant use is past month and for steroid use it is lifetime use.

²¹ Rate per 10,000 based on census population

²² Rate per 10,000 based on census population

Arrests for Drug Use/Drug Possession Drug Sales, and Driving While Under the Influence

Definition: These data show the number of arrests of Monroe County youth aged 10-20 years old for the use, possession or sale of drugs, public narcotic intoxication, or driving under the influence (DUI) of drugs. The rate of youth drug arrests is a direct measure of law enforcement response to youth and alcohol and other drug (AOD) use, and an indirect measure of youth AOD use in the population.

Source: Uniform Crime Report, NYS Division of Criminal Justice Services

Findings

- In 2002 there were 1,528 arrests among youth for drug use/possession/sale or driving under the influence of drugs (DUI).

Trends

The rate²³ of youth drug arrests in Monroe County increased between 1993 and 1999, declined between 1999 and 2001 and leveled off in 2002.

Monroe County Compared to New York State Areas (2002)

The arrest rate in Monroe County (128.7) is worse than Upstate (118.4) and Erie County (106.4), but better than Albany (209.9) and Onondaga (145.8) counties. (NYC data not available)

Programs/Initiatives

New York State only requires that students receive ½ credit of health in middle school and ½ credit in high school. During these health education classes, there is a certain amount of time spent on substance abuse prevention/education. In addition to these required classes, substance abuse prevention/education is also provided to students at other times throughout their education. The amount of emphasis put on substance abuse education varies by district. A variety of curricula are used by districts, including research-based programs, such as Botvin's Life Skills, Project Alert or Reconnecting Youth, as deemed appropriate for the particular grade level or student population. These curricula generally focus on building protective factors through the teaching of skills that help youth steer clear of substance abuse, including communication, decision making, building healthy relationships, and peer pressure resistance skills.

In addition to education, many schools have substance abuse prevention/intervention counseling services on-site offered through agencies, including The Center for Youth Services, Delphi Drug and Alcohol Council, Threshold Center for Alternative Youth Services, Catholic Family Center and Puerto Rican Youth Development and Resource Center. These agencies, along with Huther Doyle Prevention Services and DePaul's National Council on Alcoholism and Drug Dependence provide substance abuse prevention workshops, presentations and training for parents and youth at schools and other community sites. The City Bureau of Parks and Recreation and Metro Council for Teen Potential are supporting youth to develop their own social marketing prevention messages. These programs cover a

²³ Rate per 10,000 based on census population

range of topics addressing risk factors, resiliency, peer pressure, and effective communication, and are tailored to meet the needs of the particular target audience.

Prevention activities also occur outside of the school setting in a variety of community locations. Threshold and The Center for Youth provide intervention counseling at community sites, targeting older youth, homeless youth and/or youth who may have left school. Universal prevention/education and awareness activities occur through such activities as health fairs, media campaigns and Huther-Doyle Prevention Services also offers drug education programs through the use of a 28 foot mobile resource vehicle - bringing resources and programs directly to particular sites. The "Parents Who Host Lose the Most" public awareness campaign is a new initiative aimed at increasing awareness among parents of the hazards and liability associated with serving alcoholic beverages to minors.²⁴ Several other youth serving agencies across the city and county offer children and youth the opportunity to make healthy choices as they engage in activities in schools during the day or before/after school, and at other community settings (i.e. scouting programs, recreation centers across the county, churches, settlement houses and neighborhood centers).

Substance abuse outpatient treatment programs for adolescents are offered by Catholic Family Center, Huther-Doyle Memorial Institute, Westfall Associates, Conifer Counseling, St. Joseph's Villa, and Unity/Park Ridge. Treatment services are covered by most insurance plans with co-pays the same as for medical visits. For those without insurance, a sliding fee scale, based upon family income, may be used. Long and short term residential services are available through PRCD, Inc. and St. Joseph's Villa for youth who are in need of treatment in a structured residential setting.

Building assets among can help youth reduce their risk of engaging in substance abuse. According to the Search Institute, youth with a significant number of assets (30 - 40) are less likely to engage in risky behaviors (drugs, sex, violence). Programs focusing on asset building are mentioned on page 13 of this report.

Emerging Issues

According to the Monroe County Youth Risk Behavior Survey, 2005, 44.2% of high school seniors ever used illegal drugs in their lifetime and 10.3% of all students ever used a prescription drug prescribed by someone else to get high.

Monitoring the Future (MTF) is an ongoing study of the substance abuse behaviors, attitudes, and values of American secondary school students. Questions contained in MTF are different from those in the YRBS, so data from the two sources are not comparable. According national MTF data released in 2005, about 50% of high school seniors have used illicit drugs in their lifetime. While illicit drug use has been declining ever so slightly in the past several years, teen's misuse of prescription pain medication has increased. More than one in 10 high school seniors used prescription painkillers in 2005. Abuse of one painkiller, OxyContin, has increased significantly. Use of this drug among high school seniors increased from 4% to 5.5% from 2002-2005. Oxycontin is an opiate that is a widely prescribed, highly effective pain killer. Teens crush up the pills and snort them to get high. This drug can be highly addictive, especially when it is taken this way. Oxycontin is often sold on the street for \$80 a pill.²⁵

Although the rise in the use of methamphetamines has largely effected adults, anecdotal reports have identified some spill over into the youth population. Some pharmacies, groceries and convenience stores are limiting access to the

²⁴ www.nydas.org/parentswhohost

²⁵ For more information go to www.monitoringthefuture.org.

pseudoephedrine-containing decongestants because these products can be used in the manufacture of methamphetamines.

The New York State Education Department estimates that there will be a 22% cut in state funds for the Safe and Drug Free School Program in the 2006-2007 school year. Several local districts utilize these funds for substance abuse prevention programming.

Accessing substance abuse treatment services for adolescents is difficult among uninsured or underinsured families. Many cannot afford the fees, even after the sliding fee scale is applied. When there is some insurance coverage, many families can not afford the co-pays.

A significant proportion of youth with chemical dependency also have mental illness. Most programs in the community are not structured to provide integrated care for these youth. Treatment and prevention programs may need to be modified to bring in evidence-based programs to meet the needs of this population of youth with co-occurring disorders. There is growing recognition of the relationship of trauma and violence to mental health and substance abuse problems.

Outreach and identification of effective prevention, intervention and treatment services for racial and ethnic minority youth in the community is necessary to improve outcomes for these youth. These populations may not access available services and/or may not engage in or remain in services that are not culturally competent.

Goal: Reduce Violence Against and By Youth

Adolescents exposed to violence may experience both short and long term psychological effects including anger, withdrawal, fear, and desensitization to violent behavior.

Data

Self-Reported Victims of Violence

Definition: The proportion of Monroe County public high school students (grades 9-12) who report being a victim of violent behavior.

Source: Monroe County Youth Risk Behavior Survey, 2005

Findings

- 5.5% did not go to school on one or more days in the past month because they felt unsafe
- 26.5% were bullied at school or on the way to school in the past month (teased/harassed/attacked)
- 7.9% were threatened/injured on school property 1 or more times in the past year
- 22.7% had property stolen or deliberately damaged on school property in the past year
- 10.7% were hit, slapped or physically hurt on purpose by a boyfriend or girlfriend in the past year
- 8.7% were ever forced to have sexual intercourse

Differences between sub-populations

Males are more likely than females to report they were threatened or injured on school property in the past year (10.8% vs. 5.3%)

African American students are more likely than white students to report they

- Didn't go to school on 1+ days in the past month because they felt unsafe (8.1% vs. 3.8%)
- Were hit, slapped or physically hurt by a boyfriend or girlfriend in the past year (16% vs. 8.8%)
- Were ever been forced to have sexual intercourse (12.4% vs. 7.4%)

Trends

Between 2003 and 2005 there was a decline in the proportion of students reporting that in the past month they were bullied at school or on the way to school.

The proportion of students reporting they did not go to school because of safety concerns remained stable at around 5% between 1995 and 2005, except in 2001 when it increased to 8%.

Compared to the US 2010 Goals

There are no 2010 Goals related to these measures.

Monroe County Compared to the US (2003)

In 2003, Monroe County students were less likely than US students to report they:

- Were threatened or injured on school property (7.5% vs. 9.2%)
- Had property stolen/damaged in school (26.4% vs. 29.8%)

In 2003, Monroe County students were more likely than US students to report dating violence (12% vs. 9%).

Exposure to Violence and Sense of Safety

Definition: Self-reported exposure to violence and sense of safety.

Source: Countywide Youth Survey, Metro Council for Teen Potential, 2001-2002.

Findings

- 23% have seen someone get shot, stabbed or beaten in their neighborhood
- 32% have seen someone get shot, stabbed or beaten in school
- 25% have seen adults or children at home get into a physical fight

- 93% usually feel safe in their neighborhood
- 90% usually feel safe in and around their school
- 98% usually feel safe at home

Differences between sub-populations (2002)

City teens were more likely than suburban teens to report having seen:

- Someone get shot, stabbed or beaten in their neighborhood (31% vs. 11%)
- Someone get shot, stabbed or beaten in school (37% vs. 23%)
- Adults or children at home get into a physical fight (27% vs. 20%)

City teens were less likely than suburban teens to report they usually feel safe

- In their neighborhood (90% vs. 99%)
- Around school (88% vs. 95%)
- At home (97% vs. 99%)

Homicides

Definition: The number and rate of Monroe County adolescents ages 10-19 who died of homicide.

Source: Vital Records, Monroe County Department of Public Health. 2004-2005 preliminary data from the Monroe County Medical Examiner's Office.

Findings

- Homicide was the second leading cause of death among adolescents in Monroe County between 2001 and 2003. It was the leading cause of death among adolescents residing in the City of Rochester.
- Between 2001 and 2005, 46 adolescents ages 10-19 were homicide victims. In 2005 alone, 12 teens in this age group died.

Differences among sub-populations (2001-2005)

The majority of adolescents who died from homicide were African American males (74%) who resided in the City of Rochester.

The death rate due to homicide is highest among African Americans, (36) and Hispanics (26) compared to non-Hispanic Whites (0.8).²⁶

Trends

Five-year moving average rates of homicide declined in late 1990s. Since 2000, the five-year average annual rate increased.²⁷

Compared to the US 2010 Goal

There is not an age specific 2010 Goal for homicide rates.

Monroe County Compared to the US (2000-2002)

The homicide rate among adolescents in Monroe County (8.3) is worse than the rate in the US (5.1).²⁸

Hospitalizations Due to Assault

Definition: The number of hospital discharges of adolescents ages 11-18 years with a diagnosis of an injury caused by assault.

Source: SPARCS, NYSDOH.

Findings

- 44 youth were hospitalized due to assault in 2004.

Differences between sub-populations (2002-2004)

Eighty-four percent of hospitalizations due to assault occur among residents with city zip codes.

The rates of hospitalizations due to assault are:

- higher in city zip codes (98) compared to suburban zip codes (11)²⁹
- highest in the 14611 (176), and 14621 (170) zip codes.
- higher among African American males (232) and Hispanic males (117) compared to non-Hispanic White males (26).³⁰
- Higher among African American females (42) and Hispanic females (19) compared to non-Hispanic White females (3)³¹

²⁶ Rate per 100,000 based on Bridged Race post census estimates

²⁷ Rate per 100,000 based on CGR estimates and 2000 Census.

²⁸ National Vital Statistics System, CDC Wonder online, 3-09-06

²⁹ Rate per 100,000 based on 2000 Census. City zip codes = 14604, 05, 06, 07, 08, 09, 10, 11, 12, 13, 14, 15, 19, 20, 21

³⁰ Rate per 100,000 based on Bridged Race Post Census Estimates

Trends

There was a decline in the number and rate of hospitalizations due to assault through the late 1990s. This decline may have occurred due to the shift from inpatient to outpatient care. It may not necessarily be due to a decline in serious assaults. Since 2000, the rate has increased.³²

Self-Reported Violence Related Behavior

Definition: The proportion of Monroe County public high school students (grades 9-12) who report various behaviors related to violence.

Source: Monroe County Youth Risk Behavior Survey, 2005

Findings

- 16.5% carried a weapon in the past month
- 5.5% carried a gun in the past month
- 5.5% carried a weapon on school property in the past month
- 34.1% were in a physical fight in the past year
- 12.8% were in a physical fight on school property in the past year

Differences between sub-populations

Males are more likely than females to report they

- Carried a weapon in the past month (25.3% vs. 8.3%)
- Carried a gun in the past month (9.0% vs. 2.6%)
- Carried weapon on school property in the past month (7.4% vs. 3.7%)
- Were in a physical fight in the past year (42.2% vs. 26.6%)
- Were in a physical fight on school property in the past year (16.1% vs. 9.8%)

African American students are more likely than White students to report they

- Carried a weapon in the past month (22.3% vs. 13.4%)
- Carried a gun in the past month (9.8% vs. 3.1%)
- Were in a physical fight in the past year (46.6% vs. 28.4%)
- Were in a physical fight on school property in the past year (18.8% vs. 9.2%)
- Carried a weapon on school property in the past month (8.8% vs. 3.7%)

Trends

The proportion of students reporting they were in a physical fight in the past year improved between 1992 and 2003, and in 2005 worsened.

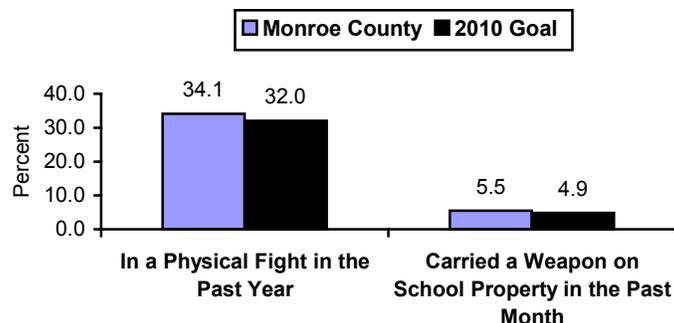
The rates of other reported violent related behavior have improved, however, most of the improvement occurred in the early to mid 1990's. Rates have remained stable in the past 3-4 years.

³¹ Rate per 100,000 based on Bridged Race Post Census Estimates

³² Rate per 100,000 based on CGR estimates, Census and Post Census Estimates 2001-2003

Compared to the US 2010 Goals:

The rates of physical fighting and weapon carrying on school property have not met the 2010 Goals for the Nation.



Monroe County Compared to the US (2003)

In 2003, Monroe County students were less likely than US students to report that they:

- Carried a weapon in the past month (15% vs. 17%)
- Engaged in a physical fight in the past year (27% vs. 33%)

Arrests for Violent Crimes

Definition: The number of arrests on each separate occasion a person is taken into custody notified or cited by a law enforcement official. An arrest is counted in the jurisdiction where it occurs (not necessarily where the crime occurs). When someone is arrested for more than one offense, only the most serious offense is listed. More than one person can be arrested for the same incident. Violent crimes include murder, non-negligent manslaughter, rape, robbery or aggravated assault.

Source: The Uniform Crime Report, 2003, NYS Division of Criminal Justice Services

Findings

During 2003 in Monroe County there were 336 arrests for violent crimes among youth ages 10-19.

The rate was 3.1.³³

Differences between sub-populations (2003)

The rate of arrests in the City of Rochester (7.0) is 5 times higher compared to the rate in the suburbs (1.4).³⁴

Trends

Between 1990 and 1999 the arrest rates for violent crimes among adolescents declined in both the city and the county as a whole. The rate in the suburbs however increased. Since 1999 rates in all three geographic areas have fluctuated.³⁵

³³ Rate per 1,000 based on post Census estimates

³⁴ Rate per 1,000 based on 2000 Census

³⁵ Rate per 1,000 based on 1990 Census, CGR estimates, and 2000 Census and post Census estimates

Monroe County compared to other counties and rest of the state (2003)

Rates of arrests for violent crime among youth in Monroe County in 2003 were lower than rates in Erie (4.3), and Onondaga (4.7) counties and comparable to the Rest of NYS (3.2).³⁶ (New York City data not available)

School Suspensions for Violent or Threatening Acts, Rochester City School District

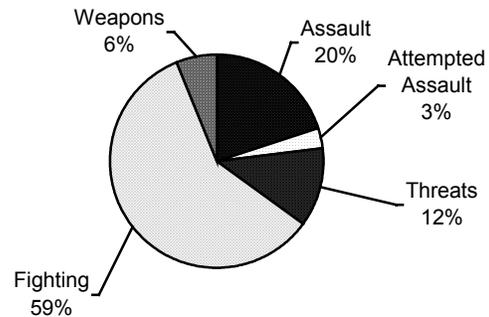
Definition: The number of suspensions of 6-12th grade students for committing violent related or threatening acts. These numbers reflect only the most serious offense for each suspension. For example if a student assaulted a staff member and threatened another staff member during the same incidents, assault would be the only reported reason for the suspension. Students are counted each time they are suspended. Violent related incidences include weapons, assaults, attempted assault, threats and fighting.

Source: Rochester City School District

Findings

During the 2004-2005 school year there were 2,684 suspensions of 6-12th grade students for violent related incidents. There were approximately 15 suspensions for every hundred students. Most of the suspensions were due to fighting and assault as shown in the graphic to the right.

Suspensions for Violent Related Incidents
By Reason, Rochester City School
6-12th Grade Students, 2004-2005



Trends

The number of suspensions for violent related incidences declined by over 36% between the 2002-2003 and the 2004-2005 school years.

Note: Suspension data for violent related offenses in Monroe County suburban districts were not readily available at the writing of this report. According to a New York State Education Report titled: "Statistics for Public School Districts, July 2005", the ratio of total suspension to student enrollment is significantly higher in the city (21.3 per 100 students) compared to the suburbs (district ratios range from 0.5 to 8.6 per 100 students).

³⁶ Rates per 1,000 based on Woods and Poole Economics Inc. population estimates

Programs/Initiatives

Youth are more vulnerable to violence than any other age group, and may experience violence at home, at school or in the streets. In response, local governments, police departments, school districts, and social service organizations have taken steps to reduce the risks youth face.

The City of Rochester has led a number of initiatives to address the very high rates of violent street crime in Rochester. The Rochester Police Department has coordinated with state and county agencies to target street gangs and to arrest the most violent offenders. *Pathways to Peace*, a City of Rochester program launched in 1998, is the prevention and intervention component of the City's youth anti-violence and anti-gang effort. *Pathways* sends a team of counselors into the streets to reach out to youth (ages 13-25) most at risk of becoming victims or perpetrators in a violent altercation. Pathways to Peace staff members develop relationships with young people and their families, try to connect them to social service programs, jobs and education, and then monitor their progress. Each year, about 1,200 youth are served.

School Districts have developed comprehensive plans to promote school safety. The RCSD uses research based programs and partners with community-based organizations. Police Resource Officers are stationed in the secondary schools, and students are screened with metal detectors. The Safe School Help Line encourages students to break the code of silence and to report incidents. The Olweus Bullying Prevention Program engages a team at each school to improve the school climate, through staff training, the development of policies that enforce consistent consequences and programs that promote character. The District uses skills-based curriculum to teach social skills and problem solving (e.g., Get Real about Violence curriculum and PATHS, a social emotional learning program, implemented with the assistance of the Children's Institute). Since 1998, the District has used the Bry's Behavioral Monitoring and Reinforcement Program. This one on one mentoring program pairs youth at risk of dropping out with trained staff from RCSD, or from the Urban League, Ibero or PRYD.

Home visiting programs that bring supports and resources to teen parents and other parents under high stress have been shown to reduce rates of child abuse and the children of parents who participate in home visiting programs have lower arrest rates as teens. Monroe County DHS and a private funder are implementing a nurse home visitor program in Monroe County in 2006

Emerging Issues

The City of Rochester had the highest homicide rate in NYS in 2003 and in 2005. In 2005, there 54 people were victims of homicide and 2/3 of the victims were under the age of thirty. Almost all these victims were young men of color. The reasons behind the rates are complex. Public safety and mental health officials point to illegal guns, poor impulse control, drug addiction, lack of jobs, gang culture, mental health problems and poor parental supervision. Many youth report that they are scared when they walk on the streets, and carry weapons for protection.

In 2005, the Society for Adolescent Medicine released two position statements, one on bullying-peer victimization and another on adolescent firearm use. The statements encourage adolescent health providers to screen for these issues during patient visits and provide guidance when indicated. The position papers also encourage health care providers to advocate for programming and legislation to address these issues.³⁷

³⁷ For more information, go to: <http://www.adolescenthealth.org/PositionPapers.htm>

Goal: Improve Mental Health

Mental illness including depressive disorders and ADHD can have far reaching effects on the functioning and adjustment of young people. Adolescents with mental health issues are more likely to engage in risky health behaviors.

Data

Self-Reported Suicide Risks

Definition: The proportion of Monroe County public high school students (grades 9-12) who report feelings, attitudes and behaviors related to suicide risk.

Source: Monroe County Youth Risk Behavior Survey, 2005

Findings

- 25.8% reported that in the past year they felt so sad and hopeless almost every day for 2 or more weeks in a row that they stopped doing their usual activities
- 14.6% seriously considered attempting suicide in the past year
- 11.5% made a specific plan in the past year about how they would attempt suicide
- 14.2% attempted suicide in the past year
- 5.1% attempted suicide in the past year that resulted in an injury that needed treatment by a doctor or a nurse.

Differences between sub-populations

Females are more likely than males to report they

- Felt so sad or hopeless every day for two or more weeks in the past year that they stopped doing their usual activities (30.3% vs. 20.9%)
- Seriously considered attempting suicide within the past year (17% vs. 12%)
- Made a specific plan within the past year about how they would attempt suicide (13.6% vs. 9.1%)

Males are more likely than females to report they attempted suicide in the past year (15.9% vs. 12.7%)

Trends

The rate of students reporting they considered suicide decreased between 1997 and 1999, and has been stable since.

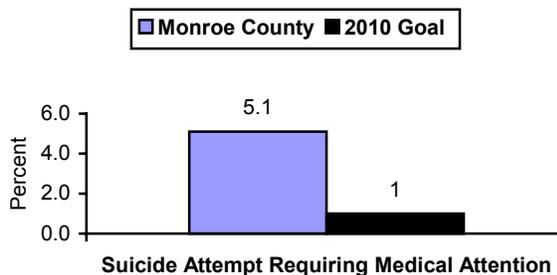
The proportion of students that made a plan about how they would commit suicide has declined since 1992.

The rates of reported suicide attempts and injurious suicide attempts have shown a slight increase overall between 1992 and 2005.

The rate of students feeling sad and hopeless has remained stable since 1999 when the question was first included in the YRBS.

Compared to the US 2010 Goal

The rate of reported injurious suicide attempts among Monroe County students has not met the 2010 Goal.



Monroe County Compared to the US (2003)

Monroe County students were more likely than US students to report:

- A suicide attempt in the past year (12% vs. 9%)
- An injurious suicide attempt in the past year (5% vs. 3%)

Suicides

Definition – the number of Monroe County adolescents ages 10-19 who died of suicide.

Source: Vital records, Monroe County Department of Public Health. 2001-2003, Medical Examiner's Records, 2004-2005.

Findings

- 11 adolescents aged 10-19 died of suicide in Monroe County between 2001-2005.

Differences between sub-populations (2001-2005)

Most suicide victims are males.

Trends

The five-year average annual death rate improved between 1990 and 2005.³⁸

Monroe County Compared to the US (2000-2002)

The suicide rate among Monroe County adolescents aged 10-19 (2.8) is better than the rate among US adolescents (4.5).³⁹

³⁸ Rate per 100,000 based on 1990 Census, CGR estimates and 2000 Census and post census estimates

³⁹ Rate per 100,000. National Vital Statistics System, CDC Wonder online, 3-09-06

Hospitalizations Due to Self-Inflicted Injury

Definition – The number of hospital discharges of adolescents aged 11-18 years with a diagnosis of a self-inflicted injury.

Source: SPARCS, NYSDOH

Findings

- In 2004, there were 49 hospitalizations due to self-inflicted injury.

Differences between sub-populations (2002-2004)

- The rate among females (87) is about 4 times higher than the rate among males (24).⁴⁰
- The rate among non-Hispanic Whites (61) is higher than the rate among African Americans (30).⁴¹

Trends

The rate of hospitalizations due to self-inflicted injuries declined significantly from 1992 to 2000. The decline may be due to a shift from inpatient to outpatient care, and may not necessarily be due to a true decrease in serious injuries. Since 2000, the rate has remained stable.⁴²

⁴⁰ Rate per 100,000 based on post Census estimates

⁴¹ Rate per 100,000 based on bridged race post census estimates

⁴² Rate per 100,000 based on CGR estimates, Census and Post Census Estimates 2001-2003

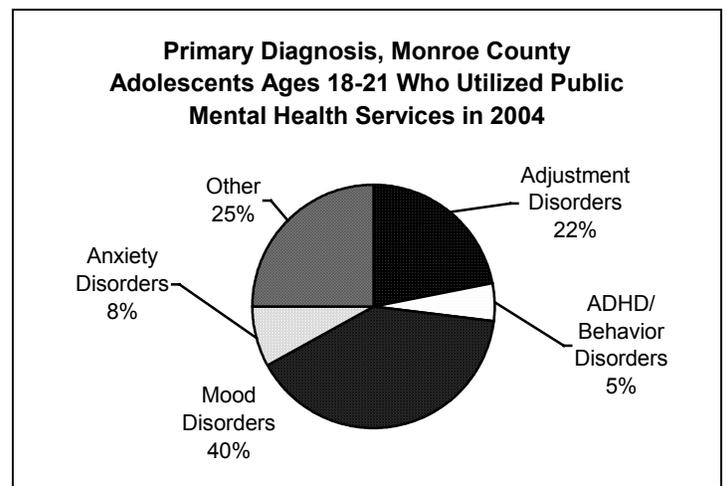
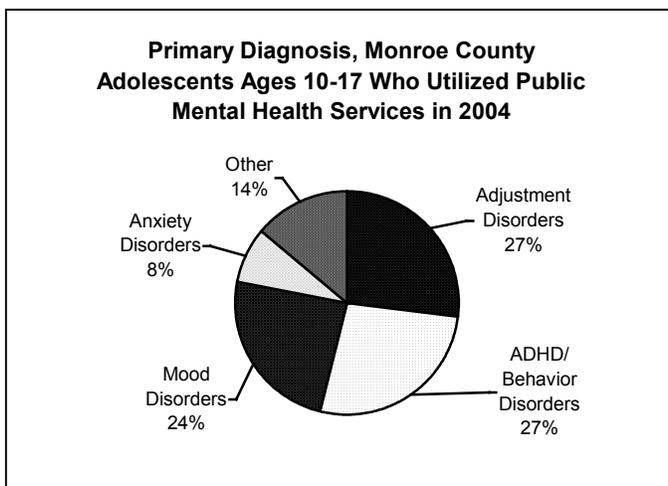
Adolescents Utilizing Public Mental Health Services

Definition: Public mental health services are those provided by not-for-profit community-based agencies, hospitals and the state-operated psychiatric center. These services are funded and/or licensed by the New York State Office of Mental Health. These data show the unduplicated number of Monroe County youth ages 10-17 and 18-21 accessing any of the public mental health services in 2004. They do not include adolescents accessing services in the private sector.

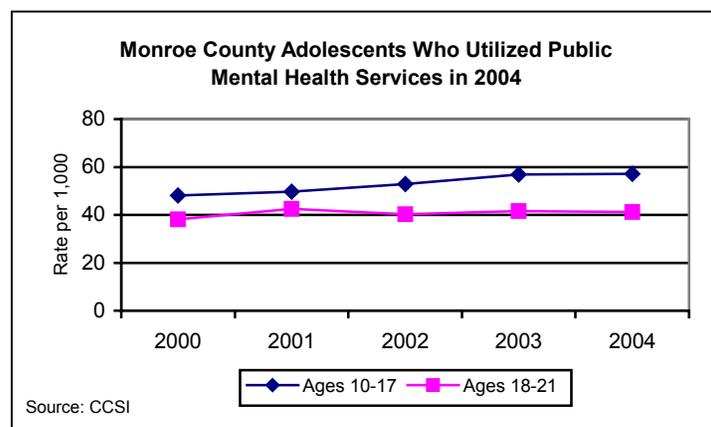
Source: Monroe County Behavioral Health Community Database (maintained by Coordinated Care Services Inc. (CCSI) on behalf of the Monroe County Office of Mental Health), 2004

Findings

4,982 adolescents ages 10-17, and 1,872 ages 18-21 received services from the public mental health system in Monroe County in 2004. The most common diagnoses among adolescents aged 10-17 years old are adjustment disorders and ADHD/disruptive behavior disorders. For those ages 18-21 the most common diagnoses are mood disorders and adjustment disorders.



The utilization rate is higher among those aged 10-17 years old compared to those aged 18-21. Since 2000, the utilization rate has increased among adolescents aged 10-17 years old. The rate among those ages 18-21 increased between 2000-2001 and then leveled off.⁴³



⁴³ Rate per 1,000 based on 2000 Census and post Census estimates

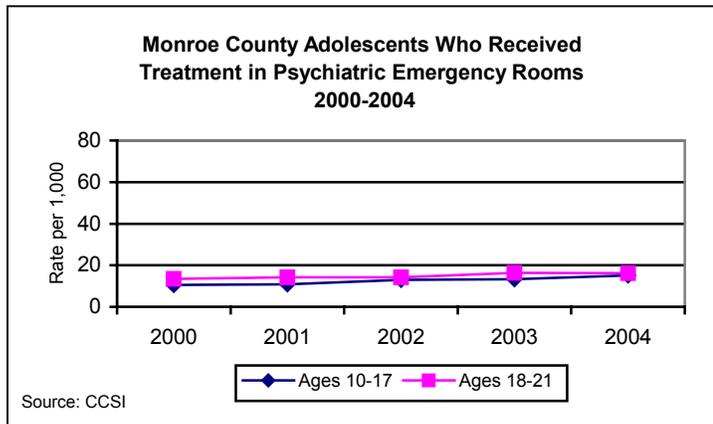
Adolescents Receiving Care in Psychiatric Emergency Departments

Definition: These data show the unduplicated number of Monroe County adolescents who received care one or more times in a psychiatric emergency department in 2004. Adolescents who receive treatment in the psychiatric ERs are also counted in the total number receiving public mental health services shown on the previous page.

Source: Monroe County Behavioral Health Community Database (maintained by Coordinated Care Services Inc. (CCSI) on behalf of the Monroe County Office of Mental Health), 2004

Findings

In 2004, 1,320 adolescents aged 10-17 years old and 736 ages 18-21 were treated in psychiatric emergency rooms in Monroe County. Between 2000 and 2004, there was an increase in both the number and rate of adolescents who visited psychiatric emergency rooms.⁴⁴



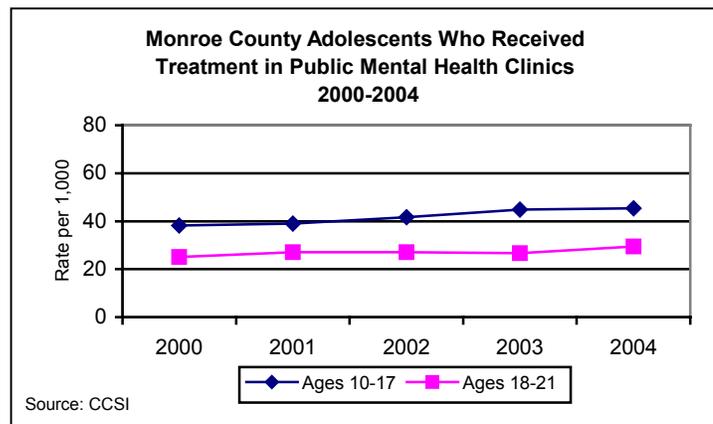
Adolescents Receiving Care in Public Mental Health Clinics

Definition: These data show the unduplicated number of Monroe County adolescents who received care in public mental health clinics. Adolescents who receive treatment in these clinics are also counted in the number accessing public mental health services shown on the previous page.

Source: Monroe County Behavioral Health Community Database (maintained by Coordinated Care Services Inc. (CCSI) on behalf of the Monroe County Office of Mental Health)

Findings

In 2004, 3,958 adolescents aged 10-17 years old and 1,338 ages 18-21 years old were treated in public mental health outpatient clinic. The number and rate of adolescents receiving treatment increased between 2000 and 2004.⁴⁵



⁴⁴ Rate per 1,000 based on 2000 Census and Post Census Estimates

⁴⁵ Rate per 1,000 based on 2000 Census and Post Census Estimates

Programs/Initiatives

Mental health treatment services that are licensed and/or funded by the New York State Office of Mental Health are offered by a variety of community agencies and health systems in Monroe County. Services include acute and intermediate psychiatric inpatient care, residential treatment, emergency/crisis care, outpatient treatment at various levels, and community and family support options. Fees and/or eligibility criteria may apply for particular services and many are covered partially through health insurance or sliding fee scales.

For information on services available, 211 provides a valuable resource in identifying the various service options. The Mental Health Association publishes a guide to finding mental health services in the community called “Finding Your Way” and a guide specifically for families of children/adolescents called “Through the Maze”. These publications may be obtained by calling 325-3145. In addition, lists of agencies providing counseling/mental health services can be found in the Rochester-Monroe County Youth Bureau’s “Adult Guide to Youth Services” that can be accessed online.⁴⁶

In the event that a child or adolescent is experiencing a mental health crisis that requires a rapid response, Youth Emergency Services (YES) may be contacted.⁴⁷ YES is a multi-agency consortium that provides rapid access to emergency mental health services for children, adolescents and their families. YES Crisis Specialists can be contacted at Crestwood Children’s Center, Unity Health System-Park Ridge Campus, Unity Health System-Genesee Street Campus, Via Health-Genesee Mental Health Center, and Via Health-Rochester Mental Health Center. The Rochester Community Mobile Crisis Team is a service of the Strong Behavioral Health Comprehensive Psychiatric Emergency Program that provides on-site assessment and crisis intervention in the community. Access to the Crisis Team is through 211.

Home Based Crisis Intervention (HBCI), a service of Unity Health System, provides intensive in-home counseling services to families in Monroe County with a child who is currently at risk for psychiatric hospitalization. YES crisis beds are a service of Hillside Children’s Center. These beds are intended for short-term (up to 14 days) residential care for children who are in acute emotional distress, but not in need of psychiatric hospitalization.

The Monroe County Single Point of Access (SPOA) is a central intake process for community-based and residential mental health services for children in Monroe County. Hillside Children’s Center operates SPOA on behalf of the Monroe County Office of Mental Health. The purpose of SPOA is to identify children at the highest risk of placement and develop a plan to support them in their home communities. SPOA works with families to create an individualized care plan, which may include enrollment in one of several programs (i.e. Home and Community Based Services Waiver, or Intensive or Supportive Case Management). Although the SPOA focuses on the development of plans to support children in their home, access to mental health residential treatment is also through the SPOA process.

The Home and Community Based Services Waiver, operated by Hillside Children’s Center provides intensive services that are coordinated, individualized and community-based in an effort to avoid out-of-home placements. The service focuses on using family/child strengths to support families and providing individualized service plans to meet the needs of the entire family. The program is at no cost to the family.

Intensive Case Management (ICM) and Supportive Case Management (SCM) are programs of St. Joseph’s Villa Preventive Services that aim to keep children with serious emotional disturbances in the natural family, school and community setting. These programs provide coordination of and linkage to community-based resources.

The Coordinated Children’s Services Initiative (CCSI) is a service of the Monroe County Office of Mental Health that provides case planning and individualized services to help maintain children safely in the community. To be eligible for this program a child must be at imminent risk of residential placement and be involved in one or more service

⁴⁶ : <http://www.monroecounty.gov/org827.asp?orgID=827&storytypeid=&storyID=&>

⁴⁷ 723-7750.

system, i.e. child welfare, juvenile justice, mental health. This initiative is accessed through the Monroe County Office of Mental Health.

Supportive services play a key role on assisting children and families in the community. Better Days Ahead (BDA) Family Support Network, a service of the Mental Health Association, is a network for families of children who have emotional or behavioral challenges. Through a staff of family advocates, BDA currently provides support groups, informational meetings, telephone consultation, advocacy, parent advocacy training, respite care, and training for families of children who have emotional or behavioral challenges. Respite services for families with children who have emotional or behavioral challenges are also available through BDA and Berkshire Farms and offer therapeutic supervision for a specified period of time to help families reduce their stress. Additional supportive services are offered by Compeer, including family support, one-to-one matches with Compeer volunteers and a recreation mentoring program.

Outpatient treatment/therapy may be accessed through several clinics at a variety of sites. Agencies offering clinic treatment for children and adolescents are Via Health (Rochester Mental Health and Genesee Mental Health Center), Unity Health System (Park Ridge, Evelyn Brandon and St. Mary's sites), Strong Memorial Hospital, Crestwood Children's Center and Catholic Family Center. Acute inpatient care is available through Strong Memorial Hospital. Further information and contact numbers for any of these services may be obtained from 211.

Schools may also be a resource to assist in accessing counseling or mental health treatment. Each school varies, but generally assistance and/or information may be obtained by contacting the Student Support Center, School-Based Health Services, guidance office or in-school nursing staff.

The Consortium on Trauma, Illness and Grief in Schools (TIG) is a community-school collaboration offers key school personnel a variety of intensive training opportunities and ongoing clinical support and resources to help children cope with trauma, violence, illness, death and loss. The goal of the program is to disseminate practical guidelines, information and tools for school personnel to use in the moment to effectively handle these emotionally laden issues. The curriculum includes training in grief and loss, chronic illness, trauma, suicide prevention and intervention, violence prevention and intervention and critical incident response. Fourteen Monroe County school districts are currently involved with TIG.

Emerging Issues

Although there are many services in the community aimed at improving the mental health of children and youth, these services are fragmented and may be difficult to access at times. The Monroe County Office of Mental Health has received cooperative agreement funding from the federal Substance Abuse and Mental Health Services Administration (SAMHSA). The MCOMH will receive \$9 million over a 6-year period for the ACCESS (Achieving Culturally Competent Effective Services and Supports) initiative to fundamentally transform children's mental health services. The ACCESS planning phase began in the fall of 2005. Implementation will include moving the system to an individualized care model, which is family-driven and youth guided.

National studies continue to show the high prevalence of mental health problems among adolescents. One study determined that almost one half of chronic illnesses in adolescents are related to mental health diagnoses. A major barrier to addressing this large burden of disease has been the high cost of treatment for mental health services that must be paid by service recipients and families. In virtually all local, commercially available health insurance products, the recipient is responsible for half of the cost of treatment. In contrast, for medical care services, co-pays are typically \$5, \$10 or \$20 dollars per visit. This "lack of parity" between medical care and mental health care has been the

subject of legislative proposals at both the state and national level, but no significant bills have been passed that address this issue.

In September 2004, a FDA advisory committee reviewed studies of children and adolescents taking antidepressant medications. They determined that there is some increased risk of suicidal behavior for some children or adolescents taking Selective Serotonin Re-uptake Inhibitors (SSRIs). About 3-4% of children or adolescents with depression who took an antidepressant had some type of suicidal behavior (such as a suicide attempt or suicidal thoughts), while 1-2% of those taking placebo (inactive pill) did. Therefore, there was almost a 2-fold increase in suicidal behavior in youth taking an antidepressant to treat their depression. There were NO completed suicides in any of these studies, which included over 4,000 children and adolescents. For those with an anxiety disorder, there was no difference in suicidal behavior in those being treated with antidepressants as compared to placebo. The FDA advisory committee recommended that a stricter warning label be placed on all antidepressants. The type of warning label they recommended is called a "black box," which means any doctor prescribing one of these medications has to clearly warn patients and their families about the risks associated with the medication. In this instance, the black box warns that there is a chance of increased risk of suicidal thoughts and behaviors in youth taking these medications.

Local mental health providers have observed that there is a lack of mental health screening services in the community especially in the public schools. When mental health problems are identified early, they are more amenable to treatment and have better outcomes.

One issue that has received media attention over the past few years is self-injury. Self-injury is the act of intentionally inflicting injury on oneself without suicidal intent. Cutting is the most common form of self-injury, followed by burning, hitting and interfering with the healing of wounds. It can be a coping mechanism used by teens to deal with anxiety, tension, sadness and/or emotional pain. In recent literature, self-injury has been described as a growing problem among adolescents and a 2002 study estimated that 14% of high school students have engaged in self-injurious behavior. Rates were significantly higher among females compared to males.⁴⁸ As better research on self-injury is still emerging, it is unclear whether this trend is due to an increase of self-injury behavior, better identification of the problem, a contagion effect or some combination of these or other reasons.

Other emerging issues include the following:

- Scarcity of supportive services for families with children with emotional challenges
- Difficulties that families with children with mental health challenges may encounter as the children "age out" of the child mental health system
- Difficulties families with children with mental health challenges may encounter when the primary caregiver experiences mental illness, chemical dependency or criminal justice involvement that impacts their ability to care for their child in the home.
- Community violence and resultant trauma induced mental illness issues
- Needs for prevention and early intervention to identify and address emotional difficulties early on, prior to crisis.

⁴⁸ Ross, S; & Heath, N. (2002) A study of the frequency of self-mutilation in a community sample of adolescents. *Journal of Youth & Adolescence*, Volume 31(1), 67-77.

Goal: Reduce Sexual Risk

Engaging in sexual intercourse puts adolescents at risk for pregnancy, sexually transmitted diseases and HIV/AIDS.

Data

Self-Reported Sexual Risks

Definition: The proportion of Monroe County public high school students (grades 9-12) who report various sexual risk behaviors.

Source: Monroe County Youth Risk Behavior Survey, 2005

Findings

- 44.8% ever had sexual intercourse
- 13.8% had sexual intercourse before age 13
- 22.7% of students ages 15 and older had sexual intercourse before age 15,
- 30.8% engaged in sexual intercourse within the past 3 months (currently sexually active).
- 13.6% had sex with 4 or more partners in their lifetime
- 42.1% ever engaged in oral sex
- 56.6% ever engaged in sexual intercourse or oral sex
- 88.3% abstained from sex for the past 3 months or more, or when they had sex in the past 3 months, they used a condom the last time they had sex (responsible sexual behavior)
- 27.1% of those who ever had sex abstained from having sexual intercourse for the past 3 months

Of currently sexually active students

- 67.7% of males and 60.5% of females reported they used a condom the last time they had sex
- 22% reported they drank alcohol or used drugs the last time they had sex

Differences between sub-populations

Males are more likely than females to report they:

- Ever had sexual intercourse (48.1% vs. 41.9%)
- Had sexual intercourse before age 13 (13.9% vs. 4.1%)
- Had 4 or more sexual partners in their lifetime (18.7% vs. 9%)
- Used alcohol or drugs before the last time they had sex⁴⁹ (28.4% vs. 16.1%)
- Ever engaged in oral sex (45.1% vs. 39.3%)

African American students were more likely than White Students to report they

- Ever engaged in sexual intercourse (60.4% vs. 39.1%)
- Are currently sexually active (43.5% vs. 26.4%)
- Were sexually active before age 13 years old (18.6% vs. 4.1%)
- Had 4 or more sex partners in their lifetime (29.6% vs. 8.1%)
- Ever engaged in sex or oral sex (64.2% vs. 53.8%)

⁴⁹ Of those who are currently sexually active only

White students are more likely than African American students to report they have engaged in oral sex (47.6% vs. 27.6%)

White students are more likely than African Americans to report they:

- Engaged in responsible sexual behavior (90.2% vs. 83.2%)
- Used birth control pills the last time they had sex⁵⁰ (28.4% vs. 10.5%)
- Used birth control pills the last time they had sex⁵¹ (21.1% vs. 8.7%)

Trends

Between 1992 and 1999 improvements were made in the proportion of students reporting the behaviors listed below. Between 1999 and 2003 these rates for the most part remained relatively stable, however in 2005, the rates showed a statistically significant increase.

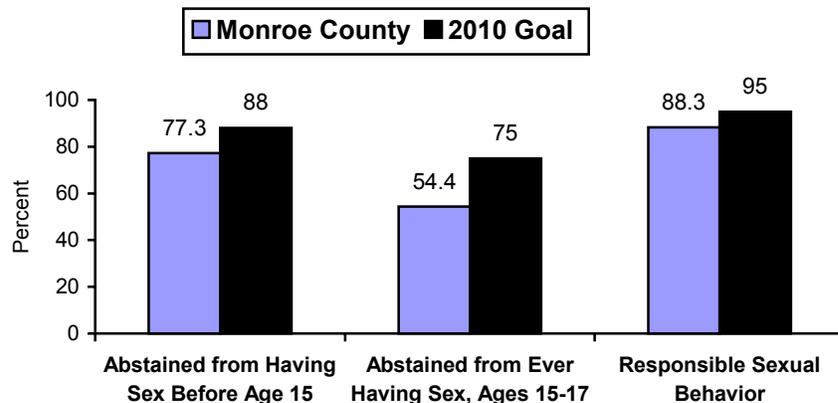
- Ever had sex,
- Currently sexually active
- Had sex before age 15
- Have had 4 or more sex partners in their life time

Condom use has fluctuated since 1992.

The proportion of students reporting they ever had oral sex remained stable since 2003 when it was first included in the survey.

Compared to the US 2010 Goals

The rates of abstinence⁵² among Monroe County youth and responsible sexual behavior have not met the 2010 Goals for the Nation.

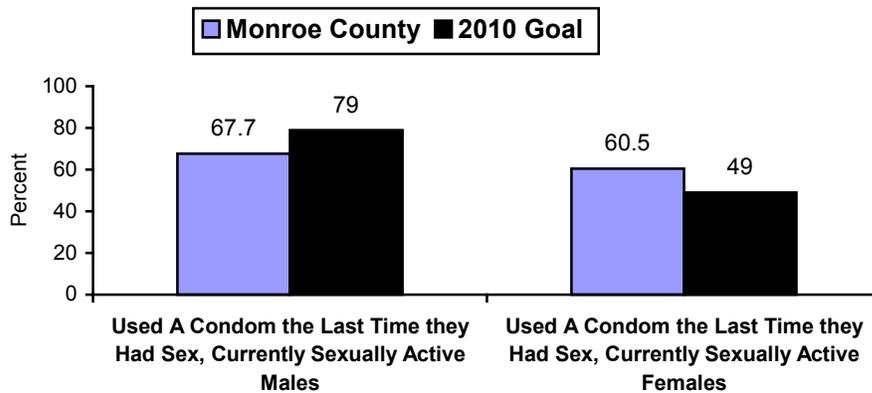


⁵⁰ Of currently sexually active females

⁵¹ Of currently sexually active males

⁵² Responsible sexual behavior is defined as abstained from sex for 3 months or more, or if currently sexually active, used a condom the last time they had sex.

The rate of condom use among females has met the 2010 Goal⁵³, while the rate among males falls short.



Monroe County Compared to the US (2003)

Monroe County students were less likely than US students to report they:

- Ever had sex (43% vs. 47%)
- Were currently sexually active (29% vs. 34%)
- Had 4 or more sex partners in their lifetime (12% vs. 14%)

Monroe County female students were more likely than US female students to report that they used birth control pills the last time they had sex (26% vs. 21%).

Adolescent Pregnancies

Definition: The number of pregnancies among Monroe County adolescents ages 10-19. Pregnancies include all births, abortions and fetal deaths. Total county data are for 2003. At the publication of this report, 2003 rates by race and zip code are not available, so 2002 data are used.

Source: Vital Records, MCDPH, and Finger Lakes Health Systems Agency. Findings

During 2003, there were a total of 1536 adolescent pregnancies. The number of pregnancies and rates⁵⁴ by age group are listed in the table to the right.

Adolescent Pregnancies, Monroe County, 2003	Number	Rate per 1000
Age 10-14	49	1.8
Age 15-17	556	35.9
Age 18-19	931	84.6

⁵³ The population base for Monroe County is 9th-12th grade public high school students, while the 2010 Goal is all unmarried adolescents ages 15-17.

⁵⁴ Rate per 1,000 based on post Census estimates

Differences between sub-populations

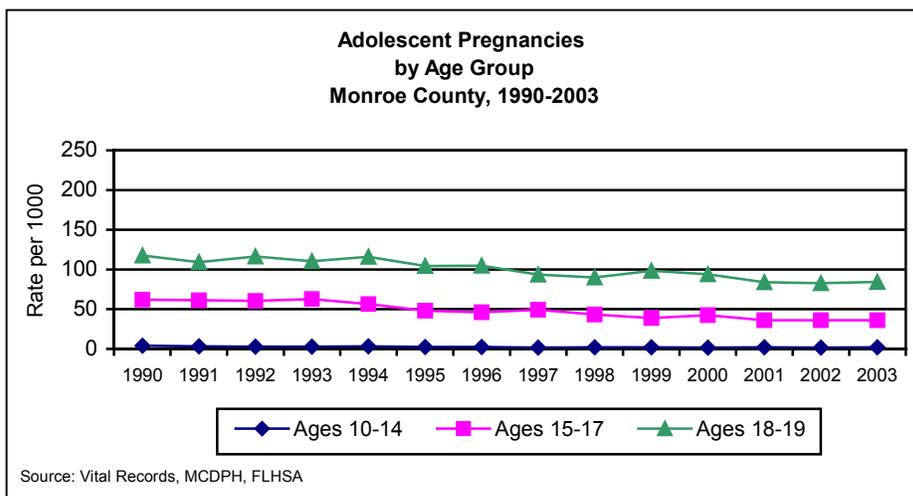
The pregnancy rates among 15-17 year old adolescents are four to five times higher among African Americans (85.9) and Hispanics (65.1) compared to non-Hispanic Whites (14.6).⁵⁵

The highest rates of adolescent pregnancies among 15-17 year olds occur in four zip codes in the southwest and northeast sections of the City of Rochester.⁵⁶

Zip Codes	Rate per 1,000
14608	125.8
14605	113.5
14611	102.2
14621	102.0

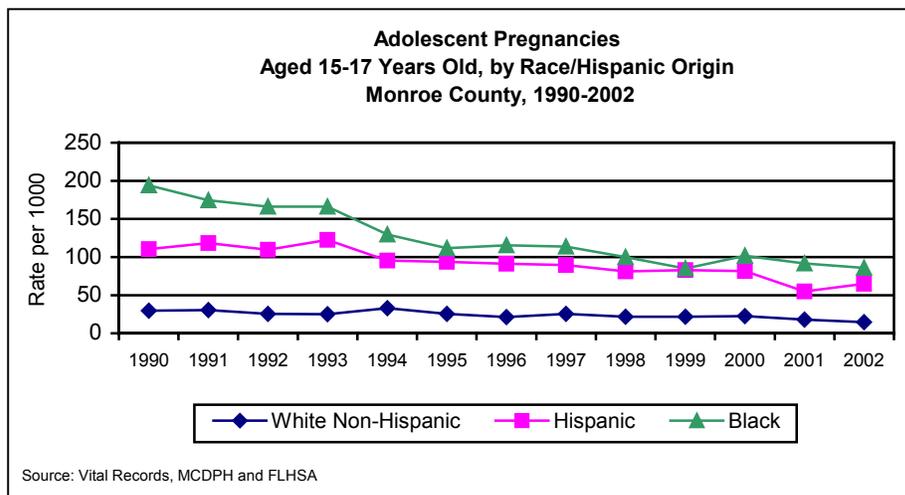
Trends

Between 1990 and 2001, the teen pregnancy rate declined. The rate was stable between 2001 and 2003.⁵⁷



Pregnancy rates among 15-17 year old African Americans, Hispanics and non-Hispanic Whites have all declined in the past decade.⁵⁸ The greatest decline occurred among African American adolescents in the early to late 1990's, since then the rate has fluctuated.

Although the disparity between minority populations (African Americans, Hispanics) and non-Hispanic whites has lessened, the rates remain nearly 5 times higher among minorities.



⁵⁵ 2002. Rate per 1,000 based on bridged race post Census estimates

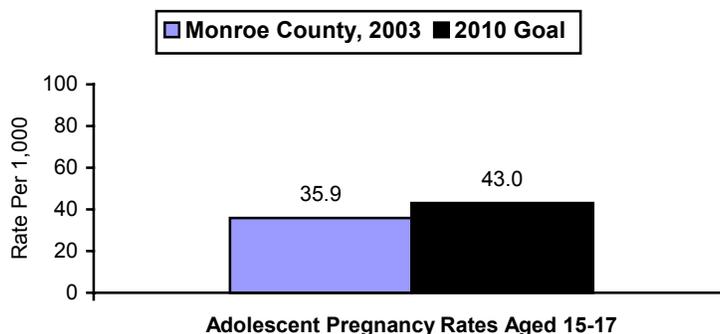
⁵⁶ 2000-2002. Rate per 1,000 based on 2000 Census

⁵⁷ Rate per 1,000 based on 1990 Census, inter-censal estimates, 2000 Census and bridged race post Census estimates

⁵⁸ Rate per 1,000 based on 1990 Census, inter-censal estimates, 2000 Census and bridged race post Census

Compared to the 2010 Goals

The adolescent pregnancy rate among 15-17 year olds in Monroe County has met the 2010 Goal for the Nation.



Monroe County Compared to the NYS, Rest of State and Counties (2003)

The pregnancy rate among adolescents ages 15-17 years old in Monroe County (35.9) is worse than the rate in the rest of the state (24.9) and not statistically different compared to the rates in New York State (38.2), Erie County (35.8) and Onondaga county. (33.7).⁵⁹

Adolescent Births

Definition: The number of births to Monroe County adolescents age 10-19.

Source: Vital Records, MCDPH, and Finger Lakes Health Systems Agency.

Findings

During 2003, there were a total of 794 adolescent births. The number of births and rates by age groups are listed to the right.⁶⁰

Adolescent Births, Monroe County, 2003	Number	Rate per 1000
Age 10-14	17	0.6
Age 15-17	281	18.1
Age 18-19	496	45.1

Differences between sub-populations (2003)

- Birth rates among adolescents ages 15-17 are ten times higher among African Americans (50.4) and Hispanics (52.4) compared to non-Hispanic Whites (5.1).⁶¹
- Rates in the city (52.0) are more than ten times higher than rates in the suburbs (4.4).⁶²

⁵⁹ Rate per 1,000 based on estimated population NYS Bureau of Biometrics

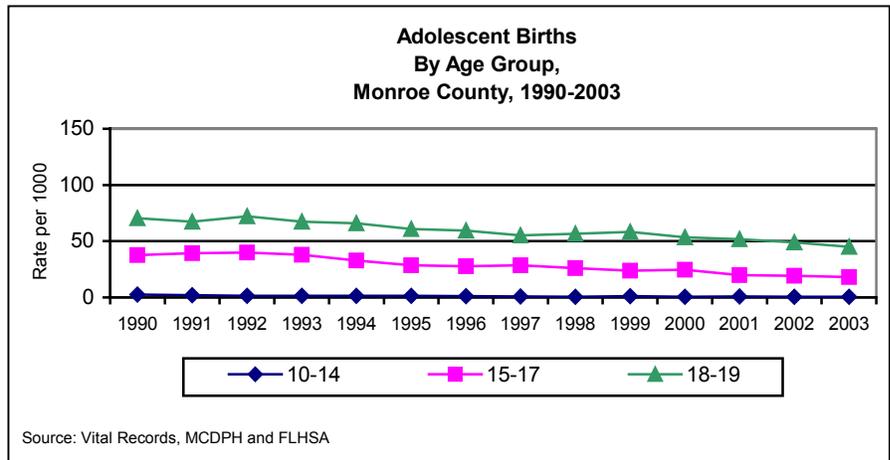
⁶⁰ Rate per 1,000 based on post Census estimates

⁶¹ Rate per 1,000 based on bridged race post Census estimates

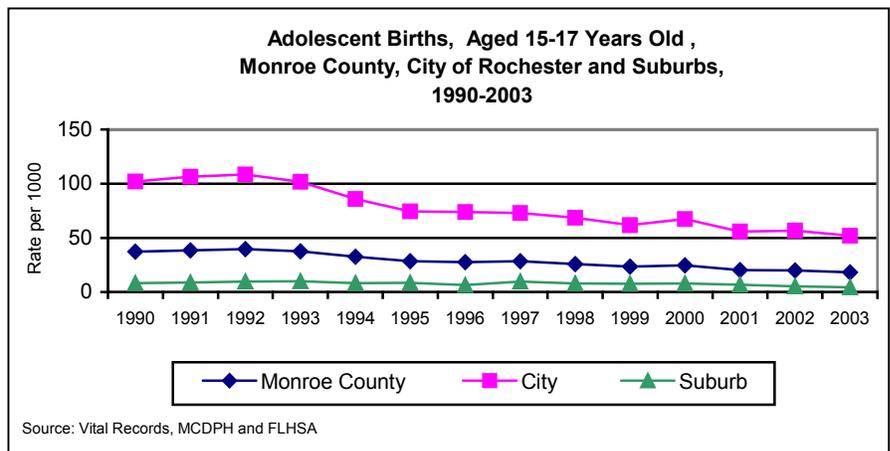
⁶² Rate per 1,000 based on 2000 Census

Trends

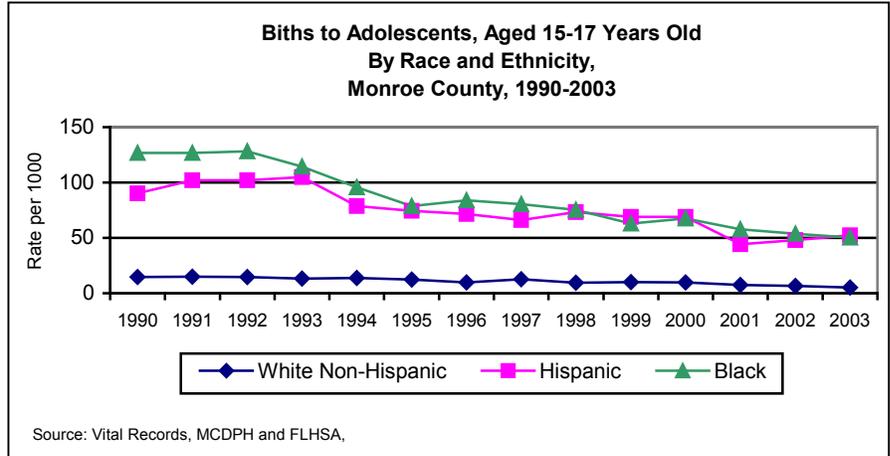
Between 1990 and 2001, the adolescent birth rates among 10-14 year olds and 15-17 year olds declined. These rates were stable between 2001 and 2003. During this same time period the rate among 18-19 year old adolescents has steadily declined.⁶³



Rates⁶⁴ have declined in both the city and suburbs.



The steepest decline has occurred among African Americans. Rates have declined to a lesser degree among non-Hispanic Whites, and Hispanics. The disparity in rates between African Americans and Hispanics has been eliminated. A significant disparity remains between non-Hispanic Whites and minorities (African Americans and Hispanics).⁶⁵



Of note, preliminary data from the Regional and Statewide Perinatal Data Systems show that the teen birth rate in Monroe County continued with a gradual decline in 2004.

⁶³ Rate per 1,000 based on 1990 Census, inter-censal estimates, 2000 Census and post census estimates

⁶⁴ Rate per 1,000 based on 1990 Census, CGR estimates, and 2000 Census

⁶⁵ Rate per 1,000 based on 1990 Census, inter-censal estimates, 2000 Census and bridged race post census estimates

Monroe County compared to NYS (2003)

In 2003, the birth rate among adolescents ages 15-17 years in Monroe County (18.1) was worse than the rate in New York State (14.9) and Upstate (12) and not statistically different from the rates in Erie County (17.8) and Onondaga County (17.6).⁶⁶

Reported Cases of Gonorrhea

Definition: The number of reported cases of gonorrhea among adolescents ages 15-19 in Monroe County.

Data Source: STD Control Program, MCDPH

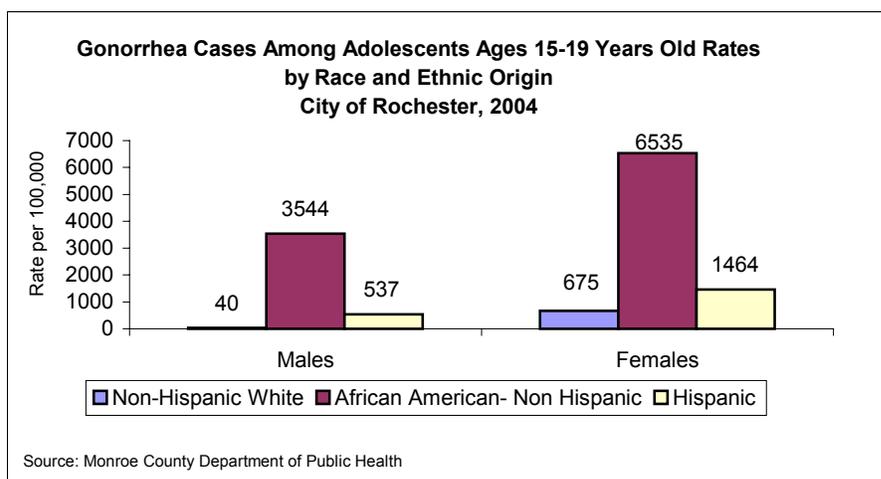
Findings

- There were 443 adolescents ages 15-19 diagnosed with gonorrhea in 2004.
- The rate of gonorrhea in this age group is 809.⁶⁷

Differences between sub-populations (2004)

The rates of gonorrhea among adolescents aged 15-19 years are:

- More than two times higher among females (1,143) compared to males (495)⁶⁸
- More than twenty times higher in the city (2548) compared to the suburbs (115)⁶⁹
- Highest among African Americans males and females who reside in the city as shown in the graphic below⁷⁰



⁶⁶ Rate per 1,000 based on population estimates Bureau of Biometrics, NYSDOH

⁶⁷ Rate per 100,000 based on post Census estimates

⁶⁸ Rate per 100,000 based on post Census estimates

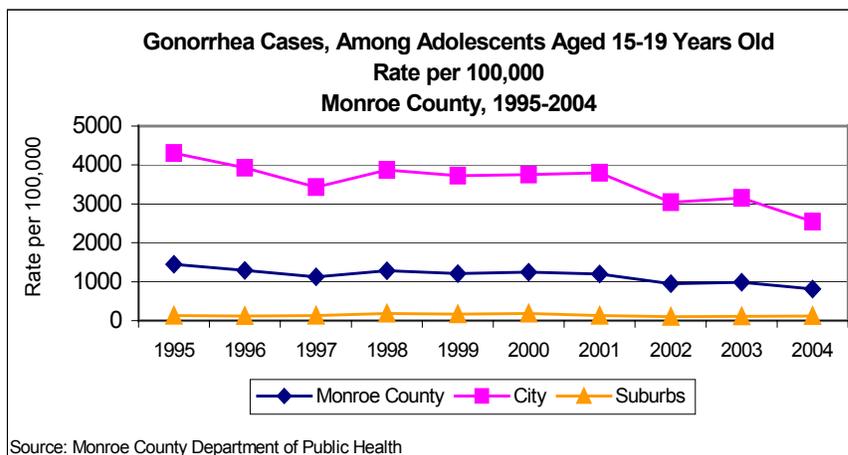
⁶⁹ Rate per 100,000 based on 2000 Census

⁷⁰ Rate per 100,000 based on bridged race post Census estimates

Trends

In the past decade, the gonorrhea rate among adolescents has declined significantly in the City of Rochester. The greatest decline was seen among city females. The rate in the suburbs was relatively stable.⁷¹

While the disparity in rates between the city and suburbs has lessened over the past decade, rates still remain over 20 times higher in the city compared to the suburbs.



Compared to the US 2010 Goal

There is not a separate goal for the gonorrhea case rate among adolescents. The 2010 goal for the gonorrhea rate among the entire population is 19.

City of Rochester/Monroe County Compared to the US (2004)

In 2004, Rochester ranked third highest among selected large US cities for rates of gonorrhea *among all age groups*.

In 2004, the rate of gonorrhea among adolescents in Monroe County was nearly double the US rate (427).⁷²

Reported Cases of Chlamydia

Definition: The number of reported cases of chlamydia among adolescents ages 15-19 in Monroe County.

Data Source: STD Control Program, MCDPH

Findings

- In 2004, 1374 Monroe County adolescents aged 15-19 years old were diagnosed with chlamydia.
- The rate is 2,451 per 100,000.⁷³

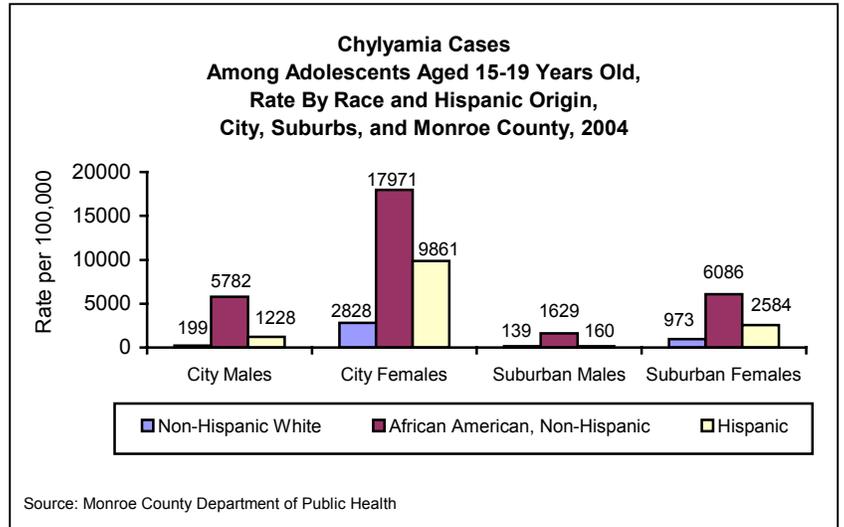
⁷¹ Rate per 1000,000. Monroe County rate based on intercensal estimates and 2000 Census and post census estimates. City and Suburb rates based on CGR estimates and 2000 Census.

⁷² Rate per 100,000, STD Surveillance Report, 2004, CDC

⁷³ Rate per 100,000 based on post Census estimates

Differences between sub-populations (2004)

- Rates are highest among African American females who reside in the City of Rochester.⁷⁴



Trends

The chlamydia rate has fluctuated since it became a reportable disease in 2001.⁷⁵

City of Rochester/Monroe County Compared to the US (2004)

In 2004, Rochester ranked fourth highest among US cities for rates of chlamydia *among all age groups*.

In 2004, the rate of chlamydia among adolescents in Monroe County was higher than the US rate (1,579).⁷⁶

Compared to the US 2010 Goal

There is no 2010 Goal for rates of chlamydia for the general population.

Newly Diagnosed AIDS Cases

Definition: The number of AIDS cases diagnosed each year among Monroe County residents ages 20-29 years. These data include prison inmates. Given the incubation period between HIV infection and AIDS, many if not all of these individuals became infected in their teens. There is often a two year lag in reporting cases, so data from 2002 and 2003 may be incomplete.

Data Source: Bureau of HIV/AIDS, Epidemiology, NYSDOH.

⁷⁴ Rates per 100,000 based on 2000 Census

⁷⁵ Rates per 100,000 based post Census estimates

⁷⁶ Rates per 100,000 , STD Surveillance Report, 2004, CDC

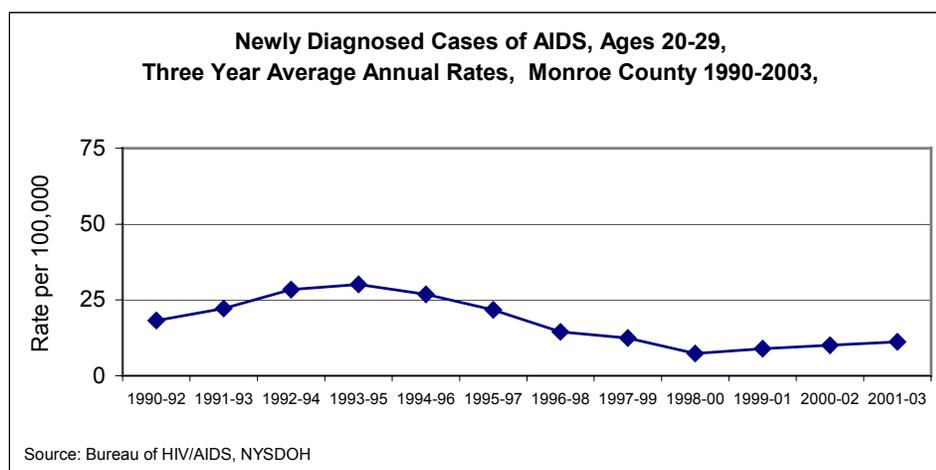
Findings

In 2003, there were 7 Monroe County adults aged 20-29 years old diagnosed with AIDS. Most of the AIDS cases are among City of Rochester residents.

1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
19	18	28	31	37	30	17	19	7	10	4	11	13	7

Trends

The rate of newly diagnosed AIDS cases in this age group improved in the mid-to-late 1990's. Since then it has remained stable.⁷⁷



Newly Diagnosed HIV Cases

Definition: The number of newly diagnosed HIV cases diagnosed in 2004 among Monroe County residents aged 20-29 years old.

Data Source: STD Control Program, MCDPH.

Findings

In 2004, there were 17 Monroe County young adults aged 20-29 years old who were diagnosed with HIV.

Trends: HIV reporting began in 2001. Since reporting began, the number of cases in this age group each year has ranged from 17 to 22.

⁷⁷ Three year average annual rates per 100,000 based on 1990 Census, intercensal estimates, 2000 Census and post Census estimates

Programs/Initiatives

The Metro Council for Teen Potential (MCTP) coordinates community-wide efforts to promote healthy youth sexual behaviors. The Council is a coalition of 38 youth-serving organizations and it advocates for a youth development approach and for programs that help youth learn life skills and gain a comprehensive understanding of sexuality. MCTP developed a youth health video curriculum called "*What's Next*" that it has distributed to City and suburban schools, community groups and public access television stations. MCTP provides staff training to youth-serving organizations in the City of Rochester to incorporate science-based programs that reduce teen pregnancy and STDs. The Council works directly with youth groups to produce television public service announcements that connect youth to resources, and that call on youth to make wise choices. The Council shares resources with faith communities, including materials developed primarily for faith-based parent and youth groups.

The Rochester City School District (RCSD) provides a 20 week health education curriculum to students in the middle school grades (generally grade 7) and again to students in high school (generally 11th grade). At the elementary level, staff training is provided to help classroom teachers integrate health into the regular classroom curriculum. The Board of Education believes the purpose of family life education is to help students acquire factual knowledge, skills, attitudes and values which will result in behavior that contributes to the well being of the individual, the family and society. At the secondary level, the primary curriculum used is a research based curriculum Reducing the Risk, Building Skills to Prevent Pregnancy, STD and HIV (ETR Associates). The RCSD provides a multifaceted program approach by collaborating with agencies and providing resources which represent the range of philosophies and values within our community.

Planned Parenthood of the Rochester/Syracuse Region maintains a help-line for Monroe, Onondaga and neighboring counties. Over 100,000 calls are made to the help-line each year with questions about birth control, sexually transmitted diseases and pregnancy, and to make appointments. Planned Parenthood delivers over 300 educational programs each year to the towns in Monroe County. These programs, which reach approximately 3,500 youth and adults annually, are presented at suburban schools, churches and community sites.

MCTP collaborates with the Family Resource Centers of Rochester to deliver a workshop series for parents called Family Talk. The series helps parents clarify their own values and standards, and provides parents with practical suggestions for talking with their children about sex, healthy relationships, substance abuse and HIV. The workshops have been delivered in a variety of settings, including schools, churches, transitional housing programs, and at the Family Resource Center neighborhood sites. Program evaluations have consistently shown that the workshop series helps parents become more confident and helps parents initiate conversations with their children more frequently.

The In-Control Collaborative is a teen pregnancy prevention program led by Planned Parenthood of the Rochester/Syracuse Region and funded by the NYS Health Department. Collaborating partners include the Urban League of Rochester, Baden Street Settlement and MCTP. In-Control staff engage over 80 youth in intensive youth development programming, provide over 300 health education workshops per year in both schools and community sites, and provide 800 health clinic visits to adolescents residing in neighborhoods with high poverty rates. The In-Control Collaborative also provides case management services to teen fathers and at-risk-males. In-Control conducts outreach at community health fairs, school fairs, and community events throughout the year.

The City of Rochester in collaboration with MCTP, Charles Settlement House, Cameron Community Ministries, Society for the Protection and Care of Children and the YWCA lead the CONECTS collaborative. This program is funded by the NYS Office of Children and Families. CONECTS engages youth with evidence-based teen pregnancy prevention programs, community service opportunities, and life skills. The program also serves teen parents by providing case management and helping them continue their education and prepare for employment.

Not Me, Not Now, (NMNN) abstinence oriented teen pregnancy prevention communication program began in Monroe County in 1994. The goals of NMNN are to: communicate the consequences of teenage pregnancy, help teens deal with peer pressure, promote parent-child communication about sexuality and relationships, promote abstinence among young teens and raise awareness of the problem of adolescent pregnancy. NMNN works to

accomplish these goals through various media including television and radio advertisements, billboards, posters and movie screens, and by offering educational resources and workshops for youth, parents, teachers and others who work with youth.

Emerging Issues

After a moderately rapid decline in the 1990s, rates of teen pregnancy and teen births have tended to level off or decline more slowly in the past few years in Monroe County. Huge disparities between rates of adolescent pregnancies and STDs continue to exist between urban youth and their suburban and rural counterparts. Fortunately, HIV infection among teens in Monroe County is still exceedingly rare.

In recent years, a series of national policy issues have fueled local discussions about teen sexuality programs. In 2005, the American Academy of Pediatrics released a statement encouraging child health care providers to make available emergency contraception for adolescents and young adults. However, FDA administrators failed to approve over-the-counter sale of emergency contraceptives, reversing the recommendation of an expert panel. In their decision, FDA administrators cited concerns about the safety of over the counter contraceptives for teens.

In 2005, FDA licensed rapid tests for HIV antibodies and CDC encouraged its introduction and expanded use in medical and community settings.

At the federal level, funding continued for a series of adolescent pregnancy prevention initiatives that requires grantees to follow abstinence-only curricula. Federal officials have begun to audit grantees to be sure they follow the abstinence guidelines. However, release of a large-scale evaluation of the abstinence funding initiative has been repeatedly delayed. In February 2006, the Society for Adolescent Medicine published a position paper that recommends the government abandon the abstinence only policies, and re-instate comprehensive sexuality education that includes information on contraception.

Recently the New York State Department of Health introduced the Family Planning Benefit Program (FPBP), a new Medicaid insurance program for family planning services. The full impact of the program has not been described or evaluated.

Goal: Reduce Unintentional Injuries

Unintentional injuries are the leading cause of death among adolescents in Monroe County. The leading cause of death from unintentional injury is motor vehicle crashes. Licensed drivers under age 21 have the highest rate of fatal or personal injury crashes compared to any other age group.

Data

Self-Reported Unintentional Injury Risk Behaviors

Definition: The proportion of Monroe County public high school students (grades 9-12) who report various risk behaviors related to unintentional injuries.

Source: Monroe County Youth Risk Behavior Survey, 2005

Findings

- 19.4% wore a helmet, sometimes, most of the time or always when riding a bike in the past year.
- 27.2% reported that in the past month, they rode in a car in with a driver that had been drinking alcohol
- 11.7% reported that in the past month that they drove a car after they had been drinking alcohol

Differences between sub-populations

Females are more likely than males to report they wear a bike helmet (21.3% vs. 17.6%)

Males are more likely than females to report they drank and drove in the past month (14.9% vs. 8.7%)

White students are more likely than African American students to report they wear a bike helmet. (25.1% vs. 5.9%)

Trends

The rate of bike helmet use improved between 1992 and 1999, and has remained stable since.

The rate of students riding in a car with a driver who had been drinking declined by 5 percentage points between 1995 and 2005.

The rate of students drinking and driving has fluctuated since 1995.

Compared to the US 2010 Goal

The rate of Monroe County youth reporting they rode with someone who had been drinking alcohol is better than the 2010 Goal for the Nation (27.2% vs. 30%).

Monroe County compared to the US (2003)

Monroe County students were more likely than US students to report they wear a bike helmet when riding a bike (22% vs.14%).

There are no differences in the rates of drinking and driving and riding with someone who had been drinking.

Deaths Due to Unintentional Injuries

Definition: The number of adolescents ages 10-19 who died of because of an unintentional injury. These injuries include motor vehicle crashes, drowning, falls, unintentional firearm injury, fires and poisoning.

Source: Vital Records, Monroe County Department of Public Health

Findings

- 32 adolescents ages 10-19 died as a result of an unintentional injury in Monroe County between 2001 and 2003.
- The leading cause of deaths due to unintentional injuries among this age group is motor vehicle crashes.

Differences between sub-populations (2001-2003)

The death rate due to unintentional injuries is nearly three times higher among males (13.7) compared to females (5.6).⁷⁸

Eighty-six percent of the deaths due to unintentional injuries occur in the suburbs.

Trends

Both the number and rate of deaths due to unintentional injury among Monroe County adolescents fluctuated throughout the past decade.⁷⁹

Monroe County Compared to the US (2000-2002)

The death rate due to unintentional injury among Monroe County adolescents ages 10-19 (11) is better than the rate among US adolescents (20).⁸⁰

Hospitalizations Due to Unintentional Injuries

Definition: The number of hospitalizations due to unintentional injuries among Monroe County adolescents ages 11-18. Unintentional injuries include injuries that were caused by such occurrences as motor vehicle crashes, falls, fires, drowning, bike or pedestrian crashes and other injuries. Injuries that are serious enough to cause an adolescent to be hospitalized often result in either temporary or permanent disability.

Source: SPARCS, NYSDOH.

⁷⁸ Rate per 100,000 based on post Census estimates

⁷⁹ Rate per 100,000 based on 1990 Census, intercensal estimates, 2000 Census and post Census estimates

⁸⁰ Rate per 100,000. National Vital Statistics System, CDC Wonder online, 3-09-06

Findings

In 2004 there were 213 hospitalizations due to unintentional injuries among Monroe County youth ages 11-18 years. As shown in the table to the right, the leading cause of hospitalizations due to unintentional injuries is falls, followed by motor vehicle crashes.

Falls	175
Motor Vehicle Crash	139
Struck by Object/Person	64
Bicycle	41
Overexertion	37
Pedestrian	33

Differences between sub-populations (2002-2004)

- Males (311) have a higher rate of hospitalizations due to unintentional injuries compared to females (166).⁸¹
- There were no differences by city or suburban residence or race and ethnicity.

Trends

There was a decline in the number and rate of hospitalizations due to unintentional injury through the late 1990s, since then it has fluctuated.⁸² This decline may have occurred due to the shift from inpatient to outpatient care. It may not necessarily be due to a decline in serious injuries.

Emergency Room Visits at the Golisano Children's Hospital

Definition: The number of emergency room visits due to unintentional injuries among Monroe County adolescents aged 10-17 years old. Unintentional injuries include injuries that were caused by such occurrences as motor vehicle crashes, falls, fires, drowning, bike or pedestrian crashes and other injuries.

Source: Emergency Department, Golisano Children's Hospital

Findings

In 2003 there were over 5,000 emergency room visits due to unintentional injuries among adolescents aged 10-17 years old. As shown in the table to the right, the leading cause of these visits is falls, followed by struck by an object/person.

Falls	755
Struck by Object/Person	753
Motor Vehicle Crash	299
Overexertion	286
Cutting Instrument	262

⁸¹ Rate per 100,000 based on post Census estimates

⁸² Rate per 100,000 based on CGR estimates, 2000 Census and post census estimates

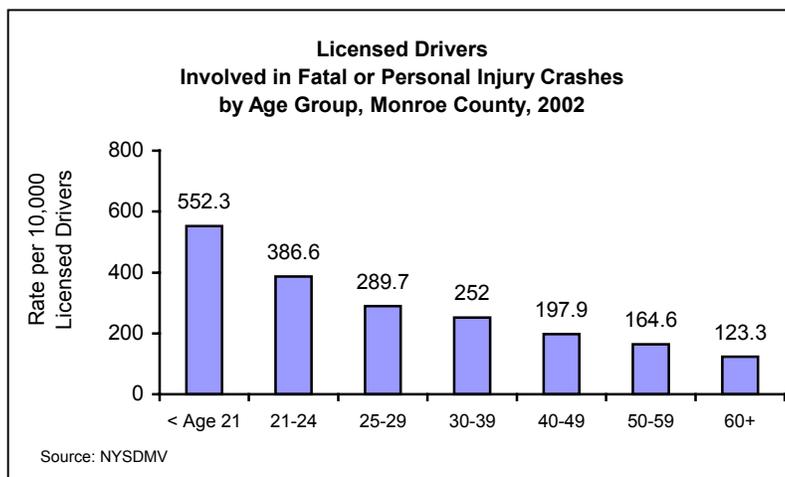
Licensed Drivers Involved in Fatal/Personal Injury Crashes

Definition: Monroe County licensed drivers under age 21 who were involved in a fatal/personal injury crash.

Source: The NYSDMV driver's license file, the Accident Information System data base and Traffic Ticket System Statewide, Monroe County Traffic Safety Data, Institute of Traffic Safety Management and Research, February 2005.

Findings

In 2002, there were 1,798 licensed drivers under age 21 who were involved in a fatal or personal injury crash. As shown in the chart to the right, drivers in this age group are more likely to be involved in this type of crash compared to all other age groups.



Monroe County compared to New York State (2002)

The rate of licensed drivers under age 21 years involved in fatal/personal injury crashes is lower in Monroe County (552.3) compared to New York State (618.2).⁸³

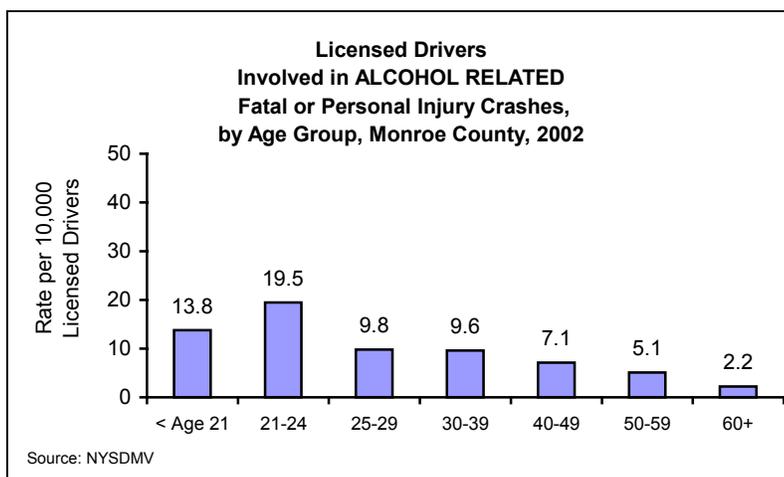
Licensed Drivers Involved in Alcohol-Related Fatal or Personal Injury Crashes

Definition: Monroe County licensed drivers under age 21 who were involved in an alcohol-related fatal/personal injury crash.

Source: The NYSDMV driver's license file, the Accident Information System database and the Traffic Ticket System Statewide. Monroe County Traffic Safety Data, Institute of Traffic Safety Management and Research, February 2005.

Findings

In 2002, there were 45 licensed drivers under age 21 who were involved in an alcohol related fatal/personal injury crash. Adolescent drivers are more likely to be involved in these crashes compared to all other age groups except ages 21-24.



⁸³ Rate per 10,000 licensed drivers

Monroe County compared to New York State (2002)

The rate of Monroe County adolescent drivers involved in alcohol related fatal/personal injury crashes (13.8) is not statistically different from the rate in NYS (16.4).⁸⁴

Alcohol Related Fatalities

Definition: The number of adolescents ages 15-19 who died as a result of an alcohol related crash. They include adolescents who were the drivers or passengers and adolescents who were or were not intoxicated.

Source: Monroe County Medical Examiner and Monroe County Office of Traffic Safety, STOP DWI Report, 2004.

Findings

Between 1995 and 2004, 21 youth aged 15-19 died as a result of an alcohol related crash.

Arrests for Driving While Intoxicated

See page 34.

Programs/Initiatives

The Injury Free Coalition for Kids of Rochester is a child injury prevention program housed at the Golisano Children's Hospital at Strong, and funded by the Robert Wood Johnson Foundation.⁸⁵ The coalition is a collaborative of many community organizations, along with various city and county departments, and emergency medical service providers. The overall goal of this program is to reduce the incidence and severity of childhood injury in the Greater Rochester metropolitan area. Currently, the coalition is collecting and analyzing data to identify injury "hot spots" and devise prevention strategies that focus on these high-risk areas

The Monroe County STOP-DWI Program serves to educate the community regarding the dangers of impaired driving and provide funding to groups and organizations engaged in activities related to alcohol and other drug-related traffic safety. STOP-DWI is supported 100% by local fines collected from intoxicated drivers. Services offered by the program include:

- Free anti-DWI programs including speakers and videos
- High school mini-grants to assist with alcohol and drug-free prom-time events
- An annual high school STOP-DWI poster contest
- Handouts and printed material
- DWI displays
- Presentations to middle and high school students using the Fatal Vision Goggles
- Presentations to middle and high school students about the driving while intoxicated laws in New York State.⁸⁶

⁸⁴ Rate per 10,000 licensed drivers

⁸⁵ To learn more about the coalition go to: http://www.injuryfree.org/site_display.cfm?PermanentId=848C0214-E96B-4974-B449158D820F0403

⁸⁶ These presentations are done in collaboration with the Monroe County Office of Traffic Safety

The Monroe County Office of Traffic Safety uses a comprehensive approach to educate the community on the importance of highway safety. Their educational efforts focus on providing traffic safety information and awareness to prevent motor vehicle, wheeled sport and pedestrian fatalities and injuries.

- The Backseat Bullets for New Drivers program targets new drivers and emphasizes the importance of having all occupants in a vehicle buckling up due to the forces in a crash. The new driver has many obstacles to overcome on the road to becoming an experienced driver. By changing behaviors and reinforcing the information that new drivers can carry on into their adult lives.
- The office is trained through Operation Lifesaver to present railroad safety programs for schools and new drivers. It reinforces the importance of safety in and around railway crossings.
- Traffic safety materials are provided to the community and schools by setting up displays at health fairs, safety days and open houses.

Emerging Issues

Injury is the leading causes of death, and hospitalizations and a leading cause of emergency room visits among adolescents. Motor vehicle crashes are one of the most serious causes of these injuries. In recent years, New York State has enacted two laws to help to reduce injuries due to motor vehicle crashes. In 2001, a law banning the use of hand-held cellular telephones to engage in a call while driving was enacted. In September of 2003, New York State enacted the Graduated Driver's License Law that affects how drivers under the age of 18 ("junior drivers") receive senior driving privileges and changes the restrictions on junior drivers.⁸⁷ The law was enacted because the rate of motor vehicle crashes among licensed drivers under age 21 is significantly higher than the rate among the rest of the population.

In 2001, the American Academy of Pediatrics released an updated policy statement on bicycle helmet use. AAP recommends all bicyclists, regardless of age, use a properly fitted bike helmet each time they ride. In addition, it recommends that pediatricians should advocate for bicycle helmet laws for all bicyclists regardless of age.

In 2000, the American Academy of Pediatrics released three position statements regarding the use of personal watercraft (PWC) snowmobiles, and all terrain vehicles (ATV- June).⁸⁸ The statements recommend that no one under age 16 should operate any of these vehicles. The AAP also recommends that as part of anticipatory guidance, pediatricians ask families about the use of these vehicles and provide counseling when indicated. Pediatricians are also encouraged to advocate for policy/legislation and manufacturing changes to decrease injuries from these vehicle.

For more than a decade, New York State has had in effect a law that requires youth under age 14 to wear a certified bike helmet when operating a bicycle. As of January 1, 2005, persons less than 14 years old are required to wear a certified bicycle helmet when riding a skate board or in-line skating.⁸⁹

As of January 2006, the minimum age for operating a personal watercraft (PWC) in New York State increased from age 10 to age 14. Until January of 2009, those ages 10-13 that have a boating safety certificate, may operate a PWC under certain conditions.

⁸⁷ For more information on this law, go to <http://www.nydmv.state.ny.us/license.htm#drivingage>

⁸⁸ For more information go to : http://aappolicy.aapublications.org/policy_statement/index.dtl#S

⁸⁹ For more information go to: <http://www.nysqtsc.state.ny.us/bike-vt.htm>

Goal: Improve Nutrition and Increase Physical Activity

Obesity is a major public health problem. Adolescents who are overweight are at a higher risk of becoming obese as an adult, and developing type II diabetes. There are also significant social and emotional problems that many overweight adolescents face. Improving nutrition and increasing physical activity can have an impact on the overall health of adolescents.

Data

Overweight Prevalence, Adolescents Aged 11-14

Definition: Overweight in children is defined as a BMI-for-age at or above the 95th percentile on the 2000 CDC growth charts. At risk for overweight is defined as a BMI-for-age at or above the 85th percentile but below the 95th percentile.

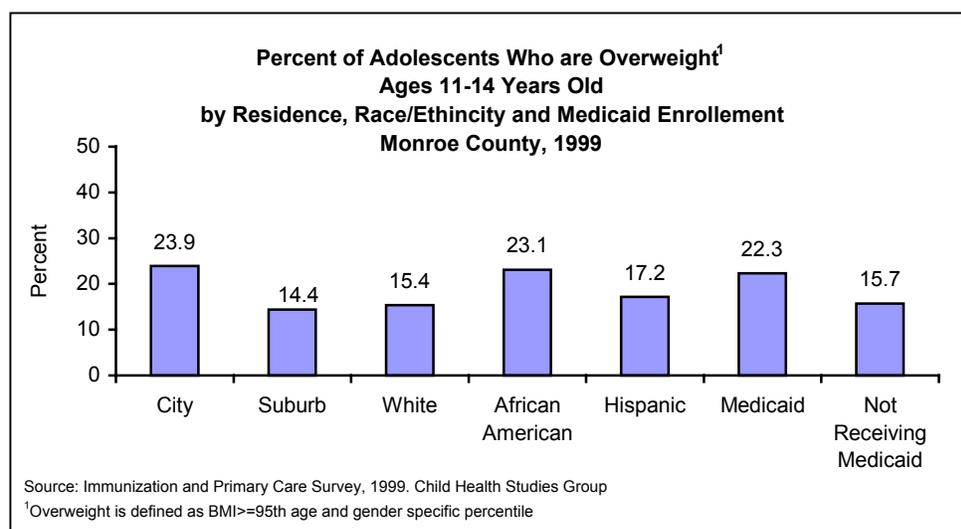
Source: The Immunization and Primary Care Survey, 1999, Child Health Studies Unit.

Findings

16.6% of adolescents aged 11-14 years are overweight and another 17.2% are at risk for being overweight.

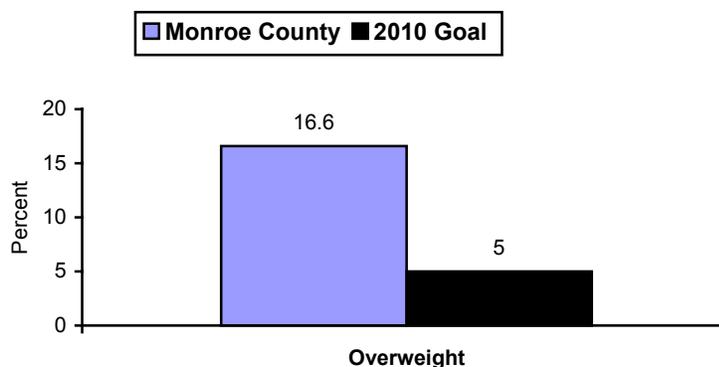
Differences between sub-populations (1999)

As shown in the chart below the rate of overweight is higher in the city compared to the suburbs, among minorities compared to Whites and among those enrolled in Medicaid, compared to those not enrolled in Medicaid.



Compared to the US 2010 Goal

The rate of overweight among Monroe County adolescents has not met the 2010 Goal for the Nation.⁹⁰



Self-Reported Behaviors Related to Nutrition and Weight Control

Definition: The proportion of Monroe County public high school students (grades 9-12) who report various risk behaviors related to nutrition.

Source: Monroe County Youth Risk Behavior Survey, 2005

Findings

- 31% of males and 17.8% of females consumed 3 or more glasses of milk per day during the 7 days preceding the survey
- 26.4% describe themselves as being overweight
- 42.8% are currently trying to lose weight
- 60.6% exercised to avoid gaining or to lose weight in the past month
- 39.3% consumed fewer calories or foods low in fat to lose weight or avoid gaining weight in the past month
- 11.5% went without eating 24 or more hours to try to lose weight in the past month
- 5.8% took diet pills, powders or liquids⁹¹ during the past 30 days without a doctors advice in order to lose weight

Differences between sub-populations

Females are more likely than males to report they

- Think they are overweight (31.1% vs. 21.4 %)
- Are currently trying to lose weight (58.4% vs. 25.6 %)
- Have exercised in the past month to lose or maintain their weight (68.9% vs. 51.4 %)
- Have consumed less food, fewer calories or lower fat food to try to lose or maintain their weight in the past month (52.6% vs. 24.6 %)
- Have fasted for 24 or more hours to try to lose weight (15.4% vs. 7.2 %)

⁹⁰ Note that the goal is for children aged 6-11 years old. The Monroe County data are adolescents aged 11-14 years old.

⁹¹ Does not include Slimfast

White students are more likely than African American students to report they

- Drink 3 or more glasses of milk per day (26% vs. 15.5 %)
- Have exercised in the past month to lose or maintain their weight (63.6% vs. 52.3 %)
- Have consumed less food, fewer calories or lower fat food to try to lose or maintain their weight in the past month (45.1% vs. 26.8 %)

African American students are more likely than White students to report they went without eating for 24 hours or more to lose weight or keep from gaining weight in the past month (15.4% vs. 9.8%)

Trends

Between 1999 and 2003 there was an increase in the proportion of students who reported that they think they are overweight. The rate was stable between 2003 and 2005.

Between 1995 and 1999, there was an increase in the proportion of students who reported that they exercised to try to lose or maintain their weight in the past month. Since 1999 the rate has been stable.

The rate of students reporting they drink 3 or more glasses of per day remained stable between 1999 and 2005.

Monroe County Compared to the US (2003)

Monroe County students are more likely than US students to report they

- Consumed three or more glasses of milk per day during the past 7 days (males 30% vs. 23%, females 17% vs. 11%).
- Exercised to lose weight or avoid gaining weight in the past month (61% vs. 57%)

Monroe County students are less likely than US students to report they:

- Fasted for ≥ 24 to lose weight or avoid gaining weight in the past month (11% vs. 13%)
- Took diet pills, powders or liquids without medical advice to lose weight or keep from gaining weight in the past month (7% vs. 9%)

Physical Activity and Sedentary Activity Behaviors

Definition: The proportion of Monroe County public high school students (grades 9-12) who report various risk behaviors related to physical activity.

Source: Monroe County Youth Risk Behavior Survey, 2005

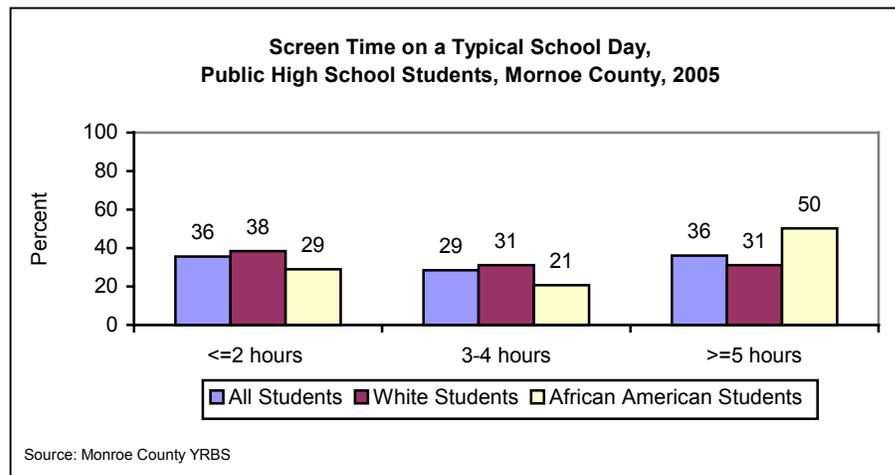
Findings

- 63.3% participated in sufficient vigorous physical activity⁹² in the 7 days preceding the survey
- 26.9% participated in sufficient moderate physical activity⁹³ in the 7 days preceding the survey.

⁹² Participated in activities that made them breathe hard or sweat for 20 minutes on 3 of the 7 days preceding the survey

⁹³ Participated in activities that did not make them breathe hard or sweat for 30 minutes on 5 of the 7 days preceding the survey.

- 32.2% participated in at least 60 minutes of physical activity⁹⁴ per day on 5 or more of the 7 days preceding the survey.
- 69.1% participated in a sufficient amount of physical activity⁹⁵ in the 7 days preceding the survey
- 7.9% did not participate in any vigorous or moderate activity in the 7 days preceding the survey
- 59.5% participated in one or more sports teams in the past year
- 32.5% watch 3 or more hours of TV on an average school day
- 52.1% spend 2 or more hours chatting or playing on the computer, or playing video games (screen time).
- Only 36% of students reported that on a typical school day, they spend 2 hours or less watching TV, on the computer or playing video games. 36% spend 5 or more hours engaging in these activities.



Differences between sub-populations

Males are more likely than females to report they

- Engaged in sufficient aerobic activity in the 7 days preceding the survey (69.8% vs. 57.5%)
- Engaged in a total of 60 minutes of physical activity in 5 of the 7 days preceding the survey (39% vs. 26%)
- Engaged in a sufficient amount of vigorous or moderate physical activity (74% vs. 64.8%)
- Participated in one or more sports teams in the past 12 months (63.2% vs. 56.2%).

White students are more likely than African American students to report they

- Engaged in sufficient aerobic activity in the 7 days preceding the survey (66.8% vs. 50.3%)
- Engaged in sufficient moderate activity in the 7 days preceding the survey (28.8% vs. 20.1%)
- Engaged in a total of 60 minutes of physical activity in 5 of the 7 days preceding the survey (35.4 %vs. 25.1%)
- Participated in one or more sports teams in the past 12 months (63.2% vs. 48.5%).

⁹⁴ All time spent being physically active that increased their heart rate and made them breathe hard some of the time.

⁹⁵ More than 3 days of vigorous activity and/or more than 5 days of moderate activity

African American students are more likely than white students to report they

- Engaged in 5 or more hours of screen time on a typical school day as shown in the table above (50.3% vs. 30.1%)
- Engaged in an insufficient amount of physical activity in the 7 days preceding the survey (45.2% vs. 26.9%)
- Did not engage in any vigorous or moderate physical activity in the 7 days preceding the survey (14.8% vs. 5.5%)

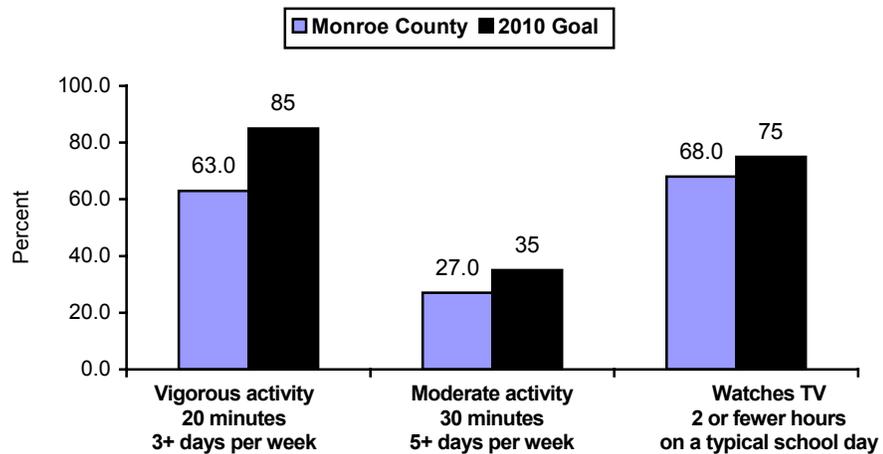
Trends

The proportion of students engaging in sufficient physical activity worsened declined between 1999 and 2001 and then leveled off.

The proportion of students reporting that they watch 2 or fewer hours of television on a typical school day remained stable since 1999 when it was first included in the survey.

Compared to the US 2010 Goal

Rates of Monroe County youth engaging in regular physical activity and limiting television time have not met the 2010 Goals for the Nation.



Monroe County Compared to the US (2003)

Monroe County students were more likely than US students to report that they watch 2 or fewer hours of TV on a typical school day (69% vs. 62%)

Programs/Initiatives

In June of 2004, **HEALTH ACTION** selected the goal of “Improve Nutrition and Increase Physical Activity” as a priority for community action for children birth to age 9. As a result of this designation, and because many in the community are concerned about the growing problem of childhood obesity, several activities have been implemented to try to improve nutrition and increase physical activity among young children. Some of these initiatives target both young children and adolescents.

In 2005, all of the hospitals in Monroe County teamed up to submit a New York State Health Department required community service plan that focuses on improving nutrition and increasing physical activity among young children. To date the committee has:

- Developed a resource directory of nutrition, physical activity and weight management programs in the Rochester Area (with the assistance of the University of Rochester). The directory is available online and nearly 400 physicians were given the URL.⁹⁶
- Surveyed nearly 400 pediatricians and family practitioners regarding how they address the issues of nutrition, physical activity and weight management within their practice.
- Established the Greater Rochester School Health and Wellness Initiative (GRSHWI). The overall goal of this initiative is to improve academic performance by improving nutrition and physical activity. GRSHWI has connected some health professionals with school districts to assist the districts with making improvements in the nutrition and physical activity environments. Currently GRSHWI is identifying additional interventions.

The Department of Pediatrics at the Golisano Children’s Hospital at Strong, along with the New York State Chapter of the American Academy of Pediatrics, is currently seeking funding for clinical quality improvement projects for childhood obesity and prevention.

The YMCA of Greater Rochester has played an active role in trying to improve nutrition and increase physical activity among youth. Recently the Coordinated Approach to Child Health Program (CATCH) has been implemented at 40 of their after school child care sites in Monroe County. CATCH, which was developed by researchers from the National Heart Lung and Blood Institute, and has been shown to be effective in reducing fat intake and increasing self-reported physical activity among participants. While most of the participants are children under age 10, CATCH also reaches some older youth.

In October of 2005, the YMCA hosted a “We Can” Health Summit. We Can (Ways to Enhance Children’s Activity and Nutrition) is a program of the National Institutes of Health designed to reach children, aged 8-13 years old, and their parents and caregivers. During the summit, the YMCA distributed toolkits to more than 25 agencies/organizations. The toolkits contain “We Can” planning tools, curriculum and reproducible materials. The YMCA has asked that organizations throughout the Monroe County area commit to promoting at least two of the following four We Can behavioral objectives within their organization:

- Choose a sufficient amount of a variety of fruits and vegetables per day.
- Substitute water, fat-free milk, or low fat milk for sweetened beverages
- Engage in at least 60 minutes of moderate activity on most-preferably all- days of the week.
- Reduce sedentary activity by limiting screen time to no more than 2 hours per day.

Additional community meetings are being planned in 2006.

In October of 2005, the Rochester Community Coalition for Prevention of Type 2 Diabetes in Children was awarded a five year grant from the New York State Department of Health. The Children’s Diabetes Center at the Golisano

⁹⁶ <http://www.monroecounty.gov/org590.asp?storyID=5854>

Children's Hospital at Strong (University of Rochester), the Rochester City School District, the YMCA of Greater Rochester, the Monroe County Department of Public Health, and the Mid-West NY Student Support Services are all partnering to coordinate efforts to reduce the incidence of Type II diabetes in children and adolescents in the Rochester community. The work plan for the grant includes the following activities:

- In a select number of schools, assemble coordinated school health teams, conduct the School Health Index (SHI), develop and implement action plans based on findings from the SHI.
- Develop a plan to identify and intervene with RCSD students at risk for developing Type II diabetes
- Develop physical activity and nutrition messages to be disseminated during physician visits

In addition these initiatives the health systems provide either individual nutrition counseling and/or weight management programs for youth. Group programs are available at Unity (Shapedown®), and Via Health (Don't Weight Adolescent Weight Management Program). All are fee-based programs that focus on behavior change and have parent involvement. Information regarding additional physical activity and nutrition programs can be found in the resource directory mentioned above.

The Child and Adolescent Eating Disorder Program at Golisano Children's Hospital at Strong provides inpatient and outpatient services for patients ≤18 years old in Monroe County. Unity Health System provides treatment to adolescents who require partial hospitalization and also offers outpatient individual therapy, family therapy, and group therapy to adolescents and families seen at Golisano Children's Hospital. Recently, the New York State Department of Health awarded funds to Unity Health System and the Golisano Children's Hospital at Strong Memorial Hospital to develop a Comprehensive Care Centers for Eating Disorders (CCED).⁹⁷ The CCCED initiative supports the development of innovative residential treatment services at St. Joseph's Villa for youth who require more long-term treatment. In addition, outpatient groups will be offered for adolescents, as will new education and preventive services as part of the outreach efforts of the CCCED.

To address the issue of access to nutritious foods, there several programs in place including the federally funded school breakfast and lunch program, the summer meals program and the food stamp program. In addition, FOOLINK operates a Kids Cafe Program that serves over 1,000 free and nutritious meals per day, Monday through Friday at 25 sites in the City of Rochester. Hot lunch and dinner meals are served after-school and during school breaks. Adult supervisors dine with youth and serve as role models who eat nutritious foods.⁹⁸

Emerging Issues

During the past several years, the problem of obesity has come into focus as a critical public health problem. Over the past 3 decades, the rate of overweight among adolescents aged 12-19 years has more than doubled and it has tripled among those aged 6-11 years.⁹⁹ A combination of factors have contributed to the increasing rate including increase in screen time (TV, computer, video games), a decrease in time spent being physically active, community designs that discourage physical activity, and more pressures on families which results in increase consumption of fatty, high calorie convenience foods. In addition, national studies have shown a link between food insecurity and obesity.¹⁰⁰ Families with limited income often rely on cheaper, high calorie foods, instead of more expensive nutrient rich foods. This can lead to over-consumption of calories.

⁹⁷ http://www.health.state.ny.us/diseases/chronic/eating_disorder_awards.htm

⁹⁸ For a list of Kids Café Sites go to: www.foodlinkny.org/Initiatives.html#Kidscafe

⁹⁹ Source: CDC, National Center for Health Statistics, National Health and Nutrition Examination Survey. Ogden et. al. JAMA. 2002;288:1728-1732.

¹⁰⁰ Food insecurity is defined as a lack of access to an ongoing supply of nutritious foods

Within Monroe County, the number of emergency meals served to children has increased overall during the past 3 fiscal years.¹⁰¹ Families are facing increasingly difficult economic times due to many factors including the loss of manufacturing jobs, and the replacement of those jobs with lower-paying service jobs, and the recent increase in fuel costs.

Since there are multiple factors contributing to the problem of childhood obesity, addressing it and reversing the alarming trend will not occur through a simple program or service. Changes must be made in the food industry and national and state regulations. At the local level, interventions must involve youth, families, schools, health care and the community at large.

Although the problem of obesity is not new, the science-base for obesity prevention and intervention at the population level is still relatively weak. Lack of physical activity and excessive caloric intake are well defined as the behavioral risk factors. But surprisingly very few interventions exist that have evidence of effectiveness to address obesity at the population level. The CDC's Task Force on Community Preventive Services has published a series of reports that examine the science base for interventions to promote physical activity, improve nutrition and to control overweight and obesity. The most promising intervention for youth that the task force identified was enhancing the length of time students are in physical education classes and/or modifying class activities so that students are more active. These interventions resulted in increases in the amount of time spent being physically active and in improved fitness levels.

The absence of evidence-based interventions poses a great dilemma for communities. Pure scientists maintain that substantial efforts should be put into research to find out what works and what doesn't work and what might actually make things worse. Because the problem of childhood obesity however is having serious societal health and social consequences, national and statewide organizations have developed recommendations, policies and plans based on the best available evidence. These include:

- The American Academy of Pediatrics Policy Statement on the Prevention of Pediatric Overweight and Obesity, 2003-contains recommendations for child health care providers pertaining to health supervision and advocacy.¹⁰²
- The IOM report titled "Preventing Childhood Obesity: Health In Balance, 2004" outlines a national strategy that recommends actions for families, schools, industry, communities, and government.¹⁰³
- The New York State Strategic Plan for the Prevention of Overweight and Obesity, 2005 – outlines a strategy for addressing the problem among New York State residents of all ages.¹⁰⁴

Schools are often targeted as areas for interventions to increase physical activity and improve nutrition because they provide health and physical education and they serve food. Across the nation, schools are under pressure to improve academic achievement. Research has shown that consuming breakfast can improve test scores and being physically active during the day can help students be more alert in class. Unfortunately, in an attempt to improve academic achievement, some districts have cut the amount of time students spend in physical education classes in order to devote more time on academics.

In recent years, the USDA School Meals program was modified to decrease the fat and saturated fat content. USDA regulated meals, often called "Type A" meals, are nutritionally balanced, and contain, on average, less than 30% of calories from fat. These meals contain milk, fruits and vegetables, a protein source and a grain source.

School food service is considered a business within the school district and the sale of meals is expected to cover all department costs. In order to break even, ala carte items such as chips, cookies, snack cakes, fruit drinks, and sports drinks are sold by school food service departments. Food service departments have depended upon

¹⁰¹ FOODLINK

¹⁰² <http://aappolicy.aappublications.org/cgi/content/full/pediatrics;112/2/424>

¹⁰³ <http://www.iom.edu/report.asp?id=22596>

¹⁰⁴ http://www.health.state.ny.us/prevention/obesity/strategic_plan.htm

revenues from the sale of these items ever since the federal budget cuts to the School Meals Program in the 1980s. The USDA does not regulate the nutritional quality of ala carte foods, and for the most part they are not the healthiest choices. Recently, most local school food service directors have attempted to address these issues by adopting nutrition guidelines for ala carte items set forth by the “Choose Sensibly Program” developed by the NYS School Nutrition Association.¹⁰⁵

If offered, students can also purchase soda and candy through vending machines and school fundraisers before the start of the school day and after the last lunch period ends. New York State law prohibits sale of these items during other times. Some districts have signed “pouring rights contracts” in which they agree to only sell a specific brand of soft drink line in their district, and in return receive a portion of the proceeds. Since proceeds from these items are used to pay for expenses like uniforms or equipment for sports/musical performances, and for field trips, there is controversy as to whether or not these sales should be eliminated before an alternative source of funding is identified.

Many of the local districts offer “open campus” at their high schools. Students in these schools often travel off campus to purchase food from corner stores and fast food restaurants.

In an attempt to address nutrition and physical activity environments in schools, Congress passed the Child Nutrition and WIC Reauthorization Act of 2004 which established a requirement that all school districts with a federally-funded school meals program develop and implement a wellness policy that addresses issues related to nutrition and physical activity, by September of 2006.

The wellness policies must include:

- Goals for nutrition education, physical activity and other school-based wellness activities
- Nutrition guidelines for all foods available on each school campus during the school day
- A plan for measuring implementation of the wellness plan
- Involvement of parents, students, school food representative, school board, school administration, and public in the development of the policy

The new law does not tell districts what the policies should say. However, by placing the responsibility for the development of wellness policies at the local level and requiring community involvement, Congress has created the potential to deeply engage schools, parents, students and the entire community in issues of child nutrition and health.

School districts are being encouraged to conduct the School Health Index (SHI) prior to developing their wellness plan. The SHI is a self-assessment and planning tool developed by the Centers for Disease Control and Prevention that helps schools identify policies/procedures that need to be improved in order to make gains in student health.¹⁰⁶

Schools alone can't solve the issue of childhood obesity. Eating habits and activity levels are mainly established within families. Parents need to serve as positive role models in the areas of nutrition and physical activity. They can promote healthful food choices, limit a child's screen time and encourage and facilitate physical activity. Health care providers can provide education and encouragement to eat healthy and be physically active. Communities can advocate for changes in the environment, legislation and food industry changes that promote healthful eating and physical activity.

¹⁰⁵ <http://www.nyssfsa.org/sensibly.cfm>

¹⁰⁶ <http://apps.nccd.cdc.gov/shi/default.aspx>

Adolescent Health Report Card Committee

The Adolescent Health Report Card committee contributed data and information on programs and emerging issues related to adolescent health. Committee members will also work with the Board of Health to identify priorities for action for adolescent health.

	Title	Agency/Program
Jerry Bennett	Director of Prevention Services	Huther Doyle
Joan Bickweat	Monroe County Asset Partner Initiative Coordinator and Runaway/Homeless Youth Service Coordinator	Monroe County Youth Bureau
Karla Boyce	Executive Director	Monroe County Youth Bureau
Dr. Andrew Doniger	Director	Monroe County Department of Public Health
Sheila Driscoll	Director	Metro Council for Teen Potential
Neilia Kelly	Mental Hygiene Administrator	Monroe County Office of Mental Health
Dr. Jonathan Klein, MD, MPH	Associate Professor of Pediatrics and of Community and Preventive Medicine	University of Rochester School of Medicine
Cheryl Utter	Manager of Health Administration	Monroe County Department of Public Health
Dr. Shellie Yussman, MD, MPH	Medical Director of Threshold Center for Alternative Youth Services, Inc. and Assistant Professor of Pediatrics, Division of Adolescent Medicine	University of Rochester School of Medicine

For more information contact Melissa Gray at 753-5331